

# 277 Health Care Claim Status Notification

Functional Group ID=**HN**

## Introduction:

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Status Notification Transaction Set (277) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used by a health care payer or authorized agent to notify a provider, recipient, or authorized agent regarding the status of a health care claim or encounter or to request additional information from the provider regarding a health care claim or encounter. This transaction set is not intended to replace the Health Care Claim Payment/Advice Transaction Set (835) and therefore, will not be used for account payment posting. The notification may be at a summary or service line detail level. The notification may be solicited or unsolicited.

## Heading:

Page No.	Pos. No.	Seg. ID	Name	HIPAA Usage	ODJFS Usage	Max.Use	Loop Repeat	Notes and Comments
3	003	ISA	Interchange Control Header	R	R	1		
6	005	GS	Functional Group Header	R	R	1		
8	010	ST	Transaction Set Header	R	R	1		
9	020	BHT	Beginning of Hierarchical Transaction	R	R	1		

## Detail:

Page No.	Pos. No.	Seg. ID	Name	HIPAA Usage	ODJFS Usage	Max.Use	Loop Repeat	Notes and Comments
			LOOP ID - 2000A				>1	
10	010	HL	Information Source Level	R	R	1		
			LOOP ID - 2100A				>1	
11	050	NM1	Payer Name	R	R	1		
	080	PER	Payer Contact Information	S	Not Used	1		
			LOOP ID - 2000B				>1	
13	010	HL	Information Receiver Level	R	R	1		
	020	SBR	Subscriber Information	S	Not Used	1		
	030	PAT	Patient Information	S	Not Used	1		
	040	DMG	Demographic Information	S	Not Used	1		
			LOOP ID - 2100B				>1	
15	050	NM1	Information Receiver Name	R	R	1		
			LOOP ID - 2000C				>1	
17	010	HL	Service Provider Level	R	R	1		
			LOOP ID - 2100C				>1	
18	050	NM1	Provider Name	R	R	1		
			LOOP ID - 2000D				>1	
20	010	HL	Subscriber Level	R	R	1		
22	040	DMG	Subscriber Demographic Information	S	R	1		
			LOOP ID - 2100D				>1	
23	050	NM1	Subscriber Name	R	R	1		
			LOOP ID - 2200D				>1	

25	090	TRN	Claim Submitter Trace Number	S	R	1			
26	100	STC	Claim Level Status Information	R	R	1			
35	110	REF	Payer Claim Identification Number	S	S	1			
36	110	REF	Institutional Bill Type Identification	S	S	1			
37	110	REF	Medical Record Identification	S	S	1			
38	120	DTP	Claim Service Date	S	S	1			
						LOOP ID - 2220D	>1		
180	SVC		Service Line Information	S	Not Used	1			
190	STC		Service Line Status Information	S	Not Used	1			
200	REF		Service Line Item Identification	S	Not Used	1			
210	DTP		Service Line Date	S	Not Used	1			
						LOOP ID - 2000E	>1		
010	HL		Dependent Level	S	Not Used	1			
040	DMG		Dependent Demographic Information	R	Not Used	1			
						LOOP ID - 2100E	>1		
050	NM1		Dependent Name	R	Not Used	1			
						LOOP ID - 2200E	>1		
090	TRN		Claim Submitter Trace Number	R	Not Used	1			
100	STC		Claim Level Status Information	R	Not Used	1			
110	REF		Payer Claim Identification Number	R	Not Used	1			
110	REF		Institutional Bill Type Identification	S	Not Used	1			
110	REF		Medical Record Identification	S	Not Used	1			
120	DTP		Claim Service Date	S	Not Used	1			
						LOOP ID - 2220E	>1		
180	SVC		Service Line Information	S	Not Used	1			
190	STC		Service Line Status Information	S	Not Used	1			
200	REF		Service Line Item Identification	S	Not Used	1			
210	DTP		Service Line Date	S	Not Used	1			

**Summary:**

<u>Page No.</u>	<u>Pos. No.</u>	<u>Seg. ID</u>	<u>Name</u>	<u>HIPAA Usage</u>	<u>ODJFS Usage</u>	<u>Max.Use</u>	<u>Loop Repeat</u>	<u>Notes and Comments</u>
39	270	SE	Transaction Set Trailer	R	R	1		
40	280	GE	Functional Group Trailer	R	R	1		
41	290	IEA	Interchange Control Trailer	R	R	1		

**Segment:** **ISA** Interchange Control Header  
**Position:** 003  
**Loop:**  
**Level:** Heading  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To start and identify an interchange of zero or more functional groups and interchange-related control segments

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:**

**X12N HIPAA Note**

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.

**X12N HIPAA Example**

```
ISA*00*.....*01*SECRET....*ZZ*SUBMITTERS.ID.*ZZ*RECEIVERS.ID...*93060
2*1253*U*00401*000000905*1*T*::~
```

**ODJFS User Note**

```
ISA*00*.....*00*.....*ZZ*7.DIGIT.ID.....*ZZ*MMISODJFS.....*031016*1253*U*
00401*000000001*0*T*::~
```

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
ISA01	I01	<b>Authorization Information Qualifier</b> Code to identify the type of information in the Authorization Information 00 No Authorization Information Present (No Meaningful Information in I02) <b>X12N HIPAA Note:</b> ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION INFORMATION. 03 Additional Data Identification	M ID 2/2	R
ISA02	I02	<b>Authorization Information</b> 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) <b>ODJFS User Note:</b> This field should contain all spaces.	M AN 10/10	R
ISA03	I03	<b>Security Information Qualifier</b> Code to identify the type of information in the Security Information 00 No Security Information Present (No Meaningful Information in I04) <b>X12N HIPAA Note:</b> ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA. 01 Password	M ID 2/2	R
ISA04	I04	<b>Security Information</b> 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) <b>ODJFS User Note:</b> This field should contain all spaces.	M AN 10/10	R
ISA05	I05	<b>Interchange ID Qualifier</b>	M ID 2/2	R

Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

**X12N HIPAA Note:**

This ID qualifies the Sender in ISA06.

