

# Unsolicited 277 Trading Partner Specification

## Revision Summary:

| <b>Revision Number</b> | <b>Date</b> | <b>Summary of Changes</b>           |
|------------------------|-------------|-------------------------------------|
| 1.0                    | 5/16/2005   | 2100C/NM1 Loop – G2 qualifier added |
| 1.1                    | 3/20/2007   | NPI changes in loop 2100C           |

# Disclaimer

This Independence Blue Cross (hereinafter referred to as IBC/KHPE) Trading Partner Specification to EDI Transactions (the "Specification") provides trading partners with guidelines for submitting electronic batch transactions. Because the Unsolicited 277 Trading Partner Specification requires transmitters and receivers to make certain determinations/elections (*e.g.*, whether, or to what extent, situational data elements apply), this Specification documents those determinations, elections, assumptions, or data issues that are permitted to be specific to IBC/KHPE business processes.

This document provides information on IBC/KHPE specific codes and situations. Readers of this Specification should be acquainted with the X12 User Guides, their structure, and content.

This Specification provides supplemental information to the Trading Partner Agreement that exists between IBC/KHPE and its trading partners. Trading partners should refer to the Trading Partner Agreement for guidelines pertaining to IBC/KHPE's legal conditions surrounding the implementation of the EDI transactions and code sets. However, trading partners should refer to this Specification for information on IBC/KHPE's business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Nothing contained in this Specification is intended to amend, revoke, contradict, or otherwise alter the terms and conditions of the Trading Partner Agreement. If there is an inconsistency between the terms of this Specification and the terms of the Trading Partner Agreement, the terms of the Trading Partner Agreement will govern.

# Table of Contents

## Unsolicited 277 Trading Partner Specification

|                                              |      |
|----------------------------------------------|------|
| <a href="#">Overview of Document</a>         | 3    |
| <a href="#">Business Use</a>                 | 3    |
| <a href="#">Claim System Acknowledgement</a> | 4    |
| <a href="#">General Instructions</a>         | 4 -5 |
| <a href="#">Transaction Set Notes</a>        | 5    |
| <a href="#">Trading Partner Assistance</a>   | 5    |

## Overview of Document

The purpose of this Specification is to provide data requirements and content for receivers of the IBC/KHPE version of the Unsolicited 277 - Claim Acknowledgement Transaction (004010XIBC). This Unsolicited 277 Trading Partner Specification focuses on use of the 277 as an acknowledgement to receipt of claim submission(s) and provides a detailed explanation of the transaction set by defining data content, identifying valid code tables and specifying values applicable for the business focus of the Unsolicited 277 claim submission acknowledgement.

Throughout this Specification the reference to "claim(s)" means individual claims or encounters or groupings of claims or encounters.

Entities receiving this Specification of the Unsolicited 277 include, but are not limited to, hospitals, nursing homes, laboratories, physicians, dentists, allied health professional groups, and supplemental (i.e., other than primary payer) health care claims adjudication processors.

Other business partners affiliated with the Unsolicited 277 include billing services; consulting services; vendors of systems; software and EDI translators; EDI network intermediaries such as health care clearinghouses, value-added networks, and telecommunication services. [TOP](#)

## Business Use

This Specification only addresses the business use of the 277 Claim Acknowledgements. The purpose of this transaction is to provide a system (application) level acknowledgement of electronic claims or encounters. This Specification is used specifically as an application acknowledgement response to the ASC X12N 837 Institutional and Professional claim/encounter submission transactions. [TOP](#)

## Claim System Acknowledgement

The first level of acknowledgement by IBC/KHPE for the ASC X12 837 transactions will be the ASC X12 Functional Acknowledgement (997) transaction. The 997 transaction is designed to notify the submitter of the receiver's ability or inability to process the entire 837 transaction based on ASC X12 syntax and structure rules.

The second level of acknowledgement by IBC/KHPE for the ASC X12 837 transactions will be the Unsolicited 277 Claim Acknowledgement. This is a system (application) acknowledgement of the business validity and acceptability of the claims. The level of editing in pre-adjudication programs will vary from system to system. Although the level of editing may vary, the Unsolicited 277 transaction provides a standard method of reporting acknowledgements for claims. The Unsolicited 277 transaction identifies claims that are transferred to IBC/KHPE, accepted for adjudication, and as well as those that are not accepted. The Unsolicited 277 transaction is the only notification of pre-adjudication claim status. Claims failing the pre-adjudication editing process are not forwarded to the claims adjudication system. Claims passing the pre-adjudication editing process are forwarded to the claims adjudication system and handled according to claims processing guidelines. [TOP](#)

## General Instructions

This section introduces the structure of the Unsolicited 277 Claim Acknowledgement and describes the positioning of the business data within the Unsolicited 277 structure. Familiarities with ASC X12 nomenclature, segments, data elements, hierarchical levels, and looping structure is recommended.

The implementation details below provided displays only the segments and their designated health care names described in this Specification. The intent of the implementation view is to clarify the purpose and use of the segments.

The Unsolicited 277 transaction set is divided into two levels, or tables. Table 1 (Heading) contains transaction control information, which includes the ST and BHT segments. The ST segment identifies the start of the Unsolicited 277 transaction's business purpose. The BHT segment identifies the hierarchical structure used. Table 2 (Detail) contains the detail information for the business function of the Unsolicited 277 transaction.

The level of information potentially available for the Unsolicited 277 may vary drastically from payer to payer. The primary vehicle for the claim status information in the 277 transaction is the STC segment.

The STC segment contains two iterations of the Health Care Claim Status composite (C043) within elements STC01 and STC10. The standardized codes used in the composite acknowledge the acceptance of the claim or specify the reason(s) for rejection. The composite elements use industry codes from external Code

Source 507, Health Care Claim Status Category Code, and Source 508, Health Care Claim Status Code. The primary distribution source for these codes is the Washington Publishing Company World Wide Web site ([www.wpc-edi.com](http://www.wpc-edi.com)).

Within the STC segment, composite element STC01 is required; STC10 is situational and used to provide additional claim status when needed. The composite element consists of two sub-elements.

The first element in the composite is the Health Care Claim Status Category Code, Code Source 507. The Category Code indicates the level of processing achieved by the claim. This element is required for use when the composite is used. For the business purpose of this implementation guide, the following 3 acknowledgement codes are supported:

**A1 – Acknowledgement/Receipt** (The claim/encounter has been received. However, this does not mean that the claim has been accepted for adjudication.)

**A3 – Acknowledgement/Returned** (The claim/encounter has been rejected and has not been entered into the adjudication system.)

**A5 – Acknowledgement/Split Claim** (The claim/encounter has been split upon acceptance into the adjudication system.)

The second element is the Health Care Claim Status Code, Code Source 508. This element provides more information about the claim or line item identified in the first element. This element is required for use when the composite is used. Examples of status messages include "entity acknowledges receipt of claim/encounter" and "missing/invalid data prevents payer from processing claim."

[TOP](#)

In addition, STC 12 Free Form Message Text, Code Source 933 is situational and is used to provide the description of why the claim rejected.

