

Req#	Req Code	DN	Ref. Des.	Data Field Name	Technical Condition	824 / 997	Detailed Technical condition	Error Code	Error Message	Error Type
1				INSURER TYPE	Valid values CA= Carrier IR= Self Insured		Populate value of NM101 98 in this field.			
2	M	0007	NM103	INSURER NAME		824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0007 INSURER NAME is null then error	001	Mandatory field not present	IR
3	M	0006	NM109	INSURER FEIN		997	IF DN0508 BILL SUBMISSION REASON CODE in (00, 01, 02, 05) and DN0006 INSURER FEIN is null then error	1	Mandatory data element missing	
						997	IF DN0006 INSURER FEIN is not all digits then error	6	Invalid character in data element	
						824	If all digits in DN0006 INSURER FEIN are same then error	040	All digits cannot be the same	IR
4	M	0616	N403	INSURER POSTAL CODE		824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0616 INSURER POSTAL CODE is null then error	001	Mandatory field not present	IR
						824	IF DN0616 INSURER POSTAL CODE is not null and not exist in WCIS Postal code lookup table then error.	058	Code ID invalid.	IR
5	MC	0188	NM103	CLAIM ADMINISTRATOR NAME	Required when NM101 equals "CX".	997	If NM101 = 'CX' and DN0188 CLAIM ADMINISTRATOR NAME is null then error	1	Mandatory data element missing	
							If DN0188 CLAIM ADMINISTRATOR NAME is null then substitute DN0188 CLAIM ADMINISTRATOR NAME with DN007 INSURER NAME			
6	MC	0187	NM109	CLAIM ADMINISTRATOR FEIN	Required when DN0188 Claim Administrator Name is reported. Required when the Claim Administrator is a different entity than the insurer or self-insured reported in Loop 2010AA/NM103/DN0007.	997	IF NM108=FI and DN0187 CLAIM ADMINISTRATOR FEIN is null then error	1	Mandatory data element missing	
						824	If DN0188 CLAIM ADMINISTRATOR NAME is not null and DN0187 CLAIM ADMINISTRATOR FEIN is null then error.	001	Mandatory field not present	IR
							If DN0187 CLAIM ADMINISTRATOR FEIN is null then substitute DN0187 CLAIM ADMINISTRATOR FEIN with DN006 INSURER FEIN			
						824	If DN0187 CLAIM ADMINISTRATOR FEIN is not all digits then error	028	All digits must be 0-9	IR
						824	IF all digits in DN0187 CLAIM ADMINISTRATOR FEIN are same then error	040	All digits cannot be the same	IR
						824	IF DN0508 BILL SUBMISSION REASON CODE = 01 and DN0187 CLAIM ADMINISTRATOR FEIN does not match existing one in database for the DN0006 INSURER FEIN + DN0500 UNIQUE BILL ID NUMBER then error	117	Match data value not consistent with value previously reported	IR
7	MC	0014	N403	CLAIM ADMINISTRATOR MAILING POSTAL CODE	Required when DN0188 Claim Administrator Name is reported. Required when Claim Administrator information is reported in Loop 2010AA .	824	If DN0188 CLAIM ADMINISTRATOR NAME is not null and DN0014 CLAIM ADMINISTRATOR MAILING POSTAL CODE is null then error	001	Mandatory field not present	IR
						824	IF DN0014 CLAIM ADMINISTRATOR MAILING POSTAL CODE does not exist in code table then error	039	No match on database	IR
						824	IF DN0016 EMPLOYER FEIN is not all digits then error	028	All digits must be 0-9	IR

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8	M	0016	NM109	EMPLOYER FEIN		824	If all digits in DN0016 EMPLOYER FEIN are same then error	040	All digits cannot be the same	IR
						824	If DN0508 BILL SUBMISSION REASON CODE = 05 and DN0016 EMPLOYER FEIN is null then error	001	Mandatory field not present	IR
						824	IF DN0508 BILL SUBMISSION REASON CODE = 01 and DN0016 EMPLOYER FEIN does not match existing one in database for the DN0006 INSURER FEIN+ DN0500 UNIQUE BILL ID then error	117	Match data value not consistent with value previously reported	IR
9	M	0018	NM103	EMPLOYER NAME		824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0018 EMPLOYER NAME is null then error	001	Mandatory field not present	IR
10	F	0031	DTP03	DATE OF INJURY		997	IF DN0031 DATE OF INJURY is null then error	1	Mandatory data element missing	
						997	If DN0031 DATE OF INJURY format not CCYYMMDD then error	8	Invalid Date	
						824	If DN0031 DATE OF INJURY > sysdate date then error	041	Must be <= current date	IR
						824	If DN0031 DATE OF INJURY does not match with previous record of Claim in database then error	117	Match data value not consistent with value previously reported	IR
11	MC	0042	NM109	EMPLOYEE SSN	Required when NM109 equals "34".	824	If DN0042 EMPLOYEE SSN is not all digits then error Default value allowed for SSN is '00000006'	028	All digits must be 0-9	IR
						824	If all digits of DN0042 EMPLOYEE SSN are same then error	040	All digits cannot be the same	IR
12	M	0043	NM103	EMPLOYEE LAST NAME		824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0043 EMPLOYEE LAST NAME is null then error	001	Mandatory field not present	IR
13	M	0044	NM104	EMPLOYEE FIRST NAME		824	If DN0043 EMPLOYEE LAST NAME is not null and DN0044 EMPLOYEE FIRST NAME is null then error	001	Mandatory field not present	IR
14	MC	0045	NM105	EMPLOYEE MIDDLE NAME/INITIAL			No validation			
17	M	0015	REF02	CLAIM ADMINISTRATOR		997	IF DN0015 CLAIM ADMINISTRATOR CLAIM NUMBER is null then error	1	Mandatory data element missing	
						824	If DN0015 CLAIM ADMINISTRATOR CLAIM NUMBER contains any character besides A-Z, 0-9 or spaces then error	030	Must be A-Z, 0-9, or spaces	IR
						824	If DN005 JURISDICTION CLAIM NUMBER is null and DN0015 CLAIM ADMINISTRATOR CLAIM NUMBER for DN0187 CLAIM ADMINISTRATOR FEIN do not exist in FROI database then error	039	No match on database	IE

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	M	0015	REF02	ADMINISTRATOR CLAIM NUMBER		824	If DN0508 BILL SUBMISSION REASON CODE= 02 and OLD CLAIM ADMINISTRATOR CLAIM NUMBER is not null and DN0015 CLAIM ADMINISTRATOR CLAIM NUMBER for the bill does not exist in the database then error	059	Non-match data value not consistent with value previously reported	IR
						824	If DN0508 BILL SUBMISSION REASON CODE= 02 and OLD CLAIM ADMINISTRATOR CLAIM NUMBER is not null and DN0015 CLAIM ADMINISTRATOR CLAIM NUMBER = OLD CLAIM ADMINISTRATOR CLAIM NUMBER then error	063	Invalid event sequence	IR
18	MC	0005	REF02	JURISDICTION CLAIM NUMBER	Required when segment is used by jurisdiction and REF01 = Y4.	997	If REF01 = Y4 and DN0005 JURISDICTION CLAIM NUMBER is null then error	1	Mandatory data element missing	
							If DN0005 JURISDICTION CLAIM NUMBER is null then substitute with JURISDICTION CLAIM NUMBER from FROI database for the matching DN0187 CLAIM ADMINISTRATOR FEIN + Claim number			
						824	If DN0005 JURISDICTION CLAIM NUMBER is not null and not exists in FROI database for the DN0187 CLAIM ADMINISTRATOR FEIN + claim administrator claim number then error	039	No match on database	IE
19	F	0523	CLM01	BILLING PROVIDER UNIQUE BILL IDENTIFICATION NUMBER		997	If DN0523 BILLING PROVIDER UNIQUE BILL IDENTIFICATION NUMBER is null then error	1	Mandatory data element missing	
						824	If DN0523 BILLING PROVIDER UNIQUE BILL IDENTIFICATION NUMBER contains any character besides A-Z, 0-9 or spaces then error	030	Must be A-Z, 0-9, or spaces	IR
20	M	0501	CLM02	TOTAL CHARGE PER BILL	(From population restrictions spreadsheet) Medical Bill Charge Amounts The amount reported for DN0501 (Total Charge Per Bill) must balance to the sum of all charge amounts reported at the line level, including: • DN0552 (Total Charge Per Line); and • DN0572 (Drugs/Supplies Billed Amount) See 1.3.1 Bill Level Balancing in the IAIABC Medical 2.0 Imp Guide for additional information and examples.	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0501 TOTAL CHARGE PER BILL is null or negative then error	001	Mandatory field not present	IR
						824	If DN0501 TOTAL CHARGE PER BILL is not all digits then error	028	All digits must be 0-9	IR
						824	If BILL IDENTIFIER <> 'R' and Bill has lines and DN0501 TOTAL CHARGE PER BILL <> sum(DN0552 TOTAL CHARGE PER LINE) then error	064	Invalid data relationship	IR
						824	If BILL IDENTIFIER = R and Bill has lines and DN0501 TOTAL CHARGE PER BILL <> sum(DN0572 DRUGS/SUPPLIES BILLED AMOUNT) then error	064	Invalid data relationship	IR
						824	If DN0508 BILL SUBMISSION REASON CODE = 05 and DN0501 TOTAL CHARGE PER BILL does not match existing database value then error	059	Non-match data value not consistent with value previously reported	IR