		ZZ	Mutually Defined				
ISA06	I06	<b>Interchange Sender ID</b>		M	AN 15/15	R	
		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					
		<b>X12N HIPAA Note:</b>					
		If you are sending to Medicaid then: This field should contain the 7-digit Medicaid Provider ID assigned to the Sender of this file. Since this is a fixed-length field, it should be filled with spaces to meet the minimum length requirement of 15.					
		If you are receiving from Medicaid then: This field should contain the value MMISODJFS assigned to the Sender of this file (Ohio Department of Job and Family Services). Since this is a fixed-length field, it will be filled with spaces to meet the minimum length requirement of 15.					
ISA07	I05	<b>Interchange ID Qualifier</b>		M	ID 2/2	R	
		Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified					
		<b>X12N HIPAA Note:</b>					
		This ID qualifies the Receiver in ISA08.					
		ZZ	Mutually Defined				
ISA08	I07	<b>Interchange Receiver ID</b>		M	AN 15/15	R	
		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					
		<b>ODJFS User Note:</b>					
		If you are sending to Medicaid then: This field should contain the value MMISODJFS assigned to the Receiver of this file (Ohio Department of Job and Family Services). Since this is a fixed-length field, it should be filled with spaces to meet the minimum length requirement of 15.					
		If you are receiving from Medicaid then: This field should contain the 7-digit Medicaid Provider ID assigned to the Receiver of this file. Since this is a fixed-length field, it will be filled with spaces to meet the minimum length requirement of 15.					
ISA09	I08	<b>Interchange Date</b>		M	DT 6/6	R	
		Date of the interchange					
		<b>X12N HIPAA Note:</b>					
		The date format is YYMMDD.					
ISA10	I09	<b>Interchange Time</b>		M	TM 4/4	R	
		Time of the interchange					
		<b>X12N HIPAA Note:</b>					
		The time format is HHMM.					
ISA11	I10	<b>Interchange Control Standards Identifier</b>		M	ID 1/1	R	
		Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer					
		U	U.S. EDI Community of ASC X12, TDCC, and UCS				
ISA12	I11	<b>Interchange Control Version Number</b>		M	ID 5/5	R	
		This version number covers the interchange control segments					
		00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997				
ISA13	I12	<b>Interchange Control Number</b>		M	N0 9/9	R	

A control number assigned by the interchange sender

**X12N HIPAA Note:**

The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.

<b>ISA14</b>	<b>I13</b>	<b>Acknowledgment Requested</b>	<b>M</b>	<b>ID 1/1</b>	<b>R</b>
		Code sent by the sender to request an interchange acknowledgment (TA1)			
		<b>X12N HIPAA Note:</b>			
		See Section A.1.5.1 for interchange acknowledgment information.			
		0		No Acknowledgment Requested	
<b>ISA15</b>	<b>I14</b>	<b>Usage Indicator</b>	<b>M</b>	<b>ID 1/1</b>	<b>R</b>
		Code to indicate whether data enclosed by this interchange envelope is test, production or information			
		P		Production Data	
		T		Test Data	
<b>ISA16</b>	<b>I15</b>	<b>Component Element Separator</b>	<b>M</b>	<b>AN 1/1</b>	<b>R</b>
		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			

**Segment:** **GS** Functional Group Header  
**Position:** 005  
**Loop:**  
**Level:** Heading  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To indicate the beginning of a functional group and to provide control information  
**Syntax Notes:**  
**Semantic Notes:**

- 1 GS04 is the group date.
- 2 GS05 is the group time.
- 3 The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

**Comments:**

- 1 A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

**Notes:** **X12N HIPAA Example**

GS\*HN\*SENDER CODE\*RECEIVER CODE\*19940331\*0802\*1\*X\*004010X093~

**ODJFS User Note**

GS\*HC\*MEDICAID ID\*MMISODJFS\*20031016\*0802\*1\*X\*004010X097A1~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
GS01	479	<b>Functional Identifier Code</b> Code identifying a group of application related transaction sets HN Health Care Claim Status Notification (277) HR Health Care Claim Status Request (276)	M ID 2/2	R
GS02	142	<b>Application Sender's Code</b> Code identifying party sending transmission; codes agreed to by trading partners <b>X12N HIPAA Note:</b> Use this code to identify the unit sending the information. <b>ODJFS User Note:</b> If you are sending to Medicaid then: This field should contain the 7-digit Medicaid Provider ID assigned to the Sender of this file. If you are receiving from Medicaid then: This field should contain the value MMISODJFS assigned to the Sender of this file (Ohio Department of Job and Family Services).	M AN 2/15	R
GS03	124	<b>Application Receiver's Code</b> Code identifying party receiving transmission; codes agreed to by trading partners <b>X12N HIPAA Note:</b> Use this code to identify the unit receiving the information. <b>ODJFS User Note:</b> If you are sending to Medicaid then: This field should contain the value MMISODJFS assigned to the sender of this file (Ohio Department of Job and Family Services). If you are receiving from Medicaid then: This field should contain the 7-digit Medicaid Provider ID assigned to the receiver of this file.	M AN 2/15	R
GS04	373	<b>Date</b> Date expressed as CCYYMMDD <b>X12N HIPAA Note:</b> Use this date for the functional group creation date.	M DT 8/8	R
GS05	337	<b>Time</b>	M TM 4/8	R

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)

**X12N HIPAA Note:**

Use this time for the creation time. The recommended format is HHMM.

<b>GS06</b>	<b>28</b>	<b>Group Control Number</b>	<b>M N0 1/9 R</b>
		Assigned number originated and maintained by the sender	
<b>GS07</b>	<b>455</b>	<b>Responsible Agency Code</b>	<b>M ID 1/2 R</b>
		Code used in conjunction with Data Element 480 to identify the issuer of the standard	
		X	Accredited Standards Committee X12
<b>GS08</b>	<b>480</b>	<b>Version / Release / Industry Identifier Code</b>	<b>M AN 1/12 R</b>
		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 (Situationally assigned by ODJFS); if code in DE455 in GS segment is T, then other formats are allowed	
		004010X093	

Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.