## Transaction Set Notes

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

## Trading Partner Assistance

For assistance or questions regarding the 277 Unsolicited transaction please contact IBC/KHPE Service Desk at 215-241-4200

[TOP](#)

# 277 Unsolicited Health Care Claim Status Notification

Functional Group ID=**HN**

## Heading:

| <u>Position Number</u> | <u>Segment ID</u> | <u>Name</u>                           | <u>Requirement Designator</u> | <u>Max.Use</u> | <u>Loop Repeat</u> | <u>Notes and Comments</u> |
|------------------------|-------------------|---------------------------------------|-------------------------------|----------------|--------------------|---------------------------|
| 010                    | ST                | Transaction Set Header                | M                             | 1              |                    |                           |
| 020                    | BHT               | Beginning of Hierarchical Transaction | M                             | 1              |                    |                           |
|                        |                   | LOOP ID - 1000                        |                               | 1              | 1                  |                           |
| 040                    | NM1               | Individual or Organizational Name     | M                             | 1              |                    |                           |

## Detail:

| <u>Position Number</u> | <u>Segment ID</u> | <u>Name</u>                                  | <u>Requirement Designator</u> | <u>Max.Use</u> | <u>Loop Repeat</u> | <u>Notes and Comments</u> |
|------------------------|-------------------|----------------------------------------------|-------------------------------|----------------|--------------------|---------------------------|
|                        |                   | LOOP ID - 2000A                              |                               | 1              | 1                  |                           |
| 010                    | HL                | Information Source Level                     | M                             | 1              |                    |                           |
|                        |                   | LOOP ID - 2100A                              |                               |                | >1                 |                           |
| 050                    | NM1               | Payer Name                                   | M                             | 1              |                    |                           |
| 060                    | N3                | Address Information                          | O                             | 1              |                    |                           |
| 070                    | N4                | Geographic Location                          | O                             | 1              |                    |                           |
| 080                    | PER               | Payer Contact Information                    | M                             | 1              |                    |                           |
|                        |                   | LOOP ID - 2000B                              |                               | 1              | 1                  |                           |
| 010                    | HL                | Information Receiver Level                   | M                             | 1              |                    |                           |
|                        |                   | LOOP ID - 2100B                              |                               | 1              | 1                  |                           |
| 050                    | NM1               | Information Receiver Name                    | M                             | 1              |                    |                           |
|                        |                   | LOOP ID - 2000C                              |                               |                | >1                 |                           |
| 010                    | HL                | Service Provider Level                       | M                             | 1              |                    |                           |
|                        |                   | LOOP ID - 2100C                              |                               |                | >1                 |                           |
| 050                    | NM1               | Provider Name                                | M                             | 1              |                    |                           |
|                        |                   | LOOP ID - 2000D                              |                               |                | >1                 |                           |
| 010                    | HL                | Subscriber Level                             | M                             | 1              |                    |                           |
|                        |                   | LOOP ID - 2100D                              |                               |                | >1                 |                           |
| 050                    | NM1               | Subscriber Name                              | M                             | 1              |                    |                           |
|                        |                   | LOOP ID - 2200D                              | <b>S</b>                      |                | >1                 |                           |
| 090                    | TRN               | Claim Submitter Trace Number                 | S                             | 1              |                    |                           |
| 100                    | STC               | Claim Level Status Information               | S                             | >1             |                    |                           |
| 110                    | REF               | Payer's Claim Number                         | S                             | 1              |                    |                           |
| 110                    | REF               | Document Control Number                      | S                             | 1              |                    |                           |
| 110                    | REF               | Billing Type (Institutional claim inquiries) | S                             | 1              |                    |                           |
| 110                    | REF               | Medical Record Identification Number         | S                             | 1              |                    |                           |
| 120                    | DTP               | Claim Service Date                           | S                             | 1              |                    |                           |

|     |     |                 |   |    |
|-----|-----|-----------------|---|----|
|     |     | LOOP ID - 2000E |   | >1 |
| 010 | HL  | Dependent Level | O | 1  |
|     |     | LOOP ID - 2100E | S | >1 |
| 050 | NM1 | Dependent Name  | O | 1  |

| LOOP ID - 2200E |     | S                                            | >1   |
|-----------------|-----|----------------------------------------------|------|
| 090             | TRN | Claim Submitter Trace Number                 | S 1  |
| 100             | STC | Claim Level Status Information               | S >1 |
| 110             | REF | Payer's Claim Number                         | S 1  |
| 110             | REF | Document Control Number                      | S 1  |
| 110             | REF | Billing Type (Institutional claim inquiries) | S 1  |
| 110             | REF | Medical Record Identification Number         | S 1  |
| 120             | DTP | Claim Service Date                           | S 1  |

**Summary:**

| <u>Position Number</u> | <u>Segment ID</u> | <u>Segment Name</u>     | <u>Requirement Designator</u> | <u>Max.Use</u> | <u>Loop Repeat</u> | <u>Notes and Comments</u> |
|------------------------|-------------------|-------------------------|-------------------------------|----------------|--------------------|---------------------------|
| 270                    | SE                | Transaction Set Trailer | M                             | 1              |                    |                           |

**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:** Example: ST\*277\*0001~

**Data Element Summary**

| <u>Ref.</u> | <u>Data</u> | <u>Name</u>                                                                                                                                                                                                                                                                                                                                                        | <u>Attributes</u> |
|-------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| ST01        | 143         | <b>Transaction Set Identifier Code</b><br>Code uniquely identifying a Transaction Set<br>INDUSTRY: Transaction Set Identifier Code<br>Constant value: 277                                                                                                                                                                                                          | M ID 3/3          |
| ST02        | 329         | <b>Transaction Set Control Number</b><br>Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set<br>Data value in ST02 must be identical to SE02.<br>INDUSTRY: Transaction Set Control Number<br>Sequential number generated by the translator during the transaction process. | M AN 4/9          |

**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 BHT04 is the date Independence Blue Cross received the 837.  
 2 BHT05 is the time Independence Blue Cross received the 837.

**Comments:**

**Notes:** Example: BHT\*0010\*06\*112234563\*040120\*140507\*TH~

**Data Element Summary**

**Ref. Data**

| <u>Des.</u> | <u>Element</u> | <u>Name</u>                                                                                                                                                                                                                                                                                                                         | <u>Attributes</u> |
|-------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| BHT01       | 1005           | <b>Hierarchical Structure Code</b><br>Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set<br>INDUSTRY: Hierarchical Structure Code<br>0010 Information Source, Information Receiver, Provider of Service, Subscriber, Dependent | <b>M ID 4/4</b>   |
| BHT02       | 353            | <b>Transaction Set Purpose Code</b><br>Code identifying purpose of transaction set<br>INDUSTRY: Transaction Set Purpose Code<br>Constant value: 06 (Confirmation)<br>06 Confirmation<br>Constant value: 06                                                                                                                          | <b>M ID 2/2</b>   |
| BHT03       | 127            | <b>Reference Identification</b><br>Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>INDUSTRY: Originator Application Transaction Identifier<br>Value from the 837                                                                                     | <b>O AN 1/30</b>  |
| BHT04       | 373            | <b>Date</b><br>Date expressed as CCYYMMDD<br>INDUSTRY: Transaction Set Creation Date<br>The date Independence Blue Cross received the 837                                                                                                                                                                                           | <b>O DT 8/8</b>   |
| BHT05       | 337            | <b>Time</b><br>Time expressed in 24-hour clock time as follows: HHMMSS where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59)<br>The time Independence Blue Cross received the 837                                                                                                                               | <b>O TM 4/8</b>   |
| BHT06       | 640            | <b>Transaction Type Code</b><br>Code specifying the type of transaction<br>INDUSTRY: Transaction Type Code                                                                                                                                                                                                                          | <b>O ID 2/2</b>   |

Constant value: TH (Receipt Acknowledgement Advice)

**Segment:** **NM1 Individual or Organizational Name**  
**Position:** 040  
**Loop:** 1000 Mandatory  
**Level:** Heading  
**Usage:** Mandatory  
**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.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:**

