National Electronic Data Interchange Transaction Set Implementation Guide

Health Care Services Review — Request for Review and Response

278

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1 Purpose and Business Overview

1.1 Document Purpose

For the health care industry to achieve the potential administrative cost savings with Electronic Data Interchange (EDI), standards have been developed and need to be implemented consistently by all organizations. To facilitate a smooth transition into the EDI environment, uniform implementation is critical.

The purpose of this implementation guide is to provide standardized data requirements and content for all users who request authorizations or certifications or who respond to such requests using the ANSI ASC X12.336, Health Care Service Review Information (278). This implementation guide provides a detailed explanation of the transaction set by defining data content, identifying valid code tables, and specifying values that are applicable for electronic health care service review requests and responses. The intention of the developers of the 278 is represented in this guide.

This implementation guide is designed to assist those who request reviews (specialty care, treatment, admission) and those who respond to those requests using the 278 format.

1.1.1 Trading Partner Agreements

It is appropriate and prudent for payers to have trading partner agreements that go with the standard Implementation Guides. This is because there are 2 levels of scrutiny that all electronic transactions must go through.

First is standards compliance. These requirements MUST be completely described in the Implementation Guides for the standards, and NOT modified by specific trading partners.

Second is the specific processing, or adjudication, of the transactions in each trading partner's individual system. Since this will vary from site to site (e.g., payer to payer), additional documentation which gives information regarding the processing, or adjudication, will prove helpful to each site's trading partners (e.g., providers), and will simplify implementation.

It is important that these trading partner agreements NOT:

- Modify the definition, condition, or use of a data element or segment in the standard Implementation Guide
- Add any additional data elements or segments to this Implementation Guide
- Utilize any code or data values which are not valid in this Implementation Guide
- Change the meaning or intent of this Implementation Guide

These types of companion documents should exist solely for the purpose of clarification, and should not be required for acceptance of a transaction as valid.

1.1.2 HIPAA Role in Implementation Guides

The Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191 - known as HIPAA) includes provisions for Administrative Simplification, which require the Secretary of Department of Health and Human Services to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

Detailed Implementation Guides for each standard must be available at the time of the adoption of HIPAA standards so that health plans, providers, clearinghouses, and software vendors can ready their information systems and application software for compliance with the standards. Consistent usage of the standards, including loops, segments, data elements, etc., across all guides is mandatory to support the Secretary's commitment to standardization.

This Implementation Guide has been developed for use as a HIPAA Implementation Guide for Referral Certification and Authorization. Should the Secretary adopt the X12N 278 Health Care Services Review - Request for Review and Response transaction as an industry standard, this Implementation Guide describes the consistent industry usage called for by HIPAA. If adopted under HIPAA, the X12N 278 Health Care Services Review - Request for Review and Response transaction cannot be implemented except as described in this Implementation Guide.

1.2 Version and Release

This implementation guide is based upon the October 1997 ASC X12 standards, referred to as Version 4, Release 1, Sub-release 0 (004010). This is the first ASC X12N implementation guide for this transaction set. The WEDI (Work Group on Electronic Data Interchange) tutorial for Version 3, Release 5, Sub-release 1 (003051) of the 278, dated February 1995 was the foundation for this guide. Refer to Section 1.3 for information on other implementation guides based upon this transaction set.

1.3 Business Use and Definition

The 278 has the flexibility to accommodate the exchange of information between providers and review entities. This section introduces the business events and processes associated with the 278.

1.3.1 Business Events Supported in this Guide - Request and Response

This implementation guide covers the following business events.

- admission certification review request and associated response
- referral review request and associated response
- health care services certification review request and associated response
- extend certification review request and associated response

- certification appeal review request and associated response

As illustrated in Figure 1, the exchange of information is between the primary parties, the provider and the UMO.

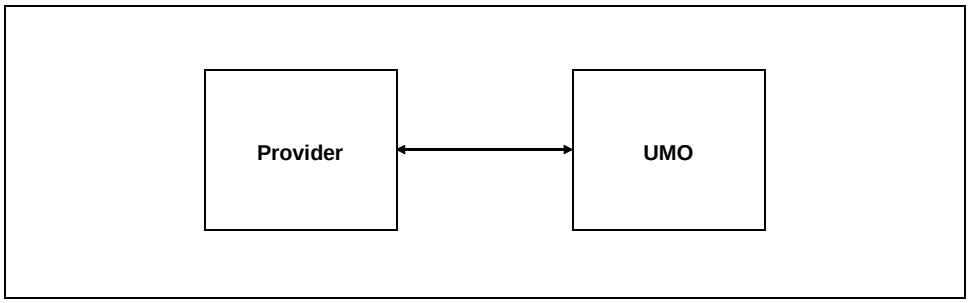


Figure 1. Review Request and Response

1.3.1.1 Dental Referrals and Certifications

You can also use the 278 Health Care Services Review Request and Response for dental referrals and dental certifications.

NOTE:

- The 278 is not intended for use to determine eligibility and benefits for dental related treatment. This is the function of the 270/271 Health Care Eligibility Inquiry and Response.
- The 278 is not intended for use in predetermination pricing. Use the 837 Health Care Claim: Dental to submit an inquiry for pricing information. This pricing information is returned on the 835 Health Care Claim: Payment/Advice.

1.3.2 Business Events Supported in Other 278 Implementation Guides

The 278 transaction set accommodates additional health care services review business events that are covered in separate 278 implementation guides. **These guides, and the business events they represent, are not covered under HIPAA.**

1.3.2.1 Notifications

The 278 can be used to send unsolicited information to trading partners. This information can take the form of copies of health service reviews or notification of the beginning or end of treatment. The 278 Health Care Services Review - Notification implementation guide includes the following events.

- patient arrival notice
- patient discharge notice
- certification change notice
- notification of certification to primary provider(s), other provider(s), and UMOs

As illustrated in Figure 2, the information is sent unsolicited from the information source. The information source is the entity that knows the outcome of the service review request, and can be either a UMO or a provider. For example, in a situ-

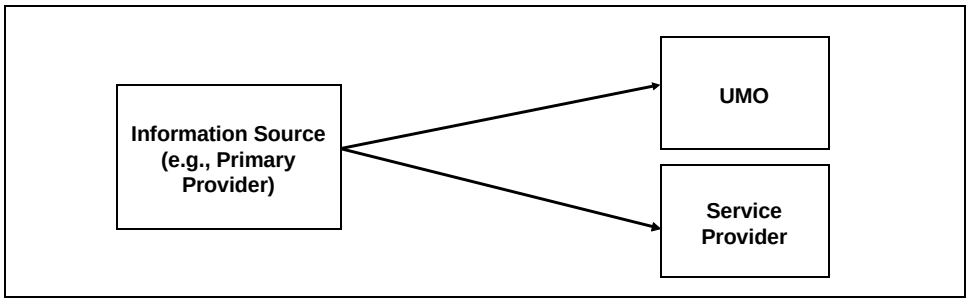


Figure 2. Notifications

ation where the primary care provider can authorize specialty referrals that do not require review for medical necessity, appropriateness, or level of care, the primary care provider is the information source. This provider might have responsibility for notifying both the UMO and the service provider of the specialty referral. In cases where the UMO is the decision maker, the UMO would send a notice of certification to the requesting provider and the service provider.

1.3.2.2 Inquiries and Responses

The 278 can be exchanged between interested participants in a bi-directional inquiry/response mode of operation. This mode would allow a participant to inquire about existing certifications.

The 278 Health Care Services Review - Inquiry and Response handles informational inquiries and responses. As illustrated in Figure 3, the primary participants are providers and UMOs where the entity inquiring is either the primary provider or the service provider.

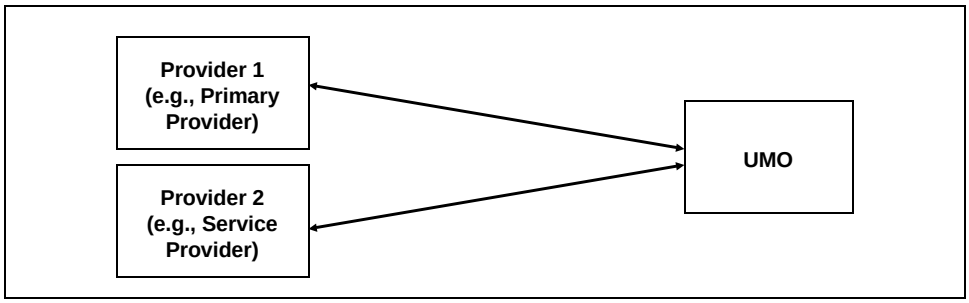


Figure 3. Inquiry and Response

1.3.3 Business Events Not Supported in the 278 Transaction Set

The following business events are not supported in any of the 278 implementation guides.

- Requests to identify service providers that are in network where no services are identified. This implementation guide requires that the requester include information on the service provider or specialty entity and the services requested. The information source or UMO can return a response to indicate that the specific service provider or specialty entity selected is out-of-network.

- Requests for approval of full treatment plans (case management) or notification of the potential need for case management intervention.
- Requests forwarded by a UMO to an external review organization. An individual provider might belong to a UMO that has a risk relationship with a payer that calls for the payer to make the medical decision in certain cases. The 278 Health Care Services Review - Request and Response implementation guide handles the exchange of information between the UMO and the provider only. It does not handle the exchange of information between the UMO and the payer. It enables the UMO to inform the provider that the request has been forwarded for external review. It does not enable the UMO to identify that external review organization to the provider.

1.3.4 Transaction Delivery Methods

Real time delivery provides the best method for meeting the business requirements associated with the 278 Health Care Services Review request and response. Real time enables the requester to ask for and receive certification from the UMO while the patient is present. There are situations when the delivery of an immediate response is either not necessary or not feasible. This section discusses the use of the 278 in batch and real time modes.

1.3.4.1 Batch and Real Time Definitions

Within telecommunications, there are multiple methods used for sending and receiving business transactions. Frequently, different methods involve different timings. Two methods applicable for EDI transactions are batch and real time. The 278 Health Care Services Review Request and Response transactions can be used in either a batch mode or in a real time mode.

Batch – When transactions are used in batch mode, they are typically grouped together in large quantities and processed en-masse. In a batch mode, the sender sends multiple transactions to the receiver, either directly or through a switch (clearinghouse), and does not remain connected while the receiver processes the transactions. If there is an associated business response transaction (such as a 271 response to a 270 for eligibility), the receiver creates the response transaction for the sender off-line. The original sender typically reconnects at a later time (the amount of time is determined by the original receiver or switch) and picks up the response transaction. Typically, the results of a transaction that is processed in a batch mode would be completed for the next business day if it has been received by a predetermined cut off time.

Important: When in batch mode, the 997 Functional Acknowledgment transaction must be returned as quickly as possible to acknowledge that the receiver has or has not successfully received the batch transaction. In addition, the TA1 segment must be supported for interchange level errors (see section A.1.5.1 for details).

Real Time – Transactions that are used in a real time mode typically are those that require an immediate response. In a real time mode, the sender sends a request transaction to the receiver, either directly or through a switch (clearinghouse), and remains connected while the receiver processes the transaction and returns a response transaction to the original sender. Typically, response times range from a few seconds to around thirty seconds, and should not exceed one minute.

Important: When in real time mode, the receiver must send a response of either the response transaction, a 997 Functional Acknowledgment, or a TA1 segment. For details on the 997 see section A.1.5.2. For details on the TA1 segment, see section A.1.5.1.

1.3.4.2 Real Time Delivery of the 278

A 278 real time request transaction and its associated response should contain only one patient event. A patient event is represented by a single ST to SE loop containing one subscriber loop as follows:

- one subscriber loop (Loop 2000C) if the subscriber is the patient
- one subscriber loop (Loop 2000C) if the dependent is the patient and has a unique member ID
- one subscriber loop and one dependent loop (Loop 2000D) if the dependent is the patient and the dependent does not have a unique (different from the subscriber) member ID

This subscriber/patient information is followed by at least one occurrence each of Loop 2000E and Loop 2000F representing one to many service providers and the associated services.

1.3.4.3 Batch Delivery of the 278

This implementation guide recommends the use of a separate transaction set (ST to SE) for each patient event, as defined in 1.3.4.2.

This implementation supports the sending and receiving of multiple patient events in one transmission, where each patient event represents a single 278 transaction with multiple transactions in a single GS to GE loop.

1.4 Industry Terms and Definitions

This section contains definitions of terms frequently used in Section 2 of the implementation guide. Refer to Appendix E Data Element Name Index for a list of the data elements used in this implementation guide and their associated definitions.

Case management

Case management refers to the coordination of services to help meet a patient's health care needs, usually when the patient has a condition which requires multiple services from multiple providers. This guide does not support requests for case management.

Long-term care

Long-term care refers to the range of services typically provided at skilled nursing, intermediate-care, personal care or elder-care facilities.

Patient event

Patient event in this guide refers to the service or group of services associated with a single episode of care. Examples include the following:

- an admission to a facility for treatment related to a specific patient condition or diagnosis or related group of diagnoses
- a referral to a specialty provider for a consult or testing to determine a specific diagnosis and appropriate treatment
- services to be administered at a patient visit such as chiropractic treatment delivered in a single patient visit. The same treatment can be approved for a series of visits.

This implementation guide recommends limiting each request to a single patient event.

Requester

Requester refers to providers (e.g., physicians, medical groups, independent physician associations, facilities) who request authorization or certification for a patient to receive health care services.

Service Provider

Service provider is the referred-to provider, specialist, specialty entity, group, or facility where the requested services are to be performed.

Utilization Management Organization (UMO)

UMO refers to insurance companies, health maintenance organizations, preferred provider organizations, health care purchasers, professional review organizations, other providers, and other utilization review entities who receive and respond to requests for authorization or certification. The UMO may or may not be the organization that makes the medical decision on a service review request. The UMO might have a relationship with a payer that calls for the payer to make a decision in certain cases. It is the role of the UMO to forward that request to the payer, receive the response from the payer, and then return the response to the requester. From the requester's perspective, the exchange of information is between the requester and the UMO.

1.5 Information Flows

Figure 4, Information Flows, illustrates the information flow of business needs requiring health care services review request for review and response.

Health care entities that use this implementation of the 278 include the following:

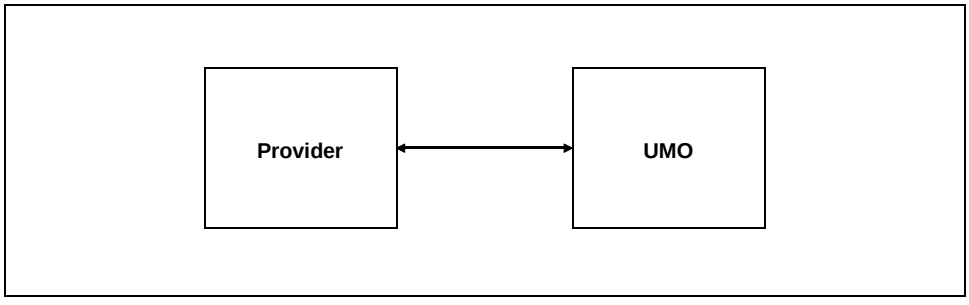


Figure 4. Information Flows

- Providers or other requesting entities who request certification for a patient to receive health care services
- Utilization Management Organizations who receive and respond to requests for authorization or certification
- providers who receive responses from the UMO

Other trading partners who use the 278 include system vendors, consulting services, and EDI network intermediaries such as clearinghouses, value-added networks, and telecommunication services.

2 Data Overview

2.1 Overall Data Architecture

The 278 can be exchanged between interested participants in a bi-directional request/response mode of operation. In this mode, a participant requests a certification and a review entity responds to that request. This implementation guide addresses that use. This section provides general information on the structure of the transaction set as represented in this implementation guide.

NOTE:
See Appendix A, ASC X12 Nomenclature, for a review of transaction set structure, including descriptions of segments, data elements, levels, and loops.

2.1.1 One Transaction Per Patient Event

The 278 supports multiple types of service review requests. Due to the multiplicity of uses of the 278, the implementation guide's developers recommend that separate transaction sets be used for different patients and events. This can be thought of as a one-to-one style relationship: one transaction set for one patient event.

2.1.2 Service Review Participants

This implementation uses a separate hierarchical level to identify each participant in the service review. Loop 2000A and Loop 2000B represent the UMO (reviewer) and requesting provider respectively. Loop 2000C and Loop 2000D represent the subscriber and dependent. If the subscriber is the patient or if the patient has a unique identification number, only Loop 2000C is required. Loop 2000E carries information about the service (referred-to) provider. Section 2.2 Data Use by Business Use provides detailed information on the data carried at these hierarchical levels.

2.1.3 Detailed Service Review Information

The 278 allows the inclusion of various condition or reason indicators as well as the most complete data possible about all participants.

For example, in addition to a provider identifier, the transaction can carry the provider's specialty. A patient's conditions can be noted including current health condition, prognosis, and other more specific condition indicators.

2.1.4 Situational Data

Factors such as the type of certification requested, the condition of the patient, and the individual UMO's rules for processing certifications make it difficult to identify a single set of data elements that are required for all types of certifications. To meet the divergent needs of the UMOs and requesters, this guide includes many data elements and segments marked "situational". Wherever possible, this implementation guide includes notes indicating when to include a situational segment or element. If the segment or element does not have an explanatory note, interpret "situational" to mean "if the information is available and applicable to the certification request or response, include it."

2.1.5 Service Review Decisions

The UMO must respond to each 278 transaction set received. If the UMO can process the service review request, the UMO must return a 278 response that contains an HCR segment at the Service Level (Loop 2000F) in the response to indicate the status of the service review.

2.1.6 Rejected Transactions

Missing or incorrect application data on the 278 request can cause the UMO to reject the transaction. For these requests, the UMO must return a 278 response transaction that contains a AAA Request Validation segment at the appropriate level to indicate why the UMO rejected the transaction.

The AAA segments in Loop 2000A (UMO) enable both the clearinghouse and the reviewer to indicate when system availability issues prohibit routing of the request for processing.

2.1.7 Trace Numbers and Transaction Identifiers

This implementation guide provides several methods to enable requesters, clearinghouses, and UMOs to trace the transaction or match the response to the original request. This section describes the segments and data elements that carry these identifiers.

2.1.7.1 BHT03 - Submitter Transaction Identifier

BHT03 identifies the transaction at its highest level. This is particularly useful in reconciling 278 rejection transactions that may not contain all of the HL Loops. The receiver of the 278 request transaction (whether it is a clearinghouse or UMO) must return this identifier in the 278 response BHT03.

2.1.7.2 TRN Segment

Loop 2000F (Service loop) contains a TRN segment. This segment identifies the request at its lowest logical level, the Service level. It contains a trace number and identifies the organization that generated it and is supplied solely for the convenience of the organization that originated it. Both the requester (provider) and the clearinghouse can add a TRN segment to the request.

The requester (provider) can use this TRN segment to meet several needs. This enables the requester to accomplish the following:

- uniquely identify this request within the provider's environment
- uniquely identify each service requested. A single request transaction can contain requests for multiple services represented by multiple occurrences of Loop 2000F. This can generate more than one 278 response from the UMO. The UMO might certify some of these services immediately and pend others for external review.
- match the associated response to the request
- facilitate routing of this response in a large health care environment. For example, it might be necessary for the requester to identify the department within the provider environment that originated the transaction.

The requester cannot use this number to identify the transaction to the UMO.

Clearinghouses can provide their own trace numbers in a separate TRN segment in Loop 2000F on the request to use for transaction tracking and matching purposes.

If the TRN segment is used on the request, the UMO must return the trace information supplied with the request transaction in the response transaction.

UMOs can add a trace number in their own TRN segment in Loop 2000F on the response. The UMO cannot use this trace number to identify the certification to the requester.

The authors of this guide recommend that requesters use trace numbers. Refer to Section 2.2.4.4.1 TRN Segment for more information on using the TRN in Loop 2000F of the 278.

2.1.7.3 Patient Account Number

The requester (provider) can supply the patient account number as a supplemental identifier for the patient on the request. This value is carried in a REF segment where REF01 = "EJ" in Loop 2000C - Subscriber or Loop 2000D - Dependent, whichever is the patient. This information is optional for the requester. However if the UMO receives the patient account number, they must return it in the 278 response transaction.

2.1.8 Disclaimers

This implementation guide does not support the transmission of general disclaimers as part of the transaction. Trading partners must handle these disclaimers outside of this EDI transaction and should identify procedures for handling these disclaimers in their trading partner agreements.

2.2 Data Use by Business Use

The 278 is divided into two levels, or tables. See Section 3, Transaction Set, for a description of the format presented in figure 5, Transaction Set Listing.

The Header level, Table 1, contains the purpose code for the transaction set as well as date and time stamps. For this implementation guide, BHT02 is either Request (13) or Response (11).

Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
010	ST	Transaction Set Header	M	1	
020	BHT	Beginning of Hierarchical Transaction	M	1	
...					

Table 2 - Detail

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
		LOOP ID - HL			>1
010	HL	Hierarchical Level	M	1	
020	TRN	Trace	O	9	
030	AAA	Request Validation	O	9	
040	UM	Health Care Services Review Information	O	1	
050	HCR	Health Care Services Review	O	1	
060	REF	Reference Identification	O	9	
070	DTP	Date or Time or Period	O	9	
080	HI	Health Care Information Codes	O	1	
...					

Figure 5. Transaction Set Listing

The Detail level, Table 2, contains all data relating to the requested transaction, including transaction participants, the patient, all providers, and services detail information. Table 2 uses a hierarchical data structure. For the types of business transactions that this implementation guide addresses, the following HL levels apply:

Loop 2000A contains the UMO

Loop 2000B contains the Requester

Loop 2000C contains the Subscriber

Loop 2000D contains the Dependent

Loop 2000E contains the Service Provider

Loop 2000F contains the Services

The following are sample Table 2 configurations.

The following example represents a request for a single service for a dependent of a subscriber.

UMO (Loop 2000A)

Requester (Loop 2000B)

Subscriber (Loop 2000C)

Dependent (Loop 2000D)

Service Provider (Loop 2000E)

Service (Loop 2000F)

The following example represents a response to a request for a single service for a dependent of a subscriber.

UMO (Loop 2000A)

Requester (Loop 2000B)

Subscriber (Loop 2000C)

Dependent (Loop 2000D)

Service Provider (Loop 2000E)

Service (with Review Outcome Data)(Loop 2000F)

The following example represents a request for multiple services for a subscriber who is the patient.

UMO (Loop 2000A)

Requester (Loop 2000B)

Subscriber (Loop 2000C)

Service Provider (Loop 2000E)

Service (Loop 2000F)

Service (Loop 2000F)

The following example represents a response to a request for multiple services for a subscriber who is the patient.

UMO (Loop 2000A)

Requester (Loop 2000B)

Subscriber (Loop 2000C)

Service Provider (Loop 2000E)

Service (with Review Outcome Data)(Loop 2000F)

Service (with Review Outcome Data)(Loop 2000F)

The following example represents a request for multiple services from multiple providers for a subscriber who is the patient.

UMO (Loop 2000A)

Requester (Loop 2000B)

Subscriber (Loop 2000C)

Service Provider (Loop 2000E)

Service (Loop 2000F)

Service Provider (Loop 2000E)

Service (Loop 2000F)

The following example represents a response to a request for multiple services from multiple providers for a subscriber who is the patient.

UMO (Loop 2000A)

Requester (Loop 2000B)

Subscriber (Loop 2000C)

Service Provider (Loop 2000E)

Service (with Review Outcome Data)(Loop 2000F)

Service Provider (Loop 2000E)

Service (with Review Outcome Data)(Loop 2000F)

For a request transaction, matrix 1, Intended Segment Use for a Request Transaction, identifies the intended segment use by hierarchical level.

Segment Position	Segment ID	UMO HL	Requestor HL	Subscriber HL	Dependent HL	Service Provider HL	Service HL
010	HL	YES	YES	YES	YES	YES	YES
020	TRN						YES
030	AAA						
040	UM						YES
050	HCR						
060	REF						YES
070	DTP			YES	YES		YES
080	HI			YES	YES		YES
090	HSD						YES
100	CRC						YES
110	CL1						YES
120	CR1						YES
130	CR2						YES
140	CR5						YES
150	CR6						YES
160	MSG					YES	YES
170	NM1	YES	YES	YES	YES	YES	
180	REF		YES	YES	YES	YES	
190	N2						
200	N3		YES			YES	
210	N4		YES			YES	
220	PER		YES			YES	
230	AAA						
240	PRV		YES			YES	
250	DMG			YES	YES		
260	INS				YES		
270	DTP						

Matrix 1. Intended Segment Use for a Request Transaction

Matrix 2, Intended Segment Use for a Response Transaction, identifies the intended segment use by hierarchical level for a response transaction.

Segment Position	Segment ID	UMO HL	Requestor HL	Subscriber HL	Dependent HL	Service Provider HL	Service HL
010	HL	YES	YES	YES	YES	YES	YES
020	TRN						YES
030	AAA	YES		YES	YES		YES
040	UM						YES
050	HCR						YES
060	REF						YES
070	DTP			YES	YES		YES
080	HI			YES	YES		YES
090	HSD						YES
100	CRC						
110	CL1						YES
120	CR1						YES
130	CR2						YES
140	CR5						YES
150	CR6						YES
160	MSG					YES	YES
170	NM1	YES	YES	YES	YES	YES	
180	REF		YES	YES	YES	YES	
190	N2						
200	N3					YES	
210	N4					YES	
220	PER	YES				YES	
230	AAA	YES	YES	YES	YES	YES	
240	PRV		YES			YES	
250	DMG			YES	YES		
260	INS				YES		
270	DTP						

Matrix 2. Intended Segment Use for a Response Transaction

NOTE
For the request/response scope of this implementation guide, the use of UMO, requester, subscriber, dependent, and service provider is consistent and stable across all transactions. Because the use of these levels is consistent, these levels are described one time. Because the use of the service level differentiates the transaction's use, this level is redefined several times to provide the reader with appropriate information and examples.

2.2.1 Transaction Participants (Loop 2000A, Loop 2000B)

The Loop 2000A and Loop 2000B hierarchical levels are used to convey information about the two primary participants in a health care service review transaction. Figure 6, Information Source and Receiver Levels, presents the Loop 2000A and Loop 2000B levels.

Table 2 - Detail, Utilization Management Organization (UMO) Level

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
		LOOP ID - 2000A UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL			**1**
010	**HL**	Utilization Management Organization (UMO) Level	**R**	**1**	
030	**AAA**	Request Validation	**S**	**9**	
		LOOP ID - 2010A UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME			**1**
170	**NM1**	Utilization Management Organization (UMO) Name	**R**	**1**	
220	**PER**	Utilization Management Organization (UMO) Contact Information	**S**	**1**	
230	**AAA**	Utilization Managment Organization (UMO) Request Validation	**S**	**9**	

Table 2 - Detail, Requester Hierarchical Level

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
		LOOP ID - 2000B REQUESTER LEVEL			**1**
010	**HL**	Requester Hierarchical Level	**R**	**1**	
		LOOP ID - 2010B REQUESTER NAME			**1**
170	**NM1**	Requester Name	**R**	**1**	
180	**REF**	Requester Supplemental Identification	**S**	**8**	
200	**N3**	Requester Address	**S**	**1**	
210	**N4**	Requester City State ZIP Code	**S**	**1**	
220	**PER**	Requester Contact Information	**S**	**1**	
230	**AAA**	Requester Request Validation	**S**	**9**	
240	**PRV**	Requester Provider Information	**S**	**1**	

Figure 6. Information Source and Receiver Levels

2.2.1.1 Hierarchy Usage Chart for Transaction Participants

Because the various utilization management entities may appear in either the Loop 2000A or Loop 2000B hierarchical levels depending on the transaction usage, matrix 3, HL Information Sources and Receivers, has been included to better clarify the various possibilities when requesting a service review. This matrix contains some examples where the UMO is one form of an HMO. Other examples can be constructed for other UMO environments. This matrix is by no means exhaustive.

Transaction Use	HL UMO	HL Requestor	Physical Transmitter	Physical Receiver
PCP Request for a Specialty Care Referral	HMO	PCP	PCP	HMO
Response to a Specialty Care Referral Request	HMO	PCP	HMO	PCP
Specialist Request for Admission Review	HMO	SCP	SCP	HMO
Response to a Specialist Request for Admission Review	HMO	SCP	HMO	SCP
Specialist Request for Admission Review	PCP	SCP	SCP	PCP
Response to a Specialist Request for Admission Review	PCP	SCP	PCP	SCP

* UMO - Utilization Management Organization
* PCP - Primary Care Provider
* SCP - Specialty Care Provider

Matrix 3. HL Information Sources and Receivers

2.2.1.2 UMO (Loop 2000A)

The Loop 2000A hierarchical level is used to identify the UMO. The UMO is generally the entity empowered to make a decision regarding the outcome of a health services review or the owner of information.

The following example demonstrates a minimum way of identifying a UMO.

```
HL*1**20*1~
NM1*X3*2******46*123450000~
```

2.2.1.2.1 NM1 Segment

The NM1 segment should always be used to carry the primary identifier of the UMO (see NM108 and NM109). In the usual case where the trading partners are known, the NM1 segment is all that should be required to identify the UMO.

For example, the following should be sufficient to identify the UMO:

```
NM1*X3*2*ABC PAYER*****46*123450000~
```

NM101 = X3
This value indicates that the information source is a UMO.

NM102 = 2
This value indicates that the UMO is a non-person.

NM103 = ABC PAYER
This value identifies the UMO as ABC PAYER. The name is superfluous and is not required or recommended. The identification code should clearly identify the UMO.

NM108 = 46
This value identifies the next data element as an electronic transmitter identification number.

NM109 = 123450000
This value is the actual identification code of ABC PAYER, the UMO, as agreed upon by the trading partners.

2.2.1.2.2 PER Segment

For a response transaction, the PER segment may be used to identify the reviewer or a contact point within the UMO who can be contacted to discuss the outcome.

2.2.1.2.3 AAA Segment

The AAA segment is used only in a response. Loop 2000A contains two AAA segments. The first AAA segment is restricted for use by clearinghouses, value-added networks, or other entities that are not the actual source of the information. It is used to indicate an error condition that prohibits the clearinghouse, VAN, or other entity from processing the transaction. The AAA segment that oc-

curs within the NM1 loop (Loop 2010A) is used by the actual source of the information. It is used to identify an error condition that prohibits the UMO from processing the request. An example of such an error might be an outage at the UMO's site.

2.2.1.3 Requester (Loop 2000B)

The Loop 2000B hierarchical level is used to designate the requester. The requester is generally the entity who is making the request for review and for whom the response decision is intended.

The following example demonstrates a minimum way of identifying a requester.

```
HL*2*1*21*1~
NM1*1P*1******24*000012345~
```

2.2.1.3.1 NM1 Segment

As with the Loop 2000A hierarchical level, the NM1 segment is usually sufficient to identify the requester when the trading partners are known. The NM1 segment should always be used to carry the primary identifier of the requester (see NM108 and NM109). The name is not required or recommended for use.

2.2.1.3.2 REF Segment

The REF segment is supplied to allow the transmission of secondary identification numbers when necessary to further identify the requester to the UMO.

2.2.1.3.3 PER Segment

The PER segment provides a method for the requester to identify a contact person or communications number at the requester organization that the UMO can use for information on the specific review request.

For example:

```
PER*IC*WILBER*TE*8189991234~
```

PER01 = IC
This value indicates that the PER segment is being used to identify an information contact.

PER02 = WILBER
This value is the information contact's name.

PER03 = TE
This value indicates that the next data element is the contact's telephone number.

PER04 = 8189991234
This value indicates that the contact's telephone number is (818) 999 - 1234.

2.2.1.3.4 AAA Segment

The AAA segment is used only in a response. The segment is used to identify an error condition in the original request at the Loop 2000B level that prohibits processing the original request. An example of such an error might be an invalid identification code.

2.2.1.3.5 PRV Segment

The PRV segment enables the requester to specify the referring provider's role in the care of the patient and to indicate the referring provider's specialty. Use this segment if the UMO requires this additional information to determine if the referring provider is authorized to request these services for this patient.

2.2.2 Patient (Loop 2000C and Loop 2000D)

Subscriber Loop 2000C and Dependent Loop 2000D identify the patient. Loop 2000C is always required. Loop 2000D is used only when necessary to identify a patient who is a dependent. Figure 7. Subscriber and Dependent Levels shows the structure of these loops.

When the subscriber is the patient or when the patient has a unique identification number (different from the subscriber), only Loop 2000C is used. This situation is common when an insurance company issues a unique insurance identification card to each individual insured. In all other cases, Loop 2000C is used to identify the subscriber. Loop 2000D is used to identify the subscriber's dependent, who is the patient. This structure is more common in traditional group insurance where a patient is uniquely identified within the primary subscriber identifier.

2.2.2.1 Identifying the Patient

The Subscriber Name Loop 2010C and Dependent Name Loop 2010D contain the segments and data elements that hold this patient identification information. The NM1 and DMG segments contain all the data needed for the requester and UMO to identify the patient.

Identifying the Subscriber/Patient
In Subscriber Name Loop 2010C, the member ID (NM108/NM109) is required and may be adequate to identify the subscriber to the UMO. However, the UMO can require additional information. The maximum data elements that the UMO can require to identify the subscriber, in addition to the member ID, are as follows:

Subscriber Last Name (NM103)
Subscriber First Name (NM104)
Subscriber Birth Date (DMG01 and DMG02).

The data requirements are the same for a dependent patient who has a unique identification number (different from the subscriber).

Identifying the Dependent
The Dependent Loop (2000D) is required in addition to Loop 2000C if the dependent does not have a unique (different from the subscriber) member ID. The maximum data elements in Loop 2010D that can be required by a UMO to identify a dependent are as follows:

Dependent Last Name (NM103)
Dependent First Name (NM104)
Dependent Birth Date (DMG01 and DMG02).

Table 2 - Detail, Subscriber Level

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
		LOOP ID - 2000C SUBSCRIBER LEVEL			**1**
010	HL	Subscriber Level	R	1	
030	AAA	Subscriber Request Validation	S	9	
060	DTP	Accident Date	S	1	
060	DTP	Last Menstrual Period	S	1	
060	DTP	Estimated Date of Birth	S	1	
060	DTP	Onset of Current Symptoms or Illness	S	1	
080	HI	Subscriber Diagnosis	S	1	
		LOOP ID - 2010C SUBSCRIBER NAME			**1**
170	NM1	Subscriber Name	R	1	
180	REF	Subscriber Supplemental Identification	S	9	
230	AAA	Subscriber Request Validation	S	9	
250	DMG	Subscriber Demographic Information	S	1	

Table 2 - Detail, Dependent Level

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
		LOOP ID - 2000D DEPENDENT LEVEL			**1**
010	HL	Dependent Level	S	1	
030	AAA	Dependent Request Validation	S	9	
060	DTP	Accident Date	S	1	
060	DTP	Last Menstrual Period	S	1	
060	DTP	Estimated Date of Birth	S	1	
060	DTP	Onset of Current Symptoms or Illness	S	1	
080	HI	Dependent Diagnosis	S	1	
		LOOP ID - 2010D DEPENDENT NAME			**1**
170	NM1	Dependent Name	R	1	
180	REF	Dependent Supplemental Identification	S	3	
230	AAA	Dependent Request Validation	S	9	
250	DMG	Dependent Demographic Information	S	1	
260	INS	Dependent Relationship	S	1	

Figure 7. Subscriber and Dependent Levels

2.2.2.2 Subscriber is the Patient

In those cases where the subscriber is the patient or the patient has a unique identification number (different from the subscriber), only Loop 2000C is used. Refer to the segments that appear under Detail - Subscriber in Figure 7. Subscriber and Dependent Levels for a representation of all the segments available for use.

The following example demonstrates a sufficient way of identifying a patient who has a unique identification number.

```
HL*3*2*22*1~
HI*BF:41090~
NM1*IL*1*SMITH*JOE****MI*12345678901~
```

2.2.2.2.1 DTP Segments

The DTP segments carry dates relating to the patient's current condition. This includes accident date, date of onset of current symptoms or illness, date of last menstrual period, and estimated date of birth. Date diagnosed is associated with a diagnosis and is contained in the HI segment.

2.2.2.2.2 HI Segment

The HI segment is used to convey diagnosis information. This information is always conveyed at the actual patient HL level. In the previous example, because the subscriber is the patient, the HI segment appears at Loop 2000C (there would be no Loop 2000D level). If Loop 2000D were used, this segment would appear at the Loop 2000D level and not at Loop 2000C.

2.2.2.2.3 NM1 and REF Segments

The Loop 2010C NM1 segment is used to convey the subscriber's name and identification number. In the preceding example, this is also the name of the patient. This segment should always carry the primary identification number for the insured. The REF segment in Loop 2010C should be used only to transmit secondary identification numbers. In the NM1 segment, the identification number transmitted is the primary member identifier used by the UMO. In most cases the REF segment contains a supplemental member identifier used by the UMO. However, it can carry a patient identifier, such as a Patient Account Number, used by the requester. If Loop 2010C of the request contains a REF segment where REF01 = "EJ" (Patient Account Number), the UMO must return the same REF segment on the response.

2.2.2.2.4 DMG Segment

The DMG segment is used to provide additional information, such as birth date (DMG01, DMG02), about the patient/subscriber. This segment is used only when more information is required to identify the patient/subscriber.

2.2.2.2.5 AAA Segment

The AAA segment is used only in a response. The segment is used to identify an error condition in the original request at the Subscriber level that prohibits processing the original request. Two AAA segments are provided. The first AAA identifies error conditions in the data contained in Loop 2000C. These pertain to invalid or missing diagnosis codes and dates and patient condition dates. The second AAA in Loop 2010C identifies invalid or missing subscriber identification information.

2.2.2.3 Dependent is the Patient

In those cases when the dependent is the patient and has not been issued a unique identification number, both Loop 2000C and Loop 2000D are required. Loop 2000C conveys insurance information and Loop 2000D conveys patient-related information. Until the HIPAA Unique Patient Identifier is mandated, if the patient is a dependent of a subscriber and does not have a unique member ID, the maximum data elements that can be required by a UMO in loop 2010C and 2010D to identify a patient are:

Loop 2010C
Subscriber's Member ID

Loop 2010D
Patient's First Name
Patient's Last Name
Patient's Date of Birth

If all four of these elements are present the UMO must generate a response if the patient is in the UMO's database. All UMOs are required to support the above search option if their system does not have unique Member Identifiers assigned to dependents. Figure 7, Subscriber and Dependent Levels, presents Loop 2000C and Loop 2000D.

The following example demonstrates a sufficient way of identifying a patient who is the dependent of a subscriber. The example also illustrates the use of other segments.

```
HL*3*2*22*1~
NM1*IL*1*SMITH*JOE****MI*12345678901~
HL*4*3*23*1~
HI*BF:41090~
NM1*QC*1*SMITH*SEAN~
DMG*D8*19781229*M~
INS*N*19~
```

2.2.2.3.1 DTP Segments

The DTP segments carry dates relating to the dependent's current condition. This includes accident date, date of onset of current symptoms or illness, date of last menstrual period, and estimated date of birth. Date diagnosed is associated with a diagnosis and is contained in the HI segment.

2.2.2.3.2 HI Segment

The HI segment is used to convey diagnosis information. This information is always conveyed at the actual patient HL level. Note that in the previous example, the HI segment appears in Loop 2000D.

2.2.2.3.3 NM1 and REF Segments

The Loop 2010C NM1 segment is used to convey the subscriber's name and identification number. The identification number transferred is the UMO's identification number for the subscriber. The Loop 2010D NM1 segment is used to convey the dependent's name when the dependent is the patient. There is no UMO primary identifier for the dependent. In most cases the REF segment in Loop 2010D contains a supplemental identifier used by the UMO. However, it can carry a patient identifier, such as a Patient Account Number, used by the requester. If Loop 2010D of the request contains a REF segment where REF01 = "EJ" (Patient Account Number), the UMO must return the same REF segment on the response.

In the previous example, Sean Smith is a dependent of Joe Smith whose identification number is 12345678901. Sean Smith is the patient.

2.2.2.3.4 DMG Segment

The DMG segment is used to provide additional information about the dependent, such as date of birth (DMG01, DMG02). In the previous example, Sean Smith is a male born on December 29, 1978.

2.2.2.3.5 INS Segment

The INS segment is used only at the Loop 2000D level. The INS segment is used to convey the relationship of the dependent to the subscriber for identification purposes.

For example:

INS*N*19~

INS01 = N
This value indicates that the insured is a dependent.

INS02 = 19
This value indicates that the patient is a child of the subscriber.

2.2.2.3.6 AAA Segment

The AAA segment is only used in a response. The AAA segment is used to identify an error condition in the original request at the Dependent level that prohibits processing the original request. Two AAA segments are provided. The first AAA identifies error conditions in the data contained in Loop 2000D. These pertain to invalid or missing diagnosis codes and dates and patient condition dates. The second AAA in Loop 2010D identifies invalid or missing dependent identification information.

2.2.3 Service (Referred-to) Provider (Loop 2000E)

The Loop 2000E hierarchical level is used to identify the health care service provider (the provider of services). Figure 8, Service Provider Level, presents the Loop 2000E level.

Table 2 - Detail, Service Provider Level

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
		LOOP ID - 2000E SERVICE PROVIDER LEVEL			**>1**
010	HL	Service Provider Level	R	1	
160	MSG	Message Text	S	1	
		LOOP ID - 2010E SERVICE PROVIDER NAME			**3**
170	NM1	Service Provider Name	R	1	
180	REF	Service Provider Supplemental Identification	S	7	
200	N3	Service Provider Address	S	1	
210	N4	Service Provider City State ZIP Code	S	1	
220	PER	Service Provider Contact Information	S	1	
230	AAA	Service Provider Request Validation	S	9	
240	PRV	Service Provider Information	S	1	

Figure 8. Service Provider Level

2.2.3.1 MSG Segment

The MSG segment is used on both the request and the response to carry free-form text about the service provider or specialty requested. Normally, this segment is not used.

2.2.3.2 NM1 Segment

The primary identification number for the service provider should appear in the NM1 segment. The N3 and N4 segments are provided to supply extra information about the service provider. Implementers should use the N3 and N4 segments when there is no commonly known ID for the service provider.

2.2.3.3 PRV Segment

The PRV segment is used in two different ways. First, the segment is used when referrals are requested for a specialty rather than for a specific service provider. In this case, only the NM101 and NM102 elements would be used on the preceding NM1 segment. Second, the PRV segment enables the requester to specify the service provider's role in the care of the patient and to indicate the service provider's specialty.

2.2.3.4 AAA Segment

The AAA segment is only used in a response. The AAA segment is used to identify an error condition in the original request at the Service Provider level that prohibits processing the original request.

2.2.3.5 Identifying Multiple Providers

NOTE
The 278 has been constructed to support multiple providers in conjunction with identifying a patient's care. Although the transaction supports this functionality, the implementation guide's developers recommend limiting this number of providers to either one for simple certifications or two for admissions to identify the service provider and the facility.

When identifying multiple providers, recognize that the HL structure requires that services be identified for each provider. A single Loop 2000F level can not be specified as applying to several providers. However, Loop 2000F might be replicated for each provider identified. The following examples represent the standard use of Loop 2000E and Loop 2000F.

The following example represents a single provider with a single service.

Loop 2000E - Provider 1
    Loop 2000F - Service 1 - ABCD

The following example represents a single provider with three services.

Loop 2000E - Provider 1
    Loop 2000F - Service 1 - ABCD
    Loop 2000F - Service 2 - EFGH
    Loop 2000F - Service 3 - IJKL

The following example represents two providers with different services.

Loop 2000E - Provider 1
Loop 2000F - Service 1 - ABCD

Loop 2000E - Provider 2
Loop 2000F - Service 1 - EFGH
Loop 2000F - Service 2 - IJKL

The example of two providers with different services is a common occurrence when requesting a hospital admission for a procedure such as same day surgery. In this case, Provider 1 represents the surgery facility. The service represents the request for admission. Provider 2 represents a surgeon who is to perform two procedures that are identified as separate services.

The following example represents two providers, such as a surgeon and an assistant surgeon, with the same service.

Loop 2000E - Provider 1
Loop 2000F - Service 1 - ABCD

Loop 2000E - Provider 2
Loop 2000F - Service 1 - ABCD

2.2.4 Services (Loop 2000F)

The Loop 2000F hierarchical level is used to identify the services requested for the identified patient and to be supplied by the provider identified in Loop 2000E. Loop 2000F is used also to convey the outcome of the service review request in the service response. Figure 9, Services Level, presents the Service Loop 2000F.

Table 2 - Detail, Service Level

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
		LOOP ID - 2000F SERVICE LEVEL			**>1**
010	**HL**	Service Level	**R**	**1**	
020	**TRN**	Service Trace Number	**S**	**3**	
030	**AAA**	Service Request Validation	**S**	**9**	
040	**UM**	Health Care Services Review Information	**R**	**1**	
050	**HCR**	Health Care Services Review	**S**	**1**	
060	**REF**	Previous Certification Identification	**S**	**1**	
070	**DTP**	Service Date	**S**	**1**	
072	**DTP**	Admission Date	**S**	**1**	
074	**DTP**	Discharge Date	**S**	**1**	
076	**DTP**	Surgery Date	**S**	**1**	
077	**DTP**	Certification Issue Date	**S**	**1**	
078	**DTP**	Certification Effective Date	**S**	**1**	
079	**DTP**	Certification Expiration Date	**S**	**1**	
080	**HI**	Procedure Codes	**S**	**1**	
090	**HSD**	Health Care Services Delivery	**S**	**1**	
100	**CRC**	Patient Condition Information	**S**	**6**	
110	**CL1**	Institutional Claim Code	**S**	**1**	
120	**CR1**	Ambulance Transport Information	**S**	**1**	
130	**CR2**	Spinal Manipulation Service Information	**S**	**1**	
140	**CR5**	Home Oxygen Therapy Indormation	**S**	**1**	
150	**CR6**	Home Health Care Information	**S**	**1**	
160	**MSG**	Message Text	**S**	**1**	

Figure 9. Services Level

The service level of this transaction allows the inclusion of various patient condition or certification reason indicators. For example, a provider can specify the reason a request may have been delayed and not made within the timeframe required by a UMO.

Factors such as the type of certification request, the condition of the patient, and the individual UMO's business rules for processing certifications make it difficult to identify a single set of data elements that are required for all types of certifications. If the information is available and applicable to the certification request or response, include it.

Sections 2.2.4.1 Specialty Care Referrals, 2.2.4.2 Health Services Review, and 2.2.4.3 Admission Review provide examples of the segments and elements to include in the different types of certification requests. All the examples are based on the segments as illustrated in figure 9.

2.2.4.1 Specialty Care Referrals

Specialty care referrals encompass those transactions where a provider requests permission to refer or send a patient to another provider, generally a specialist. These types of transactions generally are shared between a primary care physician and a UMO. However, they may just as easily be shared between any two providers or UMOs.

2.2.4.1.1 Initial Request - Office Visit or Service

2.2.4.1.1.1 UM Segment

The UM segment is used to identify the type of health care services request.

UM*SC*I*****Y~**

UM01 = SC (Specialty Care Review)
UM02 = I (Initial Request)
UM09 = Y (Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim)

Other data elements in this segment carry additional information about the type of request and the condition of the patient. Value these additional data elements only if they provide information relevant to the medical decision.

2.2.4.1.1.2 HSD Segment and HI Segments

The HSD and HI segments are used according to need, either individually or in conjunction with each other, to describe the service and/or quantity of service being requested.

The HSD segment is used to identify a number of visits. The following example indicates two visits.

HSD*VS*2~

HSD01 = VS (Visits)
HSD02 = 2

The HSD segment can also be used to identify a delivery pattern. The following example indicates a pattern of three hours per week for four months.

HSD*HS*3*WK34*4~**

HSD01 = HS (Hours)
HSD02 = 3

HSD03 = WK (Per week)
HSD05 = 34 (Month)
HSD06 = 4

In the following example, the initial service requested is for a single office visit for a consultation at the provider's office (per HCFA code table).

```
HL*5*4*SS*0~
TRN*1*111099*9012345678~
UM*SC*I*3*11:B*****Y~
HSD*VS*1~
```

The HI segment is used to request that a specific service be performed.

```
HI*BO:49000:::1~
```

HI01 - 1 = BO (Health Care Financing Administration Common Procedural Coding System)
HI01 - 2 = 49000 (Incision, exploratory laparotomy)
HI01 - 6 = 1 (Quantity)

In some cases, it might be convenient to employ both segments. In the following example, physical therapy is being prescribed at three visits per week for two months.

```
HI*BO:97110~
HSD*VS*3*WK**34*2~
```

2.2.4.1.2 Response

A response transaction is used to indicate approval, approval with modification, or denial of a previous request. Note that the service level segments contained in a response transaction can vary from the requested level of service. For example, a primary care provider (PCP) may request ten visits to a specialist for a patient. However, the UMO may decide to approve only eight visits (perhaps the maximum remaining benefit).

The HCR segment is required to provide the results of the review as well as an associated reference number.

2.2.4.1.2.1 Approval

To approve the specialty care referral request as described previously, the following service level would be returned:

```
HL*5*4*SS*0~
TRN*2*111099*9012345678~
UM*SC*I*3*11:B~
HCR*A1*0081096G~
HSD*VS*1~
```

This set of values indicates approval of the request in full. Note that the original service level details respecting the services requested are returned so that there is no confusion as to what is being approved.

A reference number 0081096G is supplied and is critical if the provider wishes to initiate further transactions concerning this service.

2.2.4.1.2.2 Approval with Modification of Services

If the review entity wished to approve the specialist visits but decided to increase the number of visits to four, the following would be returned:

```
HCR*A6*0081096G~
HSD*VS*4~
```

2.2.4.1.2.3 Denial of Services

To completely deny the service request the following would be returned:

```
HL*5*4*SS*0~
UM*SC*I*3*11:B~
HCR*A3**69~
HSD*VS*1~
```

In this case, the A3 value is used to indicate “not certified.” Depending on UMO policy, an authorization or reference number might not be given. Some organizations prefer to give no number because a number may imply approval. However, the failure to provide such a number restricts reference to the transaction at a later date. In this case, the UMO has also supplied a Reject Reason Code (69), “inconsistent with patient’s age.”

2.2.4.1.3 Request for Extension

In some cases, after a certification has been approved, a UMO will allow the service originally requested to be extended. (Some organizations require a second certification.) The 278 supports a request to extend a service.

```
HL*5*4*SS*0~
UM*SC*4*******Y~
REF*BB*0081096G~
HSD*VS*1~
```

In this case, the requester is using the REF segment to refer to a prior certification number. “UM02 = 4" indicates that this is an extension request to a prior approved service. The HSD segment is used to extend the service by one visit.

2.2.4.1.4 Request for Appeal

The 278 transaction can be used by a requester to initiate the appeal of a denied or modified request for review.

```
HL*5*4*SS*0~
UM*SC*1~
REF*BB*REJ00001~
```

In this case, the requester is requesting an immediate appeal of a previously denied or modified request by using the REF segment to refer to a prior certification number. “UM02 = 1" indicates that this is an immediate appeal request.

2.2.4.2 Health Services Review

The term “health services review” is meant to identify requests for specific treatments or more extended care. Extended care refers to treatment for a condition requiring prolonged rehabilitation therapy. The transaction set was not designed to support full treatment plans or case management. This transaction set sup-

ports a request for certification of services related to a specific treatment or extended care associated with a single patient event.

It does not support a request for approval of multiple treatment plans related to long-term care or case management. Such complex treatment plans or case management comprise multiple patient events.

The 278 transaction set does not provide support for approval of case management or for tracking individual service review requests within a case.

2.2.4.2.1 Initial Request

2.2.4.2.1.1 UM Segment

The UM segment is used to identify the type of health care services requested.

UM01 = HS (Health Services Review)
UM02 = I (Initial Request)
UM09 = Y (Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim)

Other data elements in this segment carry additional information about the type of request and the condition of the patient. Value these additional data elements only if they provide information that is relevant to the medical decision on this service review request.

2.2.4.2.1.2 HSD and HI Segments

In a single 2000F service loop, the requester can specify multiple procedures associated with a single treatment. The HI Procedures segment can carry up to 12 procedure codes (HI01 through HI12). All the procedures specified must relate to one episode of care. The requester can use the HSD segment to specify a delivery pattern for that episode of care to indicate that all the procedures specified must occur within a single episode, but that episode can be repeated.

Each patient request can handle multiple 2000F loops. This means that the request can handle different services associated with a single patient event.

2.2.4.2.1.3 CRC Segments

The CRC segment enables the requester to provide additional patient condition information that the UMO can use to determine the medical necessity of the services requested. Because this segment does not contain information on the services or treatment requested, it is not used in the response.

2.2.4.2.1.4 CR1, CR2, CR5, CR6 Segments

These segments enable providers and UMOs to exchange more detailed information when requests are made regarding ambulance, spinal manipulation, oxygen therapy, and home health care services respectively.

2.2.4.2.2 Response

Health services review response uses are identical to those defined in the specialty care referrals response section of this implementation guide.

2.2.4.2.3 Request for Extension

Health services review request for extension uses are identical to those defined in the specialty care referrals request for extension section of this implementation guide.

2.2.4.2.4 Request for Appeal

Health services review request for appeal uses are identical to those defined in the specialty care referrals request for appeal section.

2.2.4.3 Admission Review

The term “admission review” identifies requests for admission to a facility for treatment (pre-certification). The transaction set enables the requester to specify both the facility and associated physicians within the same transaction.

2.2.4.3.1 Initial Request

The following example demonstrates a service request for the facility portion of an admission review.

```
HL*6*4*SS*0~
TRN*1*211099*9012345678~
UM*AR*I*2*21:B*****Y~
DTP*435*RD8:19980820-19980826~
CL1*2~
```

2.2.4.3.1.1 UM Segment

The UM segment is used to identify the type of health care services request.

UM01 = AR (Admission Review)
UM02 = I (Initial Request)
UM09 = Y (Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim)

Other data elements in this segment carry additional information about the type of request and the condition of the patient. Value these additional data elements only if they provide information that is necessary for processing this request.

In the previous example, the additional elements clarify that the admission is for surgery that will take place in an inpatient setting. This information is generally deemed important because it clarifies the inpatient setting at the hospital rather than emergency or outpatient. The setting could not be described in the provider identification at the previous Loop 2000E.

2.2.4.3.1.2 DTP Segment

When identifying a service at a facility (an admission), the DTP segment should be used to specify the anticipated admission date.

For example:

```
DTP*435*D8*19980830~
```

This value indicates that the anticipated admission date is August 30, 1998.

The DTP segment may be used to indicate a range of dates (see the original example). However, when dealing with an admission, the DTP segment should indi-

cate a time period for admission and not the actual start and end date for the hospitalization. The length of stay should not be calculated for the DTP segment values (see HSD).

2.2.4.3.1.3 HSD Segment

The HSD segment is used to specify the length of stay at a facility. For example, this segment indicates a length of stay of 3 days:

```
HSD*DY*3~
```

2.2.4.3.1.4 CL1 Segment

The CL1 segment was used in the example to focus the UMO's attention on the admission request. Note the use of the urgent code.

2.2.4.3.2 Response

Admission review response uses are identical to those defined in the specialty care referrals response section.

2.2.4.3.3 Request for Extension

Admission review request for extension uses are identical to those defined in the specialty care referrals request for extension section.

2.2.4.3.4 Request for Appeal

Admission review request for appeal uses are identical to those defined in the specialty care referrals request for appeal section.

2.2.4.4 Other Service Line Segments

2.2.4.4.1 TRN Segment

The TRN segment enables the requester to assign a unique trace number to each service (Loop 2000F) requested for a patient. The requester can use this to trace the transaction or match the response to the request. The requester cannot use this number to identify the transaction to the UMO. In situations where the request contains multiple service loops, the UMO might return a medical decision on some services immediately and pend others for review. In this case, the final decisions on each service may be returned by the UMO at different times. Use of trace numbers at this level can facilitate matching these different responses to the original request.

The clearinghouse can also add a trace number at this level on the request. Therefore, this TRN segment can occur a maximum of two times per Loop 2000F on the request; once for the provider and once for the clearinghouse. If the TRN segment is used at this level on the request, the UMO must return it at the same level on the response.

The TRN segment can occur a maximum of three times per Loop 2000F on the response. UMOs can add their own trace numbers to the response for tracking purposes. Similarly, on the response, the UMO cannot use this trace number to identify the certification to the requester. The segment is supplied solely for the convenience of the organization that originated it.

If the 278 request transaction passes through more than one clearinghouse, the second (and subsequent) clearinghouse may choose one of the following options:

1. If the second or subsequent clearinghouse needs to assign their own TRN segment they may replace the received TRN segment belonging to the sending clearinghouse with their own TRN segment. Upon returning a 278 response to the sending clearinghouse, they must remove their TRN segment and replace it with the sending clearinghouse's TRN segment.

2. If the second or subsequent clearinghouse does not need to assign their own TRN segment, they should merely pass all TRN segments received in the 278 request back in the 278 response transaction. If the 278 request passes through a clearinghouse that adds their own TRN in addition to a requester TRN, the clearinghouse will receive a response from the UMO containing two TRN segments that contain the value "2" (Referenced Transaction Trace Number) in TRN01. If the UMO has assigned a TRN, the UMO's TRN will contain the value "1" (Current Transaction Trace Number) in TRN01. If the clearinghouse chooses to pass their own TRN values to the requester, the clearinghouse must change the value in their TRN01 to "1" because, from the requester's perspective, this is not a referenced transaction trace number.

This guide's authors recommend that requesters use this TRN segment.

2.2.4.4.2 AAA Segment

The AAA and HCR segments are used only in the response. If Loop 2000F is present, either the AAA segment or the HCR segment must be returned. If the UMO was unable to review the request due to missing or invalid application data at this level, the UMO must return a 278 response containing a AAA segment at this level. It identifies the primary error condition in Loop 2000F of the original request that prohibits processing of the original request.

2.2.4.4.3 HCR Segment

The HCR segment is required if the UMO has reviewed the request. It provides information on the outcome of the medical review. If the request has been certified in total or certified as modified, the UMO must return a certification number in this segment. This number identifies the certification to the requester. If the request has been pended, denied, or does not require a medical decision, HCR03 conveys the reason for the non-certification or other status of the request.

3 Transaction Set

NOTE
See Appendix A, ASC X12 Nomenclature, for a review of transaction set structure, including descriptions of segments, data elements, levels, and loops.

3.1 Presentation Examples

The ASC X12 standards are generic. For example, multiple trading communities use the same PER segment to specify administrative communication contacts. Each community decides which elements to use and which code values in those elements are applicable. This implementation guide uses a format that depicts both the generalized standard and the trading community-specific implementation.

The transaction set detail is comprised of two main sections with subsections within the main sections.

Transaction Set Listing

- Implementation
- Standard

Segment Detail

- Implementation
- Standard
- Diagram
- Element Summary

The examples in figures 10 through 15 define the presentation of the transaction set that follows.

The following pages provide illustrations, in the same order they appear in the guide, to describe the format.

The examples are drawn from the 835 Health Care Claim Payment/Advice Transaction Set, but all principles apply.

IMPLEMENTATION

Indicates that this section is the implementation and not the standard

835 Health Care Claim Payment/Advice

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
53	010	ST	835 Header	R	1	
54	020	BPR	Financial Information	R	1	
60	040	TRN	Reassociation Key	R	1	
62	050	CUR	Non-US Dollars Currency	S	1	
65	060	REF	Receiver ID	S	1	
66	060	REF	Version Number	S	1	
68	070	DTM	Production Date	S	1	
			PAYER NAME			1
70	080	N1	Payer Name	R	1	
72	100	N3	Payer Address	S	1	
75	110	N4	Payer City, State, ZIP Code	S	1	
76	120	REF	Additional Payer Reference Number	S	1	
78	130	PER	Payer Contact	S	1	
			PAYEE NAME			1
79	080	N1	Payee Name	R	1	
81	100	N3	Payee Address	S	1	
82	110	N4	Payee City, State, ZIP Code	S	1	
84	120	REF	Payee Additional Reference Number	S	>1	

Each segment is assigned an industry specific name. Not used segments do not appear

Each loop is assigned an industry specific name

R=Required
S=Situational

Segment repeats and loop repeats reflect actual usage

Position Numbers and Segment IDs retain their X12 values

Individual segments and entire loops are repeated

Figure 10. Transaction Set Key — Implementation

STANDARD

Indicates that this section is identical to the ASC X12 standard

See Appendix A, ASC X12 Nomenclature for a complete description of the standard

835 Health Care Claim Payment/Advice

Functional Group ID: **HP**

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Payment/Advice Transaction Set (835) within the context of the Electronic Data Interchange (EDI) environment. This transaction set can be used to make a payment, send an Explanation of Benefits (EOB) remittance advice, or make a payment and send an EOB remittance advice only from a health insurer to a health care provider either directly or via a financial institution.

Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
010	ST	Transaction Set Header	M	1	
020	BPR	Beginning Segment for Payment Order/Remittance Advice	M	1	
030	NTE	Note/Special Instruction	O	>1	
040	TRN	Trace	O	1	

Figure 11. Transaction Set Key — Standard

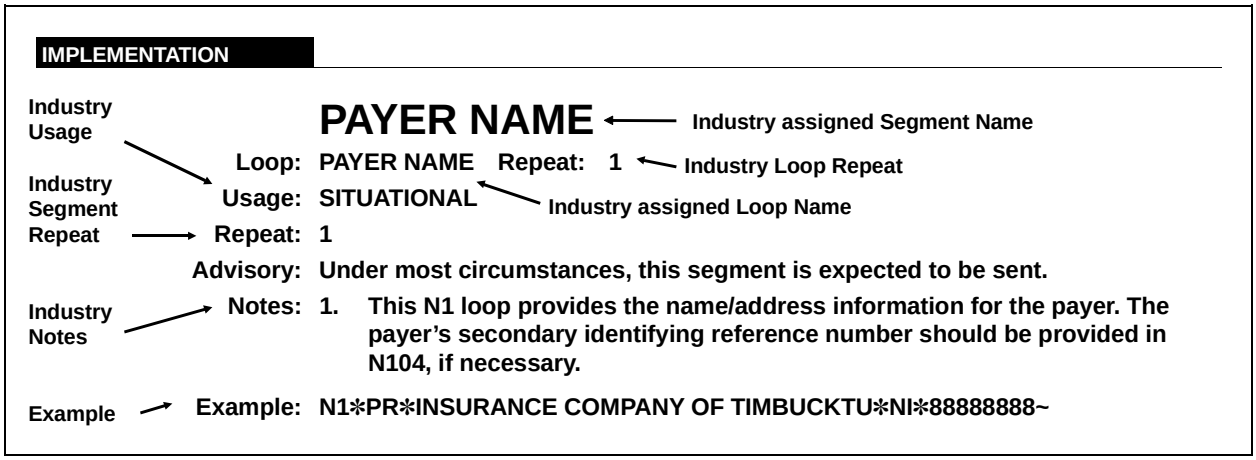


Figure 12. Segment Key — Implementation

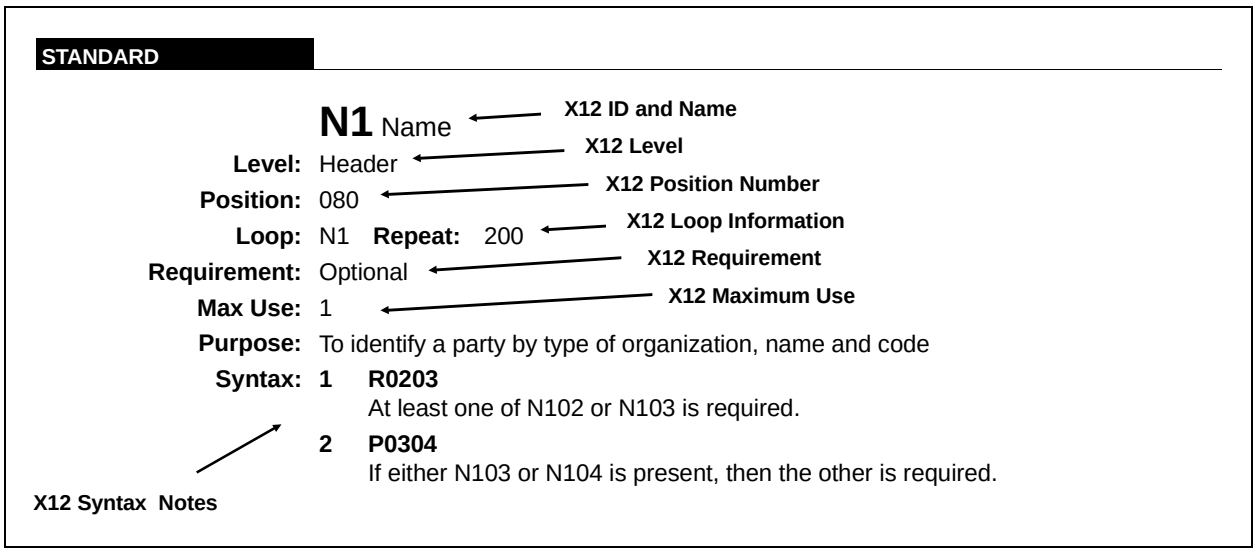


Figure 13. Segment Key — Standard

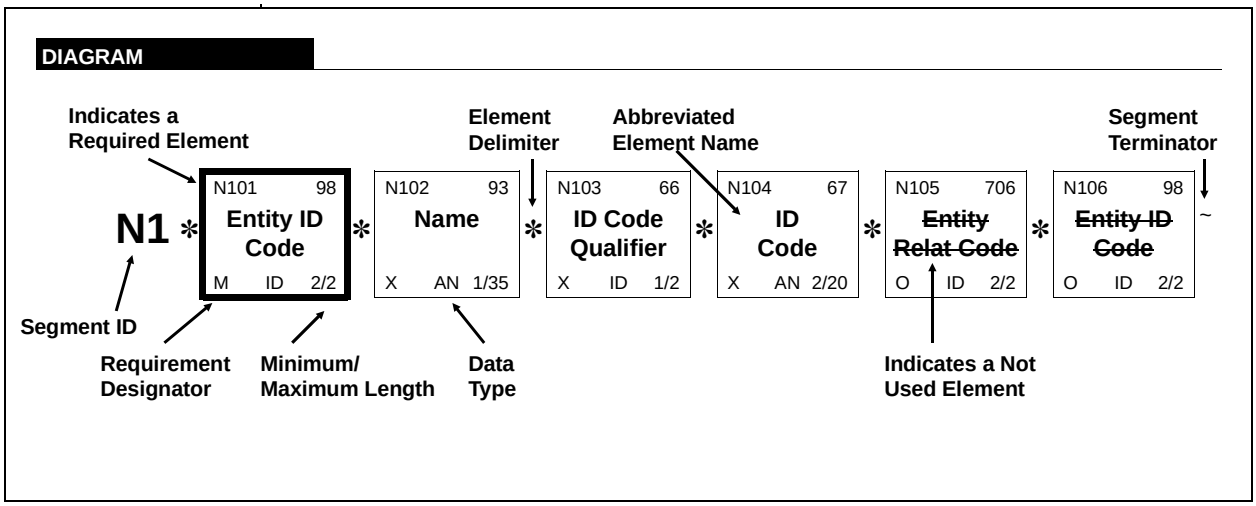
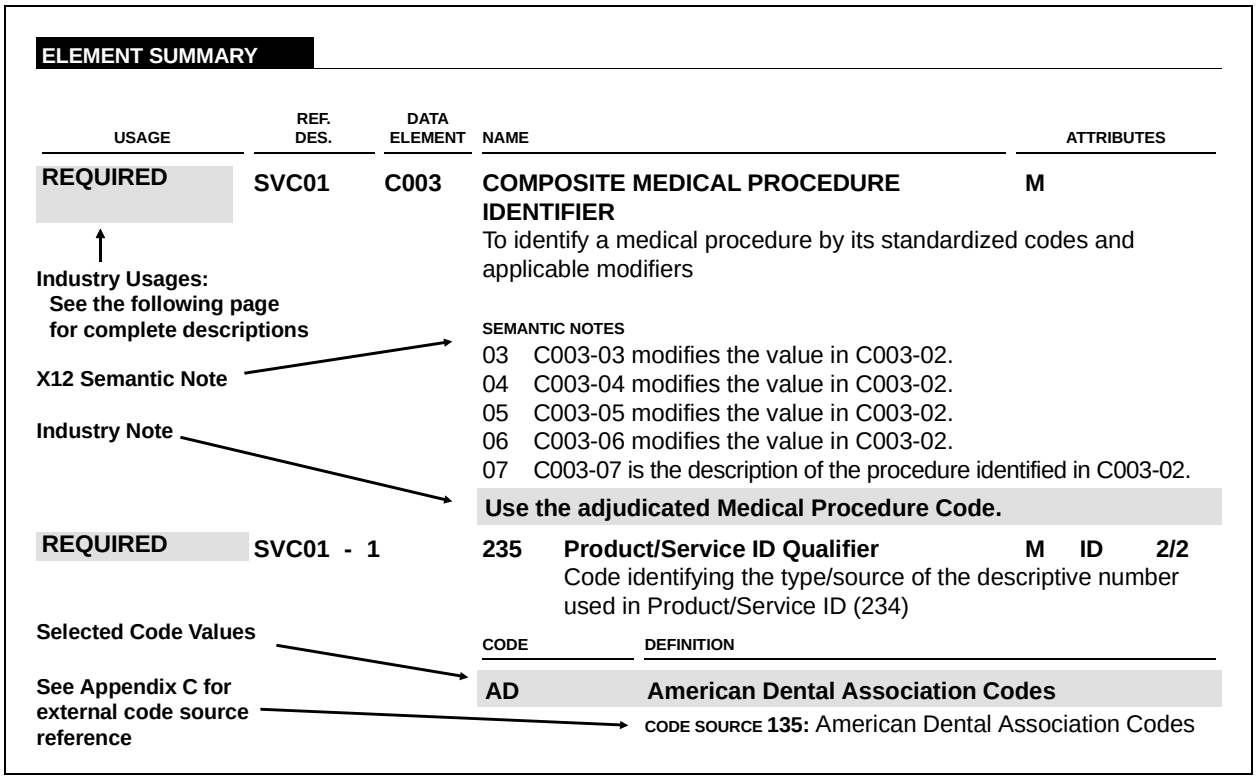


Figure 14. Segment Key — Diagram



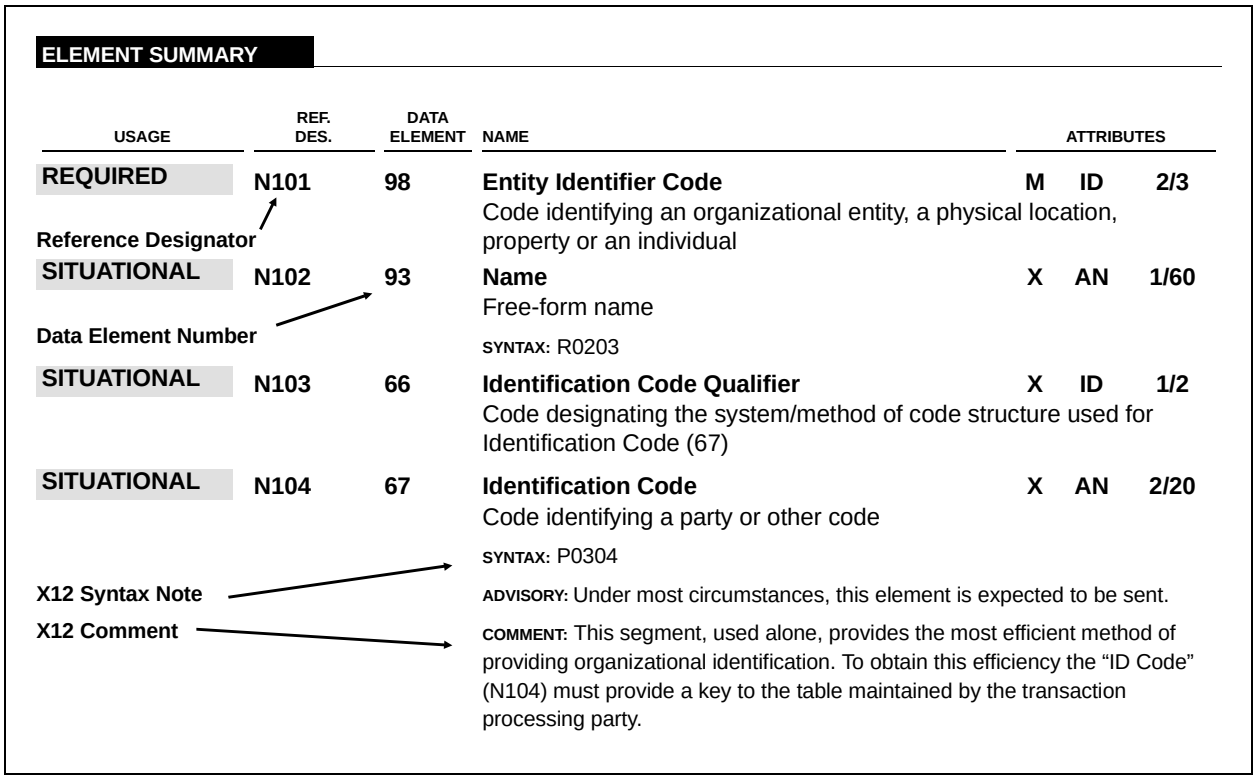


Figure 15. Segment Key — Element Summary

Industry Usages:

Required	This item must be used to be compliant with this implementation guide.
Not Used	This item should not be used when complying with this implementation guide.
Situational	The use of this item varies, depending on data content and business context. The defining rule is generally documented in a syntax or usage note attached to the item.* The item should be used whenever the situation defined in the note is true; otherwise, the item should not be used. **** NOTE*** If no rule appears in the notes, the item should be sent if the data is available to the sender.