**Segment:** **ST** Transaction Set Header  
**Position:** 010  
**Loop:**  
**Level:** Heading  
**Usage:** Required  
**Max Use:** 1  
**Purpose:** To indicate the start of a transaction set and to assign a control number  
**Syntax Notes:**  
**Semantic Notes:** 1 The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).

**Comments:**  
**Notes:** **X12N HIPAA Example**  
 Example: ST\*277\*0001~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
ST01	143	<b>Transaction Set Identifier Code</b> Code uniquely identifying a Transaction Set <b>X12N HIPAA Note:</b> INDUSTRY: Transaction Set Identifier Code 277 Health Care Claim Status Notification	M ID 3/3	R
ST02	329	<b>Transaction Set Control Number</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set <b>X12N HIPAA Note:</b> Data value in ST02 must be identical to SE02. INDUSTRY: Transaction Set Control Number	M AN 4/9	R

**Segment:** **BHT** **Beginning of Hierarchical Transaction**  
**Position:** 020  
**Loop:**  
**Level:** Heading  
**Usage:** Required  
**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

**Syntax Notes:**  
**Semantic Notes:**

- 1 BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.
- 2 BHT04 is the date the transaction was created within the business application system.
- 3 BHT05 is the time the transaction was created within the business application system.

**Comments:**  
**Notes:** **X12N HIPAA Example**  
 Example: BHT\*0010\*08\*277X069\*961120\*\*DG~

Data Element Summary				
Ref. Des.	Data Element	Name	HIPAA Attributes	ODJFS Attributes
BHT01	1005	<b>Hierarchical Structure Code</b>	M ID 4/4	R
Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set				
<b>X12N HIPAA Note:</b>				
INDUSTRY: Hierarchical Structure Code				
0010 Information Source, Information Receiver, Provider of Service, Subscriber, Dependent				
BHT02	353	<b>Transaction Set Purpose Code</b>	M ID 2/2	R
Code identifying purpose of transaction set				
<b>X12N HIPAA Note:</b>				
INDUSTRY: Transaction Set Purpose Code				
08 Status				
BHT03	127	<b>Reference Identification</b>	O AN 1/30	R
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
<b>X12N HIPAA Note:</b>				
INDUSTRY: Originator Application Transaction Identifier				
BHT04	373	<b>Date</b>	O DT 8/8	R
Date expressed as CCYYMMDD				
<b>X12N HIPAA Note:</b>				
INDUSTRY: Transaction Set Creation Date				
BHT06	640	<b>Transaction Type Code</b>	O ID 2/2	R
Code specifying the type of transaction				
<b>X12N HIPAA Note:</b>				
INDUSTRY: Transaction Type Code				
DG Response				
A reply to an inquiry				

**Segment:** **HL** Information Source Level  
**Position:** 010  
**Loop:** 2000A Required  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.  
The HL segment defines a top-down/left-right ordered structure.
- 2 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.
- 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
- 4 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.
- 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Notes:** **X12N HIPAA Example**

Example: HL\*1\*\*20\*1~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
HL01	628	<b>Hierarchical ID Number</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure <b>X12N HIPAA Note:</b> INDUSTRY: Hierarchical ID Number	<b>M AN 1/12</b>	<b>R</b>
HL03	735	<b>Hierarchical Level Code</b> Code defining the characteristic of a level in a hierarchical structure <b>X12N HIPAA Note:</b> INDUSTRY: Hierarchical Level Code 20 Information Source Identifies the payor, maintainer, or source of the information	<b>M ID 1/2</b>	<b>R</b>
HL04	736	<b>Hierarchical Child Code</b> Code indicating if there are hierarchical child data segments subordinate to the level being described <b>X12N HIPAA Note:</b> INDUSTRY: Hierarchical Child Code 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	<b>O ID 1/1</b>	<b>R</b>

**Segment:** **NM1 Payer Name**  
**Position:** 050  
**Loop:** 2100A Required  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
 2 If NM111 is present, then NM110 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
**Notes:**

**X12N HIPAA Note**

Payers with multiple locations or lines of business may require.

**X12N HIPAA Example**

Example: NM1\*PR\*2\*ABC INSURANCE\*\*\*\*\*PI\*12345~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual <b>X12N HIPAA Note:</b> INDUSTRY: Entity Identifier Code PR Payer	<b>M ID 2/3</b>	<b>R</b>
NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity <b>X12N HIPAA Note:</b> INDUSTRY: Entity Type Qualifier 2 Non-Person Entity	<b>M ID 1/1</b>	<b>R</b>
NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name <b>X12N HIPAA Note:</b> INDUSTRY: Payer Name <b>ODJFS User Note:</b> 'ODJFS' when NM101='PR'	<b>O AN 1/35</b>	<b>R</b>
NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) <b>X12N HIPAA Note:</b> Payer identifiers should be used with the following preferences: (PI) Payer ID (NI) NAIC Code (AD) If the Payer is a Blue Cross or Blue Shield Plan, BCBSA Plan Code (PP) If the Payer is a Pharmacy Processor, Pharmacy Processor Number (FI) Tax ID (21) If other codes are not available or known, use HIN or Payer Identification Number <b>INDUSTRY: Identification Code Qualifier</b> 21 Health Industry Number (HIN) AD Blue Cross Blue Shield Association Plan Code Unique 3-digit number assigned to independent Blue Cross or Blue Shield plans by Blue Cross/Blue Shield Association	<b>X ID 1/2</b>	<b>R</b>

FI	Federal Taxpayer's Identification Number
NI	National Association of Insurance Commissioners (NAIC) Identification
PI	Payor Identification
PP	Pharmacy Processor Number
	Unique number assigned to each pharmacy for submitting claims
XV	Health Care Financing Administration National Payer Identification Number (PAYERID)

**NM109**

**67**

**Identification Code**

**X AN 2/80 R**

Code identifying a party or other code

**X12N HIPAA Note:**

INDUSTRY: Payer Identifier

**Segment:** **HL** Information Receiver Level  
**Position:** 010  
**Loop:** 2000B Required  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.  
The HL segment defines a top-down/left-right ordered structure.
- 2 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.
- 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
- 4 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.
- 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Notes:** **X12N HIPAA Note**