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21	M	0502	CLM04	BILLING TYPE CODE	From Valid value table Valid values are O = Other CH = Chiropractic DD = Dentist or Dental HS = Hospital MD = Physician or Medical PD = Podiatry	824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02, 05) and (DN0293 LUMP SUM PAYMENT/SETTLEMENT CODE is not null and DN0544 BILL ADJUSTMENT REASON CODE =131) OR Bill has no lines) and DN0502 BILLING TYPE CODE is null then error	001	Mandatory field not present	IR
						824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02, 05) and (LUMP SUM PAYMENT/SETTLEMENT CODE (DN0293) is not null and DN0544 BILL ADJUSTMENT REASON CODE =131) OR bill has no lines) and DN0502 BILLING TYPE CODE is not in (O, CH, DD,HS, MD, PD) then error	058	Code/ID invalid	IR
22	F	0504	CLM05-1	FACILITY CODE	Required for Institutional bills.	824	IF BILL IDENTIFIER = I and DN0504 FACILITY CODE is null then error	001	Mandatory field not present	IR
						824	IF DN0504 FACILITY CODE is not null and does not exist in WCIS facility code lookup table then error	058	Code/ID invalid	IR
23	F	0555	CLM05-1	PLACE OF SERVICE BILL CODE		824	IF BILL IDENTIFIER <> 'I' and DN0555 PLACE OF SERVICE CODE is null then error	001	Mandatory field not present	IR
						824	IF DN0555 PLACE OF SERVICE CODE is not null and does not exist in WCIS place of service lookup table then error	058	Code/ID invalid	IR
24		0503	CLM05-2	BILLING FORMAT CODE	Valid Values: A=Institutional B=Non-Institutional	824	IF DN0508 BILL SUBMISSION REASON CODE in (00, 02, 05) and DN0503 BILL FORMAT CODE is null then error	001	Mandatory field not present	IR
						824	IF DN0503 BILL FORMAT CODE is not null and not in ('A','B') then error	058	Code/ID invalid	IR
25	M	0505	CLM05-3	BILL FREQUENCY TYPE CODE	Required when CLM05-2 = 'A' (Uniform Billing Claim Form Bill Type).	824	IF DN0503 BILLING FORMAT CODE = 'A' and BILL SUBMISSION REASON CODE in (00,02,05) and DN0505 BILL FREQUENCY TYPE CODE is null then error	001	Mandatory field not present	IR
						824	IF DN0505 BILL FREQUENCY TYPE CODE is not null and not in (A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,1,2,3,4,5,6,7,8,9) then error	058	Code/ID invalid	IR
26				BILL_IDENTIFIER	New column created to identify a Bill. Populated by Gentran based on the existence of a segment. SV1=Professional SV2=Institutional SV3=Dental SV4=Prescription This is not a DN.	Gentran validation	a. If SV1 segment exists then BILL IDENTIFIER = 'P' (Professional) b. If SV2 segment exists then BILL IDENTIFIER = 'I' (Institutional) c. If SV3 segment exists then BILL IDENTIFIER = 'D' (Dental) d. If SV4 segment exists then BILL IDENTIFIER = 'R' (Prescription)			IR
27	M	0507	CLM16	PROVIDER AGREEMENT CODE	Valid values are: H = Health Maintenance Organization (HMO) Agreement N = No Agreement P = Participation Agreement Y = Preferred Provider Organization (PPO) Agreement	824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0507 PROVIDER AGREEMENT CODE is null then error	001	Mandatory field not present	IR
						824	IF DN0507 PROVIDER AGREEMENT CODE is not null and not in (H, N, P, Y) then error	058	Code/ID invalid	IR

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28	F	0508	CLM19	BILL SUBMISSION REASON CODE	If Bill Submission reason code is mandatory for all transactions and can be one of (00, 01, 02, 05)	824	IF DN0508 BILL SUBMISSION REASON CODE not in (00, 01, 02, 05) then error	058	Code/ID invalid	IR
					(from Medical Match data) For DN0508 Bill Submission Reason Codes 01-Cancellation, 02-Corrected and Verified Original Claim, or 05-Replace, the data values of DN0006 (Insurer FEIN) and DN0500 (Unique Bill ID Number) must be identical to the data that was sent in the previously accepted medical EDI record.	824	IF DN0508 BILL SUBMISSION REASON CODE in (01, 02, 05) and DN0006 INSURER_FEIN + DN0500 UNIQUE BILL ID NUMBER NOT EXISTS in database with accepted status then error. A Bill is in accepted status if it has been submitted to WCIS and received an "IA" or "IE"	063	Invalid event sequence	IR
					a. Incoming BSRC 00 (Original) : Determine if the bill already exists for the incoming BSRC 00 (Original) using 'P' Primary Match Data Elements DN0006 (Insurer FEIN) and DN0500 (Unique Bill ID Number): i. If the bill exists because the BSRC 00 (Original) has been accepted, the incoming BSRC 00 will be rejected (IR acknowledgment) with error 057 Duplicate Batch/Transaction error on DN0508 Bill submission Code. ii. If the bill does not exist because the BSRC 00 (Original) has not been	824	IF DN0508 BILL SUBMISSION REASON CODE =00 and DN0006 INSURER_FEIN + DN0500 UNIQUE BILL ID NUMBER EXISTS in database with accepted status then error A Bill is in accepted status if it has been submitted to WCIS and received an "IA" or "IE"	057	Duplicate Batch/Transaction	IR
					b. Incoming BSRC 01 (Cancellation), 02 (Corrected and Verified Original Claim), 05 (Replace): Determine if the bill already exist for the incoming BSRC 01 (Cancellation), 02 (Corrected and Verified Original Claim), 05 (Replace) using 'P' Primary Match Data Elements DN0006 (Insurer FEIN) and DN0500 (Unique Bill ID Number): i. If the bill does not exist, the BSRC 01 (Cancellation), 02 (Corrected and Verified Original Claim), 05 (Replace) will be rejected (IR acknowledgement) with error 063-Invalid Event Sequence error on DN0500 Unique Bill ID Number.	824	IF DN0508 BILL SUBMISSION REASON CODE in (01, 02, 05) and DN0006 INSURER_FEIN + DN0500 UNIQUE BILL ID NUMBER NOT EXISTS in database with accepted status then error A Bill is in accepted status if it has been submitted to WCIS and received an "IA" or "IE"	063	Invalid event sequence	IR
					01 Cancellation: If a previous 01 Cancel already exist, the 01 Cancel will be rejected as a duplicate since the medical bill has already been cancelled	824	IF DN0508 BILL SUBMISSION REASON CODE in (01) and exists (DN0006 INSURER_FEIN + DN0500 UNIQUE BILL ID NUMBER with cancelled status) in database then error	057	Duplicate Batch/Transaction	IR
29	M	0511	DTP03	DATE INSURER RECEIVED BILL		824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0511 DATE INSURER RECEIVED BILL is null then error	001	Mandatory field not present	IR
						997	IF DN0511 DATE INSURER RECEIVED BILL format is not CCYYMDD then error	008	Invalid date	
						824	IF DN0511 DATE INSURER RECEIVED BILL is not null and DN0511 DATE INSURER RECEIVED BILL > SYSDATE then error	041	Must be <= current date	IR
30	MC	0513	DTP03	ADMISSION DATE	Required when BILL IDENTIFIER = 'I' and DN0504 Facility Code equals an inpatient code according to the NUBC UB-04 manual and DTP01 = 435 (Admission). Format: For DN0513 and DN0622: format used per DPT02 DATE TIME PERIOD FORMAT QUALIFIER, DT = Date and time format CCYYMMDDHHMM.	997	IF DN0513 ADMISSION DATE is not in CCYYMMDD format then error	8	Invalid date	
						824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and BILL_IDENTIFIER='I' and DN0504 FACILITY CODE in (11, 18, 21, 28, 41, 65, 66, 86,12, 22) and ADMISSION_DATE is null then error	001	Mandatory field not present	IR
						824	IF ADMISSION_DATE is not null and ADMISSION_DATE > SYSDATE then error	041	Must be <= current date	IR
31	MC	0622	DTP03	ADMISSION HOUR	Required when BILL IDENTIFIER = 'I' (Institutional) and DN0504 Facility Code equals an inpatient code according to the NUBC UB-04 manual and DTP01 = 435 (Admission). Format: For DN0513 and DN0622: format used per DPT02 DATE TIME PERIOD FORMAT QUALIFIER, DT = Date and time format CCYYMMDDHHMM.	824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and BILL_IDENTIFIER='I' and DN0504 FACILITY CODE in (11, 18, 21, 28, 41, 65, 66, 86,12, 22) and DN0622 ADMISSION HOUR is null then error	001	Mandatory field not present	IR

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						997	IF DN0622 ADMISSION HOUR is not null and not all digits then error	6	Invalid character in data element	
32	MC	0514	DTP03	DISCHARGE DATE	Required when BILL IDENTIFIER = 'I' (Institutional) and DN0504 Facility Code equals an inpatient code according to the NUBC UB-04 manual and DTP01 = 096 (Discharge). Format: For DN0514 and DN0623: format used per DPT02 DT = Date and time format CCYYMMDDHHMM.	997	If DN0514 DISCHARGE DATE is not in CCYYMMDD format then error	8	Invalid date	
						824	IF DN0514 DISCHARGE DATE is not null and Dn0514 DISCHARGE DATE < SERVICE_DATE_FROM then error	074	Must be >= From Service Date	IR
						824	If DN0514 DISCHARGE DATE is not null and DN0514 DISCHARGE DATE > SYSDATE then error	041	Must be <= current date	IR
33	MC	0623	DTP03	DISCHARGE HOUR	Required when BILL IDENTIFIER = 'I' (Institutional) and DN0504 Facility Code equals an inpatient code according to the NUBC UB-04 manual and DTP01 = 096 (Discharge). Format: For DN0514 and DN0623: format used per DPT02 DT = Date and time format CCYYMMDDHHMM.	997	IF DN0623 DISCHARGE HOUR is not null and not all digits then error	9	Invalid time	
						997	IF DN0623 DISCHARGE HOUR is not null and valid hour then error	9	Invalid time	
						824	If DN0514 DISCHARGE DATE is not null and DN0623 DISCHARGE HOUR is null then error	001	Mandatory field not present	IR
34		0509	DTP03	SERVICE BILL DATE(S) RANGE	Required when reporting an institutional medical bill and the line level service date(s) are included; an aggregate or summary record which combines different services for jurisdictional reporting purposes (such as a "lien" bill record); or when required by the jurisdictional regulatory framework or implementation guides. DN0509 Service Bill Date Range – is required for all bill types. Not applicable for BSRC 01	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and BILL IDENTIFIER in (I,P,D) and SERVICE BILL DATE FROM is null then error	001	Mandatory field not present	IR
							If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and BILL_IDENTIFIER in (I,P,D) and SERVICE BILL DATE TO is null then populate SERVICE BILL DATE FROM in the field			
						997	If SERVICE BILL DATE TO format is not CCYYMDD then error	8	Invalid date	
						824	IF FROI NATURE OF INJURY CODE NOT between 60 and 80 and SERVICE BILL DATE TO < DN0031 DATE OF INJURY then error	034	Must be >= Date of Injury	IR
						997	If SERVICE BILL DATE FROM format is not CCYYMDD then error	8	Invalid date	
						824	IF FROI NATURE OF INJURY CODE NOT between 60 and 80 and SERVICE BILL DATE FROM < DN0031 DATE OF INJURY then error	034	Must be >= Date of Injury	IR
						824	If Bill line count <> 0 and SERVICE BILL DATE FROM is not null and SERVICE BILL DATE FROM <> MIN(SERVICE LINE DATE FROM) then error	111	Must be a valid content	IR
						824	If bill line count <> 0 and SERVICE DATE TO is not null and SERVICE BILL DATE TO <> MAX(SERVICE LINE DATE FROM) then error	111	Must be a valid content	IR
35		0527	DTP03	PRESCRIPTION DATE	Required when the SV4 Drug Service segment is reported. If not required by this implementation guide, do not send. Required for prescription bills only.	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and BILL IDENTIFIER='R' and DN0527 PRESCRIPTION DATE is null then error	001	Mandatory field not present	IR
						997	If DN0527 PRESCRIPTION DATE is not null and format is not CCYYMDD then error	8	Invalid Date	
						824	If DN0527 PRESCRIPTION DATE is not null and DN0527 PRESCRIPTION DATE > DATE_OF_BILL then error	070	Must be <= Service Date	IR

