

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:

<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>
6	003	ISA	Interchange Control Header	R	R	1		
9	005	GS	Functional Group Header	R	R	1		
11	010	ST	Transaction Set Header	R	R	1		
12	020	BHT	Beginning of Hierarchical Transaction	R	R	1		
	030	REF	Reference Identification	Not Used	Not Used	10		
LOOP ID - 1000							>1	
	040	NM1	Individual or Organizational Name	Not Used	Not Used	1		
	050	N2	Additional Name Information	Not Used	Not Used	2		
	060	N3	Address Information	Not Used	Not Used	2		
	070	N4	Geographic Location	Not Used	Not Used	1		
	080	REF	Reference Identification	Not Used	Not Used	2		
	090	PER	Administrative Communications Contact	Not Used	Not Used	1		

Detail:

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LOOP ID - 2000A							>1	
13	010	HL	Information Source Level	R	R	1		
	020	SBR	Subscriber Information	Not Used	Not Used	1		n1
	030	PAT	Patient Information	Not Used	Not Used	1		
	040	DMG	Demographic Information	Not Used	Not Used	1		n2
LOOP ID - 2100A							>1	
14	050	NM1	Payer Name	R	R	1		
	060	N3	Address Information	Not Used	Not Used	2		
	070	N4	Geographic Location	Not Used	Not Used	1		
16	080	PER	Payer Contact Information	S	S	1		
LOOP ID - 2200A							>1	
	090	TRN	Trace	Not Used	Not Used	1		
	100	STC	Status Information	Not Used	Not Used	1		
	110	REF	Reference Identification	Not Used	Not Used	3		
	120	DTP	Date or Time or Period	Not Used	Not Used	2		
LOOP ID - 2210A							>1	

130	PWK	Paperwork	Not Used	Not Used	1	c1
140	PER	Administrative Communications Contact	Not Used	Not Used	1	
150	N1	Name	Not Used	Not Used	1	
160	N3	Address Information	Not Used	Not Used	1	
170	N4	Geographic Location	Not Used	Not Used	1	
LOOP ID - 2220A					>1	
180	SVC	Service Information	Not Used	Not Used	1	
190	STC	Status Information	Not Used	Not Used	1	
200	REF	Reference Identification	Not Used	Not Used	1	
210	DTP	Date or Time or Period	Not Used	Not Used	1	
LOOP ID - 2225A					>1	
220	PWK	Paperwork	Not Used	Not Used	1	c2
230	PER	Administrative Communications Contact	Not Used	Not Used	1	
240	N1	Name	Not Used	Not Used	1	
250	N3	Address Information	Not Used	Not Used	1	
260	N4	Geographic Location	Not Used	Not Used	1	
LOOP ID - 2000B					>1	
18	010	HL	Information Receiver Level	R	R	1
	020	SBR	Subscriber Information	Not Used	Not Used	1
	030	PAT	Patient Information	Not Used	Not Used	1
	040	DMG	Demographic Information	Not Used	Not Used	1
LOOP ID - 2100B					>1	
20	050	NM1	Information Receiver Name	R	R	1
	060	N3	Address Information	Not Used	Not Used	2
	070	N4	Geographic Location	Not Used	Not Used	1
	080	PER	Administrative Communications Contact	Not Used	Not Used	1
LOOP ID - 2200B					>1	
090	TRN	Trace	Not Used	Not Used	1	
100	STC	Status Information	Not Used	Not Used	1	
110	REF	Reference Identification	Not Used	Not Used	1	
110	REF	Reference Identification	Not Used	Not Used	1	
110	REF	Reference Identification	Not Used	Not Used	1	
120	DTP	Date or Time or Period	Not Used	Not Used	2	
LOOP ID - 2210B					>1	
130	PWK	Paperwork	Not Used	Not Used	1	
140	PER	Administrative Communications Contact	Not Used	Not Used	1	
150	N1	Name	Not Used	Not Used	1	
160	N3	Address Information	Not Used	Not Used	1	
170	N4	Geographic Location	Not Used	Not Used	1	
LOOP ID - 2220B					>1	
180	SVC	Service Information	Not Used	Not Used	1	
190	STC	Status Information	Not Used	Not Used	1	
200	REF	Reference Identification	Not Used	Not Used	1	
210	DTP	Date or Time or Period	Not Used	Not Used	1	
LOOP ID - 2225B					>1	
220	PWK	Paperwork	Not Used	Not Used	1	
230	PER	Administrative Communications Contact	Not Used	Not Used	1	
240	N1	Name	Not Used	Not Used	1	
250	N3	Address Information	Not Used	Not Used	1	