Information Receiver

**X12N HIPAA Example**

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

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
HL01	628	<b>Hierarchical ID Number</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure <b>X12N HIPAA Note:</b> INDUSTRY: Hierarchical ID Number	M AN 1/12	R
HL02	734	<b>Hierarchical Parent ID Number</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to <b>X12N HIPAA Note:</b> INDUSTRY: Hierarchical Parent ID Number	O AN 1/12	R
HL03	735	<b>Hierarchical Level Code</b> Code defining the characteristic of a level in a hierarchical structure <b>X12N HIPAA Note:</b> INDUSTRY: Hierarchical Level Code	M ID 1/2	R
HL04	736	<b>Hierarchical Child Code</b> Code indicating if there are hierarchical child data segments subordinate to the level being described <b>X12N HIPAA Note:</b>	O ID 1/1	R

INDUSTRY: Hierarchical Child Code

1 Additional Subordinate HL Data Segment in This Hierarchical Structure.

**Segment:** **NM1** Information Receiver Name  
**Position:** 050  
**Loop:** 2100B Required  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
 2 If NM111 is present, then NM110 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
**Notes:** **X12N HIPAA Note**

This is the individual or organization requesting to receive the status information.

**X12N HIPAA Example**

Example: NM1\*41\*2\*XYZ SERVICE\*\*\*\*\*46\*A22222221~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual <b>X12N HIPAA Note:</b> INDUSTRY: Entity Identifier Code 41 Submitter Entity transmitting transaction set	M ID 2/3	R
NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity <b>X12N HIPAA Note:</b> INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	M ID 1/1	R
NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name <b>X12N HIPAA Note:</b> INDUSTRY: Information Receiver Last or Organization Name	O AN 1/35	R
NM104	1036	<b>Name First</b> Individual first name <b>X12N HIPAA Note:</b> The first name is required when the value in NM102 is '1' and the person has a first name. INDUSTRY: Information Receiver First Name	O AN 1/25	S
NM105	1037	<b>Name Middle</b> Individual middle name or initial <b>X12N HIPAA Note:</b> The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial. INDUSTRY: Information Receiver Middle Name	O AN 1/25	S
NM106	1038	<b>Name Prefix</b> Prefix to individual name <b>X12N HIPAA Note:</b> Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person.	O AN 1/10	S

		INDUSTRY: Information Receiver Name Prefix	
NM107	1039	<b>Name Suffix</b>	<b>O AN 1/10 S</b>
		Suffix to individual name	
		<b>X12N HIPAA Note:</b>	
		Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person.	
		INDUSTRY: Information Receiver Name Suffix	
NM108	66	<b>Identification Code Qualifier</b>	<b>X ID 1/2 R</b>
		Code designating the system/method of code structure used for Identification Code (67)	
		<b>X12N HIPAA Note:</b>	
		INDUSTRY: Identification Code Qualifier	
		46	Electronic Transmitter Identification Number (ETIN) A unique number assigned to each transmitter and software developer
		FI	Federal Taxpayer's Identification Number
		XX	Health Care Financing Administration National Provider Identifier
NM109	67	<b>Identification Code</b>	<b>X AN 2/80 R</b>
		Code identifying a party or other code	
		<b>X12N HIPAA Note:</b>	
		INDUSTRY: Information Receiver Identification Number	
		<b>ODJFS User Note:</b>	
		When Information Receiver is the service provider: * Medicaid Provider Number when NM101='41' Considered the "pay to" provider/group number Matches the 837 2010AB REF02 when REF01=1D if sent otherwise 2010AA REF02 when REF01=1D	
		When Information Receiver is an an intermediary: * Medicaid Vendor Number when NM101='41'	

**Segment:** **HL** Service Provider Level  
**Position:** 010  
**Loop:** 2000C Required  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.  
The HL segment defines a top-down/left-right ordered structure.
- 2 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.
- 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
- 4 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.
- 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Notes:** **X12N HIPAA Example**

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

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
HL01	628	<b>Hierarchical ID Number</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure <b>X12N HIPAA Note:</b> INDUSTRY: Hierarchical ID Number	<b>M AN 1/12</b>	<b>R</b>
HL02	734	<b>Hierarchical Parent ID Number</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to <b>X12N HIPAA Note:</b> INDUSTRY: Hierarchical Parent ID Number	<b>O AN 1/12</b>	<b>R</b>
HL03	735	<b>Hierarchical Level Code</b> Code defining the characteristic of a level in a hierarchical structure <b>X12N HIPAA Note:</b> INDUSTRY: Hierarchical Level Code 19 Provider of Service	<b>M ID 1/2</b>	<b>R</b>
HL04	736	<b>Hierarchical Child Code</b> Code indicating if there are hierarchical child data segments subordinate to the level being described <b>X12N HIPAA Note:</b> INDUSTRY: Hierarchical Child Code 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	<b>O ID 1/1</b>	<b>R</b>

**Segment:** **NM1** **Provider Name**  
**Position:** 050  
**Loop:** 2100C Required  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
 2 If NM111 is present, then NM110 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
**Notes:** **X12N HIPAA Example**

Example: NM1\*1P\*2\*HOME MEDICAL\*\*\*\*\*SV\*987666666~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual <b>X12N HIPAA Note:</b> INDUSTRY: Entity Identifier Code 1P Provider	M ID 2/3	R
NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity <b>X12N HIPAA Note:</b> INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	M ID 1/1	R
NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name <b>X12N HIPAA Note:</b> INDUSTRY: Provider Last or Organization Name	O AN 1/35	R
NM104	1036	<b>Name First</b> Individual first name <b>X12N HIPAA Note:</b> The first name is required when the value in NM102 is '1' and the person has a first name. INDUSTRY: Provider First Name	O AN 1/25	S
NM105	1037	<b>Name Middle</b> Individual middle name or initial <b>X12N HIPAA Note:</b> The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial. INDUSTRY: Provider Middle Name	O AN 1/25	S
NM106	1038	<b>Name Prefix</b> Prefix to individual name <b>X12N HIPAA Note:</b> Required if additional name information is needed to identify the provider of service. Recommended if the value in the entity type qualifier is a person. INDUSTRY: Provider Name Prefix	O AN 1/10	S
NM107	1039	<b>Name Suffix</b>	O AN 1/10	S

Suffix to individual name

**X12N HIPAA Note:**

Required if additional name information is needed to identify the provider of service.  
Recommended if the value in the entity type qualifier is a person.