Loop Usages:
Loop usage within ASC X12 transactions and their implementation guides can be confusing. Care must be used to read the loop requirements in terms of the context or location within the transaction. The usage designator of a loop's beginning segment indicates the usage of the loop. Segments within a loop cannot be sent without the beginning segment of that loop.

If the first segment is Required, the loop must occur at least once unless it is nested in a loop that is not being used. A note on the Required first segment of a nested loop will indicate dependency on the higher level loop.

If the first segment is Situational, there will be a Segment Note addressing use of the loop. Any required segments in loops beginning with a Situational segment only occur when the loop is used. Similarly, nested loops only occur when the higher level loop is used.

IMPLEMENTATION

278 Health Care Services Review — Request for Review

It is recommended that separate transaction sets be used for different patients.

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
50	010	ST	Transaction Set Header	R	1	
51	020	BHT	Beginning of Hierarchical Transaction	R	1	

Table 2 - Detail, Utilization Management Organization (UMO) Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL			1
53	010	HL	Utilization Management Organization (UMO) Level	R	1	
			LOOP ID - 2010A UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME			1
55	170	NM1	Utilization Management Organization (UMO) Name	R	1	

Table 2 - Detail, Requester Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B REQUESTER LEVEL			1
58	010	HL	Requester Level	R	1	
			LOOP ID - 2010B REQUESTER NAME			1
60	170	NM1	Requester Name	R	1	
63	180	REF	Requester Supplemental Identification	S	8	
65	200	N3	Requester Address	S	1	
66	210	N4	Requester City/State/ZIP Code	S	1	
68	220	PER	Requester Contact Information	S	1	
71	240	PRV	Requester Provider Information	S	1	

Table 2 - Detail, Subscriber Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000C SUBSCRIBER LEVEL			1
73	010	HL	Subscriber Level	R	1	
75	070	DTP	Accident Date	S	1	
76	070	DTP	Last Menstrual Period Date	S	1	
77	070	DTP	Estimated Date of Birth	S	1	
78	070	DTP	Onset of Current Symptoms or Illness Date	S	1	

80	080	HI	Subscriber Diagnosis	S	1	
			LOOP ID - 2010C SUBSCRIBER NAME			1
89	170	NM1	Subscriber Name	R	1	
92	180	REF	Subscriber Supplemental Identification	S	9	
94	250	DMG	Subscriber Demographic Information	S	1	

Table 2 - Detail, Dependent Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000D DEPENDENT LEVEL			1
96	010	HL	Dependent Level	S	1	
98	070	DTP	Accident Date	S	1	
99	070	DTP	Last Menstrual Period Date	S	1	
100	070	DTP	Estimated Date of Birth	S	1	
101	070	DTP	Onset of Current Symptoms or Illness Date	S	1	
103	080	HI	Dependent Diagnosis	S	1	
			LOOP ID - 2010D DEPENDENT NAME			1
112	170	NM1	Dependent Name	R	1	
114	180	REF	Dependent Supplemental Identification	S	3	
116	250	DMG	Dependent Demographic Information	S	1	
118	260	INS	Dependent Relationship	S	1	

Table 2 - Detail, Service Provider Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000E SERVICE PROVIDER LEVEL			>1
121	010	HL	Service Provider Level	R	1	
123	160	MSG	Message Text	S	1	
			LOOP ID - 2010E SERVICE PROVIDER NAME			3
124	170	NM1	Service Provider Name	R	1	
127	180	REF	Service Provider Supplemental Identification	S	7	
129	200	N3	Service Provider Address	S	1	
130	210	N4	Service Provider City/State/ZIP Code	S	1	
132	220	PER	Service Provider Contact Information	S	1	
135	240	PRV	Service Provider Information	S	1	

Table 2 - Detail, Service Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000F SERVICE LEVEL			>1
137	010	HL	Service Level	R	1	
139	020	TRN	Service Trace Number	S	2	
141	040	UM	Health Care Services Review Information	R	1	
150	060	REF	Previous Certification Identification	S	1	
152	070	DTP	Service Date	S	1	
154	070	DTP	Admission Date	S	1	
156	070	DTP	Discharge Date	S	1	
157	070	DTP	Surgery Date	S	1	
159	080	HI	Procedures	S	1	

175	**090**	**HSD**	Health Care Services Delivery	**S**	**1**
180	**100**	**CRC**	Patient Condition Information	**S**	**6**
189	**110**	**CL1**	Institutional Claim Code	**S**	**1**
191	**120**	**CR1**	Ambulance Transport Information	**S**	**1**
194	**130**	**CR2**	Spinal Manipulation Service Information	**S**	**1**
200	**140**	**CR5**	Home Oxygen Therapy Information	**S**	**1**
205	**150**	**CR6**	Home Health Care Information	**S**	**1**
211	**160**	**MSG**	Message Text	**S**	**1**
212	**280**	**SE**	Transaction Set Trailer	**R**	**1**

STANDARD

278 Health Care Services Review Information

Functional Group ID: HI

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Services Review Information Transaction Set (278) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to transmit health care service information, such as subscriber, patient, demographic, diagnosis or treatment data for the purpose of request for review, certification, notification or reporting the outcome of a health care services review.

Expected users of this transaction set are payors, plan sponsors, providers, utilization management and other entities involved in health care services review.

Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
010	ST	Transaction Set Header	M	1	
020	BHT	Beginning of Hierarchical Transaction	M	1	

Table 2 - Detail

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
		LOOP ID - HL			>1
010	HL	Hierarchical Level	M	1	
020	TRN	Trace	O	9	
030	AAA	Request Validation	O	9	
040	UM	Health Care Services Review Information	O	1	
050	HCR	Health Care Services Review	O	1	
060	REF	Reference Identification	O	9	
070	DTP	Date or Time or Period	O	9	
080	HI	Health Care Information Codes	O	1	
090	HSD	Health Care Services Delivery	O	1	
100	CRC	Conditions Indicator	O	9	
110	CL1	Claim Codes	O	1	
120	CR1	Ambulance Certification	O	1	
130	CR2	Chiropractic Certification	O	1	
135	CR4	Enteral or Parenteral Therapy Certification	O	1	
140	CR5	Oxygen Therapy Certification	O	1	
150	CR6	Home Health Care Certification	O	1	
152	CR7	Home Health Treatment Plan Certification	O	1	
153	CR8	Pacemaker Certification	O	1	
155	PWK	Paperwork	O	>1	
160	MSG	Message Text	O	1	
		LOOP ID - HL/NM1			>1
170	NM1	Individual or Organizational Name	O	1	
180	REF	Reference Identification	O	9	
190	N2	Additional Name Information	O	1	
200	N3	Address Information	O	1	
210	N4	Geographic Location	O	1	

220	**PER**	Administrative Communications Contact	**O**	**3**
230	**AAA**	Request Validation	**O**	**9**
240	**PRV**	Provider Information	**O**	**1**
250	**DMG**	Demographic Information	**O**	**1**
260	**INS**	Insured Benefit	**O**	**1**
270	**DTP**	Date or Time or Period	**O**	**9**
280	**SE**	Transaction Set Trailer	**M**	**1**

IMPLEMENTATION

TRANSACTION SET HEADER

Usage: **REQUIRED**

Repeat: **1**

Notes: **1. Use this segment to indicate the start of a health care services review request transaction set with all of the supporting detail information. This transaction set is the electronic equivalent of a phone, fax, or paper-based utilization management request.**

Example: **ST*278*0001~**

STANDARD

ST Transaction Set Header

Level: Header

Position: 010

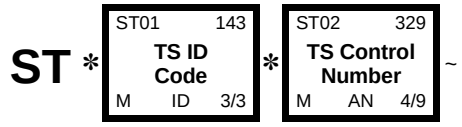
Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To indicate the start of a transaction set and to assign a control number

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**ST01**	**143**	**Transaction Set Identifier Code** Code uniquely identifying a Transaction Set **SEMANTIC:** The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set). **CODE** / **DEFINITION** **278** **Health Care Services Review Information**	**M ID 3/3**
REQUIRED	**ST02**	**329**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set **The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research. Use the corresponding value in SE02 for this transaction set.**	**M AN 4/9**

IMPLEMENTATION

BEGINNING OF HIERARCHICAL TRANSACTION

Usage: **REQUIRED**

Repeat: **1**

Example: **BHT*0078*13*199800114000001*19980101*1400~**

STANDARD

BHT Beginning of Hierarchical Transaction

Level: Header

Position: 020

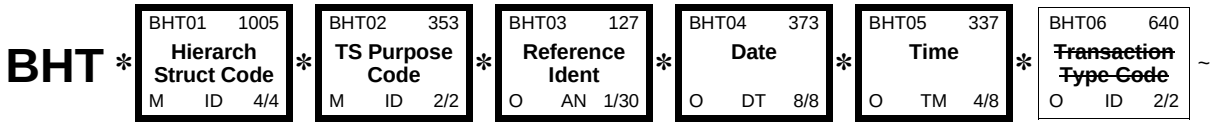
Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**BHT01**	**1005**	**Hierarchical Structure Code** Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	**M ID 4/4**
			CODE / **DEFINITION** **0078** — **Information Source, Information Receiver, Subscriber, Dependent, Provider of Service, Services**	
REQUIRED	**BHT02**	**353**	**Transaction Set Purpose Code** Code identifying purpose of transaction set	**M ID 2/2**
			CODE / **DEFINITION** **13** — **Request**	

REQUIRED	**BHT03**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	**O**	**AN**	**1/30**

INDUSTRY: ***Submitter Transaction Identifier***

SEMANTIC: BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.

Use this element to trace the transaction from one point to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse. This identifier must be returned in the corresponding 278 response transaction's BHT03. This identifier will only be returned by the last entity to handle the 278. This identifier will not be passed through the complete life of the transaction. All recipients of 278 request transactions are required to return the Submitter Transaction Identifier in their 278 response if one is submitted.

REQUIRED	**BHT04**	**373**	**Date** Date expressed as CCYYMMDD	**O**	**DT**	**8/8**

INDUSTRY: ***Transaction Set Creation Date***

SEMANTIC: BHT04 is the date the transaction was created within the business application system.

REQUIRED	**BHT05**	**337**	**Time** Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	**O**	**TM**	**4/8**

INDUSTRY: ***Transaction Set Creation Time***

SEMANTIC: BHT05 is the time the transaction was created within the business application system.

NOT USED	**BHT06**	**640**	**Transaction Type Code**	**O**	**ID**	**2/2**

IMPLEMENTATION

UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL

Loop: 2000A — UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL
Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes:
1. **Use this segment to indicate the information source hierarchical level. For a request transaction, this segment corresponds to the identification of the payer, HMO, or other utilization management organization who will be the source of the decision/response.**

Example: HL*120*1~**

STANDARD

HL Hierarchical Level

Level: Detail

Position: 010

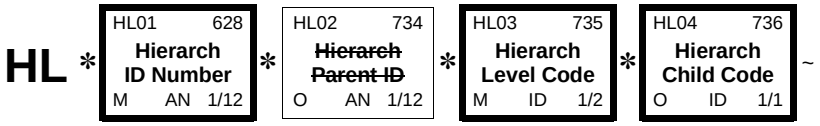
Loop: HL **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HL01**	**628**	**Hierarchical ID Number** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	**M AN 1/12**
NOT USED	**HL02**	**734**	**Hierarchical Parent ID Number**	**O AN 1/12**

REQUIRED **HL03** **735** **Hierarchical Level Code** **M** **ID** **1/2**

Code defining the characteristic of a level in a hierarchical structure

COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

CODE	DEFINITION
20	**Information Source**

REQUIRED **HL04** **736** **Hierarchical Child Code** **O** **ID** **1/1**

Code indicating if there are hierarchical child data segments subordinate to the level being described

COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

CODE	DEFINITION
1	**Additional Subordinate HL Data Segment in This Hierarchical Structure.**

IMPLEMENTATION

UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME

Loop: **2010A — UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME**
Repeat: 1

Usage: **REQUIRED**

Repeat: **1**

Notes:
1. **Use this NM1 loop to identify the source of information. In the case of a request transaction, the source of information would normally be the payer or utilization review organization making the decision on the request.**

Example: **NM1*X3*2*ABC PAYER*****46*123450000~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 170

Loop: HL/NM1 **Repeat:** >1

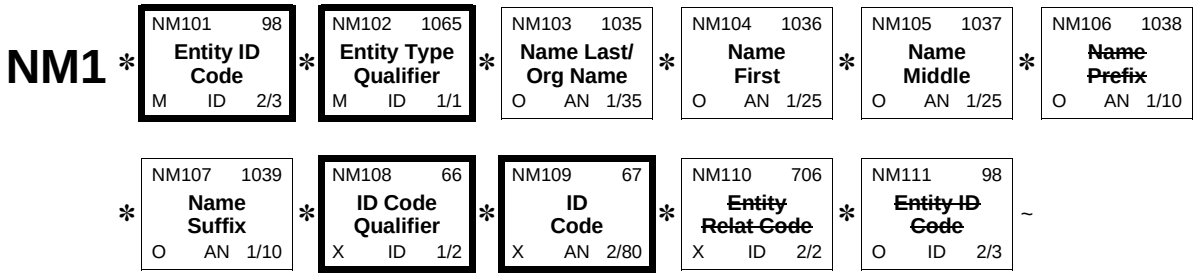
Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Syntax:
1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE: **X3** — DEFINITION: **Utilization Management Organization**	**M ID 2/3**
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity **SEMANTIC:** NM102 qualifies NM103. CODE: **1** — DEFINITION: **Person** **Use this code only if the reviewing entity is an individual, such as an individual primary care physician.** CODE: **2** — DEFINITION: **Non-Person Entity**	**M ID 1/1**
SITUATIONAL	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name ***INDUSTRY:* *Utilization Management Organization (UMO) Last or Organization Name*** **ADVISORY:** Under most circumstances, this element is not sent. **Use if name information is needed to identify the UMO.**	**O AN 1/35**
SITUATIONAL	**NM104**	**1036**	**Name First** Individual first name ***INDUSTRY:* *Utilization Management Organization (UMO) First Name*** **ADVISORY:** Under most circumstances, this element is not sent. **Use if NM103 is valued and the reviewing entity is an individual (NM102 = 1), such as a primary care provider.**	**O AN 1/25**
SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial ***INDUSTRY:* *Utilization Management Organization (UMO) Middle Name*** **ADVISORY:** Under most circumstances, this element is not sent. **Use if NM104 is present and the middle name/initial of the person is known.**	**O AN 1/25**
NOT USED	**NM106**	**1038**	**Name Prefix**	**O AN 1/10**
SITUATIONAL	**NM107**	**1039**	**Name Suffix** Suffix to individual name ***INDUSTRY:* *Utilization Management Organization (UMO) Name Suffix*** **ADVISORY:** Under most circumstances, this element is not sent. **Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.**	**O AN 1/10**

REQUIRED	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809	**X**	**ID**	**1/2**

CODE	DEFINITION
24	**Employer's Identification Number**
34	**Social Security Number**
46	**Electronic Transmitter Identification Number (ETIN)**
PI	**Payor Identification** **Use until the National PlanID is mandated if the UMO is a payer.**
XV	**Health Care Financing Administration National PlanID** ***Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.*** **Use if the UMO is a payer.** CODE SOURCE **540:** Health Care Financing Administration National PlanID
XX	**Health Care Financing Administration National Provider Identifier** ***Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.*** **Use if the UMO is a provider.**

REQUIRED	**NM109**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Utilization Management Organization (UMO) Identifier*** SYNTAX: P0809	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

REQUESTER LEVEL

Loop: **2000B — REQUESTER LEVEL** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes: **1. Use this segment to indicate the health care services review information receiver. For request transactions, this segment corresponds to the identification of the provider initiating the request for review.**

Example: **HL*2*1*21*1~**

STANDARD

HL Hierarchical Level

Level: Detail

Position: 010

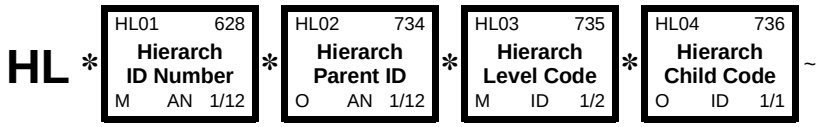
Loop: HL **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HL01**	**628**	**Hierarchical ID Number** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure **COMMENT:** HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be “1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	**M AN 1/12**
REQUIRED	**HL02**	**734**	**Hierarchical Parent ID Number** Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to **COMMENT:** HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	**O AN 1/12**

REQUIRED **HL03** **735** **Hierarchical Level Code** **M ID 1/2**

Code defining the characteristic of a level in a hierarchical structure

COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

CODE	DEFINITION
21	**Information Receiver**

REQUIRED **HL04** **736** **Hierarchical Child Code** **O ID 1/1**

Code indicating if there are hierarchical child data segments subordinate to the level being described

COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

CODE	DEFINITION
1	**Additional Subordinate HL Data Segment in This Hierarchical Structure.**

IMPLEMENTATION

REQUESTER NAME

Loop: **2010B — REQUESTER NAME** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes:
1. **Use this NM1 loop to identify the receiver of information. In the case of a request transaction, the receiver would normally be the provider who will ultimately be receiving the decision.**

Example: **NM1*1P*1*GARDENER*JAMES****24*000012345~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 170

Loop: HL/NM1 **Repeat:** >1

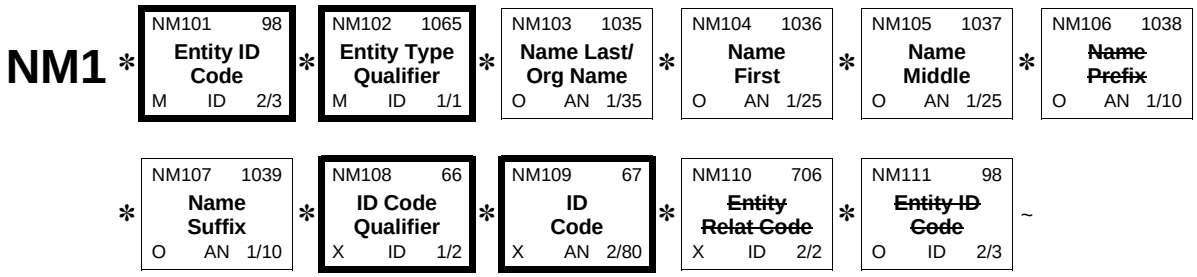
Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Syntax:
1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**

CODE	DEFINITION
1P	**Provider** **Use this code to signify the provider making the request.**

			FA	**Facility**		
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity **SEMANTIC:** NM102 qualifies NM103.	**M**	**ID**	**1/1**
			CODE / **DEFINITION**			
			1 **Person**			
			2 **Non-Person Entity**			
SITUATIONAL	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name ***INDUSTRY:*** ***Requester Last or Organization Name*** **ADVISORY:** Under most circumstances, this element is not sent. **Use if name information is needed to identify the requester.**	**O**	**AN**	**1/35**
SITUATIONAL	**NM104**	**1036**	**Name First** Individual first name ***INDUSTRY:*** ***Requester First Name*** **ADVISORY:** Under most circumstances, this element is not sent. **Use if NM103 is present and NM102 = 1.**	**O**	**AN**	**1/25**
SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial ***INDUSTRY:*** ***Requester Middle Name*** **ADVISORY:** Under most circumstances, this element is not sent. **Use if NM104 is present and the middle name/initial of the person is known.**	**O**	**AN**	**1/25**
NOT USED	**NM106**	**1038**	**Name Prefix**	**O**	**AN**	**1/10**
SITUATIONAL	**NM107**	**1039**	**Name Suffix** Suffix to individual name ***INDUSTRY:*** ***Requester Name Suffix*** **ADVISORY:** Under most circumstances, this element is not sent. **Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.**	**O**	**AN**	**1/10**
REQUIRED	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) **SYNTAX:** P0809	**X**	**ID**	**1/2**
			CODE / **DEFINITION**			
			24 **Employer's Identification Number**			
			34 **Social Security Number**			
			46 **Electronic Transmitter Identification Number (ETIN)**			
			XX **Health Care Financing Administration National Provider Identifier** ***Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.***			

REQUIRED	**NM109**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Requester Identifier*** SYNTAX: P0809	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

REQUESTER SUPPLEMENTAL IDENTIFICATION

Loop: **2010B — REQUESTER NAME**

Usage: **SITUATIONAL**

Repeat: **8**

Notes: **1. Use this segment if necessary to provide supplemental identifiers to further identify the requester. Use the NM1 segment for the primary identifier.**

Example: **REF*1G*123456~**

STANDARD

REF Reference Identification

Level: Detail

Position: 180

Loop: HL/NM1

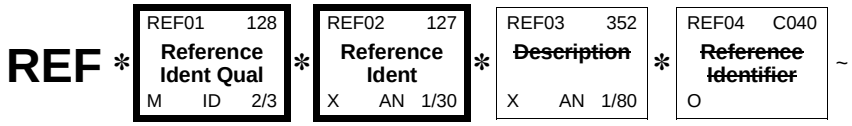
Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

Syntax: **1. R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
1G	**Provider UPIN Number**
1J	**Facility ID Number**
CT	**Contract Number** **For use only when the HCFA National Provider Identifier is mandated. Must be sent if required in the contract between the requester identified in Loop 2000B and the UMO identified in Loop 2000A.**

			EI	**Employer's Identification Number** **Not used if NM108 = 24.**			
			N5	**Provider Plan Network Identification Number**			
			N7	**Facility Network Identification Number**			
			SY	**Social Security Number** **NOT ADVISED** **The social security number may not be used for Medicare. Not used if NM108 = 34.**			
			ZH	**Carrier Assigned Reference Number** **Use for the requester/provider ID as assigned by the UMO identified in Loop 2000A.**			
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Requester Supplemental Identifier*** SYNTAX: R0203		**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**		**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**		**O**		

IMPLEMENTATION

REQUESTER ADDRESS

Loop: **2010B — REQUESTER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Not used unless necessary to identify the requester by location. For example, use to identify a specific location when the requester has multiple locations and his authority varies based on location.**

Example: **N3*43 SUNRISE BLVD*SUITE 234~**

STANDARD

N3 Address Information

Level: Detail

Position: 200

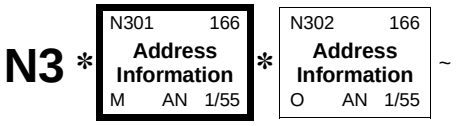
Loop: HL/NM1

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**N301**	**166**	**Address Information** Address information	**M**	**AN**	**1/55**
			INDUSTRY: ***Requester Address Line***			
			Use this element for the first line of the requester's address.			
SITUATIONAL	**N302**	**166**	**Address Information** Address information	**O**	**AN**	**1/55**
			INDUSTRY: ***Requester Address Line***			
			Required only if a second address line exists.			

IMPLEMENTATION

REQUESTER CITY/STATE/ZIP CODE

Loop: **2010B — REQUESTER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Not used unless necessary to identify the requester by location. For example, use to identify a specific location when the requester has multiple locations and his authority varies based on location.**

Example: **N4*ANYTOWN*PA*12345~**

STANDARD

N4 Geographic Location

Level: Detail

Position: 210

Loop: HL/NM1

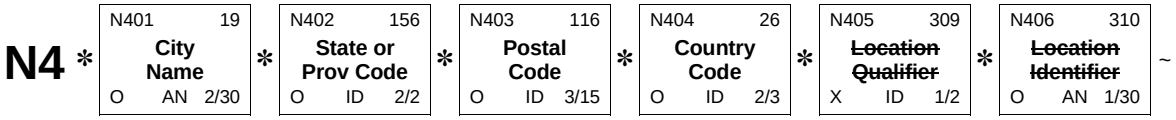
Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: **1. C0605**
If N406 is present, then N405 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	**N401**	**19**	**City Name** Free-form text for city name *INDUSTRY:* ***Requester City Name*** COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. **Use when necessary to provide this data as part of the requester location identification.**	**O AN 2/30**

SITUATIONAL	**N402**	**156**	**State or Province Code** Code (Standard State/Province) as defined by appropriate government agency	**O**	**ID**	**2/2**

INDUSTRY: ***Requester State or Province Code***

COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.

CODE SOURCE 22: States and Outlying Areas of the U.S.

Use when necessary to provide this data as part of the requester location identification.

SITUATIONAL	**N403**	**116**	**Postal Code** Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	**O**	**ID**	**3/15**

INDUSTRY: ***Requester Postal Zone or ZIP Code***

CODE SOURCE 51: ZIP Code

Use when necessary to provide this data as part of the requester location identification.

SITUATIONAL	**N404**	**26**	**Country Code** Code identifying the country	**O**	**ID**	**2/3**

INDUSTRY: ***Requester Country Code***

CODE SOURCE 5: Countries, Currencies and Funds

Use only if the address is out of the U.S.

NOT USED	**N405**	**309**	**Location Qualifier**	**X**	**ID**	**1/2**
NOT USED	**N406**	**310**	**Location Identifier**	**O**	**AN**	**1/30**

IMPLEMENTATION

REQUESTER CONTACT INFORMATION

Loop: **2010B — REQUESTER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Required if the UMO must direct requests for additional information to a specific requester contact, electronic mail, facsimile, or phone number.**

2. **When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.**

3. **By definition of the standard, if PER03 is used, PER04 is required.**

Example: **PER*IC*WILBER*TE*8189991234*FX*8188769304~**

STANDARD

PER Administrative Communications Contact

Level: Detail

Position: 220

Loop: HL/NM1

Requirement: Optional

Max Use: 3

Purpose: To identify a person or office to whom administrative communications should be directed

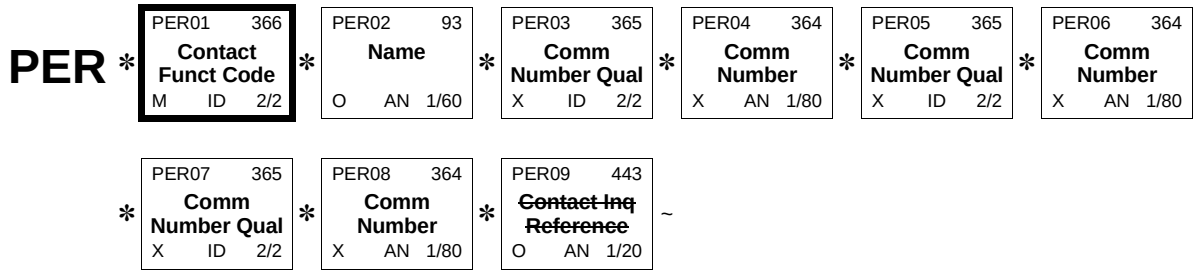
Syntax:

1. **P0304**
   If either PER03 or PER04 is present, then the other is required.

2. **P0506**
   If either PER05 or PER06 is present, then the other is required.

3. **P0708**
   If either PER07 or PER08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PER01**	**366**	**Contact Function Code** Code identifying the major duty or responsibility of the person or group named	**M ID 2/2**
			CODE / DEFINITION **IC** — **Information Contact**	
SITUATIONAL	**PER02**	**93**	**Name** Free-form name *INDUSTRY:* ***Requester Contact Name*** **Used only when response must be directed to a particular contact.** **Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).**	**O AN 1/60**
SITUATIONAL	**PER03**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0304 **Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.**	**X ID 2/2**
			CODE / DEFINITION **EM** — **Electronic Mail** **FX** — **Facsimile** **TE** — **Telephone**	
SITUATIONAL	**PER04**	**364**	**Communication Number** Complete communications number including country or area code when applicable *INDUSTRY:* ***Requester Contact Communication Number*** SYNTAX: P0304 **Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.**	**X AN 1/80**

SITUATIONAL	**PER05**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0506 **Used only when the telephone extension or multiple communication types are available.**	**X**	**ID**	**2/2**

CODE	DEFINITION
EM	**Electronic Mail**
EX	**Telephone Extension**
FX	**Facsimile**
TE	**Telephone**

SITUATIONAL	**PER06**	**364**	**Communication Number** Complete communications number including country or area code when applicable *INDUSTRY:* ***Requester Contact Communication Number*** SYNTAX: P0506 **Used only when the telephone extension or multiple communication types are available.**	**X**	**AN**	**1/80**
SITUATIONAL	**PER07**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0708 **Used only when the telephone extension or multiple communication types are available.**	**X**	**ID**	**2/2**

CODE	DEFINITION
EM	**Electronic Mail**
EX	**Telephone Extension**
FX	**Facsimile**
TE	**Telephone**

SITUATIONAL	**PER08**	**364**	**Communication Number** Complete communications number including country or area code when applicable *INDUSTRY:* ***Requester Contact Communication Number*** SYNTAX: P0708 **Used only when the telephone extension or multiple communication types are available.**	**X**	**AN**	**1/80**
NOT USED	**PER09**	**443**	**Contact Inquiry Reference**	**O**	**AN**	**1/20**

IMPLEMENTATION

REQUESTER PROVIDER INFORMATION

Loop: **2010B — REQUESTER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Use this segment when needed to indicate the requesting provider's role in the care of the patient and the requesting provider's specialty.**
2. **PRV02 qualifies PRV03.**

Example: **PRV*PC*ZZ*203BA0000Y~**

STANDARD

PRV Provider Information

Level: Detail

Position: 240

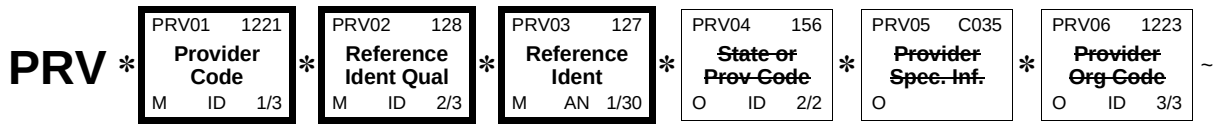
Loop: HL/NM1

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PRV01**	**1221**	**Provider Code** Code indentifying the type of provider	**M ID 1/3**

CODE	DEFINITION
AD	**Admitting**
AS	**Assistant Surgeon**
AT	**Attending**
CO	**Consulting**
CV	**Covering**
OP	**Operating**
OR	**Ordering**
OT	**Other Physician**

			PC **Primary Care Physician**			
			PE **Performing**			
			RF **Referring**			
REQUIRED	**PRV02**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M**	**ID**	**2/3**
			ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.			
			CODE DEFINITION			
			ZZ **Mutually Defined** **Health Care Provider Taxonomy Code list.**			
REQUIRED	**PRV03**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Provider Taxonomy Code*** *ALIAS:* ***Provider Specialty Code***	**M**	**AN**	**1/30**
NOT USED	**PRV04**	**156**	**State or Province Code**	**O**	**ID**	**2/2**
NOT USED	**PRV05**	**C035**	**PROVIDER SPECIALTY INFORMATION**	**O**		
NOT USED	**PRV06**	**1223**	**Provider Organization Code**	**O**	**ID**	**3/3**

IMPLEMENTATION

SUBSCRIBER LEVEL

Loop: **2000C — SUBSCRIBER LEVEL** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes: **1. Use this segment to indicate the subscriber hierarchical level. This segment corresponds to the identification of the subscriber or individual insured member. The subscriber could also be the patient. If the subscriber is the patient, the dependent hierarchical level (Loop 2000D) is not used.**

Example: **HL*3*2*22*1~**

STANDARD

HL Hierarchical Level

Level: Detail

Position: 010

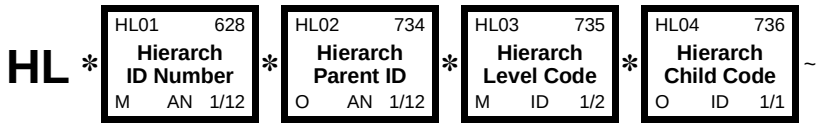
Loop: HL **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HL01**	**628**	**Hierarchical ID Number** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	**M AN 1/12**
REQUIRED	**HL02**	**734**	**Hierarchical Parent ID Number** Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	**O AN 1/12**

REQUIRED **HL03** **735** **Hierarchical Level Code** **M ID 1/2**

Code defining the characteristic of a level in a hierarchical structure

COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

CODE	DEFINITION
22	**Subscriber**

REQUIRED **HL04** **736** **Hierarchical Child Code** **O ID 1/1**

Code indicating if there are hierarchical child data segments subordinate to the level being described

COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

CODE	DEFINITION
1	**Additional Subordinate HL Data Segment in This Hierarchical Structure.**

IMPLEMENTATION

ACCIDENT DATE

Loop: 2000C — SUBSCRIBER LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes:
1. Use if the subscriber is a patient and the patient's condition is accident related.
2. Required if UM05-1 = AA.

Example: DTP*439*D8*19981218~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

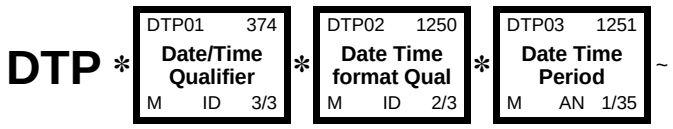
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE — DEFINITION **439 — Accident**	M ID 3/3
REQUIRED	DTP02	1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE — DEFINITION **D8 — Date Expressed in Format CCYYMMDD**	M ID 2/3
REQUIRED	DTP03	1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Accident Date***	M AN 1/35

IMPLEMENTATION

LAST MENSTRUAL PERIOD DATE

Loop: **2000C — SUBSCRIBER LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Use if the subscriber is the patient and the certification requested is pregnancy related.**

Example: **DTP*484*D8*19981218~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

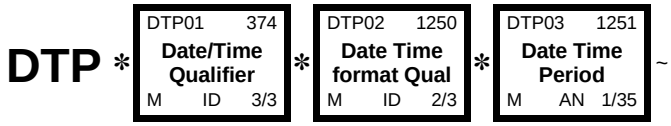
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** **484 — Last Menstrual Period**	**M ID 3/3**
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **SEMANTIC:** DTP02 is the date or time or period format that will appear in DTP03. **D8 — Date Expressed in Format CCYYMMDD**	**M ID 2/3**
REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Last Menstrual Period Date***	**M AN 1/35**

IMPLEMENTATION

ESTIMATED DATE OF BIRTH

Loop: **2000C — SUBSCRIBER LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Use if the subscriber is the patient and the certification requested is pregnancy related.**

Example: **DTP*ABC*D8*19990923~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

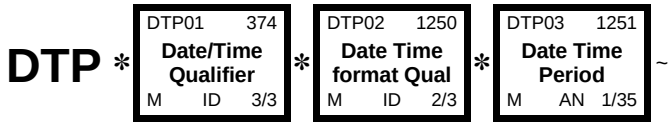
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE / DEFINITION **ABC** — **Estimated Date of Birth**	**M ID 3/3**
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **SEMANTIC:** DTP02 is the date or time or period format that will appear in DTP03. CODE / DEFINITION **D8** — **Date Expressed in Format CCYYMMDD**	**M ID 2/3**
REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Estimated Birth Date***	**M AN 1/35**

IMPLEMENTATION

ONSET OF CURRENT SYMPTOMS OR ILLNESS DATE

Loop: **2000C — SUBSCRIBER LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Use if the subscriber is the patient and the date of onset of the patient's current condition is known and different from the diagnosis date.**
2. **Do not use if the patient's current condition is accident or pregnancy related.**

Example: **DTP*431*D8*19981218~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

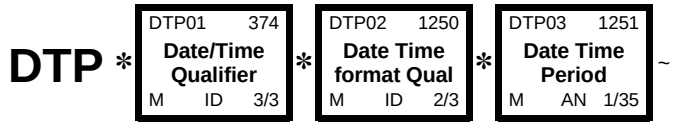
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	**M ID 3/3**
			INDUSTRY: ***Date Time Qualifier***	
			CODE / **DEFINITION** **431** — **Onset of Current Symptoms or Illness**	
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**M ID 2/3**
			SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.	
			CODE / **DEFINITION** **D8** — **Date Expressed in Format CCYYMMDD**	

REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Onset Date*** *ALIAS:* ***Onset of Current Symptoms or Illness Date***	**M**	**AN**	**1/35**

IMPLEMENTATION

SUBSCRIBER DIAGNOSIS

Loop: **2000C — SUBSCRIBER LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this segment to convey diagnosis information only when the patient is the subscriber.**
2. **Required if known by the requester.**
3. **Required on requests for certification of home health care if the CR6 (Home Health Care Information) segment is present. Each home health care request must report a principal diagnosis and a principal diagnosis date.**

Example: **HI*BF:41090:D8:19980908~**

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 080

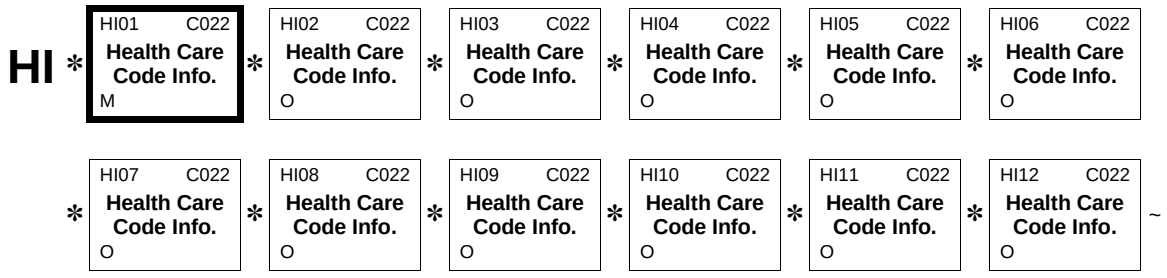
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HI01**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 1***	**M**

REQUIRED **HI01 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
BJ	**Admitting Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
BK	**Principal Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI01 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI01 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **HI01 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI01 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI01 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI01 - 7** **799** **Version Identifier** **O AN 1/30**

SITUATIONAL **HI02** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 2***

Required only if there are additional diagnoses to communicate.

REQUIRED **HI02 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
BJ	**Admitting Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	**HI02 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI02 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.** CODE: **D8** — DEFINITION: **Date Expressed in Format CCYYMMDD**	**X**	**ID**	**2/3**
SITUATIONAL	**HI02 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date*** **Use only when the date diagnosed is known.**	**X**	**AN**	**1/35**
NOT USED	**HI02 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI02 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI02 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
SITUATIONAL	**HI03**	**C022**		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 3*** **Required only if there are additional diagnoses to communicate.**	**O**		
REQUIRED	**HI03 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code*** CODE: **BF** — DEFINITION: **Diagnosis** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	**M**	**ID**	**1/3**
REQUIRED	**HI03 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI03 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.** CODE: **D8** — DEFINITION: **Date Expressed in Format CCYYMMDD**	**X**	**ID**	**2/3**
SITUATIONAL	**HI03 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date*** **Use only when the date diagnosed is known.**	**X**	**AN**	**1/35**
NOT USED	**HI03 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI03 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI03 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**

SITUATIONAL **HI04** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 4***

Required only if there are additional diagnoses to communicate.

REQUIRED **HI04 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI04 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI04 - 3** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **HI04 - 4** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI04 - 5** **782** **Monetary Amount** **O** **R** **1/18**

NOT USED **HI04 - 6** **380** **Quantity** **O** **R** **1/15**

NOT USED **HI04 - 7** **799** **Version Identifier** **O** **AN** **1/30**

SITUATIONAL **HI05** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 5***

Required only if there are additional diagnoses to communicate.

REQUIRED **HI05 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI05 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	HI05 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL	HI05 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	X	AN	1/35

Use only when the date diagnosed is known.

NOT USED	HI05 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI05 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI05 - 7		799	**Version Identifier**	O	AN	1/30
SITUATIONAL	HI06	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 6***	O		

Required only if there are additional diagnoses to communicate.

REQUIRED	HI06 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code***	M	ID	1/3

CODE	DEFINITION
BF	Diagnosis
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI06 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	M	AN	1/30
SITUATIONAL	HI06 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL	HI06 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	X	AN	1/35

Use only when the date diagnosed is known.

NOT USED	HI06 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI06 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI06 - 7		799	**Version Identifier**	O	AN	1/30

SITUATIONAL **HI07** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 7***

Required only if there are additional diagnoses to communicate.

REQUIRED **HI07 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI07 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI07 - 3** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **HI07 - 4** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI07 - 5** **782** **Monetary Amount** **O** **R** **1/18**

NOT USED **HI07 - 6** **380** **Quantity** **O** **R** **1/15**

NOT USED **HI07 - 7** **799** **Version Identifier** **O** **AN** **1/30**

SITUATIONAL **HI08** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 8***

Required only if there are additional diagnoses to communicate.

REQUIRED **HI08 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI08 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	HI08 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL	HI08 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	X	AN	1/35

Use only when the date diagnosed is known.

NOT USED	HI08 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI08 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI08 - 7		799	**Version Identifier**	O	AN	1/30
SITUATIONAL	HI09	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 9***	O		

Required only if there are additional diagnoses to communicate.

REQUIRED	HI09 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code***	M	ID	1/3

CODE	DEFINITION
BF	Diagnosis CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI09 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	M	AN	1/30
SITUATIONAL	HI09 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL	HI09 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	X	AN	1/35

Use only when the date diagnosed is known.

NOT USED	HI09 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI09 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI09 - 7		799	**Version Identifier**	O	AN	1/30

SITUATIONAL **HI10** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 10***

Required only if there are additional diagnoses to communicate.

REQUIRED **HI10 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI10 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI10 - 3** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **HI10 - 4** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI10 - 5** **782** **Monetary Amount** **O** **R** **1/18**

NOT USED **HI10 - 6** **380** **Quantity** **O** **R** **1/15**

NOT USED **HI10 - 7** **799** **Version Identifier** **O** **AN** **1/30**

SITUATIONAL **HI11** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 11***

Required only if there are additional diagnoses to communicate.

REQUIRED **HI11 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI11 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	HI11 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3
				Required if X12N syntax conditions apply.			
				CODE — DEFINITION			
				D8 — **Date Expressed in Format CCYYMMDD**			
SITUATIONAL	HI11 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	X	AN	1/35
				Use only when the date diagnosed is known.			
NOT USED	HI11 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI11 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI11 - 7		799	**Version Identifier**	O	AN	1/30
SITUATIONAL	HI12	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 12***	O		
				Required only if there are additional diagnoses to communicate.			
REQUIRED	HI12 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code***	M	ID	1/3
				CODE — DEFINITION			
				BF — **Diagnosis** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
REQUIRED	HI12 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	M	AN	1/30
SITUATIONAL	HI12 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3
				Required if X12N syntax conditions apply.			
				CODE — DEFINITION			
				D8 — **Date Expressed in Format CCYYMMDD**			
SITUATIONAL	HI12 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	X	AN	1/35
				Use only when the date diagnosed is known.			
NOT USED	HI12 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI12 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI12 - 7		799	**Version Identifier**	O	AN	1/30

IMPLEMENTATION

SUBSCRIBER NAME

Loop: **2010C — SUBSCRIBER NAME** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **Use this segment to convey the name and identification number of the subscriber (who may also be the patient).**

2. **The Member Identification Number (NM108/NM109) is required and may be adequate to identify the subscriber to the UMO. However, the UMO can require additional information. The maximum data elements that the UMO can require to identify the subscriber, in addition to the member ID are as follows:**
   Subscriber Last Name (NM103)
   Subscriber First Name (NM104)
   Subscriber Birth Date (DMG01 and DMG02)

3. **Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.**

Example: **NM1*IL*1*SMITH*JOE****MI*12345678901~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 170

Loop: HL/NM1 **Repeat:** >1

Requirement: Optional

Max Use: 1

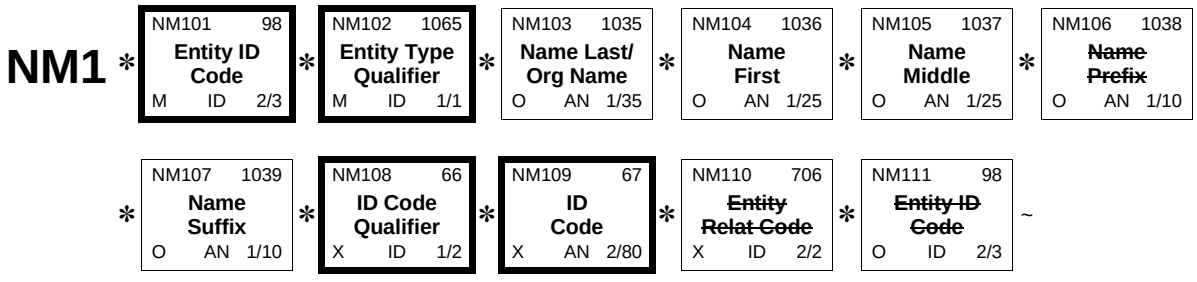
Purpose: To supply the full name of an individual or organizational entity

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.

2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE: **IL** — DEFINITION: **Insured or Subscriber**	M ID 2/3
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE: **1** — DEFINITION: **Person**	M ID 1/1
SITUATIONAL	NM103	1035	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY:* ***Subscriber Last Name*** **Use if name information is needed to identify the subscriber.**	O AN 1/35
SITUATIONAL	NM104	1036	**Name First** Individual first name *INDUSTRY:* ***Subscriber First Name*** **Use if name information is needed to identify the subscriber.**	O AN 1/25
SITUATIONAL	NM105	1037	**Name Middle** Individual middle name or initial *INDUSTRY:* ***Subscriber Middle Name*** **Use if name information is needed to identify the subscriber and middle name/initial of the subscriber is known.**	O AN 1/25
NOT USED	NM106	1038	**Name Prefix**	O AN 1/10
SITUATIONAL	NM107	1039	**Name Suffix** Suffix to individual name *INDUSTRY:* ***Subscriber Name Suffix*** **Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.**	O AN 1/10
REQUIRED	NM108	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 CODE: **MI** — DEFINITION: **Member Identification Number** **The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Use MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.**	X ID 1/2

			ZZ **Mutually Defined** **The value "ZZ", when used in this data element, shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of Health and Human Services must adopt a standard individual identifier for use in this transaction.**			
REQUIRED	**NM109**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Subscriber Primary Identifier*** *ALIAS:* ***Subscriber Member Number*** SYNTAX: P0809	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

SUBSCRIBER SUPPLEMENTAL IDENTIFICATION

Loop: **2010C — SUBSCRIBER NAME**

Usage: **SITUATIONAL**

Repeat: **9**

Notes:

1. **Use this segment when needed to provide a supplemental identifier for the subscriber. The primary identifier is the Member Identification Number in the NM1 segment.**

2. **Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number a UMO knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.**

3. **If the requester values this segment with the Patient Account Number (REF01="EJ") on the request, the UMO must return the same value in this segment on the response.**

Example: **REF*SY*123456789~**

STANDARD

REF Reference Identification

Level: Detail

Position: 180

Loop: HL/NM1

Requirement: Optional

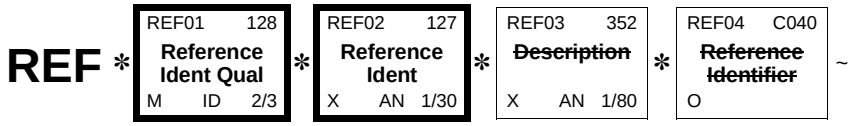
Max Use: 9

Purpose: To specify identifying information

Syntax:

1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	**Reference Identification Qualifier** Code qualifying the Reference Identification	M ID 2/3

CODE	DEFINITION
1L	**Group or Policy Number** **Use this code only if you cannot determine if the number is a Group Number (6P) or a Policy Number (IG).**
1W	**Member Identification Number** **Do not use if NM108 = MI.**
6P	**Group Number**
A6	**Employee Identification Number**
EJ	**Patient Account Number** **Use this code only if the subscriber is the patient.**
F6	**Health Insurance Claim (HIC) Number** **Use the NM1 (Subscriber Name) segment if the subscriber's HIC number is the primary identifier for his or her coverage. Use this code only in a REF segment when the payer has a different member number, and there is also a need to pass the subscriber's HIC number. This might occur in a Medicare HMO situation.**
HJ	**Identity Card Number** **Use this code when the Identity Card Number differs from the Member Identification Number. This is particularly prevalent in the Medicaid environment.**
IG	**Insurance Policy Number**
N6	**Plan Network Identification Number**
NQ	**Medicaid Recipient Identification Number**
SY	**Social Security Number** **Use this code only if the Social Security Number was not used by the payer as its primary method of identifying the subscriber. The social security number may not be used for Medicare.**

REQUIRED	REF02	127	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Subscriber Supplemental Identifier*** **SYNTAX:** R0203	X AN 1/30
NOT USED	REF03	352	**Description**	X AN 1/80
NOT USED	REF04	C040	**REFERENCE IDENTIFIER**	O

IMPLEMENTATION

SUBSCRIBER DEMOGRAPHIC INFORMATION

Loop: **2010C — SUBSCRIBER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Required only when birth date and/or gender information is needed to identify the subscriber/patient.**
2. **Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.**

Example: **DMG*D8*19580322*M~**

STANDARD

DMG Demographic Information

Level: Detail

Position: 250

Loop: HL/NM1

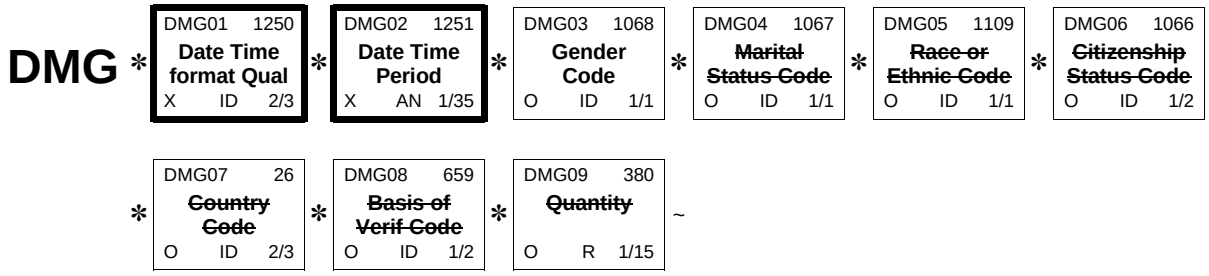
Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax:
1. **P0102**
   If either DMG01 or DMG02 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DMG01**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SYNTAX: P0102	**X ID 2/3**

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

REQUIRED	**DMG02**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Subscriber Birth Date*** SYNTAX: P0102 SEMANTIC: DMG02 is the date of birth.	**X**	**AN**	**1/35**
SITUATIONAL	**DMG03**	**1068**	**Gender Code** Code indicating the sex of the individual *INDUSTRY:* ***Subscriber Gender Code*** **Use if gender is needed to identify the subscriber.**	**O**	**ID**	**1/1**
NOT USED	**DMG04**	**1067**	**Marital Status Code**	**O**	**ID**	**1/1**
NOT USED	**DMG05**	**1109**	**Race or Ethnicity Code**	**O**	**ID**	**1/1**
NOT USED	**DMG06**	**1066**	**Citizenship Status Code**	**O**	**ID**	**1/2**
NOT USED	**DMG07**	**26**	**Country Code**	**O**	**ID**	**2/3**
NOT USED	**DMG08**	**659**	**Basis of Verification Code**	**O**	**ID**	**1/2**
NOT USED	**DMG09**	**380**	**Quantity**	**O**	**R**	**1/15**

CODE	DEFINITION
F	**Female**
M	**Male**
U	**Unknown**

IMPLEMENTATION

DEPENDENT LEVEL

Loop: **2000D — DEPENDENT LEVEL** **Repeat:** **1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this hierarchical loop only if the patient is someone other than the subscriber and the patient does not have a unique (different from the subscriber) member ID.**
2. **If the patient has a unique member ID, use Loop 2000C to identify the patient.**
3. **Required segments in this loop are required only when this loop is used.**

Example: **HL*4*3*23*1~**

STANDARD

HL Hierarchical Level

Level: Detail

Position: 010

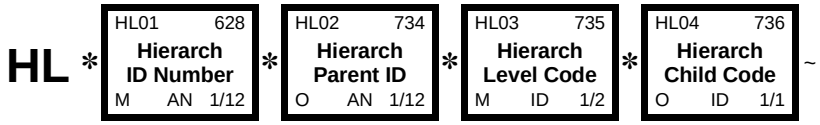
Loop: HL **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HL01**	**628**	**Hierarchical ID Number** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	**M AN 1/12**

REQUIRED **HL02** **734** **Hierarchical Parent ID Number** **O AN 1/12**
Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.

REQUIRED **HL03** **735** **Hierarchical Level Code** **M ID 1/2**
Code defining the characteristic of a level in a hierarchical structure

COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

CODE	DEFINITION
23	**Dependent**

REQUIRED **HL04** **736** **Hierarchical Child Code** **O ID 1/1**
Code indicating if there are hierarchical child data segments subordinate to the level being described

COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

CODE	DEFINITION
1	**Additional Subordinate HL Data Segment in This Hierarchical Structure.**

IMPLEMENTATION

ACCIDENT DATE

Loop: **2000D — DEPENDENT LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Use if the dependent's condition is accident related.**
2. **Required if UM05-1 = AA.**

Example: **DTP*439*D8*19981218~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

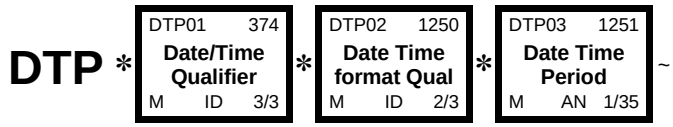
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE / DEFINITION **439 — Accident**	**M ID 3/3**
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **SEMANTIC:** DTP02 is the date or time or period format that will appear in DTP03. CODE / DEFINITION **D8 — Date Expressed in Format CCYYMMDD**	**M ID 2/3**
REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Accident Date***	**M AN 1/35**

IMPLEMENTATION

LAST MENSTRUAL PERIOD DATE

Loop: 2000D — DEPENDENT LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Use if the certification request is pregnancy related.

Example: DTP*484*D8*19981218~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

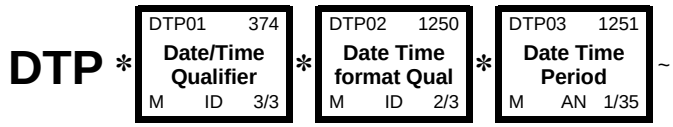
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier***	M ID 3/3
			CODE: 484 — DEFINITION: Last Menstrual Period	
REQUIRED	DTP02	1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.	M ID 2/3
			CODE: D8 — DEFINITION: Date Expressed in Format CCYYMMDD	
REQUIRED	DTP03	1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Last Menstrual Period Date***	M AN 1/35

IMPLEMENTATION

ESTIMATED DATE OF BIRTH

Loop: **2000D — DEPENDENT LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Use if the certification request is pregnancy related.**

Example: **DTP*ABC*D8*19990923~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

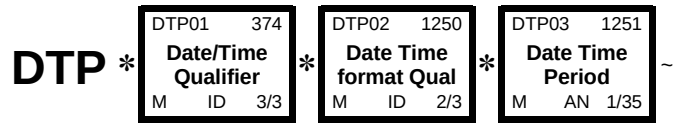
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE / DEFINITION **ABC** — **Estimated Date of Birth**	**M ID 3/3**
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE / DEFINITION **D8** — **Date Expressed in Format CCYYMMDD**	**M ID 2/3**
REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Estimated Birth Date***	**M AN 1/35**

IMPLEMENTATION

ONSET OF CURRENT SYMPTOMS OR ILLNESS DATE

Loop: **2000D — DEPENDENT LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Use if the onset of the dependent's current condition is known and different from the diagnosis date.**
2. **Do not use if the dependent's current condition is accident or pregnancy related.**

Example: **DTP*431*D8*19981218~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

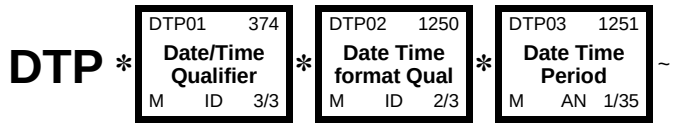
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	**M ID 3/3**
			INDUSTRY: ***Date Time Qualifier***	
			CODE **DEFINITION** **431** **Onset of Current Symptoms or Illness**	
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**M ID 2/3**
			SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.	
			CODE **DEFINITION** **D8** **Date Expressed in Format CCYYMMDD**	

REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Onset Date*** *ALIAS:* ***Onset of Current Symptoms or Illness Date***	**M**	**AN**	**1/35**

IMPLEMENTATION

DEPENDENT DIAGNOSIS

Loop: **2000D — DEPENDENT LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this segment to convey dependent diagnosis information.**
2. **Required if known by the requester.**
3. **Required on requests for authorization of home health care. Each home health care request must report a principal diagnosis and principal diagnosis date.**

Example: **HI*BF:41090:D8:19980908~**

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 080

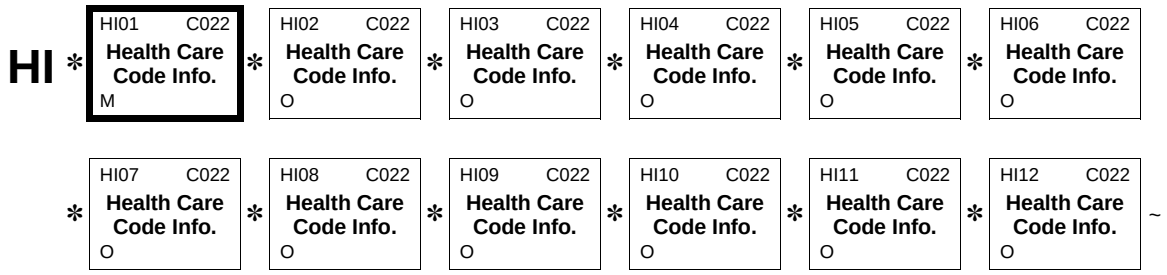
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HI01**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 1***	**M**

REQUIRED **HI01 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
BJ	**Admitting Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
BK	**Principal Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI01 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI01 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **HI01 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI01 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI01 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI01 - 7** **799** **Version Identifier** **O AN 1/30**

SITUATIONAL **HI02** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 2***

Required only if there are additional diagnoses to communicate.

REQUIRED **HI02 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
BJ	**Admitting Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	**HI02 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI02 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**	**X**	**ID**	**2/3**

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL	**HI02 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date*** **Use only when the date diagnosed is known.**	**X**	**AN**	**1/35**
NOT USED	**HI02 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI02 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI02 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
SITUATIONAL	**HI03**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 3*** **Required only if there are additional diagnoses to communicate.**		**O**		
REQUIRED	**HI03 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code***	**M**	**ID**	**1/3**

CODE	DEFINITION
BF	**Diagnosis** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	**HI03 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI03 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**	**X**	**ID**	**2/3**

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL	**HI03 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date*** **Use only when the date diagnosed is known.**	**X**	**AN**	**1/35**
NOT USED	**HI03 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI03 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI03 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**

SITUATIONAL **HI04** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 4***

Use only when the date diagnosed is known.

Required only if there are additional diagnoses to communicate.

REQUIRED **HI04 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI04 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI04 - 3** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **HI04 - 4** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI04 - 5** **782** **Monetary Amount** **O** **R** **1/18**

NOT USED **HI04 - 6** **380** **Quantity** **O** **R** **1/15**

NOT USED **HI04 - 7** **799** **Version Identifier** **O** **AN** **1/30**

SITUATIONAL **HI05** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 5***

Required only if there are additional diagnoses to communicate.

REQUIRED **HI05 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI05 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	HI05 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL	HI05 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	X	AN	1/35

Use only when the date diagnosed is known.

NOT USED	HI05 - 5		782	Monetary Amount	O	R	1/18
NOT USED	HI05 - 6		380	Quantity	O	R	1/15
NOT USED	HI05 - 7		799	Version Identifier	O	AN	1/30
SITUATIONAL	HI06	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 6***	O		

Required only if there are additional diagnoses to communicate.

REQUIRED	HI06 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code***	M	ID	1/3

CODE	DEFINITION
BF	Diagnosis

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI06 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	M	AN	1/30
SITUATIONAL	HI06 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL	HI06 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	X	AN	1/35

Use only when the date diagnosed is known.

NOT USED	HI06 - 5		782	Monetary Amount	O	R	1/18
NOT USED	HI06 - 6		380	Quantity	O	R	1/15
NOT USED	HI06 - 7		799	Version Identifier	O	AN	1/30

SITUATIONAL	**HI07**	**C022**	**HEALTH CARE CODE INFORMATION**		**O**		
			To send health care codes and their associated dates, amounts and quantities				
			ALIAS: ***Diagnosis 7***				
			Required only if there are additional diagnoses to communicate.				
REQUIRED	**HI07 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**
				INDUSTRY: ***Diagnosis Type Code***			
			CODE	DEFINITION			
			BF	**Diagnosis**			
				CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
REQUIRED	**HI07 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**
				INDUSTRY: ***Diagnosis Code***			
SITUATIONAL	**HI07 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**
				Required if X12N syntax conditions apply.			
			CODE	DEFINITION			
			D8	**Date Expressed in Format CCYYMMDD**			
SITUATIONAL	**HI07 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**
				INDUSTRY: ***Diagnosis Date***			
				Use only when the date diagnosed is known.			
NOT USED	**HI07 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI07 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI07 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
SITUATIONAL	**HI08**	**C022**	**HEALTH CARE CODE INFORMATION**		**O**		
			To send health care codes and their associated dates, amounts and quantities				
			ALIAS: ***Diagnosis 8***				
			Required only if there are additional diagnoses to communicate.				
REQUIRED	**HI08 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**
				INDUSTRY: ***Diagnosis Type Code***			
			CODE	DEFINITION			
			BF	**Diagnosis**			
				CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
REQUIRED	**HI08 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**
				INDUSTRY: ***Diagnosis Code***			

SITUATIONAL	HI08 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3
				Required if X12N syntax conditions apply.			
				CODE / DEFINITION			
				D8 — **Date Expressed in Format CCYYMMDD**			
SITUATIONAL	HI08 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	X	AN	1/35
				Use only when the date diagnosed is known.			
NOT USED	HI08 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI08 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI08 - 7		799	**Version Identifier**	O	AN	1/30
SITUATIONAL	HI09	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 9***	O		
				Required only if there are additional diagnoses to communicate.			
REQUIRED	HI09 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code***	M	ID	1/3
				CODE / DEFINITION			
				BF — **Diagnosis** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
REQUIRED	HI09 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	M	AN	1/30
SITUATIONAL	HI09 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3
				Required if X12N syntax conditions apply.			
				CODE / DEFINITION			
				D8 — **Date Expressed in Format CCYYMMDD**			
SITUATIONAL	HI09 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	X	AN	1/35
				Use only when the date diagnosed is known.			
NOT USED	HI09 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI09 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI09 - 7		799	**Version Identifier**	O	AN	1/30

SITUATIONAL **HI10** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 10***

Required only if there are additional diagnoses to communicate.

REQUIRED **HI10 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI10 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI10 - 3** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **HI10 - 4** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI10 - 5** **782** **Monetary Amount** **O** **R** **1/18**

NOT USED **HI10 - 6** **380** **Quantity** **O** **R** **1/15**

NOT USED **HI10 - 7** **799** **Version Identifier** **O** **AN** **1/30**

SITUATIONAL **HI11** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 11***

Required only if there are additional diagnoses to communicate.

REQUIRED **HI11 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI11 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	**HI11 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**
				Required if X12N syntax conditions apply.			
				CODE / DEFINITION			
				D8 — **Date Expressed in Format CCYYMMDD**			
SITUATIONAL	**HI11 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	**X**	**AN**	**1/35**
				Use only when the date diagnosed is known.			
NOT USED	**HI11 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI11 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI11 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
SITUATIONAL	**HI12**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 12***		**O**		
				Required only if there are additional diagnoses to communicate.			
REQUIRED	**HI12 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code***	**M**	**ID**	**1/3**
				CODE / DEFINITION			
				BF — **Diagnosis** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
REQUIRED	**HI12 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI12 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**
				Required if X12N syntax conditions apply.			
				CODE / DEFINITION			
				D8 — **Date Expressed in Format CCYYMMDD**			
SITUATIONAL	**HI12 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	**X**	**AN**	**1/35**
				Use only when the date diagnosed is known.			
NOT USED	**HI12 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI12 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI12 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**

IMPLEMENTATION

DEPENDENT NAME

Loop: **2010D — DEPENDENT NAME Repeat: 1**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **Use this segment to convey the name of the dependent who is the patient.**

2. **The maximum data elements in Loop 2010D that can be required by a UMO to identify a dependent are as follows:**
   Dependent Last Name (NM103)
   Dependent First Name (NM104)
   Dependent Birth Date (DMG01 and DMG02)

3. **Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.**

Example: **NM1*QC*1*SMITH*MARY~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 170

Loop: HL/NM1 **Repeat:** >1

Requirement: Optional

Max Use: 1

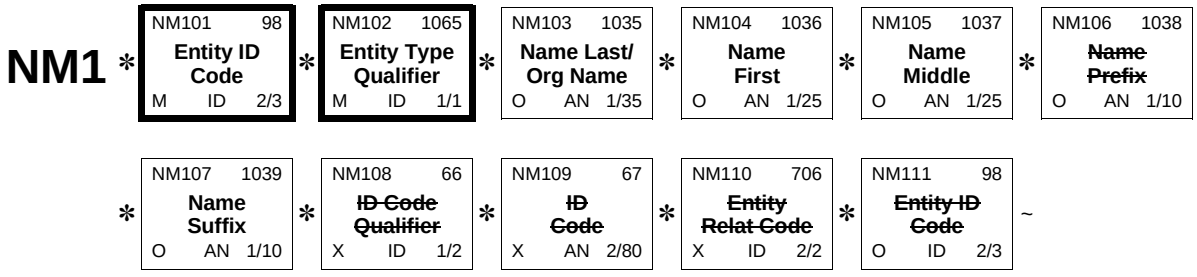
Purpose: To supply the full name of an individual or organizational entity

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.

