# **MassHealth**

# **Standard Companion Guide**

# **277DRA Data Reporting Acknowledgement**

Refers to the Implementation Guides Based on ASC X12N Version 005010X364

April 2024

## Disclosure Statement

This *MassHealth Standard Companion Guide* (“Companion Guide”) serves as a companion document to the corresponding ASC X12N/005010X364 Data Reporting Acknowledgment. MassHealth strongly encourages its Trading Partners to use this Companion Guide in conjunction with the *ASC X12 Implementation Guide* to develop the HIPAA batch transaction. Copies of the ASC X12 Technical Report Type 3s (TR3s) are available for purchase at [www.x12.org](http://www.x12.org/).

This document supplements, but does not contradict, disagree, oppose, or otherwise modify the 005010X364 implementation specification in a manner that will make its implementation by users out of compliance. Tables contained in this Companion Guide align with the CAQH CORE v5010 Companion Guide Template. The template is available at [www.caqh.org](http://www.caqh.org/).

## About MassHealth

In Massachusetts, the Medicaid, and Children’s Health Insurance Program (CHIP) are combined into one program called MassHealth. MassHealth provides comprehensive health insurance and dental coverage for eligible individuals, families, and people with disabilities across the Commonwealth of Massachusetts. The program serves over 2.4 million residents in the state. MassHealth’s coverage is managed and facilitated through an array of programs, including Fee for Service, accountable care organizations (ACOs) and managed care organizations (MCOs), which enable members to choose the plan that best meets their needs. The agency is nationally recognized for providing high-quality care in an innovative and cost-effective manner. See [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

## MassHealth’s Standardized Encounter Data Program (SENDPro)

MassHealth requires that Managed Care Entities (MCE)s submit encounter data to the agency on a weekly basis through its SENDPro solution. SENDPro manages trading partner information, facilitates the exchange of HIPAA ASC X12 and NCPDP transactions, validates HIPAA compliance, and produces acknowledgements for each submitted file. Additional details about SENDPro are detailed below.

## Contact for Additional Information

*Please note: Updates to be incorporated in future versions of the Companion Guide.*

MassHealth Encounter Data Support Services

Email: TBD

Phone Number: TBD

MassHealth Data Warehouse

XXXXX

## Preface

This *MassHealth Standard Companion Guide* to the *005010 ASC X12N Technical Report Type 3 Implementation Guide* and associated addenda adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging transactions electronically with MassHealth. The *MassHealth Standard Companion Guide* is not intended to convey information that in any way exceeds or replaces the requirements or usages of data expressed in the Implementation Guides. Neither the Executive Office of Health and Human Services nor MassHealthis responsible for any action or inaction, or the effects of such action or inaction, taken in reliance on the contents of this guide.

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## Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires MassHealth and all other health insurance payers in the United States to comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of the U.S. Department of Health and Human Services (HHS). The ASC X12N implementation guides are the standards of compliance for electronic health care transactions.

This document is intended to provide information from MassHealth to its Trading Partners that provides the information necessary to exchange Electronic Data Interchange (EDI) X12 transactions with the agency. This includes information about specific data requirements, registration, testing and support.

### SCOPE

The standard adopted by Health & Human Services (HHS) for electronic health care transactions is ASC X12N Version 005010, which became effective January 1, 2012. Although HHS did not mandate the adoption of the Post-Adjudicated Claims Data Reporting transaction, EOHHS has adopted the transaction set to support its encounter data submissions from MassHealth Managed Care Entities (MCE)s. The unique version/release/industry identifier code for the electronic Encounter Data Reporting Acknowledgment (277DRA) transactions is 005010X364.

This Companion Guide assumes compliance with all loops, segments, and data elements contained in the 005010X364. It defines the requirements for HIPAA transactions submitted to and/or received from MassHealth.

### OVERVIEW

MassHealth created this Companion Guide for MassHealth Managed Care Entities (Trading Partners) to supplement the *ASC X12N Implementation Guide.* This guide contains MassHealth-specific instructions related to the following.

* Data formats, content, codes, business rules, and characteristics of the electronic transaction.
* Technical requirements and transmission options; and
* Information on testing procedures that each Trading Partner must complete before transmitting electronic transactions.

The information in this document outlines MassHealth’s requirements for HIPAA standard electronic encounter data reporting. The following standards are in addition to those outlined in the MassHealth provider manuals. These standards in no way supersede MassHealth regulations.