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						824	If DN0527 PRESCRIPTION DATE is not null and DN0527 PRESCRIPTION DATE > SYSDATE then error	041	Must be <= current date	IR
36		0510	DTP03	DATE OF BILL	Populated with the date the health care provider submitted the request for reconsideration or the date of the appeal decision resulting in the additional payment.	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0510 DATE OF BILL is null then error	001	Mandatory field not present	IR
						997	If DN0510 DATE OF BILL format is not CCYYMDD then error	8	Invalid date	
						824	If DN0510 DATE OF BILL < DN0031 DATE OF INJURY then error	034	Must be >= Date of Injury	IR
						824	If DN0510 DATE OF BILL is not null and DN0510 DATE OF BILL < SERVICE DATE FROM then error	074	Must be >= From Service Date	IR
						824	If DN0510 DATE OF BILL is not null and DN0510 DATE OF BILL > SYSDATE then error	041	Must be <= current date	IR
37		0512	DTP03	DATE INSURER PAID BILL	The date the insurance carrier or the claim administrator paid or denied the medical bill related to the payment event that triggered the reporting requirement. In situations involving refunds by health care provider, this is the date that the insurance carrier or claim administrator received the refund.	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0512 DATE INSURER PAID BILL is null then error	001	Mandatory field not present	IR
						997	If DN0512 DATE INSURER PAID BILL format is not CCYYMDD then error	8	Invalid date	
						824	If DN0512 DATE INSURER PAID BILL < DN0031 DATE OF INJURY then error	034	Must be >= Date of Injury	IR
						824	If DN0512 DATE INSURER PAID BILL < DATE_PAYER_REC'D_BILL then error	073	Must be >= Date Payer Received Bill	IR
38	MC	0577	CL101	ADMISSION TYPE CODE	Valid values: 1 – Emergency, 2 – Urgent, 3-Elective, 4-Newborn, 5-Trauma, 6-8 reserved for assignment by NUBC, 9-Information not available.	824	If BILL IDENTIFIER ='I' and DN0504 FACILITY CODE in (11, 18, 21, 28, 41, 65, 66, 86,12, 22) and DN0577 ADMISSION TYPE CODE not in (1, 2, 3, 4, 5, 9) then error Codes 6-8 are not valid	058	Code/ID invalid	IR
39	MC	0515	CN101	CONTRACT TYPE CODE	Required when the medical services provided were paid under a contract term. <u>Valid values are:</u> (From population restriction spreadsheet)	824	If DN0515 CONTRACT TYPE CODE is not null and not in (01,02, 03, 04, 05, 06,09) then error	058	Code/ID invalid	IR
40	M	0516	AMT02	TOTAL AMOUNT PAID PER BILL	The amount reported for DN0516 (Total Amount Paid Per Bill) must balance to the sum of all payment amounts reported at the line level for DN0574 (Total Amount Paid Per Line). See 1.3.1 Bill Level Balancing in the IAIABC Medical 2.0 Imp Guide for additional information and examples. The amount reported for DN0501 (Total Charge Per Bill) minus the sum of all adjustment amounts [amounts reported in DN0545 (Bill Adjustment Amount) and DN0733 (Service Adjustment Amount)] must equal the amount reported in DN0516 (Total Amount Paid Per Bill). When performing this balancing approach: • Adjustments DECREASE the payment when the adjustment amount is POSITIVE. • Adjustments INCREASE the payment when the adjustment amount is NEGATIVE(-).	997	If DN0516 TOTAL AMOUNT PAID PER BILL is null then error	1	Mandatory data element missing	
						997	If DN0516 TOTAL AMOUNT PAID PER BILL is not all digits then error	6	Invalid character in data element	
						824	DN0516 TOTAL AMOUNT PAID PER BILL = sum(DN0574 TOTAL AMOUNT PAID PER LINE)	064	Invalid data relationship	IR

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						824	IF BILL IDENTIFIER <> 'R' and Bill has lines and DN0516 TOTAL PAID PER BILL <> sum(DN0574 TOTAL PAID PER LINE) then error	064	Invalid data relationship	IR
						824	IF BILL IDENTIFIER = R and Bill has lines and DN0516 TOTAL PAID PER BILL <> sum(DN0572 DRUGS/SUPPLIES BILLED AMOUNT) then error	064	Invalid data relationship	IR
41	F	0500	REF02	UNIQUE BILL ID NUMBER	It is recommended that the value in DN0500 Unique Bill Identification Number contained in a cancelled medical EDI record not be reused.	997	IF DN0500 UNIQUE BILL ID NUMBER is null then error	1	Mandatory data element missing	
						824	If DN0500 UNIQUE BILL ID NUMBER contains any character besides A-Z, 0-9 or spaces then error	030	Must be A-Z, 0-9, or spaces	IR
						824	IF DN0508 BILL SUBMISSION REASON CODE in (01, 02, 05) and DN0500 UNIQUE BILL ID NUMBER does not exist in database for the INSURER_FEIN then error	117	Match data value not consistent with value previously reported	IR
42	M	0266	REF02	TRANSACTION TRACKING NUMBER	When issuing a DN0266 Transaction Tracking Number, the sender should never reuse a number for any subsequent medical bill records.	997	IF DN0266 TRANSACTION TRACKING NUMBER is null then error	1	Mandatory data element missing	
						824	IF DN0266 TRANSACTION TRACKING NUMBER contains any character besides A-Z, 0-9 or spaces then error	030	Must be A-Z, 0-9, or spaces	IR
						824	IF DN098 SENDER FEIN + DN0266 TRANSACTION TRACKING NUMBER exists in database then error	057	Duplicate Batch/Transaction	IR
44	MC	0293	REF02	LUMP SUM PAYMENT/SETTLEMENT CODE	DN0293 is not null and DN544 = 131. Required when a settlement is paid covering more than one bill. Valid values are: SP = Settlement Partial SF = Settlement Full AW = Award	824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0544 BILL ADJUSTMENT REASON CODE = 131 and DN0293 LUMP SUM PAYMENT/ SETTLEMENT CODE is null then error	001	Mandatory field not present	IR
						824	If DN0293 LUMP SUM PAYMENT/ SETTLEMENT CODE is not null and not in (SP, SF, AW) then error	058	Code/ID invalid	IR
45	M	0521	HI01-2	PRINCIPAL DIAGNOSIS CODE ICD9	Required for hospital bills only. Must exist in ICD9 code table. (From population restriction spreadsheet) When diagnosis codes are reported, the appropriate qualifier must be used: ABK = International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis BK = International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis	824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and BILL IDENTIFIER='I' and PRINCIPAL DIAGNOSIS CODE ICD10 is null and PRINCIPAL DIAGNOSIS CODE ICD9 is null then error	001	Mandatory field not present	IR
						824	IF DN0732 SERVICE ADJUSTMENT REASON CODE <> 146 and PRINCIPAL DIAGNOSIS CODE is not null AND Principal DIAGNOSIS CODE ICD9 not exists in WCIS ICD9 lookup table then error.	058	Code/ID invalid	IR
47	M	0521	H101-2	PRINCIPAL DIAGNOSIS CODE ICD10	Either PRINCIPAL DIAGNOSIS CODE ICD9 or PRINCIPAL DIAGNOSIS CODE ICD10 should be populated. For hospital bills both cannot be null.	824	IF DN0732 SERVICE ADJUSTMENT REASON CODE <> 146 and PRINCIPAL DIAGNOSIS CODE ICD10 is not null AND PRINCIPAL DIAGNOSIS CODE ICD10 not exists in WCIS ICD10 lookup table then error.	058	Code/ID invalid	IR
48	MC	0533	HI01-9	PRESENT ON ADMISSION INDICATOR	Required on inpatient hospital bills. Valid values N = No U = Unknown W = Not Applicable Y = Yes	824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and BILL IDENTIFIER='I' and DN0504 FACILITY CODE in (11, 18, 21, 28, 41, 65, 66, 86,12, 22) and DN0533 PRESENT ON ADMISSION INDICATOR is null then error	001	Mandatory field not present	IR