2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE: QC — DEFINITION: Patient	M ID 2/3
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE: 1 — DEFINITION: Person	M ID 1/1
SITUATIONAL	NM103	1035	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY: **Dependent Last Name*** **Use if name information is needed to identify the dependent.**	O AN 1/35
SITUATIONAL	NM104	1036	**Name First** Individual first name *INDUSTRY: **Dependent First Name*** **Use if name information is needed to identify the dependent.**	O AN 1/25
SITUATIONAL	NM105	1037	**Name Middle** Individual middle name or initial *INDUSTRY: **Dependent Middle Name*** **Use if name information is needed to identify the dependent and the middle name/initial of the dependent is known.**	O AN 1/25
NOT USED	NM106	1038	**Name Prefix**	O AN 1/10
SITUATIONAL	NM107	1039	**Name Suffix** Suffix to individual name *INDUSTRY: **Dependent Name Suffix*** **Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.**	O AN 1/10
NOT USED	NM108	66	**Identification Code Qualifier**	X ID 1/2
NOT USED	NM109	67	**Identification Code**	X AN 2/80
NOT USED	NM110	706	**Entity Relationship Code**	X ID 2/2
NOT USED	NM111	98	**Entity Identifier Code**	O ID 2/3

IMPLEMENTATION

DEPENDENT SUPPLEMENTAL IDENTIFICATION

Loop: **2010D — DEPENDENT NAME**

Usage: **SITUATIONAL**

Repeat: **3**

Notes:

1. **Use this segment when necessary to provide supplemental identifiers for the dependent.**
2. **Use the Subscriber Supplemental Identifier (REF) segment in Loop 2010C for supplemental identifiers related to the subscriber's policy or group number.**
3. **If the requester values this segment with the Patient Account Number (REF01 = "EJ") on the request, the UMO must return the same value in this segment on the response.**

Example: **REF*SY*123456789~**

STANDARD

REF Reference Identification

Level: Detail

Position: 180

Loop: HL/NM1

Requirement: Optional

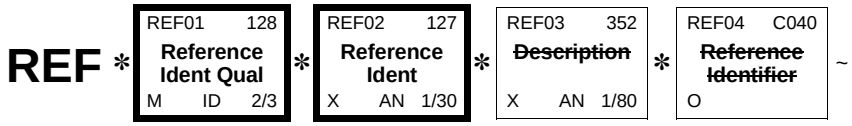
Max Use: 9

Purpose: To specify identifying information

Syntax:

1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
A6	**Employee Identification Number**
EJ	**Patient Account Number**

			SY	**Social Security Number** **The social security number may not be used for Medicare.**			
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Dependent Supplemental Identifier*** SYNTAX: R0203		**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**		**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**		**O**		

IMPLEMENTATION

DEPENDENT DEMOGRAPHIC INFORMATION

Loop: **2010D — DEPENDENT NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Required only when birth date and/or gender information is needed to identify the dependent.**
2. **Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.**

Example: **DMG*D8*19580322*M~**

STANDARD

DMG Demographic Information

Level: Detail

Position: 250

Loop: HL/NM1

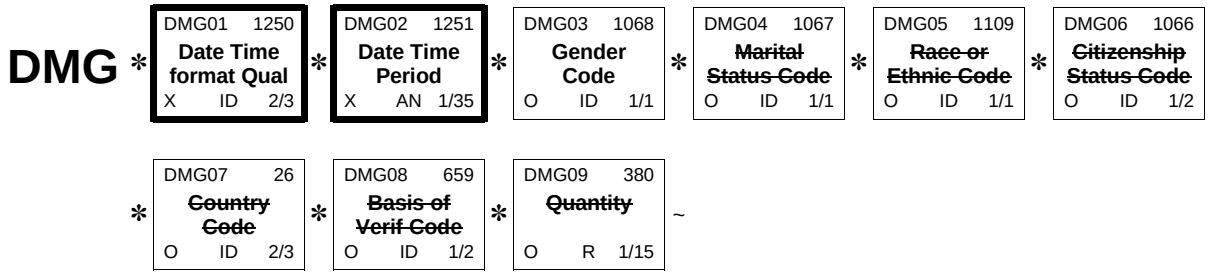
Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax:
1. **P0102**
   If either DMG01 or DMG02 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DMG01**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SYNTAX: P0102	**X ID 2/3**

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

REQUIRED	**DMG02**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Dependent Birth Date*** **SYNTAX:** P0102 **SEMANTIC:** DMG02 is the date of birth.	**X**	**AN**	**1/35**
SITUATIONAL	**DMG03**	**1068**	**Gender Code** Code indicating the sex of the individual *INDUSTRY:* ***Dependent Gender Code*** **Use if gender is needed to identify the Dependent.**	**O**	**ID**	**1/1**
NOT USED	**DMG04**	**1067**	**Marital Status Code**	**O**	**ID**	**1/1**
NOT USED	**DMG05**	**1109**	**Race or Ethnicity Code**	**O**	**ID**	**1/1**
NOT USED	**DMG06**	**1066**	**Citizenship Status Code**	**O**	**ID**	**1/2**
NOT USED	**DMG07**	**26**	**Country Code**	**O**	**ID**	**2/3**
NOT USED	**DMG08**	**659**	**Basis of Verification Code**	**O**	**ID**	**1/2**
NOT USED	**DMG09**	**380**	**Quantity**	**O**	**R**	**1/15**

CODE	DEFINITION
F	**Female**
M	**Male**
U	**Unknown**

IMPLEMENTATION

DEPENDENT RELATIONSHIP

Loop: **2010D — DEPENDENT NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this segment to convey information on the relationship of the dependent to the insured.**

2. **Required when necessary to further identify the patient. Examples include identifying a patient in a multiple birth or differentiating dependents with the same name.**

Example: **INS*N*19~**

STANDARD

INS Insured Benefit

Level: Detail

Position: 260

Loop: HL/NM1

Requirement: Optional

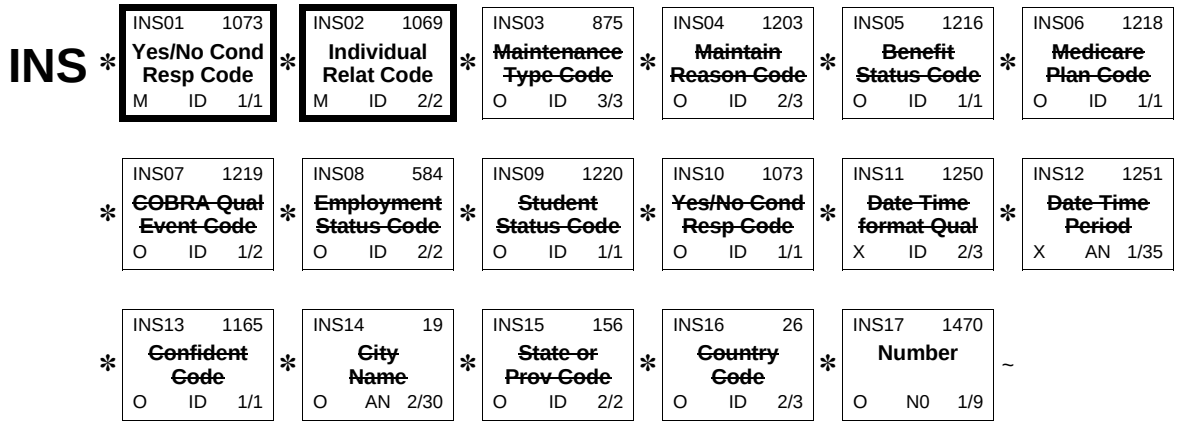
Max Use: 1

Purpose: To provide benefit information on insured entities

Syntax:

1. **P1112**
   If either INS11 or INS12 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	INS01	1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Insured Indicator*** **SEMANTIC:** INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber: an "N" value indicates the insured is a dependent.	M ID 1/1
			CODE **DEFINITION** **N** **No**	
REQUIRED	INS02	1069	**Individual Relationship Code** Code indicating the relationship between two individuals or entities *ALIAS:* ***Relationship to Insured Code***	M ID 2/2
			CODE **DEFINITION** **01** **Spouse** **04** **Grandfather or Grandmother** **05** **Grandson or Granddaughter** **07** **Nephew or Niece** **09** **Adopted Child** **10** **Foster Child** **15** **Ward** **17** **Stepson or Stepdaughter** **19** **Child** **20** **Employee** **21** **Unknown** **22** **Handicapped Dependent** **23** **Sponsored Dependent** **24** **Dependent of a Minor Dependent** **29** **Significant Other** **32** **Mother** **33** **Father** **34** **Other Adult** **36** **Emancipated Minor** **39** **Organ Donor** **40** **Cadaver Donor** **41** **Injured Plaintiff**	

			43	**Child Where Insured Has No Financial Responsibility**		
			53	**Life Partner**		
			G8	**Other Relationship**		
NOT USED	**INS03**	**875**	**Maintenance Type Code**	**O**	**ID**	**3/3**
NOT USED	**INS04**	**1203**	**Maintenance Reason Code**	**O**	**ID**	**2/3**
NOT USED	**INS05**	**1216**	**Benefit Status Code**	**O**	**ID**	**1/1**
NOT USED	**INS06**	**1218**	**Medicare Plan Code**	**O**	**ID**	**1/1**
NOT USED	**INS07**	**1219**	**Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying**	**O**	**ID**	**1/2**
NOT USED	**INS08**	**584**	**Employment Status Code**	**O**	**ID**	**2/2**
NOT USED	**INS09**	**1220**	**Student Status Code**	**O**	**ID**	**1/1**
NOT USED	**INS10**	**1073**	**Yes/No Condition or Response Code**	**O**	**ID**	**1/1**
NOT USED	**INS11**	**1250**	**Date Time Period Format Qualifier**	**X**	**ID**	**2/3**
NOT USED	**INS12**	**1251**	**Date Time Period**	**X**	**AN**	**1/35**
NOT USED	**INS13**	**1165**	**Confidentiality Code**	**O**	**ID**	**1/1**
NOT USED	**INS14**	**19**	**City Name**	**O**	**AN**	**2/30**
NOT USED	**INS15**	**156**	**State or Province Code**	**O**	**ID**	**2/2**
NOT USED	**INS16**	**26**	**Country Code**	**O**	**ID**	**2/3**
SITUATIONAL	**INS17**	**1470**	**Number** A generic number	**O**	**N0**	**1/9**

INDUSTRY: ***Birth Sequence Number***

SEMANTIC: INS17 is the number assigned to each family member born with the same birth date. This number identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.).

This data element is not used unless the dependent is a child from a multiple birth.

IMPLEMENTATION

SERVICE PROVIDER LEVEL

Loop: **2000E — SERVICE PROVIDER LEVEL** **Repeat:** **>1**

Usage: **REQUIRED**

Repeat: **1**

Notes: **1. Use Loop 2000E to identify the specific person, group practice, facility, or specialty entity to provide the services requested.**

Example: **HL*5*4*19*1~**

STANDARD

HL Hierarchical Level

Level: Detail

Position: 010

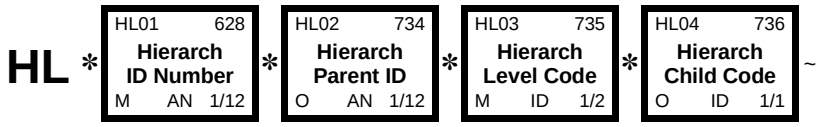
Loop: HL **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HL01**	**628**	**Hierarchical ID Number** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure **COMMENT:** HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	**M AN 1/12**
REQUIRED	**HL02**	**734**	**Hierarchical Parent ID Number** Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to **COMMENT:** HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	**O AN 1/12**

REQUIRED **HL03** **735** **Hierarchical Level Code** **M ID 1/2**

Code defining the characteristic of a level in a hierarchical structure

COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

CODE	DEFINITION
19	**Provider of Service**

REQUIRED **HL04** **736** **Hierarchical Child Code** **O ID 1/1**

Code indicating if there are hierarchical child data segments subordinate to the level being described

COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

CODE	DEFINITION
1	**Additional Subordinate HL Data Segment in This Hierarchical Structure.**

IMPLEMENTATION

MESSAGE TEXT

Loop: **2000E — SERVICE PROVIDER LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Advisory: **Under most circumstances, this segment is not sent.**

Notes: **1. Use to transmit a text message to the UMO about the service provider or specialty requested.**

Example: **MSG*This is a free-form text message~**

STANDARD

MSG Message Text

Level: Detail

Position: 160

Loop: HL

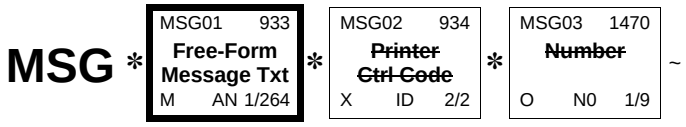
Requirement: Optional

Max Use: 1

Purpose: To provide a free-form format that allows the transmission of text information

Syntax: **1. C0302**
If MSG03 is present, then MSG02 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**MSG01**	**933**	**Free-Form Message Text** Free-form message text *INDUSTRY:* ***Free Form Message Text***	**M**	**AN**	**1/264**
NOT USED	**MSG02**	**934**	**Printer Carriage Control Code**	**X**	**ID**	**2/2**
NOT USED	**MSG03**	**1470**	**Number**	**O**	**N0**	**1/9**

IMPLEMENTATION

SERVICE PROVIDER NAME

Loop: **2010E — SERVICE PROVIDER NAME Repeat: 3**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **Use this segment to convey the name and identification number of the service provider (person, group, or facility) or to identify the specialty entity.**

2. **Use the maximum of three occurrences of Loop 2010E in a single Loop 2000E only when it is necessary to identify an individual provider within a specific group and facility when that provider and group provide services at multiple facilities.**

3. **Do not use multiple occurrences of Loop 2010E within a single Loop 2000E to request certification for admission to a facility and a specialist or services at that facility. In this case, two occurrences of Loop 2000E are required as follows:**

   The admission request must be expressed in a separate Loop 2000E where the facility is identified in Loop 2010E and Loop 2000F identifies admission review as the request category.

   The specialist and services are expressed in a separate Loop 2000E where the specialist or specialty is identified in Loop 2010E and Loop 2000F identifies the services.

Example: **NM1*SJ*1*WATSON*SUSAN****34*987654321~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 170

Loop: HL/NM1 **Repeat:** >1

Requirement: Optional

Max Use: 1

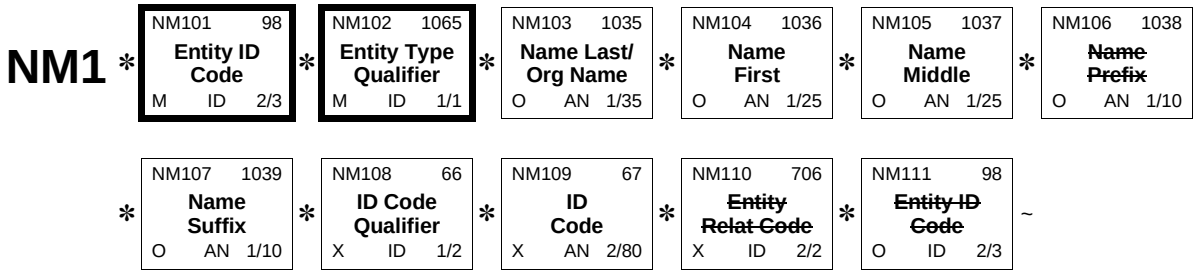
Purpose: To supply the full name of an individual or organizational entity

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.

2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE / DEFINITION **1T** — **Physician, Clinic or Group Practice** **FA** — **Facility** **SJ** — **Service Provider**	**M ID 2/3**
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE / DEFINITION **1** — **Person** **2** — **Non-Person Entity**	**M ID 1/1**
SITUATIONAL	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY:* ***Service Provider Last or Organization Name*** **Required if identifying a specialty person, facility, group practice, or clinic and NM108/NM109 are not present. Not used if identifying a specialty entity.**	**O AN 1/35**
SITUATIONAL	**NM104**	**1036**	**Name First** Individual first name *INDUSTRY:* ***Service Provider First Name*** **Required if the service provider is a specific person (NM102 = 1) and NM103 is present.**	**O AN 1/25**
SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial *INDUSTRY:* ***Service Provider Middle Name*** **Required if NM104 is present and the middle name/initial of the person is known.**	**O AN 1/25**
NOT USED	**NM106**	**1038**	**Name Prefix**	**O AN 1/10**

SITUATIONAL	**NM107**	**1039**	**Name Suffix** Suffix to individual name	**O**	**AN**	**1/10**

INDUSTRY: ***Service Provider Name Suffix***

Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.

SITUATIONAL	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67)	**X**	**ID**	**1/2**

SYNTAX: P0809

Required if requesting the services of a specific person, facility, group practice, or clinic and the service provider ID is known by the requester.

CODE	DEFINITION
24	**Employer's Identification Number**
34	**Social Security Number**
46	**Electronic Transmitter Identification Number (ETIN)**
XX	**Health Care Financing Administration National Provider Identifier** ***Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.***

SITUATIONAL	**NM109**	**67**	**Identification Code** Code identifying a party or other code	**X**	**AN**	**2/80**

INDUSTRY: ***Service Provider Identifier***

SYNTAX: P0809

Required if requesting the services of a specific person, facility, group practice, or clinic and the service provider ID is known by the requester.

NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

SERVICE PROVIDER SUPPLEMENTAL IDENTIFICATION

Loop: **2010E — SERVICE PROVIDER NAME**

Usage: **SITUATIONAL**

Repeat: **7**

Notes: **1. Use this segment only when necessary to provide supplemental identifiers to identify the service provider. Use the NM1 segment for the primary identifier.**

Example: **REF*1G*12345~**

STANDARD

REF Reference Identification

Level: Detail

Position: 180

Loop: HL/NM1

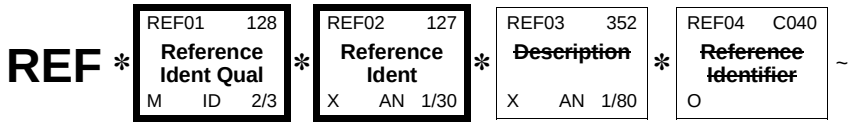
Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

Syntax: **1. R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
1G	**Provider UPIN Number**
1J	**Facility ID Number**
EI	**Employer's Identification Number** **Not used if NM108 = 24.**
N5	**Provider Plan Network Identification Number**
N7	**Facility Network Identification Number**

			SY	**Social Security Number** **NOT ADVISED** **The social security number may not be used for Medicare. Not used if NM108 = 34.**			
			ZH	**Carrier Assigned Reference Number** **Use for the provider ID as assigned by the UMO identified in Loop 2000A.**			
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Service Provider Supplemental Identifier*** SYNTAX: R0203		**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**		**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**		**O**		

IMPLEMENTATION

SERVICE PROVIDER ADDRESS

Loop: **2010E — SERVICE PROVIDER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Required if needed to identify a specific location for a service provider that has multiple locations.**

Example: **N3*77 HOLLY BLVD~**

STANDARD

N3 Address Information

Level: Detail

Position: 200

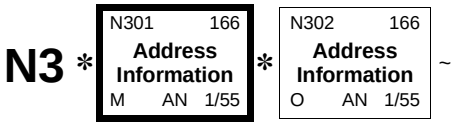
Loop: HL/NM1

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**N301**	**166**	**Address Information** Address information *INDUSTRY:* ***Service Provider Address Line*** **Use this element for the first line of the service provider's address.**	**M**	**AN**	**1/55**
SITUATIONAL	**N302**	**166**	**Address Information** Address information *INDUSTRY:* ***Service Provider Address Line*** **Required only if a second address line exists.**	**O**	**AN**	**1/55**

IMPLEMENTATION

SERVICE PROVIDER CITY/STATE/ZIP CODE

Loop: **2010E — SERVICE PROVIDER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Required if needed to identify a specific location for a service provider that has multiple locations.**

Example: **N4*HOLLYWOOD*CA*90214~**

STANDARD

N4 Geographic Location

Level: Detail

Position: 210

Loop: HL/NM1

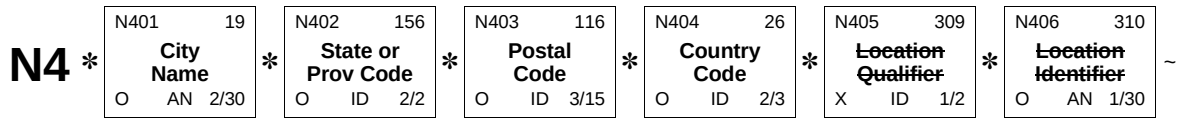
Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: **1. C0605**
If N406 is present, then N405 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	**N401**	**19**	**City Name** Free-form text for city name *INDUSTRY:* ***Service Provider City Name*** **COMMENT:** A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. **Use when necessary to provide this data as part of the service provider location identification.**	**O AN 2/30**

SITUATIONAL	**N402**	**156**	**State or Province Code** Code (Standard State/Province) as defined by appropriate government agency	**O**	**ID**	**2/2**
			INDUSTRY: ***Service Provider State or Province Code***			
			COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.			
			CODE SOURCE 22: States and Outlying Areas of the U.S.			
			Use when necessary to provide this data as part of the service provider location identification.			
SITUATIONAL	**N403**	**116**	**Postal Code** Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	**O**	**ID**	**3/15**
			INDUSTRY: ***Service Provider Postal Zone or ZIP Code***			
			CODE SOURCE 51: ZIP Code			
			Use if known by the requester.			
			Use when necessary to provide this data as part of the service provider location identification.			
SITUATIONAL	**N404**	**26**	**Country Code** Code identifying the country	**O**	**ID**	**2/3**
			INDUSTRY: ***Service Provider Country Code***			
			CODE SOURCE 5: Countries, Currencies and Funds			
			Use only if the address is out of the U.S.			
NOT USED	**N405**	**309**	**Location Qualifier**	**X**	**ID**	**1/2**
NOT USED	**N406**	**310**	**Location Identifier**	**O**	**AN**	**1/30**

IMPLEMENTATION

SERVICE PROVIDER CONTACT INFORMATION

Loop: **2010E — SERVICE PROVIDER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this segment to identify a contact name and/or communications number for the service provider.**
2. **Required if known by the requester.**
3. **When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.**
4. **By definition of the standard, if PER03 is used, PER04 is required.**

Example: **PER*IC*M TUCKER*TE*8189993456*FX*8188769304~**

STANDARD

PER Administrative Communications Contact

Level: Detail

Position: 220

Loop: HL/NM1

Requirement: Optional

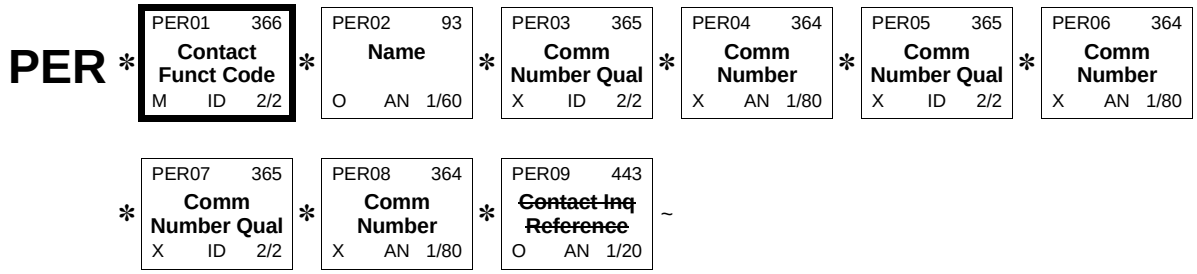
Max Use: 3

Purpose: To identify a person or office to whom administrative communications should be directed

Syntax:

1. **P0304**
   If either PER03 or PER04 is present, then the other is required.
2. **P0506**
   If either PER05 or PER06 is present, then the other is required.
3. **P0708**
   If either PER07 or PER08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PER01**	**366**	**Contact Function Code** Code identifying the major duty or responsibility of the person or group named	**M ID 2/2**
			CODE: **IC** — DEFINITION: **Information Contact**	
SITUATIONAL	**PER02**	**93**	**Name** Free-form name *INDUSTRY:* ***Service Provider Contact Name*** **Used only when the requester wishes to indicate a particular contact.** **Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).**	**O AN 1/60**
SITUATIONAL	**PER03**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0304 **Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.**	**X ID 2/2**
			CODE: **EM** — DEFINITION: **Electronic Mail**	
			CODE: **FX** — DEFINITION: **Facsimile**	
			CODE: **TE** — DEFINITION: **Telephone**	
SITUATIONAL	**PER04**	**364**	**Communication Number** Complete communications number including country or area code when applicable *INDUSTRY:* ***Service Provider Contact Communication Number*** SYNTAX: P0304 **Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.**	**X AN 1/80**

SITUATIONAL	**PER05**	**365**	**Communication Number Qualifier** Code identifying the type of communication number	**X**	**ID**	**2/2**

SYNTAX: P0506

Use only when the telephone extension or multiple communication types are available.

CODE	DEFINITION
EM	**Electronic Mail**
EX	**Telephone Extension** **When used, the value following this code is the extension for the preceding communications contact number.**
FX	**Facsimile**
TE	**Telephone**

SITUATIONAL	**PER06**	**364**	**Communication Number** Complete communications number including country or area code when applicable	**X**	**AN**	**1/80**

INDUSTRY: ***Service Provider Contact Communication Number***

SYNTAX: P0506

Used only when the telephone extension or multiple communication types are available.

SITUATIONAL	**PER07**	**365**	**Communication Number Qualifier** Code identifying the type of communication number	**X**	**ID**	**2/2**

SYNTAX: P0708

Use only when the telephone extension or multiple communication types are available.

CODE	DEFINITION
EM	**Electronic Mail**
EX	**Telephone Extension** **When used, the value following this code is the extension for the preceding communications contact number.**
FX	**Facsimile**
TE	**Telephone**

SITUATIONAL	**PER08**	**364**	**Communication Number** Complete communications number including country or area code when applicable	**X**	**AN**	**1/80**

INDUSTRY: ***Service Provider Contact Communication Number***

SYNTAX: P0708

Used only when the telephone extension or multiple communication types are available.

NOT USED	**PER09**	**443**	**Contact Inquiry Reference**	**O**	**AN**	**1/20**

IMPLEMENTATION

SERVICE PROVIDER INFORMATION

Loop: **2010E — SERVICE PROVIDER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this segment when needed to indicate the service provider's role in the care of the patient and the service provider's specialty.**
2. **Required when requesting certfication for a specialist or specialty entity.**
3. **PRV02 qualifies PRV03.**

Example: **PRV*PE*ZZ*203BA0002Y~**

STANDARD

PRV Provider Information

Level: Detail

Position: 240

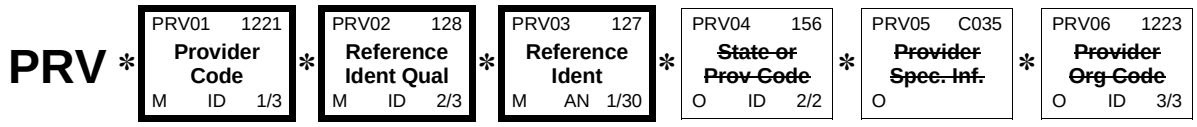
Loop: HL/NM1

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PRV01**	**1221**	**Provider Code** Code indentifying the type of provider	**M ID 1/3**

CODE	DEFINITION
AD	**Admitting**
AS	**Assistant Surgeon**
AT	**Attending**
CO	**Consulting**
CV	**Covering**
OP	**Operating**

			OR	**Ordering**		
			OT	**Other Physician**		
			PC	**Primary Care Physician**		
			PE	**Performing**		
REQUIRED	**PRV02**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M**	**ID**	**2/3**

ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.

CODE	DEFINITION
ZZ	**Mutually Defined** **Health Care Provider Taxonomy Code list.**

REQUIRED	**PRV03**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Provider Taxonomy Code*** *ALIAS:* ***Provider Specialty Code***	**M**	**AN**	**1/30**
NOT USED	**PRV04**	**156**	**State or Province Code**	**O**	**ID**	**2/2**
NOT USED	**PRV05**	**C035**	**PROVIDER SPECIALTY INFORMATION**	**O**		
NOT USED	**PRV06**	**1223**	**Provider Organization Code**	**O**	**ID**	**3/3**

IMPLEMENTATION

SERVICE LEVEL

Loop: **2000F — SERVICE LEVEL** **Repeat:** **>1**

Usage: **REQUIRED**

Repeat: **1**

Notes: **1. Use Loop 2000F to identify the service(s) requested.**

Example: **HL*6*5*SS*0~**

STANDARD

HL Hierarchical Level

Level: Detail

Position: 010

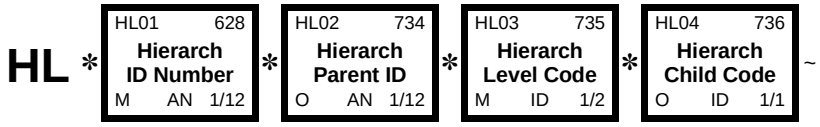
Loop: HL **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HL01**	**628**	**Hierarchical ID Number** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure **COMMENT:** HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	**M AN 1/12**
REQUIRED	**HL02**	**734**	**Hierarchical Parent ID Number** Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to **COMMENT:** HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	**O AN 1/12**

REQUIRED **HL03** **735** **Hierarchical Level Code** **M** **ID** **1/2**

Code defining the characteristic of a level in a hierarchical structure

COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

CODE	DEFINITION
SS	**Services**

REQUIRED **HL04** **736** **Hierarchical Child Code** **O** **ID** **1/1**

Code indicating if there are hierarchical child data segments subordinate to the level being described

COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

CODE	DEFINITION
0	**No Subordinate HL Segment in This Hierarchical Structure.**

IMPLEMENTATION

SERVICE TRACE NUMBER

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **2**

Notes:

1. **Use this segment to assign a unique trace number to this service request. It is recommended that requesters assign a unique trace number to each service request. The requester can send one TRN segment in each service level (Loop 2000F) on the request to aid in the reconciliation of the 278 response.**

2. **If the transaction is routed through a clearinghouse, the clearinghouse may add their own TRN segment. If the transaction passes through multiple clearinghouses, and the second clearinghouse needs to assign their own TRN segment, they must replace the TRN from the first clearinghouse and retain it to be returned in the 278 response. If the second clearinghouse does not need to assign a TRN segment, they should pass all received TRN segments.**

3. **Each trace number provided in the TRN segment at this level on the request must be returned by the UMO in the TRN segment at the corresponding level of the response.**

Example: **TRN*1*111099*9012345678*RADIOLOGY~**

STANDARD

TRN Trace

Level: Detail

Position: 020

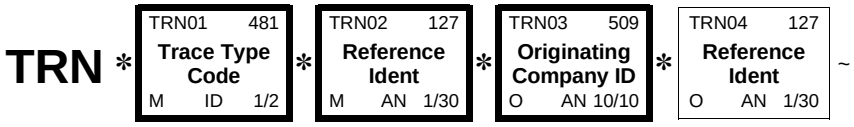
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To uniquely identify a transaction to an application

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	TRN01	481	**Trace Type Code** Code identifying which transaction is being referenced CODE: 1 — DEFINITION: Current Transaction Trace Numbers	M ID 1/2
REQUIRED	TRN02	127	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Service Trace Number*** **SEMANTIC:** TRN02 provides unique identification for the transaction.	M AN 1/30
REQUIRED	TRN03	509	**Originating Company Identifier** A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 *INDUSTRY:* ***Trace Assigning Entity Identifier*** **SEMANTIC:** TRN03 identifies an organization. **Use this element to identify the organization that assigned this trace number. TRN03 must be completed to aid requesters and clearinghouses in identifying their TRN in the 278 response.** **The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.**	O AN 10/10
SITUATIONAL	TRN04	127	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Trace Assigning Entity Additional Identifier*** **SEMANTIC:** TRN04 identifies a further subdivision within the organization. **Use this information if necessary to further identify a specific component, such as a specific division or group, of the company identified in the previous data element (TRN03).**	O AN 1/30

IMPLEMENTATION

HEALTH CARE SERVICES REVIEW INFORMATION

Loop: **2000F — SERVICE LEVEL**

Usage: **REQUIRED**

Repeat: **1**

Notes: **1. Use this segment to identify the type of health care services review request.**

Example: **UM*SC*I*3******Y~**

STANDARD

UM Health Care Services Review Information

Level: Detail

Position: 040

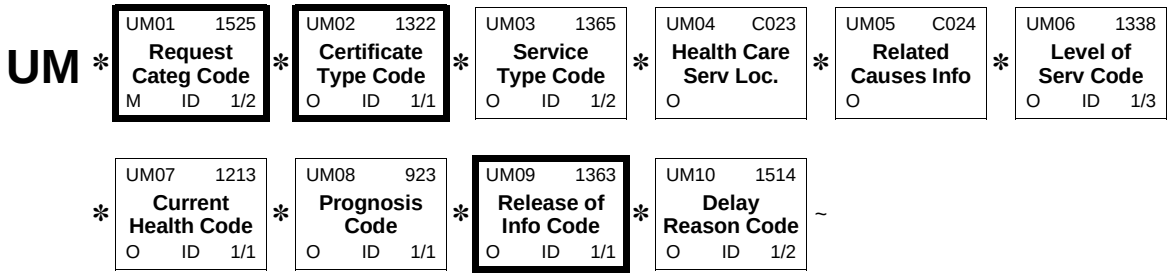
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To specify health care services review information

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**UM01**	**1525**	**Request Category Code** Code indicating a type of request	**M ID 1/2**

CODE	DEFINITION
AR	**Admission Review** **Use this code to request admission to a facility.**
HS	**Health Services Review** **Use this code for a request for review of services related to an episode of care.**

			SC	**Specialty Care Review** **Use this code for a request for a referral to a specialty provider.**		
REQUIRED	**UM02**	**1322**	**Certification Type Code** Code indicating the type of certification	**O**	**ID**	**1/1**
			CODE	**DEFINITION**		
			1	**Appeal - Immediate** **Use this value only for appeals of review decisions where the level of service required is emergency or urgent. If UM02 = 1 then UM06 must be valued.**		
			2	**Appeal - Standard** **Use this value for appeals of review decisions where the level of service is not emergency or urgent.**		
			3	**Cancel**		
			4	**Extension**		
			I	**Initial**		
			R	**Renewal**		
			S	**Revised**		
SITUATIONAL	**UM03**	**1365**	**Service Type Code** Code identifying the classification of service	**O**	**ID**	**1/2**
			Required if known by the requester. Use the HI Procedures Segment to indicate specific service and procedure codes. Some of the values for UM03 include a facility type qualifier, for example A7 (Psychiatric - Inpatient) and A8 (Psychiatric - Outpatient). If the facility type is known by the requester and the UM03 service type contains an appropriate facility type qualifier, use the UM03 value to specify both the type of service and the facility type.			
			CODE	**DEFINITION**		
			1	**Medical Care**		
			2	**Surgical**		
			3	**Consultation**		
			4	**Diagnostic X-Ray**		
			5	**Diagnostic Lab**		
			6	**Radiation Therapy**		
			7	**Anesthesia**		
			8	**Surgical Assistance**		
			12	**Durable Medical Equipment Purchase**		
			14	**Renal Supplies in the Home**		
			15	**Alternate Method Dialysis**		

16	Chronic Renal Disease (CRD) Equipment
17	Pre-Admission Testing
18	Durable Medical Equipment Rental
20	Second Surgical Opinion
21	Third Surgical Opinion
23	Diagnostic Dental
24	Periodontics
25	Restorative
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
33	Chiropractic
34	Chiropractic Office Visits
35	Dental Care
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
42	Home Health Care
44	Home Health Visits
45	Hospice
46	Respite Care
48	Hospital - Inpatient
50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
54	Long Term Care
56	Medically Related Transportation
57	Air Transportation
58	Cabulance

59	Licensed Ambulance
61	In-vitro Fertilization
62	MRI/CAT Scan
63	Donor Procedures
64	Acupuncture
65	Newborn Care
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
77	Otological Exam
78	Chemotherapy
79	Allergy Testing
80	Immunizations
82	Family Planning
83	Infertility
84	Abortion
85	AIDS
86	Emergency Services
93	Podiatry
94	Podiatry - Office Visits
95	Podiatry - Nursing Home Visits
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A1	Professional (Physician) Visit - Nursing Home

A2	**Professional (Physician) Visit - Skilled Nursing Facility**
A3	**Professional (Physician) Visit - Home**
A4	**Psychiatric**
A6	**Psychotherapy**
A7	**Psychiatric - Inpatient**
A8	**Psychiatric - Outpatient**
A9	**Rehabilitation**
AB	**Rehabilitation - Inpatient**
AC	**Rehabilitation - Outpatient**
AD	**Occupational Therapy**
AE	**Physical Medicine**
AF	**Speech Therapy**
AG	**Skilled Nursing Care**
AI	**Substance Abuse**
AJ	**Alcoholism**
AK	**Drug Addiction**
AL	**Vision (Optometry)**
AR	**Experimental Drug Therapy**
BB	**Partial Hospitalization (Psychiatric)**
BC	**Day Care (Psychiatric)**
BD	**Cognitive Therapy**
BE	**Massage Therapy**
BF	**Pulmonary Rehabilitation**
BG	**Cardiac Rehabilitation**
BS	**Invasive Procedures**

SITUATIONAL **UM04** **C023** **HEALTH CARE SERVICE LOCATION INFORMATION** **O**

To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered

Required if the service provider's facility type is known by the requester and UM03 does not specify a facility type. If UM03 is present and specifies a service type that is qualified by a facility type, e.g.: UM03 = A2 for Professional (Physician) Visit - Skilled Nursing Facility, do not value this field. If both UM03 and UM04 are valued and UM03 has a facility type qualifier, the value in UM03 takes precedence.

REQUIRED **UM04 - 1** **1331** **Facility Code Value** **M AN 1/2**
Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format

INDUSTRY: ***Facility Type Code***

Use to indicate a facility code value from the code source referenced in UM04-2.

REQUIRED **UM04 - 2** **1332** **Facility Code Qualifier** **O ID 1/2**
Code identifying the type of facility referenced

CODE	DEFINITION
A	**Uniform Billing Claim Form Bill Type**
	CODE SOURCE **236:** Uniform Billing Claim Form Bill Type
B	**Place of service code from the FAO record of the Electronic Media Claims National Standard Format**
	CODE SOURCE **237:** Place of Service from Health Care Financing Administration Claim Form

NOT USED **UM04 - 3** **1325** **Claim Frequency Type Code** **O ID 1/1**

CODE SOURCE **235:** Claim Frequency Type Code

SITUATIONAL **UM05** **C024** **RELATED CAUSES INFORMATION** **O**
To identify one or more related causes and associated state or country information

Required when the patient's condition is accident or employment related.

REQUIRED **UM05 - 1** **1362** **Related-Causes Code** **M ID 2/3**
Code identifying an accompanying cause of an illness, injury or an accident

INDUSTRY: ***Related Causes Code***

Always use this data element if the related cause is an auto accident.

CODE	DEFINITION
AA	**Auto Accident**
AP	**Another Party Responsible**
EM	**Employment**

SITUATIONAL **UM05 - 2** **1362** **Related-Causes Code** **O ID 2/3**
Code identifying an accompanying cause of an illness, injury or an accident

INDUSTRY: ***Related Causes Code***

Used if there is greater than 1 related cause for this certification.

CODE	DEFINITION
AP	**Another Party Responsible**

			EM	**Employment**				
SITUATIONAL	**UM05 - 3**		**1362**	**Related-Causes Code** Code identifying an accompanying cause of an illness, injury or an accident *INDUSTRY:* ***Related Causes Code*** **Use this code only if UM05 -1 and UM05 -2 are used.**	**O**	**ID**	**2/3**
			CODE	**DEFINITION**			
			AP	**Another Party Responsible**			
SITUATIONAL	**UM05 - 4**		**156**	**State or Province Code** Code (Standard State/Province) as defined by appropriate government agency *INDUSTRY:* ***State Code*** **CODE SOURCE 22:** States and Outlying Areas of the U.S. **Required on review requests involving automobile accidents (UM05-1 = "AA") if the accident occurred out of the service provider's state.**	**O**	**ID**	**2/2**
SITUATIONAL	**UM05 - 5**		**26**	**Country Code** Code identifying the country **CODE SOURCE 5:** Countries, Currencies and Funds **Required if the automobile accident occurred out of the United States to identify the country in which the accident occurred.**	**O**	**ID**	**2/3**
SITUATIONAL	**UM06**	**1338**	**Level of Service Code** Code specifying the level of service rendered **Recommended if the service requested would not be authorized unless the patient's condition is Emergency or Urgent.**		**O**	**ID**	**1/3**
			CODE	**DEFINITION**			
			03	**Emergency**			
			U	**Urgent**			
SITUATIONAL	**UM07**	**1213**	**Current Health Condition Code** Code indicating current health condition of the individual **Required when the patient's condition, as expressed by the codes in this data element, is a factor in the provider's determination of services to be performed that are not typically requested for the patient's diagnosis and proposed treatment.**		**O**	**ID**	**1/1**
			CODE	**DEFINITION**			
			1	**Acute**			
			2	**Stable**			
			3	**Chronic**			
			4	**Systemic**			
			5	**Localized**			
			6	**Mild Disease**			

			7	**Normal, Healthy**			
			8	**Severe Systemic disease**			
			9	**Severe Systemic Disease that is a Constant Threat to Life**			
			E	**Excellent**			
			F	**Fair**			
			G	**Good**			
			P	**Poor**			
SITUATIONAL	**UM08**	**923**	**Prognosis Code** Code indicating physician's prognosis for the patient		**O**	**ID**	**1/1**
			Required when the patient's prognosis, as expressed by the codes in this data element, is a factor in the provider's determination of services to be performed that are not typically requested for the patient's diagnosis and proposed treatment.				
			CODE	**DEFINITION**			
			1	**Poor**			
			2	**Guarded**			
			3	**Fair**			
			4	**Good**			
			5	**Very Good**			
			6	**Excellent**			
			7	**Less than 6 Months to Live**			
			8	**Terminal**			
REQUIRED	**UM09**	**1363**	**Release of Information Code** Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations		**O**	**ID**	**1/1**
			CODE	**DEFINITION**			
			A	**Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization**			
			I	**Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes**			
			M	**The Provider has Limited or Restricted Ability to Release Data Related to a Claim**			
			O	**On file at Payor or at Plan Sponsor**			
			Y	**Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim**			

SITUATIONAL	**UM10**	**1514**	**Delay Reason Code** Code indicating the reason why a request was delayed	**O**	**ID**	**1/2**

Required if the request is not submitted within the normal timeframe of the UMO.

CODE	DEFINITION
1	Proof of Eligibility Unknown or Unavailable
2	Litigation
3	Authorization Delays
4	Delay in Certifying Provider
7	Third Party Processing Delay
8	Delay in Eligibility Determination
10	Administration Delay in the Prior Approval Process
11	Other
15	Natural Disaster
16	Lack of Information
17	No response to initial request

IMPLEMENTATION

PREVIOUS CERTIFICATION IDENTIFICATION

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **This is the certification number assigned by the UMO to the original service review outcome associated with this service review. This is not the trace number assigned by the requester.**
2. **Required if submitting an additional health care services review request associated with a request already processed by the UMO and the certification number previously assigned by the UMO is known.**

Example: **REF*BB*A123~**

STANDARD

REF Reference Identification

Level: Detail

Position: 060

Loop: HL

Requirement: Optional

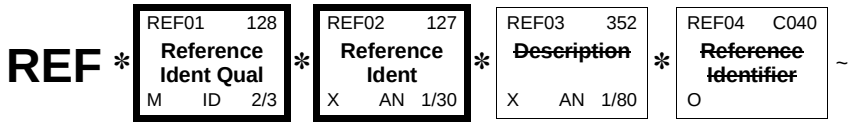
Max Use: 9

Purpose: To specify identifying information

Syntax:

1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**
			CODE / DEFINITION **BB — Authorization Number**	
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Previous Certification Identifier*** SYNTAX: R0203	**X AN 1/30**

NOT USED	REF03	352	Description	X	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O		

IMPLEMENTATION

SERVICE DATE

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes:

1. **Use this segment for the proposed or actual date or range of dates of service.**

2. **Use this segment only if the request is for a service and not for a specific procedure. The HI segment in Loop 2000F is used to request specific procedures. If the HI segment is valued, place the requested or actual procedure date in the HI segment Procedure Date field (HIxx-4).**

Example: DTP*472*D8*19980723~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

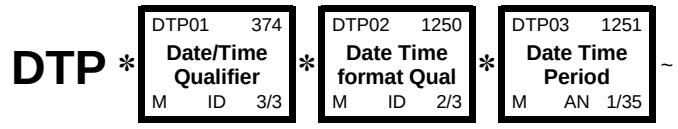
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	**M ID 3/3**
			*INDUSTRY: **Date Time Qualifier*** **CODE** — **DEFINITION** **472** — **Service**	
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**M ID 2/3**
			SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. **CODE** — **DEFINITION** **D8** — **Date Expressed in Format CCYYMMDD**	

			RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**			
REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Proposed or Actual Service Date***		**M**	**AN**	**1/35**

IMPLEMENTATION

ADMISSION DATE

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Use this segment for the proposed or actual date of admission.**
2. **Recommended if requesting an admission review (UM01 = "AR").**

Example: **DTP*435*D8*19980723~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

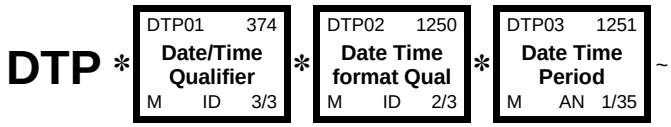
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** **435 — Admission**	**M ID 3/3**
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **SEMANTIC:** DTP02 is the date or time or period format that will appear in DTP03. **D8 — Date Expressed in Format CCYYMMDD** **RD8 — Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD** **Use this for the range of dates when admission can occur. Use the HSD segment for the length of stay.**	**M ID 2/3**

REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**M**	**AN**	**1/35**

INDUSTRY: ***Proposed or Actual Admission Date***

IMPLEMENTATION

DISCHARGE DATE

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes:
1. Use this segment when necessary to identify the proposed or actual date of discharge from a facility.

Example: DTP*096*D8*19980724~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

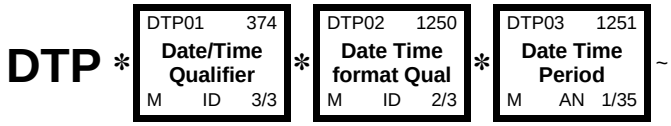
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE / DEFINITION **096 Discharge**	**M ID 3/3**
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **SEMANTIC:** DTP02 is the date or time or period format that will appear in DTP03. CODE / DEFINITION **D8 Date Expressed in Format CCYYMMDD**	**M ID 2/3**
REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Proposed or Actual Discharge Date***	**M AN 1/35**

IMPLEMENTATION

SURGERY DATE

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this segment for the proposed or actual date of surgery.**
2. **Use this segment only if the request is for surgery and the HI Procedures segment in Loop 2000F is not used to identify specific surgical procedures. If the HI segment is valued, place the requested or anticipated surgical procedure date in the HI segment procedure date field (HIxx-4).**

Example: **DTP*456*D8*19980723~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

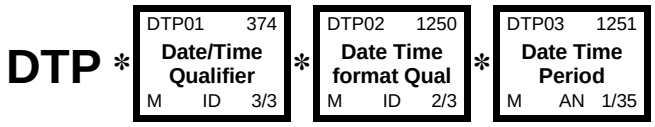
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	**M ID 3/3**
			INDUSTRY: ***Date Time Qualifier***	
			CODE / **DEFINITION**	
			456 **Surgery**	
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**M ID 2/3**
			SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.	
			CODE / **DEFINITION**	
			D8 **Date Expressed in Format CCYYMMDD**	

REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**M**	**AN**	**1/35**

INDUSTRY: ***Proposed or Actual Surgery Date***

IMPLEMENTATION

PROCEDURES

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Use this segment to request specific services and procedures.**
2. **Use the most current version of the code list identified in HIxx-1 Code List Qualifier Code (Data Element 1270).**

Example: **HI*BO*49000:D8:19950121::1~**

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 080

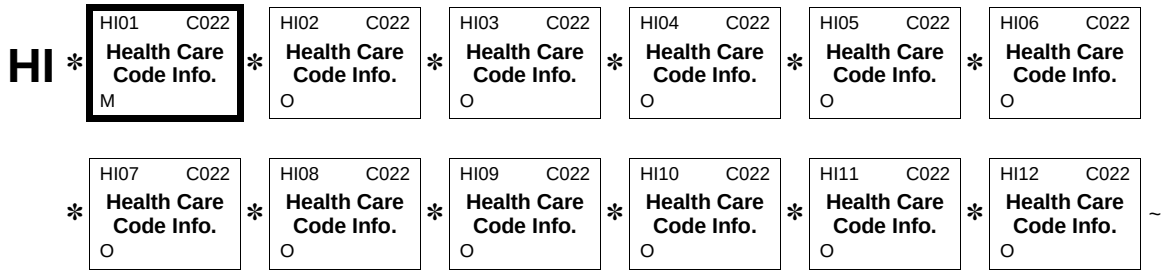
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HI01**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Procedure Code 1***	**M**
REQUIRED	**HI01 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M ID 1/3**

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**

CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System

BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.**

REQUIRED **HI01 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI01 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL **HI01 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

NOT USED **HI01 - 5** **782** **Monetary Amount** **O R 1/18**

SITUATIONAL **HI01 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI01-2 for the same time period.

SITUATIONAL **HI01 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI01-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI02** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 2***

Use this for the second procedure.

REQUIRED **HI02 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.**

REQUIRED **HI02 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI02 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL **HI02 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

NOT USED **HI02 - 5** **782** **Monetary Amount** **O R 1/18**

SITUATIONAL **HI02 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI02-2 for the same time period.

SITUATIONAL **HI02 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI02-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI03** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 3***

Use this for the third procedure.

REQUIRED **HI03 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.**

REQUIRED **HI03 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI03 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL **HI03 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

NOT USED **HI03 - 5** **782** **Monetary Amount** **O** **R** **1/18**

SITUATIONAL **HI03 - 6** **380** **Quantity** **O** **R** **1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI03-2 for the same time period.

SITUATIONAL **HI03 - 7** **799** **Version Identifier** **O** **AN** **1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI03-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI04** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 4***

Use this for the fourth procedure.

REQUIRED **HI04 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.**

REQUIRED **HI04 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI04 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL **HI04 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

NOT USED **HI04 - 5** **782** **Monetary Amount** **O R 1/18**

SITUATIONAL **HI04 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI04-2 for the same time period.

SITUATIONAL **HI04 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI04-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI05** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 5***

Use this for the fifth procedure.

REQUIRED **HI05 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code

CODE SOURCE **240:** National Drug Code by Format

				ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.**			
REQUIRED	**HI05 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Procedure Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI05 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**	**X**	**ID**	**2/3**
				CODE	**DEFINITION**			
				D8	**Date Expressed in Format CCYYMMDD**			
				RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**			
SITUATIONAL	**HI05 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Procedure Date*** **Required if proposed or actual procedure date is known.**	**X**	**AN**	**1/35**
NOT USED	**HI05 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
SITUATIONAL	**HI05 - 6**		**380**	**Quantity** Numeric value of quantity *INDUSTRY:* ***Procedure Quantity*** **Required if requesting authorization for more than one occurrence of the procedure identified in HI05-2 for the same time period.**	**O**	**R**	**1/15**
SITUATIONAL	**HI05 - 7**		**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm *INDUSTRY:* ***Version, Release, or Industry Identifier*** **Required if the code list referenced in HI05-1 has a version identifier. Otherwise Not Used.**	**O**	**AN**	**1/30**
SITUATIONAL	**HI06**	**C022**		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Procedure Code 6*** **Use this for the sixth procedure.**	**O**		
REQUIRED	**HI06 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**
				CODE	**DEFINITION**			
				BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**			

CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System

				BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
				JP	**National Standard Tooth Numbering System** CODE SOURCE **135:** American Dental Association Codes			
				NDC	**National Drug Code (NDC)** CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format			
				ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.**			
REQUIRED	**HI06 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Procedure Code***	**M**	**AN**	**1/30**	
SITUATIONAL	**HI06 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**	**X**	**ID**	**2/3**	
				CODE / **DEFINITION**				
				D8	**Date Expressed in Format CCYYMMDD**			
				RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**			
SITUATIONAL	**HI06 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Procedure Date*** **Required if proposed or actual procedure date is known.**	**X**	**AN**	**1/35**	
NOT USED	**HI06 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**	
SITUATIONAL	**HI06 - 6**		**380**	**Quantity** Numeric value of quantity *INDUSTRY:* ***Procedure Quantity*** **Required if requesting authorization for more than one occurrence of the procedure identified in HI06-2 for the same time period.**	**O**	**R**	**1/15**	
SITUATIONAL	**HI06 - 7**		**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm *INDUSTRY:* ***Version, Release, or Industry Identifier*** **Required if the code list referenced in HI06-1 has a version identifier. Otherwise Not Used.**	**O**	**AN**	**1/30**	
SITUATIONAL	**HI07**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Procedure Code 7*** **Use this for the seventh procedure.**		**O**			

REQUIRED **HI07 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.**

REQUIRED **HI07 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI07 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL **HI07 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

NOT USED **HI07 - 5** **782** **Monetary Amount** **O R 1/18**

SITUATIONAL **HI07 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI07-2 for the same time period.

SITUATIONAL **HI07 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI07-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI08** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 8***

Use this for the eighth procedure.

REQUIRED **HI08 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.**

REQUIRED **HI08 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI08 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL **HI08 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

NOT USED **HI08 - 5** **782** **Monetary Amount** **O** **R** **1/18**

SITUATIONAL **HI08 - 6** **380** **Quantity** **O** **R** **1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI08-2 for the same time period.

SITUATIONAL **HI08 - 7** **799** **Version Identifier** **O** **AN** **1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI08-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI09** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 9***

Use this for the ninth procedure.

REQUIRED **HI09 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE 135: American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE 134: National Drug Code **CODE SOURCE 240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.**

REQUIRED **HI09 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI09 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL **HI09 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

NOT USED **HI09 - 5** **782** **Monetary Amount** **O R 1/18**

SITUATIONAL **HI09 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI09-2 for the same time period.

SITUATIONAL **HI09 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI09-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI10** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 10***

Use this for the tenth procedure.

REQUIRED **HI10 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code

CODE SOURCE **240:** National Drug Code by Format

			ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.**				
REQUIRED	**HI10 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Procedure Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI10 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**	**X**	**ID**	**2/3**
			CODE	**DEFINITION**			
			D8	**Date Expressed in Format CCYYMMDD**			
			RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**			
SITUATIONAL	**HI10 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Procedure Date*** **Required if proposed or actual procedure date is known.**	**X**	**AN**	**1/35**
NOT USED	**HI10 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
SITUATIONAL	**HI10 - 6**		**380**	**Quantity** Numeric value of quantity *INDUSTRY:* ***Procedure Quantity*** **Required if requesting authorization for more than one occurrence of the procedure identified in HI10-2 for the same time period.**	**O**	**R**	**1/15**
SITUATIONAL	**HI10 - 7**		**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm *INDUSTRY:* ***Version, Release, or Industry Identifier*** **Required if the code list referenced in HI10-1 has a version identifier. Otherwise Not Used.**	**O**	**AN**	**1/30**
SITUATIONAL	**HI11**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Procedure Code 11*** **Use this for the eleventh procedure.**		**O**		
REQUIRED	**HI11 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**
			CODE	**DEFINITION**			
			BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**			

CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System

				BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
				JP	**National Standard Tooth Numbering System** CODE SOURCE **135:** American Dental Association Codes			
				NDC	**National Drug Code (NDC)** CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format			
				ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.**			
REQUIRED	**HI11 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Procedure Code***		**M**	**AN**	**1/30**
SITUATIONAL	**HI11 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**		**X**	**ID**	**2/3**
				CODE	**DEFINITION**			
				D8	**Date Expressed in Format CCYYMMDD**			
				RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**			
SITUATIONAL	**HI11 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Procedure Date*** **Required if proposed or actual procedure date is known.**		**X**	**AN**	**1/35**
NOT USED	**HI11 - 5**		**782**	**Monetary Amount**		**O**	**R**	**1/18**
SITUATIONAL	**HI11 - 6**		**380**	**Quantity** Numeric value of quantity *INDUSTRY:* ***Procedure Quantity*** **Required if requesting authorization for more than one occurrence of the procedure identified in HI11-2 for the same time period.**		**O**	**R**	**1/15**
SITUATIONAL	**HI11 - 7**		**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm *INDUSTRY:* ***Version, Release, or Industry Identifier*** **Required if the code list referenced in HI11-1 has a version identifier. Otherwise Not Used.**		**O**	**AN**	**1/30**
SITUATIONAL	**HI12**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Procedure Code 12*** **Use this for the twelfth procedure.**			**O**		

REQUIRED **HI12 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.**

REQUIRED **HI12 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI12 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL **HI12 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

NOT USED **HI12 - 5** **782** **Monetary Amount** **O R 1/18**

SITUATIONAL **HI12 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI12-2 for the same time period.

SITUATIONAL	**HI12 - 7**	**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm	**O**	**AN**	**1/30**

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI12-1 has a version identifier. Otherwise Not Used.

IMPLEMENTATION

HEALTH CARE SERVICES DELIVERY

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use the HSD segment when requesting services (other than spinal manipulation services) that have a specific pattern of delivery or usage. For spinal manipulation services, use the CR2 segment. An explanation of the uses of this segment follows.**

   HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means "one visit".
   Between HSD02 and HSD03 verbally insert a "per every".
   HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means "three days". Between HSD04 and HSD05 verbally insert a "for". HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means "21 days".
   The total message reads:
   HSD*VS*1*DA*3*7*21~ = "One visit per every three days for 21 days".

   Another similar data string of HSD*VS*2*DA*4*7*20~ = "Two visits per every four days for 20 days".

   An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD*VS*1***SX*D~ means "1 visit on Wednesday and Thursday morning".**

Example: **HSD*VS*1*DA*1*7*10~ (This indicates "1 visit every (per) 1 day (daily) for 10 days".)**

Example: **HSD*VS*1*DA****W~ (This indicates "1 visit per day whenever necessary".)**

STANDARD

HSD Health Care Services Delivery

Level: Detail

Position: 090

Loop: HL

Requirement: Optional

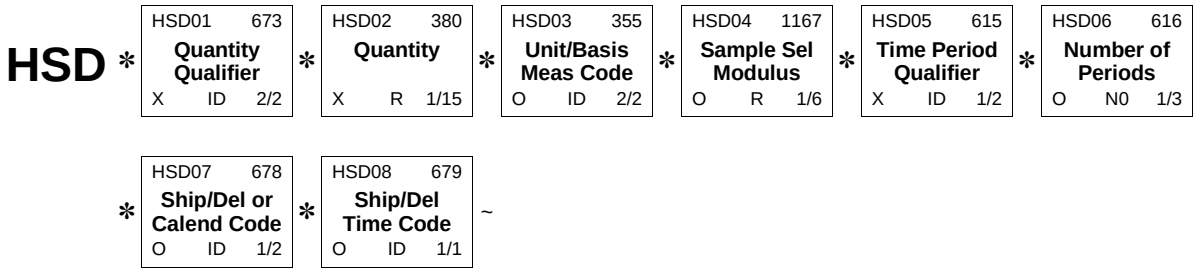
Max Use: 1

Purpose: To specify the delivery pattern of health care services

Syntax:

1. **P0102**
   If either HSD01 or HSD02 is present, then the other is required.
2. **C0605**
   If HSD06 is present, then HSD05 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	**HSD01**	**673**	**Quantity Qualifier** Code specifying the type of quantity **SYNTAX:** P0102 **Use if needed to indicate the type of service count quantified in HSD02.**	**X ID 2/2**
SITUATIONAL	**HSD02**	**380**	**Quantity** Numeric value of quantity ***INDUSTRY:*** ***Service Unit Count*** ***ALIAS:*** ***Service Quantity*** **SYNTAX:** P0102 **Use this number for the quantity of services to be rendered.**	**X R 1/15**
SITUATIONAL	**HSD03**	**355**	**Unit or Basis for Measurement Code** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken **Use this code for the timeframe in which the quantity of services in HSD02 will be rendered.**	**O ID 2/2**
SITUATIONAL	**HSD04**	**1167**	**Sample Selection Modulus** To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes	**O R 1/6**

HSD01 CODE DEFINITION

CODE	DEFINITION
DY	**Days**
FL	**Units**
HS	**Hours**
MN	**Month**
VS	**Visits**

HSD03 CODE DEFINITION

CODE	DEFINITION
DA	**Days**
MO	**Months**
WK	**Week**

SITUATIONAL **HSD05** **615** **Time Period Qualifier** **X** **ID** **1/2**
Code defining periods

SYNTAX: C0605

Use this code for the time period for which the services will be continued.

CODE	DEFINITION
6	Hour
7	Day
21	Years
26	Episode
27	Visit
34	Month
35	Week

SITUATIONAL **HSD06** **616** **Number of Periods** **O** **N0** **1/3**
Total number of periods

INDUSTRY: ***Period Count***

SYNTAX: C0605

Use this number for the number of time periods in HSD05 that are requested.

SITUATIONAL **HSD07** **678** **Ship/Delivery or Calendar Pattern Code** **O** **ID** **1/2**
Code which specifies the routine shipments, deliveries, or calendar pattern

INDUSTRY: ***Ship, Delivery or Calendar Pattern Code***

ALIAS: ***Service Delivery Calendar Pattern Code***

Use this code for the calendar delivery pattern for the services.

CODE	DEFINITION
1	1st Week of the Month
2	2nd Week of the Month
3	3rd Week of the Month
4	4th Week of the Month
5	5th Week of the Month
6	1st & 3rd Weeks of the Month
7	2nd & 4th Weeks of the Month
8	1st Working Day of Period
9	Last Working Day of Period
A	Monday through Friday
B	Monday through Saturday

C	Monday through Sunday
D	Monday
E	Tuesday
F	Wednesday
G	Thursday
H	Friday
J	Saturday
K	Sunday
L	Monday through Thursday
M	Immediately
N	As Directed
O	Daily Mon. through Fri.
P	1/2 Mon. & 1/2 Thurs.
Q	1/2 Tues. & 1/2 Thurs.
R	1/2 Wed. & 1/2 Fri.
S	Once Anytime Mon. through Fri.
SA	Sunday, Monday, Thursday, Friday, Saturday
SB	Tuesday through Saturday
SC	Sunday, Wednesday, Thursday, Friday, Saturday
SD	Monday, Wednesday, Thursday, Friday, Saturday
SG	Tuesday through Friday
SL	Monday, Tuesday and Thursday
SP	Monday, Tuesday and Friday
SX	Wednesday and Thursday
SY	Monday, Wednesday and Thursday
SZ	Tuesday, Thursday and Friday
T	1/2 Tue. & 1/2 Fri.
U	1/2 Mon. & 1/2 Wed.
V	1/3 Mon., 1/3 Wed., 1/3 Fri.
W	Whenever Necessary
X	1/2 By Wed., Bal. By Fri.

			Y	**None (Also Used to Cancel or Override a Previous Pattern)**			
SITUATIONAL	**HSD08**	**679**	**Ship/Delivery Pattern Time Code** Code which specifies the time for routine shipments or deliveries *INDUSTRY:* ***Delivery Pattern Time Code*** *ALIAS:* ***Service Delivery Time Pattern Code***	**O**	**ID**	**1/1**	

Use this code for the time delivery pattern for the services.

CODE	DEFINITION
A	**1st Shift (Normal Working Hours)**
B	**2nd Shift**
C	**3rd Shift**
D	**A.M.**
E	**P.M.**
F	**As Directed**
G	**Any Shift**
Y	**None (Also Used to Cancel or Override a Previous Pattern)**

IMPLEMENTATION

PATIENT CONDITION INFORMATION

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **6**

Notes: **1. Use this segment to provide additional patient condition information needed to justify the medical necessity of the services requested.**

Example: **CRC*75*Y*12~**

STANDARD

CRC Conditions Indicator

Level: Detail

Position: 100

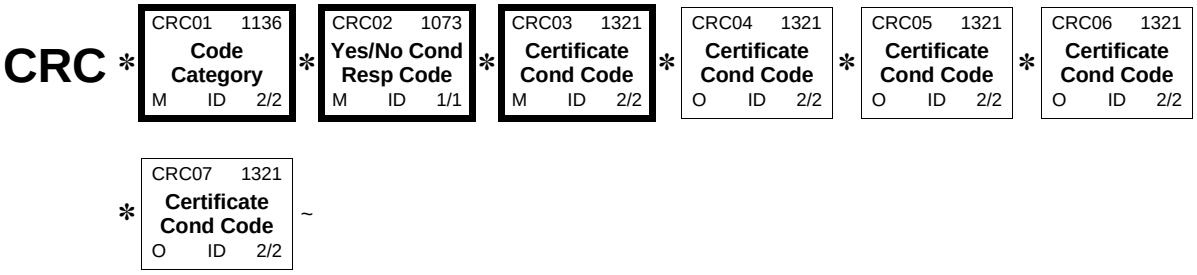
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To supply information on conditions

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**CRC01**	**1136**	**Code Category** Specifies the situation or category to which the code applies *ALIAS:* ***Condition Code Category*** **SEMANTIC:** CRC01 qualifies CRC03 through CRC07.	**M ID 2/2**

CODE	DEFINITION
07	**Ambulance Certification**
08	**Chiropractic Certification**
11	**Oxygen Therapy Certification**
75	**Functional Limitations**

			76	**Activities Permitted**			
			77	**Mental Status**			
REQUIRED	**CRC02**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Certification Condition Indicator*** **SEMANTIC:** CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.	**M**	**ID**	**1/1**
			CODE	**DEFINITION**			
			N	**No**			
			Y	**Yes**			
REQUIRED	**CRC03**	**1321**	**Condition Indicator** Code indicating a condition *INDUSTRY:* ***Condition Code***	**M**	**ID**	**2/2**
			CODE	**DEFINITION**			
			01	**Patient was admitted to a hospital**			
			02	**Patient was bed confined before the ambulance service**			
			03	**Patient was bed confined after the ambulance service**			
			04	**Patient was moved by stretcher**			
			05	**Patient was unconscious or in shock**			
			06	**Patient was transported in an emergency situation**			
			07	**Patient had to be physically restrained**			
			08	**Patient had visible hemorrhaging**			
			09	**Ambulance service was medically necessary**			
			10	**Patient is ambulatory**			
			11	**Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility**			
			12	**Patient is confined to a bed or chair**			
			13	**Patient is Confined to a Room or an Area Without Bathroom Facilities**			
			14	**Ambulation is Impaired and Walking Aid is Used for Mobility**			
			15	**Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed**			

			16	Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons			
			17	Patient's Ability to Breathe is Severely Impaired			
			18	Patient condition requires frequent and/or immediate changes in body positions			
			19	Patient can operate controls			
			20	Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary			
			21	Patient owns equipment			
			22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary			
			23	Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair			
			24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use			
			25	Item has been prescribed as part of a planned regimen of treatment in patient home			
			26	Patient is highly susceptible to decubitus ulcers			
			27	Patient or a care-giver has been instructed in use of equipment			
			60	Transportation Was To the Nearest Facility			
			IH	Independent at Home			
SITUATIONAL	CRC04	1321	**Condition Indicator** Code indicating a condition		O	ID	2/2

INDUSTRY: ***Condition Code***

Use this data element to specify additional codes indicating a patient's condition.

Use if multiple conditions apply to the certification.

CODE	DEFINITION
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock

06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
10	Patient is ambulatory
11	Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
12	Patient is confined to a bed or chair
13	Patient is Confined to a Room or an Area Without Bathroom Facilities
14	Ambulation is Impaired and Walking Aid is Used for Mobility
15	Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
16	Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
17	Patient's Ability to Breathe is Severely Impaired
18	Patient condition requires frequent and/or immediate changes in body positions
19	Patient can operate controls
20	Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
21	Patient owns equipment
22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
23	Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
25	Item has been prescribed as part of a planned regimen of treatment in patient home
26	Patient is highly susceptible to decubitus ulcers
27	Patient or a care-giver has been instructed in use of equipment
60	Transportation Was To the Nearest Facility

			IH	**Independent at Home**			
SITUATIONAL	**CRC05**	**1321**	**Condition Indicator** Code indicating a condition		**O**	**ID**	**2/2**

INDUSTRY: ***Condition Code***

Use this data element to specify additional codes indicating a patient's condition.

Use if multiple conditions apply to the certification.

CODE	DEFINITION
01	**Patient was admitted to a hospital**
02	**Patient was bed confined before the ambulance service**
03	**Patient was bed confined after the ambulance service**
04	**Patient was moved by stretcher**
05	**Patient was unconscious or in shock**
06	**Patient was transported in an emergency situation**
07	**Patient had to be physically restrained**
08	**Patient had visible hemorrhaging**
09	**Ambulance service was medically necessary**
10	**Patient is ambulatory**
11	**Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility**
12	**Patient is confined to a bed or chair**
13	**Patient is Confined to a Room or an Area Without Bathroom Facilities**
14	**Ambulation is Impaired and Walking Aid is Used for Mobility**
15	**Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed**
16	**Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons**
17	**Patient's Ability to Breathe is Severely Impaired**
18	**Patient condition requires frequent and/or immediate changes in body positions**
19	**Patient can operate controls**

20	Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
21	Patient owns equipment
22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
23	Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
25	Item has been prescribed as part of a planned regimen of treatment in patient home
26	Patient is highly susceptible to decubitus ulcers
27	Patient or a care-giver has been instructed in use of equipment
60	Transportation Was To the Nearest Facility
IH	Independent at Home

SITUATIONAL **CRC06** **1321** **Condition Indicator** **O** **ID** **2/2**
Code indicating a condition

INDUSTRY: ***Condition Code***

Use this data element to specify additional codes indicating a patient's condition.

Use if multiple conditions apply to the certification.

CODE	DEFINITION
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
10	Patient is ambulatory

11	Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
12	Patient is confined to a bed or chair
13	Patient is Confined to a Room or an Area Without Bathroom Facilities
14	Ambulation is Impaired and Walking Aid is Used for Mobility
15	Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
16	Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
17	Patient's Ability to Breathe is Severely Impaired
18	Patient condition requires frequent and/or immediate changes in body positions
19	Patient can operate controls
20	Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
21	Patient owns equipment
22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
23	Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
25	Item has been prescribed as part of a planned regimen of treatment in patient home
26	Patient is highly susceptible to decubitus ulcers
27	Patient or a care-giver has been instructed in use of equipment
60	Transportation Was To the Nearest Facility
IH	Independent at Home

SITUATIONAL **CRC07** **1321** **Condition Indicator** **O** **ID** **2/2**
Code indicating a condition

INDUSTRY: ***Condition Code***

Use this data element to specify additional codes indicating a patient's condition.

Use if multiple conditions apply to the certification.

CODE	DEFINITION
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
10	Patient is ambulatory
11	Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
12	Patient is confined to a bed or chair
13	Patient is Confined to a Room or an Area Without Bathroom Facilities
14	Ambulation is Impaired and Walking Aid is Used for Mobility
15	Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
16	Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
17	Patient's Ability to Breathe is Severely Impaired
18	Patient condition requires frequent and/or immediate changes in body positions
19	Patient can operate controls
20	Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary

21	Patient owns equipment
22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
23	Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
25	Item has been prescribed as part of a planned regimen of treatment in patient home
26	Patient is highly susceptible to decubitus ulcers
27	Patient or a care-giver has been instructed in use of equipment
60	Transportation Was To the Nearest Facility
IH	Independent at Home

IMPLEMENTATION

INSTITUTIONAL CLAIM CODE

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Use only when requesting certification for admission (UM01 = AR) to a facility.**

Example: **CL1*3**01~**

STANDARD

CL1 Claim Codes

Level: Detail

Position: 110

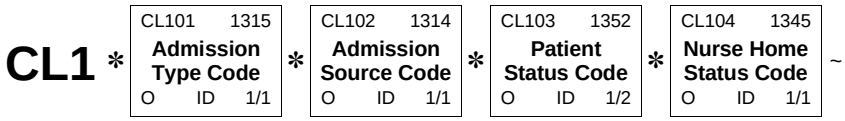
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To supply information specific to hospital claims

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	**CL101**	**1315**	**Admission Type Code** **O ID 1/1** Code indicating the priority of this admission **CODE SOURCE 231:** Admission Type Code **Required if requesting admission to a hospital for inpatient services.**	
SITUATIONAL	**CL102**	**1314**	**Admission Source Code** **O ID 1/1** Code indicating the source of this admission **CODE SOURCE 230:** Admission Source Code **Used only when certification requires information on the admission source that is not provided in the Requester Loop 2000B.**	
SITUATIONAL	**CL103**	**1352**	**Patient Status Code** **O ID 1/2** Code indicating patient status as of the “statement covers through date” **CODE SOURCE 239:** Patient Status Code **Use only for inpatient services. Under most circumstances, this data element is not used.**	

SITUATIONAL **CL104** **1345** **Nursing Home Residential Status Code** **O** **ID** **1/1**
Code specifying the status of a nursing home resident at the time of service

Use only when certification involves a nursing home resident.