Where applicable, trading partners must use this guide in conjunction with the information available in your MassHealth provider manual.

### REFERENCES

The Implementation Guide specifies in detail the required formats for transactions exchanged electronically with an insurance company, health care payer, or government agency. The Implementation Guide contains requirements for the use of specific segments and specific data elements within those segments and applies to all health care providers and their Trading Partners. It is critical that your IT staff or software vendor review this document in its entirety and follow the stated requirements to exchange files with MassHealth while maintaining HIPAA compliance.

The Implementation Guides for ASC X12N and all other HIPAA standard transactions are available electronically at [www.x12.org](http://www.x12.org/). Information about the X12 Licensing Program can be found at [x12.org/products/licensing-program](http://x12.org/products/licensing-program).

### ADDITIONAL INFORMATION

The intended audience for this document is the technical and operational staff responsible for generating, submitting, receiving, and reviewing electronic health care transactions.

## Getting Started

### WORKING WITH MASSHEALTH

Managed Care Entity (MCE) Trading Partners can exchange electronic health care transactions with MassHealth by directly uploading and downloading transactions via the SENDPro portal, Secure File Transfer Protocol (SFTP), or system-to-system using the SENDPro’s connectivity submission methods. Submitters must determine whether they will use SFTP or industry standard, Simple Object Access Protocol (SOAP)/Web Services Description Language (WSDL), or Hypertext Transfer Protocol (HTTP) Multipurpose Internet Mail Extensions (MIME) Multipart Web service to support the submission of encounter data to MassHealth.

After determining the transmission method, each Trading Partner must successfully complete testing of the connectivity protocol and the HIPAA transaction. Additional information regarding testing is noted in the next section of this companion guide. After successful completion of testing, trading partners may exchange production transactions with MassHealth.

### TRADING PARTNER REGISTRATION

All MassHealth Trading Partners are required to sign a Trading Partner Agreement (TPA), as described in [Section 9](#_Trading_Partner_Agreements) below. If you have elected to use a third party to perform electronic transactions on your behalf, they will also be required to complete a TPA. If you or your submitter have already completed this form, you are not required to complete it again.

### CERTIFICATION AND TESTING OVERVIEW

All MCE Trading Partners that exchange electronic batch transactions with MassHealth must complete Trading Partner testing. At the completion of testing, Trading Partners will receive approval from MassHealth to submit transactions in the production environment.

Test transactions exchanged with MassHealth should include a representative sample of the various types of encounter scenarios that Managed Care Entities would normally submit to MassHealth. This includes typical transactions received from enrolled health plan providers that were then adjudicated by your organization. The size of each test file should be between 25 and 50 transactions.

## Testing with SENDPro

Each Managed Care Entity/Trading Partner must complete testing. Trading Partner testing includes HIPAA compliance testing, as well as validating the use of conditional, optional, and mutually defined components of the transaction.

SENDPro will process de-identified transactions in a test environment to verify that the file structure and content meet HIPAA standards and MassHealth-specific data and business requirements. MassHealth will also verify the quality of the data submitted within the test files. MCEs will receive responses for every test file submitted. MCEs should review NCPDP acknowledgement and 277DRA reports for errors, make the appropriate corrections, and resubmit updated test files.

Please note: Trading partners will not be allowed to submit encounter data transactions in the production environment until they have successfully passed both data quality validation and HIPAA standards testing. Once this testing and validation is complete, the Trading Partner may submit transactions to MassHealth’s SENDPro for processing.

## Connectivity with SENDPro/Communications

This section outlines how MCE Trading Partners may connect and communicate with MassHealth to exchange ASC X12N-formatted batch transactions via the SENDPro transmission administrative procedures.

### TRANSMISSION ADMINISTRATIVE PROCEDURES

#### System Availability

**The system is typically available 24 hours a day, seven days a week, except for scheduled maintenance windows**.

#### Transmission File Size

The 277DRA is an outbound transaction, so this section is not applicable.

#### Transmission Errors

The 277DRA is an outbound transaction, so this section is not applicable.

#### Production File-naming Convention

For the 277DRA outbound files, use the below naming convention:

*receiverid\_transtype\_datetime\_env*

For example, a production 277DRA file submitted on January 4, 2024, at 2:30 p.m. ET, by a TP with a three-digit PID of “xyz” might be named:

*xyz\_277dra\_010420241430\_prod*

If the 277DRA is produced based on a specific request, it will include this specificity in the naming convention to facilitate easy identification of the file. In the case of this process, the naming convention is as follows:

*receiverid\_transtype\_datetime\_env\_xxx*

The three-character alpha suffix *xxx* defines the exception when needed.