**Data Element Summary**

| <u>Ref.</u> | <u>Data</u>    | <u>Name</u>                                                                                                                                                                                                                                                                                        | <u>Attributes</u> |
|-------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <u>Des.</u> | <u>Element</u> |                                                                                                                                                                                                                                                                                                    |                   |
| NM101       | 98             | <b>Entity Identifier Code</b><br>Code identifying an organizational entity, a physical location, property or an individual<br>Constant value: 41 (Submitter)<br>41 Submitter<br>Entity transmitting transaction set<br>Constant value: 41 (Submitter)                                              | <b>M ID 2/3</b>   |
| NM102       | 1065           | <b>Entity Type Qualifier</b><br>Code qualifying the type of entity<br>Constant value: 2 (Non-person Entity)<br>2 Non-Person Entity<br>Constant value: 2 (Non-person Entity)                                                                                                                        | <b>M ID 1/1</b>   |
| NM103       | 1035           | <b>Name Last or Organization Name</b><br>Individual last name or organizational name<br>Value from NM103 Loop 1000B in 837                                                                                                                                                                         | <b>M AN 1/35</b>  |
| NM108       | 66             | <b>Identification Code Qualifier</b><br>Code designating the system/method of code structure used for Identification Code (67)<br>Constant value: NI (NAIC Identification)<br>NI National Association of Insurance Commissioners (NAIC) Identification<br>Constant value: NI (NAIC Identification) | <b>X ID 1/2</b>   |
| NM109       | 67             | <b>Identification Code</b><br>Code identifying a party or other code<br>Value from the 837                                                                                                                                                                                                         | <b>X AN 2/80</b>  |

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

**Data Element Summary**

| Ref.        | Data           |                                                                                                                                                                                                                                                    |                   |
|-------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <u>Des.</u> | <u>Element</u> | <u>Name</u>                                                                                                                                                                                                                                        | <u>Attributes</u> |
| HL01        | 628            | <b>Hierarchical ID Number</b>                                                                                                                                                                                                                      | <b>M AN 1/12</b>  |
|             |                | A unique number assigned by the sender to identify a particular data segment in a hierarchical structure<br>INDUSTRY: Hierarchical ID Number<br>Generated sequential number starting at 1 and increment by 1 for each new occurrence.              |                   |
| HL03        | 735            | <b>Hierarchical Level Code</b>                                                                                                                                                                                                                     | <b>M ID 1/2</b>   |
|             |                | Code defining the characteristic of a level in a hierarchical structure<br>INDUSTRY: Hierarchical Level Code<br>20 Information Source<br>Identifies the payer, maintainer, or source of the information<br>Constant value: 20 (Information Source) |                   |
| HL04        | 736            | <b>Hierarchical Child Code</b>                                                                                                                                                                                                                     | <b>O ID 1/1</b>   |

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

**INDUSTRY: Hierarchical Child Code**

1 Additional Subordinate HL Data Segment in This Hierarchical Structure.

Constant value: 1

**Segment:** **NM1 Payer Name**  
**Position:** 050  
**Loop:** 2100A Mandatory  
**Level:** Detail  
**Usage:** Mandatory  
**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.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:**  
**Notes:** Example: NM1\*PR\*2\*ABC INSURANCE\*\*\*\*\*NI\*12345~

### Data Element Summary

| Ref.        | Data           |                                                                                           |                   |
|-------------|----------------|-------------------------------------------------------------------------------------------|-------------------|
| <u>Des.</u> | <u>Element</u> | <u>Name</u>                                                                               | <u>Attributes</u> |
| NM101       | 98             | <b>Entity Identifier Code</b>                                                             | <b>M ID 2/3</b>   |
|             |                | Code identifying an organizational entity, a physical location, property or an individual |                   |
|             |                | INDUSTRY: Entity Identifier Code                                                          |                   |
|             |                | PR Payer                                                                                  |                   |
|             |                | Constant value: PR (Payer)                                                                |                   |
| NM102       | 1065           | <b>Entity Type Qualifier</b>                                                              | <b>M ID 1/1</b>   |
|             |                | Code qualifying the type of entity                                                        |                   |
|             |                | INDUSTRY: Entity Type Qualifier                                                           |                   |
|             |                | 2 Non-Person Entity                                                                       |                   |
|             |                | Constant value: 2 (Non-person Entity)                                                     |                   |
| NM103       | 1035           | <b>Name Last or Organization Name</b>                                                     | <b>M AN 1/35</b>  |
|             |                | Individual last name or organizational name                                               |                   |
|             |                | INDUSTRY: Payer Name                                                                      |                   |
|             |                | Value from the 837                                                                        |                   |
| NM108       | 66             | <b>Identification Code Qualifier</b>                                                      | <b>M ID 1/2</b>   |
|             |                | Code designating the system/method of code structure used for Identification Code (67)    |                   |
|             |                | INDUSTRY: Identification Code Qualifier                                                   |                   |
|             |                | NI National Association of Insurance Commissioners (NAIC) Identification                  |                   |
|             |                | Constant value: NI (NAIC Identification)                                                  |                   |
| NM109       | 67             | <b>Identification Code</b>                                                                | <b>M AN 2/80</b>  |
|             |                | Code identifying a party or other code                                                    |                   |
|             |                | INDUSTRY: Payer Identifier                                                                |                   |
|             |                | This must be the NAIC code from the 837.                                                  |                   |

**Segment:** N3 Address Information  
**Position:** 060  
**Loop:** 2100A Mandatory  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

**Data Element Summary**

| <u>Ref.</u> | <u>Data</u> | <u>Name</u>                                                      | <u>Attributes</u> |
|-------------|-------------|------------------------------------------------------------------|-------------------|
| N301        | 166         | Address Information<br>Address information<br>Value from the 837 | M AN 1/55         |
| N302        | 166         | Address Information<br>Address information<br>Value from the 837 | O AN 1/55         |

**Segment:** N4 Geographic Location  
**Position:** 070  
**Loop:** 2100A Mandatory  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

**Data Element Summary**

| <u>Ref.</u> | <u>Data</u> | <u>Name</u>                                                                                                                                     | <u>Attributes</u> |
|-------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| N401        | 19          | City Name<br>Free-form text for city name<br>Value from the 837                                                                                 | M AN 2/30         |
| N402        | 156         | State or Province Code<br>Code (Standard State/Province) as defined by appropriate government agency<br>Value from the 837                      | M ID 2/2          |
| N403        | 116         | Postal Code<br>Code defining international postal zone code excluding punctuation and blanks (zip code for United States)<br>Value from the 837 | M ID 3/15         |

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

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Example: PER\*IC\*IBC SERVICE DESK\*TE\*2152414200\*~

### Data Element Summary

| <u>Ref.</u>  | <u>Data</u> | <u>Name</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>Attributes</u> |
|--------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>PER01</b> | <b>366</b>  | <b>Contact Function Code</b><br>Code identifying the major duty or responsibility of the person or group named<br>INDUSTRY: Contact Function Code<br>IC Information Contact<br>Constant value: IC (Information Contact)                                                                                                                                                                                                                                        | <b>M ID 2/2</b>   |
| <b>PER02</b> | <b>93</b>   | <b>Name</b><br>Free-form name<br>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).<br><br>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.<br><br>INDUSTRY: Payer Contact Name<br>Hard-coded value: IBC SERVICE DESK | <b>M AN 1/60</b>  |
| <b>PER03</b> | <b>365</b>  | <b>Communication Number Qualifier</b><br>Code identifying the type of communication number<br>Required when PER04 is used.<br><br>INDUSTRY: Communication Number Qualifier<br>TE Telephone<br>Constant value: TE (Telephone)                                                                                                                                                                                                                                   | <b>M ID 2/2</b>   |
| <b>PER04</b> | <b>364</b>  | <b>Communication Number</b><br>Complete communications number including country or area code when applicable<br>INDUSTRY: Communication Number<br>Hard-coded value: 2152414200                                                                                                                                                                                                                                                                                 | <b>M AN 1/80</b>  |