CODE	DEFINITION
1	Transferred to Intermediate Care Facility - Mentally Retarded (ICF-MR)
2	Newly Admitted
3	Newly Eligible
4	No Longer Eligible
5	Still a Resident
6	Temporary Absence - Hospital
7	Temporary Absence - Other
8	Transferred to Intermediate Care Facility - Level II (ICF II)
9	Other

IMPLEMENTATION

AMBULANCE TRANSPORT INFORMATION

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Required for certifications involving non-emergency ambulance transport of a patient.**

Example: **CR1*LB*155*T*A~**

STANDARD

CR1 Ambulance Certification

Level: Detail

Position: 120

Loop: HL

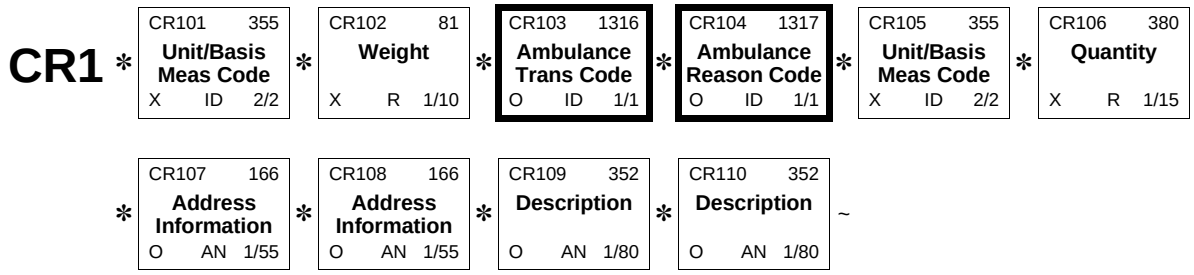
Requirement: Optional

Max Use: 1

Purpose: To supply information related to the ambulance service rendered to a patient

Syntax:
1. **P0102**
   If either CR101 or CR102 is present, then the other is required.
2. **P0506**
   If either CR105 or CR106 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	**CR101**	**355**	**Unit or Basis for Measurement Code** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken **SYNTAX:** P0102 **Required if CR102 is present.**	**X ID 2/2**

CODE	DEFINITION
KG	**Kilogram**

			LB	**Pound**			
SITUATIONAL	**CR102**	**81**	**Weight** Numeric value of weight *INDUSTRY:* ***Patient Weight*** SYNTAX: P0102 SEMANTIC: CR102 is the weight of the patient at time of transport. **Required if patient weight information is needed to justify the medical necessity of the level of ambulance services.**	**X**	**R**	**1/10**
REQUIRED	**CR103**	**1316**	**Ambulance Transport Code** Code indicating the type of ambulance transport	**O**	**ID**	**1/1**
			CODE / DEFINITION			
			I — **Initial Trip**			
			R — **Return Trip**			
			T — **Transfer Trip**			
			X — **Round Trip**			
REQUIRED	**CR104**	**1317**	**Ambulance Transport Reason Code** Code indicating the reason for ambulance transport	**O**	**ID**	**1/1**
			CODE / DEFINITION			
			A — **Patient was transported to nearest facility for care of symptoms, complaints, or both** **Can be used to indicate that the patient was transferred to a residential facility.**			
			B — **Patient was transported for the benefit of a preferred physician**			
			C — **Patient was transported for the nearness of family members**			
			D — **Patient was transported for the care of a specialist or for availability of specialized equipment**			
			E — **Patient Transferred to Rehabilitation Facility**			
SITUATIONAL	**CR105**	**355**	**Unit or Basis for Measurement Code** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken SYNTAX: P0506 **Required if CR106 is present.**	**X**	**ID**	**2/2**
			CODE / DEFINITION			
			DH — **Miles**			
			DK — **Kilometers**			

SITUATIONAL	**CR106**	**380**	**Quantity** Numeric value of quantity	**X**	**R**	**1/15**
			INDUSTRY:* *Transport Distance			
			SYNTAX: P0506			
			SEMANTIC: CR106 is the distance traveled during transport.			
			Required if known.			
SITUATIONAL	**CR107**	**166**	**Address Information** Address information	**O**	**AN**	**1/55**
			INDUSTRY:* *Ambulance Trip Origin Address			
			SEMANTIC: CR107 is the address of origin.			
			Required if CR106 is not present.			
SITUATIONAL	**CR108**	**166**	**Address Information** Address information	**O**	**AN**	**1/55**
			INDUSTRY:* *Ambulance Trip Destination Address			
			SEMANTIC: CR108 is the address of destination.			
			Required if CR106 is not present.			
SITUATIONAL	**CR109**	**352**	**Description** A free-form description to clarify the related data elements and their content	**O**	**AN**	**1/80**
			INDUSTRY:* *Round Trip Purpose Description			
			SEMANTIC: CR109 is the purpose for the round trip ambulance service.			
			Required if needed when CR103 (Ambulance Transport Code) = "X Round Trip"to justify the round trip. Otherwise Not Used.			
SITUATIONAL	**CR110**	**352**	**Description** A free-form description to clarify the related data elements and their content	**O**	**AN**	**1/80**
			INDUSTRY:* *Stretcher Purpose Description			
			SEMANTIC: CR110 is the purpose for the usage of a stretcher during ambulance service.			
			Required if needed to justify usage of stretcher.			

IMPLEMENTATION

SPINAL MANIPULATION SERVICE INFORMATION

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Required if requesting certification for spinal manipulation services and UM01 = HS (Health Services Review).**

Example: **CR2*1*5**********Y~**

STANDARD

CR2 Chiropractic Certification

Level: Detail

Position: 130

Loop: HL

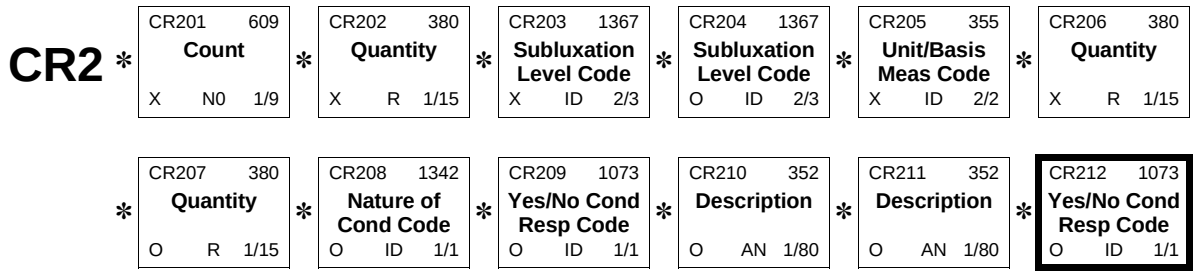
Requirement: Optional

Max Use: 1

Purpose: To supply information related to the chiropractic service rendered to a patient

Syntax:
1. **P0102**
   If either CR201 or CR202 is present, then the other is required.
2. **C0403**
   If CR204 is present, then CR203 is required.
3. **P0506**
   If either CR205 or CR206 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
SITUATIONAL	**CR201**	**609**	**Count** Occurence counter *INDUSTRY:* ***Treatment Series Number*** SYNTAX: P0102 SEMANTIC: CR201 is the number this treatment is in the series. **Required if requesting certification for a specific treatment number in a series of treatments.**	**X**	**N0**	**1/9**
SITUATIONAL	**CR202**	**380**	**Quantity** Numeric value of quantity *INDUSTRY:* ***Treatment Count*** SYNTAX: P0102 SEMANTIC: CR202 is the total number of treatments in the series. **Required if CR201 is present.**	**X**	**R**	**1/15**
SITUATIONAL	**CR203**	**1367**	**Subluxation Level Code** Code identifying the specific level of subluxation SYNTAX: C0403 COMMENT: When both CR203 and CR204 are present, CR203 is the beginning level of subluxation and CR204 is the ending level of subluxation. **Required if the patient's condition or treatment involves subluxation.**	**X**	**ID**	**2/3**

CODE	DEFINITION
C1	**Cervical 1**
C2	**Cervical 2**
C3	**Cervical 3**
C4	**Cervical 4**
C5	**Cervical 5**
C6	**Cervical 6**
C7	**Cervical 7**
CO	**Coccyx**
IL	**Ilium**
L1	**Lumbar 1**
L2	**Lumbar 2**
L3	**Lumbar 3**
L4	**Lumbar 4**
L5	**Lumbar 5**

			OC	**Occiput**			
			SA	**Sacrum**			
			T1	**Thoracic 1**			
			T10	**Thoracic 10**			
			T11	**Thoracic 11**			
			T12	**Thoracic 12**			
			T2	**Thoracic 2**			
			T3	**Thoracic 3**			
			T4	**Thoracic 4**			
			T5	**Thoracic 5**			
			T6	**Thoracic 6**			
			T7	**Thoracic 7**			
			T8	**Thoracic 8**			
			T9	**Thoracic 9**			
SITUATIONAL	**CR204**	**1367**	**Subluxation Level Code** Code identifying the specific level of subluxation SYNTAX: C0403 **Required if the patient's condition or treatment involves subluxation to express the ending level of subluxation.**		**O**	**ID**	**2/3**
			CODE	**DEFINITION**			
			C1	**Cervical 1**			
			C2	**Cervical 2**			
			C3	**Cervical 3**			
			C4	**Cervical 4**			
			C5	**Cervical 5**			
			C6	**Cervical 6**			
			C7	**Cervical 7**			
			CO	**Coccyx**			
			IL	**Ilium**			
			L1	**Lumbar 1**			
			L2	**Lumbar 2**			
			L3	**Lumbar 3**			
			L4	**Lumbar 4**			

			L5	**Lumbar 5**			
			OC	**Occiput**			
			SA	**Sacrum**			
			T1	**Thoracic 1**			
			T10	**Thoracic 10**			
			T11	**Thoracic 11**			
			T12	**Thoracic 12**			
			T2	**Thoracic 2**			
			T3	**Thoracic 3**			
			T4	**Thoracic 4**			
			T5	**Thoracic 5**			
			T6	**Thoracic 6**			
			T7	**Thoracic 7**			
			T8	**Thoracic 8**			
			T9	**Thoracic 9**			
SITUATIONAL	**CR205**	**355**	**Unit or Basis for Measurement Code** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		**X**	**ID**	**2/2**

SYNTAX: P0506

Required if requesting authorization for a spinal manipulation treatment series to indicate the proposed treatment time period.

CODE	DEFINITION
DA	**Days**
MO	**Months**
WK	**Week**
YR	**Years**

SITUATIONAL	**CR206**	**380**	**Quantity** Numeric value of quantity		**X**	**R**	**1/15**

INDUSTRY: ***Treatment Period Count***

SYNTAX: P0506

SEMANTIC: CR206 is the time period involved in the treatment series.

Required if requesting authorization for a spinal manipulation treatment series.

SITUATIONAL **CR207** **380** **Quantity** **O** **R** **1/15**
Numeric value of quantity

INDUSTRY: ***Monthly Treatment Count***

SEMANTIC: CR207 is the number of treatments rendered in the month of service.

Required if CR205 = "MO" to indicate the proposed number of treatments included in a month of service.

SITUATIONAL **CR208** **1342** **Nature of Condition Code** **O** **ID** **1/1**
Code indicating the nature of a patient's condition

INDUSTRY: ***Patient Condition Code***

Required if UM01 = ''HS''.

CODE	DEFINITION
A	Acute Condition
C	Chronic Condition
D	Non-acute
E	Non-Life Threatening
F	Routine
G	Symptomatic
M	Acute Manifestation of a Chronic Condition

SITUATIONAL **CR209** **1073** **Yes/No Condition or Response Code** **O** **ID** **1/1**
Code indicating a Yes or No condition or response

INDUSTRY: ***Complication Indicator***

SEMANTIC: CR209 is complication indicator. A "Y" value indicates a complicated condition; an "N" value indicates an uncomplicated condition.

Required if UM01 = ''HS''.

CODE	DEFINITION
N	No
Y	Yes

SITUATIONAL **CR210** **352** **Description** **O** **AN** **1/80**
A free-form description to clarify the related data elements and their content

INDUSTRY: ***Patient Condition Description***

SEMANTIC: CR210 is a description of the patient's condition.

Use at discretion of requester.

SITUATIONAL **CR211** **352** **Description** **O** **AN** **1/80**
A free-form description to clarify the related data elements and their content

INDUSTRY: ***Patient Condition Description***

SEMANTIC: CR211 is an additional description of the patient's condition.

Use at discretion of requester.

REQUIRED **CR212** **1073** **Yes/No Condition or Response Code** **O** **ID** **1/1**
Code indicating a Yes or No condition or response

INDUSTRY: ***X-ray Availability Indicator***

SEMANTIC: CR212 is X-rays availability indicator. A "Y" value indicates X-rays are maintained and available for carrier review; an "N" value indicates X-rays are not maintained and available for carrier review.

CODE	DEFINITION
N	**No**
Y	**Yes**

IMPLEMENTATION

HOME OXYGEN THERAPY INFORMATION

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Required if requesting initial, extended, or revised certification of home oxygen therapy.**
2. **Use the UM segment data element UM02 instead of CR501 to specify the Certification Type Code.**
3. **Use the HSD segment instead of CR502 to specify the treatment period.**

Example: **CR5✻✻✻D✻✻✻1✻✻✻✻✻87✻N✻✻✻✻✻A~**

STANDARD

CR5 Oxygen Therapy Certification

Level: Detail

Position: 140

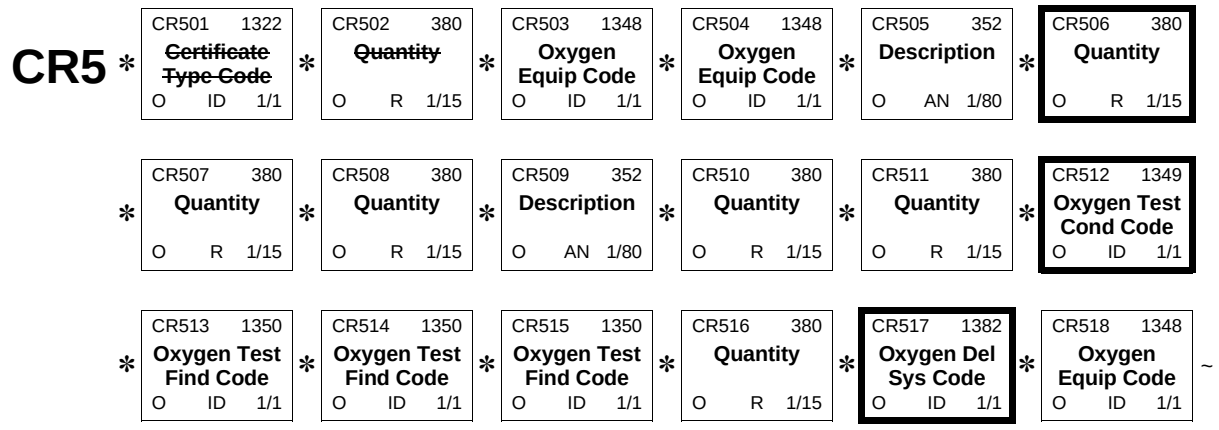
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To supply information regarding certification of medical necessity for home oxygen therapy

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
NOT USED	CR501	1322	Certification Type Code	O	ID	1/1
NOT USED	CR502	380	Quantity	O	R	1/15

SITUATIONAL **CR503** **1348** **Oxygen Equipment Type Code** **O** **ID** **1/1**
Code indicating the specific type of equipment being prescribed for the delivery of oxygen

Either CR503 or CR518 is required.

CODE	DEFINITION
A	Concentrator
B	Liquid Stationary
C	Gaseous Stationary
D	Liquid Portable
E	Gaseous Portable
O	Other

SITUATIONAL **CR504** **1348** **Oxygen Equipment Type Code** **O** **ID** **1/1**
Code indicating the specific type of equipment being prescribed for the delivery of oxygen

Required if CR503 is present and more than one type of equipment is required to administer the oxygen therapy.

CODE	DEFINITION
A	Concentrator
B	Liquid Stationary
C	Gaseous Stationary
D	Liquid Portable
E	Gaseous Portable
O	Other

SITUATIONAL **CR505** **352** **Description** **O** **AN** **1/80**
A free-form description to clarify the related data elements and their content

INDUSTRY: ***Equipment Reason Description***

SEMANTIC: CR505 is the reason for equipment.

Use if needed to provide additional information that could impact the medical decision.

REQUIRED **CR506** **380** **Quantity** **O** **R** **1/15**
Numeric value of quantity

INDUSTRY: ***Oxygen Flow Rate***

SEMANTIC: CR506 is the oxygen flow rate in liters per minute.

SITUATIONAL **CR507** **380** **Quantity** **O** **R** **1/15**
Numeric value of quantity

INDUSTRY: ***Daily Oxygen Use Count***

SEMANTIC: CR507 is the number of times per day the patient must use oxygen.

Required if relevant to the type of home oxygen therapy requested.

SITUATIONAL	**CR508**	**380**	**Quantity** Numeric value of quantity	**O**	**R**	**1/15**

INDUSTRY: ***Oxygen Use Period Hour Count***

SEMANTIC: CR508 is the number of hours per period of oxygen use.

Required if relevant to the type of home oxygen therapy requested.

SITUATIONAL	**CR509**	**352**	**Description** A free-form description to clarify the related data elements and their content	**O**	**AN**	**1/80**

INDUSTRY: ***Respiratory Therapist Order Text***

SEMANTIC: CR509 is the special orders for the respiratory therapist.

Use at discretion of requester.

SITUATIONAL	**CR510**	**380**	**Quantity** Numeric value of quantity	**O**	**R**	**1/15**

INDUSTRY: ***Arterial Blood Gas Quantity***

SEMANTIC: CR510 is the arterial blood gas.

Either CR510 or CR511 is required.

SITUATIONAL	**CR511**	**380**	**Quantity** Numeric value of quantity	**O**	**R**	**1/15**

INDUSTRY: ***Oxygen Saturation Quantity***

SEMANTIC: CR511 is the oxygen saturation.

Either CR510 or CR511 is required.

REQUIRED	**CR512**	**1349**	**Oxygen Test Condition Code** Code indicating the conditions under which a patient was tested	**O**	**ID**	**1/1**

CODE	DEFINITION
E	**Exercising**
N	**No special conditions for test**
O	**On oxygen**
R	**At rest on room air**
S	**Sleeping**
W	**Walking**
X	**Other**

SITUATIONAL	**CR513**	**1350**	**Oxygen Test Findings Code** Code indicating the findings of oxygen tests performed on a patient	**O**	**ID**	**1/1**

Required if patient's arterial PO_2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.

CODE	DEFINITION
1	**Dependent edema suggesting congestive heart failure**
2	**"P" Pulmonale on Electrocardiogram (EKG)**

			3	**Erythrocythemia with a hematocrit greater than 56 percent**			
SITUATIONAL	**CR514**	**1350**	**Oxygen Test Findings Code** Code indicating the findings of oxygen tests performed on a patient	**O**	**ID**	**1/1**
			Required if patient's arterial PO_2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.			
			CODE / DEFINITION			
			1 **Dependent edema suggesting congestive heart failure**			
			2 **"P" Pulmonale on Electrocardiogram (EKG)**			
			3 **Erythrocythemia with a hematocrit greater than 56 percent**			
SITUATIONAL	**CR515**	**1350**	**Oxygen Test Findings Code** Code indicating the findings of oxygen tests performed on a patient	**O**	**ID**	**1/1**
			Required if patient's arterial PO_2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.			
			CODE / DEFINITION			
			1 **Dependent edema suggesting congestive heart failure**			
			2 **"P" Pulmonale on Electrocardiogram (EKG)**			
			3 **Erythrocythemia with a hematocrit greater than 56 percent**			
SITUATIONAL	**CR516**	**380**	**Quantity** Numeric value of quantity	**O**	**R**	**1/15**
			INDUSTRY: ***Portable Oxygen System Flow Rate***			
			SEMANTIC: CR516 is the oxygen flow rate for a portable oxygen system in liters per minute.			
			Required if either CR503, CR505 or CR518 = "D" (Liquid Portable) or "E" (Gaseous Portable).			
REQUIRED	**CR517**	**1382**	**Oxygen Delivery System Code** Code to indicate if a particular form of delivery was prescribed	**O**	**ID**	**1/1**
			CODE / DEFINITION			
			A **Nasal Cannula**			
			B **Oxygen Conserving Device**			
			C **Oxygen Conserving Device with Oxygen Pulse System**			
			D **Oxygen Conserving Device with Reservoir System**			
			E **Transtracheal Catheter**			

SITUATIONAL **CR518** **1348** **Oxygen Equipment Type Code** **O** **ID** **1/1**
Code indicating the specific type of equipment being prescribed for the delivery of oxygen

Either CR503 or CR518 is required.

CODE	DEFINITION
A	Concentrator
B	Liquid Stationary
C	Gaseous Stationary
D	Liquid Portable
E	Gaseous Portable
O	Other

IMPLEMENTATION

HOME HEALTH CARE INFORMATION

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Required on requests for certification of home health care, private duty nursing, or services by a nurses' agency.**
2. **Use the HI segment at the patient level in Loop 2000C or Loop 2000D for diagnosis and diagnosis dates related to requests for home health care.**
3. **Requests for home health care must include a principal diagnosis (HI01-1 = BK) and principal diagnosis date in the HI segment at the patient level in Loop 2000C or Loop 2000D.**

Example: **CR6*7*19980601****N*N*I~**

STANDARD

CR6 Home Health Care Certification

Level: Detail

Position: 150

Loop: HL

Requirement: Optional

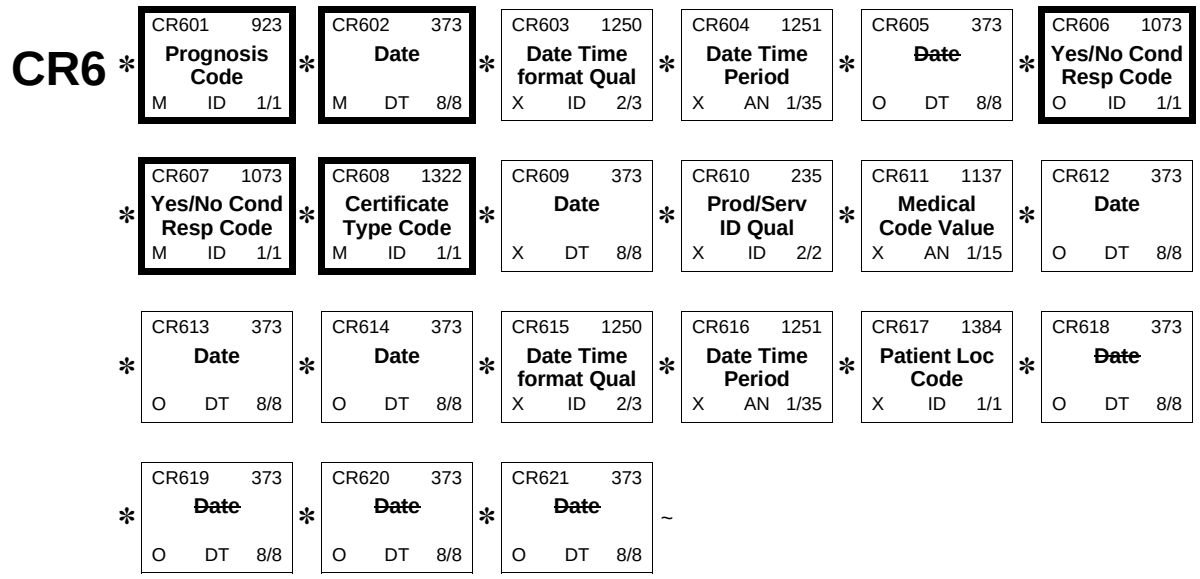
Max Use: 1

Purpose: To supply information related to the certification of a home health care patient

Syntax:

1. **P0304**
   If either CR603 or CR604 is present, then the other is required.
2. **P091011**
   If either CR609, CR610 or CR611 are present, then the others are required.
3. **P151617**
   If either CR615, CR616 or CR617 are present, then the others are required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**CR601**	**923**	**Prognosis Code** Code indicating physician's prognosis for the patient	**M ID 1/1**
REQUIRED	**CR602**	**373**	**Date** Date expressed as CCYYMMDD *INDUSTRY:* ***Service From Date*** *ALIAS:* ***Home Health Start Date*** **SEMANTIC:** CR602 is the date covered home health services began.	**M DT 8/8**

CODE	DEFINITION
1	**Poor**
2	**Guarded**
3	**Fair**
4	**Good**
5	**Very Good**
6	**Excellent**
7	**Less than 6 Months to Live**
8	**Terminal**

SITUATIONAL **CR603** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

SYNTAX: P0304

CODE	DEFINITION
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL **CR604** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Home Health Certification Period***

SYNTAX: P0304

SEMANTIC: CR604 is the certification period covered by this plan of treatment.

Required if duration of plan treatment period is known.

NOT USED **CR605** **373** **Date** **O** **DT** **8/8**

REQUIRED **CR606** **1073** **Yes/No Condition or Response Code** **O** **ID** **1/1**
Code indicating a Yes or No condition or response

INDUSTRY: ***Skilled Nursing Facility Indicator***

SEMANTIC: A "Y" value indicates patient is receiving care in a 1861J1 (skilled nursing) facility. An "N" value indicates patient is not receiving care in a 1861J1 facility. A "U" value indicates it is unknown whether or not the patient is receiving care in a 1861J1 facility.

CODE	DEFINITION
N	**No**
U	**Unknown**
Y	**Yes**

REQUIRED **CR607** **1073** **Yes/No Condition or Response Code** **M** **ID** **1/1**
Code indicating a Yes or No condition or response

INDUSTRY: ***Medicare Coverage Indicator***

SEMANTIC: CR607 indicates if the patient is covered by Medicare. A "Y" value indicates the patient is covered by Medicare; an "N" value indicates patient is not covered by Medicare.

CODE	DEFINITION
N	**No**
U	**Unknown**
Y	**Yes**

REQUIRED **CR608** **1322** **Certification Type Code** **M** **ID** **1/1**
Code indicating the type of certification

This element should usually have the same value as UM02.

CODE	DEFINITION
1	**Appeal - Immediate** **Use this value only for appeals of review decisions where the level of service required is emergency or urgent.**

			2	**Appeal - Standard** **Use this value for appeals of review decisions where the level of service required is not emergency or urgent.**			
			3	**Cancel**			
			4	**Extension**			
			I	**Initial**			
			R	**Renewal**			
			S	**Revised**			
SITUATIONAL	**CR609**	**373**	**Date** Date expressed as CCYYMMDD *INDUSTRY:* ***Surgery Date*** *ALIAS:* ***Related Surgery Date*** SYNTAX: P091011 SEMANTIC: CR609 is date that the surgery identified in CR614 was performed. **Required if home health care is related to a specific surgical procedure.**	**X**	**DT**	**8/8**
SITUATIONAL	**CR610**	**235**	**Product/Service ID Qualifier** Code identifying the type/source of the descriptive number used in Product/Service ID (234) *INDUSTRY:* ***Product or Service ID Qualifier*** SYNTAX: P091011 SEMANTIC: CR610 qualifies CR611. **Required if home health care is related to a specific surgical procedure.**	**X**	**ID**	**2/2**

CODE	DEFINITION
HC	**Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
ID	**International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

SITUATIONAL	**CR611**	**1137**	**Medical Code Value** Code value for describing a medical condition or procedure	**X**	**AN**	**1/15**

INDUSTRY: ***Surgical Procedure Code***

ALIAS: ***Related Surgical Procedure Code***

SYNTAX: P091011

SEMANTIC: CR611 is the surgical procedure most relevant to the care being rendered.

Required if home health care is related to a specific surgical procedure.

SITUATIONAL	**CR612**	**373**	**Date** Date expressed as CCYYMMDD	**O**	**DT**	**8/8**

INDUSTRY: ***Physician Order Date***

SEMANTIC: CR612 is the date the agency received the verbal orders from the physician for start of care.

Required if different from the date of the request.

SITUATIONAL	**CR613**	**373**	**Date** Date expressed as CCYYMMDD	**O**	**DT**	**8/8**

INDUSTRY: ***Last Visit Date***

SEMANTIC: CR613 is the date that the patient was last seen by the physician.

Required if known.

SITUATIONAL	**CR614**	**373**	**Date** Date expressed as CCYYMMDD	**O**	**DT**	**8/8**

INDUSTRY: ***Physician Contact Date***

SEMANTIC: CR614 is the date of the home health agency's most recent contact with the physician.

Required if known.

SITUATIONAL	**CR615**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**

SYNTAX: P151617

Required if the patient had a recent inpatient stay.

CODE	DEFINITION
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL	**CR616**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**

INDUSTRY: ***Last Admission Period***

SYNTAX: P151617

SEMANTIC: CR616 is the date range of the most recent inpatient stay.

Required if the patient had a recent inpatient stay.

SITUATIONAL	CR617	1384	**Patient Location Code** Code identifying the location where patient is receiving medical treatment	X	ID	1/1

INDUSTRY: ***Patient Discharge Facility Type Code***

SYNTAX: P151617

SEMANTIC: CR617 indicates the type of facility from which the patient was most recently discharged.

Required if the patient had a recent inpatient stay.

CODE	DEFINITION
A	Acute Care Facility
B	Boarding Home
C	Hospice
D	Intermediate Care Facility
E	Long-term or Extended Care Facility
F	Not Specified
G	Nursing Home
H	Sub-acute Care Facility
L	Other Location
M	Rehabilitation Facility
O	Outpatient Facility
P	Private Home
R	Residential Treatment Facility
S	Skilled Nursing Home
T	Rest Home

NOT USED	CR618	373	Date	O	DT	8/8
NOT USED	CR619	373	Date	O	DT	8/8
NOT USED	CR620	373	Date	O	DT	8/8
NOT USED	CR621	373	Date	O	DT	8/8

IMPLEMENTATION

MESSAGE TEXT

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Advisory: **Under most circumstances, this segment is not sent.**

Notes: **1. Use only if needed to convey free-form text about the health care services review requested.**

Example: **MSG*This is a free-form text message~**

STANDARD

MSG Message Text

Level: Detail

Position: 160

Loop: HL

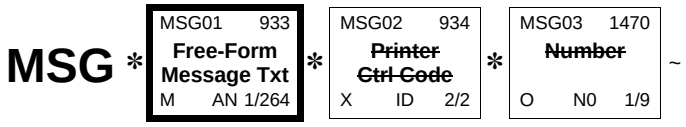
Requirement: Optional

Max Use: 1

Purpose: To provide a free-form format that allows the transmission of text information

Syntax: **1. C0302**
If MSG03 is present, then MSG02 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**MSG01**	**933**	**Free-Form Message Text** Free-form message text *INDUSTRY:* ***Free Form Message Text***	**M**	**AN**	**1/264**
NOT USED	**MSG02**	**934**	**Printer Carriage Control Code**	**X**	**ID**	**2/2**
NOT USED	**MSG03**	**1470**	**Number**	**O**	**N0**	**1/9**

IMPLEMENTATION

TRANSACTION SET TRAILER

Usage: **REQUIRED**

Repeat: **1**

Example: **SE*24*0001~**

STANDARD

SE Transaction Set Trailer

Level: Detail

Position: 280

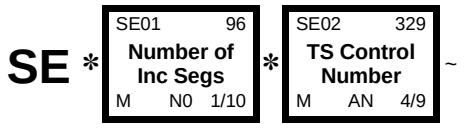
Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**SE01**	**96**	**Number of Included Segments** Total number of segments included in a transaction set including ST and SE segments *INDUSTRY:* ***Transaction Segment Count***	**M N0 1/10**
REQUIRED	**SE02**	**329**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set **The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research.**	**M AN 4/9**

IMPLEMENTATION

278 Health Care Services Review — Response to Request for Review

It is recommended that separate transaction sets be used for different patients.

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
218	010	ST	Transaction Set Header	R	1	
219	020	BHT	Beginning of Hierarchical Transaction	R	1	

Table 2 - Detail, Utilization Management Organization (UMO) Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL			1
221	010	HL	Utilization Management Organization (UMO) Level	R	1	
223	030	AAA	Request Validation	S	9	
			LOOP ID - 2010A UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME			1
225	170	NM1	Utilization Management Organization (UMO) Name	R	1	
228	220	PER	Utilization Management Organization (UMO) Contact Information	S	1	
231	230	AAA	Utilization Management Organization (UMO) Request Validation	S	9	

Table 2 - Detail, Requester Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B REQUESTER LEVEL			1
234	010	HL	Requester Level	R	1	
			LOOP ID - 2010B REQUESTER NAME			1
236	170	NM1	Requester Name	R	1	
239	180	REF	Requester Supplemental Identification	S	8	
241	230	AAA	Requester Request Validation	S	9	
243	240	PRV	Requester Provider Information	S	1	

Table 2 - Detail, Subscriber Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000C SUBSCRIBER LEVEL			1
245	010	HL	Subscriber Level	R	1	
247	030	AAA	Subscriber Request Validation	S	9	

249	070	DTP	Accident Date	S	1	
250	070	DTP	Last Menstrual Period Date	S	1	
251	070	DTP	Estimated Date of Birth	S	1	
252	070	DTP	Onset of Current Symptoms or Illness Date	S	1	
253	080	HI	Subscriber Diagnosis	S	1	
			LOOP ID - 2010C SUBSCRIBER NAME			1
262	170	NM1	Subscriber Name	R	1	
265	180	REF	Subscriber Supplemental Identification	S	9	
267	230	AAA	Subscriber Request Validation	S	9	
269	250	DMG	Subscriber Demographic Information	S	1	

Table 2 - Detail, Dependent Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000D DEPENDENT LEVEL			1
271	010	HL	Dependent Level	S	1	
273	030	AAA	Dependent Request Validation	S	9	
275	070	DTP	Accident Date	S	1	
276	070	DTP	Last Menstrual Period Date	S	1	
277	070	DTP	Estimated Date of Birth	S	1	
278	070	DTP	Onset of Current Symptoms or Illness Date	S	1	
279	080	HI	Dependent Diagnosis	S	1	
			LOOP ID - 2010D DEPENDENT NAME			1
288	170	NM1	Dependent Name	R	1	
291	180	REF	Dependent Supplemental Identification	S	3	
293	230	AAA	Dependent Request Validation	S	9	
295	250	DMG	Dependent Demographic Information	S	1	
297	260	INS	Dependent Relationship	S	1	

Table 2 - Detail, Service Provider Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000E SERVICE PROVIDER LEVEL			>1
300	010	HL	Service Provider Level	R	1	
302	160	MSG	Message Text	S	1	
			LOOP ID - 2010E SERVICE PROVIDER NAME			3
303	170	NM1	Service Provider Name	R	1	
306	180	REF	Service Provider Supplemental Identification	S	7	
308	200	N3	Service Provider Address	S	1	
309	210	N4	Service Provider City/State/ZIP Code	S	1	
311	220	PER	Service Provider Contact Information	S	1	
314	230	AAA	Service Provider Request Validation	S	9	
316	240	PRV	Service Provider Information	S	1	

Table 2 - Detail, Service Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000F SERVICE LEVEL			**>1**
318	**010**	**HL**	Service Level	**R**	**1**	
320	**020**	**TRN**	Service Trace Number	**S**	**3**	
323	**030**	**AAA**	Service Request Validation	**S**	**9**	
325	**040**	**UM**	Health Care Services Review Information	**R**	**1**	
331	**050**	**HCR**	Health Care Services Review	**S**	**1**	
334	**060**	**REF**	Previous Certification Identification	**S**	**1**	
335	**070**	**DTP**	Service Date	**S**	**1**	
337	**070**	**DTP**	Admission Date	**S**	**1**	
339	**070**	**DTP**	Discharge Date	**S**	**1**	
341	**070**	**DTP**	Surgery Date	**S**	**1**	
343	**070**	**DTP**	Certification Issue Date	**S**	**1**	
344	**070**	**DTP**	Certification Expiration Date	**S**	**1**	
345	**070**	**DTP**	Certification Effective Date	**S**	**1**	
346	**080**	**HI**	Procedures	**S**	**1**	
362	**090**	**HSD**	Health Care Services Delivery	**S**	**1**	
367	**110**	**CL1**	Institutional Claim Code	**S**	**1**	
369	**120**	**CR1**	Ambulance Transport Information	**S**	**1**	
371	**130**	**CR2**	Spinal Manipulation Service Information	**S**	**1**	
376	**140**	**CR5**	Home Oxygen Therapy Information	**S**	**1**	
380	**150**	**CR6**	Home Health Care Information	**S**	**1**	
383	**160**	**MSG**	Message Text	**S**	**1**	
384	**280**	**SE**	Transaction Set Trailer	**R**	**1**	

STANDARD

278 Health Care Services Review Information

Functional Group ID: HI

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Services Review Information Transaction Set (278) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to transmit health care service information, such as subscriber, patient, demographic, diagnosis or treatment data for the purpose of request for review, certification, notification or reporting the outcome of a health care services review.

Expected users of this transaction set are payors, plan sponsors, providers, utilization management and other entities involved in health care services review.

Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
010	ST	Transaction Set Header	M	1	
020	BHT	Beginning of Hierarchical Transaction	M	1	

Table 2 - Detail

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
		LOOP ID - HL			>1
010	HL	Hierarchical Level	M	1	
020	TRN	Trace	O	9	
030	AAA	Request Validation	O	9	
040	UM	Health Care Services Review Information	O	1	
050	HCR	Health Care Services Review	O	1	
060	REF	Reference Identification	O	9	
070	DTP	Date or Time or Period	O	9	
080	HI	Health Care Information Codes	O	1	
090	HSD	Health Care Services Delivery	O	1	
100	CRC	Conditions Indicator	O	9	
110	CL1	Claim Codes	O	1	
120	CR1	Ambulance Certification	O	1	
130	CR2	Chiropractic Certification	O	1	
135	CR4	Enteral or Parenteral Therapy Certification	O	1	
140	CR5	Oxygen Therapy Certification	O	1	
150	CR6	Home Health Care Certification	O	1	
152	CR7	Home Health Treatment Plan Certification	O	1	
153	CR8	Pacemaker Certification	O	1	
155	PWK	Paperwork	O	>1	
160	MSG	Message Text	O	1	
		LOOP ID - HL/NM1			>1
170	NM1	Individual or Organizational Name	O	1	
180	REF	Reference Identification	O	9	
190	N2	Additional Name Information	O	1	
200	N3	Address Information	O	1	
210	N4	Geographic Location	O	1	

220	**PER**	Administrative Communications Contact	**O**	**3**
230	**AAA**	Request Validation	**O**	**9**
240	**PRV**	Provider Information	**O**	**1**
250	**DMG**	Demographic Information	**O**	**1**
260	**INS**	Insured Benefit	**O**	**1**
270	**DTP**	Date or Time or Period	**O**	**9**
280	**SE**	Transaction Set Trailer	**M**	**1**

IMPLEMENTATION

TRANSACTION SET HEADER

Usage: **REQUIRED**

Repeat: **1**

Notes: **1. Use this segment to indicate the start of a health care services review information response transaction set with all the supporting detail information. This transaction set is the electronic equivalent of a phone, fax, or paper-based utilization management response.**

Example: **ST*278*0001~**

STANDARD

ST Transaction Set Header

Level: Header

Position: 010

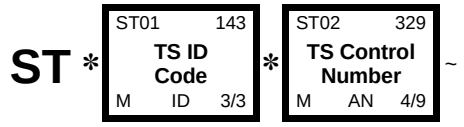
Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To indicate the start of a transaction set and to assign a control number

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**ST01**	**143**	**Transaction Set Identifier Code** Code uniquely identifying a Transaction Set **SEMANTIC:** The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set). **CODE** / **DEFINITION** **278** **Health Care Services Review Information**	**M ID 3/3**
REQUIRED	**ST02**	**329**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set **The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research. Use the corresponding value in SE02 for this transaction set.**	**M AN 4/9**

IMPLEMENTATION

BEGINNING OF HIERARCHICAL TRANSACTION

Usage: **REQUIRED**

Repeat: **1**

Example: **BHT*0078*11*199800114000001*19980101*1400*18~**

STANDARD

BHT Beginning of Hierarchical Transaction

Level: Header

Position: 020

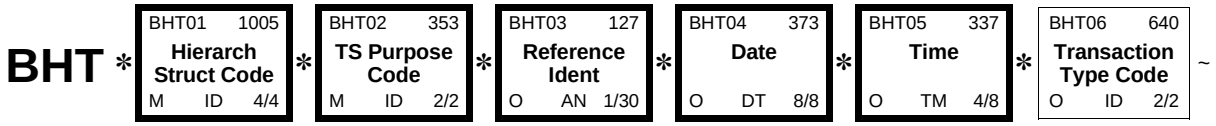
Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**BHT01**	**1005**	**Hierarchical Structure Code** Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	**M ID 4/4**
			CODE / **DEFINITION** **0078** — **Information Source, Information Receiver, Subscriber, Dependent, Provider of Service, Services**	
REQUIRED	**BHT02**	**353**	**Transaction Set Purpose Code** Code identifying purpose of transaction set	**M ID 2/2**
			CODE / **DEFINITION** **11** — **Response**	

REQUIRED **BHT03** **127** **Reference Identification** **O AN 1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

INDUSTRY: ***Submitter Transaction Identifier***

SEMANTIC: BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.

Return the transaction identifier entered in BHT03 on the 278 request.

REQUIRED **BHT04** **373** **Date** **O DT 8/8**
Date expressed as CCYYMMDD

INDUSTRY: ***Transaction Set Creation Date***

SEMANTIC: BHT04 is the date the transaction was created within the business application system.

REQUIRED **BHT05** **337** **Time** **O TM 4/8**
Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

INDUSTRY: ***Transaction Set Creation Time***

SEMANTIC: BHT05 is the time the transaction was created within the business application system.

SITUATIONAL **BHT06** **640** **Transaction Type Code** **O ID 2/2**
Code specifying the type of transaction

If BHT06 is not valued on the response, the value "18" (Response - No Further Updates to Follow) is assumed.

CODE	DEFINITION
18	**Response - No Further Updates to Follow** **Use this code to indicate that this is a final response. If the final response reports a medical decision it contains an HCR01 value of A1, A3, A6, or NA in Loop 2000F. This indicates that no additional EDI responses are necessary or forthcoming from the UMO in relation to the original request.**
19	**Response - Further Updates to Follow** **Use this code to indicate that the final medical decision is pending further review or additional information from the requester. A pended response contains an HCR01 value of A4 or CT. This, in combination with BHT06 = 19, indicates that the final EDI response will be delivered later.** ***Note:*** **If you use HCR01 = CT to indicate a non-EDI delivery of the medical decision, use it in combination with BHT06 = 18.**

IMPLEMENTATION

UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL

Loop: 2000A — UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL
Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes:
1. **Use this segment to indicate the information source hierarchical level. The information source corresponds to the payer, HMO, or other utilization management organization that is the source of the health care services review decision/response.**

Example: HL*120*1~**

STANDARD

HL Hierarchical Level

Level: Detail

Position: 010

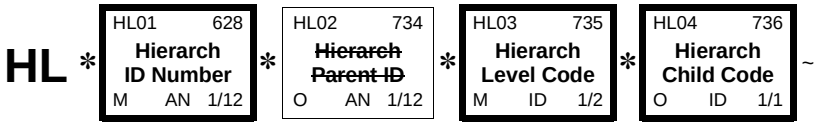
Loop: HL **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HL01**	**628**	**Hierarchical ID Number** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	**M AN 1/12**
NOT USED	**HL02**	**734**	**Hierarchical Parent ID Number**	**O AN 1/12**

REQUIRED **HL03** **735** **Hierarchical Level Code** **M** **ID** **1/2**

Code defining the characteristic of a level in a hierarchical structure

COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

CODE	DEFINITION
20	**Information Source**

REQUIRED **HL04** **736** **Hierarchical Child Code** **O** **ID** **1/1**

Code indicating if there are hierarchical child data segments subordinate to the level being described

COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

CODE	DEFINITION
1	**Additional Subordinate HL Data Segment in This Hierarchical Structure.**

IMPLEMENTATION

REQUEST VALIDATION

Loop: **2000A — UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL**

Usage: **SITUATIONAL**

Repeat: **9**

Notes: **1. Use this AAA segment to report reasons why the request cannot be processed at a system or application level based on the trading partner information contained in the Interchange Control Header (ISA) or Functional Group Header (GS).**

Example: **AAA*Y**42*Y~**

STANDARD

AAA Request Validation

Level: Detail

Position: 030

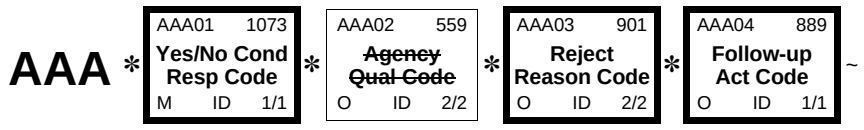
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify the validity of the request and indicate follow-up action authorized

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AAA01**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	**M ID 1/1**

INDUSTRY: ***Valid Request Indicator***

SEMANTIC: AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.

CODE	DEFINITION
N	**No** **Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.**
Y	**Yes** **Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.**

NOT USED	AAA02	559	**Agency Qualifier Code**	O	ID	2/2
REQUIRED	AAA03	901	**Reject Reason Code** Code assigned by issuer to identify reason for rejection	O	ID	2/2

CODE	DEFINITION
04	**Authorized Quantity Exceeded** Use this code to indicate that the functional group exceeds the maximum number of transactions as specified by agreement between the application sender GS02 and application receiver GS03.
41	**Authorization/Access Restrictions** Use this code to indicate that the application sender (GS02) and application receiver (GS03) do not have a trading partner agreement for the transaction sets identified in GS01 or transaction sets with the purpose identified in BHT02. The 278 transaction set has three different implementations. The transaction set purpose, as identified in BHT02, specifies the implementation.
42	**Unable to Respond at Current Time** Use this code to indicate that the entity responsible for forwarding the request to the information source (Loop 2010A) is unable to process the transaction at the current time. This indicates a problem in the system forwarding the request and not in the information source's (UMO) system.
79	**Invalid Participant Identification** Use this code to indicate that the identifier used in GS02 or GS03 is invalid or unknown.

REQUIRED	AAA04	889	**Follow-up Action Code** Code identifying follow-up actions allowed	O	ID	1/1

CODE	DEFINITION
C	**Please Correct and Resubmit**
N	**Resubmission Not Allowed**
P	**Please Resubmit Original Transaction**
Y	**Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly**

IMPLEMENTATION

UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME

Loop: **2010A — UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME**
Repeat: 1

Usage: **REQUIRED**

Repeat: **1**

Notes:
1. **Use this NM1 loop to identify the source of information. In the case of a response to a request transaction, the information source would normally be the payer or utilization review organization who is the source of the decision regarding the request.**

Example: **NM1*X3*2*ABC PAYER*****46*123450000~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 170

Loop: HL/NM1 **Repeat:** >1

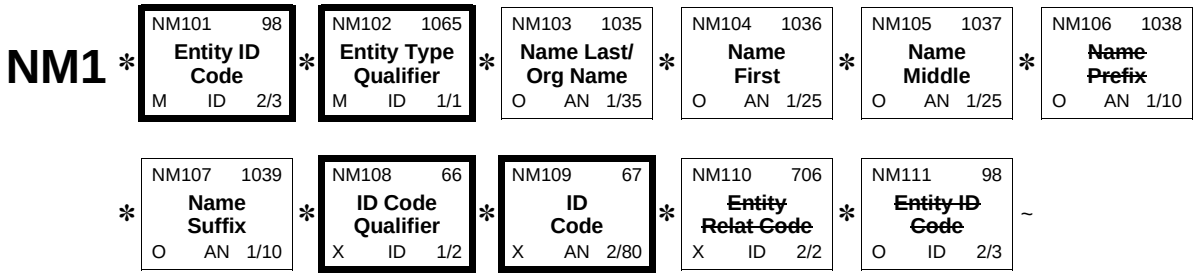
Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Syntax:
1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	M ID 2/3
			CODE: X3 — DEFINITION: Utilization Management Organization	
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M ID 1/1
			CODE: 1 — DEFINITION: Person Use this name only if the reviewing entity is an individual, such as an individual primary care physician.	
			CODE: 2 — DEFINITION: Non-Person Entity	
SITUATIONAL	NM103	1035	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY: **Utilization Management Organization (UMO) Last or Organization Name***	O AN 1/35
			Required if the responder needs to identify the UMO by name.	
SITUATIONAL	NM104	1036	**Name First** Individual first name *INDUSTRY: **Utilization Management Organization (UMO) First Name***	O AN 1/25
			Use if NM103 is valued and the reviewing entity is an individual (NM102 = 1), such as a primary care provider.	
SITUATIONAL	NM105	1037	**Name Middle** Individual middle name or initial *INDUSTRY: **Utilization Management Organization (UMO) Middle Name***	O AN 1/25
			Use if NM104 is present and the middle name/initial of the person is known.	
NOT USED	NM106	1038	**Name Prefix**	O AN 1/10
SITUATIONAL	NM107	1039	**Name Suffix** Suffix to individual name *INDUSTRY: **Utilization Management Organization (UMO) Name Suffix***	O AN 1/10
			Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.	
REQUIRED	NM108	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809	X ID 1/2
			CODE: 24 — DEFINITION: Employer's Identification Number	

			34	**Social Security Number**		
			46	**Electronic Transmitter Identification Number (ETIN)**		
			PI	**Payor Identification** **Use until the National PlanID is mandated if the UMO is a payer.**		
			XV	**Health Care Financing Administration National PlanID** ***Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.*** **Use if the UMO is a payer.** CODE SOURCE **540:** Health Care Financing Administration National PlanID		
			XX	**Health Care Financing Administration National Provider Identifier** ***Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.*** **Use if the UMO is a provider.**		
REQUIRED	**NM109**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Utilization Management Organization (UMO) Identifier*** SYNTAX: P0809		**X**	**AN** **2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**		**X**	**ID** **2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**		**O**	**ID** **2/3**

IMPLEMENTATION

UTILIZATION MANAGEMENT ORGANIZATION (UMO) CONTACT INFORMATION

Loop: **2010A — UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this segment to identify a contact name and/or communications number for the UMO.**
2. **Required when the requester must direct requests for additional information to a specific UMO contact, email, facsimile, or phone.**
3. **When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.**
4. **By definition of the standard, if PER03 is used, PER04 is required.**

Example: **PER*IC*ORCUTT*TE*8189991234*FX*8188769304~**

STANDARD

PER Administrative Communications Contact

Level: Detail

Position: 220

Loop: HL/NM1

Requirement: Optional

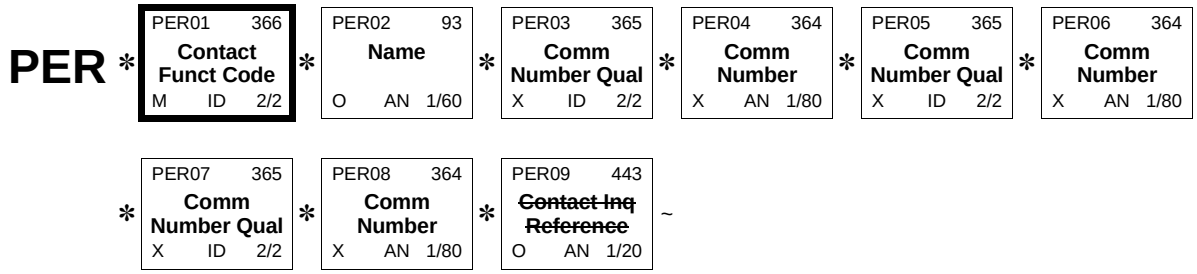
Max Use: 3

Purpose: To identify a person or office to whom administrative communications should be directed

Syntax:

1. **P0304**
   If either PER03 or PER04 is present, then the other is required.
2. **P0506**
   If either PER05 or PER06 is present, then the other is required.
3. **P0708**
   If either PER07 or PER08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PER01**	**366**	**Contact Function Code** Code identifying the major duty or responsibility of the person or group named	**M ID 2/2**
			CODE / DEFINITION **IC** — **Information Contact**	
SITUATIONAL	**PER02**	**93**	**Name** Free-form name *INDUSTRY:* ***Utilization Management Organization (UMO) Contact Name*** **Used only when a particular contact is assigned.** **Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).**	**O AN 1/60**
SITUATIONAL	**PER03**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0304 **Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.**	**X ID 2/2**
			CODE / DEFINITION **EM** — **Electronic Mail** **FX** — **Facsimile** **TE** — **Telephone**	
SITUATIONAL	**PER04**	**364**	**Communication Number** Complete communications number including country or area code when applicable *INDUSTRY:* ***Utilization Management Organization (UMO) Contact Communication Number*** SYNTAX: P0304 **Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.**	**X AN 1/80**

SITUATIONAL	**PER05**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0506 **Used only when the telephone extension or multiple communication types are available.**	**X**	**ID**	**2/2**

CODE	DEFINITION
EM	**Electronic Mail**
EX	**Telephone Extension** **When used, the value following this code is the extension for the preceding communications contact number.**
FX	**Facsimile**
TE	**Telephone**

SITUATIONAL	**PER06**	**364**	**Communication Number** Complete communications number including country or area code when applicable INDUSTRY: ***Utilization Management Organization (UMO) Contact Communication Number*** SYNTAX: P0506 **Used only when the telephone extension or multiple communication types are available.**	**X**	**AN**	**1/80**
SITUATIONAL	**PER07**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0708 **Used only when the telephone extension or multiple communication types are available.**	**X**	**ID**	**2/2**

CODE	DEFINITION
EM	**Electronic Mail**
EX	**Telephone Extension** **When used, the value following this code is the extension for the preceding communications contact number.**
FX	**Facsimile**
TE	**Telephone**

SITUATIONAL	**PER08**	**364**	**Communication Number** Complete communications number including country or area code when applicable INDUSTRY: ***Utilization Management Organization (UMO) Contact Communication Number*** SYNTAX: P0708 **Used only when the telephone extension or multiple communication types are available.**	**X**	**AN**	**1/80**
NOT USED	**PER09**	**443**	**Contact Inquiry Reference**	**O**	**AN**	**1/20**

IMPLEMENTATION

UTILIZATION MANAGEMENT ORGANIZATION (UMO) REQUEST VALIDATION

Loop: **2010A — UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME**

Usage: **SITUATIONAL**

Repeat: **9**

Notes:
1. **Use this AAA segment to report the reasons why the request cannot be processed at a system or application level based on the Utilization Management Organization (information source) identified in Loop 2010A**
2. **Required only if the request is not valid at this level.**

Example: **AAA*N**42*Y~**

STANDARD

AAA Request Validation

Level: Detail

Position: 230

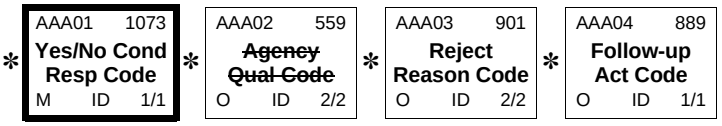
Loop: HL/NM1

Requirement: Optional

Max Use: 9

Purpose: To specify the validity of the request and indicate follow-up action authorized

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AAA01**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Valid Request Indicator*** **SEMANTIC:** AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid. **N** = **No** **Y** = **Yes**	**M ID 1/1**
NOT USED	**AAA02**	**559**	**Agency Qualifier Code**	**O ID 2/2**

SITUATIONAL	**AAA03**	**901**	**Reject Reason Code** Code assigned by issuer to identify reason for rejection	**O**	**ID**	**2/2**

Required if AAA01 = "N".

CODE	DEFINITION
04	**Authorized Quantity Exceeded** **Use this code to indicate that the transaction exceeds the maximum number of patient events for this information source (UMO). This implementation guide limits each transaction to a single patient event.**
41	**Authorization/Access Restrictions** **Use this reason code to indicate that the sender, as identified in ISA06 or GS02 is not authorized to send the transaction sets identified in GS01 or transaction sets with the purpose identified in BHT02 to the information source (UMO) identified in Loop 2010A. The 278 transaction set has three different implementations. The transaction set purpose as identified in BHT02 specifies the implementation.**
42	**Unable to Respond at Current Time** **Use this code to indicate that the information source (UMO) identified in Loop 2010A is unable to process the transaction at the current time. This indicates that there is a problem within the UMO's system.**
79	**Invalid Participant Identification** **Use this code to indicate that the code used in Loop 2010A to identify the information source (UMO) is invalid.**
80	**No Response received - Transaction Terminated** **Use this code to indicate that the trading partner/application system responsible for sending the request to the information source (UMO) has not received a response in the expected timeframe and therefore has terminated the request.**
T4	**Payer Name or Identifier Missing** **Use this code to indicate that either the name or identifier for the information source (UMO) identified in Loop 2010A is missing.**

SITUATIONAL	**AAA04**	**889**	**Follow-up Action Code** Code identifying follow-up actions allowed	**O**	**ID**	**1/1**

Required if AAA03 is present.

CODE	DEFINITION
N	**Resubmission Not Allowed**
P	**Please Resubmit Original Transaction**

Y	**Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly**

IMPLEMENTATION

REQUESTER LEVEL

Loop: **2000B — REQUESTER LEVEL** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes: **1. Use this segment to indicate the health care services review information receiver. For responses to request transactions, this segment corresponds to the identification of the provider who initiated the request for review.**

Example: **HL*2*1*21*1~**

STANDARD

HL Hierarchical Level

Level: Detail

Position: 010

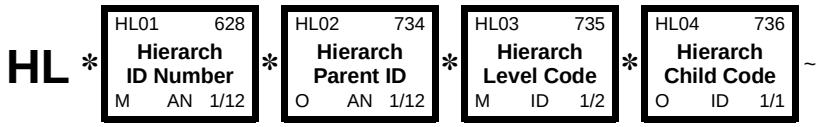
Loop: HL **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HL01**	**628**	**Hierarchical ID Number** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure **COMMENT:** HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be “1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	**M AN 1/12**
REQUIRED	**HL02**	**734**	**Hierarchical Parent ID Number** Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to **COMMENT:** HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	**O AN 1/12**

REQUIRED **HL03** **735** **Hierarchical Level Code** **M** **ID** **1/2**

Code defining the characteristic of a level in a hierarchical structure

COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

CODE	DEFINITION
21	**Information Receiver**

REQUIRED **HL04** **736** **Hierarchical Child Code** **O** **ID** **1/1**

Code indicating if there are hierarchical child data segments subordinate to the level being described

COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

CODE	DEFINITION
1	**Additional Subordinate HL Data Segment in This Hierarchical Structure.**

IMPLEMENTATION

REQUESTER NAME

Loop: **2010B — REQUESTER NAME** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes:
1. **Use this NM1 loop to identify the receiver of information. In the case of a response to a request transaction, the receiver would normally be the provider who is receiving the decision.**

Example: **NM1*1P*1*GARDNER*JAMES****24*000012345~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 170

Loop: HL/NM1 **Repeat:** >1

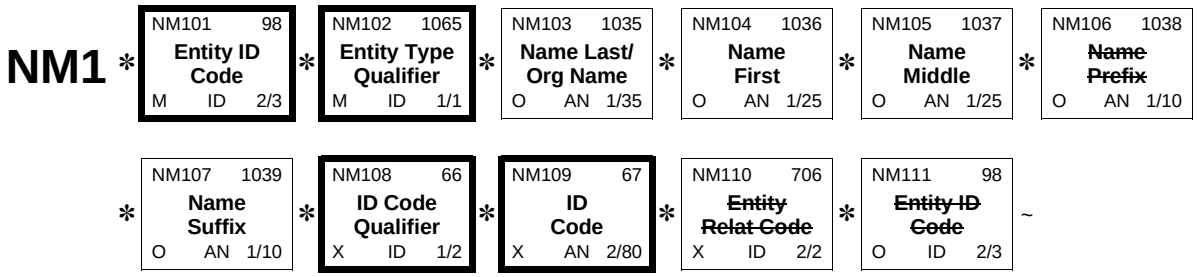
Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Syntax:
1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**

CODE	DEFINITION
1P	**Provider**
FA	**Facility**

REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity	**M**	**ID**	**1/1**

SEMANTIC: NM102 qualifies NM103.

CODE	DEFINITION
1	**Person**
2	**Non-Person Entity**

SITUATIONAL	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name	**O**	**AN**	**1/35**

INDUSTRY: ***Requester Last or Organization Name***

ADVISORY: Under most circumstances, this element is not sent.

Use if available.

SITUATIONAL	**NM104**	**1036**	**Name First** Individual first name	**O**	**AN**	**1/25**

INDUSTRY: ***Requester First Name***

ADVISORY: Under most circumstances, this element is not sent.

Use if NM103 is present and NM102 = 1.

SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial	**O**	**AN**	**1/25**

INDUSTRY: ***Requester Middle Name***

ADVISORY: Under most circumstances, this element is not sent.

Use if NM104 is present and the middle name/initial of the person is known.

NOT USED	**NM106**	**1038**	**Name Prefix**	**O**	**AN**	**1/10**
SITUATIONAL	**NM107**	**1039**	**Name Suffix** Suffix to individual name	**O**	**AN**	**1/10**

INDUSTRY: ***Requester Name Suffix***

ADVISORY: Under most circumstances, this element is not sent.

Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.

REQUIRED	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67)	**X**	**ID**	**1/2**

SYNTAX: P0809

CODE	DEFINITION
24	**Employer's Identification Number**
34	**Social Security Number**
46	**Electronic Transmitter Identification Number (ETIN)**
XX	**Health Care Financing Administration National Provider Identifier** ***Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.***

REQUIRED	**NM109**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Requester Identifier*** SYNTAX: P0809	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

REQUESTER SUPPLEMENTAL IDENTIFICATION

Loop: **2010B — REQUESTER NAME**

Usage: **SITUATIONAL**

Repeat: **8**

Notes: **1. Use this segment if necessary to provide supplemental identifiers to further identify the requester. Use the NM1 segment for the primary identifier.**

Example: **REF*1G*123456~**

STANDARD

REF Reference Identification

Level: Detail

Position: 180

Loop: HL/NM1

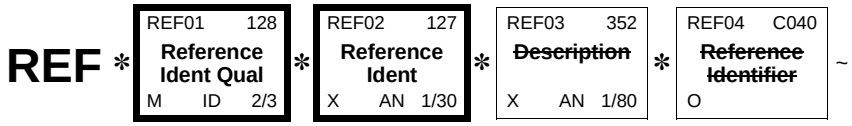
Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

Syntax: **1. R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
1G	**Provider UPIN Number**
1J	**Facility ID Number**
CT	**Contract Number** **For use only when the HCFA National Provider Identifier is mandated. Must be sent if required in the contract between the requester identified in Loop 2000B and the UMO identified in Loop 2000A.**

			EI	**Employer's Identification Number** **Not used if NM108 = 24.**			
			N5	**Provider Plan Network Identification Number**			
			N7	**Facility Network Identification Number**			
			SY	**Social Security Number** **NOT ADVISED** **The social security number may not be used for Medicare. Not used if NM108 = 34.**			
			ZH	**Carrier Assigned Reference Number** **Use for the requester/provider ID as assigned by the UMO identified in Loop 2000A.**			
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Requester Supplemental Identifier*** SYNTAX: R0203		**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**		**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**		**O**		

IMPLEMENTATION

REQUESTER REQUEST VALIDATION

Loop: **2010B — REQUESTER NAME**

Usage: **SITUATIONAL**

Repeat: **9**

Notes:
1. **Use this segment to convey rejection information regarding the entity that initiated a request transaction.**
2. **Required only if the request is not valid at this level.**

Example: **AAA*N**46*C~**

STANDARD

AAA Request Validation

Level: Detail

Position: 230

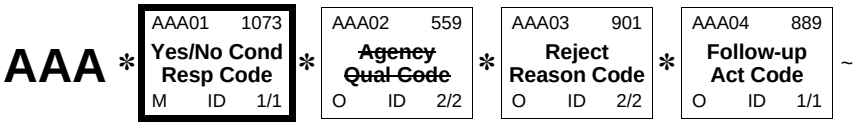
Loop: HL/NM1

Requirement: Optional

Max Use: 9

Purpose: To specify the validity of the request and indicate follow-up action authorized

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**AAA01**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Valid Request Indicator*** **SEMANTIC:** AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.	**M**	**ID**	**1/1**
			CODE / **DEFINITION** **N** — **No** **Y** — **Yes**			
NOT USED	**AAA02**	**559**	**Agency Qualifier Code**	**O**	**ID**	**2/2**

SITUATIONAL	AAA03	901	**Reject Reason Code** Code assigned by issuer to identify reason for rejection	O	ID	2/2

Required if AAA01 = "N".

CODE	DEFINITION
35	Out of Network
41	Authorization/Access Restrictions
43	Invalid/Missing Provider Identification
44	Invalid/Missing Provider Name
45	Invalid/Missing Provider Specialty
46	Invalid/Missing Provider Phone Number
47	Invalid/Missing Provider State
49	Provider is Not Primary Care Physician
50	Provider Ineligible for Inquiries Use if the provider is not authorized for requests.
51	Provider Not on File
79	Invalid Participant Identification Use for invalid/missing requester supplemental identifier.
97	Invalid or Missing Provider Address

SITUATIONAL	AAA04	889	**Follow-up Action Code** Code identifying follow-up actions allowed	O	ID	1/1

Required if AAA03 is present.

CODE	DEFINITION
C	Please Correct and Resubmit
N	Resubmission Not Allowed
R	Resubmission Allowed

IMPLEMENTATION

REQUESTER PROVIDER INFORMATION

Loop: **2010B — REQUESTER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Required if used by the UMO to identify the requester.**
2. **PRV02 qualifies PRV03.**

Example: **PRV*PC*ZZ*203BA0000Y~**

STANDARD

PRV Provider Information

Level: Detail

Position: 240

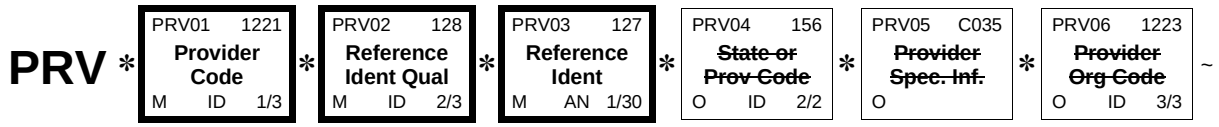
Loop: HL/NM1

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PRV01**	**1221**	**Provider Code** Code indentifying the type of provider	**M ID 1/3**

CODE	DEFINITION
AD	**Admitting**
AS	**Assistant Surgeon**
AT	**Attending**
CO	**Consulting**
CV	**Covering**
OP	**Operating**
OR	**Ordering**
OT	**Other Physician**
PC	**Primary Care Physician**

			PE	**Performing**			
			RF	**Referring**			
REQUIRED	**PRV02**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M**	**ID**	**2/3**
			ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.			
			CODE / DEFINITION			
			ZZ **Mutually Defined** **Health Care Provider Taxonomy Code List**			
REQUIRED	**PRV03**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Provider Taxonomy Code*** *ALIAS:* ***Provider Specialty Code***	**M**	**AN**	**1/30**
NOT USED	**PRV04**	**156**	**State or Province Code**	**O**	**ID**	**2/2**
NOT USED	**PRV05**	**C035**	**PROVIDER SPECIALTY INFORMATION**	**O**		
NOT USED	**PRV06**	**1223**	**Provider Organization Code**	**O**	**ID**	**3/3**

IMPLEMENTATION

SUBSCRIBER LEVEL

Loop: **2000C — SUBSCRIBER LEVEL** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes: **1. Use this segment to indicate the subscriber hierarchical level. The subscriber could also be the patient. If the subscriber is the patient, then the dependent hierarchical level (Loop 2000D) is not used.**

Example: **HL*3*2*22*1~**

STANDARD

HL Hierarchical Level

Level: Detail

Position: 010

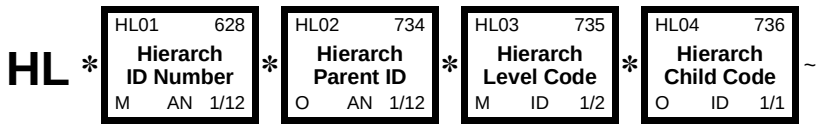
Loop: HL **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HL01**	**628**	**Hierarchical ID Number** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure **COMMENT:** HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	**M AN 1/12**
REQUIRED	**HL02**	**734**	**Hierarchical Parent ID Number** Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to **COMMENT:** HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	**O AN 1/12**

REQUIRED **HL03** **735** **Hierarchical Level Code** **M** **ID** **1/2**

Code defining the characteristic of a level in a hierarchical structure

COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

CODE	DEFINITION
22	**Subscriber**

REQUIRED **HL04** **736** **Hierarchical Child Code** **O** **ID** **1/1**

Code indicating if there are hierarchical child data segments subordinate to the level being described

COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

CODE	DEFINITION
1	**Additional Subordinate HL Data Segment in This Hierarchical Structure.**

IMPLEMENTATION

SUBSCRIBER REQUEST VALIDATION

Loop: **2000C — SUBSCRIBER LEVEL**

Usage: **SITUATIONAL**

Repeat: **9**

Notes:

1. **Use this AAA segment to identify the reasons why a request could not be processed based on the contents of the HI Subscriber Diagnosis segment or the DTP date segments in Loop 2000C of the request.**
2. **Required only if the request is not valid at this level.**

Example: **AAA*N**15*C~**

STANDARD

AAA Request Validation

Level: Detail

Position: 030

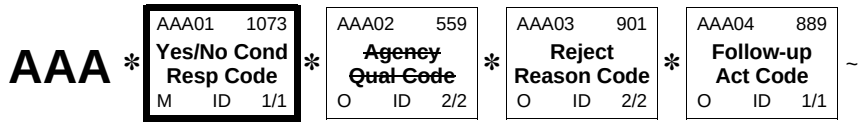
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify the validity of the request and indicate follow-up action authorized

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AAA01**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Valid Request Indicator*** **SEMANTIC:** AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.	**M ID 1/1**
			CODE / **DEFINITION** **N** — **No** **Y** — **Yes**	
NOT USED	**AAA02**	**559**	**Agency Qualifier Code**	**O ID 2/2**

SITUATIONAL	**AAA03**	**901**	**Reject Reason Code** Code assigned by issuer to identify reason for rejection	**O**	**ID**	**2/2**

Required if AAA01 = "N".

CODE	DEFINITION
15	**Required application data missing** **Use for missing diagnosis codes and dates.**
33	**Input Errors** **Use for invalid diagnosis codes and dates.**
56	**Inappropriate Date** **Use when the type of date (Accident, Last Menstrual Period, Estimated Date of Birth, Onset of Current Symptoms or Illness) used on the request is inconsistent with the patient condition or services requested.**

SITUATIONAL	**AAA04**	**889**	**Follow-up Action Code** Code identifying follow-up actions allowed	**O**	**ID**	**1/1**

Required if AAA01 = "N".

CODE	DEFINITION
C	**Please Correct and Resubmit**
N	**Resubmission Not Allowed**

IMPLEMENTATION

ACCIDENT DATE

Loop: 2000C — SUBSCRIBER LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Use only if valued on the request.

Example: DTP*439*D8*19981218~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

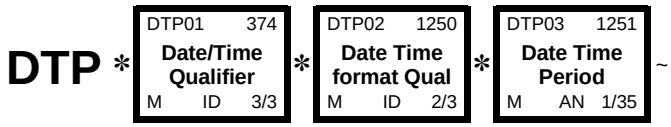
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE — DEFINITION **439 — Accident**	M ID 3/3
REQUIRED	DTP02	1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE — DEFINITION **D8 — Date Expressed in Format CCYYMMDD**	M ID 2/3
REQUIRED	DTP03	1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Accident Date***	M AN 1/35

IMPLEMENTATION

LAST MENSTRUAL PERIOD DATE

Loop: **2000C — SUBSCRIBER LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Use only if valued on the request.**

Example: **DTP*484*D8*19981218~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

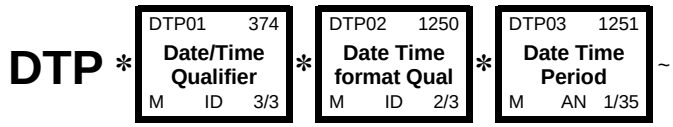
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE / DEFINITION **484** — **Last Menstrual Period**	**M ID 3/3**
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE / DEFINITION **D8** — **Date Expressed in Format CCYYMMDD**	**M ID 2/3**
REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Last Menstrual Period Date***	**M AN 1/35**

IMPLEMENTATION

ESTIMATED DATE OF BIRTH

Loop: 2000C — SUBSCRIBER LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Use only if valued on the request.