### RETRANSMISSION PROCEDURE

The 277DRA is an outbound transaction, so this section is not applicable.

### COMMUNICATION PROTOCOL SPECIFICATIONS

The 277DRA will be delivered using the same communication protocol in which the corresponding PACDR or NCPDP file was submitted from.

### CONNECTIVITY SUBMISSION METHOD

The 277DRA will be delivered using the same connectivity in which the corresponding PACDR or NCPDP file was submitted from.

1. **Contact Information**

**EDI CUSTOMER SERVICE**

MassHealth Encounter Data Support Services

Days Available: Monday through Friday

Time Available: TBD

Email: TBD

Phone: TBD

Fax: TBD

**EDI TECHNICAL ASSISTANCE**

MassHealth Encounter Data Support Services

Days Available: Monday through Friday

Time Available: TBD

Email: TBD

Phone: TBD

Fax: TBD

*Further details* *will be updated in the next iteration of the CG*.

**APPLICABLE WEBSITES/EMAIL**

**Accredited Standards Committee (ASC X12)**

* ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. See [www.x12.org](http://www.x12.org/).

**Centers for Medicare & Medicaid Services (CMS)**

* CMS is the unit within HHS that administers the Medicare and Medicaid programs. CMS provides the electronic Health Care Transactions and Code Sets Model Compliance Plan. See <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/index>.

**Committee on Operating Rules for Information Exchange (CORE)**

* A multiphase initiative of CAQH, CORE is a committee of more than 100 industry leaders who help create and promulgate a set of voluntary business rules focused on improving physician and hospital access to electronic patient insurance information at or before the time of care. See [www.caqh.org](http://www.caqh.org/).

**Council for Affordable Quality Healthcare (CAQH)**

* CAQH is a nonprofit alliance of health plans and trade associations working to simplify health care administration through industry collaboration on public-private initiatives. Through two initiatives—the Committee on Operating Rules for Information Exchange (CORE) and Universal Provider Data source (UPD)—CAQH aims to reduce administrative burden for providers and health plans. See [www.caqh.org](http://www.caqh.org/).

**MassHealth (MH)**

* The MassHealth website assists providers with HIPAA billing and policy questions, as well as enrollment support. See [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

**National Committee on Vital and Health Statistics (NCVHS)**

* The National Committee on Vital and Health Statistics was established by Congress to serve as an advisory body to the U.S. Department of Health and Human Services on health data, statistics, and national health information policy. See [www.ncvhs.hhs.gov](http://www.ncvhs.hhs.gov/).

**National Council of Prescription Drug Programs (NCPDP)**

* The NCPDP is the standards and codes development organization for pharmacy. See [www.ncpdp.org](http://www.ncpdp.org).

**Washington Publishing Company (WPC)**

* WPC is a resource for HIPAA-required transaction implementation guides and code sets. See <http://www.wpc-edi.com/>.

## Control Segments/Envelopes

### ISA (INTERCHANGE CONTROL HEADER)

This section describes MassHealth’s use of the interchange control segments. It includes the expected sender and receiver codes, authorization information, and delimiters. All ISA segments within a single file must be consistent with the exception of the date/time and control # data elements. The chart below and all charts in this document aligns with the CAQH CORE v5010 Companion Guide Template format. The template is available at [www.caqh.org](http://www.caqh.org/).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TR3 Page #** | **Loop ID** | **Reference** | **Name** | **Codes** | **Notes/Comments** |
| C.3 | ---- | ISA | Interchange Control Header |  |  |
| C.4 | ----- | ISA01 | Authorization  Information Qualifier | 00 |  |
| C.4 | ----- | ISA02 | Authorization Information |  | 10 blank spaces |
| C.4 | ----- | ISA03 | Security Information  Qualifier | 00 |  |
| C.4 | ----- | ISA04 | Security Information |  | 10 blank spaces |
| C.4 | ----- | ISA05 | Interchange ID  Qualifier | ZZ |  |
| C.4 | ----- | ISA06 | Interchange Sender ID | DMA7384 | MassHealth |
| C.5 | ----- | ISA07 | Interchange ID  Qualifier | ZZ |  |
| C.5 | ----- | ISA08 | Interchange Receiver ID |  | Trading Partner ID assigned by MassHealth (10-character MMIS provider ID/service location |