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

### Data Element Summary

| Ref.        | Data           |                                                                                                                            |                   |
|-------------|----------------|----------------------------------------------------------------------------------------------------------------------------|-------------------|
| <u>Des.</u> | <u>Element</u> | <u>Name</u>                                                                                                                | <u>Attributes</u> |
| HL01        | 628            | <b>Hierarchical ID Number</b>                                                                                              | M AN 1/12         |
|             |                | A unique number assigned by the sender to identify a particular data segment in a hierarchical structure                   |                   |
|             |                | INDUSTRY: Hierarchical ID Number                                                                                           |                   |
|             |                | Generated sequential number starting at 1 and incremented by 1 for each new occurrence.                                    |                   |
| HL02        | 734            | <b>Hierarchical Parent ID Number</b>                                                                                       | M AN 1/12         |
|             |                | Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to |                   |
|             |                | INDUSTRY: Hierarchical Parent ID Number                                                                                    |                   |
|             |                | HL02 needs to identify the hierarchical ID number of the HL segment to which the current HL segment is subordinate.        |                   |
| HL03        | 735            | <b>Hierarchical Level Code</b>                                                                                             | M ID 1/2          |
|             |                | Code defining the characteristic of a level in a hierarchical                                                              |                   |

structure

INDUSTRY: Hierarchical Level Code

21 Information Receiver

Identifies the provider or party(ies) who are the recipient(s) of the information

Constant value: 21 (Information Receiver)

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

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

INDUSTRY: Hierarchical Child Code

1 Additional Subordinate HL Data Segment in This Hierarchical Structure.

Constant value: 1

**Segment:** **NM1 Information Receiver Name**  
**Position:** 050  
**Loop:** 2100B Mandatory  
**Level:** Detail  
**Usage:** Mandatory  
**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.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:**  
**Notes:**

This is the individual or organization requesting to receive the status information.  
 Example: NM1\*40\*2\*XYZ SERVICE\*\*\*\*\*46\*A222222221~

**Data Element Summary**

| <u>Ref.</u> | <u>Data</u> | <u>Name</u>                                                                                                                                                                                                                                     | <u>Attributes</u> |
|-------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| NM101       | 98          | <b>Entity Identifier Code</b><br>Code identifying an organizational entity, a physical location, property or an individual<br>INDUSTRY: Entity Identifier Code<br>Constant value: 40 (Receiver)<br>40 Receiver<br>Entity to accept transmission | <b>M ID 2/3</b>   |
| NM102       | 1065        | <b>Entity Type Qualifier</b><br>Code qualifying the type of entity<br>INDUSTRY: Entity Type Qualifier<br>Value from the 837: can be 1 (Person Entity) or 2 (Non-person Entity)<br>1 Person<br>2 Non-Person Entity                               | <b>M ID 1/1</b>   |
| NM103       | 1035        | <b>Name Last or Organization Name</b><br>Individual last name or organizational name<br>INDUSTRY: Information Receiver Last or Organization Name<br>Value from the 837                                                                          | <b>M AN 1/35</b>  |
| NM104       | 1036        | <b>Name First</b><br>Individual first name<br>The first name is required when the value in NM102 is '1' and the person has a first name.<br>INDUSTRY: Information Receiver First Name                                                           | <b>C AN 1/25</b>  |
| NM105       | 1037        | <b>Name Middle</b><br>Individual middle name or initial<br>The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.<br>INDUSTRY: Information Receiver Middle Name                     | <b>O AN 1/25</b>  |
| NM106       | 1038        | <b>Name Prefix</b>                                                                                                                                                                                                                              | <b>O AN 1/10</b>  |

|              |             |                                                                                                                                                                                                                |                  |
|--------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
|              |             | Prefix to individual name                                                                                                                                                                                      |                  |
|              |             | 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 Name Prefix                                                                                                                                                                     |                  |
| <b>NM107</b> | <b>1039</b> | <b>Name Suffix</b>                                                                                                                                                                                             | <b>O AN 1/10</b> |
|              |             | Suffix to individual name                                                                                                                                                                                      |                  |
|              |             | 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 Name Suffix                                                                                                                                                                     |                  |
| <b>NM108</b> | <b>66</b>   | <b>Identification Code Qualifier</b>                                                                                                                                                                           | <b>M ID 1/2</b>  |
|              |             | Code designating the system/method of code structure used for Identification Code (67)                                                                                                                         |                  |
|              |             | INDUSTRY: Identification Code Qualifier                                                                                                                                                                        |                  |
|              |             | 46 Electronic Transmitter Identification Number (ETIN)<br>A unique number assigned to each transmitter and software developer<br>From the 837; value will be 46 (Electronic Transmitter Identification Number) |                  |
|              |             | FI Federal Taxpayer's Identification Number                                                                                                                                                                    |                  |
|              |             | XX Health Care Financing Administration National Provider Identifier                                                                                                                                           |                  |
| <b>NM109</b> | <b>67</b>   | <b>Identification Code</b>                                                                                                                                                                                     | <b>M AN 2/80</b> |
|              |             | Code identifying a party or other code                                                                                                                                                                         |                  |
|              |             | INDUSTRY: Information Receiver Identification Number                                                                                                                                                           |                  |
|              |             | Electronic Transmitter Identification Number                                                                                                                                                                   |                  |

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

**Syntax Notes:**

**Semantic Notes:**

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

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

### Data Element Summary

| Ref.        | Data           |                                                                                                                                                                                                                                                                                              |                   |
|-------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <u>Des.</u> | <u>Element</u> | <u>Name</u>                                                                                                                                                                                                                                                                                  | <u>Attributes</u> |
| HL01        | 628            | <b>Hierarchical ID Number</b>                                                                                                                                                                                                                                                                | M AN 1/12         |
|             |                | A unique number assigned by the sender to identify a particular data segment in a hierarchical structure<br>INDUSTRY: Hierarchical ID Number<br>Generated sequential number starting at 1 and incremented by 1 for each new occurrence.                                                      |                   |
| HL02        | 734            | <b>Hierarchical Parent ID Number</b>                                                                                                                                                                                                                                                         | M AN 1/12         |
|             |                | Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to<br>INDUSTRY: Hierarchical Parent ID Number<br>HL02 needs to identify the hierarchical ID number of the HL segment to which the current HL segment is subordinate. |                   |
| HL03        | 735            | <b>Hierarchical Level Code</b>                                                                                                                                                                                                                                                               | M ID 1/2          |
|             |                | Code defining the characteristic of a level in a hierarchical structure                                                                                                                                                                                                                      |                   |

INDUSTRY: Hierarchical Level Code

19 Provider of Service

Constant value: 19 (Provider of Service)

**HL04 736 Hierarchical Child Code M ID 1/1**

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

INDUSTRY: Hierarchical Child Code

1 Additional Subordinate HL Data Segment in This Hierarchical Structure.

Constant value: 1

**Segment:** **NM1** Provider Name  
**Position:** 050  
**Loop:** 2100C Mandatory  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** 3  
**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.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:**  
**Notes:**

This loop can repeat three times for Provider Name.