INDUSTRY: Provider Name Suffix

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

**X12N HIPAA Note:**

INDUSTRY: Identification Code Qualifier

FI Federal Taxpayer's Identification Number  
SV Service Provider Number

**X12N HIPAA Note:**

When the provider does not have a National Provider ID and Payer has assigned a specific ID number to this provider this code is required.

XX Health Care Financing Administration National Provider Identifier

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

**X12N HIPAA Note:**

INDUSTRY: Provider Identifier

**ODJFS User Note:**

\* Medicaid Provider Number when NM101='1P'  
Considered the "pay to" provider/group number  
Matches the 837 2010AB REF02 when REF01=1D if sent otherwise 2010AA REF02 when REF01=1D

**Segment:** **HL** **Subscriber Level**  
**Position:** 010  
**Loop:** 2000D Required  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.  
The HL segment defines a top-down/left-right ordered structure.
- 2 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.
- 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
- 4 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.
- 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Notes:** **X12N HIPAA Note**

If the subscriber and the patient are the same person, do not use the next HL (HL23) for claim information.

**X12N HIPAA Example**

Example: HL\*4\*3\*22\*0~  
or HL\*4\*3\*22\*1~

#### Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
HL01	628	<b>Hierarchical ID Number</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure <b>X12N HIPAA Note:</b> INDUSTRY: Hierarchical ID Number	<b>M AN 1/12</b>	<b>R</b>
HL02	734	<b>Hierarchical Parent ID Number</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to <b>X12N HIPAA Note:</b> INDUSTRY: Hierarchical Parent ID Number	<b>O AN 1/12</b>	<b>R</b>
HL03	735	<b>Hierarchical Level Code</b> Code defining the characteristic of a level in a hierarchical structure <b>X12N HIPAA Note:</b> INDUSTRY: Hierarchical Level Code 22 Subscriber Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the insurer agrees to pay benefits	<b>M ID 1/2</b>	<b>R</b>
HL04	736	<b>Hierarchical Child Code</b>	<b>O ID 1/1</b>	<b>R</b>

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

**X12N HIPAA Note:**

**INDUSTRY:** Hierarchical Child Code

0 No Subordinate HL Segment in This Hierarchical Structure.

**X12N HIPAA Note:**

Required when there are no dependent claim status requests for this subscriber.

1 Additional Subordinate HL Data Segment in This Hierarchical Structure.

**X12N HIPAA Note:**

Required when there are dependent claims related to this subscriber.

**Segment:** **DMG** Subscriber Demographic Information  
**Position:** 040  
**Loop:** 2000D Required  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1  
**Purpose:** To supply demographic information  
**Syntax Notes:** 1 If either DMG01 or DMG02 is present, then the other is required.  
**Semantic Notes:** 1 DMG02 is the date of birth.  
 2 DMG07 is the country of citizenship.  
 3 DMG09 is the age in years.

**Comments:**

**Notes:** **X12N HIPAA Example**

Example: DMG\*D8\*19330706\*M~

**ODJFS User Note**

Values take directly from the 276.

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
DMG01	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format <b>X12N HIPAA Note:</b> INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	X ID 2/3	R
DMG02	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times <b>X12N HIPAA Note:</b> ALIAS: Date of Birth - Subscriber INDUSTRY: Subscriber Birth Date	X AN 1/35	R
DMG03	1068	<b>Gender Code</b> Code indicating the sex of the individual <b>X12N HIPAA Note:</b> ALIAS: Gender - Subscriber INDUSTRY: Subscriber Gender Code F Female M Male U Unknown	O ID 1/1	R

**Segment:** **NM1** Subscriber Name  
**Position:** 050  
**Loop:** 2100D Required  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
 2 If NM111 is present, then NM110 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
**Notes:** **X12N HIPAA Example**

Example: NM1\*QC\*1\*SMITH\*FRED\*\*\*\*MI\*123456789A~  
 or NM1\*IL\*1\*SMITH\*ROBERT\*\*\*\*MI\*9876543210~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>HIPAA</u>	<u>ODJFS</u>
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual <b>X12N HIPAA Note:</b> INDUSTRY: Entity Identifier Code IL Insured or Subscriber QC Patient Individual receiving medical care <b>X12N HIPAA Note:</b> Use this only when the subscriber is the patient.	M ID 2/3	R
NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity <b>X12N HIPAA Note:</b> INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity <b>X12N HIPAA Note:</b> Use the value "2" in an employer-subscriber situation, such as Worker's Compensation. In this case, the value "IL" would appear in NM101.	M ID 1/1	R
NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name <b>X12N HIPAA Note:</b> INDUSTRY: Subscriber Last Name	O AN 1/35	R
NM104	1036	<b>Name First</b> Individual first name <b>X12N HIPAA Note:</b> The first name is required when the value in NM102 is '1' and the person has a first name. INDUSTRY: Subscriber First Name	O AN 1/25	S
NM105	1037	<b>Name Middle</b> Individual middle name or initial <b>X12N HIPAA Note:</b> The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial. INDUSTRY: Subscriber Middle Name	O AN 1/25	S

NM106	1038	<b>Name Prefix</b> Prefix to individual name <b>X12N HIPAA Note:</b> Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person. INDUSTRY: Subscriber Name Prefix	O AN 1/10 S
NM107	1039	<b>Name Suffix</b> Suffix to individual name <b>X12N HIPAA Note:</b> Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person. INDUSTRY: Subscriber Name Suffix	O AN 1/10 S
NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) <b>X12N HIPAA Note:</b> INDUSTRY: Identification Code Qualifier 24 Employer's Identification Number MI Member Identification Number ZZ Mutually Defined <b>X12N HIPAA Note:</b> 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 the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.	X ID 1/2 R
NM109	67	<b>Identification Code</b> Code identifying a party or other code <b>X12N HIPAA Note:</b> INDUSTRY: Subscriber Identifier <b>ODJFS User Note:</b> Medicaid Billing Number Matches the value originally sent in the 837 loop 2010BA NM109 when NM101=IL	X AN 2/80 R

**Segment:** **TRN** Claim Submitter Trace Number  
**Position:** 090  
**Loop:** 2200D Required  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1  
**Purpose:** To uniquely identify a transaction to an application  
**Syntax Notes:**  
**Semantic Notes:**

- 1 TRN02 provides unique identification for the transaction.
- 2 TRN03 identifies an organization.
- 3 TRN04 identifies a further subdivision within the organization.