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						824	IF DN0533 PRESENT ON ADMISSION INDICATOR is not null and not in (N,U,W,Y) then error	058	Code/ID invalid	IR
49	MC	0535	HI01-2	ADMITTING DIAGNOSIS CODE	Required when an inpatient admission is involved. Required when BILL IDENTIFIER = 'I' (Institutional) and DN0504 Facility Code equals an inpatient code according to the NUBC UB-04 manual. (From population restriction spreadsheet) When diagnosis codes are reported, the appropriate qualifier must be used: ABK = International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis BK = International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis	824	IF BILL IDENTIFIER='I' and DN0504 FACILITY CODE in (11, 18, 21, 28, 41, 65, 66, 86,12, 22) and ADMITTING DIAGNOSIS CODE ICD10 is null and ADMITTING DIAGNOSIS CODE ICD9 is null then error	001	Mandatory field not present	IR
						824	IF DN0732 SERVICE ADJUSTMENT REASON CODE <> 146 and ADMITTING DIAGNOSIS CODE ICD9 is not null and does not exist in ICD9 lookup table then error	058	Code/ID invalid	IR
50	MC	0535	H101-2	ADMITTING DIAGNOSIS CODE ICD10	For inpatient hospital bills either of ADMITTING DIAGNOSIS CODE ICD9 or ADMITTING DIAGNOSIS CODE ICD10 should be reported. Both cannot be blank. A valid ICD10 code must be reported	824	IF DN0732 SERVICE ADJUSTMENT REASON CODE <> 146 and ADMITTING DIAGNOSIS CODE ICD10 is not null and does not exist in ICD10 lookup table then error	058	Code/ID invalid	IR
						824	IF ADMITTING DIAGNOSIS CODE ICD10 is not null and DN0504 FACILITY CODE not in (11, 18, 21, 28, 41, 65, 66, 86,12, 22) then error	064	Invalid data relationship	IR
51	AR	0522	HI01-2	DIAGNOSIS CODE ICD9	Required when BILL IDENTIFIER = 'I' and DN0504 Facility Code equals an inpatient code according to the NUBC UB-04 manual.	824	IF BILL IDENTIFIER='I' and DN0732 SERVICE ADJUSTMENT REASON CODE <> 146 and DN0504 FACILITY CODE in (11, 18, 21, 28, 41, 65, 66, 86,12, 22) and DIAGNOSIS CODE ICD9 is not null and not exists in WCIS ICD9 lookup table then error	058	Code/ID invalid	IR
						824	IF DN0522 DIAGNOSIS CODE ICD9 is not null and DN0504 FACILITY CODE not in (11, 18, 21, 28, 41, 65, 66, 86,12, 22) then error	064	Invalid data relationship	IR
52	MC	0522	HI02-2	DIAGNOSIS CODE ICD10	A valid ICD10 diagnosis code must be reported. DIAGNOSIS CODE ICD10 should be reported for inpatient services only.	824	IF DN0522 DIAGNOSIS CODE ICD10 is not null and not exists in WCIS ICD10 diagnosis code lookup table then error	058	Code/ID invalid	IR
						824	IF DN0522 DIAGNOSIS CODE ICD10 is not null and DN0504 FACILITY CODE not in (11, 18, 21, 28, 41, 65, 66, 86,12, 22) then error	064	Invalid data relationship	IR
53	MC	0520	HI01-2	OUTPATIENT REASON FOR VISIT CODE	Required when BILL IDENTIFIER = 'I' and it involves" unscheduled" outpatient visit. "Unscheduled" defined according to NUBC definition.	824	IF BILL IDENTIFIER='I' and DN0504 FACILITY CODE in (13, 78, 85) and DN0577 ADMISSION TYPE CODE in (1, 2, 5) and DN0576 REVENUE PAID CODE in ('0450', '0516', '0526', '0762') and DN0520 OUTPATIENT REASON FOR VISIT CODE is null then error	058	Code/ID invalid	IR
						824	IF DN0520 OUTPATIENT REASON FOR VISIT CODE is not null and (DN0504 FACILITY CODE not in (13, 78, 85) OR DN0577 ADMISSION TYPE CODE not in (1,2,5) OR DN0576 REVENUE PAID CODE not in ('0450', '0516', '0526', '0762')) then error	064	Invalid data relationship	IR
54	MC	0521	HI01-2	PRINCIPAL DIAGNOSIS CODE ICD9	Must have diagnosis pointer = 1 .Required for professional, dental services.	824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and BILL IDENTIFIER in (P, D) and DIAGNOSIS POINTER = 1 and PRINCIPAL DIAGNOSIS CODE ICD10 is null and PRINCIPAL DIAGNOSIS CODE ICD9 is null then error	001	Mandatory field not present	IR

Req#	Req Code	DN	Ref. Des.	Data Field Name	Technical Condition	824 / 997	Detailed Technical condition	Error Code	Error Message	Error Type
						824	IF DN0732 SERVICE ADJUSTMENT REASON CODE <=> 146 and PRINCIPAL DIAGNOSIS CODE ICD9 is not null and not exists in WCIS ICD9 lookup table then error	058	Code/ID invalid	IR
55	MC	0521	HI01-2	PRINCIPAL DIAGNOSIS CODE ICD10	Required for professional, dental services.	824	IF DN0732 SERVICE ADJUSTMENT REASON CODE <=> 146 and PRINCIPAL_DIAGNOSIS_CODE ICD10 is not null and not exists in WCIS ICD10 lookup table then error	058	Code/ID invalid	IR
56	MC	0522	HI02-2	DIAGNOSIS CODE ICD9	Required when additional diagnosis other than the principal diagnosis is present	824	IF DN0732 SERVICE ADJUSTMENT REASON CODE <=> 146 and DIAGNOSIS CODE ICD9 is not null and not exists in ICD9 diagnosis code table then error	058	Code/ID invalid	IR
57	MC	0522	HI02-2	DIAGNOSIS CODE ICD9	Required when additional diagnosis other than the principal diagnosis is present	824	IF DN0732 SERVICE ADJUSTMENT REASON CODE <=> 146 and DIAGNOSIS CODE ICD10 is not null and not exists in ICD10 diagnosis code table then error	058	Code/ID invalid	IR
58	MC	0525	HI01-2	PRINCIPAL PROCEDURE CODE	Required when BILL IDENTIFIER = 'I' and DN0504 Facility Code equals an inpatient code according to the NUBC UB-04 manual, and DN0522 Diagnosis Code is present.	824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and BILL IDENTIFIER='I' and DN0504 FACILITY CODE in (11, 18, 21, 28, 41, 65, 66, 86,12, 22))) and DIAGNOSIS CODE is not null and DN0525 PRINCIPAL PROCEDURE CODE is null then error	001	Mandatory field not present	IR
						824	IF DN0525 PRINCIPAL PROCEDURE CODE is not null and not exists in WCIS procedure code lookup table then error.	058	Code/ID invalid	IR
59	MC	0550	HI01-4	PRINCIPAL PROCEDURE DATE	Required when DN0525 Principal Procedure Code is present. PRINCIPAL PROCEDURE DATE must be >= Date of Injury except for Occupational/Cumulative Injuries.	824	IF DN0525 PRINCIPAL PROCEDURE CODE is not null and DN0550 PRINCIPAL PROCEDURE DATE is null then error	001	Mandatory field not present	IR
						824	IF DN0550 PRINCIPAL PROCEDURE DATE is not null and format is not CCYMMDD then error	029	Must be a valid date (CCYMMDD)	IR
						824	IF DN0550 PRINCIPAL PROCEDURE DATE is not null and FROI NATURE OF INJURY CODE NOT between 60 and 80 and DN0550 PRINCIPAL PROCEDURE DATE < DN0031 DATE_OF_INJURY then error	034	Must be >= Date of Injury	IR
60	MC	0736	HI01-2	OTHER PROCEDURE CODE		824	IF DN0736 OTHER PROCEDURE CODE is not null and not exists in WCIS procedure code lookup table then error.	058	Code/ID invalid	IR
61	MC	0524	HI01-4	PROCEDURE DATE	Required when the corresponding DN0726 Other Procedure Code is present.	997	IF DN0736 OTHER PROCEDURE CODE is not null and DN0524 PROCEDURE DATE is null then error	1	Mandatory data element missing	
						997	IF DN0524 PROCEDURE DATE is not null and format is not CCYMMDD then error	8	Invalid date	
						824	IF DN0550 PRINCIPAL PROCEDURE DATE is not null and FROI NATURE OF INJURY CODE NOT between 60 and 80 and DN0550 PRINCIPAL PROCEDURE DATE < DN0031 DATE_OF_INJURY then error	034	Must be >= Date of Injury	IR
62	MC	0556	H101-2	CONDITION CODE	Required when jurisdiction implementation guides specify the condition codes that must be reported (or required when condition codes impact the adjudication of the medical bill, e.g., outlier payments).	824	IF DN0556 CONDITION CODE is not null and not exists in WCIS condition code lookup table then error	058	Code/ID invalid	IR

Req#	Req Code	DN	Ref. Des.	Data Field Name	Technical Condition	824 / 997	Detailed Technical condition	Error Code	Error Message	Error Type
63	MC	0549	HI01-2	PAID DRG CODE		824	IF BILL IDENTIFIER='I' and BILL SUBMISSION REASON CODE in (00,02,05) and DN0504 FACILITY CODE in (11, 18, 21, 28, 41, 65, 66, 86,12, 22) and DN0515 CONTRACT TYPE CODE=1 and DN0549 PAID DRG CODE is null then error	001	Mandatory field not present	IR
						824	IF DN0549 PAID DRG CODE is not null and not exists in WCIS DRG code lookup table then error	058	Code/ID invalid	IR
64	MC	0548	HI01-8	BILLED DRG CODE		824	IF BILL IDENTIFIER='I' and DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0504 FACILITY CODE in (11, 18, 21, 28, 41, 65, 66, 86, 12, 22) and DN0515 CONTRACT TYPE CODE=1 (DRG) and DN0548 BILLED DRG CODE is null then error	001	Mandatory field not present	IR
						824	IF DN0548 BILLED DRG CODE is not null and not exists in WCIS DRG code lookup table then error	058	Code/ID invalid	IR
65	M			BILLING PROVIDER ENTITY TYPE	NOT a DN. New column created and populated by GENTRAN to identify a Billing Provider type		Populate value of NM102 1065 in this field			
66	M	0528		BILLING PROVIDER LAST/GROUP NAME	If the billing provider is an individual, then the last name should be used. Individuals acting as an organization should have the organization's name entered on one line.	824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0528 BILLING PROVIDER LAST/GROUP NAME is null then error	001	Mandatory field not present	IR
67	MC	0529	NM104	BILLING PROVIDER FIRST NAME	Required when NM102 = '1'. Required when the billing provider is an individual.	824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and BILLING PROVIDER ENTITY TYPE = 1 and DN0529 BILLING PROVIDER FIRST NAME is null then error	001	Mandatory field not present	IR
68	MC	0634	NM104	BILLING PROVIDER NATIONAL PROVIDER ID	Invalid NPIs are allowed when reporting denied Bills	824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0732 SERVICE ADJUSTMENT REASON CODE not in ('207', '208') and DN0634 BILLING PROVIDER NATIONAL PROVIDER ID is not null does not exist in WCIS NPI lookup table then error.	058	Code/ID invalid	IR
69	AA	0537		BILLING PROVIDER PRIMARY SPECIALTY CODE		824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0537 BILLING PROVIDER PRIMARY SPECIALTY CODE is not null and not exists in WCIS specialty code lookup table then error.	058	Code/ID invalid	IR
70	M	0538		BILLING PROVIDER PRIMARY ADDRESS		824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0538 BILLING PROVIDER PRIMARY ADDRESS is null then error	001	Mandatory field not present	IR
71	MC	0539		BILLING PROVIDER SECONDARY ADDRESS			No validation			
72	M	0540		BILLING PROVIDER CITY	Required when the address is in the United States of America, including its territories, or Canada.	824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0540 BILLING PROVIDER CITY is null then error	001	Mandatory field not present	IR
73	MC	0541		BILLING PROVIDER STATE CODE	Required if the provider is located in US	824	IF DN0541 BILLING PROVIDER STATE CODE is not null and not exists in WCIS STATE code lookup table then error	058	Code/ID invalid	IR
74	MC	0542		BILLING PROVIDER POSTAL CODE		824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0542 BILLING PROVIDER POSTAL CODE not exists in WCIS postal code lookup table then error	058	Code/ID invalid	IR
75	MC	0569	N404	BILLING PROVIDER COUNTRY CODE	Required when the billing provider address is outside the United States.	824	IF DN0569 BILLING PROVIDER COUNTRY CODE is not null and not exists in WCIS COUNTRY CODE lookup table then error.	058	Code/ID invalid	IR