An occurrence with Federal taxpayer ID Number is always present in this loop

If a Billing provider loop of 837 transaction has NPI number then it would be returned on the second occurrence of 2100C loop :

Third occurrence of 2100C loop - Value in NM108, mapped directly from the 837, will be one of the following non-standard codes:

- 1A - Blue Cross Provider Number
- 1B - Blue Shield Provider Number
- 1C - Medicare Provider Number
- 1D - Medicaid Provider Number
- G2 – Provider Commercial Number

Example for first occurrence of 2100C:  
 NM1\*1P\*2\*ABC HOME MEDICAL\*\*\*\*\*FI\*987666666~

Example for third occurrence of 2100C:  
 NM1\*1P\*2\*ABC HOME MEDICAL\*\*\*\*\*XX\*1234567893~

Example for third occurrence of 2100C:  
 NM1\*1P\*2\*ABC HOME MEDICAL\*\*\*\*\*1A\*1234567890~

### Data Element Summary

| Ref.        | Data           | Name                                                                                      | Attributes        |
|-------------|----------------|-------------------------------------------------------------------------------------------|-------------------|
| <u>Des.</u> | <u>Element</u> | <u>Name</u>                                                                               | <u>Attributes</u> |
| NM101       | 98             | Entity Identifier Code                                                                    | M ID 2/3          |
|             |                | Code identifying an organizational entity, a physical location, property or an individual |                   |
|             |                | INDUSTRY: Entity Identifier Code                                                          |                   |
|             |                | 1P Provider                                                                               |                   |
|             |                | Constant value: 1P (Provider)                                                             |                   |
| NM102       | 1065           | Entity Type Qualifier                                                                     | M ID 1/1          |
|             |                | Code qualifying the type of entity                                                        |                   |
|             |                | INDUSTRY: Entity Type Qualifier                                                           |                   |
|             |                | Value from the 837; can be 1 (Person Entity) or 2 (Non-person Entity)                     |                   |

|              |             |                                                                                                                           |                   |                |
|--------------|-------------|---------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|
|              |             | 1                                                                                                                         | Person            |                |
|              |             | 2                                                                                                                         | Non-Person Entity |                |
| <b>NM103</b> | <b>1035</b> | <b>Name Last or Organization Name</b>                                                                                     | <b>M</b>          | <b>AN 1/35</b> |
|              |             | Individual last name or organizational name                                                                               |                   |                |
|              |             | INDUSTRY: Provider Last or Organization Name                                                                              |                   |                |
|              |             | Value from the 837                                                                                                        |                   |                |
| <b>NM104</b> | <b>1036</b> | <b>Name First</b>                                                                                                         | <b>O</b>          | <b>AN 1/25</b> |
|              |             | Individual first name                                                                                                     |                   |                |
|              |             | The first name is required when the value in NM102 is '1' and the person has a first name.                                |                   |                |
|              |             | INDUSTRY: Provider First Name                                                                                             |                   |                |
| <b>NM105</b> | <b>1037</b> | <b>Name Middle</b>                                                                                                        | <b>O</b>          | <b>AN 1/25</b> |
|              |             | Individual middle name or initial                                                                                         |                   |                |
|              |             | 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                                                                                            |                   |                |
| <b>NM108</b> | <b>66</b>   | <b>Identification Code Qualifier</b>                                                                                      | <b>X</b>          | <b>ID 1/2</b>  |
|              |             | Code designating the system/method of code structure used for Identification Code (67)                                    |                   |                |
|              |             | INDUSTRY: Identification Code Qualifier                                                                                   |                   |                |
|              |             | First occurrence of 2100C loop:                                                                                           |                   |                |
|              |             | FI - Federal Taxpayer's Identification Number                                                                             |                   |                |
|              |             | Second occurrence (optional; if NPI is present)                                                                           |                   |                |
|              |             | XX - HCFA NPI                                                                                                             |                   |                |
|              |             | Value mapped directly from the 837 transaction.                                                                           |                   |                |
|              |             | Third occurrence of 2100C loop - Value mapped directly from the 837 will be one of the following non-standard codes:      |                   |                |
|              |             | 1A - Blue Cross Provider Number                                                                                           |                   |                |
|              |             | 1B - Blue Shield Provider Number                                                                                          |                   |                |
|              |             | 1C - Medicare Provider Number                                                                                             |                   |                |
|              |             | 1D - Medicaid Provider Number                                                                                             |                   |                |
| <b>NM109</b> | <b>67</b>   | <b>Identification Code</b>                                                                                                | <b>X</b>          | <b>AN 2/80</b> |
|              |             | Code identifying a party or other code                                                                                    |                   |                |
|              |             | INDUSTRY: Provider Identifier                                                                                             |                   |                |
|              |             | First occurrence of 2100C loop: Employer Identification Number                                                            |                   |                |
|              |             | Second occurrence of 2100C loop: HCFA NPI                                                                                 |                   |                |
|              |             | Third occurrence of 2100C loop: Provider ID number from either Blue Cross, Blue Shield, Medicare, Medicaid, or commercial |                   |                |

provider.

**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:** If the subscriber and the patient are the same person, do not use the next HL (HL23) for claim information.  
Example: HL\*4\*3\*22\*0~  
or HL\*4\*3\*22\*1~

**Data Element Summary**

| <b>Ref.</b> | <b>Data</b>                                                                                                                                                                                                                                                                                  | <b>Attributes</b> |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>Des.</b> | <b>Element Name</b>                                                                                                                                                                                                                                                                          |                   |
| <b>HL01</b> | <b>628 Hierarchical ID Number</b>                                                                                                                                                                                                                                                            | <b>M AN 1/12</b>  |
|             | A unique number assigned by the sender to identify a particular data segment in a hierarchical structure<br>INDUSTRY: Hierarchical ID Number<br>Generated sequential number starting at 1 and increment by 1 for each new occurrence.                                                        |                   |
| <b>HL02</b> | <b>734 Hierarchical Parent ID Number</b>                                                                                                                                                                                                                                                     | <b>M AN 1/12</b>  |
|             | Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to<br>INDUSTRY: Hierarchical Parent ID Number<br>HL02 needs to identify the hierarchical ID number of the HL segment to which the current HL segment is subordinate. |                   |

|             |            |                                                                                                                                                           |                 |
|-------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>HL03</b> | <b>735</b> | <b>Hierarchical Level Code</b>                                                                                                                            | <b>M ID 1/2</b> |
|             |            | Code defining the characteristic of a level in a hierarchical structure                                                                                   |                 |
|             |            | 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                |                 |
|             |            | Constant value: 22 (Subscriber)                                                                                                                           |                 |
| <b>HL04</b> | <b>736</b> | <b>Hierarchical Child Code</b>                                                                                                                            | <b>O ID 1/1</b> |
|             |            | Code indicating if there are hierarchical child data segments subordinate to the level being described                                                    |                 |
|             |            | INDUSTRY: Hierarchical Child Code                                                                                                                         |                 |
|             |            | Value can be 0 (No subordinate HL segments in this hierarchical structure) or 1 (Additional subordinate HL data segments in this hierarchical structure). |                 |
|             | 0          | No Subordinate HL Segment in This Hierarchical Structure.                                                                                                 |                 |
|             |            | Required when there are no dependent claim status requests for this subscriber.                                                                           |                 |
|             | 1          | Additional Subordinate HL Data Segment in This Hierarchical Structure.                                                                                    |                 |
|             |            | Required when there are dependent claims related to this subscriber.                                                                                      |                 |

**Segment:** **NM1** Subscriber Name  
**Position:** 050  
**Loop:** 2100D Mandatory  
**Level:** Detail  
**Usage:** Mandatory  
**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.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** Use the QC qualifier in NM101 Loop 2100D only if the subscriber is the patient.  
If the dependent is the patient, use the IL qualifier in NM101 Loop 2100D, and qualifier QC in NM101, Loop 2100E.  
**Notes:** Examples:  
The subscriber is the patient:  
NM1\*QC\*1\*SMITH\*FRED\*\*\*\*\*MI\*123456789A~  
  
The subscriber is not the patient:  
NM1\*IL\*1\*SMITH\*ROBERT\*\*\*\*\*MI\*9876543210~