**Comments:**  
**Notes:**

**X12N HIPAA Note**

The TRN segment is required by the ASC X12 syntax when Loop ID-2200 is used.

Use of this segment is required if the subscriber is the patient.

This trace number is the trace or reference number from the originator of the transaction that was provided at the corresponding level within the 276 (Health Care Claim Status Request) transaction.

**X12N HIPAA Example**

Example: TRN\*2\*172263482~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
TRN01	481	Trace Type Code Code identifying which transaction is being referenced	M ID 1/2	R
		<b>X12N HIPAA Note:</b> INDUSTRY: Trace Type Code		
		2 Referenced Transaction Trace Numbers		
TRN02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30	R
		<b>X12N HIPAA Note:</b> INDUSTRY: Trace Number		

**Segment:** **STC** **Claim Level Status Information**  
**Position:** 100  
**Loop:** 2200D Required  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1  
**Purpose:** To report the status, required action, and paid information of a claim or service line  
**Syntax Notes:**  
**Semantic Notes:**

- 1 STC02 is the effective date of the status information.
- 2 STC04 is the amount of original submitted charges.
- 3 STC05 is the amount paid.
- 4 STC06 is the paid date.
- 5 STC08 is the check issue date.
- 6 STC12 allows additional free-form status information.

**Comments:**  
**Notes:**

**X12N HIPAA Note**

Claim Status information in response to solicited inquiry.

This is required if the subscriber is the patient.

**X12N HIPAA Example**

Example: STC\*A1:21\*19960501\*\*50\*0~  
or STC\*FI:65\*19960511\*\*50\*40\*19960515\*CHK\*19960510\*50321~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>HIPAA</u>	<u>ODJFS</u>
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
STC01	C043	Health Care Claim Status	M	R

Used to convey status of the entire claim or a specific service line

**ODJFS User Note:**

Code combinations will be produced as they are relevant to the situation and within the capability of the system. The most likely responses are:

Cat:Stat  
E0:21  
E0:24  
EO:25  
EO:26  
A1:0  
A1:38  
A2:20  
A3:122  
A3:481  
A4:35  
P1:3  
P1:9  
P1:171  
P2:0  
P2:41  
P2:46  
F1:65  
F2:1  
F2:54  
F2:88  
F2:97  
F2:171  
F2:197

Responses also repeated in the unsolicited 277

A3:21  
A3:26  
A3:107  
A3:121  
A3:171  
A3:188  
A3:228  
A3:478

**C04301 1271 Industry Code M AN 1/30 R**

Code indicating a code from a specific industry code list

**X12N HIPAA Note:**

This is the Category code. Use code source 507.

INDUSTRY: Health Care Claim Status Category Code

**C04302 1271 Industry Code M AN 1/30 R**

Code indicating a code from a specific industry code list

**X12N HIPAA Note:**

This is the Status code. Use code source 508.

INDUSTRY: Health Care Claim Status Code

**C04303 98 Entity Identifier Code O ID 2/3 S**

Code identifying an organizational entity, a physical location, property or an individual

**X12N HIPAA Note:**

STC01-3 further modifies the status code in STC01-2. Required if additional detail applicable to claim status is needed to clarify the status and the payer's system supports this level of detail.

INDUSTRY: Entity Identifier Code

- 13 Contracted Service Provider
- 17 Consultant's Office
- 1E Health Maintenance Organization (HMO)
- 1G Oncology Center
- 1H Kidney Dialysis Unit
- 1I Preferred Provider Organization (PPO)
- 1O Acute Care Hospital
- 1P Provider
- 1Q Military Facility
- 1R University, College or School
- 1S Outpatient Surgicenter
- 1T Physician, Clinic or Group Practice
- 1U Long Term Care Facility
- 1V Extended Care Facility
- 1W Psychiatric Health Facility
- 1X Laboratory
- 1Y Retail Pharmacy
- 1Z Home Health Care
- 28 Subcontractor
- 2A Federal, State, County or City Facility
- 2B Third-Party Administrator
- 2E Non-Health Care Miscellaneous Facility

2I	Church Operated Facility
2K	Partnership
2P	Public Health Service Facility
2Q	Veterans Administration Facility
2S	Public Health Service Indian Service Facility
2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
30	Service Supplier
36	Employer
3A	Hospital Unit Within an Institution for the Mentally Retarded
3C	Tuberculosis and Other Respiratory Diseases Facility
3D	Obstetrics and Gynecology Facility
3E	Eye, Ear, Nose and Throat Facility
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
3I	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility
3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
3O	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
	Entity to accept transmission
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility

4N	Alzheimer's Diagnostic/Assessment Services
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
6I	Performed At
	The facility where work was performed
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department

6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
	Physician present when medical services are performed
72	Operating Physician
	Doctor who performs a surgical procedure
73	Other Physician
	Physician not one of the other specified choices
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
	An institution where the ill or injured may receive medical treatment
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian

GI	Paramedic
GJ	Paramedical Company A company which performs physical examination services
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility Facility recognized by the Health Care Financing Administration as existing in an area of the country lacking in health care establishments and services
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab Outside laboratory which provides test results for entity providing medical services
LR	Legal Representative Person by law who is in charge of personal matters of the patient
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility Building in which oxygen treatment is provided for medical disorder
P0	Patient Facility Facility where patient resides
P2	Primary Insured or Subscriber A primary insured or subscriber is a person who elects the benefits and is affiliated with the employer or the insurer
P3	Primary Care Provider Physician that is selected by the insured to provide medical care
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy Establishment responsible for preparing and dispensing drugs and medicines
QB	Purchase Service Provider Entity from which medical supplies may be bought
QC	Patient Individual receiving medical care
QD	Responsible Party Person responsible for the affairs of the person having services rendered
QE	Policyholder
QH	Physician
QK	Managed Care
QL	Chiropractor

QN	Dentist
QO	Doctor of Osteopathy
QS	Podiatrist
QV	Group Practice
QY	Medical Doctor
	An individual trained and licensed to practice as a Medical Doctor (M.D.)
RC	Receiving Location
RW	Rural Health Clinic
S4	Skilled Nursing Facility
SJ	Service Provider
	Identifies name and address information as pertaining to a service provider for which billing is being rendered
SU	Supplier/Manufacturer
T4	Transfer Point
	A geographic location where a shipment is transferred or diverted to a new destination
	<b>X12N HIPAA Note:</b>
	Used to identify the geographic location where a patient is transferred or diverted.
TQ	Third Party Reviewing Organization (TPO)
TT	Transfer To
TU	Third Party Repricing Organization (TPO)
UH	Nursing Home
X3	Utilization Management Organization
X4	Spouse
X5	Durable Medical Equipment Supplier
ZZ	Mutually Defined

**STC02 373 Date O DT 8/8 R**

Date expressed as CCYYMMDD

**X12N HIPAA Note:**

Use this date for the effective date of status.

INDUSTRY: Status Information Effective Date

**STC04 782 Monetary Amount O R 1/18 R**

Monetary amount

**X12N HIPAA Note:**

Use this element for the amount of submitted charges. Some HMO encounters supply zero as the amount of original charges.

INDUSTRY: Total Claim Charge Amount

**STC05 782 Monetary Amount O R 1/18 R**

Monetary amount

**X12N HIPAA Note:**

Use this element for the claim paid amount. This amount must be zero if the adjudication process is not complete. Claim total charge will quite often change from the submitted claim total charge HIPAAAd on claims processing instructions, ie: splitting of claims. Most payers do not store the "original submitted charge."

INDUSTRY: Claim Payment Amount

**STC06 373 Date O DT 8/8 S**

Date expressed as CCYYMMDD

**X12N HIPAA Note:**

Use this element for the date of denial or payment. Use this date if the payment determination is complete.

<b>STC07</b>	<b>591</b>	<b>Payment Method Code</b>	<b>O ID 3/3 S</b>
Code identifying the method for the movement of payment instructions			
<b>X12N HIPAA Note:</b>			
Will be used when claim has a dollar payment to the provider of service.			
INDUSTRY: Payment Method Code			
		ACH	Automated Clearing House (ACH)
<b>X12N HIPAA Note:</b>			
		BOP	Financial Institution Option
<b>X12N HIPAA Note:</b>			
		CHK	Check
<b>X12N HIPAA Note:</b>			
		FWT	Federal Reserve Funds/Wire Transfer - Nonrepetitive
<b>X12N HIPAA Note:</b>			
		NON	Non-Payment Data
<b>X12N HIPAA Note:</b>			
<b>STC08</b>	<b>373</b>	<b>Date</b>	<b>O DT 8/8 S</b>
Date expressed as CCYYMMDD			
<b>X12N HIPAA Note:</b>			
Use this element for the check issue date or for the date that EFT funds were released to the Automated Clearing House.			
INDUSTRY: Check Issue or EFT Effective Date			
<b>STC09</b>	<b>429</b>	<b>Check Number</b>	<b>O AN 1/16 S</b>
Check identification number			
<b>X12N HIPAA Note:</b>			
Required with a Finalized and PAID claim when the entire claim was paid using a single check or EFT. Not used with Pending or Rejected claims. If the payment is EFT (electronic file transfer), this number is the trace number.			
INDUSTRY: Check or EFT Trace Number			
<b>STC10</b>	<b>C043</b>	<b>Health Care Claim Status</b>	<b>O S</b>
Used to convey status of the entire claim or a specific service line			
<b>X12N HIPAA Note:</b>			
Use this element if a second claim status is needed.			
<b>C04301</b>	<b>1271</b>	<b>Industry Code</b>	<b>M AN 1/30 R</b>
Code indicating a code from a specific industry code list			
<b>X12N HIPAA Note:</b>			
Required if STC10 is used.			

			This is the Category code. Use code source 507.		
<b>C04302</b>	<b>1271</b>	<b>INDUSTRY: Health Care Claim Status Category Code</b> <b>Industry Code</b>	<b>M</b>	<b>AN 1/30</b>	<b>R</b>
		Code indicating a code from a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		This is the Status code. Use code source 508.			
		Required if STC10 is used.			
<b>C04303</b>	<b>98</b>	<b>INDUSTRY: Health Care Claim Status Code</b> <b>Entity Identifier Code</b>	<b>O</b>	<b>ID 2/3</b>	<b>S</b>
		Code identifying an organizational entity, a physical location, property or an individual			
		<b>X12N HIPAA Note:</b>			
		STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3.			
		INDUSTRY: Entity Identifier Code			
		Refer to 004010X093 Data Element Dictionary for acceptable code values.			
<b>STC11</b>	<b>C043</b>	<b>Health Care Claim Status</b>	<b>O</b>		<b>S</b>
		Used to convey status of the entire claim or a specific service line			
		<b>X12N HIPAA Note:</b>			
		Use this element if a third claim status is needed.			
<b>C04301</b>	<b>1271</b>	<b>Industry Code</b>	<b>M</b>	<b>AN 1/30</b>	<b>R</b>
		Code indicating a code from a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		This is the Category code. Use code source 507.			
		Required if STC11 is used.			
<b>C04302</b>	<b>1271</b>	<b>INDUSTRY: Health Care Claim Status Category Code</b> <b>Industry Code</b>	<b>M</b>	<b>AN 1/30</b>	<b>R</b>
		Code indicating a code from a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		Required if STC11 is used.			
		This is the Status code. Use code source 508.			
<b>C04303</b>	<b>98</b>	<b>INDUSTRY: Health Care Claim Status Code</b> <b>Entity Identifier Code</b>	<b>O</b>	<b>ID 2/3</b>	<b>S</b>
		Code identifying an organizational entity, a physical location, property or an individual			
		<b>X12N HIPAA Note:</b>			
		STC11-3 further modifies the status code in STC11-2. See code value list in STC01-3.			
		INDUSTRY: Entity Identifier Code			
		Refer to 004010X093 Data Element Dictionary for acceptable code values.			