	260	N4	Geographic Location	Not Used	Not Used	1
			LOOP ID - 2000C >1			
22	010	HL	Service Provider Level	R	R	1
	020	SBR	Subscriber Information	Not Used	Not Used	1
	030	PAT	Patient Information	Not Used	Not Used	1
	040	DMG	Demographic Information	Not Used	Not Used	1
			LOOP ID - 2100C >1			
23	050	NM1	Provider Name	R	R	1
	060	N3	Address Information	Not Used	Not Used	2
	070	N4	Geographic Location	Not Used	Not Used	1
	080	PER	Administrative Communications Contact	Not Used	Not Used	1
			LOOP ID - 2200C >1			
	090	TRN	Trace	Not Used	Not Used	1
	100	STC	Status Information	Not Used	Not Used	1
	110	REF	Reference Identification	Not Used	Not Used	1
	120	DTP	Date or Time or Period	Not Used	Not Used	2
			LOOP ID - 2210C >1			
	130	PWK	Paperwork	Not Used	Not Used	1
	140	PER	Administrative Communications Contact	Not Used	Not Used	1
	150	N1	Name	Not Used	Not Used	1
	160	N3	Address Information	Not Used	Not Used	1
	170	N4	Geographic Location	Not Used	Not Used	1
			LOOP ID - 2220C >1			
	180	SVC	Service Information	Not Used	Not Used	1
	190	STC	Status Information	Not Used	Not Used	1
	200	REF	Reference Identification	Not Used	Not Used	1
	210	DTP	Date or Time or Period	Not Used	Not Used	1
			LOOP ID - 2225C >1			
	220	PWK	Paperwork	Not Used	Not Used	1
	230	PER	Administrative Communications Contact	Not Used	Not Used	1
	240	N1	Name	Not Used	Not Used	1
	250	N3	Address Information	Not Used	Not Used	1
	260	N4	Geographic Location	Not Used	Not Used	1
			LOOP ID - 2000D >1			
25	010	HL	Subscriber Level	R	R	1
	020	SBR	Subscriber Information	Not Used	Not Used	1
	030	PAT	Patient Information	Not Used	Not Used	1
27	040	DMG	Subscriber Demographic Information	S	S	1
			LOOP ID - 2100D 1			
28	050	NM1	Subscriber Name	R	R	1
	060	N3	Address Information	Not Used	Not Used	2
	070	N4	Geographic Location	Not Used	Not Used	1
	080	PER	Administrative Communications Contact	Not Used	Not Used	1
			LOOP ID - 2200D >1			
30	090	TRN	Claim Submitter Trace Number	S	S	1
31	100	STC	Claim Level Status Information	R	R	1
40	110	REF	Payer Claim Identification Number	S	S	1
41	110	REF	Institutional Bill Type Identification	S	S	1
42	110	REF	Medical Record Identification	S	S	1