### Data Element Summary

| Ref.        | Data           |                                                                                            |                   |
|-------------|----------------|--------------------------------------------------------------------------------------------|-------------------|
| <u>Des.</u> | <u>Element</u> | <u>Name</u>                                                                                | <u>Attributes</u> |
| NM101       | 98             | <b>Entity Identifier Code</b>                                                              | <b>M ID 2/3</b>   |
|             |                | Code identifying an organizational entity, a physical location, property or an individual  |                   |
|             |                | INDUSTRY: Entity Identifier Code                                                           |                   |
|             |                | IL Insured or Subscriber                                                                   |                   |
|             |                | Value from the 837: IL (Subscriber)                                                        |                   |
|             |                | QC Patient                                                                                 |                   |
|             |                | Value from the 837: QC (Patient)                                                           |                   |
| NM102       | 1065           | <b>Entity Type Qualifier</b>                                                               | <b>M ID 1/1</b>   |
|             |                | Code qualifying the type of entity                                                         |                   |
|             |                | INDUSTRY: Entity Type Qualifier                                                            |                   |
|             |                | 1 Person                                                                                   |                   |
|             |                | Constant value: 1 (Person Entity)                                                          |                   |
| NM103       | 1035           | <b>Name Last or Organization Name</b>                                                      | <b>M AN 1/35</b>  |
|             |                | Individual last name or organizational name                                                |                   |
|             |                | INDUSTRY: Subscriber Last Name                                                             |                   |
|             |                | Subscriber last name                                                                       |                   |
| NM104       | 1036           | <b>Name First</b>                                                                          | <b>O AN 1/25</b>  |
|             |                | Individual first name                                                                      |                   |
|             |                | The first name is required when the value in NM102 is '1' and the person has a first name. |                   |
|             |                | INDUSTRY: Subscriber First Name                                                            |                   |
| NM105       | 1037           | <b>Name Middle</b>                                                                         | <b>O AN 1/25</b>  |

Individual middle name or initial

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

Input only if available on the 837.

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

Prefix to individual name

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**

Suffix to individual name

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 M ID 1/2**

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

INDUSTRY: Identification Code Qualifier

MI Member Identification Number

Constant value: MI (Member Identification Number)

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

Code identifying a party or other code

INDUSTRY: Subscriber Identifier

Value from the 837

**Segment:** **TRN** Claim Submitter Trace Number  
**Position:** 090  
**Loop:** 2200D Situational  
**Level:** Detail  
**Usage:** Situational  
**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 If TRN segment is used, must also use STC, REF and DTP segments.  
**Comments:**  
**Notes:**

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

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

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.

Example: TRN\*2\*H010752329\*\*CI~

**Data Element Summary**

| <u>Ref.</u> | <u>Data</u> | <u>Element</u> | <u>Name</u>                                                                                                                 | <u>Attributes</u> |
|-------------|-------------|----------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------|
| TRN01       | 481         |                | <b>Trace Type Code</b>                                                                                                      | <b>M ID 1/2</b>   |
|             |             |                | Code identifying which transaction is being referenced                                                                      |                   |
|             |             |                | INDUSTRY: Trace Type Code                                                                                                   |                   |
|             |             | 2              | Referenced Transaction Trace Numbers                                                                                        |                   |
|             |             |                | Constant value: 2 (Referenced Transaction Trace Number)                                                                     |                   |
| TRN02       | 127         |                | <b>Reference Identification</b>                                                                                             | <b>M AN 1/30</b>  |
|             |             |                | Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier |                   |
|             |             |                | INDUSTRY: Trace Number                                                                                                      |                   |
|             |             |                | Value from the 837; Patient Control Number                                                                                  |                   |
| TRN03       | 509         |                | <b>Originating Company Identifier</b>                                                                                       | <b>X AN 10/10</b> |
|             |             |                | Identifies an organization                                                                                                  |                   |
|             |             |                | INDUSTRY: Company ID                                                                                                        |                   |
|             |             |                | Not Used                                                                                                                    |                   |
| TRN04       | 127         |                | <b>Reference Identification</b>                                                                                             | <b>M AN 1/30</b>  |
|             |             |                | Payment source code.                                                                                                        |                   |
|             |             |                | INDUSTRY: Additional ID                                                                                                     |                   |
|             |             |                | Value from 837                                                                                                              |                   |

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

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

- 1 STC02 is the effective date of the status information.
- 2 STC03 is the action code.
- 3 STC04 is the amount of original submitted charges.
- 4 STC12 allows additional free-form status information.

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

Claim Status information in response to solicited inquiry.

This is required if the subscriber is the patient.

This segment can repeat >1 time.  
 Examples:  
 STC\*A1:20:QC\*20040119\*NA\*50.00~  
 STC\*A3:33:QC\*20040305\*15\*12606.00\*\*\*\*\*4R ;No record of eligibility based on submitted member ID and/or patients date of birth~

**Data Element Summary**

| <u>Ref.</u> | <u>Data</u> | <u>Element</u>           | <u>Name</u>                                                                                                                                                                                                                                                                                      | <u>Attributes</u> |
|-------------|-------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| STC01       | C043        | Health Care Claim Status |                                                                                                                                                                                                                                                                                                  | M                 |
|             |             |                          | Used to convey status of the entire claim or a specific service line                                                                                                                                                                                                                             |                   |
| C04301      | 1271        | Industry Code            |                                                                                                                                                                                                                                                                                                  | M AN 1/30         |
|             |             |                          | Code indicating a code from a specific industry code list<br>This is the Category code. Use code source 507.                                                                                                                                                                                     |                   |
|             |             |                          | INDUSTRY: Health Care Claim Status Category Code<br>A1 (Acknowledgement/Receipt of claim or encounter)<br>A3 (Rejected Claims) or<br>A5 (Acknowledgement of Bundled or Split Claims)                                                                                                             |                   |
| C04302      | 1271        | Industry Code            |                                                                                                                                                                                                                                                                                                  | M AN 1/30         |
|             |             |                          | Code indicating a code from a specific industry code list<br>This is the Health Care Claim Status code, code source 508. The primary distribution source for these codes is the Washington Publishing Company World Wide Web site (www.wpc-edi.com).                                             |                   |
| C04303      | 98          | Entity Identifier Code   |                                                                                                                                                                                                                                                                                                  | O ID 2/3          |
|             |             |                          | Code identifying an organizational entity, a physical location, property or an individual<br>STC01-3 further modifies the status code in STC01-2. Required if additional detail applicable to claim status is needed to clarify the status and the payer's system supports this level of detail. |                   |

|        |      |                                 |                                                                                                                                                                                                                                                                                                                                          |
|--------|------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        |      |                                 | INDUSTRY: Entity Identifier Code<br>Constant value: QC (Patient)<br>QC Patient<br>Individual receiving medical care                                                                                                                                                                                                                      |
| STC02  | 373  | <b>Date</b>                     | <b>M DT 8/8</b><br>Date expressed as CCYYMMDD<br>INDUSTRY: Status Information Effective Date<br>CCYYMMDD format                                                                                                                                                                                                                          |
| STC03  | 306  | <b>Action Code</b>              | <b>M ID 1/2</b><br>Code indicating type of action<br>For Accepted Claims: NA (No Action Required)<br>For Rejected Claims: 15 (Correct and Re-submit)<br>For Encounters: F4 (Final, do not re-submit encounter)                                                                                                                           |
| STC04  | 782  | <b>Monetary Amount</b>          | <b>M R 1/18</b><br>Monetary amount<br>Use this element for the amount of submitted charges. Some HMO encounters supply zero as the amount of original charges.<br>INDUSTRY: Total Claim Charge Amount                                                                                                                                    |
| STC10  | C043 | <b>Health Care Claim Status</b> | <b>C</b><br>Used to convey status of the entire claim or a specific service line<br>Use this element if a second claim status is needed.                                                                                                                                                                                                 |
| C04301 | 1271 | <b>Industry Code</b>            | <b>M AN 1/30</b><br>Code indicating a code from a specific industry code list<br>Required if STC10 is used.<br><br>This is the Category code. Use code source 507.<br><br>INDUSTRY: Health Care Claim Status Category Code<br>Only used when STC01-01 = A3 and additional status information is necessary to explain the rejection code. |
| C04302 | 1271 | <b>Industry Code</b>            | <b>M AN 1/30</b><br>Code indicating a code from a specific industry code list<br>This is the Status code. Use code source 508.<br><br>Required if STC10 is used.<br><br>INDUSTRY: Health Care Claim Status Code<br>Refer attachment for detailed response on rejected claims.                                                            |
| C04303 | 98   | <b>Entity Identifier Code</b>   | <b>O ID 2/3</b><br>Code identifying an organizational entity, a physical location, property or an individual<br>STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3.<br>INDUSTRY: Entity Identifier Code                                                                                                 |
| STC11  | C043 | <b>Health Care Claim Status</b> | <b>C</b><br>Used to convey status of the entire claim or a specific service line<br>Use this element if a third claim status is needed.                                                                                                                                                                                                  |

