

# 278 Health Care Services Review Information - Response

Functional Group ID=**HI**

## Introduction:

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

## Heading:

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3	003	ISA	Interchange Control Header	S	R	1		
6	005	GS	Functional Group Header	S	R	1		
8	010	ST	Transaction Set Header	R	R	1		
9	020	BHT	Beginning of Hierarchical Transaction	R	R	1		

## Detail:

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			LOOP ID - 2000A				1	
11	010	HL	Utilization Management Organization (UMO) Level	R	R	1		
			LOOP ID - 2010A				1	
12	170	NM1	Utilization Management Organization (UMO) Name	S	R	1		
			LOOP ID - 2000B				1	
14	010	HL	Requester Level	R	R	1		
			LOOP ID - 2010B				1	
16	170	NM1	Requester Name	S	R	1		
18	180	REF	Requester Supplemental Identification	S	S	8		
20	200	N3	Requester Address	S	S	1		
21	210	N4	Requester City/State/ZIP Code	S	S	1		
22	220	PER	Requester Contact Information	S	S	1		
24	240	PRV	Requester Provider Information	S	S	1		
			LOOP ID - 2000C				1	
26	010	HL	Subscriber Level	R	R	1		
28	070	DTP	Accident Date	S	S	1		
29	070	DTP	Last Menstrual Period Date	S	S	1		
30	070	DTP	Estimated Date of Birth	S	S	1		
31	070	DTP	Onset of Current Symptoms or Illness Date	S	S	1		
32	080	HI	Subscriber Diagnosis	S	S	1		
			LOOP ID - 2010C				1	
41	170	NM1	Subscriber Name	S	R	1		
43	180	REF	Subscriber Supplemental Identification	S	S	9		
45	250	DMG	Subscriber Demographic Information	S	S	1		
			LOOP ID - 2000D				1	
47	010	HL	Dependent Level	S	S	1		
49	070	DTP	Accident Date	S	S	1		
50	070	DTP	Last Menstrual Period Date	S	S	1		
51	070	DTP	Estimated Date of Birth	S	S	1		
52	070	DTP	Onset of Current Symptoms or Illness Date	S	S	1		

53	080	HI	Dependent Diagnosis	S	S	1
						1
LOOP ID - 2010D						
62	170	NM1	Dependent Name	S	R	1
64	180	REF	Dependent Supplemental Identification	S	S	3
66	250	DMG	Dependent Demographic Information	S	S	1
68	260	INS	Dependent Relationship	S	S	1
						>1
LOOP ID - 2000E						
71	010	HL	Service Provider Level	R	R	1
72	160	MSG	Message Text	S	S	1
						1
LOOP ID - 2010E						
73	170	NM1	Service Provider Name	S	R	1
75	180	REF	Service Provider Supplemental Identification	S	S	7
77	200	N3	Service Provider Address	S	S	1
78	210	N4	Service Provider City/State/ZIP Code	S	S	1
79	220	PER	Service Provider Contact Information	S	S	1
81	240	PRV	Service Provider Information	S	S	1
						>1
LOOP ID - 2000F						
83	010	HL	Service Level	R	R	1
84	020	TRN	Service Trace Number	S	S	2
86	040	UM	Health Care Services Review Information	S	R	1
92	060	REF	Previous Certification Identification	S	S	1
94	070	DTP	Service Date	S	S	1
95	070	DTP	Admission Date	S	S	1
96	070	DTP	Discharge Date	S	S	1
97	070	DTP	Surgery Date	S	S	1
98	080	HI	Procedures	S	S	1
111	090	HSD	Health Care Services Delivery	S	S	1
114	100	CRC	Patient Condition Information	S	S	6
119	110	CL1	Institutional Claim Code	S	S	1
120	120	CR1	Ambulance Transport Information	S	S	1
122	130	CR2	Spinal Manipulation Service Information	S	S	1
127	140	CR5	Home Oxygen Therapy Information	S	S	1
130	150	CR6	Home Health Care Information	S	S	1
134	160	MSG	Message Text	S	S	1

### Summary:

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135	280	SE	Transaction Set Trailer	R	R	1		
136	290	GE	Functional Group Trailer	S	R	1		
137	300	IEA	Interchange Control Trailer	S	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 or ODJFS Example**

ISA\*00\*.....\*01\*SECRET...\*ZZ\*SUBMITTERS.ID..\*ZZ\*RECEIVERS.ID...\*030602\*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> 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 Sender in ISA06. ZZ Mutually Defined	M ID 2/2	R

<b>ISA06</b>	<b>I06</b>	<b>Interchange Sender ID</b> 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>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. 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.	<b>M AN 15/15 R</b>
<b>ISA07</b>	<b>I05</b>	<b>Interchange ID Qualifier</b> 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	<b>M ID 2/2 R</b>
<b>ISA08</b>	<b>I07</b>	<b>Interchange Receiver ID</b> 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.	<b>M AN 15/15 R</b>
<b>ISA09</b>	<b>I08</b>	<b>Interchange Date</b> Date of the interchange <b>X12N HIPAA Note:</b> The date format is YYMMDD.	<b>M DT 6/6 R</b>
<b>ISA10</b>	<b>I09</b>	<b>Interchange Time</b> Time of the interchange <b>X12N HIPAA Note:</b> The time format is HHMM.	<b>M TM 4/4 R</b>
<b>ISA11</b>	<b>I10</b>	<b>Interchange Control Standards Identifier</b> 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	<b>M ID 1/1 R</b>
<b>ISA12</b>	<b>I11</b>	<b>Interchange Control Version Number</b> 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	<b>M ID 5/5 R</b>
<b>ISA13</b>	<b>I12</b>	<b>Interchange Control Number</b> A control number assigned by the interchange sender <b>X12N HIPAA Note:</b> The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.	<b>M N0 9/9 R</b>
<b>ISA14</b>	<b>I13</b>	<b>Acknowledgment Requested</b> Code sent by the sender to request an interchange acknowledgment (TA1) <b>X12N HIPAA Note:</b> See Section A.1.5.1 (HIPAA Guide, Appendix A) for interchange acknowledgment information. <b>ODJFS User Note:</b> ODJFS will return an acknowledgment segment (TA1) for the ISA if the ISA is in error.	<b>M ID 1/1 R</b>

		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 or ODJFS Example**  
GS\*HI\*SENDER CODE\*RECEIVER CODE\*19940331\*0802\*1\*X\*004010X094~  
**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 HI Health Care Services Review Information (278)	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> 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) <b>X12N HIPAA Note:</b> Use this time for the creation time. The recommended format is HHMM.	M TM 4/8	R
GS06	28	<b>Group Control Number</b>	M N0 1/9	R

		Assigned number originated and maintained by the sender		
<b>GS07</b>	<b>455</b>	<b>Responsible Agency Code</b>	<b>M</b>	<b>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</b>	<b>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 (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed		
		004010X094		
				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 Note**

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

**X12N HIPAA or ODJFS Example**

Example: ST\*278\*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	M ID 3/3	R
		278 Health Care Services Review Information		
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> The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research. Use the corresponding value in SE02 for this transaction set. 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 or ODJFS Example**

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

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
BHT01	1005	<b>Hierarchical Structure Code</b> 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 0078 Information Source, Information Receiver, Subscriber, Dependent, Provider of Service, Services	M ID 4/4	R
BHT02	353	<b>Transaction Set Purpose Code</b> Code identifying purpose of transaction set <b>X12N HIPAA Note:</b> INDUSTRY: Transaction Set Purpose Code 13 Request	M ID 2/2	R
BHT03	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>X12N HIPAA Note:</b> Use this element to trace the transaction from one point to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse. This identifier must be returned in the corresponding 278 response transaction's BHT03. This identifier will only be returned by the last entity to handle the 278. This identifier will not be passed through the complete life of the transaction. All recipients of 278 request transactions are required to return the Submitter Transaction Identifier in their 278 response if one is submitted. INDUSTRY: Submitter Transaction Identifier	O AN 1/30	R
BHT04	373	<b>Date</b> Date expressed as CCYYMMDD <b>X12N HIPAA Note:</b> INDUSTRY: Transaction Set Creation Date	O DT 8/8	R
BHT05	337	<b>Time</b> 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) <b>X12N HIPAA Note:</b> INDUSTRY: Transaction Set Creation Time	O TM 4/8	R
BHT06	640	<b>Transaction Type Code</b> Code specifying the type of transaction	O ID 2/2	N/U

Refer to 004010X094 Data Element Dictionary for acceptable code values.

**Segment:** **HL Utilization Management Organization (UMO) 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 Note**

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

**X12N HIPAA or ODJFS 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	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	O AN 1/12	N/U
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	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> INDUSTRY: Hierarchical Child Code 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	O ID 1/1	R

**Segment:** **NM1** Utilization Management Organization (UMO) Name  
**Position:** 170  
**Loop:** 2010A 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**  
Use this NM1 loop to identify the source of information. In the case of a request transaction, the source of information would normally be the payer or utilization review organization making the decision on the request.  
**X12N HIPAA or ODJFS Example**  
Example: NM1\*X3\*2\*ABC PAYER\*\*\*\*\*46\*123450000~

**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	M ID 2/3	R
		X3 Utilization Management Organization		
NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity <b>X12N HIPAA Note:</b> INDUSTRY: Entity Type Qualifier	M ID 1/1	R
		1 Person <b>X12N HIPAA Note:</b> Use this code only if the reviewing entity is an individual, such as an individual primary care physician.		
		2 Non-Person Entity		
NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name <b>X12N HIPAA Note:</b> Use if name information is needed to identify the UMO. INDUSTRY: Utilization Management Organization (UMO) Last or Organization Name	O AN 1/35	
NM104	1036	<b>Name First</b> Individual first name <b>X12N HIPAA Note:</b> Use if NM103 is valued and the reviewing entity is an individual (NM102 = 1), such as a primary care provider. INDUSTRY: Utilization Management Organization (UMO) First Name	O AN 1/25	
NM105	1037	<b>Name Middle</b> Individual middle name or initial <b>X12N HIPAA Note:</b> Use if NM104 is present and the middle name/initial of the person is known. INDUSTRY: Utilization Management Organization (UMO) Middle Name	O AN 1/25	
NM106	1038	<b>Name Prefix</b> Prefix to individual name	O AN 1/10	N/U
NM107	1039	<b>Name Suffix</b> Suffix to individual name	O AN 1/10	
NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)	X ID 1/2	R

**X12N HIPAA Note:**

**INDUSTRY: Identification Code Qualifier**

24 Employer's Identification Number  
34 Social Security Number  
46 Electronic Transmitter Identification Number (ETIN)  
A unique number assigned to each transmitter and software developer

PI Payor Identification

**X12N HIPAA Note:**

Use until the National PlanID is mandated if the UMO is a payer.

XV Health Care Financing Administration National Payer Identification Number (PAYERID)

**X12N HIPAA Note:**

Use if the UMO is a payer.

XX Health Care Financing Administration National Provider Identifier

**X12N HIPAA Note:**

Use if the UMO is a provider.

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

**X12N HIPAA Note:**

**INDUSTRY: Utilization Management Organization (UMO) Identifier**

NM110 706 **Entity Relationship Code** X ID 2/2 N/U  
Code describing entity relationship

Refer to 004010X094 Data Element Dictionary for acceptable code values.

NM111 98 **Entity Identifier Code** O ID 2/3 N/U

Code identifying an organizational entity, a physical location, property or an individual  
Refer to 004010X094 Data Element Dictionary for acceptable code values.

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

**X12N HIPAA or ODJFS 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
		21 Information Receiver Identifies the provider or party(ies) who are the recipient(s) of the information		
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	O ID 1/1	R
		1 Additional Subordinate HL Data Segment in This Hierarchical		

Structure.

**Segment:** **NM1** Requester Name  
**Position:** 170  
**Loop:** 2010B 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**  
 Use this NM1 loop to identify the receiver of information. In the case of a request transaction, the receiver would normally be the provider who will ultimately be receiving the decision.

**X12N HIPAA or ODJFS Example**  
 Example: NM1\*1P\*1\*GARDENER\*JAMES\*\*\*\*\*24\*000012345~

**Data Element Summary**

Ref. Des.	Data Element	Name	HIPAA Attributes	ODJFS Attributes
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 <b>X12N HIPAA Note:</b> Use this code to signify the provider making the request. FA Facility	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> Use if name information is needed to identify the requester. ALIAS: Requester Last or Organization Name INDUSTRY: Requester Last or Organization Name	O AN 1/35	
NM104	1036	<b>Name First</b> Individual first name <b>X12N HIPAA Note:</b> Use if NM103 is present and NM102 = 1. ALIAS: Requester First Name INDUSTRY: Requester First Name	O AN 1/25	
NM105	1037	<b>Name Middle</b> Individual middle name or initial <b>X12N HIPAA Note:</b> Use if NM104 is present and the middle name/initial of the person is known. ALIAS: Requester Middle Name INDUSTRY: Requester Middle Name	O AN 1/25	
NM106	1038	<b>Name Prefix</b>	O AN 1/10	N/U

Prefix to individual name

**X12N HIPAA Note:**

ALIAS: Requester Name Prefix

**NM107 1039 Name Suffix O AN 1/10**

Suffix to individual name

**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

24 Employer's Identification Number

34 Social Security Number

46 Electronic Transmitter Identification Number (ETIN)

A unique number assigned to each transmitter and software developer

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:**

ALIAS: Requester Identifier

INDUSTRY: Requester Identifier

**NM110 706 Entity Relationship Code X ID 2/2 N/U**

Code describing entity relationship

Refer to 004010X094 Data Element Dictionary for acceptable code values.

**NM111 98 Entity Identifier Code O ID 2/3 N/U**

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

Refer to 004010X094 Data Element Dictionary for acceptable code values.

**Segment:** **REF** Requester Supplemental Identification  
**Position:** 180  
**Loop:** 2010B Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 8  
**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 segment if necessary to provide supplemental identifiers to further identify the requester. Use the NM1 segment for the primary identifier.

**X12N HIPAA or ODJFS Example**

Example: REF\*1G\*123456~

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>HIPAA</u> <u>Attributes</u>	<u>ODJFS</u> <u>Attributes</u>
REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification <b>X12N HIPAA Note:</b> INDUSTRY: Reference Identification Qualifier	M ID 2/3	R
		1G Provider UPIN Number		
		1J Facility ID Number		
		CT Contract Number <b>X12N HIPAA Note:</b> For use only when the HCFA National Provider Identifier is mandated. Must be sent if required in the contract between the requester identified in Loop 2000B and the UMO identified in Loop 2000A.		
		EI Employer's Identification Number <b>X12N HIPAA Note:</b> Not used if NM108 = 24.		
		N5 Provider Plan Network Identification Number A number assigned to identify a specific provider in a health care plan network		
		N7 Facility Network Identification Number A number assigned to identify a specific facility in a health care plan network		
		SY Social Security Number		
		ZH Carrier Assigned Reference Number <b>X12N HIPAA Note:</b> Use for the requester/provider ID as assigned by the UMO identified in Loop 2000A.		
REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>X12N HIPAA Note:</b> INDUSTRY: Requester Supplemental Identifier	X AN 1/30	R
REF03	352	<b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80	N/U
REF04	C040	<b>Reference Identifier</b>  To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O	N/ U
C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3	N/U

		Refer to 004010X094 Data Element Dictionary for acceptable code values.			
<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M</b>	<b>AN 1/30</b>	<b>N/U</b>
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>	<b>N/U</b>
		Code qualifying the Reference Identification			
		Refer to 004010X094 Data Element Dictionary for acceptable code values.			
<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>	<b>N/U</b>
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>	<b>N/U</b>
		Code qualifying the Reference Identification			
		Refer to 004010X094 Data Element Dictionary for acceptable code values.			
<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>	<b>N/U</b>
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			

**Segment:** **N3** Requester Address  
**Position:** 200  
**Loop:** 2010B Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

**X12N HIPAA Note**

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

**X12N HIPAA or ODJFS Example**

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

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
N301	166	<b>Address Information</b> Address information <b>X12N HIPAA Note:</b> Use this element for the first line of the requester's address. INDUSTRY: Requester Address Line	M AN 1/55	R
N302	166	<b>Address Information</b> Address information <b>X12N HIPAA Note:</b> Required only if a second address line exists. INDUSTRY: Requester Address Line	O AN 1/55	S

**Segment:** **N4** Requester City/State/ZIP Code  
**Position:** 210  
**Loop:** 2010B Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:** 1 If N406 is present, then N405 is required.  
**Semantic Notes:**  
**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.  
 2 N402 is required only if city name (N401) is in the U.S. or Canada.  
**Notes:** **X12N HIPAA Note**  
 Not used unless necessary to identify the requester by location. For example, use to identify a specific location when the requester has multiple locations and his authority varies based on location.  
**X12N HIPAA or ODJFS Example**  
 Example: N4\*ANYTOWN\*PA\*12345~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
N401	19	<b>City Name</b> Free-form text for city name <b>X12N HIPAA Note:</b> Use when necessary to provide this data as part of the requester location identification. INDUSTRY: Requester City Name	O AN 2/30	S
N402	156	<b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency <b>X12N HIPAA Note:</b> Use when necessary to provide this data as part of the requester location identification. INDUSTRY: Requester State or Province Code	O ID 2/2	S
N403	116	<b>Postal Code</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States) <b>X12N HIPAA Note:</b> Use when necessary to provide this data as part of the requester location identification. INDUSTRY: Requester Postal Zone or ZIP Code	O ID 3/15	S
N404	26	<b>Country Code</b> Code identifying the country <b>X12N HIPAA Note:</b> Use only if the address is out of the U.S. INDUSTRY: Requester Country Code	O ID 2/3	S
N405	309	<b>Location Qualifier</b> Code identifying type of location Refer to 004010X094 Data Element Dictionary for acceptable code values.	X ID 1/2	N/U
N406	310	<b>Location Identifier</b> Code which identifies a specific location	O AN 1/30	N/U

**Segment:** **PER** Requester Contact Information  
**Position:** 220  
**Loop:** 2010B Required  
**Level:** Detail  
**Usage:** Situational  
**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**

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

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.

**X12N HIPAA or ODJFS Example**

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

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
PER01	366	<b>Contact Function Code</b> Code identifying the major duty or responsibility of the person or group named <b>X12N HIPAA Note:</b> INDUSTRY: Contact Function Code IC Information Contact	M ID 2/2	R
PER02	93	<b>Name</b> Free-form name <b>X12N HIPAA Note:</b> Used only when response must be directed to a particular contact.  Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).  INDUSTRY: Requester Contact Name	O AN 1/60	S
PER03	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number <b>X12N HIPAA Note:</b> Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.  INDUSTRY: Communication Number Qualifier EM Electronic Mail FX Facsimile TE Telephone	X ID 2/2	S
PER04	364	<b>Communication Number</b> Complete communications number including country or area code when applicable <b>X12N HIPAA Note:</b> Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.	X AN 1/80	S

<b>PER05</b>	<b>365</b>	<b>INDUSTRY: Requester Contact Communication Number</b>			
		<b>Communication Number Qualifier</b>	<b>X</b>	<b>ID 2/2</b>	<b>S</b>
Code identifying the type of communication number					
<b>X12N HIPAA Note:</b>					
Used only when the telephone extension or multiple communication types are available.					
<b>INDUSTRY: Communication Number Qualifier</b>					
EM                      Electronic Mail					
EX                      Telephone Extension					
FX                      Facsimile					
TE                      Telephone					
<b>PER06</b>	<b>364</b>	<b>Communication Number</b>	<b>X</b>	<b>AN 1/80</b>	<b>S</b>
		Complete communications number including country or area code when applicable			
<b>X12N HIPAA Note:</b>					
Used only when the telephone extension or multiple communication types are available.					
<b>PER07</b>	<b>365</b>	<b>INDUSTRY: Requester Contact Communication Number</b>			
		<b>Communication Number Qualifier</b>	<b>X</b>	<b>ID 2/2</b>	<b>S</b>
Code identifying the type of communication number					
<b>X12N HIPAA Note:</b>					
Used only when the telephone extension or multiple communication types are available.					
<b>INDUSTRY: Communication Number Qualifier</b>					
EM                      Electronic Mail					
EX                      Telephone Extension					
FX                      Facsimile					
TE                      Telephone					
<b>PER08</b>	<b>364</b>	<b>Communication Number</b>	<b>X</b>	<b>AN 1/80</b>	<b>S</b>
		Complete communications number including country or area code when applicable			
<b>X12N HIPAA Note:</b>					
Used only when the telephone extension or multiple communication types are available.					
<b>PER09</b>	<b>443</b>	<b>INDUSTRY: Requester Contact Communication Number</b>			
		<b>Contact Inquiry Reference</b>	<b>O</b>	<b>AN 1/20</b>	<b>N/U</b>
Additional reference number or description to clarify a contact number					

**Segment:** **PRV** Requester Provider Information  
**Position:** 240  
**Loop:** 2010B Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To specify the identifying characteristics of a provider  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

**X12N HIPAA Note**

Use this segment when needed to indicate the requesting provider's role in the care of the patient and the requesting provider's specialty.

PRV02 qualifies PRV03.

**X12N HIPAA or ODJFS Example**

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

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>HIPAA</u> <u>Attributes</u>	<u>ODJFS</u> <u>Attributes</u>
PRV01	1221	<b>Provider Code</b> Code identifying the type of provider <b>X12N HIPAA Note:</b> INDUSTRY: Provider Code AD Admitting AS Assistant Surgeon AT Attending CO Consulting CV Covering OP Operating OR Ordering OT Other Physician PC Primary Care Physician PE Performing RF Referring	<b>M ID 1/3</b>	<b>R</b>
PRV02	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification <b>X12N HIPAA Note:</b> ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a> . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15. INDUSTRY: Reference Identification Qualifier ZZ Mutually Defined <b>X12N HIPAA Note:</b> Health Care Provider Taxonomy Code list.	<b>M ID 2/3</b>	<b>R</b>
PRV03	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>X12N HIPAA Note:</b> ALIAS: Provider Specialty Code INDUSTRY: Provider Taxonomy Code	<b>M AN 1/30</b>	<b>R</b>
PRV04	156	<b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency	<b>O ID 2/2</b>	<b>N/U</b>
PRV05	C035	<b>Provider Specialty Information</b> To provide provider specialty information	<b>O</b>	<b>N/ U</b>

<b>C03501</b>	<b>1222</b>	<b>Provider Specialty Code</b>	<b>M AN 1/3</b>	<b>N/U</b>
		Code indicating the primary specialty of the provider, as defined by the receiver Refer to 004010X094 Data Element Dictionary for acceptable code values.		
<b>C03502</b>	<b>559</b>	<b>Agency Qualifier Code</b>	<b>O ID 2/2</b>	<b>N/U</b>
		Code identifying the agency assigning the code values Refer to 004010X094 Data Element Dictionary for acceptable code values.		
<b>C03503</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O ID 1/1</b>	<b>N/U</b>
		Code indicating a Yes or No condition or response Refer to 004010X094 Data Element Dictionary for acceptable code values.		
<b>PRV06</b>	<b>1223</b>	<b>Provider Organization Code</b>	<b>O ID 3/3</b>	<b>N/U</b>
		Code identifying the organizational structure of a provider Refer to 004010X094 Data Element Dictionary for acceptable code values.		

**Segment:** **HL** **Subscriber 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 Note**

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

**X12N HIPAA or ODJFS Example**

Example: HL\*3\*2\*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> Code indicating if there are hierarchical child data segments subordinate to the level being described <b>X12N HIPAA Note:</b>	<b>O ID 1/1</b>	<b>R</b>

**INDUSTRY: Hierarchical Child Code**

1 Additional Subordinate HL Data Segment in This Hierarchical Structure.

**Segment:** **DTP** Accident Date  
**Position:** 070  
**Loop:** 2000C 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 if the subscriber is a patient and the patient's condition is accident related.  
 Required if UM05-1 = AA.  
**X12N HIPAA or ODJFS Example**  
 Example: DTP\*439\*D8\*19981218~

**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 439 Accident Date mishap occurred	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 D8 Date Expressed in Format CCYYMMDD	M ID 2/3	R
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: Accident Date	M AN 1/35	R

**Segment:** **DTP** Last Menstrual Period Date  
**Position:** 070  
**Loop:** 2000C 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 if the subscriber is the patient and the certification requested is pregnancy related.  
**X12N HIPAA or ODJFS Example**  
 Example: DTP\*484\*D8\*19981218~

**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	484 Last Menstrual Period <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
DTP03	1251	D8 Date Expressed in Format CCYYMMDD <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: Last Menstrual Period Date	M AN 1/35	R

**Segment:** **DTP** Estimated Date of Birth  
**Position:** 070  
**Loop:** 2000C 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 if the subscriber is the patient and the certification requested is pregnancy related.  
**X12N HIPAA or ODJFS Example**  
 Example: DTP\*ABC\*D8\*19990923~

**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 ABC Estimated Date of Birth	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 D8 Date Expressed in Format CCYYMMDD	M ID 2/3	R
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: Estimated Birth Date	M AN 1/35	R

**Segment:** **DTP** Onset of Current Symptoms or Illness Date  
**Position:** 070  
**Loop:** 2000C 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 if the subscriber is the patient and the date of onset of the patient's current condition is known and different from the diagnosis date.  
 Do not use if the patient's current condition is accident or pregnancy related.  
**X12N HIPAA or ODJFS Example**  
 Example: DTP\*431\*D8\*19981218~

**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 431 Onset of Current Symptoms or Illness Date first symptoms appeared	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 D8 Date Expressed in Format CCYYMMDD	M ID 2/3	R
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> ALIAS: Onset of Current Symptoms or Illness Date INDUSTRY: Onset Date	M AN 1/35	R

**Segment:** **HI** Subscriber Diagnosis  
**Position:** 080  
**Loop:** 2000C Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To supply information related to the delivery of health care  
**Syntax Notes:**

- 1 If either C02203 or C02204 is present, then the other is required.
- 2 If either C02203 or C02204 is present, then the other is required.
- 3 If either C02203 or C02204 is present, then the other is required.
- 4 If either C02203 or C02204 is present, then the other is required.
- 5 If either C02203 or C02204 is present, then the other is required.
- 6 If either C02203 or C02204 is present, then the other is required.
- 7 If either C02203 or C02204 is present, then the other is required.
- 8 If either C02203 or C02204 is present, then the other is required.
- 9 If either C02203 or C02204 is present, then the other is required.
- 10 If either C02203 or C02204 is present, then the other is required.
- 11 If either C02203 or C02204 is present, then the other is required.
- 12 If either C02203 or C02204 is present, then the other is required.

**Semantic Notes:**

**Comments:**

**Notes:**

**X12N HIPAA Note**

Use this segment to convey diagnosis information only when the patient is the subscriber.

Required if known by the requester.

Required on requests for certification of home health care if the CR6 (Home Health Care Information) segment is present. Each home health care request must report a principal diagnosis and a principal diagnosis date.

**X12N HIPAA or ODJFS Example**

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

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
HI01	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities <b>X12N HIPAA Note:</b> ALIAS: Diagnosis 1	M	R
C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Diagnosis Type Code BF Diagnosis BJ Admitting Diagnosis BK Principal Diagnosis	M ID 1/3	R
C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list <b>X12N HIPAA Note:</b> ALIAS: Diagnosis Code	M AN 1/30	R
C02203	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> Required if X12N syntax conditions apply. INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	X ID 2/3	S
C02204	1251	<b>Date Time Period</b>	X AN 1/35	S

Expression of a date, a time, or range of dates, times or dates and times

**X12N HIPAA Note:**

Use only when the date diagnosed is known.

ALIAS: Diagnosis Date

INDUSTRY: Diagnosis Date

**C02205 782 Monetary Amount O R 1/18 N/U**

Monetary amount

**C02206 380 Quantity O R 1/15 N/U**

Numeric value of quantity

**C02207 799 Version Identifier O AN 1/30 N/U**

Revision level of a particular format, program, technique or algorithm

**HI02 C022 Health Care Code Information O S**

To send health care codes and their associated dates, amounts and quantities

**X12N HIPAA Note:**

Required only if there are additional diagnoses to communicate.

ALIAS: Diagnosis 2

**C02201 1270 Code List Qualifier Code M ID 1/3 R**

Code identifying a specific industry code list

**X12N HIPAA Note:**

INDUSTRY: Diagnosis Type Code

BF Diagnosis

BJ Admitting Diagnosis

**C02202 1271 Industry Code M AN 1/30 R**

Code indicating a code from a specific industry code list

**X12N HIPAA Note:**

ALIAS: Diagnosis Code

INDUSTRY: Diagnosis Code

**C02203 1250 Date Time Period Format Qualifier X ID 2/3 S**

Code indicating the date format, time format, or date and time format

**X12N HIPAA Note:**

Required if X12N syntax conditions apply.

INDUSTRY: Date Time Period Format Qualifier

D8 Date Expressed in Format CCYYMMDD

**C02204 1251 Date Time Period X AN 1/35 S**

Expression of a date, a time, or range of dates, times or dates and times

**X12N HIPAA Note:**

Use only when the date diagnosed is known.

ALIAS: Diagnosis Date

INDUSTRY: Diagnosis Date

**C02205 782 Monetary Amount O R 1/18 N/U**

Monetary amount

**C02206 380 Quantity O R 1/15 N/U**

Numeric value of quantity

**C02207 799 Version Identifier O AN 1/30 N/U**

Revision level of a particular format, program, technique or algorithm

**HI03 C022 Health Care Code Information O S**

To send health care codes and their associated dates, amounts and quantities

**X12N HIPAA Note:**

Required only if there are additional diagnoses to communicate.

ALIAS: Diagnosis 3

**C02201 1270 Code List Qualifier Code M ID 1/3 R**

Code identifying a specific industry code list

**X12N HIPAA Note:**

		INDUSTRY: Diagnosis Type Code			
		BF	Diagnosis		
<b>C02202</b>	<b>1271</b>	<b>Industry Code</b>		<b>M AN 1/30</b>	<b>R</b>
		Code indicating a code from a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		ALIAS: Diagnosis Code			
		INDUSTRY: Diagnosis Code			
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>		<b>X ID 2/3</b>	<b>S</b>
		Code indicating the date format, time format, or date and time format			
		<b>X12N HIPAA Note:</b>			
		Required if X12N syntax conditions apply.			
		INDUSTRY: Date Time Period Format Qualifier			
		D8	Date Expressed in Format CCYYMMDD		
<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>		<b>X AN 1/35</b>	<b>S</b>
		Expression of a date, a time, or range of dates, times or dates and times			
		<b>X12N HIPAA Note:</b>			
		Use only when the date diagnosed is known.			
		ALIAS: Diagnosis Date			
		INDUSTRY: Diagnosis Date			
<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b>		<b>O R 1/18</b>	<b>N/U</b>
		Monetary amount			
<b>C02206</b>	<b>380</b>	<b>Quantity</b>		<b>O R 1/15</b>	<b>N/U</b>
		Numeric value of quantity			
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>		<b>O AN 1/30</b>	<b>N/U</b>
		Revision level of a particular format, program, technique or algorithm			
<b>HI04</b>	<b>C022</b>	<b>Health Care Code Information</b>		<b>O</b>	<b>S</b>
		To send health care codes and their associated dates, amounts and quantities			
		<b>X12N HIPAA Note:</b>			
		Required only if there are additional diagnoses to communicate.			
		ALIAS: Diagnosis 4			
<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b>		<b>M ID 1/3</b>	<b>R</b>
		Code identifying a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		INDUSTRY: Diagnosis Type Code			
		BF	Diagnosis		
<b>C02202</b>	<b>1271</b>	<b>Industry Code</b>		<b>M AN 1/30</b>	<b>R</b>
		Code indicating a code from a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		ALIAS: Diagnosis Code			
		INDUSTRY: Diagnosis Code			
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>		<b>X ID 2/3</b>	<b>S</b>
		Code indicating the date format, time format, or date and time format			
		<b>X12N HIPAA Note:</b>			
		Required if X12N syntax conditions apply.			
		INDUSTRY: Date Time Period Format Qualifier			
		D8	Date Expressed in Format CCYYMMDD		
<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>		<b>X AN 1/35</b>	<b>S</b>
		Expression of a date, a time, or range of dates, times or dates and times			
		<b>X12N HIPAA Note:</b>			
		Use only when the date diagnosed is known.			
		ALIAS: Diagnosis Date			
		INDUSTRY: Diagnosis Date			

C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18	N/U
C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15	N/U
C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30	N/U
HI05	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities <b>X12N HIPAA Note:</b> Required only if there are additional diagnoses to communicate.	O		S
C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Diagnosis Type Code BF Diagnosis	M	ID 1/3	R
C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list <b>X12N HIPAA Note:</b> ALIAS: Diagnosis Code	M	AN 1/30	R
C02203	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> Required if X12N syntax conditions apply.	X	ID 2/3	S
C02204	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> Use only when the date diagnosed is known. ALIAS: Diagnosis Date INDUSTRY: Diagnosis Date	X	AN 1/35	S
C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18	N/U
C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15	N/U
C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30	N/U
HI06	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities <b>X12N HIPAA Note:</b> Required only if there are additional diagnoses to communicate.	O		S
C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Diagnosis Type Code BF Diagnosis	M	ID 1/3	R
C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list <b>X12N HIPAA Note:</b> ALIAS: Diagnosis Code INDUSTRY: Diagnosis Code	M	AN 1/30	R

<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format <b>X12N HIPAA Note:</b> Required if X12N syntax conditions apply.  INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	<b>X</b>	<b>ID 2/3</b>	<b>S</b>
<b>C02204</b>	<b>1251</b>	<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> Use only when the date diagnosed is known.  ALIAS: Diagnosis Date  INDUSTRY: Diagnosis Date	<b>X</b>	<b>AN 1/35</b>	<b>S</b>
<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O</b>	<b>R 1/18</b>	<b>N/U</b>
<b>C02206</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity	<b>O</b>	<b>R 1/15</b>	<b>N/U</b>
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	<b>O</b>	<b>AN 1/30</b>	<b>N/U</b>
<b>HI07</b>	<b>C022</b>	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities <b>X12N HIPAA Note:</b> Required only if there are additional diagnoses to communicate.  ALIAS: Diagnosis 7	<b>O</b>		<b>S</b>
<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Diagnosis Type Code BF Diagnosis	<b>M</b>	<b>ID 1/3</b>	<b>R</b>
<b>C02202</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list <b>X12N HIPAA Note:</b> ALIAS: Diagnosis Code  INDUSTRY: Diagnosis Code	<b>M</b>	<b>AN 1/30</b>	<b>R</b>
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format <b>X12N HIPAA Note:</b> Required if X12N syntax conditions apply.  INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	<b>X</b>	<b>ID 2/3</b>	<b>S</b>
<b>C02204</b>	<b>1251</b>	<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> Use only when the date diagnosed is known.  ALIAS: Diagnosis Date  INDUSTRY: Diagnosis Date	<b>X</b>	<b>AN 1/35</b>	<b>S</b>
<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O</b>	<b>R 1/18</b>	<b>N/U</b>
<b>C02206</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity	<b>O</b>	<b>R 1/15</b>	<b>N/U</b>
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	<b>O</b>	<b>AN 1/30</b>	<b>N/U</b>
<b>HI08</b>	<b>C022</b>	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities	<b>O</b>		<b>S</b>

**X12N HIPAA Note:**

Required only if there are additional diagnoses to communicate.

		ALIAS: Diagnosis 8			
<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M</b>	<b>ID 1/3</b>	<b>R</b>
		Code identifying a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		INDUSTRY: Diagnosis Type Code			
		BF Diagnosis			
<b>C02202</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>			
		ALIAS: Diagnosis Code			
		INDUSTRY: Diagnosis Code			
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID 2/3</b>	<b>S</b>
		Code indicating the date format, time format, or date and time format			
		<b>X12N HIPAA Note:</b>			
		Required if X12N syntax conditions apply.			
		INDUSTRY: Date Time Period Format Qualifier			
		D8 Date Expressed in Format CCYYMMDD			
<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN 1/35</b>	<b>S</b>
		Expression of a date, a time, or range of dates, times or dates and times			
		<b>X12N HIPAA Note:</b>			
		Use only when the date diagnosed is known.			
		ALIAS: Diagnosis Date			
		INDUSTRY: Diagnosis Date			
<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R 1/18</b>	<b>N/U</b>
		Monetary amount			
<b>C02206</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R 1/15</b>	<b>N/U</b>
		Numeric value of quantity			
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN 1/30</b>	<b>N/U</b>
		Revision level of a particular format, program, technique or algorithm			
<b>HI09</b>	<b>C022</b>	<b>Health Care Code Information</b>	<b>O</b>		<b>S</b>
		To send health care codes and their associated dates, amounts and quantities			
		<b>X12N HIPAA Note:</b>			
		Required only if there are additional diagnoses to communicate.			
		ALIAS: Diagnosis 9			
<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M</b>	<b>ID 1/3</b>	<b>R</b>
		Code identifying a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		INDUSTRY: Diagnosis Type Code			
		BF Diagnosis			
<b>C02202</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>			
		ALIAS: Diagnosis Code			
		INDUSTRY: Diagnosis Code			
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID 2/3</b>	<b>S</b>
		Code indicating the date format, time format, or date and time format			
		<b>X12N HIPAA Note:</b>			
		Required if X12N syntax conditions apply.			
		INDUSTRY: Date Time Period Format Qualifier			
		D8 Date Expressed in Format CCYYMMDD			
<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN 1/35</b>	<b>S</b>

Expression of a date, a time, or range of dates, times or dates and times

**X12N HIPAA Note:**

Use only when the date diagnosed is known.

ALIAS: Diagnosis Date

INDUSTRY: Diagnosis Date

**C02205 782 Monetary Amount O R 1/18 N/U**

Monetary amount

**C02206 380 Quantity O R 1/15 N/U**

Numeric value of quantity

**C02207 799 Version Identifier O AN 1/30 N/U**

Revision level of a particular format, program, technique or algorithm

**HI10 C022 Health Care Code Information O S**

To send health care codes and their associated dates, amounts and quantities

**X12N HIPAA Note:**

Required only if there are additional diagnoses to communicate.

ALIAS: Diagnosis 10

**C02201 1270 Code List Qualifier Code M ID 1/3 R**

Code identifying a specific industry code list

**X12N HIPAA Note:**

INDUSTRY: Diagnosis Type Code

BF Diagnosis

**C02202 1271 Industry Code M AN 1/30 R**

Code indicating a code from a specific industry code list

**X12N HIPAA Note:**

ALIAS: Diagnosis Code

INDUSTRY: Diagnosis Code

**C02203 1250 Date Time Period Format Qualifier X ID 2/3 S**

Code indicating the date format, time format, or date and time format

**X12N HIPAA Note:**

Required if X12N syntax conditions apply.

INDUSTRY: Date Time Period Format Qualifier

D8 Date Expressed in Format CCYYMMDD

**C02204 1251 Date Time Period X AN 1/35 S**

Expression of a date, a time, or range of dates, times or dates and times

**X12N HIPAA Note:**

Use only when the date diagnosed is known.

ALIAS: Diagnosis Date

INDUSTRY: Diagnosis Date

**C02205 782 Monetary Amount O R 1/18 N/U**

Monetary amount

**C02206 380 Quantity O R 1/15 N/U**

Numeric value of quantity

**C02207 799 Version Identifier O AN 1/30 N/U**

Revision level of a particular format, program, technique or algorithm

**HI11 C022 Health Care Code Information O S**

To send health care codes and their associated dates, amounts and quantities

**X12N HIPAA Note:**

Required only if there are additional diagnoses to communicate.

ALIAS: Diagnosis 11

**C02201 1270 Code List Qualifier Code M ID 1/3 R**

Code identifying a specific industry code list

**X12N HIPAA Note:**

INDUSTRY: Diagnosis Type Code

C02202	1271	BF Diagnosis	<b>Industry Code</b>	M	AN 1/30	R
			Code indicating a code from a specific industry code list			
			<b>X12N HIPAA Note:</b>			
			ALIAS: Diagnosis Code			
			INDUSTRY: Diagnosis Code			
C02203	1250		<b>Date Time Period Format Qualifier</b>	X	ID 2/3	S
			Code indicating the date format, time format, or date and time format			
			<b>X12N HIPAA Note:</b>			
			Required if X12N syntax conditions apply.			
			INDUSTRY: Date Time Period Format Qualifier			
		D8	Date Expressed in Format CCYYMMDD			
C02204	1251		<b>Date Time Period</b>	X	AN 1/35	S
			Expression of a date, a time, or range of dates, times or dates and times			
			<b>X12N HIPAA Note:</b>			
			Use only when the date diagnosed is known.			
			ALIAS: Diagnosis Date			
			INDUSTRY: Diagnosis Date			
C02205	782		<b>Monetary Amount</b>	O	R 1/18	N/U
			Monetary amount			
C02206	380		<b>Quantity</b>	O	R 1/15	N/U
			Numeric value of quantity			
C02207	799		<b>Version Identifier</b>	O	AN 1/30	N/U
			Revision level of a particular format, program, technique or algorithm			
HI12	C022		<b>Health Care Code Information</b>	O		S
			To send health care codes and their associated dates, amounts and quantities			
			<b>X12N HIPAA Note:</b>			
			Required only if there are additional diagnoses to communicate.			
			ALIAS: Diagnosis 12			
C02201	1270		<b>Code List Qualifier Code</b>	M	ID 1/3	R
			Code identifying a specific industry code list			
			<b>X12N HIPAA Note:</b>			
			INDUSTRY: Diagnosis Type Code			
		BF	Diagnosis			
C02202	1271		<b>Industry Code</b>	M	AN 1/30	R
			Code indicating a code from a specific industry code list			
			<b>X12N HIPAA Note:</b>			
			ALIAS: Diagnosis Code			
			INDUSTRY: Diagnosis Code			
C02203	1250		<b>Date Time Period Format Qualifier</b>	X	ID 2/3	S
			Code indicating the date format, time format, or date and time format			
			<b>X12N HIPAA Note:</b>			
			Required if X12N syntax conditions apply.			
			INDUSTRY: Date Time Period Format Qualifier			
		D8	Date Expressed in Format CCYYMMDD			
C02204	1251		<b>Date Time Period</b>	X	AN 1/35	S
			Expression of a date, a time, or range of dates, times or dates and times			
			<b>X12N HIPAA Note:</b>			
			Use only when the date diagnosed is known.			
			ALIAS: Diagnosis Date			
			INDUSTRY: Diagnosis Date			
C02205	782		<b>Monetary Amount</b>	O	R 1/18	N/U

<b>C02206</b>	<b>380</b>	Monetary amount <b>Quantity</b>	<b>O R 1/15</b>	<b>N/U</b>
		Numeric value of quantity		
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>	<b>O AN 1/30</b>	<b>N/U</b>
		Revision level of a particular format, program, technique or algorithm		

**Segment:** **NM1** Subscriber Name  
**Position:** 170  
**Loop:** 2010C 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**  
Use this segment to convey the name and identification number of the subscriber (who may also be the patient).  
  
The Member Identification Number (NM108/NM109) is required and may be adequate to identify the subscriber to the UMO. However, the UMO can require additional information. The maximum data elements that the UMO can require to identify the subscriber, in addition to the member ID are as follows:  
Subscriber Last Name (NM103)  
Subscriber First Name (NM104)  
Subscriber Birth Date (DMG01 and DMG02)  
  
Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.  
**X12N HIPAA or ODJFS Example**  
Example: NM1\*IL\*1\*SMITH\*JOE\*\*\*\*MI\*12345678901~

**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	M ID 2/3	R
		IL Insured or Subscriber		
NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity <b>X12N HIPAA Note:</b> INDUSTRY: Entity Type Qualifier	M ID 1/1	R
		1 Person		
NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name <b>X12N HIPAA Note:</b> Use if name information is needed to identify the subscriber. ALIAS: Subscriber Last Name INDUSTRY: Subscriber Last Name	O AN 1/35	S
NM104	1036	<b>Name First</b> Individual first name <b>X12N HIPAA Note:</b> Use if name information is needed to identify the subscriber. ALIAS: Subscriber 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>	O AN 1/25	S

Use if name information is needed to identify the subscriber and middle name/initial of the subscriber is known.

ALIAS: Subscriber Middle Name

INDUSTRY: Subscriber Middle Name

**NM106 1038 Name Prefix O AN 1/10 N/U**

Prefix to individual name

**X12N HIPAA Note:**

ALIAS: Subscriber Name Prefix

**NM107 1039 Name Suffix O AN 1/10 S**

Suffix to individual name

**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

MI Member Identification Number

**X12N HIPAA Note:**

The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Use MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.

ZZ Mutually Defined

**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 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:**

ALIAS: Subscriber Member Number

INDUSTRY: Subscriber Primary Identifier

**NM110 706 Entity Relationship Code X ID 2/2 N/U**

Code describing entity relationship

Refer to 004010X094 Data Element Dictionary for acceptable code values.

**NM111 98 Entity Identifier Code O ID 2/3 N/U**

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

Refer to 004010X094 Data Element Dictionary for acceptable code values.

**Segment:** **REF** Subscriber Supplemental Identification  
**Position:** 180  
**Loop:** 2010C Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 9  
**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 segment when needed to provide a supplemental identifier for the subscriber. The primary identifier is the Member Identification Number in the NM1 segment.

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

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

**X12N HIPAA or ODJFS Example**  
Example: REF\*SY\*123456789~

**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	M ID 2/3	R
		1L Group or Policy Number <b>X12N HIPAA Note:</b> Use this code only if you cannot determine if the number is a Group Number (6P) or a Policy Number (IG).		
		1W Member Identification Number Unique identification number assigned to each member under a subscriber's contract <b>X12N HIPAA Note:</b> Do not use if NM108 = MI.		
		6P Group Number		
		A6 Employee Identification Number		
		EJ Patient Account Number A unique number assigned to each patient by the provider of service to facilitate retrieval of individual case records tracking of claims submitted to a payer and posting of payment <b>X12N HIPAA Note:</b> Use this code only if the subscriber is the patient.		
		F6 Health Insurance Claim (HIC) Number A unique number assigned by the government to each person entitled to Medicare benefits <b>X12N HIPAA Note:</b> Use the NM1 (Subscriber Name) segment if the subscriber's HIC number is the primary identifier for his or her coverage. Use this code only in a REF segment when the payer has a different member number, and there is also a need to pass the subscriber's		

			HIC number. This might occur in a Medicare HMO situation.
		HJ	Identity Card Number Number assigned to an individual by a government <b>X12N HIPAA Note:</b> Use this code when the Identity Card Number differs from the Member Identification Number. This is particularly prevalent in the Medicaid environment.
		IG	Insurance Policy Number
		N6	Plan Network Identification Number A number assigned to identify a specific health care network that provides health care services to insured members
		NQ	Medicaid Recipient Identification Number Unique identification number assigned to each member covered under a subscriber's contract
		SY	Social Security Number <b>X12N HIPAA Note:</b> Use this code only if the Social Security Number was not used by the payer as its primary method of identifying the subscriber. The social security number may not be used for Medicare.
<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30 R</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>X12N HIPAA Note:</b> INDUSTRY: Subscriber Supplemental Identifier
<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80 N/U</b> A free-form description to clarify the related data elements and their content
<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O N/U</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier
<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3 N/U</b> Code qualifying the Reference Identification Refer to 004010X094 Data Element Dictionary for acceptable code values.
<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30 N/U</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X ID 2/3 N/U</b> Code qualifying the Reference Identification Refer to 004010X094 Data Element Dictionary for acceptable code values.
<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30 N/U</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X ID 2/3 N/U</b> Code qualifying the Reference Identification Refer to 004010X094 Data Element Dictionary for acceptable code values.
<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30 N/U</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **DMG** **Subscriber Demographic Information**  
**Position:** 250  
**Loop:** 2010C Required  
**Level:** Detail  
**Usage:** Situational  
**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 only when birth date and/or gender information is needed to identify the subscriber/patient.

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

**X12N HIPAA or ODJFS Example**

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

**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	X ID 2/3	R
		D8 Date Expressed in Format CCYYMMDD		
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: Subscriber Birth Date	X AN 1/35	R
		INDUSTRY: Subscriber Birth Date		
DMG03	1068	<b>Gender Code</b> Code indicating the sex of the individual <b>X12N HIPAA Note:</b> Use if gender is needed to identify the subscriber. INDUSTRY: Subscriber Gender Code	O ID 1/1	S
		F Female M Male U Unknown		
DMG04	1067	<b>Marital Status Code</b> Code defining the marital status of a person Refer to 004010X094 Data Element Dictionary for acceptable code values.	O ID 1/1	N/U
DMG05	1109	<b>Race or Ethnicity Code</b> Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes <b>X12N HIPAA Note:</b> ALIAS: Subscriber Race of Ethnicity Code	O ID 1/1	N/U
		Refer to 004010X094 Data Element Dictionary for acceptable code values.		
DMG06	1066	<b>Citizenship Status Code</b> Code indicating citizenship status <b>X12N HIPAA Note:</b> ALIAS: Subscriber Citizenship Status Code	O ID 1/2	N/U
		Refer to 004010X094 Data Element Dictionary for acceptable code values.		
DMG07	26	<b>Country Code</b>	O ID 2/3	N/U

<b>DMG08</b>	<b>659</b>	Code identifying the country <b>Basis of Verification Code</b>	<b>O</b>	<b>ID 1/2</b>	<b>N/U</b>
		Code indicating the basis of verification Refer to 004010X094 Data Element Dictionary for acceptable code values.			
<b>DMG09</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R 1/15</b>	<b>N/U</b>
		Numeric value of quantity			

**Segment:** **HL** **Dependent Level**  
**Position:** 010  
**Loop:** 2000D Situational  
**Level:** Detail  
**Usage:** Situational  
**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**

Use this hierarchical loop only if the patient is someone other than the subscriber and the patient does not have a unique (different from the subscriber) member ID.

If the patient has a unique member ID, use Loop 2000C to identify the patient.

Required segments in this loop are required only when this loop is used.

**X12N HIPAA or ODJFS Example**

Example: HL\*4\*3\*23\*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	O ID 1/1	R

**X12N HIPAA Note:**

**INDUSTRY: Hierarchical Child Code**

1 Additional Subordinate HL Data Segment in This Hierarchical Structure.

**Segment:** **DTP** Accident Date  
**Position:** 070  
**Loop:** 2000D Situational  
**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 if the dependent's condition is accident related.

Required if UM05-1 = AA.

**X12N HIPAA or ODJFS Example**

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

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>HIPAA</u> <u>Attributes</u>	<u>ODJFS</u> <u>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 439 Accident Date mishap occurred	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 D8 Date Expressed in Format CCYYMMDD	M ID 2/3	R
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: Accident Date	M AN 1/35	R

**Segment:** **DTP** Last Menstrual Period Date  
**Position:** 070  
**Loop:** 2000D Situational  
**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 if the certification request is pregnancy related.  
**X12N HIPAA or ODJFS Example**  
 Example: DTP\*484\*D8\*19981218~

**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	484 Last Menstrual Period <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
DTP03	1251	D8 Date Expressed in Format CCYYMMDD <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: Last Menstrual Period Date	M AN 1/35	R

**Segment:** **DTP** Estimated Date of Birth  
**Position:** 070  
**Loop:** 2000D Situational  
**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 if the certification request is pregnancy related.  
**X12N HIPAA or ODJFS Example**  
 Example: DTP\*ABC\*D8\*19990923~

**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 ABC Estimated Date of Birth	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 D8 Date Expressed in Format CCYYMMDD	M ID 2/3	R
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: Estimated Birth Date	M AN 1/35	R

**Segment:** **DTP** Onset of Current Symptoms or Illness Date  
**Position:** 070  
**Loop:** 2000D Situational  
**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 if the onset of the dependent's current condition is known and different from the diagnosis date.

Do not use if the dependent's current condition is accident or pregnancy related.

**X12N HIPAA or ODJFS Example**

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

**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
		431 Onset of Current Symptoms or Illness Date first symptoms appeared		
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
		D8 Date Expressed in Format CCYYMMDD		
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> ALIAS: Onset of Current Symptoms or Illness Date INDUSTRY: Onset Date	M AN 1/35	R

**Segment:** **HI** **Dependent Diagnosis**  
**Position:** 080  
**Loop:** 2000D Situational  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To supply information related to the delivery of health care  
**Syntax Notes:**

- 1 If either C02203 or C02204 is present, then the other is required.
- 2 If either C02203 or C02204 is present, then the other is required.
- 3 If either C02203 or C02204 is present, then the other is required.
- 4 If either C02203 or C02204 is present, then the other is required.
- 5 If either C02203 or C02204 is present, then the other is required.
- 6 If either C02203 or C02204 is present, then the other is required.
- 7 If either C02203 or C02204 is present, then the other is required.
- 8 If either C02203 or C02204 is present, then the other is required.
- 9 If either C02203 or C02204 is present, then the other is required.
- 10 If either C02203 or C02204 is present, then the other is required.
- 11 If either C02203 or C02204 is present, then the other is required.
- 12 If either C02203 or C02204 is present, then the other is required.

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

**X12N HIPAA Note**

Use this segment to convey dependent diagnosis information.

Required if known by the requester.

Required on requests for authorization of home health care. Each home health care request must report a principal diagnosis and principal diagnosis date.

**X12N HIPAA or ODJFS Example**

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

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
HI01	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities <b>X12N HIPAA Note:</b> ALIAS: Diagnosis 1	M	R
C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Diagnosis Type Code BF Diagnosis BJ Admitting Diagnosis BK Principal Diagnosis	M ID 1/3	R
C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list <b>X12N HIPAA Note:</b> ALIAS: Diagnosis Code	M AN 1/30	R
C02203	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> Required if X12N syntax conditions apply. INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	X ID 2/3	S
C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X AN 1/35	S

**X12N HIPAA Note:**

Use only when the date diagnosed is known.

ALIAS: Diagnosis Date

INDUSTRY: Diagnosis Date

<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O R 1/18</b>	<b>N/U</b>
		Monetary amount		
<b>C02206</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>	<b>N/U</b>
		Numeric value of quantity		
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>	<b>O AN 1/30</b>	<b>N/U</b>
		Revision level of a particular format, program, technique or algorithm		
<b>HI02</b>	<b>C022</b>	<b>Health Care Code Information</b>	<b>O</b>	<b>S</b>
		To send health care codes and their associated dates, amounts and quantities		

**X12N HIPAA Note:**

Required only if there are additional diagnoses to communicate.

ALIAS: Diagnosis 2

<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M ID 1/3</b>	<b>R</b>
		Code identifying a specific industry code list		

**X12N HIPAA Note:**

INDUSTRY: Diagnosis Type Code

BF	Diagnosis
BJ	Admitting Diagnosis

<b>C02202</b>	<b>1271</b>	<b>Industry Code</b>	<b>M AN 1/30</b>	<b>R</b>
		Code indicating a code from a specific industry code list		

**X12N HIPAA Note:**

ALIAS: Diagnosis Code

INDUSTRY: Diagnosis Code

<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X ID 2/3</b>	<b>S</b>
		Code indicating the date format, time format, or date and time format		

**X12N HIPAA Note:**

Required if X12N syntax conditions apply.

INDUSTRY: Date Time Period Format Qualifier

D8	Date Expressed in Format CCYYMMDD
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<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X AN 1/35</b>	<b>S</b>
		Expression of a date, a time, or range of dates, times or dates and times		

**X12N HIPAA Note:**

Use only when the date diagnosed is known.

ALIAS: Diagnosis Date

INDUSTRY: Diagnosis Date

<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O R 1/18</b>	<b>N/U</b>
		Monetary amount		
<b>C02206</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>	<b>N/U</b>
		Numeric value of quantity		
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>	<b>O AN 1/30</b>	<b>N/U</b>
		Revision level of a particular format, program, technique or algorithm		
<b>HI03</b>	<b>C022</b>	<b>Health Care Code Information</b>	<b>O</b>	<b>S</b>
		To send health care codes and their associated dates, amounts and quantities		

**X12N HIPAA Note:**

Required only if there are additional diagnoses to communicate.

ALIAS: Diagnosis 3

<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M ID 1/3</b>	<b>R</b>
		Code identifying a specific industry code list		

**X12N HIPAA Note:**

INDUSTRY: Diagnosis Type Code

C02202	1271	BF <b>Industry Code</b>	Diagnosis	M	AN 1/30	R
		Code indicating a code from a specific industry code list				
		<b>X12N HIPAA Note:</b>				
		ALIAS: Diagnosis Code				
		INDUSTRY: Diagnosis Code				
C02203	1250	<b>Date Time Period Format Qualifier</b>		X	ID 2/3	S
		Code indicating the date format, time format, or date and time format				
		<b>X12N HIPAA Note:</b>				
		Required if X12N syntax conditions apply.				
		INDUSTRY: Date Time Period Format Qualifier				
C02204	1251	D8 <b>Date Time Period</b>	Date Expressed in Format CCYYMMDD	X	AN 1/35	S
		Expression of a date, a time, or range of dates, times or dates and times				
		<b>X12N HIPAA Note:</b>				
		Use only when the date diagnosed is known.				
		ALIAS: Diagnosis Date				
		INDUSTRY: Diagnosis Date				
C02205	782	<b>Monetary Amount</b>		O	R 1/18	N/U
		Monetary amount				
C02206	380	<b>Quantity</b>		O	R 1/15	N/U
		Numeric value of quantity				
C02207	799	<b>Version Identifier</b>		O	AN 1/30	N/U
		Revision level of a particular format, program, technique or algorithm				
HI04	C022	<b>Health Care Code Information</b>		O		S
		To send health care codes and their associated dates, amounts and quantities				
		<b>X12N HIPAA Note:</b>				
		Use only when the date diagnosed is known.				
		Required only if there are additional diagnoses to communicate.				
		ALIAS: Diagnosis 4				
C02201	1270	<b>Code List Qualifier Code</b>		M	ID 1/3	R
		Code identifying a specific industry code list				
		<b>X12N HIPAA Note:</b>				
		INDUSTRY: Diagnosis Type Code				
C02202	1271	BF <b>Industry Code</b>	Diagnosis	M	AN 1/30	R
		Code indicating a code from a specific industry code list				
		<b>X12N HIPAA Note:</b>				
		ALIAS: Diagnosis Code				
		INDUSTRY: Diagnosis Code				
C02203	1250	<b>Date Time Period Format Qualifier</b>		X	ID 2/3	S
		Code indicating the date format, time format, or date and time format				
		<b>X12N HIPAA Note:</b>				
		Required if X12N syntax conditions apply.				
		INDUSTRY: Date Time Period Format Qualifier				
C02204	1251	D8 <b>Date Time Period</b>	Date Expressed in Format CCYYMMDD	X	AN 1/35	S
		Expression of a date, a time, or range of dates, times or dates and times				
		<b>X12N HIPAA Note:</b>				
		Use only when the date diagnosed is known.				
		ALIAS: Diagnosis Date				

		INDUSTRY: Diagnosis Date			
C02205	782	<b>Monetary Amount</b>	O	R 1/18	N/U
		Monetary amount			
C02206	380	<b>Quantity</b>	O	R 1/15	N/U
		Numeric value of quantity			
C02207	799	<b>Version Identifier</b>	O	AN 1/30	N/U
		Revision level of a particular format, program, technique or algorithm			
HI05	C022	<b>Health Care Code Information</b>	O		S
		To send health care codes and their associated dates, amounts and quantities			
		<b>X12N HIPAA Note:</b> Required only if there are additional diagnoses to communicate.			
		ALIAS: Diagnosis 5			
C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3	R
		Code identifying a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		INDUSTRY: Diagnosis Type Code			
		BF		Diagnosis	
C02202	1271	<b>Industry Code</b>	M	AN 1/30	R
		Code indicating a code from a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		ALIAS: Diagnosis Code			
		INDUSTRY: Diagnosis Code			
C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3	S
		Code indicating the date format, time format, or date and time format			
		<b>X12N HIPAA Note:</b> Required if X12N syntax conditions apply.			
		INDUSTRY: Date Time Period Format Qualifier			
		D8		Date Expressed in Format CCYYMMDD	
C02204	1251	<b>Date Time Period</b>	X	AN 1/35	S
		Expression of a date, a time, or range of dates, times or dates and times			
		<b>X12N HIPAA Note:</b> Use only when the date diagnosed is known.			
		ALIAS: Diagnosis Date			
		INDUSTRY: Diagnosis Date			
C02205	782	<b>Monetary Amount</b>	O	R 1/18	N/U
		Monetary amount			
C02206	380	<b>Quantity</b>	O	R 1/15	N/U
		Numeric value of quantity			
C02207	799	<b>Version Identifier</b>	O	AN 1/30	N/U
		Revision level of a particular format, program, technique or algorithm			
HI06	C022	<b>Health Care Code Information</b>	O		S
		To send health care codes and their associated dates, amounts and quantities			
		<b>X12N HIPAA Note:</b> Required only if there are additional diagnoses to communicate.			
		ALIAS: Diagnosis 6			
C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3	R
		Code identifying a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		INDUSTRY: Diagnosis Type Code			
		BF		Diagnosis	
C02202	1271	<b>Industry Code</b>	M	AN 1/30	R
		Code indicating a code from a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		ALIAS: Diagnosis Code			

		INDUSTRY: Diagnosis Code			
C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3	S
		Code indicating the date format, time format, or date and time format			
		<b>X12N HIPAA Note:</b>			
		Required if X12N syntax conditions apply.			
		INDUSTRY: Date Time Period Format Qualifier			
		D8	Date Expressed in Format CCYYMMDD		
C02204	1251	<b>Date Time Period</b>	X	AN 1/35	S
		Expression of a date, a time, or range of dates, times or dates and times			
		<b>X12N HIPAA Note:</b>			
		Use only when the date diagnosed is known.			
		ALIAS: Diagnosis Date			
		INDUSTRY: Diagnosis Date			
C02205	782	<b>Monetary Amount</b>	O	R 1/18	N/U
		Monetary amount			
C02206	380	<b>Quantity</b>	O	R 1/15	N/U
		Numeric value of quantity			
C02207	799	<b>Version Identifier</b>	O	AN 1/30	N/U
		Revision level of a particular format, program, technique or algorithm			
HI07	C022	<b>Health Care Code Information</b>	O		S
		To send health care codes and their associated dates, amounts and quantities			
		<b>X12N HIPAA Note:</b>			
		Required only if there are additional diagnoses to communicate.			
		ALIAS: Diagnosis 7			
C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3	R
		Code identifying a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		INDUSTRY: Diagnosis Type Code			
		BF	Diagnosis		
C02202	1271	<b>Industry Code</b>	M	AN 1/30	R
		Code indicating a code from a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		ALIAS: Diagnosis Code			
		INDUSTRY: Diagnosis Code			
C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3	S
		Code indicating the date format, time format, or date and time format			
		<b>X12N HIPAA Note:</b>			
		Required if X12N syntax conditions apply.			
		INDUSTRY: Date Time Period Format Qualifier			
		D8	Date Expressed in Format CCYYMMDD		
C02204	1251	<b>Date Time Period</b>	X	AN 1/35	S
		Expression of a date, a time, or range of dates, times or dates and times			
		<b>X12N HIPAA Note:</b>			
		Use only when the date diagnosed is known.			
		ALIAS: Diagnosis Date			
		INDUSTRY: Diagnosis Date			
C02205	782	<b>Monetary Amount</b>	O	R 1/18	N/U
		Monetary amount			
C02206	380	<b>Quantity</b>	O	R 1/15	N/U
		Numeric value of quantity			
C02207	799	<b>Version Identifier</b>	O	AN 1/30	N/U
		Revision level of a particular format, program, technique or algorithm			
HI08	C022	<b>Health Care Code Information</b>	O		S

To send health care codes and their associated dates, amounts and quantities

**X12N HIPAA Note:**

Required only if there are additional diagnoses to communicate.

		ALIAS: Diagnosis 8			
<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M</b>	<b>ID 1/3</b>	<b>R</b>
		Code identifying a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		INDUSTRY: Diagnosis Type Code			
		BF Diagnosis			
<b>C02202</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>			
		ALIAS: Diagnosis Code			
		INDUSTRY: Diagnosis Code			
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID 2/3</b>	<b>S</b>
		Code indicating the date format, time format, or date and time format			
		<b>X12N HIPAA Note:</b>			
		Required if X12N syntax conditions apply.			
		INDUSTRY: Date Time Period Format Qualifier			
		D8 Date Expressed in Format CCYYMMDD			
<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN 1/35</b>	<b>S</b>
		Expression of a date, a time, or range of dates, times or dates and times			
		<b>X12N HIPAA Note:</b>			
		Use only when the date diagnosed is known.			
		ALIAS: Diagnosis Date			
		INDUSTRY: Diagnosis Date			
<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R 1/18</b>	<b>N/U</b>
		Monetary amount			
<b>C02206</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R 1/15</b>	<b>N/U</b>
		Numeric value of quantity			
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN 1/30</b>	<b>N/U</b>
		Revision level of a particular format, program, technique or algorithm			
<b>HI09</b>	<b>C022</b>	<b>Health Care Code Information</b>	<b>O</b>		<b>S</b>
		To send health care codes and their associated dates, amounts and quantities			
		<b>X12N HIPAA Note:</b>			
		Required only if there are additional diagnoses to communicate.			
		ALIAS: Diagnosis 9			
<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M</b>	<b>ID 1/3</b>	<b>R</b>
		Code identifying a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		INDUSTRY: Diagnosis Type Code			
		BF Diagnosis			
<b>C02202</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>			
		ALIAS: Diagnosis Code			
		INDUSTRY: Diagnosis Code			
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID 2/3</b>	<b>S</b>
		Code indicating the date format, time format, or date and time format			
		<b>X12N HIPAA Note:</b>			
		Required if X12N syntax conditions apply.			
		INDUSTRY: Date Time Period Format Qualifier			
		D8 Date Expressed in Format CCYYMMDD			

<b>C02204</b>	<b>1251</b>	<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> Use only when the date diagnosed is known.  ALIAS: Diagnosis Date  INDUSTRY: Diagnosis Date	<b>X</b>	<b>AN 1/35</b>	<b>S</b>
<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O</b>	<b>R 1/18</b>	<b>N/U</b>
<b>C02206</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity	<b>O</b>	<b>R 1/15</b>	<b>N/U</b>
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	<b>O</b>	<b>AN 1/30</b>	<b>N/U</b>
<b>HI10</b>	<b>C022</b>	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities <b>X12N HIPAA Note:</b> Required only if there are additional diagnoses to communicate.  ALIAS: Diagnosis 10	<b>O</b>		<b>S</b>
<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Diagnosis Type Code BF Diagnosis	<b>M</b>	<b>ID 1/3</b>	<b>R</b>
<b>C02202</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list <b>X12N HIPAA Note:</b> ALIAS: Diagnosis Code  INDUSTRY: Diagnosis Code	<b>M</b>	<b>AN 1/30</b>	<b>R</b>
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format <b>X12N HIPAA Note:</b> Required if X12N syntax conditions apply.  INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	<b>X</b>	<b>ID 2/3</b>	<b>S</b>
<b>C02204</b>	<b>1251</b>	<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> Use only when the date diagnosed is known.  ALIAS: Diagnosis Date  INDUSTRY: Diagnosis Date	<b>X</b>	<b>AN 1/35</b>	<b>S</b>
<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O</b>	<b>R 1/18</b>	<b>N/U</b>
<b>C02206</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity	<b>O</b>	<b>R 1/15</b>	<b>N/U</b>
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	<b>O</b>	<b>AN 1/30</b>	<b>N/U</b>
<b>HI11</b>	<b>C022</b>	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities <b>X12N HIPAA Note:</b> Required only if there are additional diagnoses to communicate.  ALIAS: Diagnosis 11	<b>O</b>		<b>S</b>
<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list <b>X12N HIPAA Note:</b>	<b>M</b>	<b>ID 1/3</b>	<b>R</b>

		INDUSTRY: Diagnosis Type Code			
		BF	Diagnosis		
<b>C02202</b>	<b>1271</b>	<b>Industry Code</b>		<b>M AN 1/30</b>	<b>R</b>
		Code indicating a code from a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		ALIAS: Diagnosis Code			
		INDUSTRY: Diagnosis Code			
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>		<b>X ID 2/3</b>	<b>S</b>
		Code indicating the date format, time format, or date and time format			
		<b>X12N HIPAA Note:</b>			
		Required if X12N syntax conditions apply.			
		INDUSTRY: Date Time Period Format Qualifier			
		D8	Date Expressed in Format CCYYMMDD		
<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>		<b>X AN 1/35</b>	<b>S</b>
		Expression of a date, a time, or range of dates, times or dates and times			
		<b>X12N HIPAA Note:</b>			
		Use only when the date diagnosed is known.			
		ALIAS: Diagnosis Date			
		INDUSTRY: Diagnosis Date			
<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b>		<b>O R 1/18</b>	<b>N/U</b>
		Monetary amount			
<b>C02206</b>	<b>380</b>	<b>Quantity</b>		<b>O R 1/15</b>	<b>N/U</b>
		Numeric value of quantity			
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>		<b>O AN 1/30</b>	<b>N/U</b>
		Revision level of a particular format, program, technique or algorithm			
<b>HI12</b>	<b>C022</b>	<b>Health Care Code Information</b>		<b>O</b>	<b>S</b>
		To send health care codes and their associated dates, amounts and quantities			
		<b>X12N HIPAA Note:</b>			
		Required only if there are additional diagnoses to communicate.			
		ALIAS: Diagnosis 12			
<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b>		<b>M ID 1/3</b>	<b>R</b>
		Code identifying a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		INDUSTRY: Diagnosis Type Code			
		BF	Diagnosis		
<b>C02202</b>	<b>1271</b>	<b>Industry Code</b>		<b>M AN 1/30</b>	<b>R</b>
		Code indicating a code from a specific industry code list			
		<b>X12N HIPAA Note:</b>			
		ALIAS: Diagnosis Code			
		INDUSTRY: Diagnosis Code			
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>		<b>X ID 2/3</b>	<b>S</b>
		Code indicating the date format, time format, or date and time format			
		<b>X12N HIPAA Note:</b>			
		Required if X12N syntax conditions apply.			
		INDUSTRY: Date Time Period Format Qualifier			
		D8	Date Expressed in Format CCYYMMDD		
<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>		<b>X AN 1/35</b>	<b>S</b>
		Expression of a date, a time, or range of dates, times or dates and times			
		<b>X12N HIPAA Note:</b>			
		Use only when the date diagnosed is known.			
		ALIAS: Diagnosis Date			
		INDUSTRY: Diagnosis Date			

<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O R 1/18</b>	<b>N/U</b>
<b>C02206</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity	<b>O R 1/15</b>	<b>N/U</b>
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	<b>O AN 1/30</b>	<b>N/U</b>

**Segment:** **NM1** **Dependent Name**  
**Position:** 170  
**Loop:** 2010D 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**  
Use this segment to convey the name of the dependent who is the patient.  
The maximum data elements in Loop 2010D that can be required by a UMO to identify a dependent are as follows:  
Dependent Last Name (NM103)  
Dependent First Name (NM104)  
Dependent Birth Date (DMG01 and DMG02)  
Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.  
**X12N HIPAA or ODJFS Example**  
Example: NM1\*QC\*1\*SMITH\*MARY~

**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 QC Patient Individual receiving medical care	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	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> Use if name information is needed to identify the dependent. ALIAS: Dependent Last Name INDUSTRY: Dependent Last Name	O AN 1/35	S
NM104	1036	<b>Name First</b> Individual first name <b>X12N HIPAA Note:</b> Use if name information is needed to identify the dependent. ALIAS: Dependent First Name INDUSTRY: Dependent First Name	O AN 1/25	S
NM105	1037	<b>Name Middle</b> Individual middle name or initial <b>X12N HIPAA Note:</b> Use if name information is needed to identify the dependent and the middle name/initial of the dependent is known.	O AN 1/25	S

		ALIAS: Dependent Middle Name			
		INDUSTRY: Dependent Middle Name			
NM106	1038	<b>Name Prefix</b> Prefix to individual name <b>X12N HIPAA Note:</b>	O	AN 1/10	N/U
		ALIAS: Dependent Name Prefix			
NM107	1039	<b>Name Suffix</b> Suffix to individual name <b>X12N HIPAA Note:</b>	O	AN 1/10	S
		Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.			
NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) Refer to 004010X094 Data Element Dictionary for acceptable code values.	X	ID 1/2	N/U
NM109	67	<b>Identification Code</b> Code identifying a party or other code <b>X12N HIPAA Note:</b>	X	AN 2/80	N/U
		ALIAS: Dependent Member Number			
NM110	706	<b>Entity Relationship Code</b> Code describing entity relationship Refer to 004010X094 Data Element Dictionary for acceptable code values.	X	ID 2/2	N/U
NM111	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual Refer to 004010X094 Data Element Dictionary for acceptable code values.	O	ID 2/3	N/U

**Segment:** **REF** **Dependent Supplemental Identification**  
**Position:** 180  
**Loop:** 2010D Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 3  
**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 segment when necessary to provide supplemental identifiers for the dependent.

Use the Subscriber Supplemental Identifier (REF) segment in Loop 2010C for supplemental identifiers related to the subscriber's policy or group number.

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

**X12N HIPAA or ODJFS Example**  
Example: REF\*SY\*123456789~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification <b>X12N HIPAA Note:</b> INDUSTRY: Reference Identification Qualifier A6 Employee Identification Number EJ Patient Account Number A unique number assigned to each patient by the provider of service to facilitate retrieval of individual case records tracking of claims submitted to a payer and posting of payment SY Social Security Number <b>X12N HIPAA Note:</b> The social security number may not be used for Medicare.	M ID 2/3	R
REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>X12N HIPAA Note:</b> INDUSTRY: Dependent Supplemental Identifier	X AN 1/30	R
REF03	352	<b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80	N/U
REF04	C040	<b>Reference Identifier</b>  To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O	N/ U
C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 004010X094 Data Element Dictionary for acceptable code values.	M ID 2/3	N/U
C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30	N/U
C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 004010X094 Data Element Dictionary for acceptable code values.	X ID 2/3	N/U
C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the	X AN 1/30	N/U

<b>C04005</b>	<b>128</b>	Reference Identification Qualifier <b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>	<b>N/U</b>
		Refer to 004010X094 Data Element Dictionary for acceptable code values.			
<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>	<b>N/U</b>

**Segment:** **DMG** **Dependent Demographic Information**  
**Position:** 250  
**Loop:** 2010D Required  
**Level:** Detail  
**Usage:** Situational  
**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 only when birth date and/or gender information is needed to identify the dependent.

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

**X12N HIPAA or ODJFS Example**

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

**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	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: Dependent Birth Date INDUSTRY: Dependent 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> Use if gender is needed to identify the Dependent. INDUSTRY: Dependent Gender Code	O ID 1/1	S
DMG04	1067	<b>Marital Status Code</b> Code defining the marital status of a person Refer to 004010X094 Data Element Dictionary for acceptable code values.	O ID 1/1	N/U
DMG05	1109	<b>Race or Ethnicity Code</b> Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes Refer to 004010X094 Data Element Dictionary for acceptable code values.	O ID 1/1	N/U
DMG06	1066	<b>Citizenship Status Code</b> Code indicating citizenship status Refer to 004010X094 Data Element Dictionary for acceptable code values.	O ID 1/2	N/U
DMG07	26	<b>Country Code</b> Code identifying the country	O ID 2/3	N/U
DMG08	659	<b>Basis of Verification Code</b> Code indicating the basis of verification Refer to 004010X094 Data Element Dictionary for acceptable code values.	O ID 1/2	N/U

**DMG09**

**380**

**Quantity**

Numeric value of quantity

**O R 1/15**

**N/U**

**Segment:** **INS** **Dependent Relationship**  
**Position:** 260  
**Loop:** 2010D Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To provide benefit information on insured entities  
**Syntax Notes:** 1 If either INS11 or INS12 is present, then the other is required.  
**Semantic Notes:** 1 INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber; an "N" value indicates the insured is a dependent.  
 2 INS10 is the handicapped status indicator. A "Y" value indicates an individual is handicapped; an "N" value indicates an individual is not handicapped.  
 3 INS12 is the date of death.  
 4 INS14, INS15, and INS16 identify where the employee works.  
 5 INS17 is the number assigned to each family member born with the same birth date. This number identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.).

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

**X12N HIPAA Note**

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

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

**X12N HIPAA or ODJFS Example**

Example: INS\*N\*19~

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>HIPAA</u> <u>Attributes</u>	<u>ODJFS</u> <u>Attributes</u>
INS01	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response <b>X12N HIPAA Note:</b> ALIAS: Insured Indicator  INDUSTRY: Insured Indicator N No	M ID 1/1	R
INS02	1069	<b>Individual Relationship Code</b> Code indicating the relationship between two individuals or entities <b>X12N HIPAA Note:</b> ALIAS: Relationship to Insured Code  INDUSTRY: Individual Relationship Code 01 Spouse 04 Grandfather or Grandmother 05 Grandson or Granddaughter 07 Nephew or Niece 09 Adopted Child 10 Foster Child 15 Ward 17 Stepson or Stepdaughter 19 Child Dependent between the ages of 0 and 19; age qualifications may vary depending on policy 20 Employee 21 Unknown 22 Handicapped Dependent 23 Sponsored Dependent Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy	M ID 2/2	R

		24	Dependent of a Minor		
			Dependent		
		29	A child not legally of age who has been granted adult status		
		32	Significant Other		
		33	Mother		
		34	Father		
		36	Other Adult		
			Emancipated Minor		
			A person who has been judged by a court of competent jurisdiction to be allowed to act in his or her own interest; no adult is legally responsible for this minor; this may be declared as a result of marriage		
		39	Organ Donor		
			Individual receiving medical service in order to donate organs for a transplant		
		40	Cadaver Donor		
			Deceased individual donating body to be used for research or transplants		
		41	Injured Plaintiff		
		43	Child Where Insured Has No Financial Responsibility		
			Child is covered by the insured but the insured is not the legal guardian		
		53	Life Partner		
		G8	Other Relationship		
INS03	875	<b>Maintenance Type Code</b>		O ID 3/3	N/U
		Code identifying the specific type of item maintenance			
		Refer to 004010X094 Data Element Dictionary for acceptable code values.			
INS04	1203	<b>Maintenance Reason Code</b>		O ID 2/3	N/U
		Code identifying the reason for the maintenance change			
		Refer to 004010X094 Data Element Dictionary for acceptable code values.			
INS05	1216	<b>Benefit Status Code</b>		O ID 1/1	N/U
		The type of coverage under which benefits are paid			
		Refer to 004010X094 Data Element Dictionary for acceptable code values.			
INS06	1218	<b>Medicare Plan Code</b>		O ID 1/1	N/U
		Code identifying the Medicare Plan			
		Refer to 004010X094 Data Element Dictionary for acceptable code values.			
INS07	1219	<b>Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code</b>		O ID 1/2	N/U
		A Qualifying Event is any of the following which results in loss of coverage for a Qualified Beneficiary			
		Refer to 004010X094 Data Element Dictionary for acceptable code values.			
INS08	584	<b>Employment Status Code</b>		O ID 2/2	N/U
		Code showing the general employment status of an employee/claimant			
		Refer to 004010X094 Data Element Dictionary for acceptable code values.			
INS09	1220	<b>Student Status Code</b>		O ID 1/1	N/U
		Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured			
		Refer to 004010X094 Data Element Dictionary for acceptable code values.			
INS10	1073	<b>Yes/No Condition or Response Code</b>		O ID 1/1	N/U
		Code indicating a Yes or No condition or response			
		Refer to 004010X094 Data Element Dictionary for acceptable code values.			
INS11	1250	<b>Date Time Period Format Qualifier</b>		X ID 2/3	N/U
		Code indicating the date format, time format, or date and time format			
		Refer to 004010X094 Data Element Dictionary for acceptable code values.			
INS12	1251	<b>Date Time Period</b>		X AN 1/35	N/U
		Expression of a date, a time, or range of dates, times or dates and times			
INS13	1165	<b>Confidentiality Code</b>		O ID 1/1	N/U
		Code indicating the access to insured information			
		Refer to 004010X094 Data Element Dictionary for acceptable code values.			
INS14	19	<b>City Name</b>		O AN 2/30	N/U
		Free-form text for city name			
INS15	156	<b>State or Province Code</b>		O ID 2/2	N/U

<b>INS16</b>	<b>26</b>	Code (Standard State/Province) as defined by appropriate government agency <b>Country Code</b>	<b>O</b>	<b>ID 2/3</b>	<b>N/U</b>
<b>INS17</b>	<b>1470</b>	Code identifying the country <b>Number</b>	<b>O</b>	<b>N0 1/9</b>	<b>S</b>

A generic number

**X12N HIPAA Note:**

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

INDUSTRY: Birth Sequence Number

**Segment:** **HL Service Provider Level**  
**Position:** 010  
**Loop:** 2000E 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**

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

**X12N HIPAA or ODJFS Example**

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

**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>
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> INDUSTRY: Hierarchical Child Code	O ID 1/1	R
		1 Provider of Service Additional Subordinate HL Data Segment in This Hierarchical Structure.		

**Segment:** **MSG** Message Text  
**Position:** 160  
**Loop:** 2000E Required  
**Level:** Detail  
**Usage:** Situational (Not Recommended)  
**Max Use:** 1  
**Purpose:** To provide a free-form format that allows the transmission of text information  
**Syntax Notes:** 1 If MSG03 is present, then MSG02 is required.  
**Semantic Notes:** 1 MSG03 is the number of lines to advance before printing.  
**Comments:** 1 MSG02 is not related to the specific characteristics of a printer, but identifies top of page, advance a line, etc.  
2 If MSG02 is "AA - Advance the specified number of lines before print" then MSG03 is required.  
**Notes:** **X12N HIPAA Note**  
Use to transmit a text message to the UMO about the service provider or specialty requested.  
**X12N HIPAA or ODJFS Example**  
Example: MSG\*This is a free-form text message~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
MSG01	933	<b>Free-Form Message Text</b> Free-form message text <b>X12N HIPAA Note:</b> INDUSTRY: Free Form Message Text	M AN 1/264	R
MSG02	934	<b>Printer Carriage Control Code</b> A field to be used for the control of the line feed of the receiving printer Refer to 004010X094 Data Element Dictionary for acceptable code values.	X ID 2/2	N/U
MSG03	1470	<b>Number</b> A generic number	O N0 1/9	N/U

**Segment:** **NM1** Service Provider Name  
**Position:** 170  
**Loop:** 2010E 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**  
Use this segment to convey the name and identification number of the service provider (person, group, or facility) or to identify the specialty entity.  
Use the maximum of three occurrences of Loop 2010E in a single Loop 2000E only when it is necessary to identify an individual provider within a specific group and facility when that provider and group provide services at multiple facilities.  
Do not use multiple occurrences of Loop 2010E within a single Loop 2000E to request certification for admission to a facility and a specialist or services at that facility. In this case, two occurrences of Loop 2000E are required as follows:  
The admission request must be expressed in a separate Loop 2000E where the facility is identified in Loop 2010E and Loop 2000F identifies admission review as the request category.  
The specialist and services are expressed in a separate Loop 2000E where the specialist or specialty is identified in Loop 2010E and Loop 2000F identifies the services.  
**X12N HIPAA or ODJFS Example**  
Example: NM1\*SJ\*1\*WATSON\*SUSAN\*\*\*\*34\*987654321~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>		<u>HIPAA</u>	<u>ODJFS</u>
<u>Des.</u>	<u>Element</u>	<u>Name</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 1T Physician, Clinic or Group Practice FA Facility SJ Service Provider Identifies name and address information as pertaining to a service provider for which billing is being rendered	<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 1 Person 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> Required if identifying a specialty person, facility, group practice, or clinic and NM108/NM109 are not present. Not used if identifying a specialty entity.  ALIAS: Service Provider Last or Organization Name  INDUSTRY: Service Provider Last or Organization Name	<b>O AN 1/35</b>	<b>S</b>
NM104	1036	<b>Name First</b> Individual first name <b>X12N HIPAA Note:</b>	<b>O AN 1/25</b>	<b>S</b>

		Required if the service provider is a specific person (NM102 = 1) and NM103 is present.		
		ALIAS: Service Provider First Name		
		INDUSTRY: Service Provider First Name		
NM105	1037	<b>Name Middle</b> Individual middle name or initial <b>X12N HIPAA Note:</b> Required if NM104 is present and the middle name/initial of the person is known.	O AN 1/25	S
		ALIAS: Service Provider Middle Name		
		INDUSTRY: Service Provider Middle Name		
NM106	1038	<b>Name Prefix</b> Prefix to individual name <b>X12N HIPAA Note:</b>	O AN 1/10	N/U
		ALIAS: Service Provider Name Prefix		
NM107	1039	<b>Name Suffix</b> Suffix to individual name <b>X12N HIPAA Note:</b>	O AN 1/10	S
		Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.		
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> Required if requesting the services of a specific person, facility, group practice, or clinic and the service provider ID is known by the requester.	X ID 1/2	S
		INDUSTRY: Identification Code Qualifier		
		24 Employer's Identification Number		
		34 Social Security Number		
		46 Electronic Transmitter Identification Number (ETIN) A unique number assigned to each transmitter and software developer		
		XX Health Care Financing Administration National Provider Identifier		
NM109	67	<b>Identification Code</b> Code identifying a party or other code <b>X12N HIPAA Note:</b> Required if requesting the services of a specific person, facility, group practice, or clinic and the service provider ID is known by the requester.	X AN 2/80	S
		ALIAS: Service Provider Identifier		
		INDUSTRY: Service Provider Identifier		
NM110	706	<b>Entity Relationship Code</b> Code describing entity relationship Refer to 004010X094 Data Element Dictionary for acceptable code values.	X ID 2/2	N/U
NM111	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual Refer to 004010X094 Data Element Dictionary for acceptable code values.	O ID 2/3	N/U

**Segment:** **REF** Service Provider Supplemental Identification  
**Position:** 180  
**Loop:** 2010E Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 7  
**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 segment only when necessary to provide supplemental identifiers to identify the service provider. Use the NM1 segment for the primary identifier.

**X12N HIPAA or ODJFS Example**  
Example: REF\*1G\*12345~

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>HIPAA</u> <u>Attributes</u>	<u>ODJFS</u> <u>Attributes</u>
REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification <b>X12N HIPAA Note:</b> INDUSTRY: Reference Identification Qualifier	M ID 2/3	R
		1G Provider UPIN Number		
		1J Facility ID Number		
		EI Employer's Identification Number <b>X12N HIPAA Note:</b> Not used if NM108 = 24.		
		N5 Provider Plan Network Identification Number A number assigned to identify a specific provider in a health care plan network		
		N7 Facility Network Identification Number A number assigned to identify a specific facility in a health care plan network		
		SY Social Security Number <b>X12N HIPAA Note:</b> NOT ADVISED  The social security number may not be used for Medicare. Not used if NM108 = 34.		
		ZH Carrier Assigned Reference Number <b>X12N HIPAA Note:</b> Use for the provider ID as assigned by the UMO identified in Loop 2000A.		
REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>X12N HIPAA Note:</b> INDUSTRY: Service Provider Supplemental Identifier	X AN 1/30	R
REF03	352	<b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80	N/U
REF04	C040	<b>Reference Identifier</b>	O	N/ U
		To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier		
C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 004010X094 Data Element Dictionary for acceptable code values.	M ID 2/3	N/U

<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M</b>	<b>AN 1/30</b>	<b>N/U</b>
<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 004010X094 Data Element Dictionary for acceptable code values.	<b>X</b>	<b>ID 2/3</b>	<b>N/U</b>
<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>	<b>N/U</b>
<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 004010X094 Data Element Dictionary for acceptable code values.	<b>X</b>	<b>ID 2/3</b>	<b>N/U</b>
<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>	<b>N/U</b>

**Segment:** N3 Service Provider Address  
**Position:** 200  
**Loop:** 2010E Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

**X12N HIPAA Note**

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

**X12N HIPAA or ODJFS Example**

Example: N3\*77 HOLLY BLVD~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
N301	166	<b>Address Information</b> Address information <b>X12N HIPAA Note:</b> Use this element for the first line of the service provider's address. INDUSTRY: Service Provider Address Line	M AN 1/55	R
N302	166	<b>Address Information</b> Address information <b>X12N HIPAA Note:</b> Required only if a second address line exists. INDUSTRY: Service Provider Address Line	O AN 1/55	S

**Segment:** N4 Service Provider City/State/ZIP Code  
**Position:** 210  
**Loop:** 2010E Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:** 1 If N406 is present, then N405 is required.  
**Semantic Notes:**  
**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.  
 2 N402 is required only if city name (N401) is in the U.S. or Canada.  
**Notes:** **X12N HIPAA Note**  
 Required if needed to identify a specific location for a service provider that has multiple locations.  
**X12N HIPAA or ODJFS Example**  
 Example: N4\*HOLLYWOOD\*CA\*90214~

Data Element Summary				
Ref.	Data		HIPAA	ODJFS
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	<u>Attributes</u>
N401	19	<b>City Name</b> Free-form text for city name <b>X12N HIPAA Note:</b> Use when necessary to provide this data as part of the service provider location identification. INDUSTRY: Service Provider City Name	O AN 2/30	S
N402	156	<b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency <b>X12N HIPAA Note:</b> Use when necessary to provide this data as part of the service provider location identification. INDUSTRY: Service Provider State or Province Code	O ID 2/2	S
N403	116	<b>Postal Code</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States) <b>X12N HIPAA Note:</b> Use if known by the requester. Use when necessary to provide this data as part of the service provider location identification. INDUSTRY: Service Provider Postal Zone or ZIP Code	O ID 3/15	S
N404	26	<b>Country Code</b> Code identifying the country <b>X12N HIPAA Note:</b> Use only if the address is out of the U.S. INDUSTRY: Service Provider Country Code	O ID 2/3	S
N405	309	<b>Location Qualifier</b> Code identifying type of location Refer to 004010X094 Data Element Dictionary for acceptable code values.	X ID 1/2	N/U
N406	310	<b>Location Identifier</b> Code which identifies a specific location	O AN 1/30	N/U

**Segment:** **PER** Service Provider Contact Information  
**Position:** 220  
**Loop:** 2010E Required  
**Level:** Detail  
**Usage:** Situational  
**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**

Use this segment to identify a contact name and/or communications number for the service provider.

Required if known by the requester.

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.

**X12N HIPAA or ODJFS Example**

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

**Data Element Summary**

Ref.	Data		HIPAA	ODJFS
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	<u>Attributes</u>
PER01	366	<b>Contact Function Code</b> Code identifying the major duty or responsibility of the person or group named <b>X12N HIPAA Note:</b> INDUSTRY: Contact Function Code IC Information Contact	M ID 2/2	R
PER02	93	<b>Name</b> Free-form name <b>X12N HIPAA Note:</b> Used only when the requester wishes to indicate a particular contact. Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1). INDUSTRY: Service Provider Contact Name	O AN 1/60	S
PER03	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number <b>X12N HIPAA Note:</b> Required if PER02 is not valued and may be used if necessary to transmit a contact communication number. INDUSTRY: Communication Number Qualifier EM Electronic Mail FX Facsimile TE Telephone	X ID 2/2	S
PER04	364	<b>Communication Number</b> Complete communications number including country or area code when applicable <b>X12N HIPAA Note:</b>	X AN 1/80	S



**Segment:** **PRV** **Service Provider Information**  
**Position:** 240  
**Loop:** 2010E Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To specify the identifying characteristics of a provider  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

**X12N HIPAA Note**

Use this segment when needed to indicate the service provider's role in the care of the patient and the service provider's specialty.

Required when requesting certification for a specialist or specialty entity.

PRV02 qualifies PRV03.

**X12N HIPAA or ODJFS Example**

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

		Data Element Summary		
Ref. Des.	Data Element	Name	HIPAA Attributes	ODJFS Attributes
PRV01	1221	<b>Provider Code</b> Code identifying the type of provider <b>X12N HIPAA Note:</b> INDUSTRY: Provider Code AD Admitting AS Assistant Surgeon AT Attending CO Consulting CV Covering OP Operating OR Ordering OT Other Physician PC Primary Care Physician PE Performing	M ID 1/3	R
PRV02	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification <b>X12N HIPAA Note:</b> ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a> . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15. INDUSTRY: Reference Identification Qualifier ZZ Mutually Defined <b>X12N HIPAA Note:</b> Health Care Provider Taxonomy Code list.	M ID 2/3	R
PRV03	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>X12N HIPAA Note:</b> ALIAS: Provider Specialty Code INDUSTRY: Provider Taxonomy Code	M AN 1/30	R
PRV04	156	<b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency	O ID 2/2	N/U
PRV05	C035	<b>Provider Specialty Information</b>	O	N/ U

<b>C03501</b>	<b>1222</b>	To provide provider specialty information <b>Provider Specialty Code</b>	<b>M AN 1/3</b>	<b>N/U</b>
		Code indicating the primary specialty of the provider, as defined by the receiver Refer to 004010X094 Data Element Dictionary for acceptable code values.		
<b>C03502</b>	<b>559</b>	<b>Agency Qualifier Code</b>	<b>O ID 2/2</b>	<b>N/U</b>
		Code identifying the agency assigning the code values Refer to 004010X094 Data Element Dictionary for acceptable code values.		
<b>C03503</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O ID 1/1</b>	<b>N/U</b>
		Code indicating a Yes or No condition or response Refer to 004010X094 Data Element Dictionary for acceptable code values.		
<b>PRV06</b>	<b>1223</b>	<b>Provider Organization Code</b>	<b>O ID 3/3</b>	<b>N/U</b>
		Code identifying the organizational structure of a provider Refer to 004010X094 Data Element Dictionary for acceptable code values.		

**Segment:** **HL** Service Level  
**Position:** 010  
**Loop:** 2000F 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**

Use Loop 2000F to identify the service(s) requested.

**X12N HIPAA or ODJFS Example**

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

**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 SS Services	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> INDUSTRY: Hierarchical Child Code 0 No Subordinate HL Segment in This Hierarchical Structure.	O ID 1/1	R

**Segment:** **TRN** Service Trace Number  
**Position:** 020  
**Loop:** 2000F Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 2  
**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**

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

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

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

**X12N HIPAA or ODJFS Example**

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

**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>
TRN01	481	<b>Trace Type Code</b> Code identifying which transaction is being referenced <b>X12N HIPAA Note:</b> INDUSTRY: Trace Type Code	<b>M ID 1/2</b>	<b>R</b>
TRN02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>X12N HIPAA Note:</b> INDUSTRY: Service Trace Number	<b>M AN 1/30</b>	<b>R</b>
TRN03	509	<b>Originating Company Identifier</b> A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 <b>X12N HIPAA Note:</b> Use this element to identify the organization that assigned this trace number. TRN03 must be completed to aid requesters and clearinghouses in identifying their TRN in the 278 response.  The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.	<b>O AN 10/10</b>	<b>R</b>
TRN04	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the INDUSTRY: Trace Assigning Entity Identifier	<b>O AN 1/30</b>	<b>S</b>

Reference Identification Qualifier

**X12N HIPAA Note:**

Use this information if necessary to further identify a specific component, such as a specific division or group, of the company identified in the previous data element (TRN03).

INDUSTRY: Trace Assigning Entity Additional Identifier

**Segment:** **UM** Health Care Services Review Information  
**Position:** 040  
**Loop:** 2000F Required  
**Level:** Detail  
**Usage:** Required  
**Max Use:** 1  
**Purpose:** To specify health care services review information  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** **X12N HIPAA Note**  
 Use this segment to identify the type of health care services review request.  
**X12N HIPAA or ODJFS Example**  
 Example: UM\*SC\*I\*3\*\*\*\*\*Y~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
UM01	1525	<b>Request Category Code</b> Code indicating a type of request <b>X12N HIPAA Note:</b> INDUSTRY: Request Category Code AR Admission Review <b>X12N HIPAA Note:</b> Use this code to request admission to a facility. HS Health Services Review <b>X12N HIPAA Note:</b> Use this code for a request for review of services related to an episode of care. SC Specialty Care Review <b>X12N HIPAA Note:</b> Use this code for a request for a referral to a specialty provider.	M ID 1/2	R
UM02	1322	<b>Certification Type Code</b> Code indicating the type of certification <b>X12N HIPAA Note:</b> INDUSTRY: Certification Type Code 1 Appeal - Immediate <b>X12N HIPAA Note:</b> Use this value only for appeals of review decisions where the level of service required is emergency or urgent. If UM02 = 1 then UM06 must be valued. 2 Appeal - Standard <b>X12N HIPAA Note:</b> Use this value for appeals of review decisions where the level of service is not emergency or urgent. 3 Cancel 4 Extension I Initial R Renewal S Revised	O ID 1/1	R
UM03	1365	<b>Service Type Code</b> Code identifying the classification of service <b>X12N HIPAA Note:</b> Required if known by the requester. Use the HI Procedures Segment to indicate specific service and procedure codes. Some of the values for UM03 include a facility type qualifier, for example A7 (Psychiatric - Inpatient) and A8 (Psychiatric - Outpatient). If the facility type is known by the requester and the UM03 service type contains an appropriate facility type qualifier, use the UM03 value to specify both the type of service and the facility type. INDUSTRY: Service Type Code	O ID 1/2	S

1	Medical Care
2	Surgical
3	Consultation
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
12	Durable Medical Equipment Purchase
14	Renal Supplies in the Home
15	Alternate Method Dialysis
16	Chronic Renal Disease (CRD) Equipment
17	Pre-Admission Testing
18	Durable Medical Equipment Rental
20	Second Surgical Opinion
21	Third Surgical Opinion
23	Diagnostic Dental
24	Periodontics
25	Restorative
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
33	Chiropractic
34	Chiropractic Office Visits
35	Dental Care
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
42	Home Health Care
44	Home Health Visits
45	Hospice
46	Respite Care
48	Hospital - Inpatient
50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
54	Long Term Care
56	Medically Related Transportation
57	Air Transportation
58	Cabulance
59	Licensed Ambulance
61	In-vitro Fertilization
62	MRI/CAT Scan
63	Donor Procedures
64	Acupuncture
65	Newborn Care
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
77	Otological Exam
78	Chemotherapy

79	Allergy Testing
80	Immunizations
82	Family Planning
83	Infertility
84	Abortion
85	AIDS
86	Emergency Services
93	Podiatry
94	Podiatry - Office Visits
95	Podiatry - Nursing Home Visits
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A1	Professional (Physician) Visit - Nursing Home
A2	Professional (Physician) Visit - Skilled Nursing Facility
A3	Professional (Physician) Visit - Home
A4	Psychiatric
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
A9	Rehabilitation
AB	Rehabilitation - Inpatient
AC	Rehabilitation - Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision (Optometry)
AR	Experimental Drug Therapy
BB	Partial Hospitalization (Psychiatric)
BC	Day Care (Psychiatric)
BD	Cognitive Therapy
BE	Massage Therapy
BF	Pulmonary Rehabilitation
BG	Cardiac Rehabilitation
BS	Invasive Procedures

**UM04 C023 Health Care Service Location Information O S**  
 To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered

**X12N HIPAA Note:**  
 Required if the service provider's facility type is known by the requester and UM03 does not specify a facility type. If UM03 is present and specifies a service type that is qualified by a facility type, e.g.: UM03 = A2 for Professional (Physician) Visit - Skilled Nursing Facility, do not value this field. If both UM03 and UM04 are valued and UM03 has a facility type qualifier, the value in UM03 takes precedence.

**C02301 1331 Facility Code Value M AN 1/2 R**  
 Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format

**X12N HIPAA Note:**  
 Use to indicate a facility code value from the code source referenced in UM04-2.

**C02302 1332 Facility Code Qualifier O ID 1/2 R**  
 Code identifying the type of facility referenced

**X12N HIPAA Note:**  
 INDUSTRY: Facility Code Qualifier  
 A Uniform Billing Claim Form Bill Type

		B	Place of service code from the FAO record of the Electronic Media Claims National Standard Format			
<b>C02303</b>	<b>1325</b>	<b>Claim Frequency Type Code</b>		<b>O</b>	<b>ID 1/1</b>	<b>N/U</b>
			Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type			
<b>UM05</b>	<b>C024</b>	<b>Related Causes Information</b>		<b>O</b>		<b>S</b>
			To identify one or more related causes and associated state or country information			
			<b>X12N HIPAA Note:</b> Required when the patient's condition is accident or employment related.			
<b>C02401</b>	<b>1362</b>	<b>Related-Causes Code</b>		<b>M</b>	<b>ID 2/3</b>	<b>R</b>
			Code identifying an accompanying cause of an illness, injury or an accident			
			<b>X12N HIPAA Note:</b> Always use this data element if the related cause is an auto accident.			
			<b>INDUSTRY: Related Causes Code</b>			
		AA	Auto Accident			
		AP	Another Party Responsible			
		EM	Employment			
<b>C02402</b>	<b>1362</b>	<b>Related-Causes Code</b>		<b>O</b>	<b>ID 2/3</b>	<b>S</b>
			Code identifying an accompanying cause of an illness, injury or an accident			
			<b>X12N HIPAA Note:</b> Used if there is greater than 1 related cause for this certification.			
			<b>INDUSTRY: Related Causes Code</b>			
		AP	Another Party Responsible			
		EM	Employment			
<b>C02403</b>	<b>1362</b>	<b>Related-Causes Code</b>		<b>O</b>	<b>ID 2/3</b>	<b>S</b>
			Code identifying an accompanying cause of an illness, injury or an accident			
			<b>X12N HIPAA Note:</b> Use this code only if UM05 -1 and UM05 -2 are used.			
			<b>INDUSTRY: Related Causes Code</b>			
		AP	Another Party Responsible			
<b>C02404</b>	<b>156</b>	<b>State or Province Code</b>		<b>O</b>	<b>ID 2/2</b>	<b>S</b>
			Code (Standard State/Province) as defined by appropriate government agency			
			<b>X12N HIPAA Note:</b> Required on review requests involving automobile accidents (UM05-1 = "AA") if the accident occurred out of the service provider's state.			
			<b>INDUSTRY: State Code</b>			
<b>C02405</b>	<b>26</b>	<b>Country Code</b>		<b>O</b>	<b>ID 2/3</b>	<b>S</b>
			Code identifying the country			
			<b>X12N HIPAA Note:</b> Required if the automobile accident occurred out of the United States to identify the country in which the accident occurred.			
			<b>INDUSTRY: Country Code</b>			
<b>UM06</b>	<b>1338</b>	<b>Level of Service Code</b>		<b>O</b>	<b>ID 1/3</b>	<b>S</b>
			Code specifying the level of service rendered			
			<b>X12N HIPAA Note:</b> Recommended if the service requested would not be authorized unless the patient's condition is Emergency or Urgent.			
			<b>INDUSTRY: Level of Service Code</b>			
		03	Emergency			
		U	Urgent			
<b>UM07</b>	<b>1213</b>	<b>Current Health Condition Code</b>		<b>O</b>	<b>ID 1/1</b>	<b>S</b>
			Code indicating current health condition of the individual			
			<b>X12N HIPAA Note:</b> Required when the patient's condition, as expressed by the codes in this data element, is a factor in the provider's determination of services to be performed that are not typically			

requested for the patient's diagnosis and proposed treatment.

**INDUSTRY: Current Health Condition Code**

1	Acute
2	Stable
3	Chronic
4	Systemic
5	Localized
6	Mild Disease
7	Normal, Healthy
8	Severe Systemic disease
9	Severe Systemic Disease that is a Constant Threat to Life
E	Excellent
F	Fair
G	Good
P	Poor

**UM08 923 Prognosis Code O ID 1/1 S**

Code indicating physician's prognosis for the patient

**X12N HIPAA Note:**

Required when the patient's prognosis, as expressed by the codes in this data element, is a factor in the provider's determination of services to be performed that are not typically requested for the patient's diagnosis and proposed treatment.

**INDUSTRY: Prognosis Code**

1	Poor
2	Guarded
3	Fair
4	Good
5	Very Good
6	Excellent
7	Less than 6 Months to Live
8	Terminal

**UM09 1363 Release of Information Code O ID 1/1 R**

Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations

**X12N HIPAA Note:**

**INDUSTRY: Release of Information Code**

A	Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization
I	Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes
M	The Provider has Limited or Restricted Ability to Release Data Related to a Claim
O	On file at Payor or at Plan Sponsor
Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

**UM10 1514 Delay Reason Code O ID 1/2 S**

Code indicating the reason why a request was delayed

**X12N HIPAA Note:**

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

**INDUSTRY: Delay Reason Code**

1	Proof of Eligibility Unknown or Unavailable
2	Litigation
3	Authorization Delays
4	Delay in Certifying Provider
7	Third Party Processing Delay
8	Delay in Eligibility Determination
10	Administration Delay in the Prior Approval Process
11	Other
15	Natural Disaster

16 Lack of Information  
17 No response to initial request

**Segment:** **REF** Previous Certification Identification  
**Position:** 060  
**Loop:** 2000F 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 certification number assigned by the UMO to the original service review outcome associated with this service review. This is not the trace number assigned by the requester.

Required if submitting an additional health care services review request associated with a request already processed by the UMO and the certification number previously assigned by the UMO is known.

**X12N HIPAA or ODJFS Example**

Example: REF\*BB\*A123~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification <b>X12N HIPAA Note:</b> INDUSTRY: Reference Identification Qualifier BB Authorization Number Proves that permission was obtained to provide a service	M ID 2/3	R
REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>X12N HIPAA Note:</b> INDUSTRY: Previous Certification Identifier	X AN 1/30	R
REF03	352	<b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80	N/U
REF04	C040	<b>Reference Identifier</b>  To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O	N/ U
C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 004010X094 Data Element Dictionary for acceptable code values.	M ID 2/3	N/U
C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30	N/U
C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 004010X094 Data Element Dictionary for acceptable code values.	X ID 2/3	N/U
C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30	N/U
C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 004010X094 Data Element Dictionary for acceptable code values.	X ID 2/3	N/U
C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the	X AN 1/30	N/U

## Reference Identification Qualifier

**Segment:** **DTP** Service Date  
**Position:** 070  
**Loop:** 2000F 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 proposed or actual date or range of dates of service.

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

**X12N HIPAA or ODJFS Example**

Example: DTP\*472\*D8\*19980723~

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>HIPAA</u> <u>Attributes</u>	<u>ODJFS</u> <u>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 472 Service Begin and end dates of the service being rendered	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 D8 Date Expressed in Format CCYYMMDD 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	M ID 2/3	R
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: Proposed or Actual Service Date	M AN 1/35	R

**Segment:** **DTP Admission Date**  
**Position:** 070  
**Loop:** 2000F 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 proposed or actual date of admission.

Recommended if requesting an admission review (UM01 = "AR").

**X12N HIPAA or ODJFS Example**

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

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>HIPAA</u> <u>Attributes</u>	<u>ODJFS</u> <u>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 435 Admission Date of entrance to a health care establishment	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 D8 Date Expressed in Format CCYYMMDD 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> Use this for the range of dates when admission can occur. Use the HSD segment for the length of stay.	M ID 2/3	R
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: Proposed or Actual Admission Date	M AN 1/35	R

**Segment:** **DTP** Discharge Date  
**Position:** 070  
**Loop:** 2000F 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 when necessary to identify the proposed or actual date of discharge from a facility.

**X12N HIPAA or ODJFS Example**  
 Example: DTP\*096\*D8\*19980724~

**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 096 Discharge	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 D8 Date Expressed in Format CCYYMMDD	M ID 2/3	R
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: Proposed or Actual Discharge Date	M AN 1/35	R

**Segment:** **DTP** Surgery Date  
**Position:** 070  
**Loop:** 2000F 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 proposed or actual date of surgery.

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

**X12N HIPAA or ODJFS Example**

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

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>HIPAA</u> <u>Attributes</u>	<u>ODJFS</u> <u>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 456 Surgery Date on which operation was performed	<b>M ID 3/3</b>	<b>R</b>
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 D8 Date Expressed in Format CCYYMMDD	<b>M ID 2/3</b>	<b>R</b>
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: Proposed or Actual Surgery Date	<b>M AN 1/35</b>	<b>R</b>

**Segment:** **HI** Procedures  
**Position:** 080  
**Loop:** 2000F Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To supply information related to the delivery of health care  
**Syntax Notes:**

- 1 If either C02203 or C02204 is present, then the other is required.
- 2 If either C02203 or C02204 is present, then the other is required.
- 3 If either C02203 or C02204 is present, then the other is required.
- 4 If either C02203 or C02204 is present, then the other is required.
- 5 If either C02203 or C02204 is present, then the other is required.
- 6 If either C02203 or C02204 is present, then the other is required.
- 7 If either C02203 or C02204 is present, then the other is required.
- 8 If either C02203 or C02204 is present, then the other is required.
- 9 If either C02203 or C02204 is present, then the other is required.
- 10 If either C02203 or C02204 is present, then the other is required.
- 11 If either C02203 or C02204 is present, then the other is required.
- 12 If either C02203 or C02204 is present, then the other is required.

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

**X12N HIPAA Note**

Use this segment to request specific services and procedures.

Use the most current version of the code list identified in HIxx-1 Code List Qualifier Code (Data Element 1270).

**X12N HIPAA or ODJFS Example**

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

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
HI01	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities <b>X12N HIPAA Note:</b> ALIAS: Procedure Code 1	M	R
C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Code List Qualifier Code BO Health Care Financing Administration Common Procedural Coding System <b>X12N HIPAA Note:</b> Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO. BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined <b>X12N HIPAA Note:</b> Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.	M ID 1/3	R
C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list <b>X12N HIPAA Note:</b> ALIAS: Procedure Code INDUSTRY: Procedure Code	M AN 1/30	R
C02203	1250	<b>Date Time Period Format Qualifier</b>	X ID 2/3	S

Code indicating the date format, time format, or date and time format

**X12N HIPAA Note:**

Required if X12N syntax conditions apply.

**INDUSTRY: Date Time Period Format Qualifier**

D8 Date Expressed in Format CCYYMMDD  
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

**C02204 1251 Date Time Period X AN 1/35 S**

Expression of a date, a time, or range of dates, times or dates and times

**X12N HIPAA Note:**

Required if proposed or actual procedure date is known.

ALIAS: Procedure Date

**INDUSTRY: Procedure Date**

**C02205 782 Monetary Amount O R 1/18 N/U**

Monetary amount

**C02206 380 Quantity O R 1/15 S**

Numeric value of quantity

**X12N HIPAA Note:**

Required if requesting authorization for more than one occurrence of the procedure identified in HI01-2 for the same time period.

**INDUSTRY: Procedure Quantity**

**C02207 799 Version Identifier O AN 1/30 S**

Revision level of a particular format, program, technique or algorithm

**X12N HIPAA Note:**

Required if the code list referenced in HI01-1 has a version identifier. Otherwise Not Used.

**INDUSTRY: Version, Release, or Industry Identifier**

**HI02 C022 Health Care Code Information O S**

To send health care codes and their associated dates, amounts and quantities

**X12N HIPAA Note:**

Use this for the second procedure.

**ALIAS: Procedure Code 2**

**C02201 1270 Code List Qualifier Code M ID 1/3 R**

Code identifying a specific industry code list

**X12N HIPAA Note:**

**INDUSTRY: Code List Qualifier Code**

BO Health Care Financing Administration Common Procedural Coding System

**X12N HIPAA Note:**

Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.

BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure

JP National Standard Tooth Numbering System

NDC National Drug Code (NDC)

ZZ Mutually Defined

**X12N HIPAA Note:**

Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.

**C02202 1271 Industry Code M AN 1/30 R**

Code indicating a code from a specific industry code list

		<b>X12N HIPAA Note:</b> INDUSTRY: Procedure Code			
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format <b>X12N HIPAA Note:</b> Required if X12N syntax conditions apply.	<b>X</b>	<b>ID 2/3</b>	<b>S</b>
		INDUSTRY: Date Time Period Format Qualifier			
		D8 RD8		Date Expressed in Format CCYYMMDD 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>C02204</b>	<b>1251</b>	<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> Required if proposed or actual procedure date is known.	<b>X</b>	<b>AN 1/35</b>	<b>S</b>
		INDUSTRY: Procedure Date			
<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O</b>	<b>R 1/18</b>	<b>N/U</b>
<b>C02206</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity <b>X12N HIPAA Note:</b> Required if requesting authorization for more than one occurrence of the procedure identified in HI02-2 for the same time period.	<b>O</b>	<b>R 1/15</b>	<b>S</b>
		INDUSTRY: Procedure Quantity			
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm <b>X12N HIPAA Note:</b> Required if the code list referenced in HI02-1 has a version identifier. Otherwise Not Used.	<b>O</b>	<b>AN 1/30</b>	<b>S</b>
		INDUSTRY: Version, Release, or Industry Identifier			
<b>HI03</b>	<b>C022</b>	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities <b>X12N HIPAA Note:</b> Use this for the third procedure.	<b>O</b>		<b>S</b>
		ALIAS: Procedure Code 3			
<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Code List Qualifier Code	<b>M</b>	<b>ID 1/3</b>	<b>R</b>
		BO		Health Care Financing Administration Common Procedural Coding System <b>X12N HIPAA Note:</b> Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.	
		BQ		International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure	
		JP		National Standard Tooth Numbering System	
		NDC		National Drug Code (NDC)	
		ZZ		Mutually Defined <b>X12N HIPAA Note:</b> Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.	
<b>C02202</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

**X12N HIPAA Note:**

INDUSTRY: Procedure Code

**C02203 1250 Date Time Period Format Qualifier X ID 2/3 S**

Code indicating the date format, time format, or date and time format

**X12N HIPAA Note:**

Required if X12N syntax conditions apply.

INDUSTRY: Date Time Period Format Qualifier

D8 Date Expressed in Format CCYYMMDD

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

**C02204 1251 Date Time Period X AN 1/35 S**

Expression of a date, a time, or range of dates, times or dates and times

**X12N HIPAA Note:**

Required if proposed or actual procedure date is known.

INDUSTRY: Procedure Date

**C02205 782 Monetary Amount O R 1/18 N/U**

Monetary amount

**C02206 380 Quantity O R 1/15 S**

Numeric value of quantity

**X12N HIPAA Note:**

Required if requesting authorization for more than one occurrence of the procedure identified in HI03-2 for the same time period.

INDUSTRY: Procedure Quantity

**C02207 799 Version Identifier O AN 1/30 S**

Revision level of a particular format, program, technique or algorithm

**X12N HIPAA Note:**

Required if the code list referenced in HI03-1 has a version identifier. Otherwise Not Used.

INDUSTRY: Version, Release, or Industry Identifier

**HI04 C022 Health Care Code Information O S**

To send health care codes and their associated dates, amounts and quantities

**X12N HIPAA Note:**

Use this for the fourth procedure.

ALIAS: Procedure Code 4

**C02201 1270 Code List Qualifier Code M ID 1/3 R**

Code identifying a specific industry code list

**X12N HIPAA Note:**

INDUSTRY: Code List Qualifier Code

BO Health Care Financing Administration Common Procedural Coding System

**X12N HIPAA Note:**

Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.

BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure

JP National Standard Tooth Numbering System

NDC National Drug Code (NDC)

ZZ Mutually Defined

**X12N HIPAA Note:**

Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.

<b>C02202</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Procedure Code	<b>M</b>	<b>AN 1/30</b>	<b>R</b>
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format <b>X12N HIPAA Note:</b> Required if X12N syntax conditions apply. INDUSTRY: Date Time Period Format Qualifier	<b>X</b>	<b>ID 2/3</b>	<b>S</b>
		D8 Date Expressed in Format CCYYMMDD 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>C02204</b>	<b>1251</b>	<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> Required if proposed or actual procedure date is known. INDUSTRY: Procedure Date	<b>X</b>	<b>AN 1/35</b>	<b>S</b>
<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O</b>	<b>R 1/18</b>	<b>N/U</b>
<b>C02206</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity <b>X12N HIPAA Note:</b> Required if requesting authorization for more than one occurrence of the procedure identified in HI04-2 for the same time period. INDUSTRY: Procedure Quantity	<b>O</b>	<b>R 1/15</b>	<b>S</b>
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm <b>X12N HIPAA Note:</b> Required if the code list referenced in HI04-1 has a version identifier. Otherwise Not Used. INDUSTRY: Version, Release, or Industry Identifier	<b>O</b>	<b>AN 1/30</b>	<b>S</b>
<b>HI05</b>	<b>C022</b>	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities <b>X12N HIPAA Note:</b> Use this for the fifth procedure. ALIAS: Procedure Code 5	<b>O</b>		<b>S</b>
<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Code List Qualifier Code	<b>M</b>	<b>ID 1/3</b>	<b>R</b>
		BO Health Care Financing Administration Common Procedural Coding System <b>X12N HIPAA Note:</b> Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO. BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined <b>X12N HIPAA Note:</b> Use ZZ for Code Source 513: Home Infusion EDI Coalition			

(HIEC) Product/Service Code List.

<b>C02202</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Procedure Code	<b>M</b>	<b>AN 1/30</b>	<b>R</b>
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format <b>X12N HIPAA Note:</b> Required if X12N syntax conditions apply. INDUSTRY: Date Time Period Format Qualifier	<b>X</b>	<b>ID 2/3</b>	<b>S</b>
		D8 Date Expressed in Format CCYYMMDD 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>C02204</b>	<b>1251</b>	<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> Required if proposed or actual procedure date is known. INDUSTRY: Procedure Date	<b>X</b>	<b>AN 1/35</b>	<b>S</b>
<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O</b>	<b>R 1/18</b>	<b>N/U</b>
<b>C02206</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity <b>X12N HIPAA Note:</b> Required if requesting authorization for more than one occurrence of the procedure identified in HI05-2 for the same time period. INDUSTRY: Procedure Quantity	<b>O</b>	<b>R 1/15</b>	<b>S</b>
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm <b>X12N HIPAA Note:</b> Required if the code list referenced in HI05-1 has a version identifier. Otherwise Not Used. INDUSTRY: Version, Release, or Industry Identifier	<b>O</b>	<b>AN 1/30</b>	<b>S</b>
<b>HI06</b>	<b>C022</b>	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities <b>X12N HIPAA Note:</b> Use this for the sixth procedure.	<b>O</b>		<b>S</b>
<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Code List Qualifier Code	<b>M</b>	<b>ID 1/3</b>	<b>R</b>
		BO Health Care Financing Administration Common Procedural Coding System <b>X12N HIPAA Note:</b> Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO. BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined <b>X12N HIPAA Note:</b>			

Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.

<b>C02202</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Procedure Code	<b>M</b>	<b>AN 1/30</b>	<b>R</b>
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format <b>X12N HIPAA Note:</b> Required if X12N syntax conditions apply. INDUSTRY: Date Time Period Format Qualifier	<b>X</b>	<b>ID 2/3</b>	<b>S</b>
		D8 Date Expressed in Format CCYYMMDD 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>C02204</b>	<b>1251</b>	<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> Required if proposed or actual procedure date is known. INDUSTRY: Procedure Date	<b>X</b>	<b>AN 1/35</b>	<b>S</b>
<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O</b>	<b>R 1/18</b>	<b>N/U</b>
<b>C02206</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity <b>X12N HIPAA Note:</b> Required if requesting authorization for more than one occurrence of the procedure identified in HI06-2 for the same time period. INDUSTRY: Procedure Quantity	<b>O</b>	<b>R 1/15</b>	<b>S</b>
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm <b>X12N HIPAA Note:</b> Required if the code list referenced in HI06-1 has a version identifier. Otherwise Not Used. INDUSTRY: Version, Release, or Industry Identifier	<b>O</b>	<b>AN 1/30</b>	<b>S</b>
<b>HI07</b>	<b>C022</b>	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities <b>X12N HIPAA Note:</b> Use this for the seventh procedure.	<b>O</b>		<b>S</b>
<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Code List Qualifier Code	<b>M</b>	<b>ID 1/3</b>	<b>R</b>
		BO Health Care Financing Administration Common Procedural Coding System <b>X12N HIPAA Note:</b> Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO. BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined			

**X12N HIPAA Note:**

Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.

<b>C02202</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Procedure Code	<b>M</b>	<b>AN 1/30</b>	<b>R</b>
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format <b>X12N HIPAA Note:</b> Required if X12N syntax conditions apply. INDUSTRY: Date Time Period Format Qualifier	<b>X</b>	<b>ID 2/3</b>	<b>S</b>
		D8 RD8			Date Expressed in Format CCYYMMDD 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>C02204</b>	<b>1251</b>	<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> Required if proposed or actual procedure date is known. INDUSTRY: Procedure Date	<b>X</b>	<b>AN 1/35</b>	<b>S</b>
<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O</b>	<b>R 1/18</b>	<b>N/U</b>
<b>C02206</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity <b>X12N HIPAA Note:</b> Required if requesting authorization for more than one occurrence of the procedure identified in HI07-2 for the same time period. INDUSTRY: Procedure Quantity	<b>O</b>	<b>R 1/15</b>	<b>S</b>
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm <b>X12N HIPAA Note:</b> Required if the code list referenced in HI07-1 has a version identifier. Otherwise Not Used. INDUSTRY: Version, Release, or Industry Identifier	<b>O</b>	<b>AN 1/30</b>	<b>S</b>
<b>HI08</b>	<b>C022</b>	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities <b>X12N HIPAA Note:</b> Use this for the eighth procedure. ALIAS: Procedure Code 8	<b>O</b>		<b>S</b>
<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Code List Qualifier Code	<b>M</b>	<b>ID 1/3</b>	<b>R</b>
		BO BQ JP NDC			Health Care Financing Administration Common Procedural Coding System <b>X12N HIPAA Note:</b> Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO. International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure National Standard Tooth Numbering System National Drug Code (NDC)

		ZZ	Mutually Defined <b>X12N HIPAA Note:</b> Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.
C02202	1271	<b>Industry Code</b>	M AN 1/30 R Code indicating a code from a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Procedure Code
C02203	1250	<b>Date Time Period Format Qualifier</b>	X ID 2/3 S Code indicating the date format, time format, or date and time format <b>X12N HIPAA Note:</b> Required if X12N syntax conditions apply. INDUSTRY: Date Time Period Format Qualifier
		D8	Date Expressed in Format CCYYMMDD
		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
C02204	1251	<b>Date Time Period</b>	X AN 1/35 S Expression of a date, a time, or range of dates, times or dates and times <b>X12N HIPAA Note:</b> Required if proposed or actual procedure date is known. INDUSTRY: Procedure Date
C02205	782	<b>Monetary Amount</b>	O R 1/18 N/U Monetary amount
C02206	380	<b>Quantity</b>	O R 1/15 S Numeric value of quantity <b>X12N HIPAA Note:</b> Required if requesting authorization for more than one occurrence of the procedure identified in HI08-2 for the same time period. INDUSTRY: Procedure Quantity
C02207	799	<b>Version Identifier</b>	O AN 1/30 S Revision level of a particular format, program, technique or algorithm <b>X12N HIPAA Note:</b> Required if the code list referenced in HI08-1 has a version identifier. Otherwise Not Used. INDUSTRY: Version, Release, or Industry Identifier
HI09	C022	<b>Health Care Code Information</b>	O S To send health care codes and their associated dates, amounts and quantities <b>X12N HIPAA Note:</b> Use this for the ninth procedure. ALIAS: Procedure Code 9
C02201	1270	<b>Code List Qualifier Code</b>	M ID 1/3 R Code identifying a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Code List Qualifier Code
		BO	Health Care Financing Administration Common Procedural Coding System <b>X12N HIPAA Note:</b> Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.
		BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
		JP	National Standard Tooth Numbering System

NDC National Drug Code (NDC)  
 ZZ Mutually Defined

**X12N HIPAA Note:**  
 Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.

<b>C02202</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Procedure Code	<b>M AN 1/30 R</b>
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format <b>X12N HIPAA Note:</b> Required if X12N syntax conditions apply. INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD 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>X ID 2/3 S</b>
<b>C02204</b>	<b>1251</b>	<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> Required if proposed or actual procedure date is known. INDUSTRY: Procedure Date	<b>X AN 1/35 S</b>
<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O R 1/18 N/U</b>
<b>C02206</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity <b>X12N HIPAA Note:</b> Required if requesting authorization for more than one occurrence of the procedure identified in HI09-2 for the same time period. INDUSTRY: Procedure Quantity	<b>O R 1/15 S</b>
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm <b>X12N HIPAA Note:</b> Required if the code list referenced in HI09-1 has a version identifier. Otherwise Not Used. INDUSTRY: Version, Release, or Industry Identifier	<b>O AN 1/30 S</b>
<b>HI10</b>	<b>C022</b>	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities <b>X12N HIPAA Note:</b> Use this for the tenth procedure. ALIAS: Procedure Code 10	<b>O S</b>
<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Code List Qualifier Code BO Health Care Financing Administration Common Procedural Coding System <b>X12N HIPAA Note:</b> Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO. BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure	<b>M ID 1/3 R</b>

JP National Standard Tooth Numbering System  
 NDC National Drug Code (NDC)  
 ZZ Mutually Defined

**X12N HIPAA Note:**  
 Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.

<b>C02202</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Procedure Code	<b>M AN 1/30 R</b>
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format <b>X12N HIPAA Note:</b> Required if X12N syntax conditions apply. INDUSTRY: Date Time Period Format Qualifier	<b>X ID 2/3 S</b>
		D8 Date Expressed in Format CCYYMMDD 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>C02204</b>	<b>1251</b>	<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> Required if proposed or actual procedure date is known. INDUSTRY: Procedure Date	<b>X AN 1/35 S</b>
<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O R 1/18 N/U</b>
<b>C02206</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity <b>X12N HIPAA Note:</b> Required if requesting authorization for more than one occurrence of the procedure identified in HI10-2 for the same time period. INDUSTRY: Procedure Quantity	<b>O R 1/15 S</b>
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm <b>X12N HIPAA Note:</b> Required if the code list referenced in HI10-1 has a version identifier. Otherwise Not Used. INDUSTRY: Version, Release, or Industry Identifier	<b>O AN 1/30 S</b>
<b>HI11</b>	<b>C022</b>	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities <b>X12N HIPAA Note:</b> Use this for the eleventh procedure. ALIAS: Procedure Code 11	<b>O S</b>
<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Code List Qualifier Code	<b>M ID 1/3 R</b>
		BO Health Care Financing Administration Common Procedural Coding System <b>X12N HIPAA Note:</b> Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO. BQ International Classification of Diseases Clinical Modification (ICD-	

9-CM) Procedure  
 JP National Standard Tooth Numbering System  
 NDC National Drug Code (NDC)  
 ZZ Mutually Defined

**X12N HIPAA Note:**

Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.

<b>C02202</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Procedure Code	<b>M AN 1/30 R</b>
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format <b>X12N HIPAA Note:</b> Required if X12N syntax conditions apply. INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD 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>X ID 2/3 S</b>
<b>C02204</b>	<b>1251</b>	<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> Required if proposed or actual procedure date is known. INDUSTRY: Procedure Date	<b>X AN 1/35 S</b>
<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O R 1/18 N/U</b>
<b>C02206</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity <b>X12N HIPAA Note:</b> Required if requesting authorization for more than one occurrence of the procedure identified in HI11-2 for the same time period. INDUSTRY: Procedure Quantity	<b>O R 1/15 S</b>
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm <b>X12N HIPAA Note:</b> Required if the code list referenced in HI11-1 has a version identifier. Otherwise Not Used. INDUSTRY: Version, Release, or Industry Identifier	<b>O AN 1/30 S</b>
<b>HI12</b>	<b>C022</b>	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities <b>X12N HIPAA Note:</b> Use this for the twelfth procedure. ALIAS: Procedure Code 12	<b>O S</b>
<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Code List Qualifier Code BO Health Care Financing Administration Common Procedural Coding System <b>X12N HIPAA Note:</b> Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.	<b>M ID 1/3 R</b>

BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure  
 JP National Standard Tooth Numbering System  
 NDC National Drug Code (NDC)  
 ZZ Mutually Defined

**X12N HIPAA Note:**

Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.

<b>C02202</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list <b>X12N HIPAA Note:</b> INDUSTRY: Procedure Code	<b>M AN 1/30 R</b>
<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format <b>X12N HIPAA Note:</b> Required if X12N syntax conditions apply. INDUSTRY: Date Time Period Format Qualifier	<b>X ID 2/3 S</b>
		D8 Date Expressed in Format CCYYMMDD 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>C02204</b>	<b>1251</b>	<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> Required if proposed or actual procedure date is known. INDUSTRY: Procedure Date	<b>X AN 1/35 S</b>
<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O R 1/18 N/U</b>
<b>C02206</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity <b>X12N HIPAA Note:</b> Required if requesting authorization for more than one occurrence of the procedure identified in HI12-2 for the same time period. INDUSTRY: Procedure Quantity	<b>O R 1/15 S</b>
<b>C02207</b>	<b>799</b>	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm <b>X12N HIPAA Note:</b> Required if the code list referenced in HI12-1 has a version identifier. Otherwise Not Used. INDUSTRY: Version, Release, or Industry Identifier	<b>O AN 1/30 S</b>

**Segment:** **HSD** Health Care Services Delivery  
**Position:** 090  
**Loop:** 2000F Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To specify the delivery pattern of health care services  
**Syntax Notes:** 1 If either HSD01 or HSD02 is present, then the other is required.  
 2 If HSD06 is present, then HSD05 is required.  
**Semantic Notes:**  
**Comments:**  
**Notes:**

**X12N HIPAA Note**

Use the HSD segment when requesting services (other than spinal manipulation services) that have a specific pattern of delivery or usage. For spinal manipulation services, use the CR2 segment. An explanation of the uses of this segment follows.

HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means "one visit". Between HSD02 and HSD03 verbally insert a "per every". HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means "three days". Between HSD04 and HSD05 verbally insert a "for". HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means "21 days". The total message reads: HSD\*VS\*1\*DA\*3\*7\*21~

= "One visit per every three days for 21 days".

Another similar data string of HSD\*VS\*2\*DA\*4\*7\*20~

= "Two visits per every four days for 20 days".

An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD\*VS\*1\*\*\*\*\*SX\*D~

means "1 visit on Wednesday and Thursday morning".

**X12N HIPAA or ODJFS Example**

Example: HSD\*VS\*1\*DA\*1\*7\*10~

(This indicates "1 visit every (per) 1 day (daily) for 10 days".)

HSD\*VS\*1\*DA\*\*\*\*W~

(This indicates "1 visit per day whenever necessary".)

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
HSD01	673	<b>Quantity Qualifier</b> Code specifying the type of quantity <b>X12N HIPAA Note:</b> Use if needed to indicate the type of service count quantified in HSD02. INDUSTRY: Quantity Qualifier DY Days FL Units HS Hours MN Month VS Visits	X ID 2/2	S
HSD02	380	<b>Quantity</b> Numeric value of quantity <b>X12N HIPAA Note:</b> Use this number for the quantity of services to be rendered. ALIAS: Service Quantity INDUSTRY: Service Unit Count	X R 1/15	S
HSD03	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken <b>X12N HIPAA Note:</b>	O ID 2/2	S

Use this code for the timeframe in which the quantity of services in HSD02 will be rendered.

INDUSTRY: Unit or Basis for Measurement Code

DA Days  
MO Months  
WK Week

**HSD04 1167 Sample Selection Modulus O R 1/6 S**  
To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes

**X12N HIPAA Note:**

INDUSTRY: Sample Selection Modulus

**HSD05 615 Time Period Qualifier X ID 1/2 S**  
Code defining periods

**X12N HIPAA Note:**

Use this code for the time period for which the services will be continued.

INDUSTRY: Time Period Qualifier

6 Hour  
7 Day  
21 Years  
26 Episode  
27 Visit  
34 Month  
35 Week

**HSD06 616 Number of Periods O N0 1/3 S**  
Total number of periods

**X12N HIPAA Note:**

Use this number for the number of time periods in HSD05 that are requested.

INDUSTRY: Period Count

**HSD07 678 Ship/Delivery or Calendar Pattern Code O ID 1/2 S**  
Code which specifies the routine shipments, deliveries, or calendar pattern

**X12N HIPAA Note:**

Use this code for the calendar delivery pattern for the services.

ALIAS: Service Delivery Calendar Pattern Code

INDUSTRY: Ship, Delivery or Calendar Pattern Code

1 1st Week of the Month  
2 2nd Week of the Month  
3 3rd Week of the Month  
4 4th Week of the Month  
5 5th Week of the Month  
6 1st & 3rd Weeks of the Month  
7 2nd & 4th Weeks of the Month  
8 1st Working Day of Period  
9 Last Working Day of Period  
A Monday through Friday  
B Monday through Saturday  
C Monday through Sunday  
D Monday  
E Tuesday  
F Wednesday  
G Thursday  
H Friday  
J Saturday  
K Sunday  
L Monday through Thursday  
M Immediately  
N As Directed

O	Daily Mon. through Fri.
P	1/2 Mon. & 1/2 Thurs.
Q	1/2 Tues. & 1/2 Thurs.
R	1/2 Wed. & 1/2 Fri.
S	Once Anytime Mon. through Fri.
SA	Sunday, Monday, Thursday, Friday, Saturday
SB	Tuesday through Saturday
SC	Sunday, Wednesday, Thursday, Friday, Saturday
SD	Monday, Wednesday, Thursday, Friday, Saturday
SG	Tuesday through Friday
SL	Monday, Tuesday and Thursday
SP	Monday, Tuesday and Friday
SX	Wednesday and Thursday
SY	Monday, Wednesday and Thursday
SZ	Tuesday, Thursday and Friday
T	1/2 Tue. & 1/2 Fri.
U	1/2 Mon. & 1/2 Wed.
V	1/3 Mon., 1/3 Wed., 1/3 Fri.
W	Whenever Necessary
X	1/2 By Wed., Bal. By Fri.
Y	None (Also Used to Cancel or Override a Previous Pattern)

**HSD08 679 Ship/Delivery Pattern Time Code O ID 1/1 S**

Code which specifies the time for routine shipments or deliveries

**X12N HIPAA Note:**

Use this code for the time delivery pattern for the services.

ALIAS: Service Delivery Time Pattern Code

INDUSTRY: Delivery Pattern Time Code

A	1st Shift (Normal Working Hours)
B	2nd Shift
C	3rd Shift
D	A.M.
E	P.M.
F	As Directed
G	Any Shift
Y	None (Also Used to Cancel or Override a Previous Pattern)

**Segment:** **CRC Patient Condition Information**  
**Position:** 100  
**Loop:** 2000F Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 6  
**Purpose:** To supply information on conditions  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CRC01 qualifies CRC03 through CRC07.
- 2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

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

**X12N HIPAA Note**  
Use this segment to provide additional patient condition information needed to justify the medical necessity of the services requested.

**X12N HIPAA or ODJFS Example**  
Example: CRC\*75\*Y\*12~

Data Element Summary				
Ref. Des.	Data Element	Name	HIPAA Attributes	ODJFS Attributes
CRC01	1136	<b>Code Category</b> Specifies the situation or category to which the code applies <b>X12N HIPAA Note:</b> ALIAS: Condition Code Category INDUSTRY: Code Category 07 Ambulance Certification 08 Chiropractic Certification Reasons why chiropractic care is just and appropriate treatment 11 Oxygen Therapy Certification 75 Functional Limitations 76 Activities Permitted 77 Mental Status	M ID 2/2	R
CRC02	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response <b>X12N HIPAA Note:</b> ALIAS: Certification Condition Indicator INDUSTRY: Certification Condition Indicator N No Y Yes	M ID 1/1	R
CRC03	1321	<b>Condition Indicator</b> Code indicating a condition <b>X12N HIPAA Note:</b> INDUSTRY: Condition Code 01 Patient was admitted to a hospital 02 Patient was bed confined before the ambulance service 03 Patient was bed confined after the ambulance service 04 Patient was moved by stretcher 05 Patient was unconscious or in shock 06 Patient was transported in an emergency situation 07 Patient had to be physically restrained 08 Patient had visible hemorrhaging 09 Ambulance service was medically necessary 10 Patient is ambulatory 11 Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility 12 Patient is confined to a bed or chair	M ID 2/2	R

- 13 Patient is Confined to a Room or an Area Without Bathroom Facilities
- 14 Ambulation is Impaired and Walking Aid is Used for Mobility
- 15 Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
- 16 Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
- 17 Patient's Ability to Breathe is Severely Impaired
- 18 Patient condition requires frequent and/or immediate changes in body positions
- 19 Patient can operate controls
- 20 Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
- 21 Patient owns equipment
- 22 Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
- 23 Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
- 24 Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
- 25 Item has been prescribed as part of a planned regimen of treatment in patient home
- 26 Patient is highly susceptible to decubitus ulcers
- 27 Patient or a care-giver has been instructed in use of equipment
- 60 Transportation Was To the Nearest Facility
- IH Independent at Home

**CRC04 1321 Condition Indicator O ID 2/2 S**

Code indicating a condition

**X12N HIPAA Note:**

Use this data element to specify additional codes indicating a patient's condition.

Use if multiple conditions apply to the certification.

**INDUSTRY: Condition Code**

- 01 Patient was admitted to a hospital
- 02 Patient was bed confined before the ambulance service
- 03 Patient was bed confined after the ambulance service
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation
- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 10 Patient is ambulatory
- 11 Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
- 12 Patient is confined to a bed or chair
- 13 Patient is Confined to a Room or an Area Without Bathroom Facilities
- 14 Ambulation is Impaired and Walking Aid is Used for Mobility
- 15 Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
- 16 Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
- 17 Patient's Ability to Breathe is Severely Impaired
- 18 Patient condition requires frequent and/or immediate changes in body positions
- 19 Patient can operate controls
- 20 Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
- 21 Patient owns equipment

- 22 Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
- 23 Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
- 24 Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
- 25 Item has been prescribed as part of a planned regimen of treatment in patient home
- 26 Patient is highly susceptible to decubitus ulcers
- 27 Patient or a care-giver has been instructed in use of equipment
- 60 Transportation Was To the Nearest Facility
- IH Independent at Home

**CRC05 1321 Condition Indicator O ID 2/2 S**

Code indicating a condition

**X12N HIPAA Note:**

Use this data element to specify additional codes indicating a patient's condition.

Use if multiple conditions apply to the certification.

**INDUSTRY: Condition Code**

- 01 Patient was admitted to a hospital
- 02 Patient was bed confined before the ambulance service
- 03 Patient was bed confined after the ambulance service
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation
- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 10 Patient is ambulatory
- 11 Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
- 12 Patient is confined to a bed or chair
- 13 Patient is Confined to a Room or an Area Without Bathroom Facilities
- 14 Ambulation is Impaired and Walking Aid is Used for Mobility
- 15 Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
- 16 Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
- 17 Patient's Ability to Breathe is Severely Impaired
- 18 Patient condition requires frequent and/or immediate changes in body positions
- 19 Patient can operate controls
- 20 Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
- 21 Patient owns equipment
- 22 Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
- 23 Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
- 24 Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
- 25 Item has been prescribed as part of a planned regimen of treatment in patient home
- 26 Patient is highly susceptible to decubitus ulcers
- 27 Patient or a care-giver has been instructed in use of equipment
- 60 Transportation Was To the Nearest Facility
- IH Independent at Home

**CRC06 1321 Condition Indicator O ID 2/2 S**

Code indicating a condition

**X12N HIPAA Note:**

Use this data element to specify additional codes indicating a patient's condition.

Use if multiple conditions apply to the certification.

**INDUSTRY: Condition Code**

- 01 Patient was admitted to a hospital
- 02 Patient was bed confined before the ambulance service
- 03 Patient was bed confined after the ambulance service
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation
- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 10 Patient is ambulatory
- 11 Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
- 12 Patient is confined to a bed or chair
- 13 Patient is Confined to a Room or an Area Without Bathroom Facilities
- 14 Ambulation is Impaired and Walking Aid is Used for Mobility
- 15 Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
- 16 Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
- 17 Patient's Ability to Breathe is Severely Impaired
- 18 Patient condition requires frequent and/or immediate changes in body positions
- 19 Patient can operate controls
- 20 Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
- 21 Patient owns equipment
- 22 Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
- 23 Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
- 24 Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
- 25 Item has been prescribed as part of a planned regimen of treatment in patient home
- 26 Patient is highly susceptible to decubitus ulcers
- 27 Patient or a care-giver has been instructed in use of equipment
- 60 Transportation Was To the Nearest Facility
- IH Independent at Home

**CRC07 1321 Condition Indicator O ID 2/2 S**

Code indicating a condition

**X12N HIPAA Note:**

Use this data element to specify additional codes indicating a patient's condition.

Use if multiple conditions apply to the certification.

**INDUSTRY: Condition Code**

- 01 Patient was admitted to a hospital
- 02 Patient was bed confined before the ambulance service
- 03 Patient was bed confined after the ambulance service
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation
- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging

- 09 Ambulance service was medically necessary
- 10 Patient is ambulatory
- 11 Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
- 12 Patient is confined to a bed or chair
- 13 Patient is Confined to a Room or an Area Without Bathroom Facilities
- 14 Ambulation is Impaired and Walking Aid is Used for Mobility
- 15 Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
- 16 Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
- 17 Patient's Ability to Breathe is Severely Impaired
- 18 Patient condition requires frequent and/or immediate changes in body positions
- 19 Patient can operate controls
- 20 Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
- 21 Patient owns equipment
- 22 Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
- 23 Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
- 24 Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
- 25 Item has been prescribed as part of a planned regimen of treatment in patient home
- 26 Patient is highly susceptible to decubitus ulcers
- 27 Patient or a care-giver has been instructed in use of equipment
- 60 Transportation Was To the Nearest Facility
- IH Independent at Home

**Segment:** **CL1 Institutional Claim Code**  
**Position:** 110  
**Loop:** 2000F Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To supply information specific to hospital claims  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** **X12N HIPAA Note**  
 Use only when requesting certification for admission (UM01 = AR) to a facility.  
**X12N HIPAA or ODJFS Example**  
 Example: CL1\*3\*\*01~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
CL101	1315	<b>Admission Type Code</b> Code indicating the priority of this admission <b>X12N HIPAA Note:</b> Required if requesting admission to a hospital for inpatient services. INDUSTRY: Admission Type Code	O ID 1/1	S
CL102	1314	<b>Admission Source Code</b> Code indicating the source of this admission <b>X12N HIPAA Note:</b> Used only when certification requires information on the admission source that is not provided in the Requester Loop 2000B. INDUSTRY: Admission Source Code	O ID 1/1	S
CL103	1352	<b>Patient Status Code</b> Code indicating patient status as of the "statement covers through date" <b>X12N HIPAA Note:</b> Use only for inpatient services. Under most circumstances, this data element is not used. INDUSTRY: Patient Status Code	O ID 1/2	S
CL104	1345	<b>Nursing Home Residential Status Code</b> Code specifying the status of a nursing home resident at the time of service <b>X12N HIPAA Note:</b> Use only when certification involves a nursing home resident. INDUSTRY: Nursing Home Residential Status Code	O ID 1/1	S
		1 Transferred to Intermediate Care Facility - Mentally Retarded (ICF-MR) 2 Newly Admitted 3 Newly Eligible 4 No Longer Eligible 5 Still a Resident 6 Temporary Absence - Hospital 7 Temporary Absence - Other 8 Transferred to Intermediate Care Facility - Level II (ICF II) 9 Other		

**Segment:** **CR1** Ambulance Transport Information

**Position:** 120

**Loop:** 2000F Required

**Level:** Detail

**Usage:** Situational

**Max Use:** 1

**Purpose:** To supply information related to the ambulance service rendered to a patient

**Syntax Notes:**

- 1 If either CR101 or CR102 is present, then the other is required.
- 2 If either CR105 or CR106 is present, then the other is required.

**Semantic Notes:**

- 1 CR102 is the weight of the patient at time of transport.
- 2 CR106 is the distance traveled during transport.
- 3 CR107 is the address of origin.
- 4 CR108 is the address of destination.
- 5 CR109 is the purpose for the round trip ambulance service.
- 6 CR110 is the purpose for the usage of a stretcher during ambulance service.

**Comments:**

**Notes:** **X12N HIPAA Note**  
 Required for certifications involving non-emergency ambulance transport of a patient.

**X12N HIPAA or ODJFS Example**  
 Example: CR1\*LB\*155\*T\*A~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
CR101	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken <b>X12N HIPAA Note:</b> Required if CR102 is present.  INDUSTRY: Unit or Basis for Measurement Code KG Kilogram LB Pound	X ID 2/2	S
CR102	81	<b>Weight</b> Numeric value of weight <b>X12N HIPAA Note:</b> Required if patient weight information is needed to justify the medical necessity of the level of ambulance services.  ALIAS: Patient Weight  INDUSTRY: Patient Weight	X R 1/10	S
CR103	1316	<b>Ambulance Transport Code</b> Code indicating the type of ambulance transport <b>X12N HIPAA Note:</b> INDUSTRY: Ambulance Transport Code I Initial Trip R Return Trip T Transfer Trip Ambulance from one facility to another X Round Trip	O ID 1/1	R
CR104	1317	<b>Ambulance Transport Reason Code</b> Code indicating the reason for ambulance transport <b>X12N HIPAA Note:</b> INDUSTRY: Ambulance Transport Reason Code A Patient was transported to nearest facility for care of symptoms, complaints, or both <b>X12N HIPAA Note:</b> Can be used to indicate that the patient was transferred to a residential facility.	O ID 1/1	R

		B	Patient was transported for the benefit of a preferred physician			
		C	Patient was transported for the nearness of family members			
		D	Patient was transported for the care of a specialist or for availability of specialized equipment			
		E	Patient Transferred to Rehabilitation Facility			
<b>CR105</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>		<b>X</b>	<b>ID 2/2</b>	<b>S</b>
		Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
		<b>X12N HIPAA Note:</b>				
		Required if CR106 is present.				
		INDUSTRY: Unit or Basis for Measurement Code				
		DH	Miles			
		DK	Kilometers			
<b>CR106</b>	<b>380</b>	<b>Quantity</b>		<b>X</b>	<b>R 1/15</b>	<b>S</b>
		Numeric value of quantity				
		<b>X12N HIPAA Note:</b>				
		Required if known.				
		ALIAS: Transport Distance				
		INDUSTRY: Transport Distance				
<b>CR107</b>	<b>166</b>	<b>Address Information</b>		<b>O</b>	<b>AN 1/55</b>	<b>S</b>
		Address information				
		<b>X12N HIPAA Note:</b>				
		Required if CR106 is not present.				
		INDUSTRY: Ambulance Trip Origin Address				
<b>CR108</b>	<b>166</b>	<b>Address Information</b>		<b>O</b>	<b>AN 1/55</b>	<b>S</b>
		Address information				
		<b>X12N HIPAA Note:</b>				
		Required if CR106 is not present.				
		INDUSTRY: Ambulance Trip Destination Address				
<b>CR109</b>	<b>352</b>	<b>Description</b>		<b>O</b>	<b>AN 1/80</b>	<b>S</b>
		A free-form description to clarify the related data elements and their content				
		<b>X12N HIPAA Note:</b>				
		Required if needed when CR103 (Ambulance Transport Code) = "X Round Trip" to justify the round trip. Otherwise Not Used.				
		INDUSTRY: Round Trip Purpose Description				
<b>CR110</b>	<b>352</b>	<b>Description</b>		<b>O</b>	<b>AN 1/80</b>	<b>S</b>
		A free-form description to clarify the related data elements and their content				
		<b>X12N HIPAA Note:</b>				
		Required if needed to justify usage of stretcher.				
		INDUSTRY: Stretcher Purpose Description				

**Segment:** **CR2 Spinal Manipulation Service Information**

**Position:** 130

**Loop:** 2000F Required

**Level:** Detail

**Usage:** Situational

**Max Use:** 1

**Purpose:** To supply information related to the chiropractic service rendered to a patient

**Syntax Notes:**

- 1 If either CR201 or CR202 is present, then the other is required.
- 2 If CR204 is present, then CR203 is required.
- 3 If either CR205 or CR206 is present, then the other is required.

**Semantic Notes:**

- 1 CR201 is the number this treatment is in the series.
- 2 CR202 is the total number of treatments in the series.
- 3 CR206 is the time period involved in the treatment series.
- 4 CR207 is the number of treatments rendered in the month of service.
- 5 CR209 is complication indicator. A "Y" value indicates a complicated condition; an "N" value indicates an uncomplicated condition.
- 6 CR210 is a description of the patient's condition.
- 7 CR211 is an additional description of the patient's condition.
- 8 CR212 is X-rays availability indicator. A "Y" value indicates X-rays are maintained and available for carrier review; an "N" value indicates X-rays are not maintained and available for carrier review.

**Comments:**

- 1 When both CR203 and CR204 are present, CR203 is the beginning level of subluxation and CR204 is the ending level of subluxation.

**Notes:**

**X12N HIPAA Note**  
 Required if requesting certification for spinal manipulation services and UM01 = HS (Health Services Review).

**X12N HIPAA or ODJFS Example**  
 Example: CR2\*1\*5\*\*\*\*\*Y~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
CR201	609	Count Occurrence counter <b>X12N HIPAA Note:</b> Required if requesting certification for a specific treatment number in a series of treatments.  ALIAS: Treatment Series Number  INDUSTRY: Treatment Series Number	X N0 1/9	S
CR202	380	Quantity Numeric value of quantity <b>X12N HIPAA Note:</b> Required if CR201 is present.  ALIAS: Treatment Count  INDUSTRY: Treatment Count	X R 1/15	S
CR203	1367	Subluxation Level Code Code identifying the specific level of subluxation <b>X12N HIPAA Note:</b> Required if the patient's condition or treatment involves subluxation.  INDUSTRY: Subluxation Level Code C1 Cervical 1 Adjustment of the first neck vertebrae C2 Cervical 2 Adjustment of the second neck vertebrae C3 Cervical 3	X ID 2/3	S

C4	Adjustment of the third neck vertebrae Cervical 4
C5	Adjustment of the fourth neck vertebrae Cervical 5
C6	Adjustment of the fifth neck vertebrae Cervical 6
C7	Adjustment of the sixth neck vertebrae Cervical 7
CO	Adjustment of the seventh neck vertebrae Coccyx
IL	Adjustment of the caudal extremity of the vertebrae Ilium
L1	Adjustment of the expansive superior portion of the hip bone Lumbar 1
L2	Adjustment of the first vertebrae between the thorax and the pelvis Lumbar 2
L3	Adjustment of the second vertebrae between the thorax and the pelvis Lumbar 3
L4	Adjustment of the third vertebrae between the thorax and the pelvis Lumbar 4
L5	Adjustment of the fourth vertebrae between the thorax and the pelvis Lumbar 5
OC	Adjustment to the fifth vertebrae between the thorax and the pelvis Occiput
SA	Adjustment of the back part of the neck Sacrum
T1	Adjustment of the triangular bone just below the lumbar vertebrae Thoracic 1
T10	Adjustment of the first vertebrae located between the neck and the respiratory diaphragm Thoracic 10
T11	Adjustment of the tenth vertebrae located between the neck and the respiratory diaphragm Thoracic 11
T12	Adjustment of the eleventh vertebrae located between the neck and the respiratory diaphragm Thoracic 12
T2	Adjustment of the twelfth vertebrae located between the neck and the respiratory diaphragm Thoracic 2
T3	Adjustment of the second vertebrae located between the neck and the respiratory diaphragm Thoracic 3
T4	Adjustment of the third vertebrae located between the neck and the respiratory diaphragm Thoracic 4
T5	Adjustment of the fourth vertebrae located between the neck and the respiratory diaphragm Thoracic 5
T6	Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm Thoracic 6
T7	Adjustment of the sixth vertebrae located between the neck and the respiratory diaphragm Thoracic 7
T8	Adjustment of the seventh vertebrae located between the neck and the respiratory diaphragm Thoracic 8
	Adjustment of the eighth vertebrae located between the neck and the respiratory diaphragm Thoracic 8

T9 Thoracic 9  
Adjustment of the ninth vertebrae located between the neck and the respiratory diaphragm

CR204 1367 **Subluxation Level Code** O ID 2/3 S  
Code identifying the specific level of subluxation

**X12N HIPAA Note:**

Required if the patient's condition or treatment involves subluxation to express the ending level of subluxation.

**INDUSTRY: Subluxation Level Code**

- C1 Cervical 1  
Adjustment of the first neck vertebrae
- C2 Cervical 2  
Adjustment of the second neck vertebrae
- C3 Cervical 3  
Adjustment of the third neck vertebrae
- C4 Cervical 4  
Adjustment of the fourth neck vertebrae
- C5 Cervical 5  
Adjustment of the fifth neck vertebrae
- C6 Cervical 6  
Adjustment of the sixth neck vertebrae
- C7 Cervical 7  
Adjustment of the seventh neck vertebrae
- CO Coccyx  
Adjustment of the caudal extremity of the vertebrae
- IL Ilium  
Adjustment of the expansive superior portion of the hip bone
- L1 Lumbar 1  
Adjustment of the first vertebrae between the thorax and the pelvis
- L2 Lumbar 2  
Adjustment of the second vertebrae between the thorax and the pelvis
- L3 Lumbar 3  
Adjustment of the third vertebrae between the thorax and the pelvis
- L4 Lumbar 4  
Adjustment of the fourth vertebrae between the thorax and the pelvis
- L5 Lumbar 5  
Adjustment to the fifth vertebrae between the thorax and the pelvis
- OC Occiput  
Adjustment of the back part of the neck
- SA Sacrum  
Adjustment of the triangular bone just below the lumbar vertebrae
- T1 Thoracic 1  
Adjustment of the first vertebrae located between the neck and the respiratory diaphragm
- T10 Thoracic 10  
Adjustment of the tenth vertebrae located between the neck and the respiratory diaphragm
- T11 Thoracic 11  
Adjustment of the eleventh vertebrae located between the neck and the respiratory diaphragm
- T12 Thoracic 12  
Adjustment of the twelfth vertebrae located between the neck and the respiratory diaphragm
- T2 Thoracic 2  
Adjustment of the second vertebrae located between the neck and the respiratory diaphragm
- T3 Thoracic 3  
Adjustment of the third vertebrae located between the neck and the respiratory diaphragm

	T4	Thoracic 4 Adjustment of the fourth vertebrae located between the neck and the respiratory diaphragm			
	T5	Thoracic 5 Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm			
	T6	Thoracic 6 Adjustment of the sixth vertebrae located between the neck and the respiratory diaphragm			
	T7	Thoracic 7 Adjustment of the seventh vertebrae located between the neck and the respiratory diaphragm			
	T8	Thoracic 8 Adjustment of the eighth vertebrae located between the neck and the respiratory diaphragm			
	T9	Thoracic 9 Adjustment of the ninth vertebrae located between the neck and the respiratory diaphragm			
<b>CR205</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken <b>X12N HIPAA Note:</b> Required if requesting authorization for a spinal manipulation treatment series to indicate the proposed treatment time period. <b>INDUSTRY: Unit or Basis for Measurement Code</b> DA Days MO Months WK Week YR Years	<b>X</b>	<b>ID 2/2</b>	<b>S</b>
<b>CR206</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity <b>X12N HIPAA Note:</b> Required if requesting authorization for a spinal manipulation treatment series. <b>INDUSTRY: Treatment Period Count</b>	<b>X</b>	<b>R 1/15</b>	<b>S</b>
<b>CR207</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity <b>X12N HIPAA Note:</b> Required if CR205 = "MO" to indicate the proposed number of treatments included in a month of service. <b>ALIAS: Monthly Treatment Count</b> <b>INDUSTRY: Monthly Treatment Count</b>	<b>O</b>	<b>R 1/15</b>	<b>S</b>
<b>CR208</b>	<b>1342</b>	<b>Nature of Condition Code</b> Code indicating the nature of a patient's condition <b>X12N HIPAA Note:</b> Required if UM01 = "HS". <b>INDUSTRY: Patient Condition Code</b> A Acute Condition A disease of rapid onset, severe symptoms, and brief duration C Chronic Condition A disease of long duration involving very slow changes; such a disease is often of gradual onset; the term does not imply anything about the severity of the disease D Non-acute E Non-Life Threatening F Routine G Symptomatic	<b>O</b>	<b>ID 1/1</b>	<b>S</b>

		M	Acute Manifestation of a Chronic Condition A disease of long duration interrupted by a rapid onset of severe symptoms of brief duration			
<b>CR209</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>		<b>O</b>	<b>ID 1/1</b>	<b>S</b>
		Code indicating a Yes or No condition or response				
		<b>X12N HIPAA Note:</b> Required if UM01 = "HS".				
		ALIAS: Complication Indicator				
		INDUSTRY: Complication Indicator				
		N	No			
		Y	Yes			
<b>CR210</b>	<b>352</b>	<b>Description</b>		<b>O</b>	<b>AN 1/80</b>	<b>S</b>
		A free-form description to clarify the related data elements and their content				
		<b>X12N HIPAA Note:</b> Use at discretion of requester.				
		INDUSTRY: Patient Condition Description				
<b>CR211</b>	<b>352</b>	<b>Description</b>		<b>O</b>	<b>AN 1/80</b>	<b>S</b>
		A free-form description to clarify the related data elements and their content				
		<b>X12N HIPAA Note:</b> Use at discretion of requester.				
		INDUSTRY: Patient Condition Description				
<b>CR212</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>		<b>O</b>	<b>ID 1/1</b>	<b>R</b>
		Code indicating a Yes or No condition or response				
		<b>X12N HIPAA Note:</b> INDUSTRY: X-ray Availability Indicator				
		N	No			
		Y	Yes			

**Segment:** **CR5 Home Oxygen Therapy Information**  
**Position:** 140  
**Loop:** 2000F Required  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To supply information regarding certification of medical necessity for home oxygen therapy

**Syntax Notes:**

- Semantic Notes:**
- 1 CR502 is the number of months covered by this certification.
  - 2 CR505 is the reason for equipment.
  - 3 CR506 is the oxygen flow rate in liters per minute.
  - 4 CR507 is the number of times per day the patient must use oxygen.
  - 5 CR508 is the number of hours per period of oxygen use.
  - 6 CR509 is the special orders for the respiratory therapist.
  - 7 CR510 is the arterial blood gas.
  - 8 CR511 is the oxygen saturation.
  - 9 CR516 is the oxygen flow rate for a portable oxygen system in liters per minute.

**Comments:**

**Notes: X12N HIPAA Note**

Required if requesting initial, extended, or revised certification of home oxygen therapy.

Use the UM segment data element UM02 instead of CR501 to specify the Certification Type Code.

Use the HSD segment instead of CR502 to specify the treatment period.

**X12N HIPAA or ODJFS Example**

Example: CR5\*\*\*D\*\*\*1\*\*\*\*\*87\*N\*\*\*\*\*A~

**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>
CR501	1322	<b>Certification Type Code</b> Code indicating the type of certification Refer to 004010X094 Data Element Dictionary for acceptable code values.	O ID 1/1	N/U
CR502	380	<b>Quantity</b> Numeric value of quantity	O R 1/15	N/U
CR503	1348	<b>Oxygen Equipment Type Code</b> Code indicating the specific type of equipment being prescribed for the delivery of oxygen <b>X12N HIPAA Note:</b> Either CR503 or CR518 is required.	O ID 1/1	S
		INDUSTRY: Oxygen Equipment Type Code		
		A Concentrator		
		B Liquid Stationary		
		C Gaseous Stationary		
		D Liquid Portable		
		E Gaseous Portable		
		O Other		
CR504	1348	<b>Oxygen Equipment Type Code</b> Code indicating the specific type of equipment being prescribed for the delivery of oxygen <b>X12N HIPAA Note:</b> Required if CR503 is present and more than one type of equipment is required to administer the oxygen therapy.	O ID 1/1	S
		INDUSTRY: Oxygen Equipment Type Code		
		A Concentrator		
		B Liquid Stationary		
		C Gaseous Stationary		
		D Liquid Portable		

		E	Gaseous Portable			
		O	Other			
<b>CR505</b>	<b>352</b>	<b>Description</b>		<b>O AN 1/80</b>	<b>S</b>	
		A free-form description to clarify the related data elements and their content				
		<b>X12N HIPAA Note:</b>				
		Use if needed to provide additional information that could impact the medical decision.				
		ALIAS: Equipment Reason Description				
		INDUSTRY: Equipment Reason Description				
<b>CR506</b>	<b>380</b>	<b>Quantity</b>		<b>O R 1/15</b>	<b>R</b>	
		Numeric value of quantity				
		<b>X12N HIPAA Note:</b>				
		ALIAS: Oxygen Flow Rate				
		INDUSTRY: Oxygen Flow Rate				
<b>CR507</b>	<b>380</b>	<b>Quantity</b>		<b>O R 1/15</b>	<b>S</b>	
		Numeric value of quantity				
		<b>X12N HIPAA Note:</b>				
		Required if relevant to the type of home oxygen therapy requested.				
		INDUSTRY: Daily Oxygen Use Count				
<b>CR508</b>	<b>380</b>	<b>Quantity</b>		<b>O R 1/15</b>	<b>S</b>	
		Numeric value of quantity				
		<b>X12N HIPAA Note:</b>				
		Required if relevant to the type of home oxygen therapy requested.				
		INDUSTRY: Oxygen Use Period Hour Count				
<b>CR509</b>	<b>352</b>	<b>Description</b>		<b>O AN 1/80</b>	<b>S</b>	
		A free-form description to clarify the related data elements and their content				
		<b>X12N HIPAA Note:</b>				
		Use at discretion of requester.				
		ALIAS: Respiratory Therapist Order Text				
		INDUSTRY: Respiratory Therapist Order Text				
<b>CR510</b>	<b>380</b>	<b>Quantity</b>		<b>O R 1/15</b>	<b>S</b>	
		Numeric value of quantity				
		<b>X12N HIPAA Note:</b>				
		Either CR510 or CR511 is required.				
		INDUSTRY: Arterial Blood Gas Quantity				
<b>CR511</b>	<b>380</b>	<b>Quantity</b>		<b>O R 1/15</b>	<b>S</b>	
		Numeric value of quantity				
		<b>X12N HIPAA Note:</b>				
		Either CR510 or CR511 is required.				
		ALIAS: Oxygen Saturation Quantity				
		INDUSTRY: Oxygen Saturation Quantity				
<b>CR512</b>	<b>1349</b>	<b>Oxygen Test Condition Code</b>		<b>O ID 1/1</b>	<b>R</b>	
		Code indicating the conditions under which a patient was tested				
		<b>X12N HIPAA Note:</b>				
		INDUSTRY: Oxygen Test Condition Code				
		E	Exercising			
		N	No special conditions for test			
		O	On oxygen			
		R	At rest on room air			
		S	Sleeping			
		W	Walking			
		X	Other			

<b>CR513</b>	<b>1350</b>	<b>Oxygen Test Findings Code</b> <span style="float: right;"><b>O ID 1/1 S</b></span> Code indicating the findings of oxygen tests performed on a patient <b>X12N HIPAA Note:</b> Required if patient's arterial PO<Bv>2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate. INDUSTRY: Oxygen Test Findings Code 1 Dependent edema suggesting congestive heart failure 2 "P" Pulmonale on Electrocardiogram (EKG) 3 Erythrocythemia with a hematocrit greater than 56 percent
<b>CR514</b>	<b>1350</b>	<b>Oxygen Test Findings Code</b> <span style="float: right;"><b>O ID 1/1 S</b></span> Code indicating the findings of oxygen tests performed on a patient <b>X12N HIPAA Note:</b> Required if patient's arterial PO<Bv>2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate. INDUSTRY: Oxygen Test Findings Code 1 Dependent edema suggesting congestive heart failure 2 "P" Pulmonale on Electrocardiogram (EKG) 3 Erythrocythemia with a hematocrit greater than 56 percent
<b>CR515</b>	<b>1350</b>	<b>Oxygen Test Findings Code</b> <span style="float: right;"><b>O ID 1/1 S</b></span> Code indicating the findings of oxygen tests performed on a patient <b>X12N HIPAA Note:</b> Required if patient's arterial PO<Bv>2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate. INDUSTRY: Oxygen Test Findings Code 1 Dependent edema suggesting congestive heart failure 2 "P" Pulmonale on Electrocardiogram (EKG) 3 Erythrocythemia with a hematocrit greater than 56 percent
<b>CR516</b>	<b>380</b>	<b>Quantity</b> <span style="float: right;"><b>O R 1/15 S</b></span> Numeric value of quantity <b>X12N HIPAA Note:</b> Required if either CR503, CR505 or CR518 = "D" (Liquid Portable) or "E" (Gaseous Portable). ALIAS: Portable Oxygen System Flow Rate INDUSTRY: Portable Oxygen System Flow Rate
<b>CR517</b>	<b>1382</b>	<b>Oxygen Delivery System Code</b> <span style="float: right;"><b>O ID 1/1 R</b></span> Code to indicate if a particular form of delivery was prescribed <b>X12N HIPAA Note:</b> INDUSTRY: Oxygen Delivery System Code A Nasal Cannula B Oxygen Conserving Device C Oxygen Conserving Device with Oxygen Pulse System D Oxygen Conserving Device with Reservoir System E Transtracheal Catheter
<b>CR518</b>	<b>1348</b>	<b>Oxygen Equipment Type Code</b> <span style="float: right;"><b>O ID 1/1 S</b></span> Code indicating the specific type of equipment being prescribed for the delivery of oxygen <b>X12N HIPAA Note:</b> Either CR503 or CR518 is required. INDUSTRY: Oxygen Equipment Type Code A Concentrator B Liquid Stationary C Gaseous Stationary D Liquid Portable E Gaseous Portable O Other

**Segment:** **CR6 Home Health Care Information**

**Position:** 150

**Loop:** 2000F Required

**Level:** Detail

**Usage:** Situational

**Max Use:** 1

**Purpose:** To supply information related to the certification of a home health care patient

**Syntax Notes:**

- 1 If either CR603 or CR604 is present, then the other is required.
- 2 If any of CR609 CR610 or CR611 is present, then all are required.
- 3 If any of CR615 CR616 or CR617 is present, then all are required.

**Semantic Notes:**

- 1 CR602 is the date covered home health services began.
- 2 CR604 is the certification period covered by this plan of treatment.
- 3 CR605 is the date of onset or exacerbation of the principal diagnosis.
- 4 A "Y" value indicates patient is receiving care in a 1861J1 (skilled nursing) facility. An "N" value indicates patient is not receiving care in a 1861J1 facility. A "U" value indicates it is unknown whether or not the patient is receiving care in a 1861J1 facility.
- 5 CR607 indicates if the patient is covered by Medicare. A "Y" value indicates the patient is covered by Medicare; an "N" value indicates patient is not covered by Medicare.
- 6 CR609 is date that the surgery identified in CR614 was performed.
- 7 CR610 qualifies CR611.
- 8 CR611 is the surgical procedure most relevant to the care being rendered.
- 9 CR612 is the date the agency received the verbal orders from the physician for start of care.
- 10 CR613 is the date that the patient was last seen by the physician.
- 11 CR614 is the date of the home health agency's most recent contact with the physician.
- 12 CR616 is the date range of the most recent inpatient stay.
- 13 CR617 indicates the type of facility from which the patient was most recently discharged.
- 14 CR618 is the date of onset or exacerbation of the first secondary diagnosis.
- 15 CR619 is the date of onset or exacerbation of the second secondary diagnosis.
- 16 CR620 is the date of onset or exacerbation of the third secondary diagnosis.
- 17 CR621 is the date of onset or exacerbation of the fourth secondary diagnosis.

**Comments:**

**Notes:**

**X12N HIPAA Note**

Required on requests for certification of home health care, private duty nursing, or services by a nurses' agency.

Use the HI segment at the patient level in Loop 2000C or Loop 2000D for diagnosis and diagnosis dates related to requests for home health care.

Requests for home health care must include a principal diagnosis (HI01-1 = BK) and principal diagnosis date in the HI segment at the patient level in Loop 2000C or Loop 2000D.

**X12N HIPAA or ODJFS Example**

Example: CR6\*7\*19980601\*\*\*\*N\*N\*I~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
CR601	923	Prognosis Code Code indicating physician's prognosis for the patient	M ID 1/1	R
<b>X12N HIPAA Note:</b> INDUSTRY: Prognosis Code				
		1 Poor		
		2 Guarded		
		3 Fair		
		4 Good		

		5	Very Good			
		6	Excellent			
		7	Less than 6 Months to Live			
		8	Terminal			
<b>CR602</b>	<b>373</b>	<b>Date</b>		<b>M</b>	<b>DT 8/8</b>	<b>R</b>
		Date expressed as CCYYMMDD				
		<b>X12N HIPAA Note:</b>				
		ALIAS: Home Health Start Date				
		INDUSTRY: Service From Date				
<b>CR603</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>		<b>X</b>	<b>ID 2/3</b>	<b>S</b>
		Code indicating the date format, time format, or date and time format				
		<b>X12N HIPAA Note:</b>				
		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			
<b>CR604</b>	<b>1251</b>	<b>Date Time Period</b>		<b>X</b>	<b>AN 1/35</b>	<b>S</b>
		Expression of a date, a time, or range of dates, times or dates and times				
		<b>X12N HIPAA Note:</b>				
		Required if duration of plan treatment period is known.				
		ALIAS: Home Health Certification Period				
		INDUSTRY: Home Health Certification Period				
<b>CR605</b>	<b>373</b>	<b>Date</b>		<b>O</b>	<b>DT 8/8</b>	<b>N/U</b>
		Date expressed as CCYYMMDD				
<b>CR606</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>		<b>O</b>	<b>ID 1/1</b>	<b>R</b>
		Code indicating a Yes or No condition or response				
		<b>X12N HIPAA Note:</b>				
		INDUSTRY: Skilled Nursing Facility Indicator				
		N	No			
		U	Unknown			
		Y	Yes			
<b>CR607</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>		<b>M</b>	<b>ID 1/1</b>	<b>R</b>
		Code indicating a Yes or No condition or response				
		<b>X12N HIPAA Note:</b>				
		ALIAS: Medicare Coverage Indicator				
		INDUSTRY: Medicare Coverage Indicator				
		N	No			
		U	Unknown			
		Y	Yes			
<b>CR608</b>	<b>1322</b>	<b>Certification Type Code</b>		<b>M</b>	<b>ID 1/1</b>	<b>R</b>
		Code indicating the type of certification				
		<b>X12N HIPAA Note:</b>				
		This element should usually have the same value as UM02.				
		INDUSTRY: Certification Type Code				
		1	Appeal - Immediate			
			<b>X12N HIPAA Note:</b>			
			Use this value only for appeals of review decisions where the level of service required is emergency or urgent.			
		2	Appeal - Standard			
			<b>X12N HIPAA Note:</b>			
			Use this value for appeals of review decisions where the level of service required is not emergency or urgent.			

		3	Cancel			
		4	Extension			
		I	Initial			
		R	Renewal			
		S	Revised			
<b>CR609</b>	<b>373</b>	<b>Date</b>		<b>X</b>	<b>DT 8/8</b>	<b>S</b>
		Date expressed as CCYYMMDD				
		<b>X12N HIPAA Note:</b>				
		Required if home health care is related to a specific surgical procedure.				
		ALIAS: Related Surgery Date				
		INDUSTRY: Surgery Date				
<b>CR610</b>	<b>235</b>	<b>Product/Service ID Qualifier</b>		<b>X</b>	<b>ID 2/2</b>	<b>S</b>
		Code identifying the type/source of the descriptive number used in Product/Service ID (234)				
		<b>X12N HIPAA Note:</b>				
		Required if home health care is related to a specific surgical procedure.				
		INDUSTRY: Product or Service ID Qualifier				
		HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments			
			<b>X12N HIPAA Note:</b>			
			Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.			
		ID	International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure The International Classification of Diseases, Clinical Modification, is designated for the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations, for data storage and retrieval; this is a procedure code			
<b>CR611</b>	<b>1137</b>	<b>Medical Code Value</b>		<b>X</b>	<b>AN 1/15</b>	<b>S</b>
		Code value for describing a medical condition or procedure				
		<b>X12N HIPAA Note:</b>				
		Required if home health care is related to a specific surgical procedure.				
		ALIAS: Related Surgical Procedure Code				
		INDUSTRY: Surgical Procedure Code				
<b>CR612</b>	<b>373</b>	<b>Date</b>		<b>O</b>	<b>DT 8/8</b>	<b>S</b>
		Date expressed as CCYYMMDD				
		<b>X12N HIPAA Note:</b>				
		Required if different from the date of the request.				
		ALIAS: Physician Order Date				
		INDUSTRY: Physician Order Date				
<b>CR613</b>	<b>373</b>	<b>Date</b>		<b>O</b>	<b>DT 8/8</b>	<b>S</b>
		Date expressed as CCYYMMDD				
		<b>X12N HIPAA Note:</b>				
		Required if known.				
		ALIAS: Last Visit Date				
		INDUSTRY: Last Visit Date				
<b>CR614</b>	<b>373</b>	<b>Date</b>		<b>O</b>	<b>DT 8/8</b>	<b>S</b>
		Date expressed as CCYYMMDD				

**X12N HIPAA Note:**

Required if known.

ALIAS: Physician Contact Date

INDUSTRY: Physician Contact Date

**CR615 1250 Date Time Period Format Qualifier X ID 2/3 S**

Code indicating the date format, time format, or date and time format

**X12N HIPAA Note:**

Required if the patient had a recent inpatient stay.

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

**CR616 1251 Date Time Period X AN 1/35 S**

Expression of a date, a time, or range of dates, times or dates and times

**X12N HIPAA Note:**

Required if the patient had a recent inpatient stay.

ALIAS: Last Admission Period

INDUSTRY: Last Admission Period

**CR617 1384 Patient Location Code X ID 1/1 S**

Code identifying the location where patient is receiving medical treatment

**X12N HIPAA Note:**

Required if the patient had a recent inpatient stay.

ALIAS: Patient Discharge Facility Type Code

INDUSTRY: Patient Discharge Facility Type Code

- A Acute Care Facility
- B Boarding Home
- C Hospice
- D Intermediate Care Facility
- E Long-term or Extended Care Facility
- F Not Specified
- G Nursing Home
- H Sub-acute Care Facility
- L Other Location
- M Rehabilitation Facility
- O Outpatient Facility
- P Private Home
- R Residential Treatment Facility
- S Skilled Nursing Home
- T Rest Home

**CR618 373 Date O DT 8/8 N/U**

Date expressed as CCYYMMDD

**CR619 373 Date O DT 8/8 N/U**

Date expressed as CCYYMMDD

**CR620 373 Date O DT 8/8 N/U**

Date expressed as CCYYMMDD

**CR621 373 Date O DT 8/8 N/U**

Date expressed as CCYYMMDD

**Segment:** **MSG** Message Text

**Position:** 160

**Loop:** 2000F Required

**Level:** Detail

**Usage:** Situational (Not Recommended)

**Max Use:** 1

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

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

**Semantic Notes:** 1 MSG03 is the number of lines to advance before printing.

**Comments:** 1 MSG02 is not related to the specific characteristics of a printer, but identifies top of page, advance a line, etc.  
2 If MSG02 is "AA - Advance the specified number of lines before print" then MSG03 is required.

**Notes:** **X12N HIPAA Note**  
Use only if needed to convey free-form text about the health care services review requested.

**X12N HIPAA or ODJFS Example**  
Example: MSG\*This is a free-form text message~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>HIPAA Attributes</u>	<u>ODJFS Attributes</u>
MSG01	933	<b>Free-Form Message Text</b> Free-form message text <b>X12N HIPAA Note:</b> INDUSTRY: Free Form Message Text <b>ODJFS User Note:</b> Contains information about legacy PA submission.	M AN 1/264	R
MSG02	934	<b>Printer Carriage Control Code</b> A field to be used for the control of the line feed of the receiving printer Refer to 004010X094 Data Element Dictionary for acceptable code values.	X ID 2/2	N/U
MSG03	1470	<b>Number</b> A generic number	O N0 1/9	N/U

**Segment:** **SE** Transaction Set Trailer  
**Position:** 280  
**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 or ODJFS Example**

Example: SE\*24\*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	<b>Number of Included Segments</b> 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	<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> The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research. INDUSTRY: Transaction Set Control Number	M AN 4/9	R

**Segment:** **GE** Functional Group Trailer  
**Position:** 290  
**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 or ODJFS 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> Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M N0 1/6	R
GE02	28	<b>Group Control Number</b> Assigned number originated and maintained by the sender	M N0 1/9	R

**Segment:** **IEA** Interchange Control Trailer  
**Position:** 300  
**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 or ODJFS 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