43	120	DTP	Claim Service Date	S	S	1
LOOP ID - 2210D						>1
	130	PWK	Paperwork	Not Used	Not Used	1
	140	PER	Administrative Communications Contact	Not Used	Not Used	1
	150	N1	Name	Not Used	Not Used	1
	160	N3	Address Information	Not Used	Not Used	1
	170	N4	Geographic Location	Not Used	Not Used	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 - 2225D						>1
	220	PWK	Paperwork	Not Used	Not Used	1
	230	PER	Administrative Communications Contact	Not Used	Not Used	1
	240	N1	Name	Not Used	Not Used	1
	250	N3	Address Information	Not Used	Not Used	1
	260	N4	Geographic Location	Not Used	Not Used	1
LOOP ID - 2000E						>1
	010	HL	Dependent Level	S	Not Used	1
	020	SBR	Subscriber Information	Not Used	Not Used	1
	030	PAT	Patient Information	Not Used	Not Used	1
	040	DMG	Dependent Demographic Information	R	Not Used	1
LOOP ID - 2100E						1
	050	NM1	Dependent Name	R	Not Used	1
	060	N3	Address Information	Not Used	Not Used	2
	070	N4	Geographic Location	Not Used	Not Used	1
	080	PER	Administrative Communications Contact	Not Used	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 - 2210E						>1
	130	PWK	Paperwork	Not Used	Not Used	1
	140	PER	Administrative Communications Contact	Not Used	Not Used	1
	150	N1	Name	Not Used	Not Used	1
	160	N3	Address Information	Not Used	Not Used	1
	170	N4	Geographic Location	Not Used	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
LOOP ID - 2225E						>1
	220	PWK	Paperwork	Not Used	Not Used	1
	230	PER	Administrative Communications Contact	Not Used	Not Used	1

240	N1	Name	Not Used	Not Used	1													
250	N3	Address Information	Not Used	Not Used	1													
260	N4	Geographic Location	Not Used	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>
44	270	SE	Transaction Set Trailer	R	R	1		
45	280	GE	Functional Group Trailer	R	R	1		
46	290	IEA	Interchange Control Trailer	R	R	1		

Transaction Set Notes

1. The SBR segment may only appear at the Subscriber (HL03=22) level.
2. The DMG segment may only appear at the Subscriber (HL03=22) or Dependent (HL03=23) level.

Transaction Set Comments

1. The 2210 loop may be used when there is a status notification or a request for additional information about a particular claim.
2. The 2225 loop may be used when there is a status notification or a request for additional information about a particular service line.

Segment: **ISA** Interchange Control Header
Position: 003
Loop:
Level: Heading
Usage: Optional
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

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

Data Element Summary

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Base</u> <u>Attributes</u>	<u>User</u> <u>Attributes</u>
ISA01	I01	Authorization Information Qualifier Code to identify the type of information in the Authorization Information 00 No Authorization Information Present (No Meaningful Information in I02) X12N HIPAA Note: ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION INFORMATION.	M ID 2/2	R
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) ODJFS User Note: This field should contain all spaces.	M AN 10/10	R
ISA03	I03	Security Information Qualifier Code to identify the type of information in the Security Information 00 No Security Information Present (No Meaningful Information in I04) X12N HIPAA Note: ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.	M ID 2/2	R
ISA04	I04	Security Information 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) ODJFS User Note: This field should contain all spaces.	M AN 10/10	R
ISA05	I05	Interchange ID Qualifier 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.	M ID 2/2	R
		ZZ Mutually Defined		
ISA06	I06	Interchange Sender ID	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

ODJFS User Note:

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	Interchange ID Qualifier	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 Receiver in ISA08.	
		ZZ Mutually Defined	
ISA08	I07	Interchange Receiver ID	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	
		ODJFS User Note:	
		If you are receiving from Medicaid then: This field should contain the 7-digit Medicaid Trading Partner 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	Interchange Date	M DT 6/6 R
		Date of the interchange	
		X12N HIPAA Note:	
		The date format is YYMMDD.	
ISA10	I09	Interchange Time	M TM 4/4 R
		Time of the interchange	
		X12N HIPAA Note:	
		The time format is HHMM.	
ISA11	I10	Interchange Control Standards Identifier	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	Interchange Control Version Number	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	Interchange Control Number	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.	
ISA14	I13	Acknowledgment Requested	M ID 1/1 R
		Code sent by the sender to request an interchange acknowledgment (TA1)	
		X12N HIPAA Note:	
		See Section A.1.5.1 for interchange acknowledgment information.	
		0 No Acknowledgment Requested	
ISA15	I14	Usage Indicator	M ID 1/1 R
		Code to indicate whether data enclosed by this interchange envelope is test, production or information	
		P Production Data	
		T Test Data	
ISA16	I15	Component Element Separator	M AN 1/1 R
		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: Optional
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**