|               |             |                                                                                                                                                                                         |                   |
|---------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>C04301</b> | <b>1271</b> | <b>Industry Code</b>                                                                                                                                                                    | <b>M AN 1/30</b>  |
|               |             | Code indicating a code from a specific industry code list<br>This is the Category code. Use code source 507.                                                                            |                   |
|               |             | Required if STC11 is used.                                                                                                                                                              |                   |
|               |             | INDUSTRY: Health Care Claim Status Category Code                                                                                                                                        |                   |
| <b>C04302</b> | <b>1271</b> | <b>Industry Code</b>                                                                                                                                                                    | <b>M AN 1/30</b>  |
|               |             | Code indicating a code from a specific industry code list<br>Required if STC11 is used.                                                                                                 |                   |
|               |             | This is the Status code. Use code source 508.                                                                                                                                           |                   |
|               |             | INDUSTRY: Health Care Claim Status Code                                                                                                                                                 |                   |
| <b>C04303</b> | <b>98</b>   | <b>Entity Identifier Code</b>                                                                                                                                                           | <b>O ID 2/3</b>   |
|               |             | Code identifying an organizational entity, a physical location,<br>property or an individual<br>STC11-3 further modifies the status code in STC11-2. See code<br>value list in STC01-3. |                   |
|               |             | INDUSTRY: Entity Identifier Code                                                                                                                                                        |                   |
| <b>STC12</b>  | <b>933</b>  | <b>Free-Form Message Text</b>                                                                                                                                                           | <b>O AN 1/264</b> |
|               |             | Free-form message text<br>Description of Rejection                                                                                                                                      |                   |

**Segment:** **REF** **Identifying Information**  
**Position:** 110  
**Loop:** 2200D Situational  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 4  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Use this only if the subscriber is the patient.

This REF can be repeated up to four times and all REF segments may not occur.

The REF segments will always display in this qualifier order: 1K, D9, BLT, EA

Examples: REF\*1K\*9918046987~  
REF\*D9\*92712001~  
REF\*BLT\*121~  
REF\*EA\*0373096885764~

### Data Element Summary

| <u>Ref.</u>  | <u>Data</u>                                  | <u>Element Name</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Attributes</u> |            |       |       |    |                      |    |                         |     |                                              |    |                                      |  |
|--------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|-------|-------|----|----------------------|----|-------------------------|-----|----------------------------------------------|----|--------------------------------------|--|
| <b>REF01</b> | <b>128</b>                                   | <b>Reference Identification Qualifier</b><br>Code qualifying the Reference Identification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>M ID 2/3</b>   |            |       |       |    |                      |    |                         |     |                                              |    |                                      |  |
|              |                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CODE</th> <th style="text-align: left;">DEFINITION</th> </tr> <tr> <th style="text-align: left;">-----</th> <th style="text-align: left;">-----</th> </tr> </thead> <tbody> <tr> <td>1K</td> <td>Payer's Claim Number</td> </tr> <tr> <td>D9</td> <td>Document Control Number</td> </tr> <tr> <td>BLT</td> <td>Billing Type (Institutional claim inquiries)</td> </tr> <tr> <td>EA</td> <td>Medical Record Identification Number</td> </tr> </tbody> </table> | CODE              | DEFINITION | ----- | ----- | 1K | Payer's Claim Number | D9 | Document Control Number | BLT | Billing Type (Institutional claim inquiries) | EA | Medical Record Identification Number |  |
| CODE         | DEFINITION                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |            |       |       |    |                      |    |                         |     |                                              |    |                                      |  |
| -----        | -----                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |            |       |       |    |                      |    |                         |     |                                              |    |                                      |  |
| 1K           | Payer's Claim Number                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |            |       |       |    |                      |    |                         |     |                                              |    |                                      |  |
| D9           | Document Control Number                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |            |       |       |    |                      |    |                         |     |                                              |    |                                      |  |
| BLT          | Billing Type (Institutional claim inquiries) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |            |       |       |    |                      |    |                         |     |                                              |    |                                      |  |
| EA           | Medical Record Identification Number         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |            |       |       |    |                      |    |                         |     |                                              |    |                                      |  |
| <b>REF02</b> | <b>127</b>                                   | <b>Reference Identification</b><br>Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier                                                                                                                                                                                                                                                                                                                                                                                                              | <b>M AN 1/30</b>  |            |       |       |    |                      |    |                         |     |                                              |    |                                      |  |
|              |                                              | <p>Payer's Claim Number</p> <ul style="list-style-type: none"> <li>- ALIAS: Patient Account Number</li> </ul> <p>Billing Type (Institutional claim inquiries)</p> <ul style="list-style-type: none"> <li>- found on UB92 - record 40 4</li> <li>- found on 837 CLM-05</li> <li>- found on UB92 paper form, locator 4</li> </ul> <p>Medical Record Identification Number</p> <ul style="list-style-type: none"> <li>- found on UB92 record 20, field 25</li> <li>- found on 837 REF-02</li> </ul>                                                                            |                   |            |       |       |    |                      |    |                         |     |                                              |    |                                      |  |

- found on UB92 paper form, locator 23

Document Control Number

- use REF03 to provide free-form description if needed

**REF03**      **352**      **Description**      **O AN 1/80**

A free-form description to clarify the related data elements and their content

Optional free-form description to clarify REF01 when value equals D9 (Document Control Number).

**Segment:** **DTP Claim Service Date**  
**Position:** 120  
**Loop:** 2200D 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:**

Use this segment for the institutional claim statement period.

Use this segment if the subscriber is the patient.

For professional claims this will be the claim from and through date. If claim level date range is not used then the Line Service Date at 2220D is required.

Examples: DTP\*232\*D8\*19960401~  
DTP\*232\*RD8\*19960401-19960402~

### Data Element Summary

| Ref.                                                                      | Data           | Name                                     | Attributes        |
|---------------------------------------------------------------------------|----------------|------------------------------------------|-------------------|
| <u>Des.</u>                                                               | <u>Element</u> | <u>Name</u>                              | <u>Attributes</u> |
| DTP01                                                                     | 374            | <b>Date/Time Qualifier</b>               | <b>M ID 3/3</b>   |
| Code specifying type of date or time, or both date and time               |                |                                          |                   |
| This data element also includes the Claim Statement Period End Date.      |                |                                          |                   |
| INDUSTRY: Date Time Qualifier                                             |                |                                          |                   |
| Constant value: 472 (Service)                                             |                |                                          |                   |
| DTP02                                                                     | 1250           | <b>Date Time Period Format Qualifier</b> | <b>M ID 2/3</b>   |
| Code indicating the date format, time format, or date and time format     |                |                                          |                   |
| INDUSTRY: Date Time Period Format Qualifier                               |                |                                          |                   |
| Value from the 837                                                        |                |                                          |                   |
| D8 Date expressed in Format CCYYMMDD                                      |                |                                          |                   |
| RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD                  |                |                                          |                   |
| DTP03                                                                     | 1251           | <b>Date Time Period</b>                  | <b>M AN 1/35</b>  |
| Expression of a date, a time, or range of dates, times or dates and times |                |                                          |                   |
| INDUSTRY: Claim Service Period                                            |                |                                          |                   |
| Statement From and Through Date                                           |                |                                          |                   |

**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:** 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 patient is not the same person as the subscriber.