Req#	Req Code	DN	Ref. Des.	Data Field Name	Technical Condition	824 / 997	Detailed Technical condition	Error Code	Error Message	Error Type
76	M	0629		BILLING PROVIDER FEIN	BILLING PROVIDER FEIN is mandatory. Must be a string of exactly nine numbers with no separators. All digits cannot be same	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0629 BILLING PROVIDER FEIN is null then error	001	Mandatory field not present	IR
						824	If DN0629 BILLING PROVIDER FEIN is not all digits (9) then error	028	All digits must be 0-9	IR
						824	If all digits of BILLING PROVIDER FEIN are same then error	040	All digits cannot be the same	IR
77	AA	0630		BILLING PROVIDER STATE LICENSE NUMBER			No validation			
78	M			RENDERING BILL PROVIDER ENTITY TYPE	NOT a DN. New column created and populated by GENTRAN to identify a Rendering Bill Provider type 1=Individual		Populate value of NM102 1065 in this field			
79	M	0638	NM103	RENDERING BILL PROVIDER LAST/GROUP NAME	Required when the rendering provider is not the billing provider.	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0638 RENDERING BILL PROVIDER LAST/GROUP NAME is null then error	001	Mandatory field not present	IR
80	MC	0639	NM104	RENDERING BILL PROVIDER FIRST NAME	Required when NM102 = '1'. Required when the rendering bill provider is a person	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and RENDERING BILL PROVIDER ENTITY TYPE=1 and DN0639 RENDERING BILL PROVIDER FIRST NAME is null then error	001	Mandatory field not present	IR
81	AA	0640		RENDERING BILL PROVIDER MIDDLE NAME/INITIAL			No validation			
82	MC	0647	NM109	RENDERING BILL PROVIDER NATIONAL PROVIDER ID	Not validated for denied bills.	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and RENDERING BILL PROVIDER LAST NAME is not null and DN0732 SERVICE ADJUSTMENT REASON CODE not in ('207', '208') and DN0647 RENDERING BILL PROVIDER NPI is not null and not exist in WCIS NPI lookup table then error	058	Code/ID invalid	IR
83	M		REF01	RENDERING BILL PROVIDER NUMBER TYPE	NOT a DN.New column created and populated by GENTRAN to identify the Social/License/FEIN of a Rendering Bill Provider 0B = State License Number		Populated from REF01 128			
84	MC	0642	REF02	RENDERING BILL PROVIDER FEIN	Required when REF01 = 'SY' or 'TJ'	997	If RENDERING BILL PROVIDER NUMBER TYPE in ('SY', 'TJ') and DN0642 RENDERING BILL PROVIDER FEIN is null then error	1	Mandatory data element missing	
						824	If DN0642 RENDERING BILL PROVIDER FEIN is not null and not all digits then error	028	All digits must be 0-9	IR
						824	If DN0642 RENDERING BILL PROVIDER FEIN is not null and all digits of DN0642 RENDERING BILL PROVIDER FEIN are same then error	040	All digits cannot be the same	IR
85	MC	0643	REF02	RENDERING BILL PROVIDER STATE LICENSE NUMBER	Required when the provider is not eligible for NPI. If provider is not eligible for state licensing reports all 9s.	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0647 RENDERING BILL PROVIDER NATIONAL PROVIDER ID is null and DN0642 RENDERING BILL PROVIDER FEIN is null and DN0643 RENDERING BILL PROVIDER STATE LICENCE NUMBER is null then error	001	Mandatory field not present	IR
86	MC	0651	PRV03	RENDERING BILL PROVIDER PRIMARY	Required when PRV01 = 'PE' Performing PXC= Health Care Provider Taxonomy code	997	If PRV01='PE' or PRV02= PXC and DN0651 RENDERING BILL PROVIDER SPECIALTY CODE is null then error.	1	Mandatory data element missing	

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				SPECIALITY CODE		824	If DN0651 RENDERING BILL PROVIDER PRIMARY SPECIALTY CODE is not null and not exists in WCIS specialty code lookup table then error	058	Code/ID invalid	IR
87				SUPERVISING BILL PROVIDER ENTITY TYPE	NOT a DN .New column created from incoming 837 fields and populated by WCIS to identify a Supervising Bill Provider type 1=Individual 2=Organization		Populate value of NM102 1065 in this field			
88	MC	0658	NM103	SUPERVISING PROVIDER LAST/GROUP NAME	Required when NM101 equals "DQ".		No validation			
89	AA	0659		SUPERVISING PROVIDER FIRST NAME		824	If DN0658 SUPERVISING PROVIDER LAST NAME is not null and SUPERVISING BILL PROVIDER ENTITY TYPE =1 and DN0659 SUPERVISING PROVIDER FIRST NAME is null then error	001	Mandatory field not present	IR
90	MC	0667		SUPERVISING PROVIDER NATIONAL PROVIDER ID		824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0732 SERVICE ADJUSTMENT REASON CODE not in ('207', '208') and DN0671 SUPERVISING PROVIDER NPI is not null and not exist in WCIS NPI lookup table then error	058	Code/ID invalid	IR
91	AA	0671		SUPERVISING PROVIDER PRIMARY SPECIALTY CODE	Required PXC = Health Care Provider Taxonomy Code. Required SU = Supervising	997	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and PRV02 1221= SU and PRV02 128 = PXC and SUPERVISING PROVIDER SPECIALTY CODE is null then error	1	Mandatory data element missing	
						824	If DN0671 SUPERVISING PROVIDER SPECIALTY CODE is not null and not exists in WCIS specialty code lookup table then error.	058	Code/ID invalid	IR
92	AA	0663		SUPERVISING PROVIDER STATE LICENSE NUMBER			No validation			
93	MC	0678	NM103	FACILITY NAME	Required when the service facility information is different than the billing provider information (when the services were not provided at the billing provider's address).		If DN0678 FACILITY NAME is null and BILLING PROVIDER NAME is not null then substitute DN0678 FACILITY NAME with DN0528 BILLING PROVIDER LAST/GROUP NAME			
94	MC	0682	NM109	FACILITY NATIONAL PROVIDER ID	Required when NM108 = XX	997	If NM108=XX and DN0682 FACILITY NATIONAL PROVIDER ID is null then error	1	Mandatory data element missing	
							If DN0682 FACILITY NPI is null then substitute with DN0634 BILLING PROVIDER NATIONAL PROVIDER ID			
						824	If DN0682 FACILITY NPI is not null BILL STATUS is not rejected and DN0732 SERVICE ADJUSTMENT REASON CODE not in ('207', '208') not exists in WCIS NPI lookup table then error	058	Code/ID invalid	IR
95	MC	0684	N301	FACILITY PRIMARY ADDRESS		824	If DN0678 FACILITY NAME is not null and DN0684 FACILITY PRIMARY ADDRESS is null then error	001	Mandatory field not present	IR
							If DN0684 FACILITY PRIMARY ADDRESS is null then substitute with DN0538 BILLING PROVIDER PRIMARY ADDRESS			

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96	AA	0685		FACILITY SECONDARY ADDRESS	Required when the second address line is needed to provide address information.		If DN0685 FACILITY SECONDARY ADDRESS is null then substitute with DN0539 BILLING PROVIDER SECONDARY ADDRESS			
97	MC	0686	N401	FACILITY CITY		824	If DN0678 FACILITY NAME is not null and DN0686 FACILITY CITY is null then error	001	Mandatory field not present	IR
							If DN0685 FACILITY CITY is null then substitute with DN0540 BILLING PROVIDER CITY			
98	MC	0687	N402	FACILITY STATE CODE		824	If DN0678 FACILITY NAME is not null and DN0687 FACILITY STATE CODE is null then error	001	Mandatory field not present	IR
							If DN0687 FACILITY STATE CODE is null then substitute with DN0541 BILLING PROVIDER STATE CODE			
99	MC	0688		FACILITY POSTAL CODE		824	If DN0688 FACILITY POSTAL CODE is not null and not exists in WCIS postal code lookup table then error	058	Code/ID invalid	IR
							If DN0688 FACILITY POSTAL CODE is null then substitute with DN0542 BILLING PROVIDER POSTAL CODE			
100	MC	0689		FACILITY COUNTRY CODE		824	If DN0689 FACILITY COUNTRY CODE is not null and not exists in database then error	001	Mandatory field not present	IR
						824	If DN0678 FACILITY NAME is not null and DN0688 FACILITY POSTAL CODE is null and DN0689 FACILITY COUNTRY CODE is null then error	001	Mandatory field not present	IR
							If DN0689 FACILITY COUNTRY CODE is null then substitute with BILLING PROVIDER COUNTRY CODE			
101	MC	0680	REF02	FACILITY STATE LICENSE NUMBER	REF01 =OB. Required when the Service Facility Location is not eligible for NPI. If the Service Facility Location is not eligible for state licensing use all nines.	824	If DN0678 FACILITY NAME is not null and DN0682 FACILITY NATIONAL PROVIDER ID is null and DN0680 FACILITY STATE LICENCE NUMBER is null then error	001	Mandatory field not present	IR
							If DN0680 FACILITY STATE LICENSE NUMBER is null then substitute with DN0630 BILLING PROVIDER STATE LICENSE NUMBER			
102	MC	0690	NM103	REFERRING PROVIDER LAST/GROUP NAME	NM101 =DN. Required when the service provided involves a referral.		No validation			
103	MC	0691	NM104	REFERRING PROVIDER FIRST NAME	Required when NM102 = 1	824	If DN0690 REFERRING PROVIDER LAST/GROUP_NAME is not null and DN0691 REFERRING PROVIDER FIRST NAME is null then error	001	Mandatory field not present	IR
104	MC	0699	NM109	REFERRING PROVIDER NATIONAL PROVIDER ID		824	If DN0699 REFERRING PROVIDER NPI is not null and DN0732 SERVICE ADJUSTMENT REASON CODE not in ('207', '208') not exists in WCIS NPI lookup table then error	058	Code/ID invalid	IR
105	MC	0209	NM103	MANAGED CARE ORGANIZATION NAME	Required when DN0507 PROVIDER AGREEMENT CODE = P	824	If DN0507 PROVIDER AGREEMENT CODE = P and DN0209 MANAGED CARE ORGANIZATION NAME is null then error	064	Invalid data relationship	IR
					Required when DN0507 PROVIDER AGREEMENT CODE = P		If DN0209 MCO NAME is not null and DN0208 MANAGED CARE ORGANIZATION	1	Mandatory data element	

