

Texas EDI Medical Data Element Edits Table

DN	Data Element Name	001 Mandatory Field Not Present	028 Must be numeric	029 Must be a valid date	030 Must be alphanumeric	033 Must be <= Date of Injury	034 Must be >= Date of Injury	039 No match on database	040 All digits cannot be the same	041 Must be <= current date	058 Code/ID Invalid	063 Invalid event sequence/relationship	Other Format Requirements
DN 05	Jurisdiction Claim Number				X								
DN 06	Insurer FEIN	X	X					X	X				
DN 07	Insurer Name	X											
DN 14	Claim Administrator Postal Code	X									X		
DN 15	Claim Administrator Claim Number	X			X								
DN 16	Employer FEIN		X						X		X		
DN 18	Employer Name	X											
DN 19	Employer Physical Primary Address												
DN 20	Employer Physical Secondary Address												
DN 21	Employer Physical City												
DN 22	Employer Physical State Code												
DN 23	Employer Physical Postal Code												
DN 28	Policy Number												
DN 31	Date of Injury	X		X						X			
DN 42	Employee Social	X	X						X		X		

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	Security Number												
DN 43	Employee Last Name	X											
DN 44	Employee First Name	X											
DN 45	Employee Middle Name/Initial												
DN 46	Employee Mailing Primary Address	X											
DN 47	Employee Mailing Secondary Address												
DN 48	Employee Mailing City	X											
DN 49	Employee Mailing State Code	X									X		
DN 50	Employee Mailing Postal Code	X									X		
DN 51	Employee Phone												
DN 52	Employee Date of Birth	X		X		X				X			
DN 53	Employee Gender Code	X									X		
DN 54	Employee Marital Status Code												
DN 98	Sender ID	X											
DN 99	Receiver ID	X											Files sent to TDI-DWC must contain '746000119' in Loop

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													1000B/NM109 and '787441609' in Loop 1000B/N403.
DN 100	Date Transmission Sent	X											
DN 101	Time Transmission Sent	X											
DN 152	Employee Employment Visa												
DN 153	Employee Green Card												
DN 154	Employee ID Assigned by Jurisdiction												
DN 155	Employee Mailing Country Code	X									X		Must be reported as 'USA'.
DN 156	Employee Passport Number												
DN 159	Employer Contact Business Phone Number												
DN 164	Employer Physical Country Code												Must be reported as 'USA'.
DN 187	Claim Administrator FEIN	X	X					X	X		X		
DN 188	Claim Administrator Name	X											
DN 208	Managed Care	X	X					X					

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	Organization ID												
DN 209	Managed Care Organization Name	X											
DN 255	Employee Last Name Suffix												
DN 266	Transaction Tracking Number	X	X										
DN 500	Unique Bill ID Number	X			X								
DN 501	Total Charge Per Bill	X	X										
DN 502	Billing Type Code	X									X		Pharmacy transactions must contain the values of 'RX' or 'MO'.
DN 503	Billing Format Code	X									X		
DN 504	Facility Code	X									X		
DN 505	Bill Frequency Type Code	X									X		
DN 506	Provider Signature on File Indicator												
DN 507	Provider Agreement Code	X									X		For Texas EDI Reporting purposes, the following definitions apply:

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													H = Services performed within a Certified Workers' Compensation Health Care Network. P = Services performed under a contractual fee arrangement, excluding services performed within a certified network. N = No contractual fee arrangement for services performed. Y is not an acceptable value.
DN 508	Bill Submission Reason Code	X									X	X	
DN 509	Service Bill Date(s) Range	X		X			X			X			
DN 510	Date of Bill	X		X			X			X			
DN 511	Date Insurer Received Bill	X		X			X			X			

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DN 512	Date Insurer Paid Bill	X		X			X			X			
DN 513	Admission Date	X		X			X			X			
DN 514	Discharge Date			X			X			X			
DN 515	Contract Type Code										X		
DN 516	Total Amount Paid Per Bill	X	X										
DN 517	Patient Account Number												
DN 518	DRG Code										X		
DN 521	Principal Diagnosis Code	X									X		Decimal point required.
DN 522	ICD-9 Diagnosis Code	X									X		Decimal point required.
DN 523	Billing Provider Unique Bill Identification	X			X								
DN 524	Procedure Date	X		X						X			
DN 525	ICD-9 Principal Procedure Code	X											
DN 526	Release of Information Code												
DN 527	Prescription Bill Date												
DN 528	Billing Provider Last/Group Name	X											
DN 529	Billing Provider First Name	X											