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

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes	User Attributes
GS01	479	Functional Identifier Code 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	Application Sender's Code Code identifying party sending transmission; codes agreed to by trading partners X12N HIPAA Note: Use this code to identify the unit sending the information. ODJFS User Note: 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	Application Receiver's Code Code identifying party receiving transmission; codes agreed to by trading partners X12N HIPAA Note: Use this code to identify the unit receiving the information. ODJFS User Note: 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	Date Date expressed as CCYYMMDD X12N HIPAA Note: Use this date for the functional group creation date.	M DT 8/8	R
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) X12N HIPAA Note: Use this time for the creation time. The recommended format is HHMM.	M TM 4/8	R
GS06	28	Group Control Number Assigned number originated and maintained by the sender	M N0 1/9	R
GS07	455	Responsible Agency Code Code used in conjunction with Data Element 480 to identify the issuer of the standard X Accredited Standards Committee X12	M ID 1/2	R

GS08

480

Version / Release / Industry Identifier Code

M AN 1/12 R

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

004010X093A1

Segment: **ST** Transaction Set Header
Position: 010
Loop:
Level: Heading
Usage: Mandatory
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: ST*277*0001~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
ST01	143	Transaction Set Identifier Code Code uniquely identifying a Transaction Set X12N HIPAA Note: INDUSTRY: Transaction Set Identifier Code	M ID 3/3	R
		277 Health Care Claim Status Notification		
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 X12N HIPAA Note: 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: 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

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: BHT*0010*08*277X069*961120**DG~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes	User Attributes
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 X12N HIPAA Note: INDUSTRY: Hierarchical Structure Code 0010 Information Source, Information Receiver, Provider of Service, Subscriber, Dependent	M ID 4/4	R
BHT02	353	Transaction Set Purpose Code Code identifying purpose of transaction set X12N HIPAA Note: INDUSTRY: Transaction Set Purpose Code 08 Status	M ID 2/2	R
BHT03	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier X12N HIPAA Note: INDUSTRY: Originator Application Transaction Identifier	O AN 1/30	R
BHT04	373	Date Date expressed as CCYYMMDD X12N HIPAA Note: INDUSTRY: Transaction Set Creation Date	O DT 8/8	R
BHT05	337	Time	O TM 4/8	N/U
BHT06	640	Transaction Type Code Code specifying the type of transaction X12N HIPAA Note: INDUSTRY: Transaction Type Code DG Response A reply to an inquiry	O ID 2/2	R

Segment: **HL** Information Source Level
Position: 010
Loop: 2000A Mandatory
Level: Detail
Usage: Mandatory
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: HL*1**20*1~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure X12N HIPAA Note: INDUSTRY: Hierarchical ID Number	M AN 1/12	R
HL02	734	Hierarchical Parent ID Number	O AN 1/12	N/U
HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure X12N HIPAA Note: INDUSTRY: Hierarchical Level Code 20 Information Source Identifies the payor, maintainer, or source of the information	M ID 1/2	R
HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segments subordinate to the level being described X12N HIPAA Note: INDUSTRY: Hierarchical Child Code 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	O ID 1/1	R

Segment: **NM1** Payer Name
Position: 050
Loop: 2100A Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
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: NM1*PR*2*ABC INSURANCE*****PI*12345~

Data Element Summary

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Base</u> <u>Attributes</u>	<u>User</u> <u>Attributes</u>
NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual X12N HIPAA Note: INDUSTRY: Entity Identifier Code PR Payer	M ID 2/3	R
NM102	1065	Entity Type Qualifier Code qualifying the type of entity X12N HIPAA Note: INDUSTRY: Entity Type Qualifier 2 Non-Person Entity	M ID 1/1	R
NM103	1035	Name Last or Organization Name Individual last name or organizational name X12N HIPAA Note: INDUSTRY: Payer Name ODJFS User Note: ODJFS when NM101='PR'	O AN 1/35	R
NM104	1036	Name First	O AN 1/25	N/U
NM105	1037	Name Middle	O AN 1/25	N/U
NM106	1038	Name Prefix	O AN 1/10	N/U
NM107	1039	Name Suffix	O AN 1/10	N/U
NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) X12N HIPAA Note: 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 INDUSTRY: Identification Code Qualifier 21 Health Industry Number (HIN)	X ID 1/2	R