Example: DTP*ABC*D8*19990923~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

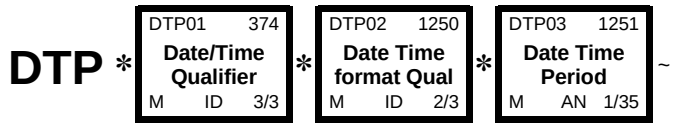
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE — DEFINITION **ABC — Estimated Date of Birth**	M ID 3/3
REQUIRED	DTP02	1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE — DEFINITION **D8 — Date Expressed in Format CCYYMMDD**	M ID 2/3
REQUIRED	DTP03	1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Estimated Birth Date***	M AN 1/35

IMPLEMENTATION

ONSET OF CURRENT SYMPTOMS OR ILLNESS DATE

Loop: **2000C — SUBSCRIBER LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Use only if valued on the request.**

Example: **DTP*431*D8*19981218~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

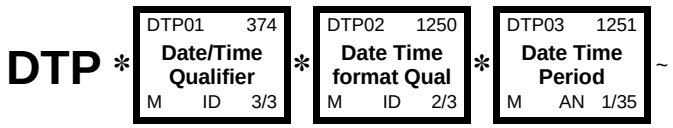
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE / DEFINITION **431 — Onset of Current Symptoms or Illness**	**M ID 3/3**
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **SEMANTIC:** DTP02 is the date or time or period format that will appear in DTP03. CODE / DEFINITION **D8 — Date Expressed in Format CCYYMMDD**	**M ID 2/3**
REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Onset Date*** *ALIAS:* ***Onset of Current Symptoms or Illness Date***	**M AN 1/35**

IMPLEMENTATION

SUBSCRIBER DIAGNOSIS

Loop: **2000C — SUBSCRIBER LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Required if valued on the request and used by the UMO to render a decision.**
2. **It is recommended that the UMO retain the diagnosis information carried on the request for use in subsequent health care service review inquiries and notifications related to the original request.**

Example: **HI*BF:41090~**

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 080

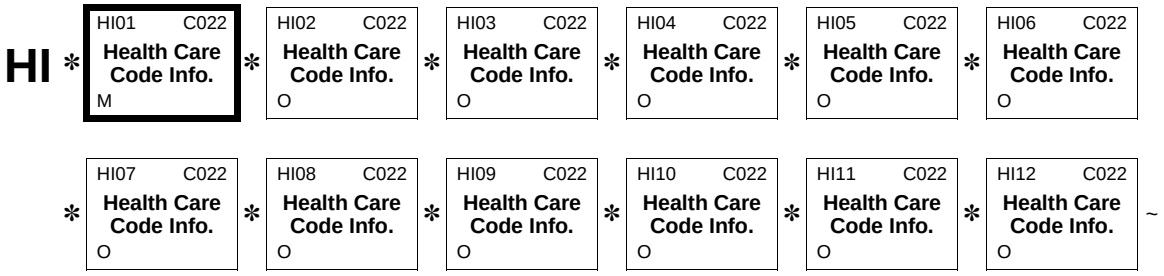
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HI01**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 1***	**M**
REQUIRED	**HI01 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code***	**M ID 1/3**

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

BJ **Admitting Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

BK **Principal Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI01 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI01 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **HI01 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI01 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI01 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI01 - 7** **799** **Version Identifier** **O AN 1/30**

SITUATIONAL **HI02** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 2***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI02 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

BJ **Admitting Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI02 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	HI02 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3
				Required if X12N syntax conditions apply.			
				CODE DEFINITION **D8** Date Expressed in Format CCYYMMDD			
SITUATIONAL	HI02 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date*** **Use only when the date diagnosed is known.**	X	AN	1/35
NOT USED	HI02 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI02 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI02 - 7		799	**Version Identifier**	O	AN	1/30
SITUATIONAL	HI03	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 3*** **Required if valued on the request and used by the UMO to render a decision.**	O		
REQUIRED	HI03 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code*** CODE DEFINITION **BF** Diagnosis CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	ID	1/3
REQUIRED	HI03 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	M	AN	1/30
SITUATIONAL	HI03 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.** CODE DEFINITION **D8** Date Expressed in Format CCYYMMDD	X	ID	2/3
SITUATIONAL	HI03 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date*** **Use only when the date diagnosed is known.**	X	AN	1/35
NOT USED	HI03 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI03 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI03 - 7		799	**Version Identifier**	O	AN	1/30

SITUATIONAL **HI04** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 4***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI04 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI04 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI04 - 3** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **HI04 - 4** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI04 - 5** **782** **Monetary Amount** **O** **R** **1/18**

NOT USED **HI04 - 6** **380** **Quantity** **O** **R** **1/15**

NOT USED **HI04 - 7** **799** **Version Identifier** **O** **AN** **1/30**

SITUATIONAL **HI05** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 5***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI05 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI05 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	**HI05 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**
				Required if X12N syntax conditions apply.			
				CODE — DEFINITION			
				D8 — Date Expressed in Format CCYYMMDD			
SITUATIONAL	**HI05 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	**X**	**AN**	**1/35**
				Use only when the date diagnosed is known.			
NOT USED	**HI05 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI05 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI05 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
SITUATIONAL	**HI06**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 6***		**O**		
				Required if valued on the request and used by the UMO to render a decision.			
REQUIRED	**HI06 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code***	**M**	**ID**	**1/3**
				CODE — DEFINITION			
				BF — Diagnosis **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
REQUIRED	**HI06 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI06 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**
				Required if X12N syntax conditions apply.			
				CODE — DEFINITION			
				D8 — Date Expressed in Format CCYYMMDD			
SITUATIONAL	**HI06 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	**X**	**AN**	**1/35**
				Use only when the date diagnosed is known.			
NOT USED	**HI06 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI06 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI06 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**

SITUATIONAL **HI07** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 7***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI07 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI07 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI07 - 3** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **HI07 - 4** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI07 - 5** **782** **Monetary Amount** **O** **R** **1/18**

NOT USED **HI07 - 6** **380** **Quantity** **O** **R** **1/15**

NOT USED **HI07 - 7** **799** **Version Identifier** **O** **AN** **1/30**

SITUATIONAL **HI08** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 8***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI08 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI08 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	HI08 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3
				Required if X12N syntax conditions apply.			
				CODE DEFINITION			
				D8 Date Expressed in Format CCYYMMDD			
SITUATIONAL	HI08 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	X	AN	1/35
				Use only when the date diagnosed is known.			
NOT USED	HI08 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI08 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI08 - 7		799	**Version Identifier**	O	AN	1/30
SITUATIONAL	HI09	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 9***	O		
				Required if valued on the request and used by the UMO to render a decision.			
REQUIRED	HI09 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code***	M	ID	1/3
				CODE DEFINITION			
				BF Diagnosis CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
REQUIRED	HI09 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	M	AN	1/30
SITUATIONAL	HI09 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3
				Required if X12N syntax conditions apply.			
				CODE DEFINITION			
				D8 Date Expressed in Format CCYYMMDD			
SITUATIONAL	HI09 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	X	AN	1/35
				Use only when the date diagnosed is known.			
NOT USED	HI09 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI09 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI09 - 7		799	**Version Identifier**	O	AN	1/30

SITUATIONAL **HI10** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 10***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI10 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI10 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI10 - 3** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **HI10 - 4** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI10 - 5** **782** **Monetary Amount** **O** **R** **1/18**

NOT USED **HI10 - 6** **380** **Quantity** **O** **R** **1/15**

NOT USED **HI10 - 7** **799** **Version Identifier** **O** **AN** **1/30**

SITUATIONAL **HI11** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 11***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI11 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI11 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	**HI11 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**
				Required if X12N syntax conditions apply.			
				CODE / DEFINITION			
				D8 — **Date Expressed in Format CCYYMMDD**			
SITUATIONAL	**HI11 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	**X**	**AN**	**1/35**
				Use only when the date diagnosed is known.			
NOT USED	**HI11 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI11 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI11 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
SITUATIONAL	**HI12**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 12***		**O**		
				Required if valued on the request and used by the UMO to render a decision.			
REQUIRED	**HI12 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code***	**M**	**ID**	**1/3**
				CODE / DEFINITION			
				BF — **Diagnosis** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
REQUIRED	**HI12 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI12 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**
				Required if X12N syntax conditions apply.			
				CODE / DEFINITION			
				D8 — **Date Expressed in Format CCYYMMDD**			
SITUATIONAL	**HI12 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	**X**	**AN**	**1/35**
				Use only when the date diagnosed is known.			
NOT USED	**HI12 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI12 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI12 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**

IMPLEMENTATION

SUBSCRIBER NAME

Loop: **2010C — SUBSCRIBER NAME** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Example: **NM1*IL*1*SMITH*JOE****MI*12345678901~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 170

Loop: HL/NM1 **Repeat:** >1

Requirement: Optional

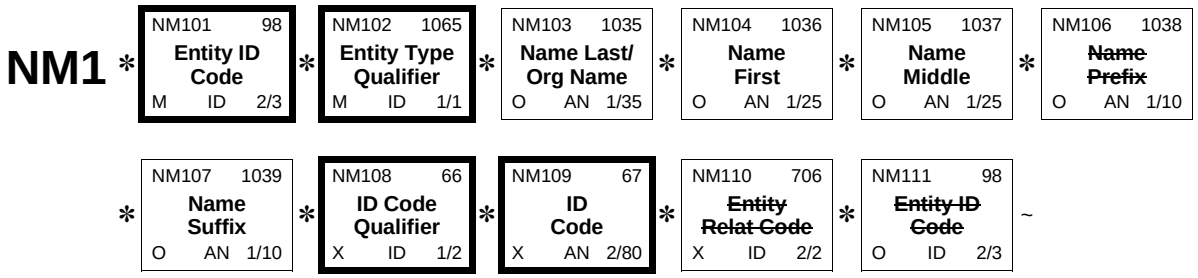
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**
			CODE: **IL** — DEFINITION: **Insured or Subscriber**	
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	**M ID 1/1**
			CODE: **1** — DEFINITION: **Person**	

SITUATIONAL	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name	**O**	**AN**	**1/35**
			INDUSTRY: ***Subscriber Last Name***			
			Required if valued on the request.			
SITUATIONAL	**NM104**	**1036**	**Name First** Individual first name	**O**	**AN**	**1/25**
			INDUSTRY: ***Subscriber First Name***			
			Required if valued on the request.			
SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial	**O**	**AN**	**1/25**
			INDUSTRY: ***Subscriber Middle Name***			
			Use if NM104 is valued and the middle name/initial of the subscriber is known.			
NOT USED	**NM106**	**1038**	**Name Prefix**	**O**	**AN**	**1/10**
SITUATIONAL	**NM107**	**1039**	**Name Suffix** Suffix to individual name	**O**	**AN**	**1/10**
			INDUSTRY: ***Subscriber Name Suffix***			
			Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.			
REQUIRED	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67)	**X**	**ID**	**1/2**
			SYNTAX: P0809			

CODE	DEFINITION
MI	**Member Identification Number** **The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Use MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.**
ZZ	**Mutually Defined** **The value "ZZ", when used in this data element, shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of Health and Human Services must adopt a standard individual identifier for use in this transaction.**

REQUIRED	**NM109**	**67**	**Identification Code** Code identifying a party or other code	**X**	**AN**	**2/80**
			INDUSTRY: ***Subscriber Primary Identifier***			
			ALIAS: ***Subscriber Member Number***			
			SYNTAX: P0809			
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**

NOT USED	NM111	98	Entity Identifier Code	O	ID	2/3

IMPLEMENTATION

SUBSCRIBER SUPPLEMENTAL IDENTIFICATION

Loop: **2010C — SUBSCRIBER NAME**

Usage: **SITUATIONAL**

Repeat: **9**

Notes:

1. **Use this segment when needed to provide a supplemental identifier for the subscriber. The primary identifier is the Member Identification Number in the NM1 segment.**

2. **Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number a UMO knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.**

3. **If the requester valued this segment with the Patient Account Number (REF01 = "EJ") on the request, the UMO must return the same value in this segment on the response.**

Example: **REF*SY*123456789~**

STANDARD

REF Reference Identification

Level: Detail

Position: 180

Loop: HL/NM1

Requirement: Optional

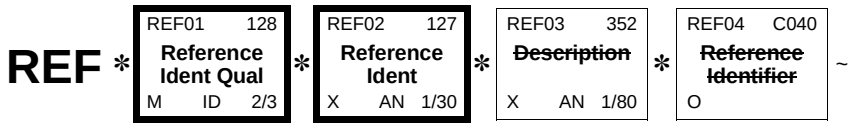
Max Use: 9

Purpose: To specify identifying information

Syntax:

1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	**Reference Identification Qualifier** Code qualifying the Reference Identification	M ID 2/3

CODE	DEFINITION
1L	**Group or Policy Number** **Use this code only if you cannot determine if the number is a Group Number (6P) or a Policy Number (IG).**
1W	**Member Identification Number** **Do not use if NM108 = MI.**
6P	**Group Number**
A6	**Employee Identification Number**
EJ	**Patient Account Number**
F6	**Health Insurance Claim (HIC) Number** **Use the NM1 (Subscriber Name) segment if the subscriber's HIC number is the primary identifier for his or her coverage. Use this code only in a REF segment when the payer has a different member number, and there also is a need to pass the dependent's HIC number. This might occur in a Medicare HMO situation.**
HJ	**Identity Card Number** **Use this code when the Identity Card Number differs from the Member Identification Number. This is particularly prevalent in the Medicaid environment.**
IG	**Insurance Policy Number**
N6	**Plan Network Identification Number**
NQ	**Medicaid Recipient Identification Number**
SY	**Social Security Number** **Use this code only if the Social Security Number is not the primary identifier for the subscriber. The social security number may not be used for Medicare.**

REQUIRED	REF02	127	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Subscriber Supplemental Identifier*** SYNTAX: R0203	X AN 1/30
NOT USED	REF03	352	**Description**	X AN 1/80
NOT USED	REF04	C040	**REFERENCE IDENTIFIER**	O

IMPLEMENTATION

SUBSCRIBER REQUEST VALIDATION

Loop: **2010C — SUBSCRIBER NAME**

Usage: **SITUATIONAL**

Repeat: **9**

Notes: **1. Required only if the request is not valid at this level.**

Example: **AAA*N**67~**

STANDARD

AAA Request Validation

Level: Detail

Position: 230

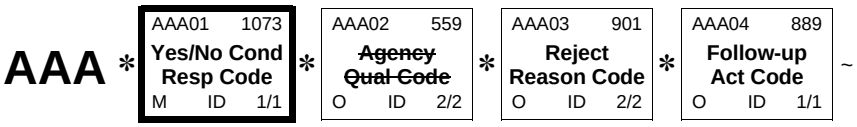
Loop: HL/NM1

Requirement: Optional

Max Use: 9

Purpose: To specify the validity of the request and indicate follow-up action authorized

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AAA01**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Valid Request Indicator*** **SEMANTIC:** AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid. **N** = **No** **Y** = **Yes**	**M ID 1/1**
NOT USED	**AAA02**	**559**	**Agency Qualifier Code**	**O ID 2/2**

SITUATIONAL	AAA03	901	**Reject Reason Code** Code assigned by issuer to identify reason for rejection	O	ID	2/2

Required if AAA01 = "N".

CODE	DEFINITION
15	**Required application data missing** **Use when data is missing that is not covered by another Reject Reason Code. Use to indicate that there is not enough data to identify the subscriber.**
58	**Invalid/Missing Date-of-Birth**
64	**Invalid/Missing Patient ID**
65	**Invalid/Missing Patient Name**
66	**Invalid/Missing Patient Gender Code**
67	**Patient Not Found**
68	**Duplicate Patient ID Number**
71	**Patient Birth Date Does Not Match That for the Patient on the Database**
72	**Invalid/Missing Subscriber/Insured ID**
73	**Invalid/Missing Subscriber/Insured Name**
74	**Invalid/Missing Subscriber/Insured Gender Code**
75	**Subscriber/Insured Not Found**
76	**Duplicate Subscriber/Insured ID Number**
77	**Subscriber Found, Patient Not Found**
78	**Subscriber/Insured Not in Group/Plan Identified**
79	**Invalid Participant Identification** **Use for invalid/missing subscriber supplemental identifier.**
95	**Patient Not Eligible**

SITUATIONAL	AAA04	889	**Follow-up Action Code** Code identifying follow-up actions allowed	O	ID	1/1

Required if AAA03 is present and indicates that the rejection is due to invalid or missing subscriber or patient data.

CODE	DEFINITION
C	**Please Correct and Resubmit**
N	**Resubmission Not Allowed**

IMPLEMENTATION

SUBSCRIBER DEMOGRAPHIC INFORMATION

Loop: **2010C — SUBSCRIBER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this segment to convey birth date or gender demographic information about the subscriber.**

2. **Required if the information is available in the UMO's database unless a rejection response was generated and the elements were not valued on the request.**

Example: **DMG*D8*19580322*M~**

STANDARD

DMG Demographic Information

Level: Detail

Position: 250

Loop: HL/NM1

Requirement: Optional

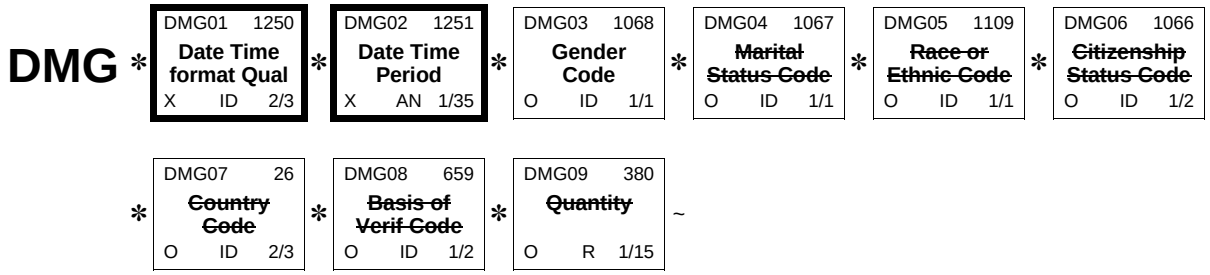
Max Use: 1

Purpose: To supply demographic information

Syntax:

1. **P0102**
   If either DMG01 or DMG02 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DMG01**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SYNTAX: P0102	**X ID 2/3**

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

REQUIRED	**DMG02**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Subscriber Birth Date*** SYNTAX: P0102 SEMANTIC: DMG02 is the date of birth.	**X**	**AN**	**1/35**
SITUATIONAL	**DMG03**	**1068**	**Gender Code** Code indicating the sex of the individual *INDUSTRY:* ***Subscriber Gender Code*** **Required if valued on the request.**	**O**	**ID**	**1/1**

CODE	DEFINITION
F	**Female**
M	**Male**
U	**Unknown**

NOT USED	**DMG04**	**1067**	**Marital Status Code**	**O**	**ID**	**1/1**
NOT USED	**DMG05**	**1109**	**Race or Ethnicity Code**	**O**	**ID**	**1/1**
NOT USED	**DMG06**	**1066**	**Citizenship Status Code**	**O**	**ID**	**1/2**
NOT USED	**DMG07**	**26**	**Country Code**	**O**	**ID**	**2/3**
NOT USED	**DMG08**	**659**	**Basis of Verification Code**	**O**	**ID**	**1/2**
NOT USED	**DMG09**	**380**	**Quantity**	**O**	**R**	**1/15**

IMPLEMENTATION

DEPENDENT LEVEL

Loop: **2000D — DEPENDENT LEVEL** **Repeat:** **1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Use this hierarchical loop if it was used on the request.**
2. **Required segments in this loop are required only when this loop is used.**

Example: **HL*4*3*23*1~**

STANDARD

HL Hierarchical Level

Level: Detail

Position: 010

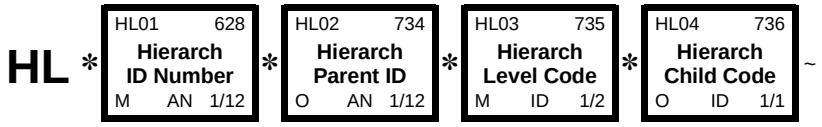
Loop: HL **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HL01**	**628**	**Hierarchical ID Number** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure **COMMENT:** HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	**M AN 1/12**
REQUIRED	**HL02**	**734**	**Hierarchical Parent ID Number** Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to **COMMENT:** HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	**O AN 1/12**

REQUIRED **HL03** **735** **Hierarchical Level Code** **M ID 1/2**

Code defining the characteristic of a level in a hierarchical structure

COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

CODE	DEFINITION
23	**Dependent**

REQUIRED **HL04** **736** **Hierarchical Child Code** **O ID 1/1**

Code indicating if there are hierarchical child data segments subordinate to the level being described

COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

CODE	DEFINITION
1	**Additional Subordinate HL Data Segment in This Hierarchical Structure.**

IMPLEMENTATION

DEPENDENT REQUEST VALIDATION

Loop: **2000D — DEPENDENT LEVEL**

Usage: **SITUATIONAL**

Repeat: **9**

Notes:

1. **Use this AAA segment to identify the reasons why a request could not be processed based on the contents of the HI Dependent Diagnosis Segment or the DTP date segments in Loop 2000D of the request.**
2. **Required only if the request is not valid at this level.**

Example: **AAA*N**15*C~**

STANDARD

AAA Request Validation

Level: Detail

Position: 030

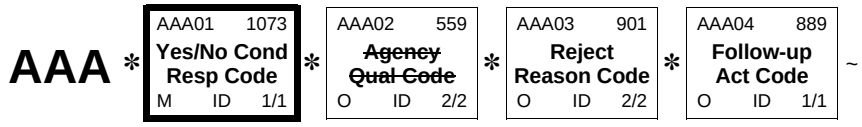
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify the validity of the request and indicate follow-up action authorized

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**AAA01**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Valid Request Indicator*** **SEMANTIC:** AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.	**M**	**ID**	**1/1**
			CODE / **DEFINITION** **N** — **No** **Y** — **Yes**			
NOT USED	**AAA02**	**559**	**Agency Qualifier Code**	**O**	**ID**	**2/2**

SITUATIONAL	AAA03	901	**Reject Reason Code** Code assigned by issuer to identify reason for rejection	O	ID	2/2

Required if AAA01 = "N".

CODE	DEFINITION
15	**Required application data missing** **Use for missing diagnosis codes and dates.**
33	**Input Errors** **Use for invalid diagnosis codes and dates.**
56	**Inappropriate Date** **Use when the type of date (Accident, Last Menstrual Period, Estimated Date of Birth, Onset of Current Symptoms or Illness) used on the request is inconsistent with the patient condition or services requested.**

SITUATIONAL	AAA04	889	**Follow-up Action Code** Code identifying follow-up actions allowed	O	ID	1/1

Required if AAA01 = "N".

CODE	DEFINITION
C	**Please Correct and Resubmit**
N	**Resubmission Not Allowed**

IMPLEMENTATION

ACCIDENT DATE

Loop: 2000D — DEPENDENT LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Use only if valued on the request.

Example: DTP*439*D8*19981218~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

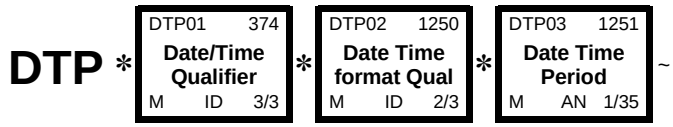
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE / DEFINITION **439 Accident**	**M ID 3/3**
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE / DEFINITION **D8 Date Expressed in Format CCYYMMDD**	**M ID 2/3**
REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Accident Date***	**M AN 1/35**

IMPLEMENTATION

LAST MENSTRUAL PERIOD DATE

Loop: **2000D — DEPENDENT LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Use only if valued on the request.**

Example: **DTP*484*D8*19981218~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

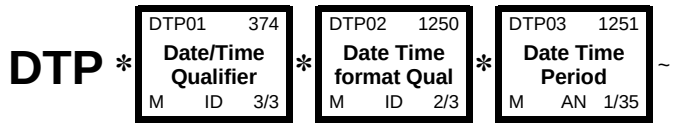
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE / DEFINITION **484** — **Last Menstrual Period**	**M ID 3/3**
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE / DEFINITION **D8** — **Date Expressed in Format CCYYMMDD**	**M ID 2/3**
REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Last Menstrual Period Date***	**M AN 1/35**

IMPLEMENTATION

ESTIMATED DATE OF BIRTH

Loop: **2000D — DEPENDENT LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Use only if valued on the request.**

Example: **DTP*ABC*D8*19990923~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

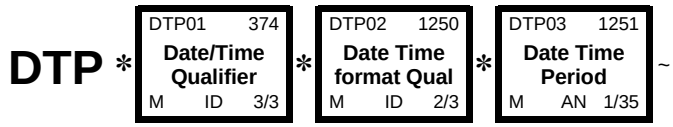
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE / DEFINITION **ABC** — **Estimated Date of Birth**	**M ID 3/3**
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **SEMANTIC:** DTP02 is the date or time or period format that will appear in DTP03. CODE / DEFINITION **D8** — **Date Expressed in Format CCYYMMDD**	**M ID 2/3**
REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Estimated Birth Date***	**M AN 1/35**

IMPLEMENTATION

ONSET OF CURRENT SYMPTOMS OR ILLNESS DATE

Loop: **2000D — DEPENDENT LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Use only if valued on the request.**

Example: **DTP*431*D8*19981218~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

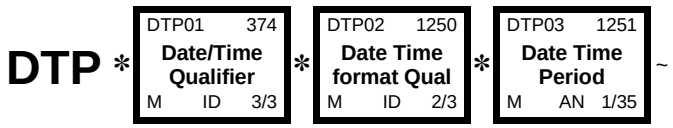
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE / DEFINITION **431 — Onset of Current Symptoms or Illness**	**M ID 3/3**
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE / DEFINITION **D8 — Date Expressed in Format CCYYMMDD**	**M ID 2/3**
REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Onset Date*** *ALIAS:* ***Onset of Current Symptoms or Illness Date***	**M AN 1/35**

IMPLEMENTATION

DEPENDENT DIAGNOSIS

Loop: **2000D — DEPENDENT LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Required if valued on the request and used by the UMO to render a decision.**

2. **It is recommended that the UMO retain the diagnosis information carried on the request for use in subsequent health care service review inquiries and notifications related to the original request.**

Example: **HI*BF:41090~**

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 080

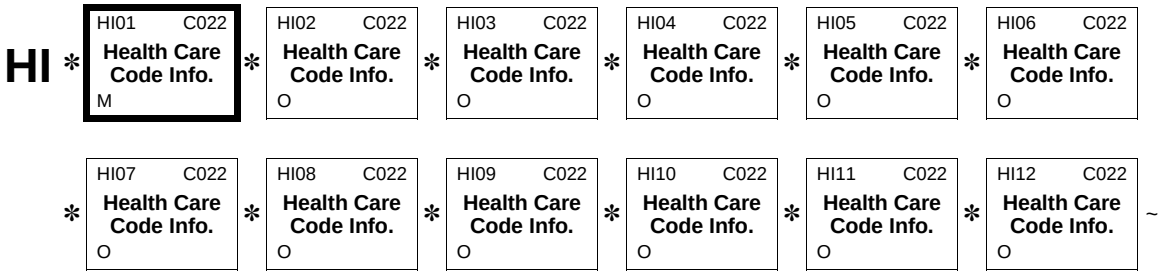
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HI01**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 1***	**M**
REQUIRED	**HI01 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code***	**M ID 1/3**

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

BJ **Admitting Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

BK **Principal Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI01 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI01 - 3** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **HI01 - 4** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI01 - 5** **782** **Monetary Amount** **O** **R** **1/18**

NOT USED **HI01 - 6** **380** **Quantity** **O** **R** **1/15**

NOT USED **HI01 - 7** **799** **Version Identifier** **O** **AN** **1/30**

SITUATIONAL **HI02** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 2***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI02 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

BJ **Admitting Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI02 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	HI02 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3
				Required if X12N syntax conditions apply.			
				CODE DEFINITION **D8 Date Expressed in Format CCYYMMDD**			
SITUATIONAL	HI02 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date*** **Use only when the date diagnosed is known.**	X	AN	1/35
NOT USED	HI02 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI02 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI02 - 7		799	**Version Identifier**	O	AN	1/30
SITUATIONAL	HI03	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 3*** **Required if valued on the request and used by the UMO to render a decision.**	O		
REQUIRED	HI03 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code*** CODE DEFINITION **BF Diagnosis** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	ID	1/3
REQUIRED	HI03 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	M	AN	1/30
SITUATIONAL	HI03 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.** CODE DEFINITION **D8 Date Expressed in Format CCYYMMDD**	X	ID	2/3
SITUATIONAL	HI03 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date*** **Use only when the date diagnosed is known.**	X	AN	1/35
NOT USED	HI03 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI03 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI03 - 7		799	**Version Identifier**	O	AN	1/30

SITUATIONAL **HI04** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 4***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI04 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI04 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI04 - 3** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **HI04 - 4** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI04 - 5** **782** **Monetary Amount** **O** **R** **1/18**

NOT USED **HI04 - 6** **380** **Quantity** **O** **R** **1/15**

NOT USED **HI04 - 7** **799** **Version Identifier** **O** **AN** **1/30**

SITUATIONAL **HI05** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 5***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI05 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI05 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	HI05 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3
				Required if X12N syntax conditions apply.			
				CODE DEFINITION **D8 Date Expressed in Format CCYYMMDD**			
SITUATIONAL	HI05 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date*** **Use only when the date diagnosed is known.**	X	AN	1/35
NOT USED	HI05 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI05 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI05 - 7		799	**Version Identifier**	O	AN	1/30
SITUATIONAL	HI06	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 6*** **Required if valued on the request and used by the UMO to render a decision.**	O		
REQUIRED	HI06 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code*** CODE DEFINITION **BF Diagnosis** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	ID	1/3
REQUIRED	HI06 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	M	AN	1/30
SITUATIONAL	HI06 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.** CODE DEFINITION **D8 Date Expressed in Format CCYYMMDD**	X	ID	2/3
SITUATIONAL	HI06 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date*** **Use only when the date diagnosed is known.**	X	AN	1/35
NOT USED	HI06 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI06 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI06 - 7		799	**Version Identifier**	O	AN	1/30

SITUATIONAL **HI07** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 7***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI07 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI07 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI07 - 3** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **HI07 - 4** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI07 - 5** **782** **Monetary Amount** **O** **R** **1/18**

NOT USED **HI07 - 6** **380** **Quantity** **O** **R** **1/15**

NOT USED **HI07 - 7** **799** **Version Identifier** **O** **AN** **1/30**

SITUATIONAL **HI08** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 8***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI08 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI08 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	HI08 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3
				Required if X12N syntax conditions apply.			
				CODE DEFINITION			
				D8 Date Expressed in Format CCYYMMDD			
SITUATIONAL	HI08 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	X	AN	1/35
				Use only when the date diagnosed is known.			
NOT USED	HI08 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI08 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI08 - 7		799	**Version Identifier**	O	AN	1/30
SITUATIONAL	HI09	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 9***	O		
				Required if valued on the request and used by the UMO to render a decision.			
REQUIRED	HI09 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code***	M	ID	1/3
				CODE DEFINITION			
				BF Diagnosis CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
REQUIRED	HI09 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	M	AN	1/30
SITUATIONAL	HI09 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3
				Required if X12N syntax conditions apply.			
				CODE DEFINITION			
				D8 Date Expressed in Format CCYYMMDD			
SITUATIONAL	HI09 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	X	AN	1/35
				Use only when the date diagnosed is known.			
NOT USED	HI09 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI09 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI09 - 7		799	**Version Identifier**	O	AN	1/30

SITUATIONAL **HI10** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 10***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI10 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI10 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI10 - 3** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **HI10 - 4** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI10 - 5** **782** **Monetary Amount** **O** **R** **1/18**

NOT USED **HI10 - 6** **380** **Quantity** **O** **R** **1/15**

NOT USED **HI10 - 7** **799** **Version Identifier** **O** **AN** **1/30**

SITUATIONAL **HI11** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 11***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI11 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED **HI11 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	**HI11 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**
				Required if X12N syntax conditions apply.			
				CODE / DEFINITION			
				D8 — **Date Expressed in Format CCYYMMDD**			
SITUATIONAL	**HI11 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	**X**	**AN**	**1/35**
				Use only when the date diagnosed is known.			
NOT USED	**HI11 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI11 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI11 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
SITUATIONAL	**HI12**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 12***		**O**		
				Required if valued on the request and used by the UMO to render a decision.			
REQUIRED	**HI12 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code***	**M**	**ID**	**1/3**
				CODE / DEFINITION			
				BF — **Diagnosis** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
REQUIRED	**HI12 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI12 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**
				Required if X12N syntax conditions apply.			
				CODE / DEFINITION			
				D8 — **Date Expressed in Format CCYYMMDD**			
SITUATIONAL	**HI12 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date***	**X**	**AN**	**1/35**
				Use only when the date diagnosed is known.			
NOT USED	**HI12 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI12 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI12 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**

IMPLEMENTATION

DEPENDENT NAME

Loop: **2010D — DEPENDENT NAME Repeat: 1**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **Use this segment to convey the name of the dependent who is the patient.**

2. **NM108 and NM109 are situational on the response but Not Used on the request. This enables the UMO to return a unique member ID for the dependent that was not known to the requester at the time of the request. Normally, if the dependent has a unique member ID, Loop 2000D is not used.**

Example: **NM1*QC*1*SMITH*MARY~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 170

Loop: HL/NM1 **Repeat:** >1

Requirement: Optional

Max Use: 1

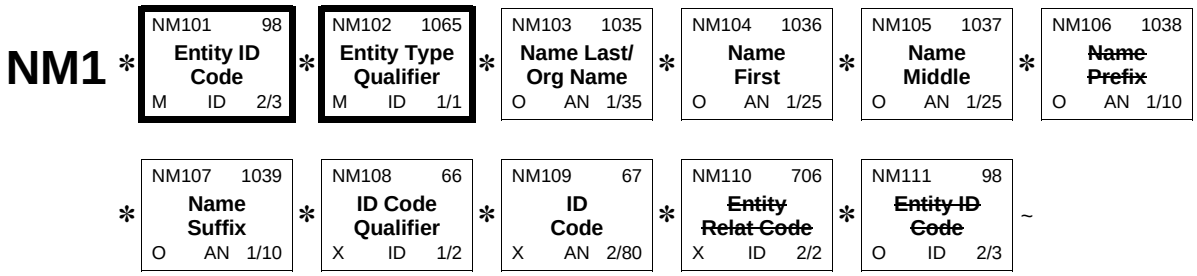
Purpose: To supply the full name of an individual or organizational entity

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.

2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE: **QC** DEFINITION: **Patient**	**M ID 2/3**
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE: **1** DEFINITION: **Person**	**M ID 1/1**
SITUATIONAL	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY:* ***Dependent Last Name*** **Required if valued on the request.**	**O AN 1/35**
SITUATIONAL	**NM104**	**1036**	**Name First** Individual first name *INDUSTRY:* ***Dependent First Name*** **Required if valued on the request.**	**O AN 1/25**
SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial *INDUSTRY:* ***Dependent Middle Name*** **Use if NM104 is valued and the middle name/initial of the dependent is known.**	**O AN 1/25**
NOT USED	**NM106**	**1038**	**Name Prefix**	**O AN 1/10**
SITUATIONAL	**NM107**	**1039**	**Name Suffix** Suffix to individual name *INDUSTRY:* ***Dependent Name Suffix*** **Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.**	**O AN 1/10**
SITUATIONAL	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 CODE: **MI** DEFINITION: **Member Identification Number** **Use this code for the payer-assigned identifier for the dependent, even if the payer calls its number a policy number, recipient number, HIC number, or some other synonym.**	**X ID 1/2**

			ZZ **Mutually Defined** **The value "ZZ", when used in this data element, shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of Health and Human Services must adopt a standard individual identifier for use in this transaction.**			
SITUATIONAL	**NM109**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Dependent Primary Identifier*** *ALIAS:* ***Dependent Member Number*** SYNTAX: P0809 **Value only if the dependent has a unique member ID that is known by the UMO. Under most circumstances, this data element is not used.**	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

DEPENDENT SUPPLEMENTAL IDENTIFICATION

Loop: **2010D — DEPENDENT NAME**

Usage: **SITUATIONAL**

Repeat: **3**

Notes:
1. **Use this segment when necessary to provide supplemental identifiers for the dependent.**
2. **If the requester valued this segment with the Patient Account Number (REF01 = "EJ") on the request, the UMO must return the same value in this segment on the response.**

Example: **REF*SY*123456789~**

STANDARD

REF Reference Identification

Level: Detail

Position: 180

Loop: HL/NM1

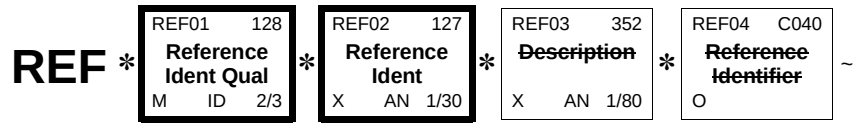
Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

Syntax:
1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
A6	**Employee Identification Number**
EJ	**Patient Account Number**
SY	**Social Security Number** **The social security number may not be used for Medicare.**

REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Dependent Supplemental Identifier*** SYNTAX: R0203	**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION

DEPENDENT REQUEST VALIDATION

Loop: **2010D — DEPENDENT NAME**

Usage: **SITUATIONAL**

Repeat: **9**

Notes: **1. Required only if the request is not valid at this level.**

Example: **AAA*N**67~**

STANDARD

AAA Request Validation

Level: Detail

Position: 230

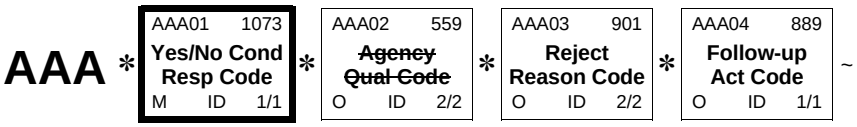
Loop: HL/NM1

Requirement: Optional

Max Use: 9

Purpose: To specify the validity of the request and indicate follow-up action authorized

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AAA01**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Valid Request Indicator*** **SEMANTIC:** AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.	**M ID 1/1**
			CODE / **DEFINITION** **N** — **No** **Y** — **Yes**	
NOT USED	**AAA02**	**559**	**Agency Qualifier Code**	**O ID 2/2**

SITUATIONAL	AAA03	901	**Reject Reason Code** Code assigned by issuer to identify reason for rejection	O	ID	2/2

Required if AAA01 = "N".

CODE	DEFINITION
15	**Required application data missing** **Use this code to indicate missing dependent relationship information.**
33	**Input Errors** **Use this code to indicate invalid dependent relationship information.**
58	**Invalid/Missing Date-of-Birth**
64	**Invalid/Missing Patient ID**
65	**Invalid/Missing Patient Name**
66	**Invalid/Missing Patient Gender Code**
67	**Patient Not Found**
68	**Duplicate Patient ID Number**
71	**Patient Birth Date Does Not Match That for the Patient on the Database**
77	**Subscriber Found, Patient Not Found**
95	**Patient Not Eligible**

SITUATIONAL	AAA04	889	**Follow-up Action Code** Code identifying follow-up actions allowed	O	ID	1/1

Required if AAA03 is present and indicates that the rejection is due to invalid or missing dependent or patient data.

CODE	DEFINITION
C	**Please Correct and Resubmit**
N	**Resubmission Not Allowed**

IMPLEMENTATION

DEPENDENT DEMOGRAPHIC INFORMATION

Loop: **2010D — DEPENDENT NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this segment to convey birth date or gender demographic information about the dependent.**

2. **Required if the information is available in the UMO's database unless a rejection response was generated and the elements were not valued on the request.**

Example: **DMG*D8*19580322*M~**

STANDARD

DMG Demographic Information

Level: Detail

Position: 250

Loop: HL/NM1

Requirement: Optional

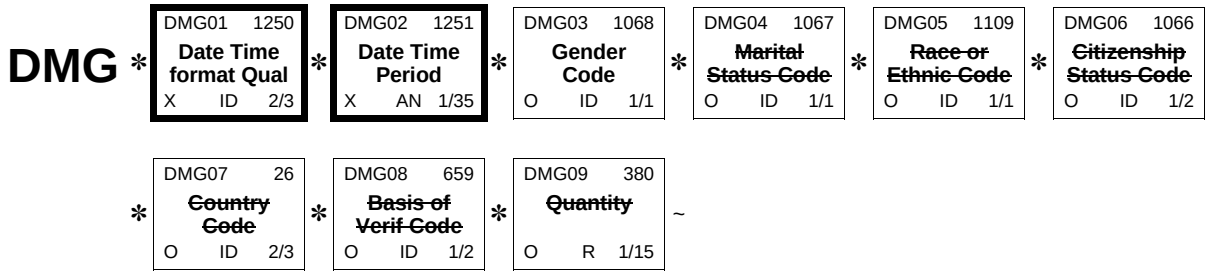
Max Use: 1

Purpose: To supply demographic information

Syntax:

1. **P0102**
   If either DMG01 or DMG02 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DMG01**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SYNTAX: P0102	**X ID 2/3**

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

REQUIRED	**DMG02**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Dependent Birth Date*** **SYNTAX:** P0102 **SEMANTIC:** DMG02 is the date of birth.	**X**	**AN**	**1/35**
SITUATIONAL	**DMG03**	**1068**	**Gender Code** Code indicating the sex of the individual *INDUSTRY:* ***Dependent Gender Code*** **Required if valued on the request.**	**O**	**ID**	**1/1**

CODE	DEFINITION
F	**Female**
M	**Male**
U	**Unknown**

NOT USED	**DMG04**	**1067**	**Marital Status Code**	**O**	**ID**	**1/1**
NOT USED	**DMG05**	**1109**	**Race or Ethnicity Code**	**O**	**ID**	**1/1**
NOT USED	**DMG06**	**1066**	**Citizenship Status Code**	**O**	**ID**	**1/2**
NOT USED	**DMG07**	**26**	**Country Code**	**O**	**ID**	**2/3**
NOT USED	**DMG08**	**659**	**Basis of Verification Code**	**O**	**ID**	**1/2**
NOT USED	**DMG09**	**380**	**Quantity**	**O**	**R**	**1/15**

IMPLEMENTATION

DEPENDENT RELATIONSHIP

Loop: **2010D — DEPENDENT NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this segment to convey information on the relationship of the dependent to the insured.**

2. **Required if the information is available in the UMO's database unless a rejection response was generated and the elements were not valued on the request.**

Example: **INS*N*19~**

STANDARD

INS Insured Benefit

Level: Detail

Position: 260

Loop: HL/NM1

Requirement: Optional

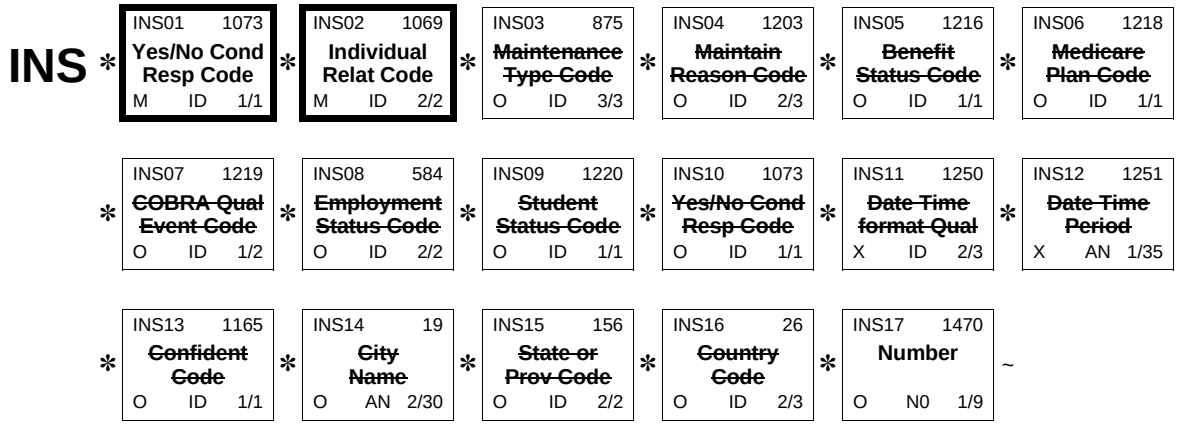
Max Use: 1

Purpose: To provide benefit information on insured entities

Syntax:

1. **P1112**
   If either INS11 or INS12 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	INS01	1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Insured Indicator*** **SEMANTIC:** INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber: an "N" value indicates the insured is a dependent.	M ID 1/1
			CODE **DEFINITION** **N** **No**	
REQUIRED	INS02	1069	**Individual Relationship Code** Code indicating the relationship between two individuals or entities *ALIAS:* ***Relationship to Insured***	M ID 2/2

CODE	DEFINITION
01	Spouse
04	Grandfather or Grandmother
05	Grandson or Granddaughter
07	Nephew or Niece
09	Adopted Child
10	Foster Child
15	Ward
17	Stepson or Stepdaughter
19	Child
20	Employee
21	Unknown
22	Handicapped Dependent
23	Sponsored Dependent
24	Dependent of a Minor Dependent
29	Significant Other
32	Mother
33	Father
34	Other Adult
39	Organ Donor
40	Cadaver Donor
41	Injured Plaintiff
43	Child Where Insured Has No Financial Responsibility

			53 **Life Partner**			
			G8 **Other Relationship**			
NOT USED	**INS03**	**875**	**Maintenance Type Code**	**O**	**ID**	**3/3**
NOT USED	**INS04**	**1203**	**Maintenance Reason Code**	**O**	**ID**	**2/3**
NOT USED	**INS05**	**1216**	**Benefit Status Code**	**O**	**ID**	**1/1**
NOT USED	**INS06**	**1218**	**Medicare Plan Code**	**O**	**ID**	**1/1**
NOT USED	**INS07**	**1219**	**Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying**	**O**	**ID**	**1/2**
NOT USED	**INS08**	**584**	**Employment Status Code**	**O**	**ID**	**2/2**
NOT USED	**INS09**	**1220**	**Student Status Code**	**O**	**ID**	**1/1**
NOT USED	**INS10**	**1073**	**Yes/No Condition or Response Code**	**O**	**ID**	**1/1**
NOT USED	**INS11**	**1250**	**Date Time Period Format Qualifier**	**X**	**ID**	**2/3**
NOT USED	**INS12**	**1251**	**Date Time Period**	**X**	**AN**	**1/35**
NOT USED	**INS13**	**1165**	**Confidentiality Code**	**O**	**ID**	**1/1**
NOT USED	**INS14**	**19**	**City Name**	**O**	**AN**	**2/30**
NOT USED	**INS15**	**156**	**State or Province Code**	**O**	**ID**	**2/2**
NOT USED	**INS16**	**26**	**Country Code**	**O**	**ID**	**2/3**
SITUATIONAL	**INS17**	**1470**	**Number** A generic number	**O**	**N0**	**1/9**

INDUSTRY: ***Birth Sequence Number***

SEMANTIC: INS17 is the number assigned to each family member born with the same birth date. This number identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.).

This data element is not used unless the dependent is a child from a multiple birth.

IMPLEMENTATION

SERVICE PROVIDER LEVEL

Loop: **2000E — SERVICE PROVIDER LEVEL** **Repeat:** **>1**

Usage: **REQUIRED**

Repeat: **1**

Notes: **1. Loop 2000E identifies the specific person, group practice, facility, or specialty entity to provide services.**

Example: **HL*5*4*19*1~**

STANDARD

HL Hierarchical Level

Level: Detail

Position: 010

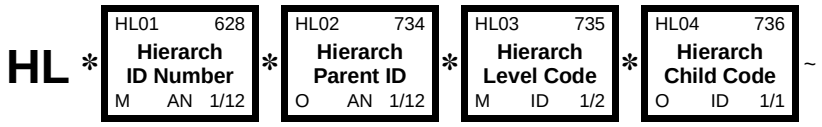
Loop: HL **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HL01**	**628**	**Hierarchical ID Number** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure **COMMENT:** HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	**M AN 1/12**
REQUIRED	**HL02**	**734**	**Hierarchical Parent ID Number** Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to **COMMENT:** HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	**O AN 1/12**

REQUIRED **HL03** **735** **Hierarchical Level Code** **M ID 1/2**

Code defining the characteristic of a level in a hierarchical structure

COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

CODE	DEFINITION
19	**Provider of Service**

REQUIRED **HL04** **736** **Hierarchical Child Code** **O ID 1/1**

Code indicating if there are hierarchical child data segments subordinate to the level being described

COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

CODE	DEFINITION
1	**Additional Subordinate HL Data Segment in This Hierarchical Structure.**

IMPLEMENTATION

MESSAGE TEXT

Loop: **2000E — SERVICE PROVIDER LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Advisory: **Under most circumstances, this segment is not sent.**

Notes: **1. The UMO can use this segment to transmit a message to the requester about the service provider or specialty requested.**

Example: **MSG*This is a free-form text message~**

STANDARD

MSG Message Text

Level: Detail

Position: 160

Loop: HL

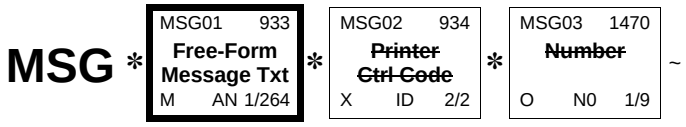
Requirement: Optional

Max Use: 1

Purpose: To provide a free-form format that allows the transmission of text information

Syntax: **1. C0302**
If MSG03 is present, then MSG02 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**MSG01**	**933**	**Free-Form Message Text** Free-form message text *INDUSTRY:* ***Free Form Message Text***	**M**	**AN**	**1/264**
NOT USED	**MSG02**	**934**	**Printer Carriage Control Code**	**X**	**ID**	**2/2**
NOT USED	**MSG03**	**1470**	**Number**	**O**	**N0**	**1/9**

IMPLEMENTATION

SERVICE PROVIDER NAME

Loop: **2010E — SERVICE PROVIDER NAME Repeat: 3**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **Use this segment to convey the name and identification number of the service provider (person, group, or facility) or to identify the specialty entity.**

2. **Use the maximum of three occurrences of Loop 2010E in a single Loop 2000E only when it is necessary to identify an individual provider within a specific group and facility when that provider and group provide services at multiple facilities.**

3. **Do not use multiple occurrences of Loop 2010E within a single Loop 2000E to certify admission to a facility and a specialist or services at that facility. In this case, two occurrences of Loop 2000E are required as follows:**

   The admission certification must be expressed in a separate Loop 2000E where the facility is identified in Loop 2010E and Loop 2000F identifies admission review as the request category.

   The specialist and services are expressed in a separate Loop 2000E where the specialist or specialty is identified in Loop 2010E and Loop 2000F identifies the services.

Example: **NM1*SJ*1*WATSON*SUSAN****34*987654321~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 170

Loop: HL/NM1 **Repeat:** >1

Requirement: Optional

Max Use: 1

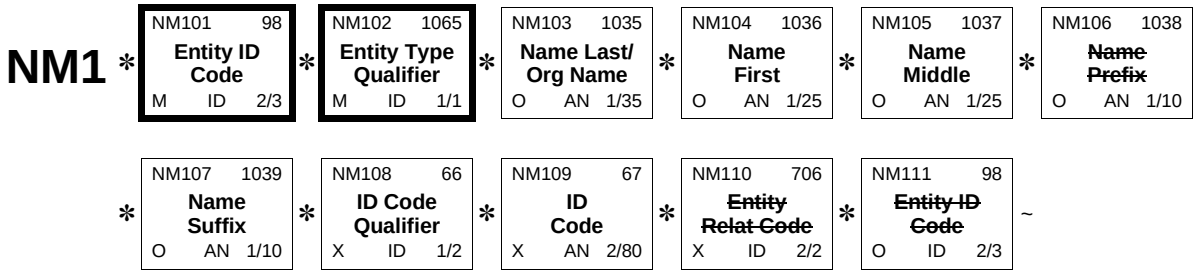
Purpose: To supply the full name of an individual or organizational entity

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.

2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE / DEFINITION **1T** Physician, Clinic or Group Practice **FA** Facility **SJ** Service Provider	**M ID 2/3**
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE / DEFINITION **1** Person **2** Non-Person Entity	**M ID 1/1**
SITUATIONAL	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY:* ***Service Provider Last or Organization Name*** **Required if identifying a specific person, facility, group practice, or clinic and NM108/NM109 are not present. Not used if identifying a specialty entity.**	**O AN 1/35**
SITUATIONAL	**NM104**	**1036**	**Name First** Individual first name *INDUSTRY:* ***Service Provider First Name*** **Required if the service provider is a specific person (NM102 = 1) and NM103 is present.**	**O AN 1/25**
SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial *INDUSTRY:* ***Service Provider Middle Name*** **Required if NM104 is present and the middle name/initial of the person is known.**	**O AN 1/25**
NOT USED	**NM106**	**1038**	**Name Prefix**	**O AN 1/10**

SITUATIONAL	**NM107**	**1039**	**Name Suffix** Suffix to individual name *INDUSTRY:* ***Service Provider Name Suffix*** **Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.**	**O**	**AN**	**1/10**
SITUATIONAL	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 **Required if certification is for services of a specific person, facility, group practice, or clinic and the provider ID is known.**	**X**	**ID**	**1/2**
SITUATIONAL	**NM109**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Service Provider Identifier*** SYNTAX: P0809 **Required if certification is for services of a specific person, facility, group practice, or clinic and the provider ID is known.**	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

CODE	DEFINITION
24	**Employer's Identification Number**
34	**Social Security Number**
46	**Electronic Transmitter Identification Number (ETIN)**
XX	**Health Care Financing Administration National Provider Identifier** ***Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.***

IMPLEMENTATION

SERVICE PROVIDER SUPPLEMENTAL IDENTIFICATION

Loop: **2010E — SERVICE PROVIDER NAME**

Usage: **SITUATIONAL**

Repeat: **7**

Notes: **1. Use this segment only when necessary to provide supplemental identifiers for the service provider. Use the NM1 segment for the primary identifier.**

Example: **REF*1G*123456~**

STANDARD

REF Reference Identification

Level: Detail

Position: 180

Loop: HL/NM1

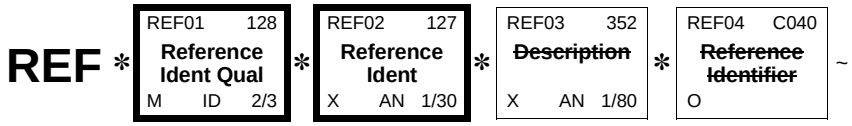
Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

Syntax: **1. R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
1G	**Provider UPIN Number**
1J	**Facility ID Number**
EI	**Employer's Identification Number** **Not used if NM108 = 24.**
N5	**Provider Plan Network Identification Number**
N7	**Facility Network Identification Number**

			SY	**Social Security Number** **NOT ADVISED** **The social security number may not be used for Medicare. Not used if NM108 = 34.**			
			ZH	**Carrier Assigned Reference Number** **Use for the provider ID as assigned by the UMO identified in Loop 2000A.**			
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Service Provider Supplemental Identifier*** SYNTAX: R0203		**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**		**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**		**O**		

IMPLEMENTATION

SERVICE PROVIDER ADDRESS

Loop: **2010E — SERVICE PROVIDER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Required if the UMO needs to identify a specific location for a service provider that has multiple locations.**

Example: **N3*77 HOLLY BLVD~**

STANDARD

N3 Address Information

Level: Detail

Position: 200

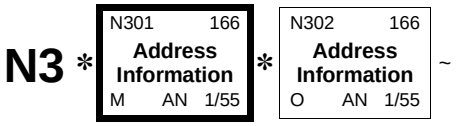
Loop: HL/NM1

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**N301**	**166**	**Address Information** Address information *INDUSTRY:* ***Service Provider Address Line*** **Use this element for the first line of the service provider's address.**	**M**	**AN**	**1/55**
SITUATIONAL	**N302**	**166**	**Address Information** Address information *INDUSTRY:* ***Service Provider Address Line*** **Required only if a second address line exists.**	**O**	**AN**	**1/55**

IMPLEMENTATION

SERVICE PROVIDER CITY/STATE/ZIP CODE

Loop: **2010E — SERVICE PROVIDER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Required if the UMO needs to identify a specific location for a service provider that has multiple locations.**

Example: **N4*HOLLYWOOD*CA*90214~**

STANDARD

N4 Geographic Location

Level: Detail

Position: 210

Loop: HL/NM1

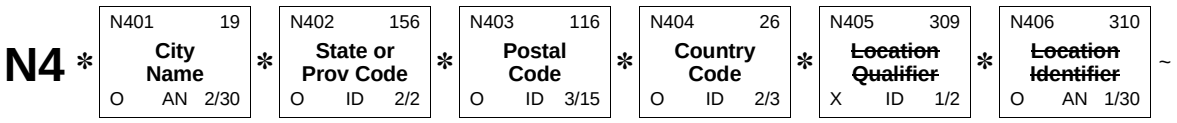
Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: **1. C0605**
If N406 is present, then N405 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	**N401**	**19**	**City Name** Free-form text for city name *INDUSTRY:* ***Service Provider City Name*** **COMMENT:** A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. **Use when necessary to provide this data as part of the service provider location identification.**	**O AN 2/30**

SITUATIONAL	**N402**	**156**	**State or Province Code** Code (Standard State/Province) as defined by appropriate government agency *INDUSTRY:* ***Service Provider State or Province Code*** COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. CODE SOURCE **22:** States and Outlying Areas of the U.S. **Use when necessary to provide this data as part of the service provider location identification.**	**O**	**ID**	**2/2**
SITUATIONAL	**N403**	**116**	**Postal Code** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) *INDUSTRY:* ***Service Provider Postal Zone or ZIP Code*** CODE SOURCE **51:** ZIP Code **Use if known by the UMO.** **Use when necessary to provide this data as part of the service provider location identification.**	**O**	**ID**	**3/15**
SITUATIONAL	**N404**	**26**	**Country Code** Code identifying the country *INDUSTRY:* ***Service Provider Country Code*** CODE SOURCE **5:** Countries, Currencies and Funds **Use only if the address is out of the U.S.**	**O**	**ID**	**2/3**
NOT USED	**N405**	**309**	**Location Qualifier**	**X**	**ID**	**1/2**
NOT USED	**N406**	**310**	**Location Identifier**	**O**	**AN**	**1/30**

IMPLEMENTATION

SERVICE PROVIDER CONTACT INFORMATION

Loop: **2010E — SERVICE PROVIDER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this segment to identify a contact name and/or communications number for the service provider.**
2. **Use if available.**
3. **When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.**
4. **By definition of the standard, if PER03 is used, PER04 is required.**

Example: **PER*IC*M TUCKER*TE*8189993456*FX*8188769304~**

STANDARD

PER Administrative Communications Contact

Level: Detail

Position: 220

Loop: HL/NM1

Requirement: Optional

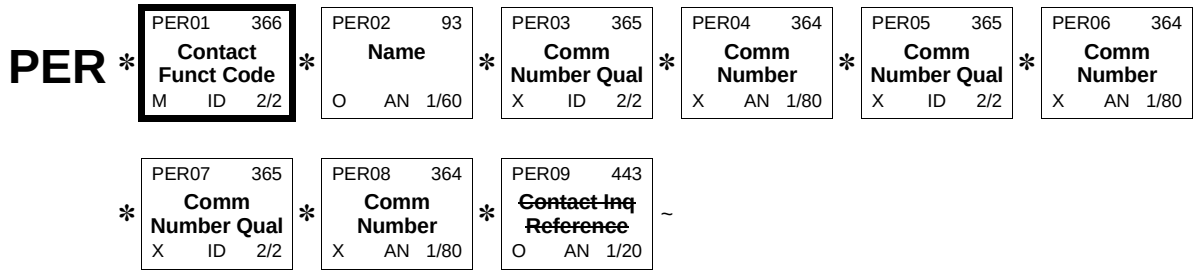
Max Use: 3

Purpose: To identify a person or office to whom administrative communications should be directed

Syntax:

1. **P0304**
   If either PER03 or PER04 is present, then the other is required.
2. **P0506**
   If either PER05 or PER06 is present, then the other is required.
3. **P0708**
   If either PER07 or PER08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PER01**	**366**	**Contact Function Code** Code identifying the major duty or responsibility of the person or group named	**M ID 2/2**
			CODE: **IC** — DEFINITION: **Information Contact**	
SITUATIONAL	**PER02**	**93**	**Name** Free-form name *INDUSTRY:* ***Service Provider Contact Name*** **Used only when the UMO wishes to indicate a particular contact.** **Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).**	**O AN 1/60**
SITUATIONAL	**PER03**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0304 **Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.**	**X ID 2/2**
			CODE: **EM** — DEFINITION: **Electronic Mail**	
			CODE: **FX** — DEFINITION: **Facsimile**	
			CODE: **TE** — DEFINITION: **Telephone**	
SITUATIONAL	**PER04**	**364**	**Communication Number** Complete communications number including country or area code when applicable *INDUSTRY:* ***Service Provider Contact Communication Number*** SYNTAX: P0304 **Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.**	**X AN 1/80**

SITUATIONAL	**PER05**	**365**	**Communication Number Qualifier** Code identifying the type of communication number	**X**	**ID**	**2/2**

SYNTAX: P0506

Used only when the telephone extension or multiple communication types are available.

CODE	DEFINITION
EM	**Electronic Mail**
EX	**Telephone Extension** **When used, the value following this code is the extension for the preceding communications contact number.**
FX	**Facsimile**
TE	**Telephone**

SITUATIONAL	**PER06**	**364**	**Communication Number** Complete communications number including country or area code when applicable	**X**	**AN**	**1/80**

INDUSTRY: ***Service Provider Contact Communication Number***

SYNTAX: P0506

Used only when the telephone extension or multiple communication types are available.

SITUATIONAL	**PER07**	**365**	**Communication Number Qualifier** Code identifying the type of communication number	**X**	**ID**	**2/2**

SYNTAX: P0708

Used only when the telephone extension or multiple communication types are available.

CODE	DEFINITION
EM	**Electronic Mail**
EX	**Telephone Extension** **When used, the value following this code is the extension for the preceding communications contact number.**
FX	**Facsimile**
TE	**Telephone**

SITUATIONAL	**PER08**	**364**	**Communication Number** Complete communications number including country or area code when applicable	**X**	**AN**	**1/80**

INDUSTRY: ***Service Provider Contact Communication Number***

SYNTAX: P0708

Used only when the telephone extension or multiple communication types are available.

NOT USED	**PER09**	**443**	**Contact Inquiry Reference**	**O**	**AN**	**1/20**

IMPLEMENTATION

SERVICE PROVIDER REQUEST VALIDATION

Loop: **2010E — SERVICE PROVIDER NAME**

Usage: **SITUATIONAL**

Repeat: **9**

Notes:
1. **Use this segment to convey rejection information regarding the service provider.**
2. **Required only if the request is not valid at this level.**

Example: **AAA*N**43*C~**

STANDARD

AAA Request Validation

Level: Detail

Position: 230

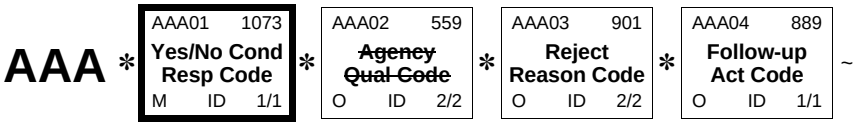
Loop: HL/NM1

Requirement: Optional

Max Use: 9

Purpose: To specify the validity of the request and indicate follow-up action authorized

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**AAA01**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Valid Request Indicator*** **SEMANTIC:** AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.	**M**	**ID**	**1/1**
			CODE / **DEFINITION** **N** — **No** **Y** — **Yes**			
NOT USED	**AAA02**	**559**	**Agency Qualifier Code**	**O**	**ID**	**2/2**

SITUATIONAL	AAA03	901	**Reject Reason Code** Code assigned by issuer to identify reason for rejection	O	ID	2/2

Required if AAA01 = "N".

CODE	DEFINITION
15	**Required application data missing** **Use when data is missing that is not covered by another reject reason code. Use to indicate when there is not enough information to identify the service provider.**
33	**Input Errors** **Use for input errors not covered by another reject reason code.**
35	**Out of Network**
41	**Authorization/Access Restrictions**
43	**Invalid/Missing Provider Identification**
44	**Invalid/Missing Provider Name**
45	**Invalid/Missing Provider Specialty**
46	**Invalid/Missing Provider Phone Number**
47	**Invalid/Missing Provider State**
49	**Provider is Not Primary Care Physician**
51	**Provider Not on File**
52	**Service Dates Not Within Provider Plan Enrollment**
79	**Invalid Participant Identification** **Use for invalid/missing service provider supplemental identifier.**
97	**Invalid or Missing Provider Address**

SITUATIONAL	AAA04	889	**Follow-up Action Code** Code identifying follow-up actions allowed	O	ID	1/1

Required if AAA03 is present.

CODE	DEFINITION
C	**Please Correct and Resubmit**
N	**Resubmission Not Allowed**

IMPLEMENTATION

SERVICE PROVIDER INFORMATION

Loop: **2010E — SERVICE PROVIDER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this segment to indicate the service provider's role in the care of the patient and the service provider's specialty.**
2. **Required if used by the UMO to identify the service provider.**
3. **PRV02 qualifies PRV03.**

Example: **PRV*PE*ZZ*203BA0002Y~**

STANDARD

PRV Provider Information

Level: Detail

Position: 240

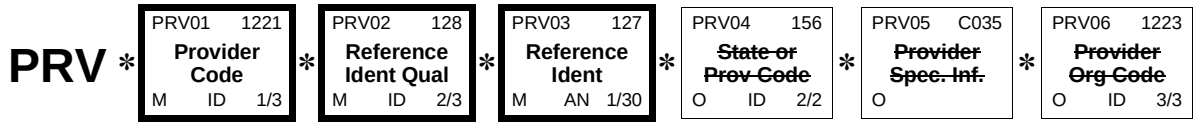
Loop: HL/NM1

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PRV01**	**1221**	**Provider Code** Code indentifying the type of provider	**M ID 1/3**

CODE	DEFINITION
AD	**Admitting**
AS	**Assistant Surgeon**
AT	**Attending**
CO	**Consulting**
CV	**Covering**
OP	**Operating**
OR	**Ordering**

			OT **Other Physician**			
			PC **Primary Care Physician**			
			PE **Performing**			
REQUIRED	**PRV02**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M**	**ID**	**2/3**
			ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.			
			CODE DEFINITION			
			ZZ **Mutually Defined** **Health Care Provider Taxonomy Code List**			
REQUIRED	**PRV03**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Provider Taxonomy Code*** *ALIAS:* ***Provider Specialty Code***	**M**	**AN**	**1/30**
NOT USED	**PRV04**	**156**	**State or Province Code**	**O**	**ID**	**2/2**
NOT USED	**PRV05**	**C035**	**PROVIDER SPECIALTY INFORMATION**	**O**		
NOT USED	**PRV06**	**1223**	**Provider Organization Code**	**O**	**ID**	**3/3**

IMPLEMENTATION

SERVICE LEVEL

Loop: **2000F — SERVICE LEVEL Repeat: >1**

Usage: **REQUIRED**

Repeat: **1**

Notes: **1. Use this segment to identify the service(s) requested and convey the review outcome related to that service(s).**

Example: **HL*6*5*SS*0~**

STANDARD

HL Hierarchical Level

Level: Detail

Position: 010

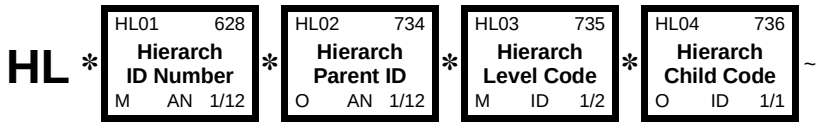
Loop: HL **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HL01**	**628**	**Hierarchical ID Number** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure **COMMENT:** HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	**M AN 1/12**
REQUIRED	**HL02**	**734**	**Hierarchical Parent ID Number** Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to **COMMENT:** HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	**O AN 1/12**

REQUIRED **HL03** **735** **Hierarchical Level Code** **M ID 1/2**

Code defining the characteristic of a level in a hierarchical structure

COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

CODE	DEFINITION
SS	**Services**

REQUIRED **HL04** **736** **Hierarchical Child Code** **O ID 1/1**

Code indicating if there are hierarchical child data segments subordinate to the level being described

COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

CODE	DEFINITION
0	**No Subordinate HL Segment in This Hierarchical Structure.**

IMPLEMENTATION

SERVICE TRACE NUMBER

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 3

Notes:

1. **Any trace numbers provided at this level on the request must be returned by the UMO at this level of the 278 response.**

2. **The UMO can assign a trace number to this service response for tracking purposes.**

3. **If the 278 request transaction passes through more than one clearinghouse, the second (and subsequent) clearinghouse may choose one of the following options:**

   If the second or subsequent clearinghouse needs to assign their own TRN segment they may replace the received TRN segment belonging to the sending clearinghouse with their own TRN segment. Upon returning a 278 response to the sending clearinghouse, they must remove their TRN segment and replace it with the sending clearinghouse's TRN segment.

   If the second or subsequent clearinghouse does not need to assign their own TRN segment, they should merely pass all TRN segments received in the 278 request and pass all TRN segments received in the 278 response transaction.

4. **If the 278 request passes through a clearinghouse that adds their own TRN in addition to a requester TRN, the clearinghouse will receive a response from the UMO containing two TRN segments that contain the value "2" (Referenced Transaction Trace Number) in TRN01. If the UMO has assigned a TRN, the UMO's TRN will contain the value "1" (Current Transaction Trace Number) in TRN01. If the clearinghouse chooses to pass their own TRN values to the requester, the clearinghouse must change the value in their TRN01 to "1" because, from the requester's perspective, this is not a referenced transaction trace number.**

Example: **TRN*2*111099*9012345678*RADIOLOGY~**

STANDARD

TRN Trace

Level: Detail

Position: 020

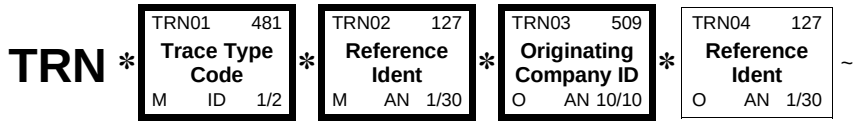
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To uniquely identify a transaction to an application

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**TRN01**	**481**	**Trace Type Code** Code identifying which transaction is being referenced	**M ID 1/2**

CODE	DEFINITION
1	**Current Transaction Trace Numbers** **The term "Current Transaction Trace Number" refers to the trace number assigned by the creator of the 278 response transaction (the UMO).**
2	**Referenced Transaction Trace Numbers** **The term "Referenced Transaction Trace Number" refers to the trace number originally sent in the 278 request transaction.**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**TRN02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Service Trace Number*** **SEMANTIC:** TRN02 provides unique identification for the transaction.	**M AN 1/30**
REQUIRED	**TRN03**	**509**	**Originating Company Identifier** A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 *INDUSTRY:* ***Trace Assigning Entity Identifier*** **SEMANTIC:** TRN03 identifies an organization.	**O AN 10/10**

Use this element to identify the organization that assigned this trace number. If TRN01 is "2", this is the value received in the original 278 request transaction. If TRN01 is "1", use this information to identify the UMO organization that assigned this trace number.