Req#	Req Code	DN	Ref. Des.	Data Field Name	Technical Condition	824 / 997	Detailed Technical condition	Error Code	Error Message	Error Type
106	MC	0208	NM109	MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER		997	MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER is null then error		missing	
						824	If DN0507 PROVIDER AGREEMENT CODE = P and DN0208 MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER is null then error	064	Invalid data relationship	IR
						824	If DN0208 MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER is not null and not exists in WCIS lookup table then error	058	Code/ID invalid	IR
107	MC	0704	REF02	MANAGED CARE ORGANIZATION FEIN	Required when DN0507 PROVIDER AGREEMENT CODE = P. Must be all digits. All digits cannot be same.	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0209 MCO NAME is not null and DN0704 MCO FEIN is null then error	001	Mandatory field not present	IR
						824	If DN0507 PROVIDER AGREEMENT CODE = P and DN0208 MANAGED CARE ORGANIZATION FEIN is null then error	064	Invalid data relationship	IR
						824	If DN0704 MCO FEIN is not null and not all digits then error	028	All digits must be 0-9	IR
						824	If DN0704 MCO FEIN is not null and all digits of MCO FEIN are same then error	040	All digits cannot be the same	IR
108	MC	0543	CAS01	BILL ADJUSTMENT GROUP CODE	Required when adjustments apply to all service lines on a medical bill containing more than one line or when submitting aggregate or summary records. From Valid value table: Valid values are - CO = Contractual Obligations OA = Other Adjustments PI = Payer Initiated Reductions PR = Patient Responsibility RR = Regulatory Requirement	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0545 BILL ADJUSTMENT AMOUNT is not null and DN0543 BILL ADJUSTMENT GROUP CODE is null then error	001	Mandatory field not present	IR
						824	If DN0543 BILL ADJUSTMENT GROUP CODE is not null and not in (CO, CR, OA, PI, PR, RR) then error	058	Code/ID invalid	IR
						824	If DN0545 BILL ADJUSTMENT AMOUNT is not null and DN0543 BILL ADJUSTMENT GROUP CODE is null then error	064	Invalid data relationship	IR
109	MC	0544	CAS02	BILL ADJUSTMENT REASON CODE	Required when adjustments apply to all service lines on a medical bill containing more than one line or when submitting aggregate or summary records.	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0543 BILL ADJUSTMENT GROUP CODE is not null and DN0544 BILL ADJUSTMENT REASON CODE is null then error	001	Mandatory field not present	IR
						824	If DN0508 BILL SUBMISSION REASON CODE = 05 and DN0544 BILL ADJUSTMENT REASON CODE is null then error	001	Mandatory field not present	IR
110	MC	0545	CAS03	BILL ADJUSTMENT AMOUNT	Required when DN0544 Bill Adjustment Reason Code in CAS02 is present. Required when adjustments apply to all service lines on a medical bill containing more than one line or when submitting aggregate or summary records. When balancing amounts use this approach: • Adjustments DECREASE the payment when the adjustment amount is POSITIVE. • Adjustments INCREASE the payment when the adjustment amount is NEGATIVE (-).	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0544 BILL ADJUSTMENT REASON CODE is not null and DN0545 BILL ADJUSTMENT AMOUNT is null then error	001	Mandatory field not present	IR
						824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0501 TOTAL CHARGE PER BILL <> DN0516 TOTAL PAID PER BILL + DN0545 BILL ADJUSTMENT AMOUNT + sum(DN0733 SERVICE ADJUSTMENT AMOUNT for all lines)	064	Invalid data relationship	IR
111	MC	0546	CAS04	BILL ADJUSTMENT UNITS	Required when DN0545 Bill Adjustment Reason Code in CAS03 is present.	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0544 BILL ADJUSTMENT REASON CODE is not null and DN0546 BILL ADJUSTMENT UNITS is null then error	001	Mandatory field not present	IR

Req#	Req Code	DN	Ref. Des.	Data Field Name	Technical Condition	824 / 997	Detailed Technical condition	Error Code	Error Message	Error Type
112	MC	0760	AMT	PRIOR ACTUAL AMOUNT PAID	Required for lien bills, when reporting bill adjudication actions related to a medical bill that has previously been reported. For Replacement Bills, Prior Actual Amount Paid must be reported.	824	IF DN0508 BILL SUBMISSION REASON CODE = '05' and DN0760 PRIOR ACTUAL AMOUNT PAID is null then error	001	Mandatory field not present	IR
113	MC	0547		LINE NUMBER	Sequence number starting from 1	997	IF DN0547 LINE NUMBER is null then error	1	Mandatory data element missing	
114	MC	0714	SV101-2	HCPCS LINE PROCEDURE BILLED CODE	Required when SV101 -1 = HC or SV201-1 = HC or SVD03-1 = HC	997	IF (SV101 -1 = HC or SV202-1 = HC or SV303-1 = HC) and DN0714 HCPCS LINE PROCEDURE BILLED CODE is null then error	1	Mandatory data element missing	
						824	IF DN0732 SERVICE ADJUSTMENT REASON CODE NOT in (B18, 181) and DN0731 SERVICE ADJUSTMENT GROUP CODE NOT in (CO, MA, PI) and DN0714 HCPCS LINE PROCEDURE BILLED CODE is not null and not exists in WCIS procedure code lookup table then error	058	Code/ID invalid	IR
115	MC	0715	SV101-2	JURISDICTION PROCEDURE BILLED CODE	Required when SV101-1 = ER or SV202-1 = ER or SVD03-1 =ER	997	IF (SV101 -1 = ER or SV202-1 = ER) and DN0714 JURISDICTION PROCEDURE BILLED CODE is null then error	1	Mandatory data element missing	
116						824	IF DN0732 SERVICE ADJUSTMENT REASON CODE NOT in (B18, 181) and DN0731 SERVICE ADJUSTMENT GROUP CODE NOT in (CO, MA, PI) and DN0715 JURISDICTION PROCEDURE BILLED CODE is not null and not exists in WCIS procedure code lookup table then error	058	Code/ID invalid	IR
117	MC	0721	SV101-2	NDC BILLED CODE	Required when SV101-1 =N4 or SV402-1 = N4	997	IF (SV101 -1 = N4 or SV402-1 = N4)and DN0714 HCPCS LINE NDC BILLED CODE is null then error	1	Mandatory data element missing	
						824	IF DN0732 SERVICE ADJUSTMENT REASON CODE <= 16 and DN0721 NDC BILLED CODE is not null and not exists in WCIS NDC code lookup table then error	058	Code/ID invalid	IR
						824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0714 HCPCS PROCEDURE BILLED CODE is null and DN0715 JURISDICTION PROCEDURE CODE is null and DN0721 NDC BILLED CODE is null then error	001	Mandatory field not present	IR
118	AR	0717	SV101-1	HCPCS MODIFIER BILLED CODE		824	IF DN0714 HCPCS MODIFIER BILLED CODE is not null and not exists in WCIS modifier code lookup table then error	058	Code/ID invalid	IR
						824	IF DN0732 SERVICE ADJUSTMENT REASON CODE NOT in (182) and DN0731 SERVICE ADJUSTMENT GROUP CODE NOT in (CO, MA, PI) and DN0717 HCPCS MODIFIER BILLED CODE is not null and not exists in WCIS procedure code lookup table then error	058	Code/ID invalid	IR
						824	IF DN0714 HCPCS MODIFIER BILLED CODE is not null and not exists in WCIS modifier code lookup table then error	058	Code/ID invalid	IR

Req#	Req Code	DN	Ref. Des.	Data Field Name	Technical Condition	824 / 997	Detailed Technical condition	Error Code	Error Message	Error Type
119	AR	0718	SV101-1	JURISDICTION MODIFIER BILLED CODE		824	IF DN0732 SERVICE ADJUSTMENT REASON CODE NOT in (182) and DN0731 SERVICE ADJUSTMENT GROUP CODE NOT in (CO, MA, PI) and DN0718 JURISDICTION MODIFIER BILLED CODE is not null and not exists in WCIS procedure code lookup table then error	058	Code/ID invalid	IR
120	MC	0551		PROCEDURE DESCRIPTION	No validation					
121	M	0552		TOTAL CHARGE PER LINE	(From population restriction spreadsheet) For transactions that do not contain DN0545 (Bill Adjustment Amount), line level balancing is required and occurs independently for each individual service line reported in the transaction.	824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0547 LINE NUMBER is not null and DN0552 TOTAL CHARGE PER LINE is null then error	001	Mandatory field not present	IR
						824	IF DN0552 TOTAL CHARGE PER LINE is not null and not numeric then error	028	All digits must be 0-9	IR
						824	IF BILL IDENTIFIER <> R and DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0552 TOTAL CHARGE PER LINE <> (DN0574 TOTAL AMOUNT PAID PER LINE + DN0733 SERVICE ADJUSTMENT AMOUNT) then error	064	Invalid data relationship	IR
122	M	0553		DAYS(S)/UNIT(S) CODE	Valid values: DA = Days MJ = Minutes UN = Unit	824	IF BILL IDENTIFIER = ('P' or 'I') and DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0552 TOTAL CHARGE PER LINE is not null and DN0553 DAYS UNITS CODE is null then error	001	Mandatory field not present	IR
						824	IF DN0553 DAYS UNITS CODE is not null and DAYS UNIT CODE not in (DA, MJ, UN) then error	058	Code/ID invalid	IR
123	M	0554		DAY(S) /UNIT(S) BILLED		824	IF BILL IDENTIFIER = ('P' or 'I') and DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0554 DAYS UNITS BILLED is null then error	001	Mandatory field not present	IR
						824	IF DN0554 DAYS UNITS BILLED is not null and not all digits then error	028	All digits must be 0-9	IR
124	MC	0600		PLACE OF SERVICE LINE CODE	Must be a valid code	824	IF DN0600 PLACE OF SERVICE LINE CODE is not null and does not exist in WCIS lookup table then error	058	Code/ID invalid	IR
125	M	0557		DIAGNOSIS POINTER	(From population restriction spreadsheet) Must be 1, 2, 3, or 4	824	IF DN0557 DIAGNOSIS POINTER is not null and not in (1,2,3,4) then error	058	Code/ID invalid	IR
						824	IF DN0557 DIAGNOSIS POINTER is not null and DN0522 (DIAGNOSIS CODE ICD9 and DIAGNOSIS CODE ICD10) is null then error	064	Invalid data relationship	IR
126	MC	0742	SV121	PROVIDER AGREEMENT LINE CODE	Required when the provider agreement code at the line level is different than DN0507 Valid values are: H = Health Maintenance Organization (HMO) Agreement N = No Agreement P = Participation Agreement Y = Preferred Provider Organization (PPO) Agreement	824	IF DN0742 PROVIDER AGREEMENT LINE CODE is not null and not in (H, N, P, Y) then error	058	Code/ID invalid	IR
							IF DN0742 PROVIDER AGREEMENT LINE CODE is null and DN0507 PROVIDER AGREEMENT CODE is not null then substitute DN0742 PROVIDER AGREEMENT LINE CODE with DN0507 PROVIDER AGREEMENT CODE			
127	M	0559	SV201	REVENUE BILLED CODE	A valid code must be reported	824	IF BILL IDENTIFIER='I' and DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0559 REVENUE BILLED CODE is null then error.	001	Mandatory field not present	IR