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
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: **PER** Payer Contact Information
Position: 080
Loop: 2100A Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To identify a person or office to whom administrative communications should be directed
Syntax Notes:

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

Semantic Notes:

Comments:

Notes: **X12N HIPAA Note**

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.

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

Required only if needed for identification of contact at the payer site.

X12N HIPAA

Example: PER*IC*MEDICAL REVIEW
DEPARTMENT*TE*3135551234*EX*6593*FX*3135554321~
OR PER*IC**TE*3135551234***FX*3135554321~
OR
PER*IC*****FX*3135554321~

Data Element Summary

<u>Ref.</u>	<u>Data</u>			<u>Base</u>	<u>User</u>
<u>Des.</u>	<u>Element</u>	<u>Name</u>		<u>Attributes</u>	<u>Attributes</u>
PER01	366	Contact Function Code		M ID 2/2	R
Code identifying the major duty or responsibility of the person or group named					
X12N HIPAA Note:					
INDUSTRY: Contact Function Code					
		IC	Information Contact		
PER02	93	Name		O AN 1/60	S
Free-form name					
X12N HIPAA Note:					
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).					
This element is required when a specific person or department is the contact for the response in order to clarify requests concerning additional information requests.					
INDUSTRY: Payer Contact Name					
PER03	365	Communication Number Qualifier		X ID 2/2	R
Code identifying the type of communication number					
X12N HIPAA Note:					
Required when PER04 is used.					
INDUSTRY: Communication Number Qualifier					
		ED	Electronic Data Interchange Access Number		
		EM	Electronic Mail		

		TE	Telephone			
PER04	364	Communication Number		X	AN 1/80	R
		Complete communications number including country or area code when applicable				
		X12N HIPAA Note:				
		Use PER04 to supply International Codes, Area Code (within U.S.), Local exchanges, and telephone numbers. When an additional extension is required PER06 should be used.				
		Used if needed to transmit communication number.				
		INDUSTRY: Communication Number				
PER05	365	Communication Number Qualifier		X	ID 2/2	S
		Code identifying the type of communication number				
		X12N HIPAA Note:				
		Required when PER06 is used.				
		INDUSTRY: Communication Number Qualifier				
		EX	Telephone Extension			
PER06	364	Communication Number		X	AN 1/80	S
		Complete communications number including country or area code when applicable				
		X12N HIPAA Note:				
		Use PER06 to supply telephone extensions only. International Codes, Area Codes (within U.S.), Exchanges, and telephone numbers should be placed in PER04.				
		INDUSTRY: Communication Number				
PER07	365	Communication Number Qualifier		X	ID 2/2	S
		Code identifying the type of communication number				
		X12N HIPAA Note:				
		Required when PER08 is used.				
		INDUSTRY: Communication Number Qualifier				
		EX	Telephone Extension			
		FX	Facsimile			
PER08	364	Communication Number		X	AN 1/80	S
		Complete communications number including country or area code when applicable				
		X12N HIPAA Note:				
		Required when necessary to provide another telephone extension or fax number.				
		INDUSTRY: Communication Number				

Segment: **HL** Information Receiver Level
Position: 010
Loop: 2000B Mandatory
Level: Detail
Usage: Mandatory
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: HL*2*1*21*1~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure X12N HIPAA Note: INDUSTRY: Hierarchical ID Number	M AN 1/12	R
HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to X12N HIPAA Note: INDUSTRY: Hierarchical Parent ID Number	O AN 1/12	R
HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure X12N HIPAA Note: INDUSTRY: Hierarchical Level Code 21 Information Receiver Identifies the provider or party(ies) who are the recipient(s) of the information	M ID 1/2	R
HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segments subordinate to the level being described X12N HIPAA Note: INDUSTRY: Hierarchical Child Code	O ID 1/1	R

1

Additional Subordinate HL Data Segment in This Hierarchical Structure.