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DN 530	Billing Provider Middle Name/Initial												
DN 531	Billing Provider Last Name Suffix												
DN 532	Batch Control Number	X	X										
DN 534	Gatekeeper Indicator												
DN 535	Admitting Diagnosis Code	X									X		Decimal point required.
DN 537	Billing Provider Primary Specialty Code												
DN 538	Billing Provider Primary Address	X											
DN 539	Billing Provider Secondary Address												
DN 540	Billing Provider City	X											
DN 541	Billing Provider State Code	X									X		
DN 542	Billing Provider Postal Code	X									X		
DN 543	Bill Adjustment Group Code												
DN 544	Bill Adjustment Reason Code												

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DN 545	Bill Adjustment Amount												
DN 546	Bill Adjustment Units												
DN 547	Line Number	X	X										
DN 550	Principal Procedure Date	X		X			X			X			
DN 551	Procedure Description												
DN 552	Total Charge Per Line	X	X										
DN 553	Day(s) Unit(s) Code	X									X		
DN 554	Day(s) Unit(s) Billed	X	X										
DN 555	Place of Service Bill Code	X									X		Pharmacy transactions must contain the value of '99'.
DN 557	Diagnosis Pointer	X	X								X		Must use '1', '2', '3', or '4'
DN 559	Revenue Billed Code	X									X		
DN 560	Revenue Unit Rate												
DN 561	Prescription Line Number	X			X								
DN 562	Dispense as Written Code	X									X		
DN 563	Drug Name	X											
DN 564	Basis of Cost Determination Code												
DN 565	Total Charge Per Line - Rental												

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DN	Data Element Name	001	028	029	030	033	034	039	040	041	058	063	Other Format Requirements
DN 566	Total Charge Per Line - Purchase												
DN 567	DME Billing Frequency Code												
DN 568	CRNA Supervision Indicator												
DN 569	Billing Provider Country Code	X									X		Must be reported as 'USA'.
DN 570	Drugs/Supplies Quantity Dispensed	X	X										
DN 571	Drugs/Supplies Number of Days	X	X										
DN 572	Drugs/Supplies Billed Amount	X	X										
DN 574	Total Amount Paid Per Line	X	X										
DN 576	Revenue Paid Code	X									X		
DN 577	Admission Type Code	X									X		
DN 579	Drugs/Supplies Dispensing Fee												
DN 580	Day(s)/Unit(s) Paid	X	X										
DN 581	Treatment Authorization Number				X								

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DN	Data Element Name	001	028	029	030	033	034	039	040	041	058	063	Other Format Requirements
DN 583	Rendering Line Provider Anesthesia Lic Number												
DN 584	Rendering Line Provider City												
DN 585	Rendering Line Provider Country Code												
DN 586	Rendering Line Provider FEIN		X						X		X		
DN 587	Rendering Line Provider First Name												
DN 588	Rendering Line Provider Last Name Suffix												
DN 589	Rendering Line Provider Last/Group Name												
DN 590	Rendering Line Provider Medicare Number												
DN 591	Rendering Line Provider Middle Name/Initial												
DN 592	Rendering Line Provider National Provider ID										X		
DN 593	Rendering Line Provider Postal Code												
DN 594	Rendering Line Provider												

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	Primary Address												
DN 595	Rendering Line Provider Primary Specialty Code												
DN 596	Rendering Line Provider Secondary Address												
DN 597	Rendering Line Provider Specialty License Number												
DN 598	Rendering Line Provider State Code												
DN 599	Rendering Line Provider State License Number				X						X		If submitted, must adhere to the formatting requirements contained in the billing rules.
DN 600	Place of Service Line Code	X									X		
DN 604	Prescription Line Date	X		X						X			
DN 605	Service Line Date(s) Range	X		X						X			
DN 615	Reporting Period	X		X						X			
DN 616	Insurer Postal Code	X									X		
DN 622	Admission Hour	X									X		
DN 623	Discharge Hour												

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DN	Data Element Name	001	028	029	030	033	034	039	040	041	058	063	Other Format Requirements
DN 624	Initial Amount Paid												
DN 626	HCPCS Principle Procedure Billed Code												
DN 629	Billing Provider FEIN	X	X						X		X		
DN 630	Billing Provider State License Number	X			X						X		If submitted, must adhere to the formatting requirements contained in the billing rules.
DN 632	Billing Provider Medicare Number												
DN 633	Billing Provider Anesthesia License Number												
DN 634	Billing Provider National Provider ID				X								
DN 636	Billing Provider Specialty License Number												
DN 638	Rendering Bill Provider Last/Group Name	X											
DN 639	Rendering Bill Provider First Name	X											
DN 640	Rendering Bill Provider Middle Name/Initial												
DN 641	Rendering Bill Provider												