Req#	Req Code	DN	Ref. Des.	Data Field Name	Technical Condition	824 / 997	Detailed Technical condition	Error Code	Error Message	Error Type
				CODE		824	IF DN0559 REVENUE BILLED CODE is not null and not exists in WCIS revenue code lookup table then error	058	Code/ID invalid	IR
128	MC	0625	SV202	HIPPS RATE CODE	Required when SV202-1 = HP. A valid code must be reported	997	If SV202-1 = HP and DN0625 HIPPS RATE CODE is null then error	1	Mandatory data element missing	
						824	IF DN0625 HIPPS RATE CODE is not null and not exists in WCIS HIPPS rate code lookup table then error	058	Code/ID invalid	IR
129	MC	0719		ADA PROCEDURE BILLED CODE	Required for dental bills. A valid code must be reported	997	If BILL IDENTIFIER = D and DN0719 ADA PROCEDURE BILLED CODE is null then error	1	Mandatory data element missing	
						824	If DN0719 ADA PROCEDURE BILLED CODE is not null and not exists in WCIS procedure code lookup table then error	058	Code/ID invalid	IR
130	MC	0722	SVD03-2	ADA PROCEDURE PAID CODE	Required for dental bills. A valid code must be reported	997	If BILL IDENTIFIER = D and DN0719 ADA PROCEDURE PAID CODE is null then error	1	Mandatory data element missing	
						824	If DN0719 ADA PROCEDURE PAID CODE is not null and not exists in WCIS procedure code lookup table then error	058	Code/ID invalid	IR
131	M	0561	SV401	PRESCRIPTION LINE NUMBER	Required when reporting prescription drug services delivered by a retail pharmacy or mail order pharmacy. Cannot be ~ or *	824	If BILL IDENTIFIER = 'R' and DN0508 BILL SUBMISSION REASON CODE IN (00, 02, 05) AND DN0561 PRESCRIPTION LINE NUMBER is null then error	001	Mandatory field not present	IR
132	M	0562		DISPENSE AS WRITTEN CODE	Required for Pharmacy Bills Valid values are: 0 = Not Dispense as Written (DAW) 1 = Physician Dispense as Written (DAW) 2 = Patient Dispense as Written (DAW) 3 = Pharmacy Dispense as Written (DAW) 4 = No generic available	824	If BILL IDENTIFIER = 'R' and DN0508 BILL SUBMISSION REASON CODE IN (00, 02, 05) AND DN0562 DISPENSE AS WRITTEN CODE IS NULL then error	001	Mandatory field not present	IR
						824	IF DN0562 DISPENSE AS WRITTEN CODE is not null and not between 0 and 9 then error	058	Code/ID invalid	IR
133	AA	0563		DRUG NAME	No validation					
134	MC	0762	SV401	COMPOUND DRUG INDICATOR	Required when DN0721 is billed as a compound drug. Valid values are: Y = Compound Drug	824	If DN0762 COMPOUND DRUG INDICATOR is null then error	001	Mandatory field not present	IR
						824	If DN0762 COMPOUND DRUG INDICATOR is not null and not in (Y, N, U) then error	058	Code/ID invalid	IR
135	M	0605		SERVICE LINE DATE(S) RANGE	Valid dates must be reported. The occupational diseases or cumulative injuries are reported in the First Report of Injury (FROI) as Nature of Injury codes 60 through 80. Service Line Date Range must be >= Date of Injury except for Occupational/Cumulative Injuries.	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and SERVICE LINE DATE FROM is null then error	001	Mandatory field not present	IR
							If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and SERVICE LINE DATE TO is null then populate SERVICE LINE DATE FROM in the field			
						997	If SERVICE LINE DATE TO format is not CCYYMMDD then error	8	Invalid date	
						997	If SERVICE LINE DATE FROM format is not CCYYMDD then error	8	Invalid Date	
						824	If FROI NATURE OF INJURY CODE NOT between 60 and 80 and SERVICE LINE DATE FROM < FROI DATE OF INJURY then error	034	Must be >= Date of Injury	IR
					Required for Pharmacy Bills. PRESCRIPTION LINE DATE must be >= Date of Injury except for Occupational/Cumulative Injuries. The occupational diseases or cumulative injuries are reported in the First Report of Injury (FROI) as Nature of Injury codes 60 through 80.	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and BILL IDENTIFIER = R and DN0604 PRESCRIPTION LINE DATE is null then error	001	Mandatory field not present	IR

Req#	Req Code	DN	Ref. Des.	Data Field Name	Technical Condition	824 / 997	Detailed Technical condition	Error Code	Error Message	Error Type
136	M	0604		PRESCRIPTION LINE DATE	(FROI) as Nature of Injury codes 60 through 60.	997	If DN0604 PRESCRIPTION LINE DATE format is not CCYYMMDD then error	8	Invalid date	
						824	If FROI NATURE OF INJURY CODE NOT between 60 and 80 and DN0604 PRESCRIPTION LINE DATE < FROI DATE OF INJURY then error	034	Must be >= Date of Injury	IR
137	M	0570		DRUGS/SUPPLIES QUANTITY DISPENSED	Required when the SV4 Drug Service segment is reported.	824	If BILL IDENTIFIER = R and DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0570 DRUGS/SUPPLIES QUANTITY DISPENSED is null then error	001	Mandatory field not present	IR
						824	If DN0570 DRUGS/SUPPLIES QUANTITY DISPENSED and not all digits then error	028	All digits must be 0-9	IR
138	M	0571		DRUGS/SUPPLIES NUMBER OF DAYS	Required when the SV4 Drug Service segment is reported.	824	If BILL IDENTIFIER = R and DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0571 DRUGS/SUPPLIES NUMBER OF DAYS is null then error	001	Mandatory field not present	IR
						824	If DN0571 DRUGS/SUPPLIES NUMBER OF DAYS is not null and not all digits then error	028	All digits must be 0-9	IR
139	MC	0741	CN101	CONTRACT LINE TYPE CODE	Required if there is a contract between the Insurer and the service provider. Valid values are: 01 = Diagnosis Related Group (DRG) 02 = Per Diem 03 = Variable Per Diem 04 = Flat 05 = Capitated 06 = Percent 09 = Other	824	If DN0741 CONTRACT LINE TYPE CODE is not null and not exists in WCIS lookup table then error	058	Code/ID invalid	IR
							If DN0741 CONTRACT LINE TYPE CODE is null and DN0515 CONTRACT TYPE CODE is not null then substitute DN0741 with DN0515 CONTRACT TYPE CODE			
						824	If DN0515 CONTRACT TYPE CODE is not null and DN0741 CONTRACT LINE TYPE CODE <> DN0515 CONTRACT TYPE CODE then error	064	Invalid data relationship	IR
140	AR	0579		DRUGS/SUPPLIES DISPENSING FEE	Required when reporting prescription drug services delivered by a retail pharmacy or mail order pharmacy and the dispensing fee is not being reported as a separate service line. The dispensing fee field can also be	824	If DN0579 DRUGS/SUPPLIES DISPENSING FEE is not numeric then error	028	All digits must be 0-9	IR
141	M	0572		DRUGS/SUPPLIES BILLED AMOUNT	Required when reporting prescription drug services delivered by a retail pharmacy or mail order pharmacy.(From population restrictions spreadsheet) For transactions that do not contain DN0545 (Bill Adjustment Amount), line level balancing is required and occurs independently for each individual service line reported in the transaction. For each service line reported for bills that were not adjusted at the bill level, the amount reported for the total charge at the line level (DN0552, and DN0572) must balance to the sum of all payments and adjustments associated with that service line, including: • DN0574 (Total Amount Paid Per Line); and • DN0733 (Service Adjustment Amount) See 1.3.2 Line Level Balancing in the IAIABC Medical 2.0 Imp Guide for additional information and examples.	824	If BIL IDENTIFIER = 'R' and DN0572 DRUGS/SUPPLIES BILLED AMOUNT is null then error	001	Mandatory field not present	IR
						824	If DN0572 DRUGS/SUPPLIES BILLED AMOUNT is not null and not numeric then error	028	All digits must be 0-9	IR
						824	If BILL IDENTIFIER = R and DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0572 DRUGS/SUPPLIES BILLED AMOUNT <> (DN0574 TOTAL AMOUNT PAID PER LINE + DN0733 SERVICE ADJUSTMENT AMOUNT) then error	064	Invalid data relationship	IR
142				RENDERING LINE PROVIDER ENTITY TYPE	NOT a DN. Has to be an Individual. New column created and populated by GENTRAN to identify a Refereeing Bill Provider type 1=Individual		Populate value of NM102 1065 in this field			
143	M	0589	NM103	RENDERING LINE PROVIDER LAST/GROUP NAME	Required when different than DN0638 Rendering Bill Provider Last/Group Name	997	If NM101=82 and DN0589 RENDERING LINE PROVIDER LAST/GROUP NAME is null then error	1	Mandatory data element missing	
144	MC	0587	NM104	RENDERING LINE PROVIDER FIRST NAME	Required when NM102 = 1	997	If RENDERING LINE PROVIDER ENTITY TYPE = 1 and DN0587 RENDERING LINE PROVIDER FIRST NAME is null then error	1	Mandatory data element missing	