Segment: **NM1** Information Receiver Name
Position: 050
Loop: 2100B Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
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: NM1*41*2*XYZ SERVICE*****46*A22222221~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual X12N HIPAA Note: INDUSTRY: Entity Identifier Code 41 Submitter Entity transmitting transaction set	M ID 2/3	R
NM102	1065	Entity Type Qualifier Code qualifying the type of entity X12N HIPAA Note: INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	M ID 1/1	R
NM103	1035	Name Last or Organization Name Individual last name or organizational name X12N HIPAA Note: INDUSTRY: Information Receiver Last or Organization Name	O AN 1/35	R
NM104	1036	Name First Individual first name X12N HIPAA Note: 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	Name Middle Individual middle name or initial X12N HIPAA Note: 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	Name Prefix Prefix to individual name X12N HIPAA Note: 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	Name Suffix	O AN 1/10	S
		Suffix to individual name		
		X12N HIPAA Note:		
		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	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		
		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	Identification Code	X AN 2/80	R
		Code identifying a party or other code		
		X12N HIPAA Note:		
		INDUSTRY: Information Receiver Identification Number		
		ODJFS User Note:		
		When Information Receiver is the service provider: * Medicaid Provider Number when NM101='41' Considered the "pay to" provider/group number		

Segment: **HL Service Provider Level**
Position: 010
Loop: 2000C Mandatory
Level: Detail
Usage: Mandatory
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: HL*3*2*19*1~

Data Element Summary

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

Segment: **NM1** Provider Name
Position: 050
Loop: 2100C Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
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: NM1*1P*2*HOME MEDICAL*****SV*98766666~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual X12N HIPAA Note: INDUSTRY: Entity Identifier Code	M ID 2/3	R
		1P Provider		
NM102	1065	Entity Type Qualifier Code qualifying the type of entity X12N HIPAA Note: INDUSTRY: Entity Type Qualifier	M ID 1/1	R
		1 Person 2 Non-Person Entity		
NM103	1035	Name Last or Organization Name Individual last name or organizational name X12N HIPAA Note: INDUSTRY: Provider Last or Organization Name	O AN 1/35	R
NM104	1036	Name First Individual first name X12N HIPAA Note: 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	Name Middle Individual middle name or initial X12N HIPAA Note: 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	Name Prefix Prefix 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 Prefix	O AN 1/10	S
NM107	1039	Name Suffix Suffix to individual name	O AN 1/10	S

Segment: **HL** Subscriber Level
Position: 010
Loop: 2000D Mandatory
Level: Detail
Usage: Mandatory
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: 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>Base Attributes</u>	<u>User Attributes</u>
HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure X12N HIPAA Note: INDUSTRY: Hierarchical ID Number	M AN 1/12	R
HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to X12N HIPAA Note: INDUSTRY: Hierarchical Parent ID Number	O AN 1/12	R
HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure X12N HIPAA Note: 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	M ID 1/2	R
HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segments subordinate to the level being	O ID 1/1	R

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 Mandatory
Level: Detail
Usage: Optional
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 Note

Required when the subscriber is the patient. Not used when the subscriber is not the patient

X12N HIPAA

Example: DMG*D8*19330706*M~

ODJFS User Note

Values taken directly from the 276.