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	Last Name Suffix												
DN 642	Rendering Bill Provider FEIN		X						X		X		
DN 643	Rendering Bill Provider State License Number	X			X						X		If submitted, must adhere to the formatting requirements contained in the billing rules.
DN 645	Rendering Bill Provider Medicare Number												
DN 646	Rendering Bill Provider Anesthesia License Number												
DN 647	Rendering Bill Provider National Provider ID	X			X								Pharmacy transactions may contain either the NPI or NCPDP number.
DN 649	Rendering Bill Provider Specialty License Number												
DN 651	Rendering Bill Provider Primary Specialty Code												
DN 652	Rendering Bill Provider Primary Address												
DN 653	Rendering Bill Provider Secondary Address												

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DN 654	Rendering Bill Provider City												
DN 655	Rendering Bill Provider State Code												
DN 656	Rendering Bill Provider Postal Code												
DN 657	Rendering Bill Provider Country Code												Must be reported as 'USA'.
DN 658	Supervising Provider Last/Group Name												
DN 659	Supervising Provider First Name												
DN 660	Supervising Provider Middle Name/Initial												
DN 661	Supervising Provider Last Name Suffix												
DN 662	Supervising Provider FEIN		X						X		X		
DN 663	Supervising Provider State License Number				X						X		If submitted, must adhere to the formatting requirements contained in the billing rules.
DN 665	Supervising Provider Medicare Number												

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DN 666	Supervising Provider Anesthesia License Number												
DN 667	Supervising Provider National Provider ID										X		
DN 669	Supervising Provider Specialty License Number												
DN 671	Supervising Provider Primary Specialty Code												
DN 672	Supervising Provider Primary Address												
DN 673	Supervising Provider Secondary Address												
DN 674	Supervising Provider City												
DN 675	Supervising Provider State Code												
DN 676	Supervising Provider Postal Code												
DN 677	Supervising Provider Country Code												Must be reported as 'USA'.
DN 678	Facility Name	X											
DN 679	Facility FEIN		X						X		X		

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DN 680	Facility State License Number												
DN 681	Facility Medicare Number												
DN 682	Facility National Provider ID												
DN 684	Facility Primary Address	X											
DN 685	Facility Secondary Address												
DN 686	Facility City	X											
DN 687	Facility State Code	X									X		
DN 688	Facility Postal Code	X									X		
DN 689	Facility Country Code	X									X		Must be reported as 'USA'.
DN 690	Referring Provider Last/Group Name	X											
DN 691	Referring Provider First Name	X											
DN 692	Referring Provider Middle Name/Initial												
DN 693	Referring Provider Last Name Suffix												
DN 694	Referring Provider FEIN												

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DN 695	Referring Provider State License Number	X			X						X		If submitted, must adhere to the formatting requirements contained in the billing rules.
DN 697	Referring Provider Medicare Number												
DN 698	Referring Provider Anesthesia License Number												
DN 699	Referring Provider National Provider ID	X			X								Pharmacy transactions may contain either the NPI or DEA number.
DN 701	Referring Provider Specialty License Number												
DN 704	Managed Care Organization FEIN												
DN 708	Managed Care Organization Primary Address												
DN 709	Managed Care Organization Secondary Address												
DN 710	Managed Care												

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	Organization City												
DN 711	Managed Care Organization State Code												
DN 712	Managed Care Organization Postal Code												
DN 713	Managed Care Organization Country Code												Must be reported as 'USA'.
DN 714	HCPCS Line Procedure Billed Code	X									X		
DN 715	Jurisdiction Procedure Billed Code												
DN 717	HCPCS Modifier Billed Code										X		
DN 718	Jurisdiction Modifier Billed Code												
DN 719	ADA Procedure Billed Code	X									X		
DN 721	NDC Billed Code	X									X		
DN 722	ADA Procedure Paid Code												
DN 726	HCPCS Line Procedure										X		

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	Paid Code												
DN 727	HCPCS Modifier Paid Code										X		
DN 728	NDC Paid Code										X		
DN 729	Jurisdiction Procedure Paid Code												
DN 730	Jurisdiction Modifier Paid Code												
DN 731	Service Adjustment Group Code	X									X		
DN 732	Service Adjustment Reason Code	X											
DN 733	Service Adjustment Amount	X	X										
DN 734	Service Adjustment Units	X	X										
DN 736	ICD-9 CM Procedure Code												
DN 737	HCPCS Bill Procedure Code												
DN 738	Treatment Line Authorization Number												
DN 741	Contract Line Type Code												

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DN 742	Provider Agreement Line Code	X											