The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.

SITUATIONAL	**TRN04**	**127**	**Reference Identification**	**O**	**AN**	**1/30**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

INDUSTRY: ***Trace Assigning Entity Additional Identifier***

SEMANTIC: TRN04 identifies a further subdivision within the organization.

Use this information if necessary to further identify a specific component, such as a specific division or group, of the company identified in the previous data element (TRN03).

IMPLEMENTATION

SERVICE REQUEST VALIDATION

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **9**

Notes:

1. **Required if the request is not valid at this level to indicate the data condition that prohibits processing of the original request.**
2. **If the non-certification is related to a medical necessity/benefits decision, use the HCR segment.**
3. **If Loop 2000F is present, either the AAA segment or the HCR segment must be returned.**

Example: **AAA*N**52*C~**

STANDARD

AAA Request Validation

Level: Detail

Position: 030

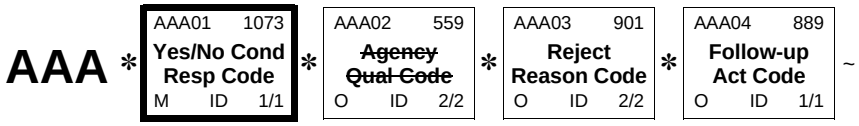
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify the validity of the request and indicate follow-up action authorized

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**AAA01**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Valid Request Indicator*** **SEMANTIC:** AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.	**M**	**ID**	**1/1**
			CODE / **DEFINITION** **N** — **No** **Y** — **Yes**			
NOT USED	**AAA02**	**559**	**Agency Qualifier Code**	**O**	**ID**	**2/2**

SITUATIONAL	AAA03	901	**Reject Reason Code** Code assigned by issuer to identify reason for rejection	O	ID	2/2

Required if AAA01 = "N".

CODE	DEFINITION
15	**Required application data missing** **Use when data is missing that is not covered by another Reject Reason Code. For example, use for missing procedure codes and procedure dates.**
33	**Input Errors** **Use for input errors in the service data not covered by the other reject reason codes listed. For example, use for invalid place of service codes and invalid procedure codes and procedure dates.**
52	**Service Dates Not Within Provider Plan Enrollment**
57	**Invalid/Missing Date(s) of Service** **Use for invalid/missing service, admission, surgery, or discharge dates.**
60	**Date of Birth Follows Date(s) of Service**
61	**Date of Death Precedes Date(s) of Service**
62	**Date of Service Not Within Allowable Inquiry Period**
T5	**Certification Information Missing** **Use to indicate missing previous certification number information.**

SITUATIONAL	AAA04	889	**Follow-up Action Code** Code identifying follow-up actions allowed	O	ID	1/1

Required if AAA03 is present.

CODE	DEFINITION
C	**Please Correct and Resubmit**
N	**Resubmission Not Allowed**

IMPLEMENTATION

HEALTH CARE SERVICES REVIEW INFORMATION

Loop: **2000F — SERVICE LEVEL**

Usage: **REQUIRED**

Repeat: **1**

Notes: **1. Use this segment to identify the type of health care services review request to which this response pertains.**

Example: **UM*SC*I*3~**

STANDARD

UM Health Care Services Review Information

Level: Detail

Position: 040

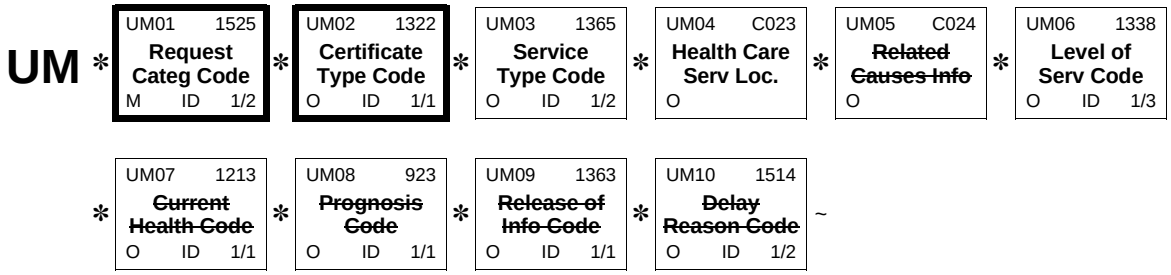
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To specify health care services review information

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**UM01**	**1525**	**Request Category Code** Code indicating a type of request	**M ID 1/2**

CODE	DEFINITION
AR	**Admission Review** **Use this code for a request regarding admission to a facility.**
HS	**Health Services Review** **Use this code for a request for review of services related to an episode of care.**

			SC	**Specialty Care Review** **Use this code for a request for a referral to a specialty provider.**			
REQUIRED	**UM02**	**1322**	**Certification Type Code** Code indicating the type of certification		**O**	**ID**	**1/1**
			CODE	**DEFINITION**			
			1	**Appeal - Immediate** **Use this value only for appeals of review decisions where the level of service required is emergency or urgent. If UM02 = 1 then UM06 must be valued.**			
			2	**Appeal - Standard** **Use this value for appeals of review decisions where the level of service is not emergency or urgent.**			
			3	**Cancel**			
			4	**Extension**			
			I	**Initial**			
			R	**Renewal**			
			S	**Revised**			
SITUATIONAL	**UM03**	**1365**	**Service Type Code** Code identifying the classification of service		**O**	**ID**	**1/2**
			Required if used by the UMO in rendering a medical decision.				
			CODE	**DEFINITION**			
			1	**Medical Care**			
			2	**Surgical**			
			3	**Consultation**			
			4	**Diagnostic X-Ray**			
			5	**Diagnostic Lab**			
			6	**Radiation Therapy**			
			7	**Anesthesia**			
			8	**Surgical Assistance**			
			12	**Durable Medical Equipment Purchase**			
			14	**Renal Supplies in the Home**			
			15	**Alternate Method Dialysis**			
			16	**Chronic Renal Disease (CRD) Equipment**			
			17	**Pre-Admission Testing**			
			18	**Durable Medical Equipment Rental**			

20	Second Surgical Opinion
21	Third Surgical Opinion
23	Diagnostic Dental
24	Periodontics
25	Restorative
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
33	Chiropractic
34	Chiropractic Office Visits
35	Dental Care
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
42	Home Health Care
44	Home Health Visits
45	Hospice
46	Respite Care
48	Hospital - Inpatient
50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
54	Long Term Care
56	Medically Related Transportation
57	Air Transportation
58	Cabulance
59	Licensed Ambulance
61	In-vitro Fertilization
62	MRI/CAT Scan

63	Donor Procedures
64	Acupuncture
65	Newborn Care
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
77	Otological Exam
78	Chemotherapy
79	Allergy Testing
80	Immunizations
82	Family Planning
83	Infertility
84	Abortion
85	AIDS
86	Emergency Services
93	Podiatry
94	Podiatry - Office Visits
95	Podiatry - Nursing Home Visits
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A1	Professional (Physician) Visit - Nursing Home
A2	Professional (Physician) Visit - Skilled Nursing Facility
A3	Professional (Physician) Visit - Home

			A4	**Psychiatric**
			A6	**Psychotherapy**
			A7	**Psychiatric - Inpatient**
			A8	**Psychiatric - Outpatient**
			A9	**Rehabilitation**
			AB	**Rehabilitation - Inpatient**
			AC	**Rehabilitation - Outpatient**
			AD	**Occupational Therapy**
			AE	**Physical Medicine**
			AF	**Speech Therapy**
			AG	**Skilled Nursing Care**
			AI	**Substance Abuse**
			AJ	**Alcoholism**
			AK	**Drug Addiction**
			AL	**Vision (Optometry)**
			AR	**Experimental Drug Therapy**
			BB	**Partial Hospitalization (Psychiatric)**
			BC	**Day Care (Psychiatric)**
			BD	**Cognitive Therapy**
			BE	**Massage Therapy**
			BF	**Pulmonary Rehabilitation**
			BG	**Cardiac Rehabilitation**
			BS	**Invasive Procedures**
SITUATIONAL	**UM04**	**C023**	**HEALTH CARE SERVICE LOCATION INFORMATION** To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered	**O**
			Required if the service provider's facility type is known by the UMO. If UM03 is present and specifies a service type that is qualified by a facility type, e.g.: UM03 = A2 for Professional (Physician) Visit - Skilled Nursing Facility, value this field with the corresponding facility code value from the code source required on the claim.	

REQUIRED **UM04 - 1** **1331** **Facility Code Value** **M** **AN** **1/2**
Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format

INDUSTRY: ***Facility Type Code***

Use to indicate a facility code value from the code source referenced in UM04-2.

REQUIRED **UM04 - 2** **1332** **Facility Code Qualifier** **O** **ID** **1/2**
Code identifying the type of facility referenced

CODE	DEFINITION
A	**Uniform Billing Claim Form Bill Type**
	CODE SOURCE **236:** Uniform Billing Claim Form Bill Type
B	**Place of service code from the FAO record of the Electronic Media Claims National Standard Format**
	CODE SOURCE **237:** Place of Service from Health Care Financing Administration Claim Form

NOT USED **UM04 - 3** **1325** **Claim Frequency Type Code** **O** **ID** **1/1**
CODE SOURCE **235:** Claim Frequency Type Code

NOT USED **UM05** **C024** **RELATED CAUSES INFORMATION** **O**

SITUATIONAL **UM06** **1338** **Level of Service Code** **O** **ID** **1/3**
Code specifying the level of service rendered

Required if used by the UMO in rendering a decision.

CODE	DEFINITION
03	**Emergency**
U	**Urgent**

NOT USED **UM07** **1213** **Current Health Condition Code** **O** **ID** **1/1**

NOT USED **UM08** **923** **Prognosis Code** **O** **ID** **1/1**

NOT USED **UM09** **1363** **Release of Information Code** **O** **ID** **1/1**

NOT USED **UM10** **1514** **Delay Reason Code** **O** **ID** **1/2**

IMPLEMENTATION

HEALTH CARE SERVICES REVIEW

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this segment to provide review outcome information and an associated reference number.**
2. **Required if the UMO has reviewed the request. If the UMO was unable to review the request due to missing or invalid application data at this level, the UMO must return a 278 response containing a AAA segment at this level.**
3. **If Loop 2000F is present, either the AAA segment or the HCR segment must be returned.**

Example: **HCR*A1*19950713~**

STANDARD

HCR Health Care Services Review

Level: Detail

Position: 050

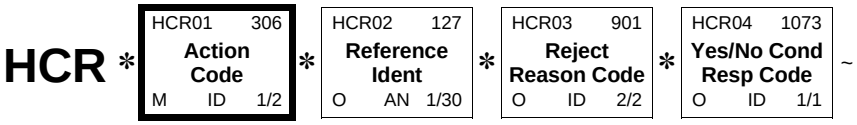
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To specify the outcome of a health care services review

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HCR01**	**306**	**Action Code** Code indicating type of action *ALIAS:* ***Certification Action Code***	**M ID 1/2**

CODE	DEFINITION
A1	**Certified in total**
A3	**Not Certified**
A4	**Pended**
A6	**Modified**

			CT	**Contact Payer**			
			NA	**No Action Required** **Use only if certification is not required.**			
SITUATIONAL	**HCR02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Certification Number*** **SEMANTIC:** HCR02 is the number assigned by the information source to this review outcome. **Required if HCR01 = A1 or A6.**	**O**	**AN**	**1/30**	
SITUATIONAL	**HCR03**	**901**	**Reject Reason Code** Code assigned by issuer to identify reason for rejection **Required if HCR01 = A3 or A4. Use to indicate the primary reason for the code assigned in HCR01.**	**O**	**ID**	**2/2**	

CODE	DEFINITION
35	**Out of Network**
36	**Testing not Included**
37	**Request Forwarded To and Decision Response Forthcoming From an External Review Organization**
41	**Authorization/Access Restrictions** **Use to indicate that the service requested requires PCP authorization.**
53	**Inquired Benefit Inconsistent with Provider Type**
69	**Inconsistent with Patient's Age**
70	**Inconsistent with Patient's Gender**
82	**Not Medically Necessary**
83	**Level of Care Not Appropriate**
84	**Certification Not Required for this Service**
85	**Certification Responsibility of External Review Organization**
86	**Primary Care Service**
87	**Exceeds Plan Maximums**
88	**Non-covered Service** **Use for services not covered by the patient's plan such as Worker's Compensation or Auto Accident.**
89	**No Prior Approval**
90	**Requested Information Not Received**
91	**Duplicate Request**

			92	**Service Inconsistent with Diagnosis**			
			96	**Pre-existing Condition**			
			98	**Experimental Service or Procedure**			
			E8	**Requires Medical Review** **Use to indicate that a review by medical personnel is necessary.**			
SITUATIONAL	**HCR04**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	**O**	**ID**	**1/1**	

INDUSTRY: ***Second Surgical Opinion Indicator***

SEMANTIC: HCR04 is the second surgical opinion indicator. A “Y” value indicates a second surgical opinion is required; an “N” value indicates a second surgical opinion is not required for this request.

Use when certification pertains to a surgical procedure and the contract under which the patient is covered has provisions regarding a second surgical opinion.

CODE	DEFINITION
N	**No**
Y	**Yes**

IMPLEMENTATION

PREVIOUS CERTIFICATION IDENTIFICATION

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **This is the certification number assigned by the UMO to the original service review outcome associated with this service review.**

Example: **REF*BB*A123~**

STANDARD

REF Reference Identification

Level: Detail

Position: 060

Loop: HL

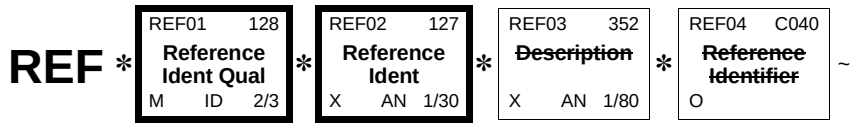
Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

Syntax:
1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification CODE / DEFINITION **BB — Authorization Number**	**M ID 2/3**
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Previous Certification Identifier*** SYNTAX: R0203	**X AN 1/30**
NOT USED	**REF03**	**352**	**Description**	**X AN 1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**

IMPLEMENTATION

SERVICE DATE

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this segment for the valid date(s) during which the service can be performed.**
2. **Use this segment only if the certification is for a service and not for a specific procedure. The HI segment in Loop 2000F is used to authorize specific procedures. The HI segment procedure date field (HIxx-4) contains the authorized or actual procedure date.**
3. **Required if valued on the request and the UMO authorizes service for a specific date or date range.**

Example: **DTP*472*D8*19980723~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

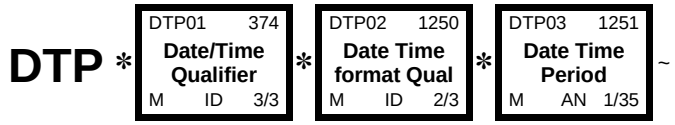
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	**M ID 3/3**

INDUSTRY: ***Date Time Qualifier***

CODE	DEFINITION
472	**Service**

REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**M**	**ID**	**2/3**

SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**M**	**AN**	**1/35**

INDUSTRY: ***Proposed or Actual Service Date***

IMPLEMENTATION

ADMISSION DATE

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes:
1. Use this segment for the proposed or actual date of admission.
2. Required if valued on the request and the UMO authorizes admission for a specific date or date range.

Example: DTP*435*D8*19980723~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

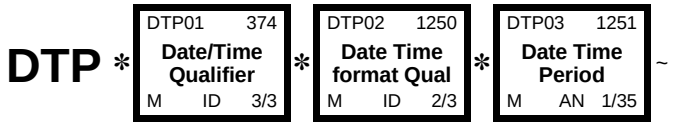
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	**M**	**ID**	**3/3**
			*INDUSTRY: **Date Time Qualifier*** CODE / DEFINITION **435 Admission**			
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**M**	**ID**	**2/3**
			SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE / DEFINITION **D8 Date Expressed in Format CCYYMMDD**			

			RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD** **Use this for the range of dates when admission can occur. Use the HSD segment for length of stay.**			
REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Proposed or Actual Admission Date***		**M**	**AN**	**1/35**

IMPLEMENTATION

DISCHARGE DATE

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes:
1. Use this segment for the proposed or actual date of discharge from a facility.
2. Required if valued on the request and the UMO authorizes services or admission based on the proposed or actual discharge date.

Example: DTP*096*D8*19980724~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

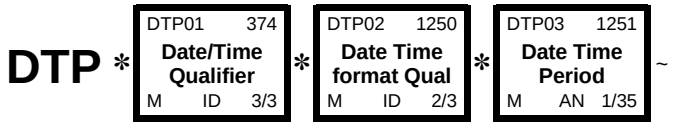
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	**Date/Time Qualifier** M ID 3/3 Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE — DEFINITION **096 — Discharge**	
REQUIRED	DTP02	1250	**Date Time Period Format Qualifier** M ID 2/3 Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE — DEFINITION **D8 — Date Expressed in Format CCYYMMDD**	

REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Proposed or Actual Discharge Date***	**M**	**AN**	**1/35**

IMPLEMENTATION

SURGERY DATE

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this segment for the proposed or actual date of surgery.**
2. **Use this segment only if certification is for surgery and the HI procedures segment in Loop 2000F is not used to identify specific surgical procedures. If the HI segment is valued, place the proposed or actual surgical procedure date in the HI segment procedure date field (HIxx-4).**
3. **Required if valued on the request and the UMO authorizes surgery for a specific date.**

Example: **DTP*456*D8*19980723~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

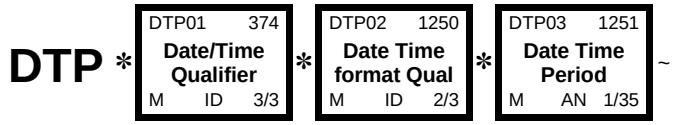
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	**M ID 3/3**

INDUSTRY: ***Date Time Qualifier***

CODE	DEFINITION
456	**Surgery**

REQUIRED **DTP02** **1250** **Date Time Period Format Qualifier** **M ID 2/3**
Code indicating the date format, time format, or date and time format

SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

REQUIRED **DTP03** **1251** **Date Time Period** **M AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Proposed or Actual Surgery Date***

IMPLEMENTATION

CERTIFICATION ISSUE DATE

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Use this segment for the date when the certification was issued.**
2. **Required only if the date(s) when the certification is effective is based on the date when the certification was issued.**

Example: **DTP*102*D8*19981218~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

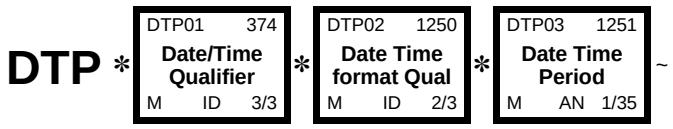
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE / DEFINITION **102 — Issue**	**M ID 3/3**
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **SEMANTIC:** DTP02 is the date or time or period format that will appear in DTP03. CODE / DEFINITION **D8 — Date Expressed in Format CCYYMMDD**	**M ID 2/3**
REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Certification Issue Date***	**M AN 1/35**

IMPLEMENTATION

CERTIFICATION EXPIRATION DATE

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Use if the certification has an expiration date to indicate the date on which the certification will expire.**

Example: **DTP*036*D8*19980731~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

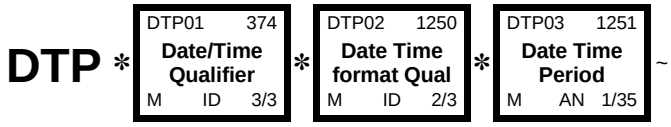
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE / DEFINITION **036 Expiration**	**M ID 3/3**
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **SEMANTIC:** DTP02 is the date or time or period format that will appear in DTP03. CODE / DEFINITION **D8 Date Expressed in Format CCYYMMDD**	**M ID 2/3**
REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Certification Expiration Date***	**M AN 1/35**

IMPLEMENTATION

CERTIFICATION EFFECTIVE DATE

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes:
1. Use if the certification is limited by effective dates to indicate the date or date range when the certification is effective.

Example: DTP*007*RD8*19980618-19981215~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 070

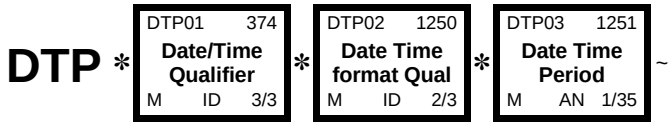
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE — DEFINITION **007** — **Effective**	M ID 3/3
REQUIRED	DTP02	1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE — DEFINITION **D8** — **Date Expressed in Format CCYYMMDD** **RD8** — **Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**	M ID 2/3
REQUIRED	DTP03	1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Certification Effective Date***	M AN 1/35

IMPLEMENTATION

PROCEDURES

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Use this segment for specific services and procedures.**
2. **Required if the UMO authorizes specific procedure codes.**

Example: **HI*BO:490000:D8:19980121::1~**

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 080

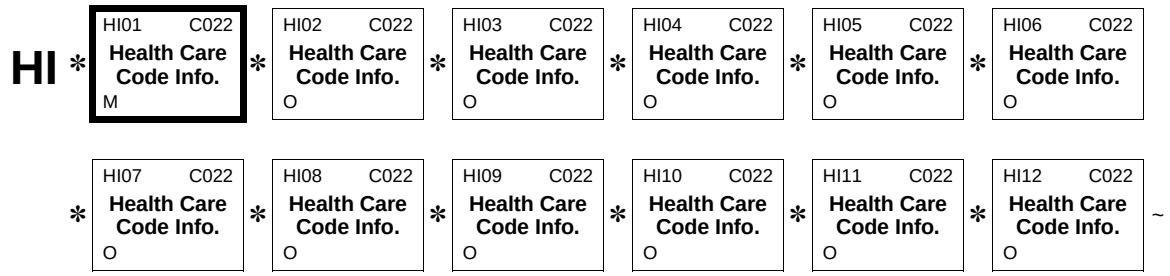
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HI01**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Procedure Code 1***	**M**
REQUIRED	**HI01 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M ID 1/3**

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.** **CODE SOURCE 130:** Health Care Financing Administration Common Procedural Coding System

				BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**			
					CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
				JP	**National Standard Tooth Numbering System**			
					CODE SOURCE **135:** American Dental Association Codes			
				NDC	**National Drug Code (NDC)**			
					CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format			
				ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**			
REQUIRED	**HI01 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list		**M**	**AN**	**1/30**
				INDUSTRY: ***Procedure Code***				
				Procedure Code identifying the service.				
SITUATIONAL	**HI01 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format		**X**	**ID**	**2/3**
				Required if X12N syntax conditions apply.				
				CODE	DEFINITION			
				D8	**Date Expressed in Format CCYYMMDD**			
				RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**			
SITUATIONAL	**HI01 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times		**X**	**AN**	**1/35**
				INDUSTRY: ***Procedure Date***				
				Required if proposed or actual procedure date is known.				
NOT USED	**HI01 - 5**		**782**	**Monetary Amount**		**O**	**R**	**1/18**
SITUATIONAL	**HI01 - 6**		**380**	**Quantity** Numeric value of quantity		**O**	**R**	**1/15**
				INDUSTRY: ***Procedure Quantity***				
				Required if requesting authorization for more than one occurrence of the procedure identified in HI01-2 for the same time period.				
SITUATIONAL	**HI01 - 7**		**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm		**O**	**AN**	**1/30**
				INDUSTRY: ***Version, Release, or Industry Identifier***				
				Required if the code list referenced in HI01-1 has a version identifier. Otherwise Not Used.				
SITUATIONAL	**HI02**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities			**O**		
				ALIAS: ***Procedure Code 2***				
				Use this for the second procedure.				

REQUIRED **HI02 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**

REQUIRED **HI02 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI02 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL **HI02 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

NOT USED **HI02 - 5** **782** **Monetary Amount** **O R 1/18**

SITUATIONAL **HI02 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI02-2 for the same time period.

SITUATIONAL **HI02 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI02-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI03** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 3***

Use this for the third procedure.

REQUIRED **HI03 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**

REQUIRED **HI03 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI03 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL **HI03 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

NOT USED **HI03 - 5** **782** **Monetary Amount** **O** **R** **1/18**

SITUATIONAL **HI03 - 6** **380** **Quantity** **O** **R** **1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI03-2 for the same time period.

SITUATIONAL **HI03 - 7** **799** **Version Identifier** **O** **AN** **1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI03-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI04** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 4***

Use this for the fourth procedure.

REQUIRED **HI04 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**

REQUIRED **HI04 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI04 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL **HI04 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

NOT USED **HI04 - 5** **782** **Monetary Amount** **O R 1/18**

SITUATIONAL **HI04 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI04-2 for the same time period.

SITUATIONAL **HI04 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI04-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI05** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 5***

Use this for the fifth procedure.

REQUIRED **HI05 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code

CODE SOURCE **240:** National Drug Code by Format

			ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**			
REQUIRED	**HI05 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Procedure Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI05 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**	**X**	**ID**	**2/3**
			CODE	DEFINITION			
			D8	**Date Expressed in Format CCYYMMDD**			
			RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**			
SITUATIONAL	**HI05 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Procedure Date*** **Required if proposed or actual procedure date is known.**	**X**	**AN**	**1/35**
NOT USED	**HI05 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
SITUATIONAL	**HI05 - 6**		**380**	**Quantity** Numeric value of quantity *INDUSTRY:* ***Procedure Quantity*** **Required if requesting authorization for more than one occurrence of the procedure identified in HI05-2 for the same time period.**	**O**	**R**	**1/15**
SITUATIONAL	**HI05 - 7**		**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm *INDUSTRY:* ***Version, Release, or Industry Identifier*** **Required if the code list referenced in HI05-1 has a version identifier. Otherwise Not Used.**	**O**	**AN**	**1/30**
SITUATIONAL	**HI06**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Procedure Code 6*** **Use this for the sixth procedure.**		**O**		
REQUIRED	**HI06 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**
			CODE	DEFINITION			
			BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**			

CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System

				BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
				JP	**National Standard Tooth Numbering System** CODE SOURCE **135:** American Dental Association Codes			
				NDC	**National Drug Code (NDC)** CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format			
				ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**			
REQUIRED	**HI06 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Procedure Code***		**M**	**AN**	**1/30**
SITUATIONAL	**HI06 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**		**X**	**ID**	**2/3**
				CODE	**DEFINITION**			
				D8	**Date Expressed in Format CCYYMMDD**			
				RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**			
SITUATIONAL	**HI06 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Procedure Date*** **Required if proposed or actual procedure date is known.**		**X**	**AN**	**1/35**
NOT USED	**HI06 - 5**		**782**	**Monetary Amount**		**O**	**R**	**1/18**
SITUATIONAL	**HI06 - 6**		**380**	**Quantity** Numeric value of quantity *INDUSTRY:* ***Procedure Quantity*** **Required if requesting authorization for more than one occurrence of the procedure identified in HI06-2 for the same time period.**		**O**	**R**	**1/15**
SITUATIONAL	**HI06 - 7**		**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm *INDUSTRY:* ***Version, Release, or Industry Identifier*** **Required if the code list referenced in HI06-1 has a version identifier. Otherwise Not Used.**		**O**	**AN**	**1/30**
SITUATIONAL	**HI07**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Procedure Code 7*** **Use this for the seventh procedure.**			**O**		

REQUIRED **HI07 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**

REQUIRED **HI07 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI07 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL **HI07 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

NOT USED **HI07 - 5** **782** **Monetary Amount** **O R 1/18**

SITUATIONAL **HI07 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI07-2 for the same time period.

SITUATIONAL **HI07 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI07-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI08** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 8***

Use this for the eighth procedure.

REQUIRED **HI08 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**

REQUIRED **HI08 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI08 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL **HI08 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

NOT USED **HI08 - 5** **782** **Monetary Amount** **O** **R** **1/18**

SITUATIONAL **HI08 - 6** **380** **Quantity** **O** **R** **1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI08-2 for the same time period.

SITUATIONAL **HI08 - 7** **799** **Version Identifier** **O** **AN** **1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI08-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI09** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 9***

Use this for the ninth procedure.

REQUIRED **HI09 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**

REQUIRED **HI09 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI09 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL **HI09 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

NOT USED **HI09 - 5** **782** **Monetary Amount** **O R 1/18**

SITUATIONAL **HI09 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI09-2 for the same time period.

SITUATIONAL **HI09 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI09-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI10** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 10***

Use this for the tenth procedure.

REQUIRED **HI10 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code

CODE SOURCE **240:** National Drug Code by Format

ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**

REQUIRED **HI10 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI10 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL **HI10 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

NOT USED **HI10 - 5** **782** **Monetary Amount** **O R 1/18**

SITUATIONAL **HI10 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI10-2 for the same time period.

SITUATIONAL **HI10 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI10-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI11** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 11***

Use this for the eleventh procedure.

REQUIRED **HI11 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**

CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System

				BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
				JP	**National Standard Tooth Numbering System** CODE SOURCE **135:** American Dental Association Codes			
				NDC	**National Drug Code (NDC)** CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format			
				ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**			
REQUIRED	**HI11 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Procedure Code***		**M**	**AN**	**1/30**
SITUATIONAL	**HI11 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**		**X**	**ID**	**2/3**
				CODE	**DEFINITION**			
				D8	**Date Expressed in Format CCYYMMDD**			
				RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**			
SITUATIONAL	**HI11 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Procedure Date*** **Required if proposed or actual procedure date is known.**		**X**	**AN**	**1/35**
NOT USED	**HI11 - 5**		**782**	**Monetary Amount**		**O**	**R**	**1/18**
SITUATIONAL	**HI11 - 6**		**380**	**Quantity** Numeric value of quantity *INDUSTRY:* ***Procedure Quantity*** **Required if requesting authorization for more than one occurrence of the procedure identified in HI11-2 for the same time period.**		**O**	**R**	**1/15**
SITUATIONAL	**HI11 - 7**		**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm *INDUSTRY:* ***Version, Release, or Industry Identifier*** **Required if the code list referenced in HI11-1 has a version identifier. Otherwise Not Used.**		**O**	**AN**	**1/30**
SITUATIONAL	**HI12**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Procedure Code 12*** **Use this for the twelfth procedure.**			**O**		

REQUIRED **HI12 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**

REQUIRED **HI12 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI12 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**
RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**

SITUATIONAL **HI12 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

NOT USED **HI12 - 5** **782** **Monetary Amount** **O R 1/18**

SITUATIONAL **HI12 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI12-2 for the same time period.

SITUATIONAL	**HI12 - 7**	**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm	**O**	**AN**	**1/30**

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI12-1 has a version identifier. Otherwise Not Used.

IMPLEMENTATION

HEALTH CARE SERVICES DELIVERY

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Required if the UMO authorizes services (other than spinal manipulation services) that have a specific pattern of delivery. For spinal manipulation services, use the CR2 segment.**

2. **An explanation of the uses of this segment follows.**

   HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means "one visit".
   Between HSD02 and HSD03 verbally insert a "per every".
   HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means "three days". Between HSD04 and HSD05 verbally insert a "for". HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means "21 days".
   The total message reads:
   HSD*VS*1*DA*3*7*21~ = "One visit per every three days for 21 days".

   Another similar data string of HSD*VS*2*DA*4*7*20~ = "Two visits per every four days for 20 days".

   An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD*VS*1***SX*D~ means "1 visit on Wednesday and Thursday morning".**

Example: **HSD*VS*1*DA*1*7*10~ (This indicates "1 visit every (per) 1 day (daily) for 10 days".)**
HSD*VS*1*DA**W~ (This indicates "1 visit per day whenever necessary".)**

STANDARD

HSD Health Care Services Delivery

Level: Detail

Position: 090

Loop: HL

Requirement: Optional

Max Use: 1

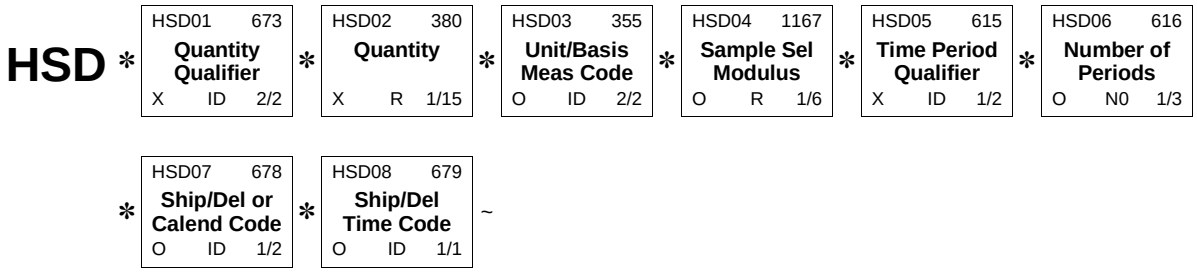
Purpose: To specify the delivery pattern of health care services

Syntax:

1. **P0102**
   If either HSD01 or HSD02 is present, then the other is required.

2. **C0605**
   If HSD06 is present, then HSD05 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	HSD01	673	**Quantity Qualifier** Code specifying the type of quantity SYNTAX: P0102 **Use if needed to indicate the type of service count quantified in HSD02.** CODE / DEFINITION DY Days FL Units HS Hours MN Month VS Visits	X ID 2/2
SITUATIONAL	HSD02	380	**Quantity** Numeric value of quantity *INDUSTRY: Service Unit Count* *ALIAS: Service Quantity* SYNTAX: P0102 **Use this number for the quantity of services to be rendered.**	X R 1/15
SITUATIONAL	HSD03	355	**Unit or Basis for Measurement Code** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken **Use this code for the timeframe in which the quantity of services in HSD02 will be rendered.** CODE / DEFINITION DA Days MO Months WK Week	O ID 2/2
SITUATIONAL	HSD04	1167	**Sample Selection Modulus** To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes	O R 1/6

SITUATIONAL **HSD05** **615** **Time Period Qualifier** **X** **ID** **1/2**
Code defining periods

SYNTAX: C0605

Use this code for the time period for which the service will be continued.

CODE	DEFINITION
6	Hour
7	Day
21	Years
26	Episode
27	Visit
34	Month
35	Week

SITUATIONAL **HSD06** **616** **Number of Periods** **O** **N0** **1/3**
Total number of periods

INDUSTRY: ***Period Count***

SYNTAX: C0605

Use this number for the number of time periods in HSD05 that are requested.

SITUATIONAL **HSD07** **678** **Ship/Delivery or Calendar Pattern Code** **O** **ID** **1/2**
Code which specifies the routine shipments, deliveries, or calendar pattern

INDUSTRY: ***Ship, Delivery or Calendar Pattern Code***

ALIAS: ***Service Delivery Calendar Pattern Code***

Use this code for the calendar delivery pattern for the services.

CODE	DEFINITION
1	1st Week of the Month
2	2nd Week of the Month
3	3rd Week of the Month
4	4th Week of the Month
5	5th Week of the Month
6	1st & 3rd Weeks of the Month
7	2nd & 4th Weeks of the Month
8	1st Working Day of Period
9	Last Working Day of Period
A	Monday through Friday
B	Monday through Saturday

C	Monday through Sunday
D	Monday
E	Tuesday
F	Wednesday
G	Thursday
H	Friday
J	Saturday
K	Sunday
L	Monday through Thursday
M	Immediately
N	As Directed
O	Daily Mon. through Fri.
P	1/2 Mon. & 1/2 Thurs.
Q	1/2 Tues. & 1/2 Thurs.
R	1/2 Wed. & 1/2 Fri.
S	Once Anytime Mon. through Fri.
SA	Sunday, Monday, Thursday, Friday, Saturday
SB	Tuesday through Saturday
SC	Sunday, Wednesday, Thursday, Friday, Saturday
SD	Monday, Wednesday, Thursday, Friday, Saturday
SG	Tuesday through Friday
SL	Monday, Tuesday and Thursday
SP	Monday, Tuesday and Friday
SX	Wednesday and Thursday
SY	Monday, Wednesday and Thursday
SZ	Tuesday, Thursday and Friday
T	1/2 Tue. & 1/2 Fri.
U	1/2 Mon. & 1/2 Wed.
V	1/3 Mon., 1/3 Wed., 1/3 Fri.
W	Whenever Necessary
X	1/2 By Wed., Bal. By Fri.

			Y	**None (Also Used to Cancel or Override a Previous Pattern)**			
SITUATIONAL	**HSD08**	**679**	**Ship/Delivery Pattern Time Code** Code which specifies the time for routine shipments or deliveries *INDUSTRY:* ***Delivery Pattern Time Code*** *ALIAS:* ***Service Delivery Time Pattern Code***	**O**	**ID**	**1/1**	

Use this code for the time delivery pattern for the services.

CODE	DEFINITION
A	**1st Shift (Normal Working Hours)**
B	**2nd Shift**
C	**3rd Shift**
D	**A.M.**
E	**P.M.**
F	**As Directed**
G	**Any Shift**
Y	**None (Also Used to Cancel or Override a Previous Pattern)**

IMPLEMENTATION

INSTITUTIONAL CLAIM CODE

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Required only if valued on the request and modified by the UMO. Otherwise not used.**

Example: **CL1*3**01~**

STANDARD

CL1 Claim Codes

Level: Detail

Position: 110

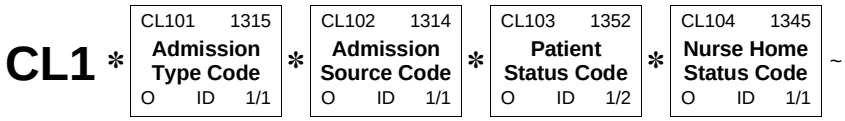
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To supply information specific to hospital claims

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
SITUATIONAL	**CL101**	**1315**	**Admission Type Code** Code indicating the priority of this admission **CODE SOURCE 231:** Admission Type Code **Required if valued on the request.**	**O**	**ID**	**1/1**
SITUATIONAL	**CL102**	**1314**	**Admission Source Code** Code indicating the source of this admission **CODE SOURCE 230:** Admission Source Code **Required if valued on the request.**	**O**	**ID**	**1/1**
SITUATIONAL	**CL103**	**1352**	**Patient Status Code** Code indicating patient status as of the “statement covers through date” **CODE SOURCE 239:** Patient Status Code **Required if valued on the request.**	**O**	**ID**	**1/2**

SITUATIONAL **CL104** **1345** **Nursing Home Residential Status Code** **O** **ID** **1/1**
Code specifying the status of a nursing home resident at the time of service

Required if the UMO has determined that the status of the nursing home resident is different from the status conveyed on the request.

CODE	DEFINITION
1	Transferred to Intermediate Care Facility - Mentally Retarded (ICF-MR)
2	Newly Admitted
3	Newly Eligible
4	No Longer Eligible
5	Still a Resident
6	Temporary Absence - Hospital
7	Temporary Absence - Other
8	Transferred to Intermediate Care Facility - Level II (ICF II)
9	Other

IMPLEMENTATION

AMBULANCE TRANSPORT INFORMATION

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this segment for certifications involving ambulance transport of the patient.**
2. **Required if the UMO is authorizing specific ambulance transport criteria.**

Example: **CR1*****T**DH*28~**

STANDARD

CR1 Ambulance Certification

Level: Detail

Position: 120

Loop: HL

Requirement: Optional

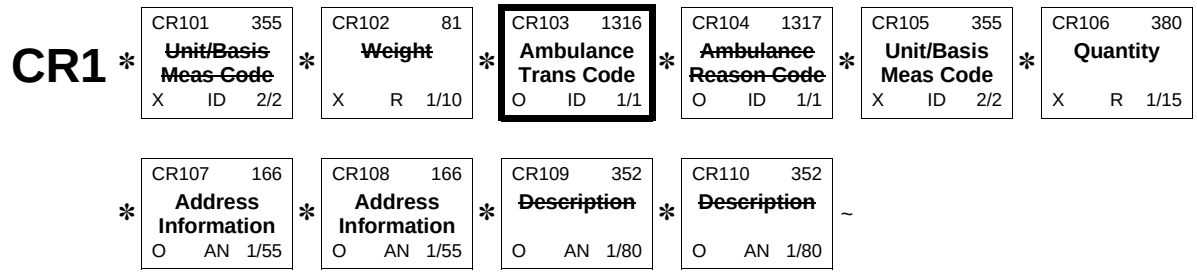
Max Use: 1

Purpose: To supply information related to the ambulance service rendered to a patient

Syntax:

1. **P0102**
   If either CR101 or CR102 is present, then the other is required.
2. **P0506**
   If either CR105 or CR106 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
NOT USED	**CR101**	**355**	**Unit or Basis for Measurement Code**	**X**	**ID**	**2/2**
NOT USED	**CR102**	**81**	**Weight**	**X**	**R**	**1/10**

REQUIRED	**CR103**	**1316**	**Ambulance Transport Code** Code indicating the type of ambulance transport	**O**	**ID**	**1/1**

CODE	DEFINITION
I	**Initial Trip**
R	**Return Trip**
T	**Transfer Trip**
X	**Round Trip**

NOT USED	**CR104**	**1317**	**Ambulance Transport Reason Code**	**O**	**ID**	**1/1**
SITUATIONAL	**CR105**	**355**	**Unit or Basis for Measurement Code** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	**X**	**ID**	**2/2**

SYNTAX: P0506

Required if CR106 is present.

CODE	DEFINITION
DH	**Miles**
DK	**Kilometers**

SITUATIONAL	**CR106**	**380**	**Quantity** Numeric value of quantity	**X**	**R**	**1/15**

INDUSTRY: ***Transport Distance***

SYNTAX: P0506

SEMANTIC: CR106 is the distance traveled during transport.

Required if known.

SITUATIONAL	**CR107**	**166**	**Address Information** Address information	**O**	**AN**	**1/55**

INDUSTRY: ***Ambulance Trip Origin Address***

SEMANTIC: CR107 is the address of origin.

Required if valued on the request.

SITUATIONAL	**CR108**	**166**	**Address Information** Address information	**O**	**AN**	**1/55**

INDUSTRY: ***Ambulance Trip Destination Address***

SEMANTIC: CR108 is the address of destination.

Required if valued on the request.

NOT USED	**CR109**	**352**	**Description**	**O**	**AN**	**1/80**
NOT USED	**CR110**	**352**	**Description**	**O**	**AN**	**1/80**

IMPLEMENTATION

SPINAL MANIPULATION SERVICE INFORMATION

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Use this segment for certifications involving spinal manipulation services.**
2. **Required if the UMO is authorizing spinal manipulation services that have a specific pattern of delivery or usage.**

Example: **CR2*1*5~**

STANDARD

CR2 Chiropractic Certification

Level: Detail

Position: 130

Loop: HL

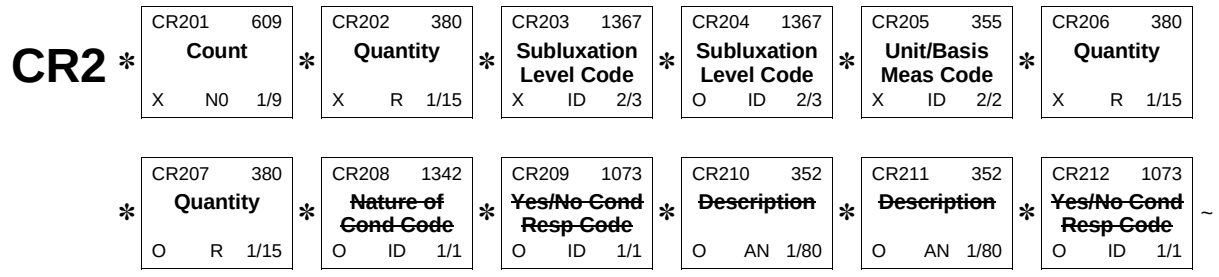
Requirement: Optional

Max Use: 1

Purpose: To supply information related to the chiropractic service rendered to a patient

Syntax:
1. **P0102**
   If either CR201 or CR202 is present, then the other is required.
2. **C0403**
   If CR204 is present, then CR203 is required.
3. **P0506**
   If either CR205 or CR206 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
SITUATIONAL	**CR201**	**609**	**Count** Occurence counter *INDUSTRY:* ***Treatment Series Number*** SYNTAX: P0102 SEMANTIC: CR201 is the number this treatment is in the series. **Required if certification is for a specific treatment number in a treatment series.**	**X**	**N0**	**1/9**
SITUATIONAL	**CR202**	**380**	**Quantity** Numeric value of quantity *INDUSTRY:* ***Treatment Count*** SYNTAX: P0102 SEMANTIC: CR202 is the total number of treatments in the series. **Required if CR201 is present.**	**X**	**R**	**1/15**
SITUATIONAL	**CR203**	**1367**	**Subluxation Level Code** Code identifying the specific level of subluxation SYNTAX: C0403 COMMENT: When both CR203 and CR204 are present, CR203 is the beginning level of subluxation and CR204 is the ending level of subluxation. **Use only if certification is for treatment involving subluxation.**	**X**	**ID**	**2/3**

CODE	DEFINITION
C1	**Cervical 1**
C2	**Cervical 2**
C3	**Cervical 3**
C4	**Cervical 4**
C5	**Cervical 5**
C6	**Cervical 6**
C7	**Cervical 7**
CO	**Coccyx**
IL	**Ilium**
L1	**Lumbar 1**
L2	**Lumbar 2**
L3	**Lumbar 3**
L4	**Lumbar 4**
L5	**Lumbar 5**
OC	**Occiput**

			SA	Sacrum			
			T1	Thoracic 1			
			T10	Thoracic 10			
			T11	Thoracic 11			
			T12	Thoracic 12			
			T2	Thoracic 2			
			T3	Thoracic 3			
			T4	Thoracic 4			
			T5	Thoracic 5			
			T6	Thoracic 6			
			T7	Thoracic 7			
			T8	Thoracic 8			
			T9	Thoracic 9			
SITUATIONAL	CR204	1367	**Subluxation Level Code** Code identifying the specific level of subluxation SYNTAX: C0403 **Use only if certification is for treatment involving subluxation to express the ending level of subluxation.**		O	ID	2/3
			C1	Cervical 1			
			C2	Cervical 2			
			C3	Cervical 3			
			C4	Cervical 4			
			C5	Cervical 5			
			C6	Cervical 6			
			C7	Cervical 7			
			CO	Coccyx			
			IL	Ilium			
			L1	Lumbar 1			
			L2	Lumbar 2			
			L3	Lumbar 3			
			L4	Lumbar 4			
			L5	Lumbar 5			

OC	**Occiput**	
SA	**Sacrum**	
T1	**Thoracic 1**	
T10	**Thoracic 10**	
T11	**Thoracic 11**	
T12	**Thoracic 12**	
T2	**Thoracic 2**	
T3	**Thoracic 3**	
T4	**Thoracic 4**	
T5	**Thoracic 5**	
T6	**Thoracic 6**	
T7	**Thoracic 7**	
T8	**Thoracic 8**	
T9	**Thoracic 9**	

SITUATIONAL **CR205** **355** **Unit or Basis for Measurement Code** **X** **ID** **2/2**
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

SYNTAX: P0506

Required if certification is for a spinal manipulation treatment series to indicate the treatment time period.

CODE	DEFINITION
DA	**Days**
MO	**Months**
WK	**Week**
YR	**Years**

SITUATIONAL **CR206** **380** **Quantity** **X** **R** **1/15**
Numeric value of quantity

INDUSTRY: ***Treatment Period Count***

SYNTAX: P0506

SEMANTIC: CR206 is the time period involved in the treatment series.

Required if certification is for a spinal manipulation treatment series.

SITUATIONAL	**CR207**	**380**	**Quantity** Numeric value of quantity *INDUSTRY:* ***Monthly Treatment Count*** **SEMANTIC:** CR207 is the number of treatments rendered in the month of service. **Required if CR205 = "MO" to indicate the number of treatments included in a month of service.**	**O**	**R**	**1/15**
NOT USED	**CR208**	**1342**	**Nature of Condition Code**	**O**	**ID**	**1/1**
NOT USED	**CR209**	**1073**	**Yes/No Condition or Response Code**	**O**	**ID**	**1/1**
NOT USED	**CR210**	**352**	**Description**	**O**	**AN**	**1/80**
NOT USED	**CR211**	**352**	**Description**	**O**	**AN**	**1/80**
NOT USED	**CR212**	**1073**	**Yes/No Condition or Response Code**	**O**	**ID**	**1/1**

IMPLEMENTATION

HOME OXYGEN THERAPY INFORMATION

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Required if the UMO is authorizing specific usage of home oxygen therapy.**

Example: **CR5***D***1**********2*A~**

STANDARD

CR5 Oxygen Therapy Certification

Level: Detail

Position: 140

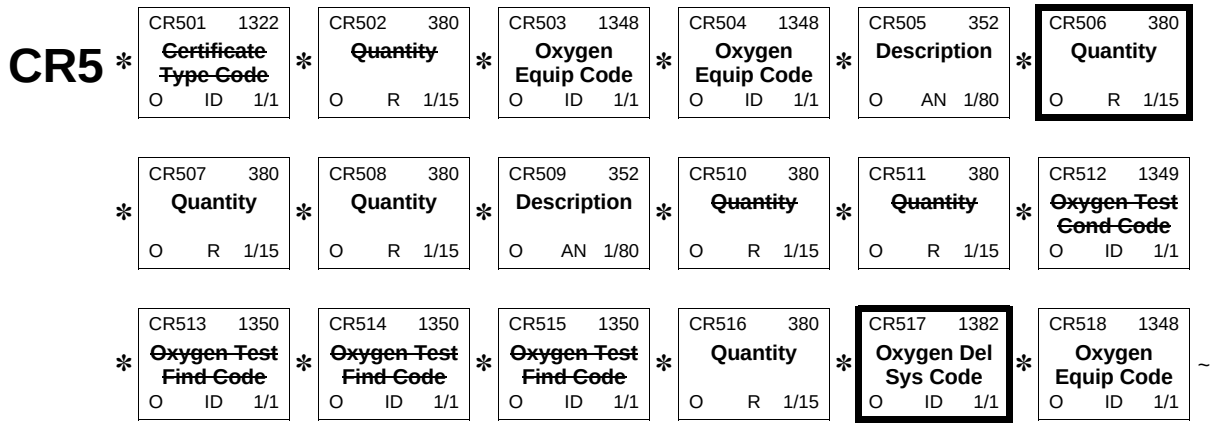
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To supply information regarding certification of medical necessity for home oxygen therapy

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
NOT USED	CR501	1322	Certification Type Code	O	ID	1/1
NOT USED	CR502	380	Quantity	O	R	1/15

SITUATIONAL **CR503** **1348** **Oxygen Equipment Type Code** **O ID 1/1**
Code indicating the specific type of equipment being prescribed for the delivery of oxygen

Either CR503 or CR518 is required.

CODE	DEFINITION
A	**Concentrator**
B	**Liquid Stationary**
C	**Gaseous Stationary**
D	**Liquid Portable**
E	**Gaseous Portable**
O	**Other**

SITUATIONAL **CR504** **1348** **Oxygen Equipment Type Code** **O ID 1/1**
Code indicating the specific type of equipment being prescribed for the delivery of oxygen

Required if CR503 is present and more than one type of equipment is required to administer the oxygen therapy.

CODE	DEFINITION
A	**Concentrator**
B	**Liquid Stationary**
C	**Gaseous Stationary**
D	**Liquid Portable**
E	**Gaseous Portable**
O	**Other**

SITUATIONAL **CR505** **352** **Description** **O AN 1/80**
A free-form description to clarify the related data elements and their content

INDUSTRY: ***Equipment Reason Description***

SEMANTIC: CR505 is the reason for equipment.

Recommended if the UMO is changing the equipment, flow rate, or use count related to the oxygen therapy requested. Otherwise, not used.

REQUIRED **CR506** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Oxygen Flow Rate***

SEMANTIC: CR506 is the oxygen flow rate in liters per minute.

SITUATIONAL **CR507** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Daily Oxygen Use Count***

SEMANTIC: CR507 is the number of times per day the patient must use oxygen.

Required if relevant to the type of home oxygen therapy authorized.

SITUATIONAL	**CR508**	**380**	**Quantity** Numeric value of quantity	**O**	**R**	**1/15**

INDUSTRY: ***Oxygen Use Period Hour Count***

SEMANTIC: CR508 is the number of hours per period of oxygen use.

Required if relevant to the type of home oxygen therapy authorized.

SITUATIONAL	**CR509**	**352**	**Description** A free-form description to clarify the related data elements and their content	**O**	**AN**	**1/80**

INDUSTRY: ***Respiratory Therapist Order Text***

SEMANTIC: CR509 is the special orders for the respiratory therapist.

Use at discretion of UMO.

NOT USED	**CR510**	**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**CR511**	**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**CR512**	**1349**	**Oxygen Test Condition Code**	**O**	**ID**	**1/1**
NOT USED	**CR513**	**1350**	**Oxygen Test Findings Code**	**O**	**ID**	**1/1**
NOT USED	**CR514**	**1350**	**Oxygen Test Findings Code**	**O**	**ID**	**1/1**
NOT USED	**CR515**	**1350**	**Oxygen Test Findings Code**	**O**	**ID**	**1/1**
SITUATIONAL	**CR516**	**380**	**Quantity** Numeric value of quantity	**O**	**R**	**1/15**

INDUSTRY: ***Portable Oxygen System Flow Rate***

SEMANTIC: CR516 is the oxygen flow rate for a portable oxygen system in liters per minute.

Required if either CR503, CR505 or CR518 = "D" (Liquid Portable) or "E" (Gaseous Portable).

REQUIRED	**CR517**	**1382**	**Oxygen Delivery System Code** Code to indicate if a particular form of delivery was prescribed	**O**	**ID**	**1/1**

CODE	DEFINITION
A	**Nasal Cannula**
B	**Oxygen Conserving Device**
C	**Oxygen Conserving Device with Oxygen Pulse System**
D	**Oxygen Conserving Device with Reservoir System**
E	**Transtracheal Catheter**

SITUATIONAL	**CR518**	**1348**	**Oxygen Equipment Type Code** Code indicating the specific type of equipment being prescribed for the delivery of oxygen	**O**	**ID**	**1/1**

Either CR503 or CR518 is required.

CODE	DEFINITION
A	**Concentrator**
B	**Liquid Stationary**
C	**Gaseous Stationary**

D	**Liquid Portable**
E	**Gaseous Portable**
O	**Other**

IMPLEMENTATION

HOME HEALTH CARE INFORMATION

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Required if valued on request.**

Example: **CR6*7*19980601*****N*I~**

STANDARD

CR6 Home Health Care Certification

Level: Detail

Position: 150

Loop: HL

Requirement: Optional

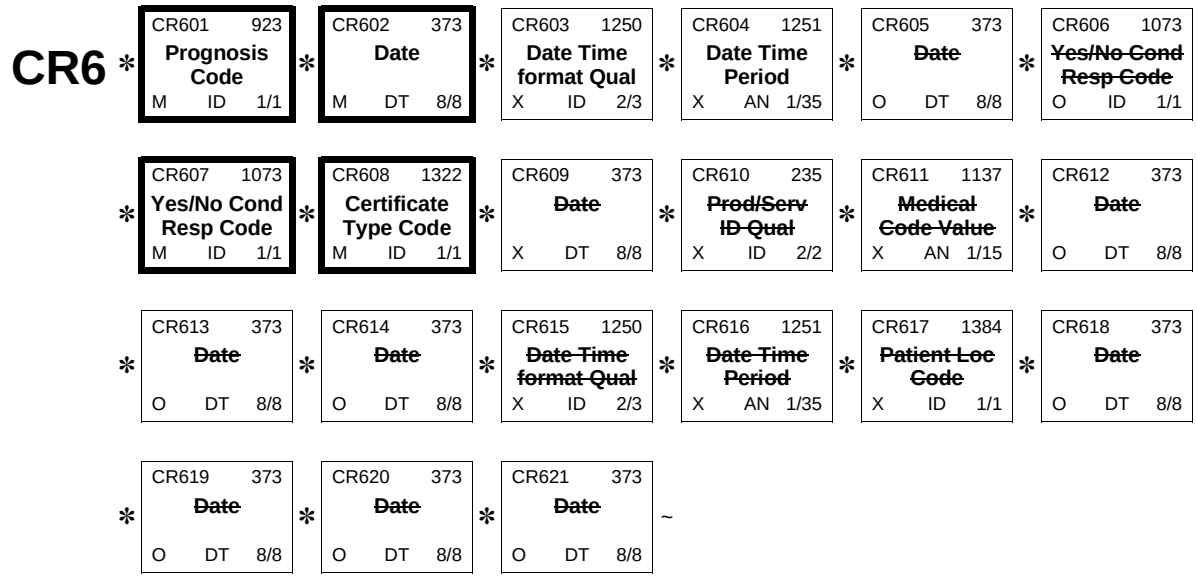
Max Use: 1

Purpose: To supply information related to the certification of a home health care patient

Syntax:

1. **P0304**
   If either CR603 or CR604 is present, then the other is required.
2. **P091011**
   If either CR609, CR610 or CR611 are present, then the others are required.
3. **P151617**
   If either CR615, CR616 or CR617 are present, then the others are required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**CR601**	**923**	**Prognosis Code** Code indicating physician's prognosis for the patient	**M ID 1/1**
			CODE / DEFINITION **1** Poor **2** Guarded **3** Fair **4** Good **5** Very Good **6** Excellent **7** Less than 6 Months to Live **8** Terminal	
REQUIRED	**CR602**	**373**	**Date** Date expressed as CCYYMMDD *INDUSTRY:* ***Service From Date*** *ALIAS:* ***Home Health Start Date*** **SEMANTIC:** CR602 is the date covered home health services began.	**M DT 8/8**
SITUATIONAL	**CR603**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **SYNTAX:** P0304 **Required if CR604 is used.** CODE / DEFINITION **RD8** Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	**X ID 2/3**
SITUATIONAL	**CR604**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Home Health Certification Period*** **SYNTAX:** P0304 **SEMANTIC:** CR604 is the certification period covered by this plan of treatment. **Required if the duration of the plan treatment period is known.**	**X AN 1/35**
NOT USED	**CR605**	**373**	**Date**	**O DT 8/8**
NOT USED	**CR606**	**1073**	**Yes/No Condition or Response Code**	**O ID 1/1**

REQUIRED	**CR607**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	**M**	**ID**	**1/1**

INDUSTRY: ***Medicare Coverage Indicator***

SEMANTIC: CR607 indicates if the patient is covered by Medicare. A "Y" value indicates the patient is covered by Medicare; an "N" value indicates patient is not covered by Medicare.

CODE	DEFINITION
N	**No**
U	**Unknown**
Y	**Yes**

REQUIRED	**CR608**	**1322**	**Certification Type Code** Code indicating the type of certification	**M**	**ID**	**1/1**

This element should usually have the same value as UM02.

CODE	DEFINITION
1	**Appeal - Immediate** **Use this value only for appeals of review decisions where the level of service required is emergency or urgent.**
2	**Appeal - Standard** **Use this value for appeals of review decisions where the level of service required is not emergency or urgent.**
3	**Cancel**
4	**Extension**
I	**Initial**
R	**Renewal**
S	**Revised**

NOT USED	**CR609**	**373**	**Date**	**X**	**DT**	**8/8**
NOT USED	**CR610**	**235**	**Product/Service ID Qualifier**	**X**	**ID**	**2/2**
NOT USED	**CR611**	**1137**	**Medical Code Value**	**X**	**AN**	**1/15**
NOT USED	**CR612**	**373**	**Date**	**O**	**DT**	**8/8**
NOT USED	**CR613**	**373**	**Date**	**O**	**DT**	**8/8**
NOT USED	**CR614**	**373**	**Date**	**O**	**DT**	**8/8**
NOT USED	**CR615**	**1250**	**Date Time Period Format Qualifier**	**X**	**ID**	**2/3**
NOT USED	**CR616**	**1251**	**Date Time Period**	**X**	**AN**	**1/35**
NOT USED	**CR617**	**1384**	**Patient Location Code**	**X**	**ID**	**1/1**
NOT USED	**CR618**	**373**	**Date**	**O**	**DT**	**8/8**
NOT USED	**CR619**	**373**	**Date**	**O**	**DT**	**8/8**
NOT USED	**CR620**	**373**	**Date**	**O**	**DT**	**8/8**
NOT USED	**CR621**	**373**	**Date**	**O**	**DT**	**8/8**

IMPLEMENTATION

MESSAGE TEXT

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **1**

Advisory: **Under most circumstances, this segment is not sent.**

Notes: **1. Use only when other data elements cannot convey sufficient information about the health care services review.**

Example: **MSG*This is a free-form text message~**

STANDARD

MSG Message Text

Level: Detail

Position: 160

Loop: HL

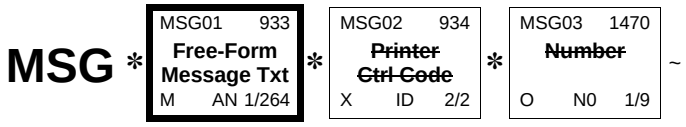
Requirement: Optional

Max Use: 1

Purpose: To provide a free-form format that allows the transmission of text information

Syntax: **1. C0302**
If MSG03 is present, then MSG02 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**MSG01**	**933**	**Free-Form Message Text** Free-form message text *INDUSTRY:* ***Free Form Message Text***	**M**	**AN**	**1/264**
NOT USED	**MSG02**	**934**	**Printer Carriage Control Code**	**X**	**ID**	**2/2**
NOT USED	**MSG03**	**1470**	**Number**	**O**	**N0**	**1/9**

IMPLEMENTATION

TRANSACTION SET TRAILER

Usage: **REQUIRED**

Repeat: **1**

Example: **SE*24*0001~**

STANDARD

SE Transaction Set Trailer

Level: Detail

Position: 280

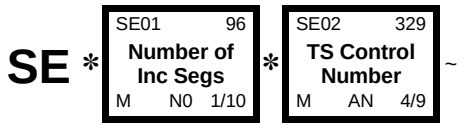
Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**SE01**	**96**	**Number of Included Segments** Total number of segments included in a transaction set including ST and SE segments	**M N0 1/10**
			INDUSTRY: ***Transaction Segment Count***	
REQUIRED	**SE02**	**329**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	**M AN 4/9**
			The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research.	

4 EDI Transmission Examples for Different Business Uses

4.1 Business Scenario 1

This is an example of a standard Referral Request / Response sequence between a Primary Care Provider and a Utilization Management Organization. The example will show how a PCP can request a referral to a specialist for a patient from a UMO. The example will also show the response.

Joe Smith is a subscriber to Maryland Capital Insurance Company. During a regular physical, Dr. James Gardener, Joe's primary care physician, diagnoses a potential heart problem. Dr. Gardener determines that it would be best to refer Joe to Dr. Susan Watson, a cardiologist, for a consultation.

Dr. Gardener is required by Maryland Capital Insurance to submit a request for review seeking approval to refer Joe to Dr. Watson.

After review, Maryland Capital approves the referral and responds.

4.1.1 Request for Review

The following example represents the Request for Review (Specialty Care Referral) from Dr. Gardener to Maryland Capital Insurance.

- Table 1

ST*278*0001~	Begin transaction set 278, control #0001.
BHT*0078*13*A12345*19980908*1101~	This transaction is a request using hierarchical structure 0078 (information source, information receiver, subscriber, dependent, provider of services, services). The originating system has assigned the Submitter Transaction Identifier "A12345" along with the transaction set creation date and time.

- Loop 2000A hierarchical level identifies the Insurance Company.

HL*120*1~**	HL count is 1. There is no higher, or parent, HL. This HL code is 20, identifying the information source or the insurance company. This HL has subordinate levels, or children.
NM1*X3*2*Maryland Capital Insurance Company** *46*789312~**	The request for a referral is being made to Maryland Capital Insurance Company. Their electronic transmitter identification number is 789312.

- Loop 2000B hierarchical level identifies the submitting provider.

HL*2*1*21*1~	HL count is 2. This HL is subordinate to HL*1, the parent HL. This HL code is 21, identifying the information receiver or the referring provider. This HL has subordinate levels, or children.
NM1*1P*1*Gardener*James**46*8189991234~**	The request is being made by James Gardener whose Electronic Transmitter Identification Number is 8189991234.

- Loop 2000C hierarchical level identifies the subscriber, who in this case is also the patient.

HL*3*2*22*1~	HL count is 3. This HL is subordinate to HL*2, the parent HL. This HL code is 22, identifying the subscriber. This HL has subordinate levels, or children.
HI*BF:41090:D8:19980908*1101~	The patient has been diagnosed with acute myocardial infarction; unspecified site. Dr. Gardener made this diagnosis on September 8, 1998.
NM1*IL*1*Smith*Joe**MI*12345678901~**	The patient's name is Joe Smith; his Member Identification Number is 12345678901.

- Loop 2000D hierarchical level identifies the dependent as a patient. Because there is no dependent in this example, there is no Loop 2000D.

- Loop 2000E hierarchical level identifies the service provider. Loop 2000E repeats for each service provider.

HL*4*3*19*1~	HL count is 4. This HL is subordinate to HL*3, the parent HL. This HL code is 19, identifying the service provider. This HL has subordinate levels, or children.
NM1*SJ*1*Watson*Susan**34*987654321~**	The service provider is identified as Susan Watson. Her Social Security Number is 987654321.
PER*ICTE*4029993456~**	Dr. Watson can be contacted by telephone at (402)999-3456.

- Loop 2000F hierarchical level identifies the services. Loop 2000F repeats for each service.

HL*5*4*SS*0~	HL count is 5. This HL is subordinate to HL*4, the parent HL. This HL code is SS, identifying the service. This HL has no subordinate levels, or children.
TRN*1*111099*9012345678~	The provider assigned the trace number 111099 to this service request.

UM*SC*I*3*11:B***Y~**	Dr. Gardener is requesting an initial consultation for the patient with Dr. Watson at Dr. Watson's office.
HSD*VS*1~	Dr. Gardener is requesting a single visit.
SE*17*0001~	Number of segments, control number.

4.1.2 Response to the Request for Review

The following example represents the response to a request for review from Maryland Capital Insurance to Dr. Gardener.

In this case Maryland Capital Insurance has approved the referral request with no modifications.

Notice that the response transaction includes the detail of the request transaction to insure for all parties exactly what is being approved. Notice that the insurance company has included a certification number for reference, AUTH0001. Also note the use of the DTP segment to specify the time period during which the referral is valid and the service is to be performed.

- Table 1

ST*278*0001~	Begin transaction set 278, control #0001.
BHT*0078*11*A12345*19980 908*1102*18~	This transaction is a response using hierarchical structure 0078 (information source, information receiver, subscriber, dependent, provider of services, services). The UMO's system returns the Submitter Transaction Identifier "A12345. The BHT06 value of "18" indicates that this is a response with no further updates to follow.

- Loop 2000A hierarchical level identifies the Insurance Company.

HL*120*1~**	HL count is 1. There is no higher, or parent, HL. This HL code is 20, identifying the information source or the insurance company. This HL has subordinate levels, or children.
NM1*X3*2*Maryland Capital Insurance Company***46* 789312~**	The response to the request for a referral is being made by Maryland Capital Insurance Company. Their electronic transmitter identification number is 789312.

- Loop 2000B hierarchical level identifies the submitting provider.

HL*2*1*21*1~	HL count is 2. This HL is subordinate to HL*1, the parent HL. This HL code is 21, identifying the information receiver or the referring provider. This HL has subordinate levels, or children.

NM1*1P*1*Gardener*James**46*8189991234~**	The request is made by James Gardener whose Electronic Transmitter Identification Number is 8189991234.

- Loop 2000C hierarchical level identifies the subscriber, who in this case is also the patient.

HL*3*2*22*1~	HL count is 3. This HL is subordinate to HL*2, the parent HL. This HL code is 22, identifying the subscriber. This HL has subordinate levels, or children.
HI*BF:41090:D8:19980908~	The patient has been diagnosed with acute myocardial infarction; unspecified site.
NM1*IL*1*Smith*Joe**MI*12345678901~**	The patient's name is Joe Smith; his Member Identification Number is 12345678901.

- Loop 2000D hierarchical level identifies the dependent as a patient. Because there is no dependent in this example, there is no Loop 2000D.

- Loop 2000E hierarchical level identifies the service provider. Loop 2000E repeats for each service provider.

HL*4*3*19*1~	HL count is 4. This HL is subordinate to HL*3, the parent HL. This HL code is 19, identifying the service provider. This HL has subordinate levels, or children.
NM1*SJ*1*Watson*Susan**34*987654321~**	The service provider is identified as Susan Watson. Her Social Security Number is 987654321.
PER*ICTE*4029993456~**	Dr. Watson can be contacted by telephone at (402)999-3456.

- Loop 2000F hierarchical level identifies the services. Loop 2000F repeats for each service.

HL*5*4*SS*0~	HL count is 5. This HL is subordinate to HL*4, the parent HL. This HL code is SS, identifying the service. This HL has no subordinate levels, or children.
TRN*2*111099*9012345678~	The UMO must return the trace number assigned by the provider to aid the provider in linking this response to the original request.
UM*SC*I*3*11:B~	Dr. Gardener is requesting an initial consultation for the patient with Dr. Watson at Dr. Watson's office.
DTP*472*RD8*19980909-19980930~	The insurance company indicates a date range during which the consultation or service can occur.

HCR*A1*AUTH0001~	Maryland Capital approves the referral and provides a certification number.
HSD*VS*1~	Dr. Gardener is requesting a single visit.
SE*19*0001~	Number of segments, control number.

4.2 Business Scenario 2

This is an example of a health services review request/response sequence between a specialist provider and a utilization management organization. The example shows how a specialist can request hospitalization for a patient from a UMO. The example also shows the UMO's response.

Joe Smith is a subscriber to Maryland Capital Insurance Company. During a regular physical, Dr. James Gardener, Joe's primary care physician, diagnosed a potential heart problem, acute myocardial infarction; unspecified site. Dr. Gardener had referred Joe to Dr. Susan Watson, a cardiologist for a consultation (see Business Scenario 1).

During the consultation examination, Dr. Watson determines that Joe's diagnosis requires hospitalization and a surgical procedure, a triple bypass venous graft. The operation and recovery is to be at Montgomery Hospital.

Dr. Gardener is required by Maryland Capital Insurance to submit a request for review seeking approval to perform the surgery at the hospital.

After review, Maryland Capital approves the referral and responds.

4.2.1 Request for Review

The following example represents the request for review (Health Services Review) from Dr. Watson to Maryland Capital Insurance.

- Table 1

ST*278*0001~	Begin transaction set 278, control #0001.
BHT*0078*13*B56789*19980915*1430~	This transaction is a request using hierarchical structure 0078 (information source, information receiver, subscriber, dependent, provider of services, services). The originating system has assigned the Submitter Transaction Identifier "B56789" along with the transaction set creation date and time.

- Loop 2000A hierarchical level identifies the insurance company.

HL*120*1~**	HL count is 1. There is no higher, or parent, HL. This HL code is 20, identifying the information source or the insurance company. This HL has subordinate levels, or children.

NM1*X3*2*Maryland Capital Insurance Company***46*789312~**	The request for a health service review and an admission review is being made to Maryland Capital Insurance Company. Their electronic transmitter identification number is 789312.