Req#	Req Code	DN	Ref. Des.	Data Field Name	Technical Condition	824 / 997	Detailed Technical condition	Error Code	Error Message	Error Type
145	MC	0592	NM109	RENDERING LINE PROVIDER NATIONAL PROVIDER ID	Required when DN0589 is present and the provider is eligible for NPI.	824	IF NOT a rejected Bill and DN0592 RENDERING LINE PROVIDER NATIONAL PROVIDER ID is not null and DN0732 SERVICE ADJUSTMENT REASON CODE not in ('207', '208') does not exist in WCIS NPI lookup table then error.	058	Code/ID invalid	IR
146	MC	0586	REF02	RENDERING LINE PROVIDER FEIN	Required if DN0589 is present and the provider is not eligible for NPI. Must be all digits Digits must not be repeated	824	IF DN0586 RENDERING LINE PROVIDER FEIN is not null and not all digits then error	028	All digits must be 0-9	IR
						824	If all digits in DN0586 RENDERING LINE PROVIDER FEIN are same then error	040	All digits cannot be the same	IR
147	MC	0599	REF02	RENDERING LINE PROVIDER STATE LICENSE NUMBER	IF license number is not available report all 9's. All 9's are valid		IF DN0589 RENDERING LINE PROVIDER LAST NAME is not null and DN0592 RENDERING LINE PROVIDER NATIONAL PROVIDER ID is null and DN0586 RENDERING LINE PROVIDER FEIN is null and DN0599 RENDERING LINE PROVIDER STATE LICENSE NUMBER is null then error	001	Mandatory field not present	IR
148	MC	0574	SVD02	TOTAL AMOUNT PAID PER LINE	Must be numeric	824	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0731 SERVICE ADJUSTMENT GROUP CODE is not null and DN0574 TOTAL AMOUNT PAID PER LINE is null then error	001	Mandatory field not present	IR
						824	IF DN0508 BILL SUBMISSION REASON CODE = 05 and DN0574 TOTAL AMOUNT PAID PER LINE is null then error	001	Mandatory field not present	IR
						824	IF DN0574 TOTAL AMOUNT PAID PER LINE is not null and not numeric then error	028	All digits must be 0-9	IR
149	MC	0722		ADA PROCEDURE PAID CODE	Required when SVD03-1 = AD	997	IF SVD03-1 = AD and DN0722 ADA PROCEDURE PAID CODE is null then error	1	Mandatory data element missing	
						824	IF DN0722 ADA PROCEDURE PAID CODE is not null and not exists in WCIS procedure code lookup table then error	058	Code/ID invalid	IR
						824	IF BILL IDENTIFIER='D' and DN0722 ADA PROC PAID CODE is null then error	001	Mandatory field not present	IR
150	MC	0726	SV101-2	HCPCS LINE PROCEDURE PAID CODE	Required when SV101 -1 = HC or SV201-1 = HC or SVD03-1 = HC	997	IF DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and (SV101 -1 = HC or SV202-1 = HC or SVD03-1 = HC) and DN0726 HCPCS LINE PROCEDURE PAID CODE is null then error	1	Mandatory data element missing	
						824	IF DN0732 SERVICE ADJUSTMENT REASON CODE NOT in (B18, 181) and DN0731 SERVICE ADJUSTMENT GROUP CODE NOT in (CO, MA, PI) and DN0726 HCPCS LINE PROCEDURE PAID CODE is not null and not exists in code table then error	058	Code/ID invalid	IR

Req#	Req Code	DN	Ref. Des.	Data Field Name	Technical Condition	824 / 997	Detailed Technical condition	Error Code	Error Message	Error Type
							If BILL IDENTIFIER= P or (BILL IDENTIFIER= I and DN0504 FACILITY CODE in (13, 78, 85) and DN0577 ADMISSION TYPE CODE in (1, 2, 5) and DN0576 REVENUE PAID CODE in ('0450', '0516', '0526', '0762')) and DN0726 HCPCS LINE PROCEDURE PAID CODE is null then error	001	Mandatory field not present	IR
151	MC	0728	SVD03-2	NDC PAID CODE	Required for pharmacy bills and professional bills when DME or others prescription are dispensed by the rendering provider.	997	If SVD03-1 = N4 and DN0728 NDC PAID CODE is null then error	1	Mandatory data element missing	
						824	If BILL IDENTIFIER = R and DN0728 NDC PAID CODE is null then error	001	Mandatory field not present	IR
						824	If DN0732 SERVICE ADJUSTMENT REASON CODE <= 16 and DN0728 NDC PAID CODE is not null and not exists in WCIS NDC code lookup table then error	058	Code/ID invalid	IR
152	MC	0729	SVD03-2	JURISDICTION PROCEDURE PAID CODE	Required for professional. Required for Institutional outpatient bills.		If SVD03-1 = ER and DN0729 JURISDICTION PROCEDURE PAID CODE is null then error	001	Mandatory field not present	IR
						824	If BILL IDENTIFIER = P or (BILL IDENTIFIER = I and DN0504 FACILITY CODE in (13, 78, 85) and DN0577 ADMISSION TYPE CODE in (1, 2, 5) and DN0576 REVENUE PAID CODE in ('0450', '0516', '0526', '0762')) and DN0729 JURISDICTION PROCEDURE PAID CODE is null then error	001	Mandatory field not present	IR
						824	If DN0732 SERVICE ADJUSTMENT REASON CODE NOT in (B18, 181) and DN0731 SERVICE ADJUSTMENT GROUP CODE NOT in (CO, MA, PI) and DN0729 JURISDICTION PROCEDURE PAID CODE is not null and not exists in WCIS procedure code lookup table then error	058	Code/ID invalid	IR
153	MC	0727	SVD03-3	HCPCS MODIFIER PAID CODE	Required when the procedure has been modified. Use for the first modifier .	824	If DN0732 SERVICE ADJUSTMENT REASON CODE NOT in (182) and DN0731 SERVICE ADJUSTMENT GROUP CODE NOT in (CO, MA, PI) and DN0727 HCPCS MODIFIER PAID CODE is not null and not exists in WCIS modifier code lookup table then error	058	Code/ID invalid	IR
154	MC	0730	SVD03-3	JURISDICTION MODIFIER PAID CODE	Required when the procedure has been modified. Use for the first modifier .	824	If DN0732 SERVICE ADJUSTMENT REASON CODE NOT in (182) and DN0731 SERVICE ADJUSTMENT GROUP CODE NOT in (CO, MA, PI) and DN0730 JURISDICTION MODIFIER PAID CODE is not null and not exists in code modifier code table then error	058	Code/ID invalid	IR
155	MC	0576	SVD04	REVENUE PAID CODE	Required for Institutional bills and outpatient bills.	824	If BILL IDENTIFIER = I and DN0504 FACILITY CODE in (13, 78, 85) and DN0577 ADMISSION TYPE CODE in (1, 2, 5) and DN0576 REVENUE PAID CODE is null then error	001	Mandatory field not present	IR
						824	If DN0576 REVENUE PAID CODE is not null and not exists in WCIS revenue code lookup table then error	058	Code/ID invalid	IR

Req#	Req Code	DN	Ref. Des.	Data Field Name	Technical Condition	824 / 997	Detailed Technical condition	Error Code	Error Message	Error Type
							If DN0576 REVENUE PAID CODE is null and DN0559 REVENUE BILLED CODE is not null then substitute DN0576 REVENUE PAID CODE with DN0559 REVENUE BILLED CODE			
156	MC	0580		DAYS(S)/UNIT(S) PAID	Required for Institutional and Professional	824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and BILL IDENTIFIER in (I, P) and DN0580 DAY(S)/UNIT(S) PAID is null then error	058	Code/ID invalid	IR
						824	IF DN0580 DAY(S)/UNIT(S) PAID is not null and not all digits then error	028	All digits must be 0-9	IR
							If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and DN0589 DAYS/UNITS PAID is null and DN0554 DAYS/UNITS BILLED is not null then substitute DN0508 with DN0554.			
157	MC	0731	CAS01	SERVICE ADJUSTMENT GROUP CODE	For non pharmaceutical bills, required when DN0574 Total Amount Paid Per Line is not equal to DN0552 Total Charge Per Line and the sum of all DN0574 Total Amount Paid Per Line plus all DN0545 Bill Adjustment Amounts reported in the 2320 CAS segments plus all DN0733 Service Adjustment Amounts reported in the 2430 CAS segments does not equal DN0501 Total Charge Per Bill minus DN0516 Total Amount Paid Per Bill. Required when line level adjustments are applied. For pharmaceutical bills, required when DN0574 Total Amount Paid Per Line is not equal to DN0572 Drug/Supplies Billed Amount and the sum of all DN0574 Total Amount Paid Per Line plus all DN0545 Bill Adjustment Amounts reported in the 2320 CAS segments plus all DN0733 Service Adjustment Amounts reported in the 2430 CAS segments does not equal DN0501 Total Charge Per Bill minus DN0516 Total Amount Paid Per Bill Valid values are - CO = Contractual Obligations OA = Other Adjustments PI = Payer Initiated Reductions PR = Patient Responsibility RR = Regulatory Requirement CAS02	824	If DN0733 SERVICE ADJUSTMENT AMOUNT is not null and DN0731 SERVICE ADJUSTMENT GROUP CODE is null then error	001	Mandatory field not present	IR
						824	IF DN0731 SERVICE ADJUSTMENT GROUP CODE is not null and not in (CO, CR, OA, PI, PR, RR) then error	058	Code/ID invalid	IR
158	MC	0732	CAS02	SERVICE ADJUSTMENT REASON CODE	Required when DN0733 Service Adjustment Amount is present. CAS03 is reported.	824	IF DN0731 SERVICE ADJUSTMENT GROUP CODE is not null and DN0732 SERVICE ADJUSTMENT REASON CODE is null then error	001	Mandatory field not present	IR
						824	If DN0508 BILL SUBMISSION REASON CODE = 05 and DN0732 SERVICE ADJUSTMENT REASON CODE is null then error	001	Mandatory field not present	IR
						824	If DN0732 SERVICE ADJUSTMENT REASON CODE is not null and not exists in WCIS adjustment reason code lookup table then error	058	Code/ID invalid	IR
	MC	0733	CAS03		When balancing amounts use this approach: • Adjustments DECREASE the payment when the adjustment amount is POSITIVE. • Adjustments INCREASE the payment when the adjustment amount is NEGATIVE (-).	824	IF DN0732 SERVICE ADJUSTMENT REASON CODE is not null and DN0733 SERVICE ADJUSTMENT AMOUNT is null then error	001	Mandatory field not present	IR

Req#	Req Code	DN	Ref. Des.	Data Field Name	Technical Condition	824 / 997	Detailed Technical condition	Error Code	Error Message	Error Type
159				SERVICE ADJUSTMENT AMOUNT		824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and BILL IDENTIFIER = R and DN0733 SERVICE ADJUSTMENT AMOUNT <> DN0572 DRUG SUPPLIES BILLED AMOUNT - DN0574 TOTAL AMOUNT PAID PER LINE then error	064	Invalid data relationship	IR
						824	If DN0508 BILL SUBMISSION REASON CODE in (00,02,05) and BILL IDENTIFIER = R and DN0733 SERVICE ADJUSTMENT AMOUNT <> DN0552 TOTAL CHARGE PER LINE - DN0574 TOTAL AMOUNT PAID PER LINE then error	064	Invalid data relationship	IR
160	MC	0734	CAS04	SERVICE ADJUSTMENT UNITS	Note: This data element is required when DN0580 is reported in SVD05 and represents the difference between the quantity billed and the quantity paid.	824	If DN0732 SERVICE ADJUSTMENT REASON CODE is not null and DN0734 SERVICE ADJUSTMENT UNITS is null then error	001	Mandatory field not present	IR
						824	If DN0734 SERVICE ADJUSTMENT UNITS is not null and not all digits then error	028	All digits must be 0-9	IR
161	MC	0761	AMT02	LINE ITEM PRIOR ACTUAL AMOUNT PAID		824	If DN0761 LINE ITEM PRIOR ACTUAL AMOUNT PAID is not null and not numeric then error	028	All digits must be 0-9	IR

Legends: