

276 Health Care Claim Status Request

Functional Group ID=**HR**

Introduction:

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Status Request Transaction Set (276) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used by a provider, recipient of health care products or services, or their authorized agent to request the status of a health care claim or encounter from a health care payer. This transaction set is not intended to replace the Health Care Claim Transaction Set (837), but rather to occur after the receipt of a claim or encounter information. The request may occur at the summary or service line detail level.

Heading:

<u>Page No.</u>	<u>Pos. No.</u>	<u>Seg. ID</u>	<u>Name</u>	<u>HIPAA Usage</u>	<u>ODJFS Usage</u>	<u>Max.Use</u>	<u>Loop Repeat</u>	<u>Notes and Comments</u>
4	003	ISA	Interchange Control Header	R	R	1		
7	005	GS	Functional Group Header	R	R	1		
9	010	ST	Transaction Set Header	R	R	1		
10	020	BHT	Beginning of Hierarchical Transaction	R	R	1		
	030	REF	Reference Identification	Not Used	Not Used	10		
LOOP ID - 1000A							>1	
	040	NM1	Individual or Organizational Name	Not Used	Not Used	1		
	050	N2	Additional Name Information	Not Used	Not Used	2		
	060	N3	Address Information	Not Used	Not Used	2		
	070	N4	Geographic Location	Not Used	Not Used	1		
	080	REF	Reference Identification	Not Used	Not Used	2		
	090	PER	Administrative Communications Contact	Not Used	Not Used	1		

Detail:

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LOOP ID - 2000A							>1	
11	010	HL	Information Source Level	R	R	1		
	020	SBR	Subscriber Information	Not Used	Not Used	1		n1
	030	PAT	Patient Information	Not Used	Not Used	1		n2
	040	DMG	Demographic Information	Not Used	Not Used	1		n3
LOOP ID - 2100A							>1	
12	050	NM1	Payer Name	R	R	1		
	060	N3	Address Information	Not Used	Not Used	2		
	070	N4	Geographic Location	Not Used	Not Used	1		
14	080	PER	Payer Contact Information	S	S	1		
LOOP ID - 2200A							>1	
	090	TRN	Trace	Not Used	Not Used	1		
	100	REF	Reference Identification	Not Used	Not Used	3		
	110	AMT	Monetary Amount	Not Used	Not Used	1		
	120	DTP	Date or Time or Period	Not Used	Not Used	2		
LOOP ID - 2210A							>1	
	130	SVC	Service Information	Not Used	Not Used	1		
	140	REF	Reference Identification	Not Used	Not Used	1		

	150	DTP	Date or Time or Period	Not Used	Not Used	1
			LOOP ID - 2000B >1			
16	010	HL	Information Receiver Level	R	R	1
	020	SBR	Subscriber Information	Not Used	Not Used	1
	030	PAT	Patient Information	Not Used	Not Used	1
	040	DMG	Demographic Information	Not Used	Not Used	1
			LOOP ID - 2100B >1			
18	050	NM1	Information Receiver Name	R	R	1
	060	N3	Address Information	Not Used	Not Used	2
	070	N4	Geographic Location	Not Used	Not Used	1
	080	PER	Administrative Communications Contact	Not Used	Not Used	1
			LOOP ID - 2200B >1			
	090	TRN	Trace	Not Used	Not Used	1
	100	REF	Reference Identification	Not Used	Not Used	3
	110	AMT	Monetary Amount	Not Used	Not Used	1
	120	DTP	Date or Time or Period	Not Used	Not Used	2
			LOOP ID - 2210B >1			
	130	SVC	Service Information	Not Used	Not Used	1
	140	REF	Reference Identification	Not Used	Not Used	1
	150	DTP	Date or Time or Period	Not Used	Not Used	1
			LOOP ID - 2000C >1			
20	010	HL	Service Provider Level	R	R	1
	020	SBR	Subscriber Information	Not Used	Not Used	1
	030	PAT	Patient Information	Not Used	Not Used	1
	040	DMG	Demographic Information	Not Used	Not Used	1
			LOOP ID - 2100C >1			
21	050	NM1	Provider Name	R	R	1
	060	N3	Address Information	Not Used	Not Used	2
	070	N4	Geographic Location	Not Used	Not Used	1
	080	PER	Administrative Communications Contact	Not Used	Not Used	1
			LOOP ID - 2200C >1			
	090	TRN	Trace	Not Used	Not Used	1
	100	REF	Reference Identification	Not Used	Not Used	3
	110	AMT	Monetary Amount	Not Used	Not Used	1
	120	DTP	Date or Time or Period	Not Used	Not Used	2
			LOOP ID - 2210C >1			
	130	SVC	Service Information	Not Used	Not Used	1
	140	REF	Reference Identification	Not Used	Not Used	1
	150	DTP	Date or Time or Period	Not Used	Not Used	1
			LOOP ID - 2000D >1			
23	010	HL	Subscriber Level	R	R	1
	020	SBR	Subscriber Information	Not Used	Not Used	1
	030	PAT	Patient Information	Not Used	Not Used	1
25	040	DMG	Subscriber Demographic Information	S	S	1
			LOOP ID - 2100D 1			
26	050	NM1	Subscriber Name	R	R	1
	060	N3	Address Information	Not Used	Not Used	2
	070	N4	Geographic Location	Not Used	Not Used	1
	080	PER	Administrative Communications Contact	Not Used	Not Used	1

		LOOP ID - 2200D			>1	
28	090	TRN	Claim Submitter Trace Number	S	S	1
29	100	REF	Payer Claim Identification Number	S	S	1
30	100	REF	Institutional Bill Type Identification	S	S	1
31	100	REF	Medical Record Identification	S	S	1
	100	REF	Group Number	S	Not Used	1
32	110	AMT	Claim Submitted Charges	S	S	1
33	120	DTP	Claim Service Date	S	S	1
		LOOP ID - 2210D			>1	
	130	SVC	Service Line Information	S	Not Used	1
	140	REF	Service Line Item Identification	S	Not Used	1
	150	DTP	Service Line Date	R	Not Used	1
		LOOP ID - 2000E			>1	
34	010	HL	Dependent Level	S	S	1
	020	SBR	Subscriber Information	Not Used	Not Used	1
	030	PAT	Patient Information	Not Used	Not Used	1
35	040	DMG	Dependent Demographic Information	R	R	1
		LOOP ID - 2100E			1	
36	050	NM1	Dependent Name	R	R	1
	060	N3	Address Information	Not Used	Not Used	2
	070	N4	Geographic Location	Not Used	Not Used	1
	080	PER	Administrative Communications Contact	Not Used	Not Used	1
		LOOP ID - 2200E			>1	
38	090	TRN	Claim Submitter Trace Number	R	R	1
39	100	REF	Payer Claim Identification Number	S	S	1
40	100	REF	Institutional Bill Type Identification	S	S	1
41	100	REF	Medical Record Identification	S	S	1
42	110	AMT	Claim Submitted Charges	S	S	1
43	120	DTP	Claim Service Date	S	S	1
		LOOP ID - 2210E			>1	
44	130	SVC	Service Line Information	S	S	1
47	140	REF	Service Line Item Identification	S	S	1
48	150	DTP	Service Line Date	R	R	1

Summary:

Page No.	Pos. No.	Seg. ID	Name	HIPAA Usage	ODJFS Usage	Max.Use	Loop Repeat	Notes and Comments
49	160	SE	Transaction Set Trailer	R	R	1		
50	170	GE	Functional Group Trailer	R	R	1		
51	180	IEA	Interchange Control Trailer	R	R	1		

Transaction Set Notes

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

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

Syntax Notes:
Semantic Notes:
Comments:
Notes:

HIPAA X12N Notes

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 Example

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

ODJFS User Notes

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

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes	User Attributes
ISA01	I01	Authorization Information Qualifier Code to identify the type of information in the Authorization Information 00 No Authorization Information Present (No Meaningful Information in I02) HIPAA X12N Notes: ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION INFORMATION.	M ID 2/2	R
ISA02	I02	Authorization Information Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01) ODJFS User Notes: This field should contain all spaces.	M AN 10/10	R
ISA03	I03	Security Information Qualifier Code to identify the type of information in the Security Information 00 No Security Information Present (No Meaningful Information in I04) HIPAA X12N Notes: ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.	M ID 2/2	R
ISA04	I04	Security Information This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03) ODJFS User Notes: This field should contain all spaces.	M AN 10/10	R
ISA05	I05	Interchange ID Qualifier Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified	M ID 2/2	R

HIPAA X12N Notes:

This ID qualifies the Sender in ISA06.

ZZ Mutually Defined

ISA06	I06	Interchange Sender ID	M AN 15/15 R
		Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element	
		ODJFS User Notes:	
		If you are sending to Medicaid: This field should contain the 7-digit Medicaid Trading Partner 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.	
ISA07	I05	Interchange ID Qualifier	M ID 2/2 R
		Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified	
		HIPAA X12N Notes:	
		This ID qualifies the Receiver in ISA08.	
		ZZ Mutually Defined	
ISA08	I07	Interchange Receiver ID	M AN 15/15 R
		Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them	
		ODJFS User Notes:	
		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.	
ISA09	I08	Interchange Date	M DT 6/6 R
		Date of the interchange	
		HIPAA X12N Notes:	
		The date format is YYMMDD.	
ISA10	I09	Interchange Time	M TM 4/4 R
		Time of the interchange	
		HIPAA X12N Notes:	
		The time format is HHMM.	
ISA11	I10	Interchange Control Standards Identifier	M ID 1/1 R
		Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer	
		U U.S. EDI Community of ASC X12, TDCC, and UCS	
ISA12	I11	Interchange Control Version Number	M ID 5/5 R
		This version number covers the interchange control segments	
		00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
ISA13	I12	Interchange Control Number	M N0 9/9 R
		A control number assigned by the interchange sender	
		HIPAA X12N Notes:	
		The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.	
ISA14	I13	Acknowledgment Requested	M ID 1/1 R
		Code sent by the sender to request an interchange acknowledgment (TA1)	
		HIPAA X12N Notes:	
		See Section A.1.5.1 for interchange acknowledgment information.	
		0 No Acknowledgment Requested	
		1 Interchange Acknowledgment Requested	
ISA15	I14	Usage Indicator	M ID 1/1 R
		Code to indicate whether data enclosed by this interchange envelope is test, production or information	

		P	Production Data		
		T	Test Data		
ISA16	I15		Component Element Separator	M AN 1/1	R
			Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator		

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

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

Comments:

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

Notes: **X12N Example**

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

ODJFS User Notes

GS*HC*MEDICAID ID*MMISODJFS*20031016*0802*1*X*004010X093A1~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
GS01	479	Functional Identifier Code Code identifying a group of application related transaction sets HR Health Care Claim Status Request (276)	M ID 2/2	R
GS02	142	Application Sender's Code Code identifying party sending transmission; codes agreed to by trading partners HIPAA X12N Notes: Use this code to identify the unit sending the information. ODJFS User Notes: If you are sending to Medicaid then: This field should contain the 7-digit Medicaid Trading Partner ID assigned to the Sender of this file.	M AN 2/15	R
GS03	124	Application Receiver's Code Code identifying party receiving transmission; codes agreed to by trading partners HIPAA X12N Notes: Use this code to identify the unit receiving the information. ODJFS User Notes: 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).	M AN 2/15	R
GS04	373	Date Date expressed as CCYYMMDD HIPAA X12N Notes: Use this date for the functional group creation date.	M DT 8/8	R
GS05	337	Time Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) HIPAA X12N Notes: Use this time for the creation time. The recommended format is HHMM.	M TM 4/8	R
GS06	28	Group Control Number Assigned number originated and maintained by the sender	M N0 1/9	R
GS07	455	Responsible Agency Code Code used in conjunction with Data Element 480 to identify the issuer of the standard	M ID 1/2	R

GS08

480

Version / Release / Industry Identifier Code M AN 1/12 R

Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

004010X093A1

Segment: **ST** Transaction Set Header
Position: 010
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To indicate the start of a transaction set and to assign a control number
Syntax Notes:
Semantic Notes: 1 The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).
Comments:
Notes: **X12N Example**
Example: ST*276*0001~

Data Element Summary

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

Segment: **BHT** Beginning of Hierarchical Transaction
Position: 020
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Syntax Notes:
Semantic Notes:

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

Comments:
Notes: X12N Example

Example: BHT*0010*13**19961220~

Data Element Summary

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Base</u> <u>Attributes</u>	<u>User</u> <u>Attributes</u>
BHT01	1005	Hierarchical Structure Code Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set HIPAA X12N Notes: INDUSTRY: Hierarchical Structure Code 0010 Information Source, Information Receiver, Provider of Service, Subscriber, Dependent	M ID 4/4	R
BHT02	353	Transaction Set Purpose Code Code identifying purpose of transaction set HIPAA X12N Notes: INDUSTRY: Transaction Set Purpose Code 13 Request	M ID 2/2	R
BHT03	127	Reference Identification	O AN 1/30	N/U
BHT04	373	Date Date expressed as CCYYMMDD HIPAA X12N Notes: INDUSTRY: Transaction Set Creation Date	O DT 8/8	R

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

Syntax Notes:
Semantic Notes:
Comments:

- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
The HL segment defines a top-down/left-right ordered structure.
- 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
- 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
- 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
- 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes: **X12N Example**

Example: HL*1**20*1~

Data Element Summary

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

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

Payers with multiple locations or multiple lines of business may require that the payer name be completed.

X12N Example

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

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual HIPAA X12N Notes: INDUSTRY: Entity Identifier Code PR Payer	M ID 2/3	R
NM102	1065	Entity Type Qualifier Code qualifying the type of entity HIPAA X12N Notes: INDUSTRY: Entity Type Qualifier 2 Non-Person Entity	M ID 1/1	R
NM103	1035	Name Last or Organization Name Individual last name or organizational name HIPAA X12N Notes: This data element will be required until the National Payer Identifier is active. INDUSTRY: Payer Name ODJFS User Notes: ODJFS when NM101='PR'	O AN 1/35	R
NM104	1036	Name First	O AN 1/25	N/U
NM105	1037	Name Middle	O AN 1/25	N/U
NM106	1038	Name Prefix	O AN 1/10	N/U
NM107	1039	Name Suffix	O AN 1/10	N/U
NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) HIPAA X12N Notes: Payer identifiers should be used with the following preferences: (PI) Payer ID (NI) NAIC Code (AD) If the Payer is a Blue Cross or Blue Shield Plan, BCBSA Plan Code (PP) If the Payer is a Pharmacy Processor, Pharmacy Processor Number (FI) Tax ID (21) If other codes are not available or known, use HIN or Payer Identification Number	X ID 1/2	R

INDUSTRY: Identification Code Qualifier

21	Health Industry Number (HIN)
AD	Blue Cross Blue Shield Association Plan Code Unique 3-digit number assigned to independent Blue Cross or Blue Shield plans by Blue Cross/Blue Shield Association
FI	Federal Taxpayer's Identification Number
NI	National Association of Insurance Commissioners (NAIC) Identification
PI	Payor Identification
PP	Pharmacy Processor Number Unique number assigned to each pharmacy for submitting claims
XV	Health Care Financing Administration National Payer Identification Number (PAYERID)

NM109

67

Identification Code

X AN 2/80 R

Code identifying a party or other code

HIPAA X12N Notes:

For Medicare use, this is the carrier/fiscal intermediary-assigned code.

INDUSTRY: Payer Identifier

ODJFS User Notes:

MMISODJFS when NM101='PR'

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

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

Semantic Notes:

Comments:

Notes:

HIPAA X12N Notes

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 standard, if PER03 is used, PER04 is required.

Required only if needed for identification of contact at the payer site when known prior to transmission of the 276 claim status request.

X12N Example

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

Data Element Summary

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

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

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

Syntax Notes:

Semantic Notes:

- Comments:**
- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
The HL segment defines a top-down/left-right ordered structure.
 - 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
 - 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
 - 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
 - 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes: **HIPAA X12N Notes**

This entity expects response from the information source.

X12N Example

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

Data Element Summary

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

Segment: **NM1** Information Receiver Name
Position: 050
Loop: 2100B Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.
2 If NM111 is present, then NM110 is required.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: **HIPAA X12N Notes**
This is the individual or organization requesting to receive the status information.
X12N Example
Example: NM1*41*2*XYZ SERVICE*****46*A22222221~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual HIPAA X12N Notes: INDUSTRY: Entity Identifier Code 41 Submitter Entity transmitting transaction set	M ID 2/3	R
NM102	1065	Entity Type Qualifier Code qualifying the type of entity HIPAA X12N Notes: INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	M ID 1/1	R
NM103	1035	Name Last or Organization Name Individual last name or organizational name HIPAA X12N Notes: INDUSTRY: Information Receiver Last or Organization Name ODJFS User Notes: Only used to populate 277.	O AN 1/35	R
NM104	1036	Name First Individual first name HIPAA X12N Notes: The first name is required when the value in NM102 is '1' and the person has a first name. INDUSTRY: Information Receiver First Name	O AN 1/25	S
NM105	1037	Name Middle Individual middle name or initial HIPAA X12N Notes: Required if additional name information is needed to identify the information receiver. Recommended if the value in the entity type qualifier is a person. INDUSTRY: Information Receiver Middle Name ODJFS User Notes: Only used to populate 277.	O AN 1/25	S
NM106	1038	Name Prefix	O AN 1/10	N/U
NM107	1039	Name Suffix	O AN 1/10	S

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

Syntax Notes:

Semantic Notes:

- Comments:**
- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
The HL segment defines a top-down/left-right ordered structure.
 - 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
 - 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
 - 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
 - 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes: **X12N Example**

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

Data Element Summary

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

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

This is the billing provider from the original submitted claim.

X12N Example

Example: NM1*1P*2*HOME MEDICAL*****SV*98766666~

Data Element Summary

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Base</u> <u>Attributes</u>	<u>User</u> <u>Attributes</u>
NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual HIPAA X12N Notes: INDUSTRY: Entity Identifier Code 1P Provider	M ID 2/3	R
NM102	1065	Entity Type Qualifier Code qualifying the type of entity HIPAA X12N Notes: INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	M ID 1/1	R
NM103	1035	Name Last or Organization Name Individual last name or organizational name HIPAA X12N Notes: INDUSTRY: Provider Last or Organization Name ODJFS User Notes: Only used to populate 277.	O AN 1/35	R
NM104	1036	Name First Individual first name HIPAA X12N Notes: The first name is required when the value in NM102 is '1' and the person has a first name. INDUSTRY: Provider First Name	O AN 1/25	S
NM105	1037	Name Middle Individual middle name or initial HIPAA X12N Notes: The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial. INDUSTRY: Provider Middle Name ODJFS User Notes: Only used to populate 277.	O AN 1/25	S
NM106	1038	Name Prefix Prefix to individual name HIPAA X12N Notes:	O AN 1/10	S

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

NM107 1039

INDUSTRY: Provider Name Prefix

Name Suffix O AN 1/10 S

Suffix to individual name

HIPAA X12N Notes:

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

NM108 66

INDUSTRY: Provider Name Suffix

Identification Code Qualifier X ID 1/2 R

Code designating the system/method of code structure used for Identification Code (67)

HIPAA X12N Notes:

INDUSTRY: Identification Code Qualifier

FI Federal Taxpayer's Identification Number

SV Service Provider Number

HIPAA X12N Notes:

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

XX Health Care Financing Administration National Provider Identifier

NM109 67

Identification Code X AN 2/80 R

Code identifying a party or other code

HIPAA X12N Notes:

INDUSTRY: Provider Identifier

ODJFS User Notes:

The data in this element must match either the 837 2010AB NM109 (NPI) for typical providers or the 2010AB REF02 for atypical providers when REF01 = 1D.

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

Syntax Notes:

Semantic Notes:

- Comments:**
- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
The HL segment defines a top-down/left-right ordered structure.
 - 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
 - 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
 - 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
 - 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes: **HIPAA X12N Notes**

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

X12N Example

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

Data Element Summary

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

described

HIPAA X12N Notes:

INDUSTRY: Hierarchical Child Code

0 No Subordinate HL Segment in This Hierarchical Structure.

HIPAA X12N Notes:

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

1 Additional Subordinate HL Data Segment in This Hierarchical Structure.

HIPAA X12N Notes:

Required when there are dependent claims related to this subscriber.

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

Comments:
Notes:

HIPAA X12N Notes

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

X12N Example

Example: DMG*D8*19330706*M~

Data Element Summary

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

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

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

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Base</u>	<u>User</u>
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual HIPAA X12N Notes: INDUSTRY: Entity Identifier Code IL Insured or Subscriber QC Patient Individual receiving medical care HIPAA X12N Notes: Use this code only when the subscriber is the patient.	M ID 2/3	R
NM102	1065	Entity Type Qualifier Code qualifying the type of entity HIPAA X12N Notes: INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity HIPAA X12N Notes: Use the value "2" in an employer-subscriber situation, such as Worker's Compensation. In this case, the value "IL" would appear in NM101.	M ID 1/1	R
NM103	1035	Name Last or Organization Name Individual last name or organizational name HIPAA X12N Notes: INDUSTRY: Subscriber Last Name	O AN 1/35	R
NM104	1036	Name First Individual first name HIPAA X12N Notes: The first name is required when the value in NM102 is '1' and the person has a first name. INDUSTRY: Subscriber First Name	O AN 1/25	S
NM105	1037	Name Middle Individual middle name or initial HIPAA X12N Notes: The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial. INDUSTRY: Subscriber Middle Name	O AN 1/25	S
NM106	1038	Name Prefix	O AN 1/10	S

Prefix to individual name

HIPAA X12N Notes:

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

INDUSTRY: Subscriber Name Prefix

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

Suffix to individual name

HIPAA X12N Notes:

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

INDUSTRY: Subscriber Name Suffix

NM108 **66** **Identification Code Qualifier** **X ID 1/2 R**

Code designating the system/method of code structure used for Identification Code (67)

HIPAA X12N Notes:

INDUSTRY: Identification Code Qualifier

24	Employer's Identification Number
MI	Member Identification Number
ZZ	Mutually Defined

HIPAA X12N Notes:

The value 'ZZ' when used in this data element shall be defined as 'HIPAA Individual Identifier' once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.

NM109 **67** **Identification Code** **X AN 2/80 R**

Code identifying a party or other code

HIPAA X12N Notes:

INDUSTRY: Subscriber Identifier

ODJFS User Notes:

Medicaid Billing Number

Can be used to search for a claim if value supplied matches the value originally sent in the 837 loop 2010BA NM109 when NM101=IL

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

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

Comments:
Notes:

HIPAA X12N Notes

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

Use this segment to convey a unique trace or reference number from the originator of the transaction to be returned by the receiver of the transaction.

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

X12N Example

Example: TRN*1*1722634842~

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Base</u>	<u>User</u>
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
TRN01	481	Trace Type Code	M ID 1/2	R
		Code identifying which transaction is being referenced		
		HIPAA X12N Notes:		
		INDUSTRY: Trace Type Code		
		1 Current Transaction Trace Numbers		
TRN02	127	Reference Identification	M AN 1/30	R
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
		HIPAA X12N Notes:		
		INDUSTRY: Trace Number		
		This data element corresponds to the CLM01 data element of the ASC X12N Dental, Institutional, and Professional Implementation Guide(s). Paper based claims may not require a Patient Account Number for adjudication. When inquiring on paper based claims the trace number is required to be returned in the TRN of the 277 Health Care Claim Status Response transaction in TRN02.		
		ODJFS User Notes:		
		Can be used to search for a claim if value supplied matches the value originally sent in the 837 2300 CLM01		

Segment: **REF** Payer Claim Identification Number

Position: 100

Loop: 2200D Optional

Level: Detail

Usage: Optional

Max Use: 1

Purpose: To specify identifying information

Syntax Notes:

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

Semantic Notes:

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

Comments:

Notes:

HIPAA X12N Notes

Use this only if the subscriber is the patient.

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

The authors recommend sending this segment on claim inquires when the information is known. It will provide a direct look up key into the payer's adjudication system and will reduce the possibility of returning more claim status information than was intended. For example, when a claim status inquiry is performed and many claims meet the conditions of the inquiry all will be returned. By providing the information within this particular segment the search criteria is narrowed to the specific claim in question.

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

X12N Example

Example: REF*1K*9918046987~

Data Element Summary

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

Segment: **REF** Institutional Bill Type Identification
Position: 100
Loop: 2200D Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify identifying information
Syntax Notes: 1 At least one of REF02 or REF03 is required.
2 If either C04003 or C04004 is present, then the other is required.
3 If either C04005 or C04006 is present, then the other is required.
Semantic Notes: 1 REF04 contains data relating to the value cited in REF02.
Comments:
Notes:

HIPAA X12N Notes

This segment is the institutional bill type submitted on the original claim. The institutional bill type consists of the two position, Facility Type Code, and the one position, Claim Frequency Code. The payer may use it as a primary lookup key.

Only use this segment if the subscriber is the patient and bill type is being sent in the inquiry request in connection with an institutional bill.

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

X12N Example

Example: REF*BLT*111~

Data Element Summary

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

Segment: **REF** Medical Record Identification
Position: 100
Loop: 2200D Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify identifying information
Syntax Notes:

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

Semantic Notes:

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

Comments:
Notes: **HIPAA X12N Notes**
This is the Medical Record number submitted on the original claim and should be sent when available from the submitted claim.
Use this only if the subscriber is the patient.
The total number of REF segments in the 2200 loop cannot exceed 3.
X12N Example
Example: REF*EA*J354789~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification HIPAA X12N Notes: INDUSTRY: Reference Identification Qualifier EA Medical Record Identification Number A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records	M ID 2/3	R
REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier HIPAA X12N Notes: Found on UB92 record 20 field 25 Found on 837 CLM-05 Found on UB92 paper form locator 23 INDUSTRY: Medical Record Number ODJFS User Notes: Can be used to search for a claim if value supplied matches the value originally sent in the 837 loop 2300 REF02 when REF01=1A	X AN 1/30	R

Segment: **AMT** Claim Submitted Charges
Position: 110
Loop: 2200D Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To indicate the total monetary amount
Syntax Notes:
Semantic Notes:
Comments:
Notes:

HIPAA X12N Notes

Required when the subscriber is the patient.

Not all payer's systems retain the original submitted charges. This may be a result of bundling/unbundling situations. This amount can be used as a secondary match criteria within the payer's system if the claim has not been changed.

X12N Example

Example: AMT*T3*75~

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Base</u>	<u>User</u>
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
AMT01	522	Amount Qualifier Code Code to qualify amount HIPAA X12N Notes: INDUSTRY: Amount Qualifier Code	M ID 1/3	R
		T3 Total Submitted Charges HIPAA X12N Notes: Found on UB92 - Revenue Code 0001 and also in record 90 Found on UB92 Paper form - Revenue Code 0001 Found on 837 CLM02 (Professional); Revenue Code 0001 (Institutional) Found on NSF - XA0 Record field 12 Found on HCFA 1500 - Block 28		
AMT02	782	Monetary Amount Monetary amount HIPAA X12N Notes: INDUSTRY: Total Claim Charge Amount ODJFS User Notes: Can be used to search for a claim if value supplied matches the value originally sent in the 837 loop 2300 CLM02	M R 1/10	R

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

HIPAA X12N Notes

Required for institutional claims. The date is the statement from and through date.

For professional claims this will be the claim from and through date. If claim level date range is not used then the Line Service Date at Loop 2210D is required.

X12N Example

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

Data Element Summary

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Base</u> <u>Attributes</u>	<u>User</u> <u>Attributes</u>
DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time HIPAA X12N Notes: Use this element for the dates of service submitted on the original claim. INDUSTRY: Date Time Qualifier 232 Claim Statement Period Start HIPAA X12N Notes: This includes the claim statement period end.	M ID 3/3	R
DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format HIPAA X12N Notes: If the date is a single date of service, the begin date equals the end date. 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	M ID 2/3	R
DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times HIPAA X12N Notes: INDUSTRY: Claim Service Period ODJFS User Notes: Can be used to search for a claim if value supplied matches the value originally sent in the 837 loop 2300 DTP02 when DTP01=434.	M AN 1/35	R

Segment: **HL** **Dependent Level**
Position: 010
Loop: 2000E Optional
Level: Detail
Usage: Optional
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: **HIPAA X12N Notes**

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.

Required when the patient is not the same entity as subscriber.

X12N Example

Example: HL*5*4*23~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure HIPAA X12N Notes: INDUSTRY: Hierarchical ID Number	M AN 1/12	R
HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to HIPAA X12N Notes: INDUSTRY: Hierarchical Parent ID Number	O AN 1/12	R
HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure HIPAA X12N Notes: INDUSTRY: Hierarchical Level Code	M ID 1/2	R
		23 Dependent Identifies the individual who is affiliated with the subscriber, such as spouse, child, etc., and therefore may be entitled to benefits		

Segment: **DMG** **Dependent Demographic Information**
Position: 040
Loop: 2000E Optional
Level: Detail
Usage: Optional (Must Use)
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 Example**

Example: DMG*D8*19330706*M~

Data Element Summary

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

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

Example: NM1*QC*1*SMITH*JOSEPH*L****MI*12345678902~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual HIPAA X12N Notes: INDUSTRY: Entity Identifier Code QC Patient Individual receiving medical care	M ID 2/3	R
NM102	1065	Entity Type Qualifier Code qualifying the type of entity HIPAA X12N Notes: INDUSTRY: Entity Type Qualifier 1 Person	M ID 1/1	R
NM103	1035	Name Last or Organization Name Individual last name or organizational name HIPAA X12N Notes: INDUSTRY: Patient Last Name	O AN 1/35	R
NM104	1036	Name First Individual first name HIPAA X12N Notes: Required if additional name information is needed to identify the patient. INDUSTRY: Patient First Name	O AN 1/25	S
NM105	1037	Name Middle Individual middle name or initial HIPAA X12N Notes: Required if additional name information is needed to identify the patient. INDUSTRY: Patient Middle Name	O AN 1/25	S
NM106	1038	Name Prefix Prefix to individual name HIPAA X12N Notes: Required if additional name information is needed to identify the patient. INDUSTRY: Patient Name Prefix	O AN 1/10	S
NM107	1039	Name Suffix Suffix to individual name HIPAA X12N Notes: Required if additional name information is needed to identify the patient.	O AN 1/10	S

NM108

66

INDUSTRY: Patient Name Suffix

Identification Code Qualifier

X ID 1/2 S

Code designating the system/method of code structure used for Identification Code (67)

HIPAA X12N Notes:

Required if NM109 is used.

INDUSTRY: Identification Code Qualifier

MI Member Identification Number

ZZ Mutually Defined

HIPAA X12N Notes:

The value 'ZZ' when used in this data element shall be defined as 'HIPAA Individual Identifier' once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.

NM109

67

Identification Code

X AN 2/80 S

Code identifying a party or other code

HIPAA X12N Notes:

At this level, NM108 and NM109 are required if the dependent is assigned a unique identification number that is separate from the subscriber number in HL04 (HL22).

INDUSTRY: Patient Primary Identifier

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

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

Comments:
Notes:

HIPAA X12N Notes

Use of this segment is required if the patient is someone other than the subscriber.

Use this segment to convey a unique trace or reference number from the originator of the transaction to be returned by the receiver of the transaction.

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

X12N Example

Example: TRN*1*1722634842~

Data Element Summary

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Base</u> <u>Attributes</u>	<u>User</u> <u>Attributes</u>
TRN01	481	Trace Type Code Code identifying which transaction is being referenced HIPAA X12N Notes: INDUSTRY: Trace Type Code	M ID 1/2	R
		1 Current Transaction Trace Numbers		
TRN02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier HIPAA X12N Notes: INDUSTRY: Trace Number ALIAS: Patient Account Number This data element corresponds to the CLM01 data element of the ASC X12N Dental, Institutional, and Professional Implementation Guide(s). Paper based claims may not require a Patient Account Number for adjudication. When inquiring on paper based claims the trace number is required to be returned in the TRN of the 277 Health Care Claim Status Response transaction in TRN02.	M AN 1/30	R

Segment: **REF** Payer Claim Identification Number
Position: 100
Loop: 2200E Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify identifying information
Syntax Notes: 1 At least one of REF02 or REF03 is required.
2 If either C04003 or C04004 is present, then the other is required.
3 If either C04005 or C04006 is present, then the other is required.
Semantic Notes: 1 REF04 contains data relating to the value cited in REF02.
Comments:
Notes: **HIPAA X12N Notes**
Use this segment only if the patient is someone other than the subscriber
This is the payer's assigned control number, also known as, Internal Control Number (ICN), Document Control Number (DCN), or Claim Control Number (CCN). This should be sent on claim inquiries when the number is known.
The authors recommend sending this segment on claim inquires when the information is known. It will provide a direct look up key into the payer's adjudication system and will reduce the possibility of returning more claim status information than was intended. For example, when a claim status inquiry is performed and many claims meet the conditions of the inquiry all will be returned. By providing the information within this particular segment the search criteria is narrowed to the specific claim in question.
The total number of REF segments in the 2200 Loop cannot exceed 3.
X12N Example
Example: REF*1K*9918046987~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M ID 2/3	R
HIPAA X12N Notes: Examples of this element include ICN, DCN, and CCN. INDUSTRY: Reference Identification Qualifier 1K Payor's Claim Number				
REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30	R
HIPAA X12N Notes: INDUSTRY: Payer Claim Control Number				

Segment: **REF** Institutional Bill Type Identification
Position: 100
Loop: 2200E Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify identifying information
Syntax Notes:

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

Semantic Notes:

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

Comments:
Notes: **HIPAA X12N Notes**

This segment is the institutional type of bill as submitted on the original claim, and the payer may use it as a lookup key.

Use this segment only if the dependent is the patient and bill type is being sent in the inquiry request in connection with an institutional bill.

X12N Example

Example: REF*BLT*111~

Data Element Summary

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

Segment: **REF** Medical Record Identification
Position: 100
Loop: 2200E Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify identifying information
Syntax Notes:

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

Semantic Notes:

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

Comments:
Notes:

HIPAA X12N Notes

This is the Medical Record number submitted on the original claim and should be sent when available from the submitted claim.

Use this segment if the patient is someone other than the subscriber.

X12N Example

Example: REF*EA*J354789~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M ID 2/3	R
HIPAA X12N Notes:				
INDUSTRY: Reference Identification Qualifier				
		EA Medical Record Identification Number A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records		
REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30	R
HIPAA X12N Notes:				
Found on UB92 record 20 field 25 Found on 837 CLM-05 Found on UB92 paper form locator 23				
INDUSTRY: Medical Record Number				

Segment: **AMT** Claim Submitted Charges
Position: 110
Loop: 2200E Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To indicate the total monetary amount
Syntax Notes:
Semantic Notes:
Comments:
Notes:

HIPAA X12N Notes

Use this segment if the service line SVC segment, loop 2210E is not used.

Not all payers' systems retain the original submitted charges. This may be a result of "bundling/unbundling" situations. This amount can be used as secondary match criteria within the payer's system if the claim has not been changed.

X12N Example

Example: AMT*T3*75~

Data Element Summary

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Base</u> <u>Attributes</u>	<u>User</u> <u>Attributes</u>
AMT01	522	Amount Qualifier Code	M ID 1/3	R

Code to qualify amount

HIPAA X12N Notes:

INDUSTRY: Amount Qualifier Code

		T3 Total Submitted Charges		
AMT02	782	Monetary Amount	M R 1/10	R

Monetary amount

HIPAA X12N Notes:

Found on UB92 - Revenue Code 0001 and also in record 90 Found on UB92 Paper form - Revenue Code 0001 Found on 837 CLM02 (Professional); Revenue Code 0001 (Institutional) Found on NSF - XA0 Record field 12 Found on HCFA 1500 - Block 28

INDUSTRY: Total Claim Charge Amount

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

HIPAA X12N Notes

Required for institutional claims. The date is the statement from and through date.

For professional claims this will be the claim from and through date. If claim level date range is not used then the Line Service Date at 2210E is required.

For additional information on the date range use, refer to Section 2.2.3.9 in the front section of this guide.

X12N Example

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

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time HIPAA X12N Notes: Use this element for the date of service submitted on the original claim. INDUSTRY: Date Time Qualifier	M ID 3/3	R
DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format HIPAA X12N Notes: INDUSTRY: Date Time Period Format Qualifier	M ID 2/3	R
DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times HIPAA X12N Notes: INDUSTRY: Claim Service Period	M AN 1/35	R

Segment: **SVC** Service Line Information
Position: 130
Loop: 2210E Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To supply payment and control information to a provider for a particular service
Syntax Notes:
Semantic Notes:

- 1 SVC01 is the medical procedure upon which adjudication is based.
- 2 SVC02 is the submitted service charge.
- 3 SVC03 is the amount paid this service.
- 4 SVC04 is the National Uniform Billing Committee Revenue Code.
- 5 SVC05 is the paid units of service.
- 6 SVC06 is the original submitted medical procedure.
- 7 SVC07 is the original submitted units of service.

Comments:

- 1 For Medicare Part A claims, SVC01 would be the Health Care Financing Administration (HCFA) Common Procedural Coding System (HCPCS) Code (see code source 130) and SVC04 would be the Revenue Code (see code source 132).

Notes: **HIPAA X12N Notes**

Use this segment to request status information about a service line.

This segment is required if loop is used by ASC X12 syntax because it is the first segment in Loop ID 2210 (Service Line Information).

For Medicare Institutional claims, SVC01 would be the Health Care Financing Administration (HCFA), Common Procedural Coding System (HCPCS) Code (See Code Source 130) and SVC04 would be the Revenue Code (see Code Source 132).

X12N Example

Example: SVC*HC:99214*75*****1~
or
SVC*NU:71X*50*****1~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
SVC01	C003	Composite Medical Procedure Identifier	M	R
		To identify a medical procedure by its standardized codes and applicable modifiers		
		HIPAA X12N Notes:		
		SVC01 will contain the procedure code of the adjudicated claim. If the adjudicated code is not known then SVC01 will contain the original submitted procedure code.		
C00301	235	Product/Service ID Qualifier	M ID 2/2	R
		Code identifying the type/source of the descriptive number used in Product/Service ID (234)		
		HIPAA X12N Notes:		
		INDUSTRY: Product or Service ID Qualifier		
		AD	American Dental Association Codes This association's membership consists of U.S. dentists. It sets standards for the dental profession	
		CI	Common Language Equipment Identifier (CLEI)	
		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	
			HIPAA X12N Notes:	
			Because the CPT codes of the American Medical Association are also level 1 HCPCS codes, the CPT codes are reported under the code 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
		IV	Home Infusion EDI Coalition (HIEC) Product/Service Code
		N1	National Drug Code in 4-4-2 Format 4-digit manufacturer ID, 4-digit product ID, 2-digit trade package size
		N2	National Drug Code in 5-3-2 Format 5-digit manufacturer ID, 3-digit product ID, 2-digit trade package size
		N3	National Drug Code in 5-4-1 Format 5-digit manufacturer ID, 4-digit product ID, 1-digit trade package size
		N4	National Drug Code in 5-4-2 Format 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size
		ND	National Drug Code (NDC)
		NH	National Health Related Item Code
		NU	National Uniform Billing Committee (NUBC) UB92 Codes
		RB	National Uniform Billing Committee (NUBC) UB82 Codes
C00302	234	Product/Service ID	M AN 1/48 R Identifying number for a product or service HIPAA X12N Notes: If the value in SVC01-1 is "NU", then this is an NUBC Revenue Code. If a value is present here, then SVC04 is not used.
C00303	1339	Procedure Modifier	O AN 2/2 S INDUSTRY: Service Identification Code This identifies special circumstances related to the performance of the service, as defined by trading partners HIPAA X12N Notes: Required if submitted on the original claim service line.
C00304	1339	Procedure Modifier	O AN 2/2 S INDUSTRY: Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners HIPAA X12N Notes: Required if submitted on the original claim service line.
C00305	1339	Procedure Modifier	O AN 2/2 S INDUSTRY: Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners HIPAA X12N Notes: Required if submitted on the original claim service line.
C00306	1339	Procedure Modifier	O AN 2/2 S INDUSTRY: Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners HIPAA X12N Notes: Required if submitted on the original claim service line.

		INDUSTRY: Procedure Modifier			
SVC02	782	Monetary Amount	M	R 1/10	R
		Monetary amount			
		HIPAA X12N Notes:			
		This amount is the original submitted charge.			
		INDUSTRY: Line Item Charge Amount			
SVC03	782	Monetary Amount	O	R 1/10	N/U
SVC04	234	Product/Service ID	O	AN 1/48	S
		Identifying number for a product or service			
		HIPAA X12N Notes:			
		This is the NUBC Revenue Code. When SVC-101 equals "NU", then the NUBC Revenue Code belongs in SVC01-2.			
		INDUSTRY: Revenue Code			
SVC05	380	Quantity	O	R 1/15	N/U
SVC06	C003	Composite Medical Procedure Identifier	O		N/ U
SVC07	380	Quantity	O	R 1/15	S
		Numeric value of quantity			
		HIPAA X12N Notes:			
		These are the submitted units of service. The default is 1 unit. This element is required when the submitted units are greater than 1.			
		INDUSTRY: Original Units of Service Count			

Segment: **REF** Service Line Item Identification
Position: 140
Loop: 2210E Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify identifying information
Syntax Notes:

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

Semantic Notes:

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

Comments:
Notes:

HIPAA X12N Notes

Required when available from the original claim. When the Information Receiver is the Provider, this is required when the number was assigned by the provider on the original claim.

X12N Example

Example: REF*FJ*6042201~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M ID 2/3	R
HIPAA X12N Notes:				
INDUSTRY: Reference Identification Qualifier				
		FJ Line Item Control Number A unique number assigned to each charge line used for tracking purposes		
REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30	R
HIPAA X12N Notes:				
INDUSTRY: Line Item Control Number				

Segment: **DTP** Service Line Date
Position: 150
Loop: 2210E Optional
Level: Detail
Usage: Mandatory
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:

HIPAA X12N Notes

When the 2210E loop is used this segment must be present.

For institutional claims, this is the statement period.

Will be required if SVC segment is used.

X12N Example

Example: DTP*472*RD8*19960401-19960402~

Data Element Summary

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

Segment: **SE** Transaction Set Trailer
Position: 160
Loop:
Level: Summary
Usage: Mandatory
Max Use: 1
Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Syntax Notes:

Semantic Notes:

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

Notes: **X12N Example**

Example: SE*34*0001~

Data Element Summary

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

Segment: **GE** Functional Group Trailer
Position: 170
Loop:
Level: Summary
Usage: Optional
Max Use: 1
Purpose: To indicate the end of a functional group and to provide control information
Syntax Notes:
Semantic Notes: 1 The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.
Comments: 1 The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.
Notes: **X12N Example**

GE*1*1~

Data Element Summary

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

Segment: **IEA** Interchange Control Trailer
Position: 180
Loop:
Level: Summary
Usage: Optional
Max Use: 1
Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

Syntax Notes:

Semantic Notes:

Comments:

Notes: **X12N Example**

IEA*1*000000905~

Data Element Summary

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