### GS (FUNCTIONAL GROUP HEADER)

This section describes MassHealth’s use of the functional group control segments. It includes the expected application sender and receiver codes. All GS segments within a single file must be consistent.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TR3 Page #** | **Loop ID** | **Reference** | **Name** | **Codes** | **Notes/Comments** |
| C.7 | ----- | GS02 | Application Sender’s  Code | DMA7384 | MassHealth |
| C.7 | ----- | GS03 | Application Receiver’s  Code |  | Trading Partner ID assigned by MassHealth (10-character MMIS provider ID/service location) |

## MassHealth-Specific Business Rules and Limitations

MassHealth will be using the standard Claim Status Reason Codes as published by X12: Claim Status Category Codes, [Claim Status Category Codes | X12](https://x12.org/codes/claim-status-category-codes) and Claim Status Codes, [Claim Status Codes | X12](https://x12.org/codes/claim-status-codes) where applicable.

## Acknowledgements and Reports

The 277DRA is an outbound transaction and there are no other acknowledgements and report responses.

## Trading Partner Agreements

MCEs that intend to conduct electronic transactions with MassHealth must sign the MassHealth Trading Partner Agreement (TPA). A copy of the agreement is available for download ([www.mass.gov](http://www.mass.gov)) or by contacting MassHealth Encounter Data Support services at (email address TBD, targeting to be provided after Design phase) if you have any questions.

### TRADING PARTNERS

MassHealth defines a Trading Partner as any entity (provider, billing service, software vendor, employer group, financial institution, etc.) that exchanges electronic transactions with MassHealth. The Trading Partner and MassHealth acknowledge and agree that the privacy and security of data held by or exchanged between them is of utmost priority. Each party agrees to take all steps reasonably necessary to ensure that all electronic transactions between them conform to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations promulgated thereunder.

## Transaction-Specific Information

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of tables. The tables contain a row for each segment that MassHealth has something specific, and additional, over, and above, the information in the IGs. That information can

* Limit the repeat of loops, or segments.
* Limit the length of a simple data element.
* Specify a subset of the IGs internal code listings.
* Clarify the use of loops, segments, composite, and simple data elements; and
* Provide other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with MassHealth.

In addition to the row for each segment, MassHealth uses one or more additional rows to describe its usage for composite and simple data elements and for any other information. Notes and comments are placed at the deepest level of detail. For example, a note about a code value is placed on a row specifically for that code value, not in a general note about the segment.

| **Page #** | **Loop ID** | **Reference** | **Name** | **Codes** | **Notes/Comments** |
| --- | --- | --- | --- | --- | --- |
| 36 | 2100A | NM103 | Organization Name |  | MassHealth |
| 37 | 2100A | NM109 | ID Code |  | DMA7384 |
| 44 | 2100B | NM109 | Information Receiver Primary Identifier |  | Trading Partner ID assigned by MassHealth (10-character MMIS provider ID/service location |

## APPENDICES

### Appendix A. Implementation Checklist

The 277DRA is an outbound transaction, so there is no implementation checklist.

### Appendix B. Business Scenarios

The 277DRA is an outbound transaction and will be produced for each of the business scenarios defined in the Post Adjudicated Claims Data Reporting (PACDR) Companion Guides.

The 277DRA responses include acknowledgment codes indicating the status of each claim:

* Accepted: The claim has been successfully received and accepted.
* Rejected: The claim contains errors or is incomplete.

The 277DRA responses also include additional information such as reference numbers, error details, and any corrective actions required.

Business Scenario 1: Partially Accepted File (the claim in the file was rejected for invalid procedure code modifier)

Business Scenario 2: Accepted File (No rejects)

### Appendix C. Transmission Examples

The 277DRA will be delivered to the same connectivity transmission option used to submit encounters.