Data Element Summary

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

Segment: **NM1** Subscriber Name
Position: 050
Loop: 2100D Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
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: NM1*QC*1*SMITH*FRED****MI*123456789A~
 or NM1*IL*1*SMITH*ROBERT****MI*9876543210~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual X12N HIPAA Note: INDUSTRY: Entity Identifier Code	M ID 2/3	R
		IL Insured or Subscriber		
NM102	1065	Entity Type Qualifier Code qualifying the type of entity X12N HIPAA Note: INDUSTRY: Entity Type Qualifier	M ID 1/1	R
		1 Person 2 Non-Person Entity X12N HIPAA Note: Use the value "2" in an employer-subscriber situation, such as Worker's Compensation. In this case, the value "IL" would appear in NM101.		
NM103	1035	Name Last or Organization Name Individual last name or organizational name X12N HIPAA Note: INDUSTRY: Subscriber Last Name	O AN 1/35	R
NM104	1036	Name First Individual first name X12N HIPAA Note: 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	Name Middle Individual middle name or initial X12N HIPAA Note: 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	Name Prefix Prefix to individual name X12N HIPAA Note: 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

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

Segment: **TRN** Claim Submitter Trace Number
Position: 090
Loop: 2200D Optional
Level: Detail
Usage: Optional
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

This segment is required if the subscriber is the patient. If the subscriber is not the patient do not use this segment, use TRN segment in Loop 2200E.

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.

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

X12N HIPAA

Example: TRN*2*172263482~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
TRN01	481	Trace Type Code Code identifying which transaction is being referenced	M ID 1/2	R
		X12N HIPAA Note: 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
		X12N HIPAA Note: INDUSTRY: Trace Number		
		ALIAS: Patient Account Number		
		This data element corresponds to the CLM01 data element of the ASC X12N Dental, Institutional, and Professional Implementation Guide(s). Paper based claims may not require a Patient Account Number for adjudication. When inquiring on paper based claims the trace number is required to be returned in the TRN of the 277 Health Care Claim Status Response transaction in TRN02.		

Segment: **STC** Claim Level Status Information
Position: 100
Loop: 2200D Optional
Level: Detail
Usage: Mandatory
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: STC*A1:21*19960501**50*0~

or STC*FI:65*19960511**50*40*19960515*CHK*19960510*50321~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User 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
61	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
X12N HIPAA Note:
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

STC03 306 Action Code O ID 1/2 N/U

Refer to 004010X093A1 Data Element Dictionary for acceptable code values.

STC04 782 Monetary Amount O R 1/10 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 1/10 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 based 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.

INDUSTRY: Adjudication or Payment Date

STC07 591 Payment Method Code O ID 3/3 S

Code identifying the method for the movement of payment instructions

X12N HIPAA Note:

Will be used when claim has a dollar payment to the provider of service.

INDUSTRY: Payment Method Code

		ACH	Automated Clearing House (ACH)				
			X12N HIPAA Note:				
			Use this code to move money electronically through the Automated Clearing House (ACH). When this code is used, information in BPR05 through BPR15 also must be included.				
		BOP	Financial Institution Option				
			X12N HIPAA Note:				
			Use this code to indicate that the third party processor will choose the method of payment based on end point requests or capabilities.				
		CHK	Check				
			X12N HIPAA Note:				
			Use this code to indicate that a check was issued for payment.				
		FWT	Federal Reserve Funds/Wire Transfer - Nonrepetitive				
			X12N HIPAA Note:				
			Use this code to indicate that the funds were sent through the wire system.				
		NON	Non-Payment Data				
			X12N HIPAA Note:				
			Use this code to indicate that this is information only and no dollars are to be moved.				
STC08	373	Date		O	DT 8/8		S
		Date expressed as CCYYMMDD					
		X12N HIPAA Note:					
		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					
STC09	429	Check Number		O	AN 1/16		S
		Check identification number					
		X12N HIPAA Note:					
		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					
STC10	C043	Health Care Claim Status		O			S
		Used to convey status of the entire claim or a specific service line					
		X12N HIPAA Note:					
		Use this element if a second claim status is needed.					
C04301	1271	Industry Code		M	AN 1/30		R
		Code indicating a code from a specific industry code list					
		X12N HIPAA Note:					
		Required if STC10 is used.					
		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.					
		Required if STC10 is used.					
		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:

STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3.

INDUSTRY: Entity Identifier Code

Refer to 004010X093A1 Data Element Dictionary for acceptable code values.

STC11 C043 Health Care Claim Status O S

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

X12N HIPAA Note:

Use this element if a third claim status is needed.

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.

Required if STC11 is used.

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:

Required if STC11 is used.