- Loop 2000B hierarchical level identifies the submitting provider.

HL*2*1*21*1~	HL count is 2. This HL is subordinate to HL*1, the parent HL. This HL code is 21, identifying the information receiver or the referring provider. This HL has subordinate levels, or children.
NM1*1P*1*Watson*Susan**34*98765432~**	The request is being made by Susan Watson whose Social Security Number is 98765432.
PER*ICTE*4029993456~**	Dr. Watson can be contacted by telephone at (402)999-3456.

- Loop 2000C hierarchical level identifies the subscriber, who in this case is also the patient.

HL*3*2*22*1~	HL count is 3. This HL is subordinate to HL*2, the parent HL. This HL code is 22, identifying the subscriber. This HL has subordinate levels, or children.
HI*BF:41090:D8:19980908~	The patient has been diagnosed with acute myocardial infarction; unspecified site.
NM1*IL*1*Smith*Joe**MI*12345678901~**	The patient's name is Joe Smith; his Member Identification Number is 12345678901.

- Loop 2000D hierarchical level identifies the dependent as a patient. Because there is no dependent in this example, there is no Loop 2000D.

- Loop 2000E hierarchical level identifies the service provider. Loop 2000E repeats for each service provider.

HL*4*3*19*1~	HL count is 4. This HL is subordinate to HL*3, the parent HL. This HL code is 19, identifying the service provider. This HL has subordinate levels, or children.
NM1*SJ*1*Watson*Susan**34*987654321~**	The service provider, the surgeon, is identified as Susan Watson. Her Social Security Number is 987654321.
PRV*PE*203BS0126Y~	This segment identifies Dr. Watson's specialty, thoracic cardiovascular surgery.

- Loop 2000F hierarchical level identifies the services. Loop 2000F repeats for each service to be performed by Dr. Watson.

HL*5*4*SS*0~	HL count is 5. This HL is subordinate to HL*4, the parent HL. This HL code is SS, identifying the service. This HL has no subordinate levels, or children.
TRN*1*97021001*9012345678~	The provider assigned the trace number of 97021001 to this service request.
UM*HS*I*2*21:B***Y~**	Dr. Watson is requesting a health service review for initial surgery for the patient at an inpatient hospital setting.
HI*BO*33510:D8:19980924~	Dr. Watson is requesting permission to perform a triple bypass venous graft (CPT) on September 24, 1998.

- Loop 2000E hierarchical level identifies the hospital as the second service provider. Loop 2000E repeats for each service provider.

HL*6*3*19*1~	HL count is 6. This HL is subordinate to HL*3, the parent HL. This HL code is 19, identifying the service provider. This HL has subordinate levels, or children.
NM1*FA*2*Montgomery Hospital***24*000012121~**	The service provider, the hospital, is identified as Montgomery Hospital. The Employer's Identification Number is 000012121.
N3*475 Main Street~	Montgomery Hospital street address
N4*Anytown*PA*19087~	Montgomery Hospital city, state, ZIP Code
PER*ICTE*6107771212~**	Montgomery Hospital telephone number

- Loop 2000F hierarchical level identifies the services. Loop 2000F repeats for each service to be performed at Montgomery Hospital.

HL*7*6*SS*0~	HL count is 7. This HL is subordinate to HL*6, the parent HL. This HL code is SS, identifying the service. This HL has no subordinate levels, or children.
TRN*1*97021002*9987654321~	The provider assigned the trace number 97021002 to this service request.
UM*AR*I*2*21:B***Y~**	Dr. Watson is requesting an admission review for initial surgery for the patient at an inpatient hospital setting.
DTP*435*D8:19980923~	Dr. Watson requests an admission date of September 23, 1998.
HSD*DY*7~	Dr. Watson has requested certification for a length of stay of seven days.
CL1*2~	Dr. Watson indicates that the inpatient admission type is "urgent".
SE*29*0001~	Number of segments, control number.

4.2.2 Response to the Request for Review

The following example represents the response to a request for review (health services review and hospital admission) from Maryland Capital Insurance to Dr. Watson.

In this case Maryland Capital Insurance is approving the request for surgery but partially approving the request for inpatient confinement.

Notice that the response transaction includes the detail of the request transaction to insure for all parties exactly what is being approved. Notice that the insurance company has included a certification number for reference, AUTH0002, for both services. The insurance company has the option of treating this as either one or two certifications.

- Table 1

ST*278*0001~	Begin transaction set 278, control #0001.
BHT*0078*11*B56789* 19980915*1431*18~	This transaction is a response using hierarchical structure 0078 (information source, information receiver, subscriber, dependent, provider of services, services). The UMO's system returns the Submitter Transaction Identifier "B56789". The BHT06 value of "18" indicates that this is a response with no further updates to follow.

- Loop 2000A hierarchical level identifies the insurance company.

HL*120*1~**	HL count is 1. There is no higher, or parent, HL. This HL code is 20, identifying the information source or the insurance company. This HL has subordinate levels, or children.
NM1*X3*2*Maryland Capital Insurance Company***46* 789312~**	The response to the request for admission review and health services review is being made by Maryland Capital Insurance Company. Their electronic transmitter identification number is 789312.

- Loop 2000B hierarchical level identifies the submitting provider.

HL*2*1*21*1~	HL count is 2. This HL is subordinate to HL*1, the parent HL. This HL code is 21, identifying the information receiver or the referring provider. This HL has subordinate levels, or children.
NM1*1P*1*Watson*Susan* ***34*98765432~	The request is being made by Susan Watson whose Social Security Number is 98765432.

PER*ICTE*4029993456~**	Dr. Watson can be contacted by telephone at (402)999-3456.

- Loop 2000C hierarchical level identifies the subscriber, who in this case is also the patient.

HL*3*2*22*1~	HL count is 3. This HL is subordinate to HL*2, the parent HL. This HL code is 22, identifying the subscriber. This HL has subordinate levels, or children.
HI*BF:41090:D8: 19980908~	The patient has been diagnosed with acute myocardial infarction; unspecified site.
NM1*IL*1*Smith*Joe* *MI*12345678901~**	The patient's name is Joe Smith; his Member Identification Number is 12345678901.

- Loop 2000D hierarchical level identifies the dependent as a patient. Because there is no dependent in this example, there is no Loop 2000D.

- Loop 2000E hierarchical level identifies the service provider. Loop 2000E repeats for each service provider.

HL*4*3*19*1~	HL count is 4. This HL is subordinate to HL*3, the parent HL. This HL code is 19, identifying the service provider. This HL has subordinate levels, or children.
NM1*SJ*1*Watson*Susan* ***34*987654321~	The service provider, the surgeon, is identified as Susan Watson. Her Social Security Number is 987654321.
PRV*PE*203BS0126Y~	This segment identifies Dr. Watson's specialty as thoracic cardiovascular surgery.

- Loop 2000F repeats for each service to be performed by Dr. Watson.

HL*5*4*SS*0~	HL count is 5. This HL is subordinate to HL*4, the parent HL. This HL code is SS, identifying the service. This HL has no subordinate levels, or children.
TRN*2*97021001* 9012345678~	The UMO must return the trace number assigned by the provider to aid the provider in linking this service response to the original service request.
UM*HS*I*2*21:B~	Dr. Watson is requesting a health service review for initial surgery for the patient at an inpatient hospital setting.
HCR*A1*AUTH0002~	Maryland Capital Insurance Company has decided to approve the surgery in full issuing a certification number AUTH0002.

HI*BO:33510:D8:19980924~	Dr. Watson is requesting permission to perform a triple bypass venous graft (CPT) on September 24, 1998.

- Loop 2000E hierarchical level identifies the hospital as the second service provider. Loop 2000E repeats for each service provider.

HL*6*3*19*1~	HL count is 6. This HL is subordinate to HL*3, the parent HL. This HL code is 19, identifying the service provider. This HL has subordinate levels, or children.
NM1*FA*2*Montgomery Hospital***24* 000012121~**	The service provider, the hospital, is identified as Montgomery Hospital. The Employer's Identification Number is 000012121.
N3*475 Main Street~	Montgomery Hospital street address
N4*Anytown*PA*19087~	Montgomery Hospital city, state, ZIP Code
PER*ICTE*6107771212~**	Montgomery Hospital telephone number

- Loop 2000F hierarchical level identifies the services. Loop 2000F repeats for each service to be performed at Montgomery Hospital.

HL*7*6*SS*0~	HL count is 7. This HL is subordinate to HL*6, the parent HL. This HL code is SS, identifying the service. This HL has no subordinate levels, or children.
TRN*2*97021001*9987654321~	The UMO must return the trace number assigned by the provider to aid the provider in linking this service response to the original service request.
UM*AR*I*2*21:B~	Dr. Watson is requesting an admission review for initial surgery for the patient at an inpatient hospital setting.
HCR*A6*AUTH0002~	Maryland Capital has approved the inpatient stay but has approved a modification from the initial request.
DTP*435*D8*19980923~	Maryland Capital has approved the admission date of September 23, 1998.
HSD*DY*5~	Dr. Watson requested certification for a length of stay of seven days. The UMO has certified a length of stay of five days.
SE*30*0001~	Number of segments, control number. Note: The CL1 segment is returned on the response only if it was valued on the request and modified by the UMO.

A ASC X12 Nomenclature

A.1 Interchange and Application Control Structures

A.1.1 Interchange Control Structure

The transmission of data proceeds according to very strict format rules to ensure the integrity and maintain the efficiency of the interchange. Each business grouping of data is called a transaction set. For instance, a group of benefit enrollments sent from a sponsor to a payer is considered a transaction set.

Each transaction set contains groups of logically related data in units called segments. For instance, the N4 segment used in the transaction set conveys the city, state, ZIP Code, and other geographic information. A transaction set contains multiple segments, so the addresses of the different parties, for example, can be conveyed from one computer to the other. An analogy would be that the transaction set is like a freight train; the segments are like the train's cars; and each segment can contain several data elements the same as a train car can hold multiple crates.

The sequence of the elements within one segment is specified by the ASC X12 standard as well as the sequence of segments in the transaction set. In a more conventional computing environment, the segments would be equivalent to records, and the elements equivalent to fields.

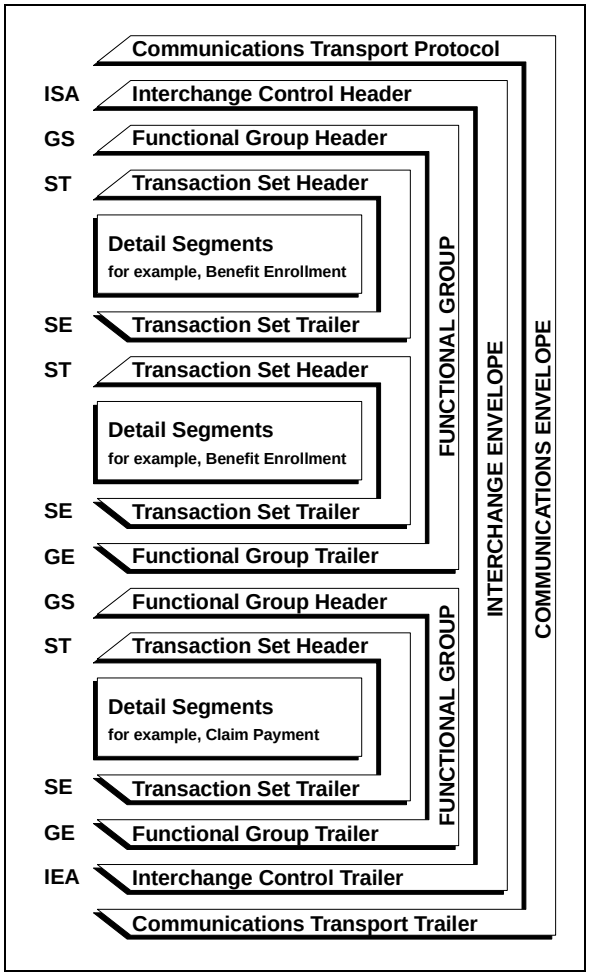


Figure A1. Transmission Control Schematic

Similar transaction sets, called "functional groups," can be sent together within a transmission. Each functional group is prefaced by a group start segment; and a functional group is terminated by a group end segment. One or more functional groups are prefaced by an interchange header and followed by an interchange trailer. Figure A1, Transmission Control Schematic, illustrates this interchange control.

The interchange header and trailer segments envelop one or more functional groups or interchange-related control segments and perform the following functions:

1. Define the data element separators and the data segment terminator.
2. Identify the sender and receiver.
3. Provide control information for the interchange.
4. Allow for authorization and security information.

A.1.2 Application Control Structure Definitions and Concepts

A.1.2.1 Basic Structure

A data element corresponds to a data field in data processing terminology. The data element is the smallest named item in the ASC X12 standard. A data segment corresponds to a record in data processing terminology. The data segment begins with a segment ID and contains related data elements. A control segment has the same structure as a data segment; the distinction is in the use. The data segment is used primarily to convey user information, but the control segment is used primarily to convey control information and to group data segments.

A.1.2.2 Basic Character Set

The section that follows is designed to have representation in the common character code schemes of EBCDIC, ASCII, and CCITT International Alphabet 5. The ASC X12 standards are graphic-character-oriented; therefore, common character encoding schemes other than those specified herein may be used as long as a common mapping is available. Because the graphic characters have an implied mapping across character code schemes, those bit patterns are not provided here.

The basic character set of this standard, shown in figure A2, Basic Character Set, includes those selected from the uppercase letters, digits, space, and special characters as specified below.

A...Z	**0...9**	**!**	**“**	**&**	**’**	**(**	**)**	*****	**+**
’	**-**	**.**	**/**	**:**	**;**	**?**	**=**	**“ ” (space)**	

Figure A2. Basic Character Set

A.1.2.3 Extended Character Set

An extended character set may be used by negotiation between the two parties and includes the lowercase letters and other special characters as specified in figure A3, Extended Character Set.

a..z	**%**	**~**	**@**	**[**	**]**	**_**	**{**
}	****	**|**	**<**	**>**	**#**	**$**	

Figure A3. Extended Character Set

Note that the extended characters include several character codes that have multiple graphical representations for a specific bit pattern. The complete list appears

in other standards such as CCITT S.5. Use of the USA graphics for these codes presents no problem unless data is exchanged with an international partner. Other problems, such as the translation of item descriptions from English to French, arise when exchanging data with an international partner, but minimizing the use of codes with multiple graphics eliminates one of the more obvious problems.

A.1.2.4 Control Characters

Two control character groups are specified; they have only restricted usage. The common notation for these groups is also provided, together with the character coding in three common alphabets. In the matrix A1, Base Control Set, the column IA5 represents CCITT V.3 International Alphabet 5.

A.1.2.5 Base Control Set

The base control set includes those characters that will not have a disruptive effect on most communication protocols. These are represented by:

NOTATION	NAME	EBCDIC	ASCII	IA5
BEL	bell	2F	07	07
HT	horizontal tab	05	09	09
LF	line feed	25	0A	0A
VT	vertical tab	0B	0B	0B
FF	form feed	0C	0C	0C
CR	carriage return	0D	0D	0D
FS	file separator	1C	1C	1C
GS	group separator	1D	1D	1D
RS	record separator	1E	1E	1E
US	unit separator	1F	1F	1F
NL	new line	15		

Matrix A1. Base Control Set

The Group Separator (GS) may be an exception in this set because it is used in the 3780 communications protocol to indicate blank space compression.

A.1.2.6 Extended Control Set

The extended control set includes those that may have an effect on a transmission system. These are shown in matrix A2, Extended Control Set.

NOTATION	NAME	EBCDIC	ASCII	IA5
SOH	start of header	01	01	01
STX	start of text	02	02	02
ETX	end of text	03	03	03
EOT	end of transmission	37	04	04
ENQ	enquiry	2D	05	05
ACK	acknowledge	2E	06	06
DC1	device control 1	11	11	11
DC2	device control 2	12	12	12
DC3	device control 3	13	13	13
DC4	device control 4	3C	14	14
NAK	negative acknowledge	3D	15	15
SYN	synchronous idle	32	16	16
ETB	end of block	26	17	17

Matrix A2. Extended Control Set

A.1.2.7 Delimiters

A delimiter is a character used to separate two data elements (or subelements) or to terminate a segment. The delimiters are an integral part of the data.

Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator.

Once specified in the interchange header, the delimiters are not to be used in a data element value elsewhere in the interchange. For consistency, this implementation guide uses the delimiters shown in matrix A3, Delimiters, in all examples of EDI transmissions.

CHARACTER	NAME	DELIMITER
*	Asterisk	Data Element Separator
:	Colon	Subelement Separator
~	Tilde	Segment Terminator

Matrix A3. Delimiters

The delimiters above are for illustration purposes only and are not specific recommendations or requirements. Users of this implementation guide should be aware that an application system may use some valid delimiter characters within the application data. Occurrences of delimiter characters in transmitted data within a data element can result in errors in translation programs. The existence of asterisks (*) within transmitted application data is a known issue that can affect translation software.

A.1.3 Business Transaction Structure Definitions and Concepts

The ASC X12 standards define commonly used business transactions (such as a health care claim) in a formal structure called “transaction sets.” A transaction set is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment. Each segment is composed of the following:

- A unique segment ID
- One or more logically related data elements each preceded by a data element separator
- A segment terminator

A.1.3.1 Data Element

The data element is the smallest named unit of information in the ASC X12 standard. Data elements are identified as either simple or component. A data element that occurs as an ordinally positioned member of a composite data structure is identified as a component data element. A data element that occurs in a segment outside the defined boundaries of a composite data structure is identified as a simple data element. The distinction between simple and component data elements is strictly a matter of context because a data element can be used in either capacity.

Data elements are assigned a unique reference number. Each data element has a name, description, type, minimum length, and maximum length. For ID type data elements, this guide provides the applicable ASC X12 code values and their descriptions or references where the valid code list can be obtained.

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric, decimal, and binary elements.

The data element types shown in matrix A4, Data Element Types, appear in this implementation guide.

SYMBOL	TYPE
Nn	Numeric
R	Decimal
ID	Identifier
AN	String
DT	Date
TM	Time
B	Binary

Matrix A4. Data Element Types

A.1.3.1.1 Numeric

A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data.

This set of guides denotes the number of implied decimal positions. The representation for this data element type is “Nn” where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.

If n is 0, it need not appear in the specification; N is equivalent to N0. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

EXAMPLE
A transmitted value of 1234, when specified as numeric type N2, represents a value of 12.34.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. The length of a numeric type data element does not include the optional sign.

A.1.3.1.2 Decimal

A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as “R.”

The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end) the decimal point should be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point should be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1,000,000) is expressly prohibited. The length of a decimal type data element does not include the optional leading sign or decimal point.

EXAMPLE
A transmitted value of 12.34 represents a decimal value of 12.34.

A.1.3.1.3 Identifier

An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC X12 Committee or some other body recognized by the Committee. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is “ID.”

A.1.3.1.4 String

A string data element is a sequence of any characters from the basic or extended character sets. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is “AN.”

A.1.3.1.5 Date

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31). The representation for this data element type is “DT.” Users of this guide should note that all dates within transactions are 8-character dates (millenium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment, and also used in the TA1 Interchange Acknowledgment, where the century can be readily interpolated because of the nature of an interchange header.

A.1.3.1.6 Time

A time data element is used to express the ISO standard time HHMMSSd..d format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59), SS is the second (00 to 59) and d..d is decimal seconds. The representation for this data element type is “TM.” The length of the data element determines the format of the transmitted time.

EXAMPLE
Transmitted data elements of four characters denote HHMM. Transmitted data elements of six characters denote HHMMSS.

A.1.3.2 Composite Data Structure

The composite data structure is an intermediate unit of information in a segment. Composite data structures are composed of one or more logically related simple data elements, each, except the last, followed by a sub-element separator. The final data element is followed by the next data element separator or the segment terminator. Each simple data element within a composite is called a component.

Each composite data structure has a unique four-character identifier, a name, and a purpose. The identifier serves as a label for the composite. A composite data structure can be further defined through the use of syntax notes, semantic notes, and comments. Each component within the composite is further characterized by a reference designator and a condition designator. The reference designators and the condition designators are described below.

A.1.3.3 Data Segment

The data segment is an intermediate unit of information in a transaction set. In the data stream, a data segment consists of a segment identifier, one or more composite data structures or simple data elements each preceded by a data element separator and succeeded by a segment terminator.

Each data segment has a unique two- or three-character identifier, a name, and a purpose. The identifier serves as a label for the data segment. A segment can be further defined through the use of syntax notes, semantic notes, and comments. Each simple data element or composite data structure within the segment is further characterized by a reference designator and a condition designator.

A.1.3.4 Syntax Notes

Syntax notes describe relational conditions among two or more data segment units within the same segment, or among two or more component data elements within the same composite data structure. For a complete description of the relational conditions, See A.1.3.8, Condition Designator.

A.1.3.5 Semantic Notes

Simple data elements or composite data structures may be referenced by a semantic note within a particular segment. A semantic note provides important additional information regarding the intended meaning of a designated data element, particularly a generic type, in the context of its use within a specific data segment. Semantic notes may also define a relational condition among data elements in a segment based on the presence of a specific value (or one of a set of values) in one of the data elements.

A.1.3.6 Comments

A segment comment provides additional information regarding the intended use of the segment.

A.1.3.7 Reference Designator

Each simple data element or composite data structure in a segment is provided a structured code that indicates the segment in which it is used and the sequential position within the segment. The code is composed of the segment identifier followed by a two-digit number that defines the position of the simple data element or composite data structure in that segment.

For purposes of creating reference designators, the composite data structure is viewed as the hierarchical equal of the simple data element. Each component data element in a composite data structure is identified by a suffix appended to the reference designator for the composite data structure of which it is a member.

This suffix is a two-digit number, prefixed with a hyphen, that defines the position of the component data element in the composite data structure.

EXAMPLE

- The first simple element of the CLP segment would be identified as CLP01.
- The first position in the SVC segment is occupied by a composite data structure that contains seven component data elements, the reference designator for the second component data element would be SVC01-02.

A.1.3.8 Condition Designator

This section provides information about X12 standard conditions designators. It is provided so that users will have information about the general standard. Implementation guides may impose other conditions designators. See implementation guide section 3.1 Presentation Examples for detailed information about the implementation guide Industry Usage requirements for compliant implementation.

Data element conditions are of three types: mandatory, optional, and relational. They define the circumstances under which a data element may be required to be present or not present in a particular segment.

DESIGNATOR	DESCRIPTION
M- Mandatory	The designation of mandatory is absolute in the sense that there is no dependency on other data elements. This designation may apply to either simple data elements or composite data structures. If the designation applies to a composite data structure, then at least one value of a component data element in that composite data structure shall be included in the data segment.
O- Optional	The designation of optional means that there is no requirement for a simple data element or composite data structure to be present in the segment. The presence of a value for a simple data element or the presence of value for any of the component data elements of a composite data structure is at the option of the sender.
X- Relational	Relational conditions may exist among two or more simple data elements within the same data segment based on the presence or absence of one of those data elements (presence means a data element must not be empty). Relational conditions are specified by a condition code (see table below) and the reference designators of the affected data elements. A data element may be subject to more than one relational condition. The definitions for each of the condition codes used within syntax notes are detailed below:

CONDITION CODE	DEFINITION
P- Paired or Multiple	If any element specified in the relational condition is present, then all of the elements specified must be present.
R- Required	At least one of the elements specified in the condition must be present.
E- Exclusion	Not more than one of the elements specified in the condition may be present.
C- Conditional	If the first element specified in the condition is present, then all other elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.
L- List	

Conditional	If the first element specified in the condition is present, then at least one of the remaining elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.

Table A5. Condition Designator

A.1.3.9 Absence of Data

Any simple data element that is indicated as mandatory must not be empty if the segment is used. At least one component data element of a composite data structure that is indicated as mandatory must not be empty if the segment is used. Optional simple data elements and/or composite data structures and their preceding data element separators that are not needed should be omitted if they occur at the end of a segment. If they do not occur at the end of the segment, the simple data element values and/or composite data structure values may be omitted. Their absence is indicated by the occurrence of their preceding data element separators, in order to maintain the element's or structure's position as defined in the data segment.

Likewise, when additional information is not necessary within a composite, the composite may be terminated by providing the appropriate data element separator or segment terminator.

A.1.3.10 Control Segments

A control segment has the same structure as a data segment, but it is used for transferring control information rather than application information.

A.1.3.10.1 Loop Control Segments

Loop control segments are used only to delineate bounded loops. Delineation of the loop shall consist of the loop header (LS segment) and the loop trailer (LE segment). The loop header defines the start of a structure that must contain one or more iterations of a loop of data segments and provides the loop identifier for this loop. The loop trailer defines the end of the structure. The LS segment appears only before the first occurrence of the loop, and the LE segment appears only after the last occurrence of the loop. Unbounded looping structures do not use loop control segments.

A.1.3.10.2 Transaction Set Control Segments

The transaction set is delineated by the transaction set header (ST segment) and the transaction set trailer (SE segment). The transaction set header identifies the start and identifier of the transaction set. The transaction set trailer identifies the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments.

A.1.3.10.3 Functional Group Control Segments

The functional group is delineated by the functional group header (GS segment) and the functional group trailer (GE segment). The functional group header starts and identifies one or more related transaction sets and provides a control number

and application identification information. The functional group trailer defines the end of the functional group of related transaction sets and provides a count of contained transaction sets.

A.1.3.10.4 Relations among Control Segments

The control segment of this standard must have a nested relationship as is shown and annotated in this subsection. The letters preceding the control segment name are the segment identifier for that control segment. The indentation of segment identifiers shown below indicates the subordination among control segments.

GS Functional Group Header, starts a group of related transaction sets.

- **ST** Transaction Set Header, starts a transaction set.
  - **LS** Loop Header, starts a bounded loop of data segments but is not part of the loop.
    - **LS** Loop Header, starts an inner, nested, bounded loop.
    - **LE** Loop Trailer, ends an inner, nested bounded loop.
  - **LE** Loop Trailer, ends a bounded loop of data segments but is not part of the loop.
- **SE** Transaction Set Trailer, ends a transaction set.

GE Functional Group Trailer, ends a group of related transaction sets.

More than one ST/SE pair, each representing a transaction set, may be used within one functional group. Also more than one LS/LE pair, each representing a bounded loop, may be used within one transaction set.

A.1.3.11 Transaction Set

The transaction set is the smallest meaningful set of information exchanged between trading partners. The transaction set consists of a transaction set header segment, one or more data segments in a specified order, and a transaction set trailer segment. See figure A1, Transmission Control Schematic.

A.1.3.11.1 Transaction Set Header and Trailer

A transaction set identifier uniquely identifies a transaction set. This identifier is the first data element of the Transaction Set Header Segment (ST). A user assigned transaction set control number in the header must match the control number in the Trailer Segment (SE) for any given transaction set. The value for the number of included segments in the SE segment is the total number of segments in the transaction set, including the ST and SE segments.

A.1.3.11.2 Data Segment Groups

The data segments in a transaction set may be repeated as individual data segments or as unbounded or bounded loops.

A.1.3.11.3 Repeated Occurrences of Single Data Segments

When a single data segment is allowed to be repeated, it may have a specified maximum number of occurrences defined at each specified position within a given transaction set standard. Alternatively, a segment may be allowed to repeat

an unlimited number of times. The notation for an unlimited number of repetitions is “>1.”

A.1.3.11.4 Loops of Data Segments

Loops are groups of semantically related segments. Data segment loops may be unbounded or bounded.

A.1.3.11.4.1 Unbounded Loops

To establish the iteration of a loop, the first data segment in the loop must appear once and only once in each iteration. Loops may have a specified maximum number of repetitions. Alternatively, the loop may be specified as having an unlimited number of iterations. The notation for an unlimited number of repetitions is “>1.”

A specified sequence of segments is in the loop. Loops themselves are optional or mandatory. The requirement designator of the beginning segment of a loop indicates whether at least one occurrence of the loop is required. Each appearance of the beginning segment defines an occurrence of the loop.

The requirement designator of any segment within the loop after the beginning segment applies to that segment for each occurrence of the loop. If there is a mandatory requirement designator for any data segment within the loop after the beginning segment, that data segment is mandatory for each occurrence of the loop. If the loop is optional, the mandatory segment only occurs if the loop occurs.

A.1.3.11.4.2 Bounded Loops

The characteristics of unbounded loops described previously also apply to bounded loops. In addition, bounded loops require a Loop Start Segment (LS) to appear before the first occurrence and a Loop End Segment (LE) to appear after the last occurrence of the loop. If the loop does not occur, the LS and LE segments are suppressed.

A.1.3.11.5 Data Segments in a Transaction Set

When data segments are combined to form a transaction set, three characteristics are applied to each data segment: a requirement designator, a position in the transaction set, and a maximum occurrence.

A.1.3.11.6 Data Segment Requirement Designators

A data segment, or loop, has one of the following requirement designators for health care and insurance transaction sets, indicating its appearance in the data stream of a transmission. These requirement designators are represented by a single character code.

DESIGNATOR	DESCRIPTION
M- Mandatory	This data segment must be included in the transaction set. (Note that a data segment may be mandatory in a loop of data segments, but the loop itself is optional if the beginning segment of the loop is designated as optional.)
O- Optional	The presence of this data segment is the option of the sending party.

A.1.3.11.7 Data Segment Position

The ordinal positions of the segments in a transaction set are explicitly specified for that transaction. Subject to the flexibility provided by the optional requirement designators of the segments, this positioning must be maintained.

A.1.3.11.8 Data Segment Occurrence

A data segment may have a maximum occurrence of one, a finite number greater than one, or an unlimited number indicated by ">1."

A.1.3.12 Functional Group

A functional group is a group of similar transaction sets that is bounded by a functional group header segment and a functional group trailer segment. The functional identifier defines the group of transactions that may be included within the functional group. The value for the functional group control number in the header and trailer control segments must be identical for any given group. The value for the number of included transaction sets is the total number of transaction sets in the group. See figure A1, Transmission Control Schematic.

A.1.4 Envelopes and Control Structures

A.1.4.1 Interchange Control Structures

Typically, the term "interchange" connotes the ISA/IEA envelope that is transmitted between trading/business partners. Interchange control is achieved through several "control" components. The interchange control number is contained in data element ISA13 of the ISA segment. The identical control number must also occur in data element 02 of the IEA segment. Most commercial translation software products will verify that these two fields are identical. In most translation software products, if these fields are different the interchange will be "suspended" in error.

There are many other features of the ISA segment that are used for control measures. For instance, the ISA segment contains data elements such as authorization information, security information, sender identification, and receiver identification that can be used for control purposes. These data elements are agreed upon by the trading partners prior to transmission and are contained in the written trading partner agreement. The interchange date and time data elements as well as the interchange control number within the ISA segment are used for debugging purposes when there is a problem with the transmission or the interchange.

Data Element ISA12, Interchange Control Version Number, indicates the version of the ISA/IEA envelope. The ISA12 does not indicate the version of the transaction set that is being transmitted but rather the envelope that encapsulates the transaction. An Interchange Acknowledgment can be denoted through data element ISA14. The acknowledgment that would be sent in reply to a "yes" condition in data element ISA14 would be the TA1 segment. Data element ISA15, Test Indicator, is used between trading partners to indicate that the transmission is in a "test" or "production" mode. This becomes significant when the production phase of the project is to commence. Data element ISA16, Subelement Separator, is used by the translator for interpretation of composite data elements.

The ending component of the interchange or ISA/IEA envelope is the IEA segment. Data element IEA01 indicates the number of functional groups that are included within the interchange. In most commercial translation software products, an aggregate count of functional groups is kept while interpreting the interchange. This count is then verified with data element IEA01. If there is a discrep-

ancy, in most commercial products, the interchange is suspended. The other data element in the IEA segment is IEA02 which is referenced above.

See the Appendix B, EDI Control Directory, for a complete detailing of the interchange control header and trailer.

A.1.4.2 Functional Groups

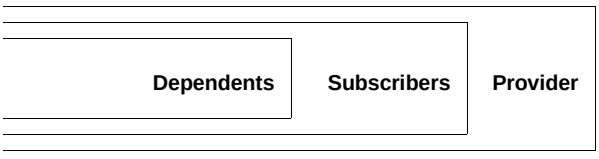
Control structures within the functional group envelope include the functional identifier code in GS01. The Functional Identifier Code is used by the commercial translation software during interpretation of the interchange to determine the different transaction sets that may be included within the functional group. If an inappropriate transaction set is contained within the functional group, most commercial translation software will suspend the functional group within the interchange. The Application Sender's Code in GS02 can be used to identify the sending unit of the transmission. The Application Receiver's Code in GS03 can be used to identify the receiving unit of the transmission. For health care, this unit identification can be used to differentiate between managed care, indemnity, and Medicare. The functional group contains a creation date (GS04) and creation time (GS05) for the functional group. The Group Control Number is contained in GS06. These data elements (GS04, GS05, AND GS06) can be used for debugging purposes during problem resolution. GS08,Version/Release/Industry Identifier Code is the version/release/sub-release of the transaction sets being transmitted in this functional group. Appendix B provides guidance for the value for this data element. The GS08 does not represent the version of the interchange (ISA/IEA) envelope but rather the version/release/sub-release of the transaction sets that are encompassed within the GS/GE envelope.

The Functional Group Control Number in GS06 must be identical to data element 02 of the GE segment. Data element GE01 indicates the number of transaction sets within the functional group. In most commercial translation software products, an aggregate count of the transaction sets is kept while interpreting the functional group. This count is then verified with data element GE01.

See the Appendix B, EDI Control Directory, for a complete detailing of the functional group header and trailer.

A.1.4.3 HL Structures

The HL segment is used in several X12 transaction sets to identify levels of detail information using a hierarchical structure, such as relating dependents to a subscriber. Hierarchical levels may differ from guide to guide. The following diagram, from transaction set 837, illustrates a typical hierarchy.



Each provider can bill for one or more subscribers and each subscriber can have one or more dependents. Each guide states what levels are available, the level's requirement, a repeat value, and whether that level has subordinate levels within a transmission.

A.1.5 Acknowledgments

A.1.5.1 Interchange Acknowledgment, TA1

The Interchange or TA1 Acknowledgment is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. Transaction set-specific verification is accomplished through use of the Functional Acknowledgment Transaction Set, 997. See A.1.5.2, Functional Acknowledgment, 997, for more details. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structures. A TA1 can be included in an interchange with other functional groups and transactions.

Encompassed in the TA1 are the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number, interchange date and time are identical to those that were present in the transmitted interchange from the sending trading partner. This provides the capability to associate the TA1 with the transmitted interchange. TA104, Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors. TA105, Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure. Values for this data element indicate whether the error occurred at the interchange or functional group envelope.

The TA1 segment provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure.

Due to the uniqueness of the TA1, implementation should be predicated upon the ability for the sending and receiving trading partners commercial translators to accommodate the uniqueness of the TA1. Unless named as mandatory in the Federal Rules implementing HIPAA, use of the TA1, although urged by the authors, is not mandated.

See the Appendix B, EDI Control Directory, for a complete detailing of the TA1 segment.

A.1.5.2 Functional Acknowledgment, 997

The Functional Acknowledgment Transaction Set, 997, has been designed to allow trading partners to establish a comprehensive control function as a part of their business exchange process. This acknowledgment process facilitates control of EDI. There is a one-to-one correspondence between a 997 and a functional group. Segments within the 997 can identify the acceptance or rejection of the functional group, transaction sets or segments. Data elements in error can also be identified. There are many EDI implementations that have incorporated the acknowledgment process in all of their electronic communications. Typically, the 997 is used as a functional acknowledgment to a previously transmitted functional group. Many commercially available translators can automatically generate this transaction set through internal parameter settings. Additionally translators will automatically reconcile received acknowledgments to functional groups that have been sent. The benefit to this process is that the sending trading partner

can determine if the receiving trading partner has received ASC X12 transaction sets through reports that can be generated by the translation software to identify transmissions that have not been acknowledged.

As stated previously the 997 is a transaction set and thus is encapsulated within the interchange control structure (envelopes) for transmission.

As with any information flow, an acknowledgment process is essential. If an “automatic” acknowledgment process is desired between trading partners then it is recommended that the 997 be used. Unless named as mandatory in the Federal Rules implementing HIPAA, use of the 997, although recommended by the authors, is not mandated.

See Appendix B, EDI Control Directory, for a complete detailing of transaction set 997.

B EDI Control Directory

B.1 Control Segments

- **ISA**
  Interchange Control Header Segment
- **IEA**
  Interchange Control Trailer Segment
- **GS**
  Functional Group Header Segment
- **GE**
  Functional Group Tralier Segment
- **TA1**
  Interchange Acknowledgment Segment

B.2 Functional Acknowledgment Transaction Set, 997

IMPLEMENTATION

INTERCHANGE CONTROL HEADER

Notes: **1. The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by "." for clarity.**

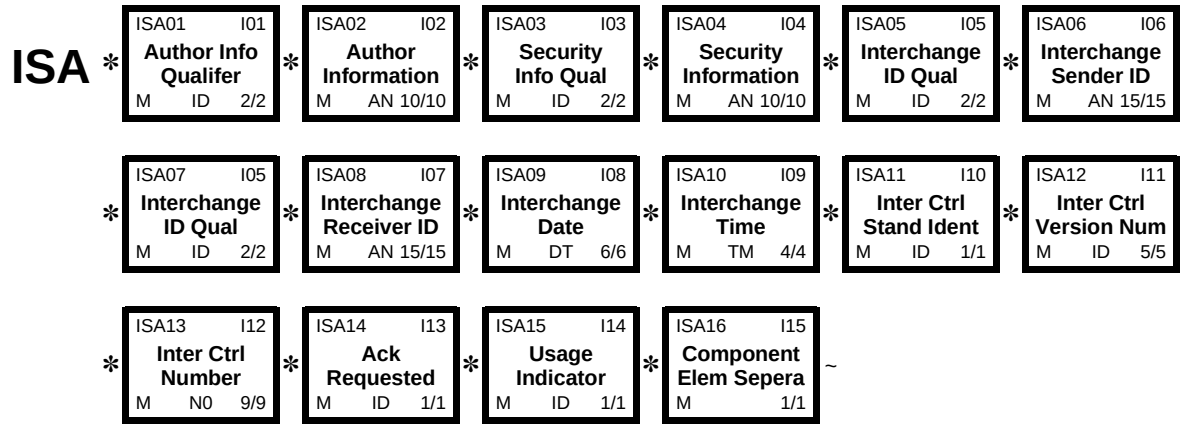
Example: **ISA* 00* .....* 01* SECRET....* ZZ* SUBMITTERS.ID..* ZZ* RECEIVERS.ID...* 930602* 1253* U* 00401* 000000905* 1* T* :~**

STANDARD

ISA Interchange Control Header

Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**ISA01**	**I01**	**Authorization Information Qualifier** Code to identify the type of information in the Authorization Information	**M ID 2/2**
			CODE / **DEFINITION** **00** — **No Authorization Information Present (No Meaningful Information in I02)** **ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION INFORMATION.** **03** — **Additional Data Identification**	
REQUIRED	**ISA02**	**I02**	**Authorization Information** Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	**M AN 10/10**

REQUIRED **ISA03** **I03** **Security Information Qualifier** **M ID 2/2**
Code to identify the type of information in the Security Information

CODE	DEFINITION
00	**No Security Information Present (No Meaningful Information in I04)** **ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.**
01	**Password**

REQUIRED **ISA04** **I04** **Security Information** **M AN 10/10**
This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)

REQUIRED **ISA05** **I05** **Interchange ID Qualifier** **M ID 2/2**
Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

This ID qualifies the Sender in ISA06.

CODE	DEFINITION
01	**Duns (Dun & Bradstreet)**
14	**Duns Plus Suffix**
20	**Health Industry Number (HIN)** CODE SOURCE **121: Health Industry Identification Number**
27	**Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)**
28	**Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)**
29	**Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)**
30	**U.S. Federal Tax Identification Number**
33	**National Association of Insurance Commissioners Company Code (NAIC)**
ZZ	**Mutually Defined**

REQUIRED **ISA06** **I06** **Interchange Sender ID** **M AN 15/15**
Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element

REQUIRED **ISA07** **I05** **Interchange ID Qualifier** **M ID 2/2**
Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

This ID qualifies the Receiver in ISA08.

CODE	DEFINITION
01	**Duns (Dun & Bradstreet)**

			14	**Duns Plus Suffix**		
			20	**Health Industry Number (HIN)**		
				CODE SOURCE **121: Health Industry Identification Number**		
			27	**Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)**		
			28	**Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)**		
			29	**Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)**		
			30	**U.S. Federal Tax Identification Number**		
			33	**National Association of Insurance Commissioners Company Code (NAIC)**		
			ZZ	**Mutually Defined**		
REQUIRED	**ISA08**	**I07**	**Interchange Receiver ID**		**M**	**AN**	**15/15**
			Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them				
REQUIRED	**ISA09**	**I08**	**Interchange Date**		**M**	**DT**	**6/6**
			Date of the interchange				
			The date format is YYMMDD.				
REQUIRED	**ISA10**	**I09**	**Interchange Time**		**M**	**TM**	**4/4**
			Time of the interchange				
			The time format is HHMM.				
REQUIRED	**ISA11**	**I10**	**Interchange Control Standards Identifier**		**M**	**ID**	**1/1**
			Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer				
			CODE	DEFINITION			
			U	**U.S. EDI Community of ASC X12, TDCC, and UCS**			
REQUIRED	**ISA12**	**I11**	**Interchange Control Version Number**		**M**	**ID**	**5/5**
			This version number covers the interchange control segments				
			CODE	DEFINITION			
			00401	**Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997**			
REQUIRED	**ISA13**	**I12**	**Interchange Control Number**		**M**	**N0**	**9/9**
			A control number assigned by the interchange sender				
			The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.				

REQUIRED **ISA14** **I13** **Acknowledgment Requested** **M ID 1/1**
Code sent by the sender to request an interchange acknowledgment (TA1)

See Section A.1.5.1 for interchange acknowledgment information.

CODE	DEFINITION
0	**No Acknowledgment Requested**
1	**Interchange Acknowledgment Requested**

REQUIRED **ISA15** **I14** **Usage Indicator** **M ID 1/1**
Code to indicate whether data enclosed by this interchange envelope is test, production or information

CODE	DEFINITION
P	**Production Data**
T	**Test Data**

REQUIRED **ISA16** **I15** **Component Element Separator** **M 1/1**
Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator

IMPLEMENTATION

INTERCHANGE CONTROL TRAILER

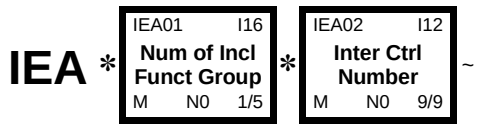
Example: IEA*1*000000905~

STANDARD

IEA Interchange Control Trailer

Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**IEA01**	**I16**	**Number of Included Functional Groups** A count of the number of functional groups included in an interchange	**M**	**N0**	**1/5**
REQUIRED	**IEA02**	**I12**	**Interchange Control Number** A control number assigned by the interchange sender	**M**	**N0**	**9/9**

IMPLEMENTATION

FUNCTIONAL GROUP HEADER

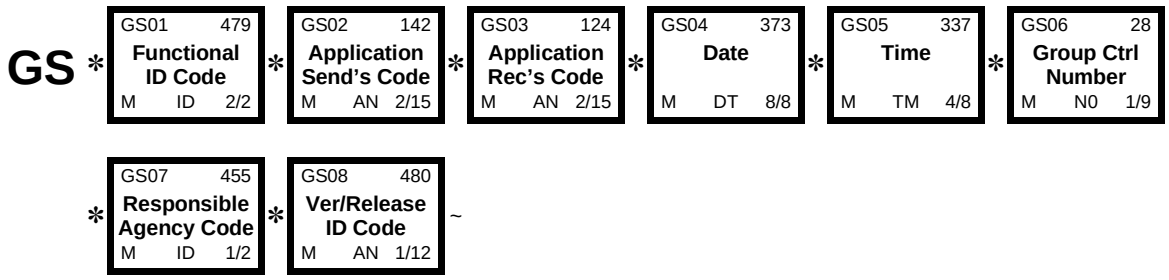
Example: GS*HI*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X094~

STANDARD

GS Functional Group Header

Purpose: To indicate the beginning of a functional group and to provide control information

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**GS01**	**479**	**Functional Identifier Code** Code identifying a group of application related transaction sets CODE / DEFINITION **HI** — **Health Care Services Review Information (278)**	**M ID 2/2**
REQUIRED	**GS02**	**142**	**Application Sender's Code** Code identifying party sending transmission; codes agreed to by trading partners **Use this code to identify the unit sending the information.**	**M AN 2/15**
REQUIRED	**GS03**	**124**	**Application Receiver's Code** Code identifying party receiving transmission. Codes agreed to by trading partners **Use this code to identify the unit receiving the information.**	**M AN 2/15**
REQUIRED	**GS04**	**373**	**Date** Date expressed as CCYYMMDD **SEMANTIC:** GS04 is the group date. **Use this date for the functional group creation date.**	**M DT 8/8**
REQUIRED	**GS05**	**337**	**Time** Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) **SEMANTIC:** GS05 is the group time. **Use this time for the creation time. The recommended format is HHMM.**	**M TM 4/8**

REQUIRED **GS06** **28** **Group Control Number** **M** **N0** **1/9**
Assigned number originated and maintained by the sender

SEMANTIC: The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

REQUIRED **GS07** **455** **Responsible Agency Code** **M** **ID** **1/2**
Code used in conjunction with Data Element 480 to identify the issuer of the standard

CODE	DEFINITION
X	**Accredited Standards Committee X12**

REQUIRED **GS08** **480** **Version / Release / Industry Identifier Code** **M** **AN** **1/12**
Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

CODE	DEFINITION
004010X094	**Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.**

IMPLEMENTATION

FUNCTIONAL GROUP TRAILER

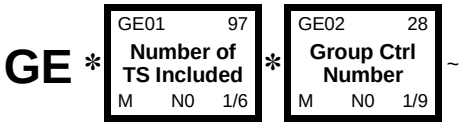
Example: GE*1*1~

STANDARD

GE Functional Group Trailer

Purpose: To indicate the end of a functional group and to provide control information

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**GE01**	**97**	**Number of Transaction Sets Included** Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	**M N0 1/6**
REQUIRED	**GE02**	**28**	**Group Control Number** Assigned number originated and maintained by the sender **SEMANTIC:** The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.	**M N0 1/9**

IMPLEMENTATION

INTERCHANGE ACKNOWLEDGMENT

Notes:

1. **All fields must contain data.**
2. **This segment acknowledges the reception of an X12 interchange header and trailer from a previous interchange. If the header/trailer pair was received correctly, the TA1 reflects a valid interchange, regardless of the validity of the contents of the data included inside the header/trailer envelope.**
3. **See Section A.1.5.1 for interchange acknowledgment information.**
4. **Use of TA1 is subject to trading partner agreement and is neither mandated or prohibited in the Appendix.**

Example: **TA1*000000905*940101*0100*A*001~**

STANDARD

TA1 Interchange Acknowledgment

Purpose: To report the status of processing a received interchange header and trailer or the non-delivery by a network provider

DIAGRAM

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**TA101**	**I12**	**Interchange Control Number** A control number assigned by the interchange sender	**M**	**N0**	**9/9**
			This number uniquely identifies the interchange data to the sender. It is assigned by the sender. Together with the sender ID it uniquely identifies the interchange data to the receiver. It is suggested that the sender, receiver, and all third parties be able to maintain an audit trail of interchanges using this number.			
			In the TA1, this should be the interchange control number of the original interchange that this TA1 is acknowledging.			
REQUIRED	**TA102**	**I08**	**Interchange Date** Date of the interchange	**M**	**DT**	**6/6**
			This is the date of the original interchange being acknowledged. (YYMMDD)			
REQUIRED	**TA103**	**I09**	**Interchange Time** Time of the interchange	**M**	**TM**	**4/4**
			This is the time of the original interchange being acknowledged. (HHMM)			

REQUIRED **TA104** **I17** **Interchange Acknowledgment Code** **M ID 1/1**

This indicates the status of the receipt of the interchange control structure

CODE	DEFINITION
A	The Transmitted Interchange Control Structure Header and Trailer Have Been Received and Have No Errors.
E	The Transmitted Interchange Control Structure Header and Trailer Have Been Received and Are Accepted But Errors Are Noted. This Means the Sender Must Not Resend This Data.
R	The Transmitted Interchange Control Structure Header and Trailer are Rejected Because of Errors.

REQUIRED **TA105** **I18** **Interchange Note Code** **M ID 3/3**

This numeric code indicates the error found processing the interchange control structure

CODE	DEFINITION
000	No error
001	The Interchange Control Number in the Header and Trailer Do Not Match. The Value From the Header is Used in the Acknowledgment.
002	This Standard as Noted in the Control Standards Identifier is Not Supported.
003	This Version of the Controls is Not Supported
004	The Segment Terminator is Invalid
005	Invalid Interchange ID Qualifier for Sender
006	Invalid Interchange Sender ID
007	Invalid Interchange ID Qualifier for Receiver
008	Invalid Interchange Receiver ID
009	Unknown Interchange Receiver ID
010	Invalid Authorization Information Qualifier Value
011	Invalid Authorization Information Value
012	Invalid Security Information Qualifier Value
013	Invalid Security Information Value
014	Invalid Interchange Date Value
015	Invalid Interchange Time Value
016	Invalid Interchange Standards Identifier Value
017	Invalid Interchange Version ID Value
018	Invalid Interchange Control Number Value

019	Invalid Acknowledgment Requested Value
020	Invalid Test Indicator Value
021	Invalid Number of Included Groups Value
022	Invalid Control Structure
023	Improper (Premature) End-of-File (Transmission)
024	Invalid Interchange Content (e.g., Invalid GS Segment)
025	Duplicate Interchange Control Number
026	Invalid Data Element Separator
027	Invalid Component Element Separator
028	Invalid Delivery Date in Deferred Delivery Request
029	Invalid Delivery Time in Deferred Delivery Request
030	Invalid Delivery Time Code in Deferred Delivery Request
031	Invalid Grade of Service Code

STANDARD

997 Functional Acknowledgment

Functional Group ID: FA

This Draft Standard for Trial Use contains the format and establishes the data contents of the Functional Acknowledgment Transaction Set (997) for use within the context of an Electronic Data Interchange (EDI) environment. The transaction set can be used to define the control structures for a set of acknowledgments to indicate the results of the syntactical analysis of the electronically encoded documents. The encoded documents are the transaction sets, which are grouped in functional groups, used in defining transactions for business data interchange. This standard does not cover the semantic meaning of the information encoded in the transaction sets.

Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
010	ST	Transaction Set Header	M	1	
020	AK1	Functional Group Response Header	M	1	
		LOOP ID - AK2			999999
030	AK2	Transaction Set Response Header	O	1	
		LOOP ID - AK2/AK3			999999
040	AK3	Data Segment Note	O	1	
050	AK4	Data Element Note	O	99	
060	AK5	Transaction Set Response Trailer	M	1	
070	AK9	Functional Group Response Trailer	M	1	
080	SE	Transaction Set Trailer	M	1	

NOTES:

1/010 These acknowledgments shall not be acknowledged, thereby preventing an endless cycle of acknowledgments of acknowledgments. Nor shall a Functional Acknowledgment be sent to report errors in a previous Functional Acknowledgment.

1/010 The Functional Group Header Segment (GS) is used to start the envelope for the Functional Acknowledgment Transaction Sets. In preparing the functional group of acknowledgments, the application sender's code and the application receiver's code, taken from the functional group being acknowledged, are exchanged; therefore, one acknowledgment functional group responds to only those functional groups from one application receiver's code to one application sender's code.

1/010 There is only one Functional Acknowledgment Transaction Set per acknowledged functional group.

1/020 AK1 is used to respond to the functional group header and to start the acknowledgement for a functional group. There shall be one AK1 segment for the functional group that is being acknowledged.

1/030 AK2 is used to start the acknowledgement of a transaction set within the received functional group. The AK2 segments shall appear in the same order as the transaction sets in the functional group that has been received and is being acknowledged.

1/040 The data segments of this standard are used to report the results of the syntactical analysis of the functional groups of transaction sets; they report the extent to which the syntax complies with the standards for transaction sets and functional groups. They do not report on the semantic meaning of the transaction sets (for example, on the ability of the receiver to comply with the request of the sender).

IMPLEMENTATION

TRANSACTION SET HEADER

Usage: **REQUIRED**

Repeat: **1**

Notes: **1. Use of the 997 transaction is subject to trading partner agreement or accepted usage and is neither mandated nor prohibited in this Appendix.**

Example: **ST*997*1234~**

STANDARD

ST Transaction Set Header

Level: Header

Position: 010

Loop: ____

Requirement: Mandatory

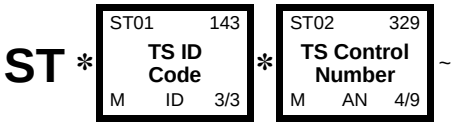
Max Use: 1

Purpose: To indicate the start of a transaction set and to assign a control number

Set Notes:

1. These acknowledgments shall not be acknowledged, thereby preventing an endless cycle of acknowledgments of acknowledgments. Nor shall a Functional Acknowledgment be sent to report errors in a previous Functional Acknowledgment.
2. The Functional Group Header Segment (GS) is used to start the envelope for the Functional Acknowledgment Transaction Sets. In preparing the functional group of acknowledgments, the application sender's code and the application receiver's code, taken from the functional group being acknowledged, are exchanged; therefore, one acknowledgment functional group responds to only those functional groups from one application receiver's code to one application sender's code.
3. There is only one Functional Acknowledgment Transaction Set per acknowledged functional group.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**ST01**	**143**	**Transaction Set Identifier Code** Code uniquely identifying a Transaction Set **SEMANTIC:** The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set). **CODE** / **DEFINITION** **997** **Functional Acknowledgment**	**M ID 3/3**
REQUIRED	**ST02**	**329**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set **The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). The number also aids in error resolution research. For example, start with the number 0001 and increment from there.** **Use the corresponding value in ST02 for this transaction set.**	**M AN 4/9**

IMPLEMENTATION

FUNCTIONAL GROUP RESPONSE HEADER

Usage: **REQUIRED**

Repeat: **1**

Example: **AK1*HI*1~**

STANDARD

AK1 Functional Group Response Header

Level: Header

Position: 020

Loop: ____

Requirement: Mandatory

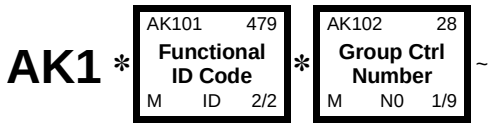
Max Use: 1

Purpose: To start acknowledgment of a functional group

Set Notes:

1. AK1 is used to respond to the functional group header and to start the acknowledgement for a functional group. There shall be one AK1 segment for the functional group that is being acknowledged.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AK101**	**479**	**Functional Identifier Code** Code identifying a group of application related transaction sets **SEMANTIC:** AK101 is the functional ID found in the GS segment (GS01) in the functional group being acknowledged.	**M ID 2/2**
			CODE / **DEFINITION** **HI** — **Health Care Services Review Information (278)**	
REQUIRED	**AK102**	**28**	**Group Control Number** Assigned number originated and maintained by the sender **SEMANTIC:** AK102 is the functional group control number found in the GS segment in the functional group being acknowledged.	**M N0 1/9**

IMPLEMENTATION

TRANSACTION SET RESPONSE HEADER

Loop: **AK2 — TRANSACTION SET RESPONSE HEADER** **Repeat:** **999999**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Required when communicating information about a transaction set within the functional group identified in AK1.**

Example: **AK2*278*000000905~**

STANDARD

AK2 Transaction Set Response Header

Level: Header

Position: 030

Loop: AK2 **Repeat:** 999999

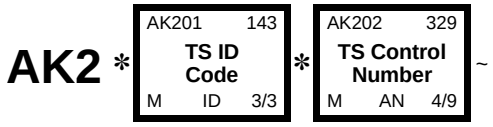
Requirement: Optional

Max Use: 1

Purpose: To start acknowledgment of a single transaction set

Set Notes:
1. AK2 is used to start the acknowledgement of a transaction set within the received functional group. The AK2 segments shall appear in the same order as the transaction sets in the functional group that has been received and is being acknowledged.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AK201**	**143**	**Transaction Set Identifier Code** Code uniquely identifying a Transaction Set **SEMANTIC:** AK201 is the transaction set ID found in the ST segment (ST01) in the transaction set being acknowledged. **CODE** / **DEFINITION** **278** — **Health Care Services Review Information**	**M ID 3/3**
REQUIRED	**AK202**	**329**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set **SEMANTIC:** AK202 is the transaction set control number found in the ST segment in the transaction set being acknowledged.	**M AN 4/9**

IMPLEMENTATION

DATA SEGMENT NOTE

Loop: **AK2/AK3 — DATA SEGMENT NOTE** **Repeat:** **999999**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Used when there are errors to report in a transaction.**

Example: **AK3*NM1*37*CLP*7~**

STANDARD

AK3 Data Segment Note

Level: Header

Position: 040

Loop: AK2/AK3 **Repeat:** 999999

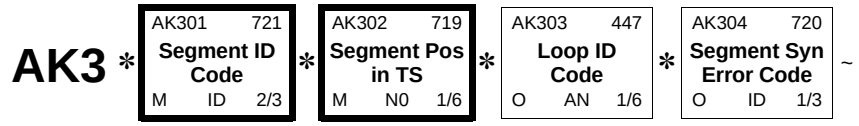
Requirement: Optional

Max Use: 1

Purpose: To report errors in a data segment and identify the location of the data segment

Set Notes: **1.** The data segments of this standard are used to report the results of the syntactical analysis of the functional groups of transaction sets; they report the extent to which the syntax complies with the standards for transaction sets and functional groups. They do not report on the semantic meaning of the transaction sets (for example, on the ability of the receiver to comply with the request of the sender).

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AK301**	**721**	**Segment ID Code** Code defining the segment ID of the data segment in error (See Appendix A - Number 77) **CODE SOURCE 77:** X12 Directories **This is the 2 or 3 characters which occur at the beginning of a segment.**	**M ID 2/3**
REQUIRED	**AK302**	**719**	**Segment Position in Transaction Set** The numerical count position of this data segment from the start of the transaction set: the transaction set header is count position 1 **This is a data count, not a segment position in the standard description.**	**M N0 1/6**

SITUATIONAL **AK303** **447** **Loop Identifier Code** **O AN 1/6**
The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE

Use this code to identify a loop within the transaction set that is bounded by the related LS and LE segments (corresponding LS and LE segments must have the same value for loop identifier). (Note: The loop ID number given on the transaction set diagram is recommended as the value for this data element in the segments LS and LE.)

SITUATIONAL **AK304** **720** **Segment Syntax Error Code** **O ID 1/3**
Code indicating error found based on the syntax editing of a segment

This code is required if an error exists.

CODE	DEFINITION
1	Unrecognized segment ID
2	Unexpected segment
3	Mandatory segment missing
4	Loop Occurs Over Maximum Times
5	Segment Exceeds Maximum Use
6	Segment Not in Defined Transaction Set
7	Segment Not in Proper Sequence
8	Segment Has Data Element Errors

IMPLEMENTATION

DATA ELEMENT NOTE

Loop: **AK2/AK3 — DATA SEGMENT NOTE**

Usage: **SITUATIONAL**

Repeat: **99**

Notes: **1. Used when there are errors to report in a data element or composite data structure.**

Example: **AK4*1*98*7~**

STANDARD

AK4 Data Element Note

Level: Header

Position: 050

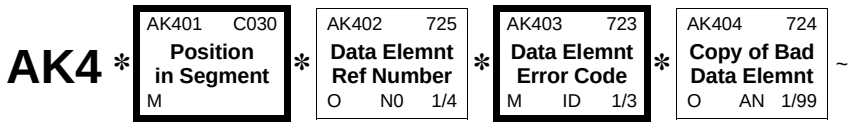
Loop: AK2/AK3

Requirement: Optional

Max Use: 99

Purpose: To report errors in a data element or composite data structure and identify the location of the data element

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AK401**	**C030**	**POSITION IN SEGMENT** Code indicating the relative position of a simple data element, or the relative position of a composite data structure combined with the relative position of the component data element within the composite data structure, in error; the count starts with 1 for the simple data element or composite data structure immediately following the segment ID	**M**
REQUIRED	**AK401 - 1**	**722**	**Element Position in Segment** This is used to indicate the relative position of a simple data element, or the relative position of a composite data structure with the relative position of the component within the composite data structure, in error; in the data segment the count starts with 1 for the simple data element or composite data structure immediately following the segment ID	**M N0 1/2**
SITUATIONAL	**AK401 - 2**	**1528**	**Component Data Element Position in Composite** To identify the component data element position within the composite that is in error	**O N0 1/2**
			Used when an error occurs in a composite data element and the composite data element position can be determined.	

SITUATIONAL **AK402** **725** **Data Element Reference Number** **O N0 1/4**
Reference number used to locate the data element in the Data Element Dictionary

ADVISORY: Under most circumstances, this element is expected to be sent.

CODE SOURCE 77: X12 Directories

The Data Element Reference Number for this data element is 725. All reference numbers are found with the segment descriptions in this guide.

REQUIRED **AK403** **723** **Data Element Syntax Error Code** **M ID 1/3**
Code indicating the error found after syntax edits of a data element

CODE	DEFINITION
1	Mandatory data element missing
2	Conditional required data element missing.
3	Too many data elements.
4	Data element too short.
5	Data element too long.
6	Invalid character in data element.
7	Invalid code value.
8	Invalid Date
9	Invalid Time
10	Exclusion Condition Violated

SITUATIONAL **AK404** **724** **Copy of Bad Data Element** **O AN 1/99**
This is a copy of the data element in error

SEMANTIC: In no case shall a value be used for AK404 that would generate a syntax error, e.g., an invalid character.

Used to provide copy of erroneous data to the original submitter, but this is not used if the error reported in an invalid character.

IMPLEMENTATION

TRANSACTION SET RESPONSE TRAILER

Loop: **AK2/AK3 — DATA SEGMENT NOTE**

Usage: **REQUIRED**

Repeat: **1**

Example: **AK5*E*5~**

STANDARD

AK5 Transaction Set Response Trailer

Level: Header

Position: 060

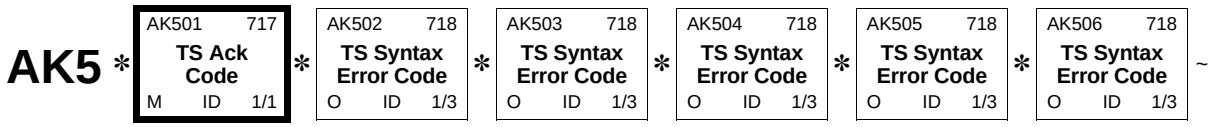
Loop: AK2

Requirement: Mandatory

Max Use: 1

Purpose: To acknowledge acceptance or rejection and report errors in a transaction set

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AK501**	**717**	**Transaction Set Acknowledgment Code** Code indicating accept or reject condition based on the syntax editing of the transaction set	**M ID 1/1**

CODE	DEFINITION
A	**Accepted** **ADVISED**
E	**Accepted But Errors Were Noted**
M	**Rejected, Message Authentication Code (MAC) Failed**
R	**Rejected** **ADVISED**
W	**Rejected, Assurance Failed Validity Tests**
X	**Rejected, Content After Decryption Could Not Be Analyzed**

SITUATIONAL **AK502** **718** **Transaction Set Syntax Error Code** **O ID 1/3**
Code indicating error found based on the syntax editing of a transaction set

This code is required if an error exists.

CODE	DEFINITION
1	Transaction Set Not Supported
2	Transaction Set Trailer Missing
3	Transaction Set Control Number in Header and Trailer Do Not Match
4	Number of Included Segments Does Not Match Actual Count
5	One or More Segments in Error
6	Missing or Invalid Transaction Set Identifier
7	Missing or Invalid Transaction Set Control Number
8	Authentication Key Name Unknown
9	Encryption Key Name Unknown
10	Requested Service (Authentication or Encrypted) Not Available
11	Unknown Security Recipient
12	Incorrect Message Length (Encryption Only)
13	Message Authentication Code Failed
15	Unknown Security Originator
16	Syntax Error in Decrypted Text
17	Security Not Supported
23	Transaction Set Control Number Not Unique within the Functional Group
24	S3E Security End Segment Missing for S3S Security Start Segment
25	S3S Security Start Segment Missing for S3E Security End Segment
26	S4E Security End Segment Missing for S4S Security Start Segment
27	S4S Security Start Segment Missing for S4E Security End Segment

SITUATIONAL **AK503** **718** **Transaction Set Syntax Error Code** **O ID 1/3**
Code indicating error found based on the syntax editing of a transaction set

Use the same codes indicated in AK502.

SITUATIONAL	**AK504**	**718**	**Transaction Set Syntax Error Code** Code indicating error found based on the syntax editing of a transaction set	**O**	**ID**	**1/3**
			Use the same codes indicated in AK502.			
SITUATIONAL	**AK505**	**718**	**Transaction Set Syntax Error Code** Code indicating error found based on the syntax editing of a transaction set	**O**	**ID**	**1/3**
			Use the same codes indicated in AK502.			
SITUATIONAL	**AK506**	**718**	**Transaction Set Syntax Error Code** Code indicating error found based on the syntax editing of a transaction set	**O**	**ID**	**1/3**
			Use the same codes indicated in AK502.			

IMPLEMENTATION

FUNCTIONAL GROUP RESPONSE TRAILER

Usage: **REQUIRED**

Repeat: **1**

Example: **AK9*A*1*1*1~**

STANDARD

AK9 Functional Group Response Trailer

Level: Header

Position: 070

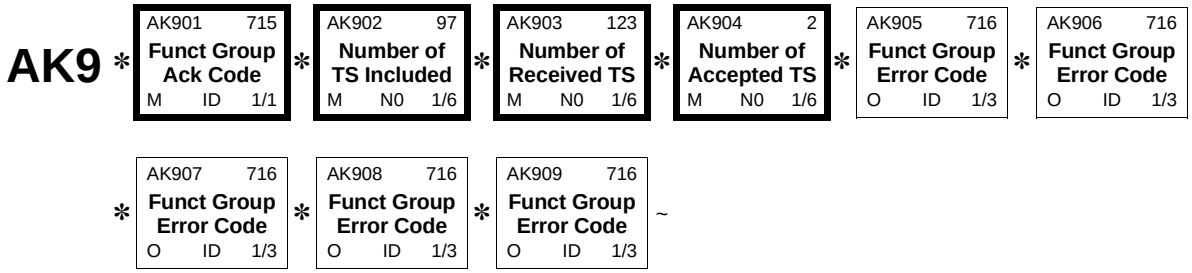
Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To acknowledge acceptance or rejection of a functional group and report the number of included transaction sets from the original trailer, the accepted sets, and the received sets in this functional group

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AK901**	**715**	**Functional Group Acknowledge Code** Code indicating accept or reject condition based on the syntax editing of the functional group COMMENT: If AK901 contains the value “A” or “E”, then the transmitted functional group is accepted.	**M ID 1/1**

CODE	DEFINITION
A	**Accepted** **ADVISED**
E	**Accepted, But Errors Were Noted.**
M	**Rejected, Message Authentication Code (MAC) Failed**

			P	**Partially Accepted, At Least One Transaction Set Was Rejected** **ADVISED**			
			R	**Rejected** **ADVISED**			
			W	**Rejected, Assurance Failed Validity Tests**			
			X	**Rejected, Content After Decryption Could Not Be Analyzed**			
REQUIRED	**AK902**	**97**	**Number of Transaction Sets Included** Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	**M**	**N0**	**1/6**	
			This is the value in the original GE01.				
REQUIRED	**AK903**	**123**	**Number of Received Transaction Sets** Number of Transaction Sets received	**M**	**N0**	**1/6**	
REQUIRED	**AK904**	**2**	**Number of Accepted Transaction Sets** Number of accepted Transaction Sets in a Functional Group	**M**	**N0**	**1/6**	
SITUATIONAL	**AK905**	**716**	**Functional Group Syntax Error Code** Code indicating error found based on the syntax editing of the functional group header and/or trailer	**O**	**ID**	**1/3**	
			This code is required if an error exists.				

CODE	DEFINITION
1	**Functional Group Not Supported**
2	**Functional Group Version Not Supported**
3	**Functional Group Trailer Missing**
4	**Group Control Number in the Functional Group Header and Trailer Do Not Agree**
5	**Number of Included Transaction Sets Does Not Match Actual Count**
6	**Group Control Number Violates Syntax**
10	**Authentication Key Name Unknown**
11	**Encryption Key Name Unknown**
12	**Requested Service (Authentication or Encryption) Not Available**
13	**Unknown Security Recipient**
14	**Unknown Security Originator**
15	**Syntax Error in Decrypted Text**
16	**Security Not Supported**
17	**Incorrect Message Length (Encryption Only)**
18	**Message Authentication Code Failed**

			23	**S3E Security End Segment Missing for S3S Security Start Segment**			
			24	**S3S Security Start Segment Missing for S3E End Segment**			
			25	**S4E Security End Segment Missing for S4S Security Start Segment**			
			26	**S4S Security Start Segment Missing for S4E Security End Segment**			
SITUATIONAL	**AK906**	**716**	**Functional Group Syntax Error Code** Code indicating error found based on the syntax editing of the functional group header and/or trailer	**O**	**ID**	**1/3**	
			Use the same codes indicated in AK905.				
SITUATIONAL	**AK907**	**716**	**Functional Group Syntax Error Code** Code indicating error found based on the syntax editing of the functional group header and/or trailer	**O**	**ID**	**1/3**	
			Use the same codes indicated in AK905.				
SITUATIONAL	**AK908**	**716**	**Functional Group Syntax Error Code** Code indicating error found based on the syntax editing of the functional group header and/or trailer	**O**	**ID**	**1/3**	
			Use the same codes indicated in AK905.				
SITUATIONAL	**AK909**	**716**	**Functional Group Syntax Error Code** Code indicating error found based on the syntax editing of the functional group header and/or trailer	**O**	**ID**	**1/3**	
			Use the same codes indicated in AK905.				

IMPLEMENTATION

TRANSACTION SET TRAILER

Usage: **REQUIRED**

Repeat: **1**

Example: **SE*27*1234~**

STANDARD

SE Transaction Set Trailer

Level: Header

Position: 080

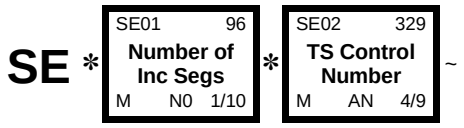
Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**SE01**	**96**	**Number of Included Segments** Total number of segments included in a transaction set including ST and SE segments	**M N0 1/10**
REQUIRED	**SE02**	**329**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	**M AN 4/9**
			The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). The number also aids in error resolution research. For example, start with the number 0001 and increment from there.	