**Business Scenario 1:** **Partial File** (one claim in the file was rejected for invalid procedure code modifier)

ST\*277\*0001\*005010X364~

BHT\*0085\*00\*201107180040\*20230718\*1507\*RP~

HL\*1\*\*20\*1~

NM1\*PR\*2\*ABC Health Network\*\*\*\*\*46\*34196~

TRN\*1\*201107180040~

DTP\*050\*D8\*20230718~

DTP\*009\*D8\*20230718~

HL\*2\*1\*21\*1~

NM1\*41\*2\*CLEARING HOUSE HEALTH\*\*\*\*\*46\*943943943~

TRN\*2\*000000001~

STC\*DR01:19:PR\*20230718\*WQ\*182~

QTY\*AA\*1~

AMT\*YY\*182~

HL\*3\*2\*19\*1~

NM1\*85\*2\*FAMILY PRACTICE CTR\*\*\*\*\*XX\*1091091091~

HL\*4\*3\*PT~

NM1\*QC\*1\*ABC\*JANE\*A\*\*\*MI\*A0099999900~

TRN\*2\*103103~

STC\*DR06:453\*20230718\*U\*182~

REF\*D9\*1119205071613049999~

DTP\*472\*RD8\*20230426-20230426~

SVC\*HC:49083\*182\*\*0761\*\*\*1.0000~

STC\*DR06:454\*\*U~

REF\*4N\*1~

DTP\*472\*RD8\*20230426-20230426~

SE\*26\*0001~

**Business Scenario 2: Accepted File** (No rejects)

ST\*277\*0001\*005010X364~

BHT\*0085\*00\*201006240006\*20230223\*1502\*RP~

HL\*1\*20\*1~

NM1\*PR\*2\*ABC Health Network\*\*\*\*\*46\*34196~

TRN\*1\*201006240006~

DTP\*050\*D8\*20230223~

HL\*2\*1\*21\*1~

NM1\*41\*2\*ABC CLEARINGHOUSE MD\*\*\*\*\*46\*1330999999~

STC\*DR01:19:PR\*20230223\*WQ\*5238~

QTY\*90\*3~

AMTY\*YU\*2730~

HL\*3\*2\*19\*1~

NM1\*85\*2\*MEMORIAL HOSP JACKSONVIL\*\*\*\*\*XX\*1448888888~

HL\*4\*3\*PT~

NM1\*QC\*1\*JANE\*DOE\*L\*\*\*MI\*12345678901~

TRN\*2\*000555555555~

STC\*DR01:19:40\*\*20230223\*WQ\*1365~

REF\*D9\*444410201390670~

DTP\*472\*RD8\*20230616-20230616~

HL\*5\*4\*19\*1~

NM1\*85\*2\*MEMORIAL HOSP JACKSONVIL\*\*\*\*\*XX\*1447777777~

HL\*6\*5\*PT~

NM1\*QC\*1\*JANNE\*DOE\*N\*\*\*MI\*9876543210~

TRN\*2\*00088888888~

STC\*DR01:19:40\*\*20230223\*WQ\*1365~

REF\*D9\*555510201390671~

DTP\*472\*RD8\*20230616-20230616~

HL\*7\*6\*19\*1~

NM1\*85\*2\*MEMORIAL HOSP JACKSONVIL\*\*\*\*\*XX\*1446666666~

HL\*8\*7\*PT~

NM1\*QC\*1\*JOHN\*DOE\*C\*\*\*MI\*1112223334~

TRN\*2\*00065412589~

STC\*DR01:19:40\*\*20230223\*WQ\*2508~

REF\*D9\*666610201390672~

DTP\*472\*RD8\*20230615-20230615~

SE\*36\*0001~

### Appendix D. Frequently Asked Questions

This appendix contains a compilation of questions and answers related to MassHealth and its MCE trading partners.

**Q: Why did I receive Claim Status Category Code DR01?**

A: DR01 means that the claim/encounter has been received.

***Please note:*** *This information will be incorporated in future versions of the Companion Guide.*

### Appendix E. Change Summary

* This version of the MassHealth Companion Guide follows the CAQH CORE V5010 Companion Guide template. All references to the ASCX12 Implementation Guide are necessary to convey MassHealth's specific usage of the data elements to support electronic processing of the transaction with its Trading Partners, including codes and specific program instructions. The following changes were made to this MassHealth Companion Guide.

| TR3 Page # | Loop ID | Reference | Name | Codes | Notes/Comments |
| --- | --- | --- | --- | --- | --- |
| N/A | N/A | N/A | Section 3: Testing with SENDPro |  | Updated document contents to include additional details. |
| N/A | N/A | N/A | Appendix B: Business Scenarios |  | Updated with scenarios for which examples have been provided. |
| N/A | N/A | N/A | dix C: Transmission Examples |  | Updated with example EDI 277 files. |

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