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:

STC11-3 further modifies the status code in STC11-2. See code value list in STC01-3.

INDUSTRY: Entity Identifier Code

Refer to 004010X093A1 Data Element Dictionary for acceptable code values.

Segment: **REF** Payer Claim Identification Number
Position: 110
Loop: 2200D Optional
Level: Detail
Usage: Optional
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.

The total number of REF segments in the 2200 loop cannot exceed 3.

X12N HIPAA

Example: REF*1K*9918046987~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification X12N HIPAA Note: Examples of this element include: ICN, DCN and CCN. INDUSTRY: Reference Identification Qualifier	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 X12N HIPAA Note: INDUSTRY: Payer Claim Control Number	X AN 1/30	R

Segment: **REF** Institutional Bill Type Identification
Position: 110
Loop: 2200D Optional
Level: Detail
Usage: Optional
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 segment is the institutional bill type submitted on the original claim. The institutional bill type consists of the two position, Facility Type Code, and the one position, Claim Frequency Code. The payer may use it as a primary lookup key.

Use when subscriber is the patient.

The total number of REF segments in the 2200 loop cannot exceed 3.

X12N HIPAA

Example: REF*BLT*111~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification X12N HIPAA Note: INDUSTRY: Reference Identification Qualifier	M ID 2/3	R
		BLT Billing Type		
REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier X12N HIPAA Note: 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	X AN 1/30	R

Segment: **REF** Medical Record Identification
Position: 110
Loop: 2200D Optional
Level: Detail
Usage: Optional
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.

The total number of REF segments in the 2200 loop cannot exceed 3.

X12N HIPAA
Example: REF*EA*J354789~

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Base</u>	<u>User</u>
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification X12N HIPAA Note: INDUSTRY: Reference Identification Qualifier	M ID 2/3	R
		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		
REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier X12N HIPAA Note: Found on UB92 record 20 field 25 Found on 837 REF-02 Found on UB92 paper form locator 23 INDUSTRY: Medical Record Number	X AN 1/30	R

Segment: **DTP** Claim Service Date
Position: 120
Loop: 2200D Optional
Level: Detail
Usage: Optional
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: DTP*232*RD8*19960401-19960402~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
DTP01	374	Date/Time Qualifier	M ID 3/3	R
		Code specifying type of date or time, or both date and time		
		X12N HIPAA Note:		
		INDUSTRY: Date Time Qualifier		
		232 Claim Statement Period Start		
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	R
		Code indicating the date format, time format, or date and time format		
		X12N HIPAA Note:		
		INDUSTRY: Date Time Period Format Qualifier		
		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		
		X12N HIPAA Note:		
		If there is a single date of service, the begin date equals the end date.		
DTP03	1251	Date Time Period	M AN 1/35	R
		Expression of a date, a time, or range of dates, times or dates and times		
		X12N HIPAA Note:		
		INDUSTRY: Claim Service Period		

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

Syntax Notes:

Semantic Notes:

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

Notes: X12N HIPAA

Example: SE*34*0001~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
SE01	96	Number of Included Segments	M N0 1/10	R
		Total number of segments included in a transaction set including ST and SE segments		
		X12N HIPAA Note:		
		INDUSTRY: Transaction Segment Count		
SE02	329	Transaction Set Control Number	M AN 4/9	R
		Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set		
		X12N HIPAA Note:		
		Data value in SE02 must be identical to ST02.		
		INDUSTRY: Transaction Set Control Number		

Segment: **GE** Functional Group Trailer
Position: 280
Loop:
Level: Summary
Usage: Optional
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**
 GE*1*1~

Data Element Summary

<u>Ref.</u>	<u>Data</u>		<u>Base</u>	<u>User</u>
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	<u>Attributes</u>
GE01	97	Number of Transaction Sets Included	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	Group Control Number	M N0 1/9	R
		Assigned number originated and maintained by the sender		

Segment: **IEA** Interchange Control Trailer
Position: 290
Loop:
Level: Summary
Usage: Optional
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

IEA*1*000000905~

Data Element Summary

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