C External Code Sources

5 Countries, Currencies and Funds

SIMPLE DATA ELEMENT/CODE REFERENCES

235/CH, 26, 100

SOURCE

Codes for Representation of Names of Countries, ISO 3166-(Latest Release)
Codes for Representation of Currencies and Funds, ISO 4217-(Latest Release)

AVAILABLE FROM

American National Standards Institute
11 West 42nd Street, 13th Floor
New York, NY 10036

ABSTRACT

This international standard provides a two-letter alphabetic code for representing the names of countries, dependencies, and other areas of special geopolitical interest for purposes of international exchange and general directions for the maintenance of the code. The standard is intended for use in any application requiring expression of entitles in coded form. Most currencies are those of the geopolitical entities that are listed in ISO 3166, Codes for the Representation of Names of Countries. The code may be a three-character alphabetic or three-digit numeric. The two leftmost characters of the alphabetic code identify the currency authority to which the code is assigned (using the two character alphabetic code from ISO 3166, if applicable). The rightmost character is a mnemonic derived from the name of the major currency unit or fund. For currencies not associated with a single geographic entity, a specially-allocated two-character alphabetic code, in the range XA to XZ identifies the currency authority. The rightmost character is derived from the name of the geographic area concerned, and is mnemonic to the extent possible. The numeric codes are identical to those assigned to the geographic entities listed in ISO 3166. The range 950-998 is reserved for identification of funds and currencies not associated with a single entity listed in ISO 3166.

16 D-U-N-S Number

SIMPLE DATA ELEMENT/CODE REFERENCES

66/1, 66/9, 128/DUN, 128/DNS, 860

SOURCE

Dun & Bradstreet

AVAILABLE FROM

U.S. D-U-N-S Number assignment and lookup services are available through EDI, on-line, several types of mainframe and personal computer media, through a 900 Number Service (900-990-3867), and in print.

Dun & Bradstreet Information Services
Information Quality Department
D-U-N-S Number Administration
899 Eaton Avenue
Bethlehem, PA 18025-0001

ABSTRACT

The D-U-N-S Number is a non-indicative nine-digit number assigned and maintained by Dun & Bradstreet to identify unique business establishments. D-U-N-S Numbers are assigned to businesses worldwide. The ninth digit of the D-U-N-S Number is a Modulus Ten Check Digit which catches 100% of single digit errors and 98% of single transposition errors. D-U-N-S Numbers provide positive identification of business locations possessing unique, separate, and distinct operations. Through the D-U-N-S Number, Dun & Bradstreet maintains linkage between units of an organization to easily identify corporate family relationships, such as those between headquarters, branches, subsidiaries, and divisions. The D-U-N-S Number is the non-indicative computer "address" of a business for which detailed marketing and credit information is maintained by Dun & Bradstreet.

22 States and Outlying Areas of the U.S.

SIMPLE DATA ELEMENT/CODE REFERENCES

66/SJ, 771/009, 235/A5, 156

SOURCE

National Zip Code and Post Office Directory

AVAILABLE FROM

U.S. Postal Service
National Information Data Center
P.O. Box 2977
Washington, DC 20013

ABSTRACT

Provides names, abbreviations, and codes for the 50 states, the District of Columbia, and the outlying areas of the U.S. The entities listed are considered to be the first order divisions of the U.S.

Microfiche available from NTIS (same as address above).
The Canadian Post Office lists the following as "official" codes for Canadian Provinces:

AB - Alberta
BC - British Columbia
MB - Manitoba
NB - New Brunswick
NF - Newfoundland
NS - Nova Scotia
NT - North West Territories
ON - Ontario
PE - Prince Edward Island
PQ - Quebec
SK - Saskatchewan
YT - Yukon

51 ZIP Code

SIMPLE DATA ELEMENT/CODE REFERENCES

66/16, 309/PQ, 309/PR, 309/PS, 771/010, 116

SOURCE

National ZIP Code and Post Office Directory, Publication 65

The USPS Domestic Mail Manual

AVAILABLE FROM

U.S Postal Service
Washington, DC 20260

New Orders
Superintendent of Documents
P.O. Box 371954
Pittsburgh, PA 15250-7954

ABSTRACT

The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two rightmost digits identify a local delivery area. In the nine-digit ZIP Code, the four digits that follow the hyphen further subdivide the delivery area. The two leftmost digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes.

The USPS Domestics Mail Manual includes information on the use of the new 11-digit zip code.

77 X12 Directories

SIMPLE DATA ELEMENT/CODE REFERENCES

721, 725

SOURCE

X12.3 Data Element Dictionary
X12.22 Segment Directory

AVAILABLE FROM

Data Interchange Standards Association, Inc. (DISA)
Suite 200
1800 Diagonal Road
Alexandria, VA 22314-2852

ABSTRACT

The data element dictionary contains the format and descriptions of data elements used to construct X12 segments. It also contains code lists associated with these data elements. The segment directory contains the format and definitions of the data segments used to construct X12 transaction sets.

121 Health Industry Identification Number

SIMPLE DATA ELEMENT/CODE REFERENCES

128/HI, 66/21, I05/20, 1270/HI

SOURCE

Health Industry Number Database

AVAILABLE FROM

Health Industry Business Communications Council
5110 North 40th Street
Phoenix, AZ 85018

ABSTRACT

The HIN is a coding system, developed and administered by the Health Industry Business Communications Council, that assigns a unique code number to hospitals and other provider organizations - the customers of health industry manufacturers and distributors.

130 Health Care Financing Administration Common Procedural Coding System

SIMPLE DATA ELEMENT/CODE REFERENCES

235/HC, 1270/BO, 1270/BP

SOURCE

Health Care Finance Administration Common Procedural Coding System

AVAILABLE FROM

www.hcfa.gov/medicare/hcpcs.htm
Health Care Financing Administration
Center for Health Plans and Providers
CCPP/DCPC
C5-08-27
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT

HCPCS is Health Care Finance Administration's (HFCA) coding scheme to group procedures performed for payment to providers.

131 International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

SIMPLE DATA ELEMENT/CODE REFERENCES

235/ID, 235/DX, 1270/BF, 1270/BJ, 1270/BK, 1270/BN, 1270/BQ, 1270/BR, 1270/SD, 1270/TD, 1270/DD, 128/ICD

SOURCE

International Classification of Diseases, 9th Revision, Clincal Modification (ICD-9-CM)

AVAILABLE FROM

U.S. National Center for Health Statistics
Commission of Professional and Hospital Activities

1968 Green Road
Ann Arbor, MI 48105

ABSTRACT

The International Classification of Diseases, 9th Revision, Clinical Modification, describes the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations.

134 National Drug Code

SIMPLE DATA ELEMENT/CODE REFERENCES

235/ND, 1270/NDC

SOURCE

Blue Book, Price Alert, National Drug Data File

AVAILABLE FROM

First Databank, The Hearst Corporation
1111 Bayhill Drive
San Bruno, CA 94066

ABSTRACT

The National Drug Code is a coding convention established by the Food and Drug Administration to identify the labeler, product number, and package sizes of FDA-approved prescription drugs. There are over 170,000 National Drug Codes on file.

135 American Dental Association Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

235/AD, 1270/JO, 1270/JP

SOURCE

Current Dental Terminology (CDT) Manual

AVAILABLE FROM

Salable Materials
American Dental Association
211 East Chicago Avenue
Chicago, IL 60611-2678

ABSTRACT

The CDT contains the American Dental Association's codes for dental procedures and nomenclature and is the nationally accepted set of numeric codes and descriptive terms for reporting dental treatments.

230 Admission Source Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1314

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee
American Hospital Association
840 Lake Shore Drive
Chicago, IL 60697

ABSTRACT

A variety of codes explaining who recommended admission to a medical facility.

231 Admission Type Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1315

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee
American Hospital Association
840 Lake Shore Drive
Chicago, IL 60697

ABSTRACT

A variety of codes explaining the priority of the admission to a medical facility.

236 Uniform Billing Claim Form Bill Type

SIMPLE DATA ELEMENT/CODE REFERENCES

1332/A

SOURCE

National Uniform Billing Data Element Specifications Type of Bill Positions 1 and 2

AVAILABLE FROM

National Uniform Billing Committee
American Hospital Association
840 Lake Shore Drive
Chicago, IL 60697

ABSTRACT

A variety of codes describing the type of medical facility.

237 Place of Service from Health Care Financing Administration Claim Form

SIMPLE DATA ELEMENT/CODE REFERENCES

1332/B

SOURCE

Electronic Media Claims National Standard Format

AVAILABLE FROM

www.hcfa.gov/medicare/poscode.htm
Health Care Financing Administration
Center for Health Plans and Providers

7500 Security Blvd.
Baltimore, MD 21244-1850
Contact: Patricia Gill

ABSTRACT

A variety of codes indicating place where service was rendered.

239 Patient Status Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1352

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee
American Hospital Association
840 Lake Shore Drive
Chicago, IL 60697

ABSTRACT

A variety of codes indicating patient status as of the statement covers through date.

240 National Drug Code by Format

SIMPLE DATA ELEMENT/CODE REFERENCES

235/N1, 235/N2, 235/N3, 235/N4, 1270/NDC, 235/N5, 235/N6

SOURCE

Drug Establishment Registration and Listing Instruction Booklet

AVAILABLE FROM

Federal Drug Listing Branch HFN-315
5600 Fishers Lane
Rockville, MD 20857

ABSTRACT

Publication includes manufacturing and labeling information as well as drug packaging sizes.

245 National Association of Insurance Commissioners (NAIC) Code

SIMPLE DATA ELEMENT/CODE REFERENCES

128/NF

SOURCE

National Association of Insurance Commissioners Company Code List Manual

AVAILABLE FROM

National Association of Insurance Commission Publications Department
12th Street, Suite 1100
Kansas City, MO 64105-1925

ABSTRACT

Codes that uniquely identify each insurance company.

513 Home Infusion EDI Coalition (HIEC) Product/Service Code List

SIMPLE DATA ELEMENT/CODE REFERENCES

235/IV

SOURCE

Home Infusion EDI Coalition (HIEC) Coding System

AVAILABLE FROM

HIEC Chairperson
HIBCC (Health Industry Business Communications Council)
5110 North 40th Street
Suite 250
Phoenix, AZ 85018

ABSTRACT

This list contains codes identifying home infusion therapy products/services.

540 Health Care Financing Administration National PlanID

SIMPLE DATA ELEMENT/CODE REFERENCES

66/XV

SOURCE

PlanID Database

AVAILABLE FROM

Health Care Financing Administration
Center for Beneficiary Services
Administration Group
Division of Membership Operations
S1-05-06
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT

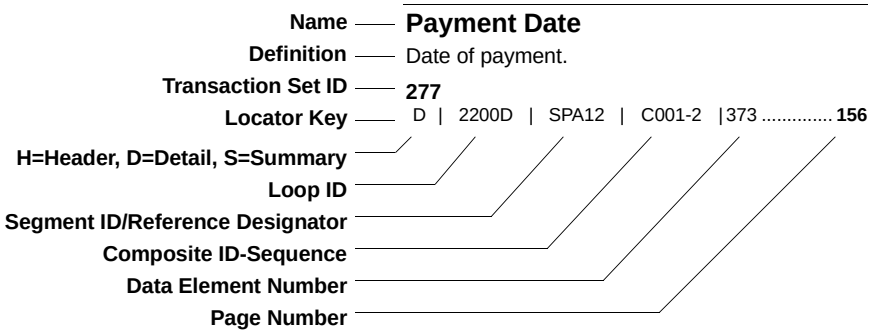
The Health care Financing Administration is developing the PlanID, which will be proposed as the standard unique identifier for each health plan under the Health Insurance Portability and Accountability Act of 1996.

D Change Summary

This is the first ASC X12N Implementation Guide (IG) for the 278. In future guides, this section will contain a summary of all changes since the previous guide.

E Data Element Name Index

This appendix contains an alphabetic listing of data elements used in this implementation guide. Consult the Data Element Dictionary for the complete list. Data element names in normal type are generic ASC X12 names. Italic type indicates a health care industry defined name.



Accident Date

Date of the accident related to charges or to the patient's current condition, diagnosis, or treatment referenced in the transaction.

278 - Request
D | 2000C | DTP03 | - | 1251 ..... **75**
D | 2000D | DTP03 | - | 1251 ..... **98**

278 - Response
D | 2000C | DTP03 | - | 1251 ..... **249**
D | 2000D | DTP03 | - | 1251 ..... **275**

Action Code

Code indicating type of action

278 - Response
D | 2000F | HCR01 | - | 306 ..... **331**

Admission Source Code

Code indicating the source of this admission.

278 - Request
D | 2000F | CL102 | - | 1314 ..... **189**

278 - Response
D | 2000F | CL102 | - | 1314 ..... **367**

Admission Type Code

Code indicating the priority of this admission.

278 - Request
D | 2000F | CL101 | - | 1315 ..... **189**

278 - Response
D | 2000F | CL101 | - | 1315 ..... **367**

Ambulance Transport Code

Code indicating the type of ambulance transport.

278 - Request
D | 2000F | CR103 | - | 1316 ..... **192**

278 - Response
D | 2000F | CR103 | - | 1316 ..... **370**

Ambulance Transport Reason Code

Code indicating the reason for ambulance transport.

278 - Request
D | 2000F | CR104 | - | 1317 ..... **192**

Ambulance Trip Destination Address

Address of the place of destination of the ambulance transport.

278 - Request
D | 2000F | CR108 | - | 166 ..... **193**

278 - Response
D | 2000F | CR108 | - | 166 ..... **370**

Ambulance Trip Origin Address

Address of the place of origin of the ambulance transport.

278 - Request
D | 2000F | CR107 | - | 166 ..... **193**

278 - Response
D | 2000F | CR107 | - | 166 ..... **370**

Arterial Blood Gas Quantity

The Arterial Blood Gas test results breathing room air (furnish results of recent hospital tests).

278 - Request
D | 2000F | CR510 | - | 380 ..... **202**

Birth Sequence Number

A number indicating the order of birth for the identified person in relationship to family members with the same date of birth.

278 - Request

D	2010D	INS17		-	1470	**120**

278 - Response

D	2010D	INS17		-	1470	**299**

Certification Condition Indicator

Code indicating whether or not the condition codes apply to the patient or another entity.

278 - Request

D	2000F	CRC02		-	1073	**181**

Certification Effective Date

The date when the certification takes effect or the date range within which the certification is effective.

278 - Response

D	2000F	DTP03		-	1251	**345**

Certification Expiration Date

Date on which the certification will expire.

278 - Response

D	2000F	DTP03		-	1251	**344**

Certification Issue Date

The date when the certification was issued.

278 - Response

D	2000F	DTP03		-	1251	**343**

Certification Number

Number assigned by the information source to this review outcome.

278 - Response

D	2000F	HCR02		-	127	**332**

Certification Type Code

Code indicating the type of certification

278 - Request

D	2000F	UM02		-	1322	**142**
D	2000F	CR608		-	1322	**207**

278 - Response

D	2000F	UM02		-	1322	**326**
D	2000F	CR608		-	1322	**382**

Code Category

Specifies the situation or category to which the code applies.

278 - Request

D	2000F	CRC01		-	1136	**180**

Code List Qualifier Code

Code identifying a specific industry code list.

278 - Request

D	2000F	HI01	C022-1		1270	**159**
D	2000F	HI02	C022-1		1270	**161**
D	2000F	HI03	C022-1		1270	**162**
D	2000F	HI04	C022-1		1270	**163**
D	2000F	HI05	C022-1		1270	**164**
D	2000F	HI06	C022-1		1270	**165**
D	2000F	HI07	C022-1		1270	**167**
D	2000F	HI08	C022-1		1270	**168**
D	2000F	HI09	C022-1		1270	**169**
D	2000F	HI10	C022-1		1270	**170**
D	2000F	HI11	C022-1		1270	**171**
D	2000F	HI12	C022-1		1270	**173**

278 - Response

D	2000F	HI01	C022-1		1270	**346**
D	2000F	HI02	C022-1		1270	**348**
D	2000F	HI03	C022-1		1270	**349**
D	2000F	HI04	C022-1		1270	**350**
D	2000F	HI05	C022-1		1270	**351**
D	2000F	HI06	C022-1		1270	**352**
D	2000F	HI07	C022-1		1270	**354**
D	2000F	HI08	C022-1		1270	**355**
D	2000F	HI09	C022-1		1270	**356**
D	2000F	HI10	C022-1		1270	**357**
D	2000F	HI11	C022-1		1270	**358**
D	2000F	HI12	C022-1		1270	**360**

Communication Number Qualifier

Code identifying the type of communication number

278 - Request

D	2010B	PER03		-	365	**69**
D	2010B	PER05		-	365	**70**
D	2010B	PER07		-	365	**70**
D	2010E	PER03		-	365	**133**
D	2010E	PER05		-	365	**134**
D	2010E	PER07		-	365	**134**

278 - Response

D	2010A	PER03		-	365	**229**
D	2010A	PER05		-	365	**230**
D	2010A	PER07		-	365	**230**
D	2010E	PER03		-	365	**312**
D	2010E	PER05		-	365	**313**
D	2010E	PER07		-	365	**313**

Complication Indicator

A code to indicate whether the Patient's condition is Complicated or Uncomplicated.

278 - Request

D	2000F	CR209		-	1073	**198**

Condition Code

Code(s) used to identify condition(s) relating to this bill or relating to the patient.

278 - Request

D	2000F	CRC03		-	1321	**181**
D	2000F	CRC04		-	1321	**182**
D	2000F	CRC05		-	1321	**184**
D	2000F	CRC06		-	1321	**185**
D	2000F	CRC07		-	1321	**187**

Contact Function Code

Code identifying the major duty or responsibility of the person or group named.

278 - Request

D	2010B	PER01	-	366	**69**
D	2010E	PER01	-	366	**133**

278 - Response

D	2010A	PER01	-	366	**229**
D	2010E	PER01	-	366	**312**

Country Code

Code indicating the geographic location.

278 - Request

D	2000F	UM05	C024-5	26	**147**

Current Health Condition Code

Code indicating current condition of the individual.

278 - Request

D	2000F	UM07	-	1213	**147**

Daily Oxygen Use Count

Number of times per day that the patient must use oxygen.

278 - Request

D	2000F	CR507	-	380	**201**

278 - Response

D	2000F	CR507	-	380	**377**

Date Time Period Format Qualifier

Code indicating the date format, time format, or date and time format

278 - Request

D	2000C	DTP02	-	1250	**75**
D	2000C	DTP02	-	1250	**76**
D	2000C	DTP02	-	1250	**77**
D	2000C	DTP02	-	1250	**78**
D	2000C	HI01	C022-3	1250	**81**
D	2000C	HI02	C022-3	1250	**82**
D	2000C	HI03	C022-3	1250	**82**
D	2000C	HI04	C022-3	1250	**83**
D	2000C	HI05	C022-3	1250	**84**
D	2000C	HI06	C022-3	1250	**84**
D	2000C	HI07	C022-3	1250	**85**
D	2000C	HI08	C022-3	1250	**86**
D	2000C	HI09	C022-3	1250	**86**
D	2000C	HI10	C022-3	1250	**87**
D	2000C	HI11	C022-3	1250	**88**
D	2000C	HI12	C022-3	1250	**88**
D	2010C	DMG01	-	1250	**94**
D	2000D	DTP02	-	1250	**98**
D	2000D	DTP02	-	1250	**99**
D	2000D	DTP02	-	1250	**100**
D	2000D	DTP02	-	1250	**101**
D	2000D	HI01	C022-3	1250	**104**
D	2000D	HI02	C022-3	1250	**105**
D	2000D	HI03	C022-3	1250	**105**
D	2000D	HI04	C022-3	1250	**106**
D	2000D	HI05	C022-3	1250	**107**
D	2000D	HI06	C022-3	1250	**107**
D	2000D	HI07	C022-3	1250	**108**
D	2000D	HI08	C022-3	1250	**109**
D	2000D	HI09	C022-3	1250	**109**
D	2000D	HI10	C022-3	1250	**110**
D	2000D	HI11	C022-3	1250	**111**
D	2000D	HI12	C022-3	1250	**111**
D	2010D	DMG01	-	1250	**116**
D	2000F	DTP02	-	1250	**152**
D	2000F	DTP02	-	1250	**154**
D	2000F	DTP02	-	1250	**156**
D	2000F	DTP02	-	1250	**157**
D	2000F	HI01	C022-3	1250	**160**
D	2000F	HI02	C022-3	1250	**161**
D	2000F	HI03	C022-3	1250	**162**
D	2000F	HI04	C022-3	1250	**164**
D	2000F	HI05	C022-3	1250	**165**
D	2000F	HI06	C022-3	1250	**166**
D	2000F	HI07	C022-3	1250	**167**
D	2000F	HI08	C022-3	1250	**168**
D	2000F	HI09	C022-3	1250	**170**
D	2000F	HI10	C022-3	1250	**171**
D	2000F	HI11	C022-3	1250	**172**
D	2000F	HI12	C022-3	1250	**173**
D	2000F	CR603	-	1250	**207**
D	2000F	CR615	-	1250	**209**

278 - Response

D	2000C	DTP02	-	1250	**249**
D	2000C	DTP02	-	1250	**250**
D	2000C	DTP02	-	1250	**251**
D	2000C	DTP02	-	1250	**252**
D	2000C	HI01	C022-3	1250	**254**
D	2000C	HI02	C022-3	1250	**255**
D	2000C	HI03	C022-3	1250	**255**
D	2000C	HI04	C022-3	1250	**256**
D	2000C	HI05	C022-3	1250	**257**
D	2000C	HI06	C022-3	1250	**257**
D	2000C	HI07	C022-3	1250	**258**
D	2000C	HI08	C022-3	1250	**259**
D	2000C	HI09	C022-3	1250	**259**
D	2000C	HI10	C022-3	1250	**260**
D	2000C	HI11	C022-3	1250	**261**
D	2000C	HI12	C022-3	1250	**261**
D	2010C	DMG01	-	1250	**269**
D	2000D	DTP02	-	1250	**275**
D	2000D	DTP02	-	1250	**276**
D	2000D	DTP02	-	1250	**277**
D	2000D	DTP02	-	1250	**278**
D	2000D	HI01	C022-3	1250	**280**
D	2000D	HI02	C022-3	1250	**281**
D	2000D	HI03	C022-3	1250	**281**
D	2000D	HI04	C022-3	1250	**282**
D	2000D	HI05	C022-3	1250	**283**
D	2000D	HI06	C022-3	1250	**283**
D	2000D	HI07	C022-3	1250	**284**
D	2000D	HI08	C022-3	1250	**285**
D	2000D	HI09	C022-3	1250	**285**
D	2000D	HI10	C022-3	1250	**286**
D	2000D	HI11	C022-3	1250	**287**
D	2000D	HI12	C022-3	1250	**287**
D	2010D	DMG01	-	1250	**295**
D	2000F	DTP02	-	1250	**336**
D	2000F	DTP02	-	1250	**337**
D	2000F	DTP02	-	1250	**339**
D	2000F	DTP02	-	1250	**342**
D	2000F	DTP02	-	1250	**343**
D	2000F	DTP02	-	1250	**344**
D	2000F	DTP02	-	1250	**345**
D	2000F	HI01	C022-3	1250	**347**
D	2000F	HI02	C022-3	1250	**348**
D	2000F	HI03	C022-3	1250	**349**
D	2000F	HI04	C022-3	1250	**351**
D	2000F	HI05	C022-3	1250	**352**
D	2000F	HI06	C022-3	1250	**353**
D	2000F	HI07	C022-3	1250	**354**
D	2000F	HI08	C022-3	1250	**355**
D	2000F	HI09	C022-3	1250	**357**

D	2000F	HI10	C022-3	1250	**358**
D	2000F	HI11	C022-3	1250	**359**
D	2000F	HI12	C022-3	1250	**360**
D	2000F	CR603	-	1250	**381**

Date Time Qualifier

Code specifying the type of date or time or both date and time.

278 - Request

D	2000C	DTP01	-	374	**75**
D	2000C	DTP01	-	374	**76**
D	2000C	DTP01	-	374	**77**
D	2000C	DTP01	-	374	**78**
D	2000D	DTP01	-	374	**98**
D	2000D	DTP01	-	374	**99**
D	2000D	DTP01	-	374	**100**
D	2000D	DTP01	-	374	**101**
D	2000F	DTP01	-	374	**152**
D	2000F	DTP01	-	374	**154**
D	2000F	DTP01	-	374	**156**
D	2000F	DTP01	-	374	**157**

278 - Response

D	2000C	DTP01	-	374	**249**
D	2000C	DTP01	-	374	**250**
D	2000C	DTP01	-	374	**251**
D	2000C	DTP01	-	374	**252**
D	2000D	DTP01	-	374	**275**
D	2000D	DTP01	-	374	**276**
D	2000D	DTP01	-	374	**277**
D	2000D	DTP01	-	374	**278**
D	2000F	DTP01	-	374	**335**
D	2000F	DTP01	-	374	**337**
D	2000F	DTP01	-	374	**339**
D	2000F	DTP01	-	374	**341**
D	2000F	DTP01	-	374	**343**
D	2000F	DTP01	-	374	**344**
D	2000F	DTP01	-	374	**345**

Delay Reason Code

Code indicating the reason why a request was delayed.

278 - Request

D	2000F	UM10	-	1514	**149**

Delivery Pattern Time Code

Code which specifies the time delivery pattern of the services..

278 - Request

D	2000F	HSD08	-	679	**179**

278 - Response

D	2000F	HSD08	-	679	**366**

Dependent Birth Date

The date of birth of the dependent.

278 - Request

D	2010D	DMG02	-	1251	**117**

278 - Response

D	2010D	DMG02	-	1251	**296**

Dependent First Name

The first name of the dependent.

278 - Request

D	2010D	NM104	-	1036	**113**

278 - Response

D	2010D	NM104	-	1036	**289**

Dependent Gender Code

A code indicating the gender of the dependent.

278 - Request

D	2010D	DMG03	-	1068	**117**

278 - Response

D	2010D	DMG03	-	1068	**296**

Dependent Last Name

The last name of the dependent.

278 - Request

D	2010D	NM103	-	1035	**113**

278 - Response

D	2010D	NM103	-	1035	**289**

Dependent Middle Name

The middle name of the dependent.

278 - Request

D	2010D	NM105	-	1037	**113**

278 - Response

D	2010D	NM105	-	1037	**289**

Dependent Name Suffix

A suffix following the name, including the generation of the patient, such as I, II, III, Jr, Sr.

278 - Request

D	2010D	NM107	-	1039	**113**

278 - Response

D	2010D	NM107	-	1039	**289**

Dependent Primary Identifier

Identifies the code number by which the dependent is known.

278 - Response

D	2010D	NM109	-	67	**290**

Dependent Supplemental Identifier

Identifies another or additional distinguishing code number associated with the dependent

278 - Request

D	2010D	REF02	-	127	**115**

278 - Response

D	2010D	REF02	-	127	**292**

Diagnosis Code

An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition.

278 - Request

D	2000C	HI01	C022-2	1271	**81**
D	2000C	HI02	C022-2	1271	**82**
D	2000C	HI03	C022-2	1271	**82**
D	2000C	HI04	C022-2	1271	**83**
D	2000C	HI05	C022-2	1271	**83**
D	2000C	HI06	C022-2	1271	**84**
D	2000C	HI07	C022-2	1271	**85**
D	2000C	HI08	C022-2	1271	**85**
D	2000C	HI09	C022-2	1271	**86**
D	2000C	HI10	C022-2	1271	**87**
D	2000C	HI11	C022-2	1271	**87**
D	2000C	HI12	C022-2	1271	**88**
D	2000D	HI01	C022-2	1271	**104**
D	2000D	HI02	C022-2	1271	**105**
D	2000D	HI03	C022-2	1271	**105**
D	2000D	HI04	C022-2	1271	**106**
D	2000D	HI05	C022-2	1271	**106**
D	2000D	HI06	C022-2	1271	**107**
D	2000D	HI07	C022-2	1271	**108**
D	2000D	HI08	C022-2	1271	**108**
D	2000D	HI09	C022-2	1271	**109**
D	2000D	HI10	C022-2	1271	**110**
D	2000D	HI11	C022-2	1271	**110**
D	2000D	HI12	C022-2	1271	**111**

278 - Response

D	2000C	HI01	C022-2	1271	**254**
D	2000C	HI02	C022-2	1271	**254**
D	2000C	HI03	C022-2	1271	**255**
D	2000C	HI04	C022-2	1271	**256**
D	2000C	HI05	C022-2	1271	**256**
D	2000C	HI06	C022-2	1271	**257**
D	2000C	HI07	C022-2	1271	**258**
D	2000C	HI08	C022-2	1271	**258**
D	2000C	HI09	C022-2	1271	**259**
D	2000C	HI10	C022-2	1271	**260**
D	2000C	HI11	C022-2	1271	**260**
D	2000C	HI12	C022-2	1271	**261**
D	2000D	HI01	C022-2	1271	**280**
D	2000D	HI02	C022-2	1271	**280**
D	2000D	HI03	C022-2	1271	**281**
D	2000D	HI04	C022-2	1271	**282**
D	2000D	HI05	C022-2	1271	**282**
D	2000D	HI06	C022-2	1271	**283**
D	2000D	HI07	C022-2	1271	**284**
D	2000D	HI08	C022-2	1271	**284**
D	2000D	HI09	C022-2	1271	**285**
D	2000D	HI10	C022-2	1271	**286**
D	2000D	HI11	C022-2	1271	**286**
D	2000D	HI12	C022-2	1271	**287**

Diagnosis Date

Date the diagnosis was established or recorded.

278 - Request

D	2000C	HI01	C022-4	1251	**81**
D	2000C	HI02	C022-4	1251	**82**
D	2000C	HI03	C022-4	1251	**82**
D	2000C	HI04	C022-4	1251	**83**
D	2000C	HI05	C022-4	1251	**84**
D	2000C	HI06	C022-4	1251	**84**
D	2000C	HI07	C022-4	1251	**85**
D	2000C	HI08	C022-4	1251	**86**
D	2000C	HI09	C022-4	1251	**86**
D	2000C	HI10	C022-4	1251	**87**
D	2000C	HI11	C022-4	1251	**88**
D	2000C	HI12	C022-4	1251	**88**
D	2000D	HI01	C022-4	1251	**104**
D	2000D	HI02	C022-4	1251	**105**
D	2000D	HI03	C022-4	1251	**105**
D	2000D	HI04	C022-4	1251	**106**
D	2000D	HI05	C022-4	1251	**107**
D	2000D	HI06	C022-4	1251	**107**
D	2000D	HI07	C022-4	1251	**108**
D	2000D	HI08	C022-4	1251	**109**
D	2000D	HI09	C022-4	1251	**109**
D	2000D	HI10	C022-4	1251	**110**
D	2000D	HI11	C022-4	1251	**111**
D	2000D	HI12	C022-4	1251	**111**

278 - Response

D	2000C	HI01	C022-4	1251	**254**
D	2000C	HI02	C022-4	1251	**255**
D	2000C	HI03	C022-4	1251	**255**
D	2000C	HI04	C022-4	1251	**256**
D	2000C	HI05	C022-4	1251	**257**
D	2000C	HI06	C022-4	1251	**257**
D	2000C	HI07	C022-4	1251	**258**
D	2000C	HI08	C022-4	1251	**259**
D	2000C	HI09	C022-4	1251	**259**
D	2000C	HI10	C022-4	1251	**260**
D	2000C	HI11	C022-4	1251	**261**
D	2000C	HI12	C022-4	1251	**261**
D	2000D	HI01	C022-4	1251	**280**
D	2000D	HI02	C022-4	1251	**281**
D	2000D	HI03	C022-4	1251	**281**
D	2000D	HI04	C022-4	1251	**282**
D	2000D	HI05	C022-4	1251	**283**
D	2000D	HI06	C022-4	1251	**283**
D	2000D	HI07	C022-4	1251	**284**
D	2000D	HI08	C022-4	1251	**285**
D	2000D	HI09	C022-4	1251	**285**
D	2000D	HI10	C022-4	1251	**286**
D	2000D	HI11	C022-4	1251	**287**
D	2000D	HI12	C022-4	1251	**287**

Diagnosis Type Code

Code identifying the type of diagnosis.

278 - Request

D	2000C	HI01	C022-1	1270	**81**
D	2000C	HI02	C022-1	1270	**81**
D	2000C	HI03	C022-1	1270	**82**
D	2000C	HI04	C022-1	1270	**83**
D	2000C	HI05	C022-1	1270	**83**
D	2000C	HI06	C022-1	1270	**84**
D	2000C	HI07	C022-1	1270	**85**
D	2000C	HI08	C022-1	1270	**85**
D	2000C	HI09	C022-1	1270	**86**
D	2000C	HI10	C022-1	1270	**87**
D	2000C	HI11	C022-1	1270	**87**
D	2000C	HI12	C022-1	1270	**88**
D	2000D	HI01	C022-1	1270	**104**
D	2000D	HI02	C022-1	1270	**104**
D	2000D	HI03	C022-1	1270	**105**
D	2000D	HI04	C022-1	1270	**106**
D	2000D	HI05	C022-1	1270	**106**
D	2000D	HI06	C022-1	1270	**107**
D	2000D	HI07	C022-1	1270	**108**
D	2000D	HI08	C022-1	1270	**108**
D	2000D	HI09	C022-1	1270	**109**
D	2000D	HI10	C022-1	1270	**110**
D	2000D	HI11	C022-1	1270	**110**
D	2000D	HI12	C022-1	1270	**111**

278 - Response

D	2000C	HI01	C022-1	1270	**253**
D	2000C	HI02	C022-1	1270	**254**
D	2000C	HI03	C022-1	1270	**255**
D	2000C	HI04	C022-1	1270	**256**
D	2000C	HI05	C022-1	1270	**256**
D	2000C	HI06	C022-1	1270	**257**
D	2000C	HI07	C022-1	1270	**258**

D	2000C	HI08	C022-1	1270	**258**
D	2000C	HI09	C022-1	1270	**259**
D	2000C	HI10	C022-1	1270	**260**
D	2000C	HI11	C022-1	1270	**260**
D	2000C	HI12	C022-1	1270	**261**
D	2000D	HI01	C022-1	1270	**279**
D	2000D	HI02	C022-1	1270	**280**
D	2000D	HI03	C022-1	1270	**281**
D	2000D	HI04	C022-1	1270	**282**
D	2000D	HI05	C022-1	1270	**282**
D	2000D	HI06	C022-1	1270	**283**
D	2000D	HI07	C022-1	1270	**284**
D	2000D	HI08	C022-1	1270	**284**
D	2000D	HI09	C022-1	1270	**285**
D	2000D	HI10	C022-1	1270	**286**
D	2000D	HI11	C022-1	1270	**286**
D	2000D	HI12	C022-1	1270	**287**

Entity Identifier Code

Code identifying an organizational entity, a physical location, property or an individual

278 - Request

D	2010A	NM101	-	98	**56**
D	2010B	NM101	-	98	**60**
D	2010C	NM101	-	98	**90**
D	2010D	NM101	-	98	**113**
D	2010E	NM101	-	98	**125**

278 - Response

D	2010A	NM101	-	98	**226**
D	2010B	NM101	-	98	**236**
D	2010C	NM101	-	98	**262**
D	2010D	NM101	-	98	**289**
D	2010E	NM101	-	98	**304**

Entity Type Qualifier

Code qualifying the type of entity

278 - Request

D	2010A	NM102	-	1065	**56**
D	2010B	NM102	-	1065	**61**
D	2010C	NM102	-	1065	**90**
D	2010D	NM102	-	1065	**113**
D	2010E	NM102	-	1065	**125**

278 - Response

D	2010A	NM102	-	1065	**226**
D	2010B	NM102	-	1065	**237**
D	2010C	NM102	-	1065	**262**
D	2010D	NM102	-	1065	**289**
D	2010E	NM102	-	1065	**304**

Equipment Reason Description

Free-form description of the reason for the equipment.

278 - Request

D	2000F	CR505	-	352	**201**

278 - Response

D	2000F	CR505	-	352	**377**

Estimated Birth Date

Date delivery is expected.

278 - Request

D	2000C	DTP03	-	1251	**77**
D	2000D	DTP03	-	1251	**100**

278 - Response

D	2000C	DTP03	-	1251	**251**
D	2000D	DTP03	-	1251	**277**

Facility Code Qualifier

Code identifying the type of facility referenced.

278 - Request

D	2000F	UM04	C023-2	1332	**146**

278 - Response

D	2000F	UM04	C023-2	1332	**330**

Facility Type Code

Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format.

278 - Request

D	2000F	UM04	C023-1	1331	**146**

278 - Response

D	2000F	UM04	C023-1	1331	**330**

Follow-up Action Code

Code identifying follow-up actions allowed.

278 - Response

D	2000A	AAA04	-	889	**224**
D	2010A	AAA04	-	889	**232**
D	2010B	AAA04	-	889	**242**
D	2000C	AAA04	-	889	**248**
D	2010C	AAA04	-	889	**268**
D	2000D	AAA04	-	889	**274**
D	2010D	AAA04	-	889	**294**
D	2010E	AAA04	-	889	**315**
D	2000F	AAA04	-	889	**324**

Free Form Message Text

Text used to convey information related to the transaction.

278 - Request

D	2000E	MSG01	-	933	**123**
D	2000F	MSG01	-	933	**211**

278 - Response

D	2000E	MSG01	-	933	**302**
D	2000F	MSG01	-	933	**383**

Hierarchical Child Code

Code indicating if there are hierarchical child data segments subordinate to the level being described.

278 - Request

D	2000A	HL04	-	736	**54**
D	2000B	HL04	-	736	**59**
D	2000C	HL04	-	736	**74**
D	2000D	HL04	-	736	**97**
D	2000E	HL04	-	736	**122**
D	2000F	HL04	-	736	**138**

278 - Response

D	2000A	HL04	-	736	**222**
D	2000B	HL04	-	736	**235**
D	2000C	HL04	-	736	**246**

D	2000D	HL04	-	736	**272**
D	2000E	HL04	-	736	**301**
D	2000F	HL04	-	736	**319**

Hierarchical ID Number

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.

278 - Request

D	2000A	HL01	-	628	**53**
D	2000B	HL01	-	628	**58**
D	2000C	HL01	-	628	**73**
D	2000D	HL01	-	628	**96**
D	2000E	HL01	-	628	**121**
D	2000F	HL01	-	628	**137**

278 - Response

D	2000A	HL01	-	628	**221**
D	2000B	HL01	-	628	**234**
D	2000C	HL01	-	628	**245**
D	2000D	HL01	-	628	**271**
D	2000E	HL01	-	628	**300**
D	2000F	HL01	-	628	**318**

Hierarchical Level Code

Code defining the characteristic of a level in a hierarchical structure.

278 - Request

D	2000A	HL03	-	735	**54**
D	2000B	HL03	-	735	**59**
D	2000C	HL03	-	735	**74**
D	2000D	HL03	-	735	**97**
D	2000E	HL03	-	735	**122**
D	2000F	HL03	-	735	**138**

278 - Response

D	2000A	HL03	-	735	**222**
D	2000B	HL03	-	735	**235**
D	2000C	HL03	-	735	**246**
D	2000D	HL03	-	735	**272**
D	2000E	HL03	-	735	**301**
D	2000F	HL03	-	735	**319**

Hierarchical Parent ID Number

Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to.

278 - Request

D	2000B	HL02	-	734	**58**
D	2000C	HL02	-	734	**73**
D	2000D	HL02	-	734	**97**
D	2000E	HL02	-	734	**121**
D	2000F	HL02	-	734	**137**

278 - Response

D	2000B	HL02	-	734	**234**
D	2000C	HL02	-	734	**245**
D	2000D	HL02	-	734	**271**
D	2000E	HL02	-	734	**300**
D	2000F	HL02	-	734	**318**

Hierarchical Structure Code

Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set

278 - Request

H		BHT01	-	1005	**51**

278 - Response

H		BHT01	-	1005	**219**

Home Health Certification Period

Certification period for home health care covered by this plan of treatment.

278 - Request

D	2000F	CR604	-	1251	**207**

278 - Response

D	2000F	CR604	-	1251	**381**

Identification Code Qualifier

Code designating the system/method of code structure used for Identification Code (67)

278 - Request

D	2010A	NM108	-	66	**57**
D	2010B	NM108	-	66	**61**
D	2010C	NM108	-	66	**90**
D	2010E	NM108	-	66	**126**

278 - Response

D	2010A	NM108	-	66	**226**
D	2010B	NM108	-	66	**237**
D	2010C	NM108	-	66	**263**
D	2010D	NM108	-	66	**289**
D	2010E	NM108	-	66	**305**

Individual Relationship Code

Code indicating the relationship between two individuals or entities

278 - Request

D	2010D	INS02	-	1069	**119**

278 - Response

D	2010D	INS02	-	1069	**298**

Insured Indicator

Indicates whether the insured is the subscriber or a dependent.

278 - Request

D	2010D	INS01	-	1073	**119**

278 - Response

D	2010D	INS01	-	1073	**298**

Last Admission Period

Admission date of the most recent inpatient stay.

278 - Request

D	2000F	CR616	-	1251	**209**

Last Menstrual Period Date

The date of the last menstrual period (LMP).

278 - Request

D	2000C	DTP03	-	1251	.....	**76**
D	2000D	DTP03	-	1251	.....	**99**

278 - Response

D	2000C	DTP03	-	1251	.....	**250**
D	2000D	DTP03	-	1251	.....	**276**

Last Visit Date

Date the patient was last seen by the physician.

278 - Request

D	2000F	CR613	-	373	.....	**209**

Level of Service Code

Code specifying the level of service rendered.

278 - Request

D	2000F	UM06	-	1338	.....	**147**

278 - Response

D	2000F	UM06	-	1338	.....	**330**

Medicare Coverage Indicator

A code indicating the Medicare coverage exists.

278 - Request

D	2000F	CR607	-	1073	.....	**207**

278 - Response

D	2000F	CR607	-	1073	.....	**382**

Monthly Treatment Count

Number of treatments rendered in the month of service.

278 - Request

D	2000F	CR207	-	380	.....	**198**

278 - Response

D	2000F	CR207	-	380	.....	**375**

Nursing Home Residential Status Code

Code specifying the status of a nursing home resident at the time of service.

278 - Request

D	2000F	CL104	-	1345	.....	**190**

278 - Response

D	2000F	CL104	-	1345	.....	**368**

Onset Date

Date of onset of indicated patient condition.

278 - Request

D	2000C	DTP03	-	1251	.....	**79**
D	2000D	DTP03	-	1251	.....	**102**

278 - Response

D	2000C	DTP03	-	1251	.....	**252**
D	2000D	DTP03	-	1251	.....	**278**

Oxygen Delivery System Code

Code to indicate if a particular form of delivery was prescribed.

278 - Request

D	2000F	CR517	-	1382	.....	**203**

278 - Response

D	2000F	CR517	-	1382	.....	**378**

Oxygen Equipment Type Code

Code indicating the specific type of equipment prescribed for the delivery of oxygen.

278 - Request

D	2000F	CR503	-	1348	.....	**201**
D	2000F	CR504	-	1348	.....	**201**
D	2000F	CR518	-	1348	.....	**204**

278 - Response

D	2000F	CR503	-	1348	.....	**377**
D	2000F	CR504	-	1348	.....	**377**
D	2000F	CR518	-	1348	.....	**378**

Oxygen Flow Rate

The oxygen flow rate in liters per minute.

278 - Request

D	2000F	CR506	-	380	.....	**201**

278 - Response

D	2000F	CR506	-	380	.....	**377**

Oxygen Saturation Quantity

The oxygen saturation (oximetry) test results.

278 - Request

D	2000F	CR511	-	380	.....	**202**

Oxygen Test Condition Code

Code indicating the conditions under which a patient was tested.

278 - Request

D	2000F	CR512	-	1349	.....	**202**

Oxygen Test Findings Code

Code indicating the findings of oxygen tests performed on a patient.

278 - Request

D	2000F	CR513	-	1350	.....	**202**
D	2000F	CR514	-	1350	.....	**203**
D	2000F	CR515	-	1350	.....	**203**

Oxygen Use Period Hour Count

Number of hours per period of oxygen use.

278 - Request

D	2000F	CR508	-	380	.....	**202**

278 - Response

D	2000F	CR508	-	380	.....	**378**

Patient Condition Code

Code indicating the condition of the patient.

278 - Request

D	2000F	CR208		-	1342	**198**

Patient Condition Description

Free-form description of the patient's condition.

278 - Request

D	2000F	CR210		-	352	**198**
D	2000F	CR211		-	352	**198**

Patient Discharge Facility Type Code

The type of facility from which the patient was most recently discharged.

278 - Request

D	2000F	CR617		-	1384	**210**

Patient Status Code

A code indicating the patient's status at the date of admission, outpatient service, or start of care.

278 - Request

D	2000F	CL103		-	1352	**189**

278 - Response

D	2000F	CL103		-	1352	**367**

Patient Weight

Weight of the patient at time of treatment or transport.

278 - Request

D	2000F	CR102		-	81	**192**

Period Count

Total number of periods

278 - Request

D	2000F	HSD06		-	616	**177**

278 - Response

D	2000F	HSD06		-	616	**364**

Physician Contact Date

Date of the home health agency's most recent contact with the physician.

278 - Request

D	2000F	CR614		-	373	**209**

Physician Order Date

Date the agency received the verbal orders from the physician for start of care.

278 - Request

D	2000F	CR612		-	373	**209**

Portable Oxygen System Flow Rate

Oxygen flow rate for a portable oxygen system in liters per minute.

278 - Request

D	2000F	CR516		-	380	**203**

278 - Response

D	2000F	CR516		-	380	**378**

Previous Certification Identifier

The number previously assigned to a health care services review outcome.

278 - Request

D	2000F	REF02		-	127	**150**

278 - Response

D	2000F	REF02		-	127	**334**

Procedure Code

Code identifying the procedure, product or service.

278 - Request

D	2000F	HI01	C022-2		1271	**160**
D	2000F	HI02	C022-2		1271	**161**
D	2000F	HI03	C022-2		1271	**162**
D	2000F	HI04	C022-2		1271	**163**
D	2000F	HI05	C022-2		1271	**165**
D	2000F	HI06	C022-2		1271	**166**
D	2000F	HI07	C022-2		1271	**167**
D	2000F	HI08	C022-2		1271	**168**
D	2000F	HI09	C022-2		1271	**169**
D	2000F	HI10	C022-2		1271	**171**
D	2000F	HI11	C022-2		1271	**172**
D	2000F	HI12	C022-2		1271	**173**

278 - Response

D	2000F	HI01	C022-2		1271	**347**
D	2000F	HI02	C022-2		1271	**348**
D	2000F	HI03	C022-2		1271	**349**
D	2000F	HI04	C022-2		1271	**350**
D	2000F	HI05	C022-2		1271	**352**
D	2000F	HI06	C022-2		1271	**353**
D	2000F	HI07	C022-2		1271	**354**
D	2000F	HI08	C022-2		1271	**355**
D	2000F	HI09	C022-2		1271	**356**
D	2000F	HI10	C022-2		1271	**358**
D	2000F	HI11	C022-2		1271	**359**
D	2000F	HI12	C022-2		1271	**360**

Procedure Date

Date when the health care procedure was performed.

278 - Request

D	2000F	HI01	C022-4		1251	**160**
D	2000F	HI02	C022-4		1251	**161**
D	2000F	HI03	C022-4		1251	**162**
D	2000F	HI04	C022-4		1251	**164**
D	2000F	HI05	C022-4		1251	**165**
D	2000F	HI06	C022-4		1251	**166**
D	2000F	HI07	C022-4		1251	**167**
D	2000F	HI08	C022-4		1251	**168**
D	2000F	HI09	C022-4		1251	**170**
D	2000F	HI10	C022-4		1251	**171**
D	2000F	HI11	C022-4		1251	**172**
D	2000F	HI12	C022-4		1251	**173**

278 - Response

D	2000F	HI01	C022-4	1251	**347**
D	2000F	HI02	C022-4	1251	**348**
D	2000F	HI03	C022-4	1251	**349**
D	2000F	HI04	C022-4	1251	**351**
D	2000F	HI05	C022-4	1251	**352**
D	2000F	HI06	C022-4	1251	**353**
D	2000F	HI07	C022-4	1251	**354**
D	2000F	HI08	C022-4	1251	**355**
D	2000F	HI09	C022-4	1251	**357**
D	2000F	HI10	C022-4	1251	**358**
D	2000F	HI11	C022-4	1251	**359**
D	2000F	HI12	C022-4	1251	**360**

Procedure Quantity

Number of occurrences of the procedure.

278 - Request

D	2000F	HI01	C022-6	380	**160**
D	2000F	HI02	C022-6	380	**161**
D	2000F	HI03	C022-6	380	**163**
D	2000F	HI04	C022-6	380	**164**
D	2000F	HI05	C022-6	380	**165**
D	2000F	HI06	C022-6	380	**166**
D	2000F	HI07	C022-6	380	**167**
D	2000F	HI08	C022-6	380	**169**
D	2000F	HI09	C022-6	380	**170**
D	2000F	HI10	C022-6	380	**171**
D	2000F	HI11	C022-6	380	**172**
D	2000F	HI12	C022-6	380	**173**

278 - Response

D	2000F	HI01	C022-6	380	**347**
D	2000F	HI02	C022-6	380	**348**
D	2000F	HI03	C022-6	380	**350**
D	2000F	HI04	C022-6	380	**351**
D	2000F	HI05	C022-6	380	**352**
D	2000F	HI06	C022-6	380	**353**
D	2000F	HI07	C022-6	380	**354**
D	2000F	HI08	C022-6	380	**356**
D	2000F	HI09	C022-6	380	**357**
D	2000F	HI10	C022-6	380	**358**
D	2000F	HI11	C022-6	380	**359**
D	2000F	HI12	C022-6	380	**360**

Product or Service ID Qualifier

Code identifying the type/source of the descriptive number used in Product/Service ID (234).

278 - Request

D	2000F	CR610	-	235	**208**

Prognosis Code

Code indicating physician's prognosis for the patient.

278 - Request

D	2000F	UM08	-	923	**148**
D	2000F	CR601	-	923	**206**

278 - Response

D	2000F	CR601	-	923	**381**

Proposed or Actual Admission Date

Requested or actual date of admission to a healthcare facility.

278 - Request

D	2000F	DTP03	-	1251	**155**

278 - Response

D	2000F	DTP03	-	1251	**338**

Proposed or Actual Discharge Date

Requested or actual date of discharge from a healthcare facility.

278 - Request

D	2000F	DTP03	-	1251	**156**

278 - Response

D	2000F	DTP03	-	1251	**340**

Proposed or Actual Service Date

Requested or actual date of service.

278 - Request

D	2000F	DTP03	-	1251	**153**

278 - Response

D	2000F	DTP03	-	1251	**336**

Proposed or Actual Surgery Date

Requested or actual date of surgery.

278 - Request

D	2000F	DTP03	-	1251	**158**

278 - Response

D	2000F	DTP03	-	1251	**342**

Provider Code

Code identifying the type of provider.

278 - Request

D	2010B	PRV01	-	1221	**71**
D	2010E	PRV01	-	1221	**135**

278 - Response

D	2010B	PRV01	-	1221	**243**
D	2010E	PRV01	-	1221	**316**

Provider Taxonomy Code

Code designating the provider type, classification, and specialization.

278 - Request

D	2010B	PRV03	-	127	**72**
D	2010E	PRV03	-	127	**136**

278 - Response

D	2010B	PRV03	-	127	**244**
D	2010E	PRV03	-	127	**317**

Quantity Qualifier

Code specifying the type of quantity

278 - Request

D	2000F	HSD01	-	673	.....	**176**

278 - Response

D	2000F	HSD01	-	673	.....	**363**

Reference Identification Qualifier

Code qualifying the reference identification

278 - Request

D	2010B	REF01	-	128	.....	**63**
D	2010B	PRV02	-	128	.....	**72**
D	2010C	REF01	-	128	.....	**93**
D	2010D	REF01	-	128	.....	**114**
D	2010E	REF01	-	128	.....	**127**
D	2010E	PRV02	-	128	.....	**136**
D	2000F	REF01	-	128	.....	**150**

278 - Response

D	2010B	REF01	-	128	.....	**239**
D	2010B	PRV02	-	128	.....	**244**
D	2010C	REF01	-	128	.....	**266**
D	2010D	REF01	-	128	.....	**291**
D	2010E	REF01	-	128	.....	**306**
D	2010E	PRV02	-	128	.....	**317**
D	2000F	REF01	-	128	.....	**334**

Reject Reason Code

Code assigned by issuer to identify reason for rejection

278 - Response

D	2000A	AAA03	-	901	.....	**224**
D	2010A	AAA03	-	901	.....	**232**
D	2010B	AAA03	-	901	.....	**242**
D	2000C	AAA03	-	901	.....	**248**
D	2010C	AAA03	-	901	.....	**268**
D	2000D	AAA03	-	901	.....	**274**
D	2010D	AAA03	-	901	.....	**294**
D	2010E	AAA03	-	901	.....	**315**
D	2000F	AAA03	-	901	.....	**324**
D	2000F	HCR03	-	901	.....	**332**

Related Causes Code

Code identifying an accompanying cause of an illness, injury, or an accident.

278 - Request

D	2000F	UM05	C024-1	1362	.....	**146**
D	2000F	UM05	C024-2	1362	.....	**146**
D	2000F	UM05	C024-3	1362	.....	**147**

Release of Information Code

Code indicating whether the provider has on file a signed statement permitting the release of medical data to other organizations.

278 - Request

D	2000F	UM09	-	1363	.....	**148**

Request Category Code

Code indicating a type of request

278 - Request

D	2000F	UM01	-	1525	.....	**141**

278 - Response

D	2000F	UM01	-	1525	.....	**325**

Requester Address Line

Address line in the address of the requester.

278 - Request

D	2010B	N301	-	166	.....	**65**
D	2010B	N302	-	166	.....	**65**

Requester City Name

Name of the city in the address of the requester.

278 - Request

D	2010B	N401	-	19	.....	**66**

Requester Contact Communication Number

Complete requester contact communications number, including country or area code when applicable.

278 - Request

D	2010B	PER04	-	364	.....	**69**
D	2010B	PER06	-	364	.....	**70**
D	2010B	PER08	-	364	.....	**70**

Requester Contact Name

Name identifying the requester's contact person.

278 - Request

D	2010B	PER02	-	93	.....	**69**

Requester Country Code

Code identifying the country in the address of the requester.

278 - Request

D	2010B	N404	-	26	.....	**67**

Requester First Name

First name of the requester of a health care services review.

278 - Request

D	2010B	NM104	-	1036	.....	**61**

278 - Response

D	2010B	NM104	-	1036	.....	**237**

Requester Identifier

Code uniquely identifying the provider requesting the services review to the payer, regulatory authority,or other authorized body or agency.

278 - Request

D	2010B	NM109	-	67	.....	**62**

278 - Response

D	2010B	NM109	-	67	.....	**238**

Requester Last or Organization Name

Last name or organization name of the requester of a health care services review.

278 - Request
D | 2010B | NM103 | - | 1035 ..... **61**

278 - Response
D | 2010B | NM103 | - | 1035 ..... **237**

Requester Middle Name

Middle name or middle initial of the requester of a health care services review.

278 - Request
D | 2010B | NM105 | - | 1037 ..... **61**

278 - Response
D | 2010B | NM105 | - | 1037 ..... **237**

Requester Name Suffix

Suffix to the name of the requester of a health care services review.

278 - Request
D | 2010B | NM107 | - | 1039 ..... **61**

278 - Response
D | 2010B | NM107 | - | 1039 ..... **237**

Requester Postal Zone or ZIP Code

Postal code in the address of the requester.

278 - Request
D | 2010B | N403 | - | 116..... **67**

Requester State or Province Code

Code identifying the state or province in the address of the requester.

278 - Request
D | 2010B | N402 | - | 156 ..... **67**

Requester Supplemental Identifier

Supplemental identification information about the requester.

278 - Request
D | 2010B | REF02 | - | 127 ..... **64**

278 - Response
D | 2010B | REF02 | - | 127 ..... **240**

Respiratory Therapist Order Text

Free-form description of the respiratory therapist's orders.

278 - Request
D | 2000F | CR509 | - | 352 ..... **202**

278 - Response
D | 2000F | CR509 | - | 352 ..... **378**

Round Trip Purpose Description

Free-form description of the purpose of the ambulance transport round trip.

278 - Request
D | 2000F | CR109 | - | 352 ..... **193**

Sample Selection Modulus

To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes

278 - Request
D | 2000F | HSD04 | - | 1167..... **176**

278 - Response
D | 2000F | HSD04 | - | 1167..... **363**

Second Surgical Opinion Indicator

Code indicating whether or not a second surgical opinion is required for this health care services review request.

278 - Response
D | 2000F | HCR04 | - | 1073 ..... **333**

Service From Date

The date the service referenced in the claim or service line was initiated.

278 - Request
D | 2000F | CR602 | - | 373 ..... **206**

278 - Response
D | 2000F | CR602 | - | 373 ..... **381**

Service Provider Address Line

Address line in the mailing address of the provider to whom the patient has been or will be referred for service.

278 - Request
D | 2010E | N301 | - | 166 ..... **129**
D | 2010E | N302 | - | 166 ..... **129**

278 - Response
D | 2010E | N301 | - | 166 ..... **308**
D | 2010E | N302 | - | 166 ..... **308**

Service Provider City Name

Name of the city in the mailing address of the provider to whom the patient has been or will be referred for service.

278 - Request
D | 2010E | N401 | - | 19 ..... **130**

278 - Response
D | 2010E | N401 | - | 19 ..... **309**

Service Provider Contact Communication Number

Complete service provider contact communications number, including country or area code when applicable.

278 - Request

D	2010E	PER04	-	364	.....	**133**
D	2010E	PER06	-	364	.....	**134**
D	2010E	PER08	-	364	.....	**134**

278 - Response

D	2010E	PER04	-	364	.....	**312**
D	2010E	PER06	-	364	.....	**313**
D	2010E	PER08	-	364	.....	**313**

Service Provider Contact Name

Name of person, group,or organization to contact at the entity providing service or at the entity that may provide service.

278 - Request

D	2010E	PER02	-	93	.....	**133**

278 - Response

D	2010E	PER02	-	93	.....	**312**

Service Provider Country Code

Code indicating the country in the mailing address of the provider to whom the patient has been or will be referred for service.

278 - Request

D	2010E	N404	-	26	.....	**131**

278 - Response

D	2010E	N404	-	26	.....	**310**

Service Provider First Name

First name of the provider to whom the patient has been or will be referred for service.

278 - Request

D	2010E	NM104	-	1036	.....	**125**

278 - Response

D	2010E	NM104	-	1036	.....	**304**

Service Provider Identifier

Code uniquely identifying the provider to whom the patient has been or will be referred for service.

278 - Request

D	2010E	NM109	-	67	.....	**126**

278 - Response

D	2010E	NM109	-	67	.....	**305**

Service Provider Last or Organization Name

Last name or organization name of the provider to whom the patient has been or will be referred for service.

278 - Request

D	2010E	NM103	-	1035	.....	**125**

278 - Response

D	2010E	NM103	-	1035	.....	**304**

Service Provider Middle Name

Middle name or middle initial name of the provider to whom the patient has been or will be referred for service.

278 - Request

D	2010E	NM105	-	1037	.....	**125**

278 - Response

D	2010E	NM105	-	1037	.....	**304**

Service Provider Name Suffix

Suffix to the name of the provider to whom the patient has been or will be referred for service.

278 - Request

D	2010E	NM107	-	1039	.....	**126**

278 - Response

D	2010E	NM107	-	1039	.....	**305**

Service Provider Postal Zone or ZIP Code

Code indicating the postal code in the mailing address of the provider to whom the patient has been or will be referred for service.

278 - Request

D	2010E	N403	-	116	.....	**131**

278 - Response

D	2010E	N403	-	116	.....	**310**

Service Provider State or Province Code

Code indicating the state or province in the mailing address of the provider to whom the patient has been or will be referred for service.

278 - Request

D	2010E	N402	-	156	.....	**131**

278 - Response

D	2010E	N402	-	156	.....	**310**

Service Provider Supplemental Identifier

Supplemental identification information about the provider to whom the patient has been or will be referred for service.

278 - Request

D	2010E	REF02	-	127	.....	**128**

278 - Response

D	2010E	REF02	-	127	.....	**307**

Service Trace Number

Unique number assigned by the provider to identify a request for reconciliation of the response to an internal system.

278 - Request

D	2000F	TRN02	-	127	.....	**140**

278 - Response

D	2000F	TRN02	-	127	.....	**321**

Service Type Code

Code identifying the classification of service

278 - Request
D | 2000F | UM03 | - | 1365 ..... **142**

278 - Response
D | 2000F | UM03 | - | 1365 ..... **326**

Service Unit Count

The quantity of units, times, days, visits, services, or treatments for the service described by the HCPCS codes, revenue code or procedure code.

278 - Request
D | 2000F | HSD02 | - | 380 ..... **176**

278 - Response
D | 2000F | HSD02 | - | 380 ..... **363**

Ship, Delivery or Calendar Pattern Code

The time delivery pattern for the services.

278 - Request
D | 2000F | HSD07 | - | 678 ..... **177**

278 - Response
D | 2000F | HSD07 | - | 678 ..... **364**

Skilled Nursing Facility Indicator

Code indicating whether or not a patient is receiving care in a 1861J1 (skilled nursing) facility

278 - Request
D | 2000F | CR606 | - | 1073 ..... **207**

State Code

Code identifying the state.

278 - Request
D | 2000F | UM05 | C024-4 | 156 ..... **147**

Stretcher Purpose Description

Free-form description of the purpose of the use of a stretcher during ambulance service.

278 - Request
D | 2000F | CR110 | - | 352 ..... **193**

Subluxation Level Code

Code identifying the specific level of subluxation.

278 - Request
D | 2000F | CR203 | - | 1367 ..... **195**
D | 2000F | CR204 | - | 1367 ..... **196**

278 - Response
D | 2000F | CR203 | - | 1367 ..... **372**
D | 2000F | CR204 | - | 1367 ..... **373**

Submitter Transaction Identifier

Trace or control number assigned by the originator of the transaction

278 - Request
H | | BHT03 | - | 127 ..... **52**

278 - Response
H | | BHT03 | - | 127 ..... **220**

Subscriber Birth Date

The date of birth of the subscriber to the indicated coverage or policy.

278 - Request
D | 2010C | DMG02 | - | 1251 ..... **95**

278 - Response
D | 2010C | DMG02 | - | 1251 ..... **270**

Subscriber First Name

The first name of the insured individual or subscriber to the coverage

278 - Request
D | 2010C | NM104 | - | 1036 ..... **90**

278 - Response
D | 2010C | NM104 | - | 1036 ..... **263**

Subscriber Gender Code

Code indicating the sex of the subscriber to the indicated coverage or policy.

278 - Request
D | 2010C | DMG03 | - | 1068 ..... **95**

278 - Response
D | 2010C | DMG03 | - | 1068 ..... **270**

Subscriber Last Name

The surname of the insured individual or subscriber to the coverage

278 - Request
D | 2010C | NM103 | - | 1035 ..... **90**

278 - Response
D | 2010C | NM103 | - | 1035 ..... **263**

Subscriber Middle Name

The middle name of the subscriber to the indicated coverage or policy.

278 - Request
D | 2010C | NM105 | - | 1037 ..... **90**

278 - Response
D | 2010C | NM105 | - | 1037 ..... **263**

Subscriber Name Suffix

Suffix of the insured individual or subscriber to the coverage.

278 - Request
D | 2010C | NM107 | - | 1039 ..... **90**

278 - Response
D | 2010C | NM107 | - | 1039 ..... **263**

Subscriber Primary Identifier

Primary identification number of the subscriber to the coverage.

278 - Request

D	2010C	NM109	-	67	.....	**91**

278 - Response

D	2010C	NM109	-	67	.....	**263**

Subscriber Supplemental Identifier

Identifies another or additional distinguishing code number associated with the subscriber.

278 - Request

D	2010C	REF02	-	127	.....	**93**

278 - Response

D	2010C	REF02	-	127	.....	**266**

Surgery Date

Requested, anticipated, or actual date of surgery.

278 - Request

D	2000F	CR609	-	373	.....	**208**

Surgical Procedure Code

Code describing the surgical procedure most relevant to the care being rendered.

278 - Request

D	2000F	CR611	-	1137	.....	**209**

Time Period Qualifier

Code defining the type of time period.

278 - Request

D	2000F	HSD05	-	615	.....	**177**

278 - Response

D	2000F	HSD05	-	615	.....	**364**

Trace Assigning Entity Additional Identifier

Additional identifier for the entity assigning the trace number.

278 - Request

D	2000F	TRN04	-	127	.....	**140**

278 - Response

D	2000F	TRN04	-	127	.....	**322**

Trace Assigning Entity Identifier

Identifies the organization assigning the trace number.

278 - Request

D	2000F	TRN03	-	509	.....	**140**

278 - Response

D	2000F	TRN03	-	509	.....	**321**

Trace Type Code

Code identifying the type of reassociation which needs to be performed.

278 - Request

D	2000F	TRN01	-	481	.....	**140**

278 - Response

D	2000F	TRN01	-	481	.....	**321**

Transaction Segment Count

A tally of all segments between the ST and the SE segments including the ST and SE segments.

278 - Request

D		SE01	-	96	.....	**212**

278 - Response

D		SE01	-	96	.....	**384**

Transaction Set Control Number

The unique identification number within a transaction set.

278 - Request

H		ST02	-	329	.....	**50**
D		SE02	-	329	.....	**212**

278 - Response

H		ST02	-	329	.....	**218**
D		SE02	-	329	.....	**384**

Transaction Set Creation Date

Identifies the date the submitter created the transaction

278 - Request

H		BHT04	-	373	.....	**52**

278 - Response

H		BHT04	-	373	.....	**220**

Transaction Set Creation Time

Time file is created for transmission.

278 - Request

H		BHT05	-	337	.....	**52**

278 - Response

H		BHT05	-	337	.....	**220**

Transaction Set Identifier Code

Code uniquely identifying a Transaction Set.

278 - Request

H		ST01	-	143	.....	**50**

278 - Response

H		ST01	-	143	.....	**218**

Transaction Set Purpose Code

Code identifying purpose of transaction set.

278 - Request

H		BHT02	-	353	.....	**51**

278 - Response

H		BHT02	-	353	.....	**219**

Transaction Type Code

Code specifying the type of transaction.

278 - Response

H		BHT06	-	640	.....	**220**

Transport Distance

Distance traveled during the ambulance transport.

278 - Request

D	2000F	CR106	-	380	.....	**193**

278 - Response

D	2000F	CR106	-	380	.....	**370**

Treatment Count

Total number of treatments in the series.

278 - Request

D	2000F	CR202	-	380	.....	**195**

278 - Response

D	2000F	CR202	-	380	.....	**372**

Treatment Period Count

The number of time periods during which treatment will be provided to patient.

278 - Request

D	2000F	CR206	-	380	.....	**197**

278 - Response

D	2000F	CR206	-	380	.....	**374**

Treatment Series Number

Number this treatment is in the series of services.

278 - Request

D	2000F	CR201	-	609	.....	**195**

278 - Response

D	2000F	CR201	-	609	.....	**372**

Unit or Basis for Measurement Code

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken.

278 - Request

D	2000F	HSD03	-	355	.....	**176**
D	2000F	CR101	-	355	.....	**191**
D	2000F	CR105	-	355	.....	**192**
D	2000F	CR205	-	355	.....	**197**

278 - Response

D	2000F	HSD03	-	355	.....	**363**
D	2000F	CR105	-	355	.....	**370**
D	2000F	CR205	-	355	.....	**374**

Utilization Management Organization (UMO) Contact Communication Number

Complete UMO contact communications number, including country or area code when applicable.

278 - Response

D	2010A	PER04	-	364	.....	**229**
D	2010A	PER06	-	364	.....	**230**
D	2010A	PER08	-	364	.....	**230**

Utilization Management Organization (UMO) Contact Name

Name identifying the UMO's contact person.

278 - Response

D	2010A	PER02	-	93	.....	**229**

Utilization Management Organization (UMO) First Name

First name of the individual, such as the primary care provider, associated with the request for a health care services review.

278 - Request

D	2010A	NM104	-	1036	.....	**56**

278 - Response

D	2010A	NM104	-	1036	.....	**226**

Utilization Management Organization (UMO) Identifier

Code uniquely identifying the Utilization Management Organization (UMO).

278 - Request

D	2010A	NM109	-	67	.....	**57**

278 - Response

D	2010A	NM109	-	67	.....	**227**

Utilization Management Organization (UMO) Last or Organization Name

Name of the Utilization Management Organization (UMO) or last name of the party associated with the request for a health care services review.

278 - Request

D	2010A	NM103	-	1035	.....	**56**

278 - Response

D	2010A	NM103	-	1035	.....	**226**

Utilization Management Organization (UMO) Middle Name

Middle name or middle initial of the individual, such as the primary care provider, associated with the request for a health care services review.

278 - Request

D	2010A	NM105	-	1037	.....	**56**

278 - Response

D	2010A	NM105	-	1037	.....	**226**

Utilization Management Organization (UMO) Name Suffix

Suffix to the name of the individual, such as the primary care provider, associated with the request for a health care services review.

278 - Request

D	2010A	NM107	-	1039	.....	**56**

278 - Response

D	2010A	NM107	-	1039	.....	**226**

Valid Request Indicator

Code indicating if the information request or portion of the request is valid or invalid.

278 - Response

D	2000A	AAA01	-	1073	.....	**223**
D	2010A	AAA01	-	1073	.....	**231**
D	2010B	AAA01	-	1073	.....	**241**
D	2000C	AAA01	-	1073	.....	**247**
D	2010C	AAA01	-	1073	.....	**267**
D	2000D	AAA01	-	1073	.....	**273**
D	2010D	AAA01	-	1073	.....	**293**
D	2010E	AAA01	-	1073	.....	**314**
D	2000F	AAA01	-	1073	.....	**323**

Version, Release, or Industry Identifier

Code indicating the version, release, sub-release and industry identification of the EDI standard being used.

278 - Request

D	2000F	HI01	C022-7	799	.....	**160**
D	2000F	HI02	C022-7	799	.....	**162**
D	2000F	HI03	C022-7	799	.....	**163**
D	2000F	HI04	C022-7	799	.....	**164**
D	2000F	HI05	C022-7	799	.....	**165**
D	2000F	HI06	C022-7	799	.....	**166**
D	2000F	HI07	C022-7	799	.....	**168**
D	2000F	HI08	C022-7	799	.....	**169**
D	2000F	HI09	C022-7	799	.....	**170**
D	2000F	HI10	C022-7	799	.....	**171**
D	2000F	HI11	C022-7	799	.....	**172**
D	2000F	HI12	C022-7	799	.....	**174**

278 - Response

D	2000F	HI01	C022-7	799	.....	**347**
D	2000F	HI02	C022-7	799	.....	**349**
D	2000F	HI03	C022-7	799	.....	**350**
D	2000F	HI04	C022-7	799	.....	**351**
D	2000F	HI05	C022-7	799	.....	**352**
D	2000F	HI06	C022-7	799	.....	**353**
D	2000F	HI07	C022-7	799	.....	**355**
D	2000F	HI08	C022-7	799	.....	**356**
D	2000F	HI09	C022-7	799	.....	**357**
D	2000F	HI10	C022-7	799	.....	**358**
D	2000F	HI11	C022-7	799	.....	**359**
D	2000F	HI12	C022-7	799	.....	**361**

X-ray Availability Indicator

Indicates if X-Rays are on file for chiropractor spinal manipulation.

278 - Request

D	2000F	CR212	-	1073	.....	**199**