**Segment:** **REF** Payer Claim Identification Number

**Position:** 110

**Loop:** 2200D Required

**Level:** Detail

**Usage:** Situational

**Max Use:** 1

**Purpose:** To specify identifying information

**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**

**Notes:**

**X12N HIPAA Note**

Use this only if the subscriber is the patient.

This is the payer's assigned control number, also known as, Internal Control Number (ICN), Document Control Number (DCN), or Claim Control Number (CCN). This should be sent on claim inquiries when the number is known.

**X12N HIPAA Example**

Example: REF\*1K\*9918046987~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification <b>X12N HIPAA Note:</b> Examples of this element include: ICN, DCN and CCN. <b>INDUSTRY:</b> Reference Identification Qualifier 1K Payor's Claim Number <b>X12N HIPAA Note:</b> This data element corresponds to the value given in the ANSI ASC X12 837 transaction in CLM01.	M ID 2/3	R
REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>X12N HIPAA Note:</b> ALIAS: Patient Account Number <b>INDUSTRY:</b> Payer Claim Control Number	X AN 1/30	R

**Segment:** **REF** Institutional Bill Type Identification

**Position:** 110

**Loop:** 2200D Required

**Level:** Detail

**Usage:** Situational

**Max Use:** 1

**Purpose:** To specify identifying information

**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**

**Notes:**

**X12N HIPAA Note**

This is the institutional type of bill from the original submitted claim, and it is returned when it is available.

Use when subscriber is the patient.

**X12N HIPAA Example**

Example: REF\*BLT\*111~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M ID 2/3	R
<b>X12N HIPAA Note:</b>				
INDUSTRY: Reference Identification Qualifier				
		BLT Billing Type		
REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30	R
<b>X12N HIPAA Note:</b>				
Required institutional claim inquiries.				
Found on UB92 - record 40 - 4 Found on 837 CLM-05 Found on UB92 paper form locator 4				
INDUSTRY: Bill Type Identifier				

**Segment:** **REF** **Medical Record Identification**  
**Position:** 110  
**Loop:** 2200D Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** **X12N HIPAA Note**  
Use this only when the subscriber is the patient.  
This is the Medical Record number submitted on the original claim and should be returned when available from the the submitted claim.  
**X12N HIPAA Example**  
Example: REF\*EA\*J354789~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification <b>X12N HIPAA Note:</b> INDUSTRY: Reference Identification Qualifier EA Medical Record Identification Number A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records	M ID 2/3	R
REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>X12N HIPAA Note:</b> Found on UB92 record 20 field 25 Found on 837 REF-02 Found on UB92 paper form locator 23 INDUSTRY: Medical Record Number <b>ODJFS User Note:</b> value originally sent in the 837 loop 2300 REF02 when REF01=1A	X AN 1/30	R

**Segment:** **DTP** Claim Service Date  
**Position:** 120  
**Loop:** 2200D Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:**

**X12N HIPAA Note**

Use this segment for the institutional claim statement period.  
 Use this segment if the subscriber is the patient.  
 For professional claims this will be the claim from and through date. If claim level date range is not used then the Line Service Date at 2220D is required.

**X12N HIPAA Example**

Example: DTP\*232\*RD8\*19960401-19960402~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time <b>X12N HIPAA Note:</b> INDUSTRY: Date Time Qualifier	M ID 3/3	R
DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format <b>X12N HIPAA Note:</b> INDUSTRY: Date Time Period Format Qualifier	M ID 2/3	R
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date <b>X12N HIPAA Note:</b> If there is a single date of service, the begin date equals the end date.		
DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times <b>X12N HIPAA Note:</b> INDUSTRY: Claim Service Period	M AN 1/35	R

**Segment:** **SE** Transaction Set Trailer  
**Position:** 270  
**Loop:**  
**Level:** Summary  
**Usage:** Required  
**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)

**Syntax Notes:**

**Semantic Notes:**

**Comments:** 1 SE is the last segment of each transaction set.

**Notes:** **X12N HIPAA Example**

Example: SE\*34\*0001~

#### Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
SE01	96	Number of Included Segments Total number of segments included in a transaction set including ST and SE segments <b>X12N HIPAA Note:</b> INDUSTRY: Transaction Segment Count	M N0 1/10	R
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 <b>X12N HIPAA Note:</b> Data value in SE02 must be identical to ST02. INDUSTRY: Transaction Set Control Number	M AN 4/9	R

**Segment:** **GE** Functional Group Trailer  
**Position:** 280  
**Loop:**  
**Level:** Summary  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To indicate the end of a functional group and to provide control information  
**Syntax Notes:**  
**Semantic Notes:** 1 The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.  
**Comments:** 1 The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.  
**Notes:** **X12N HIPAA Example**

GE\*1\*1~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
GE01	97	<b>Number of Transaction Sets Included</b>	M N0 1/6	R
		Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element		
GE02	28	<b>Group Control Number</b>	M N0 1/9	R
		Assigned number originated and maintained by the sender		

**Segment:** **IEA** Interchange Control Trailer  
**Position:** 290  
**Loop:**  
**Level:** Summary  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To define the end of an interchange of zero or more functional groups and interchange-related control segments

**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

**X12N HIPAA Example**

IEA\*1\*000000905~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
IEA01	I16	<b>Number of Included Functional Groups</b> A count of the number of functional groups included in an interchange	M N0 1/5	R
IEA02	I12	<b>Interchange Control Number</b> A control number assigned by the interchange sender	M N0 9/9	R