Example: HL\*5\*4\*23~

**Data Element Summary**

| <b>Ref.</b> | <b>Data</b>                                                                                                                | <b>Attributes</b> |
|-------------|----------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>Des.</b> | <b>Element Name</b>                                                                                                        |                   |
| <b>HL01</b> | <b>628 Hierarchical ID Number</b>                                                                                          | <b>M AN 1/12</b>  |
|             | A unique number assigned by the sender to identify a particular data segment in a hierarchical structure                   |                   |
|             | INDUSTRY: Hierarchical ID Number                                                                                           |                   |
|             | Generated sequential number starting at 1 and increment by 1 for each new occurrence.                                      |                   |
| <b>HL02</b> | <b>734 Hierarchical Parent ID Number</b>                                                                                   | <b>M AN 1/12</b>  |
|             | Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to |                   |

|             |            |                                                                                                                                                                |
|-------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>HL03</b> | <b>735</b> | INDUSTRY: Hierarchical Parent ID Number<br>HL02 needs to identify the hierarchical ID number of the HL segment to which the current HL segment is subordinate. |
|             |            | <b>Hierarchical Level Code</b> <span style="float: right;"><b>M ID 1/2</b></span>                                                                              |
|             |            | Code defining the characteristic of a level in a hierarchical structure                                                                                        |
|             |            | INDUSTRY: Hierarchical Level Code                                                                                                                              |
|             | 23         | Dependent<br>Identifies the individual who is affiliated with the subscriber, such as spouse, child, etc., and therefore may be entitled to benefits           |
|             |            | Constant value: 23 (Dependent)                                                                                                                                 |

**Segment:** **NM1** **Dependent Name**  
**Position:** 050  
**Loop:** 2100E Situational  
**Level:** Detail  
**Usage:** Optional  
**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.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** Loop 2100E is used only if a dependent is the patient.

**Notes:** Example:  
 The dependent is the patient:  
 NM1\*QC\*1\*SMITH\*JOSEPH\*\*\*\*MI\*01234567802~

### Data Element Summary

| <u>Ref.</u> | <u>Data</u>    | <u>Name</u>                                                                                                                                                                                                                                       | <u>Attributes</u> |
|-------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <u>Des.</u> | <u>Element</u> |                                                                                                                                                                                                                                                   |                   |
| NM101       | 98             | <b>Entity Identifier Code</b><br>Code identifying an organizational entity, a physical location, property or an individual<br>INDUSTRY: Entity Identifier Code<br>QC Patient<br>Individual receiving medical care<br>Constant value: QC (Patient) | M ID 2/3          |
| NM102       | 1065           | <b>Entity Type Qualifier</b><br>Code qualifying the type of entity<br>INDUSTRY: Entity Type Qualifier<br>1 Person<br>Constant value: 1 (Person)                                                                                                   | M ID 1/1          |
| NM103       | 1035           | <b>Name Last or Organization Name</b><br>Individual last name or organizational name<br>INDUSTRY: Patient Last Name                                                                                                                               | M AN 1/35         |
| NM104       | 1036           | <b>Name First</b><br>Individual first name<br>Always return this information when it is supplied on a claim.<br>Required if additional name information is needed to identify the patient.<br>INDUSTRY: Patient First Name                        | O AN 1/25         |
| NM105       | 1037           | <b>Name Middle</b><br>Individual middle name or initial<br>Required if additional name information is needed to identify the patient.<br>INDUSTRY: Patient Middle Name<br>Input only if available on 837.                                         | O AN 1/25         |
| NM106       | 1038           | <b>Name Prefix</b>                                                                                                                                                                                                                                | O AN 1/10         |

|              |             |                                                                                                                                                                                   |                  |
|--------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
|              |             | Prefix to individual name<br>Required if additional name information is needed to identify the patient.                                                                           |                  |
|              |             | INDUSTRY: Patient Name Prefix                                                                                                                                                     |                  |
| <b>NM107</b> | <b>1039</b> | <b>Name Suffix</b><br>Suffix to individual name<br>Required if additional name information is needed to identify the patient.                                                     | <b>O AN 1/10</b> |
|              |             | INDUSTRY: Patient Name Suffix                                                                                                                                                     |                  |
| <b>NM108</b> | <b>66</b>   | <b>Identification Code Qualifier</b><br>Code designating the system/method of code structure used for Identification Code (67)                                                    | <b>M ID 1/2</b>  |
|              |             | INDUSTRY: Identification Code Qualifier                                                                                                                                           |                  |
|              |             | MI            Member Identification Number<br>Constant value: MI (Member Identification Number)                                                                                   |                  |
| <b>NM109</b> | <b>67</b>   | <b>Identification Code</b><br>Code identifying a party or other code<br>At this level, NM108 and NM109 are used only if the dependent's ID is different from the subscriber's ID. | <b>M AN 2/80</b> |
|              |             | INDUSTRY: Patient Primary Identifier<br>Value from the 837                                                                                                                        |                  |

**Segment:** **TRN** Claim Submitter Trace Number  
**Position:** 090  
**Loop:** 2200E Situational  
**Level:** Detail  
**Usage:** Situational  
**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 If TRN segment is used, must also use STC, REF and DTP segments.

**Comments:**

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

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

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.

Example: TRN\*2\*1722634842\*\*CI~

**Data Element Summary**

| <u>Ref.</u> | <u>Data</u> | <u>Element</u> | <u>Name</u>                                                                                                                                                                                                    | <u>Attributes</u> |
|-------------|-------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| TRN01       | 481         |                | <b>Trace Type Code</b><br>Code identifying which transaction is being referenced<br>INDUSTRY: Trace Type Code                                                                                                  | M ID 1/2          |
|             |             | 2              | Referenced Transaction Trace Numbers<br>Constant value: 2 (Reference Transaction Trace Number)                                                                                                                 |                   |
| TRN02       | 127         |                | <b>Reference Identification</b><br>Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>INDUSTRY: Trace Number<br>Value from the 837 | M AN 1/30         |
| TRN03       | 509         |                | <b>Originating Company Identifier</b><br>Identifies an organization<br>INDUSTRY: Company ID<br>Not Used                                                                                                        | X AN 10/10        |
| TRN04       | 127         |                | <b>Reference Identification</b><br>Payment source code.<br>INDUSTRY: Additional ID<br>Value from 837                                                                                                           | M AN 1/30         |

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

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

- 1 STC02 is the effective date of the status information.
- 2 STC03 is the action code.
- 3 STC04 is the amount of original submitted charges.
- 4 STC12 allows additional free-form status information.

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

Use this if the patient is the dependent.

Use this segment to request additional information about a claim or a service line.

This segment can repeat >1 time.  
 Examples:  
 STC\*A1:20:QC\*20040119\*NA\*50.00~  
 STC\*A3:33:QC\*20040305\*15\*12606.00\*\*\*\*\*4R ;No record of eligibility based on submitted member ID and/or patients date of birth.~

**Data Element Summary**

| <u>Ref.</u> | <u>Data</u> | <u>Element</u> | <u>Name</u>                                                          | <u>Attributes</u> |
|-------------|-------------|----------------|----------------------------------------------------------------------|-------------------|
| STC01       | C043        |                | <b>Health Care Claim Status</b>                                      | <b>M</b>          |
|             |             |                | Used to convey status of the entire claim or a specific service line |                   |
| C04301      | 1271        |                | <b>Industry Code</b>                                                 | <b>M AN 1/30</b>  |
|             |             |                | Code indicating a code from a specific industry code list            |                   |
|             |             |                | This is the Category code. Use code source 507.                      |                   |
|             |             |                | INDUSTRY: Health Care Claim Status Category Code                     |                   |
|             |             |                | A1 (Acknowledgement/Receipt of claim or encounter)                   |                   |

|               |             |                                                                                                                                                                                                                                                                                                               |                  |
|---------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
|               |             | A3 (Rejected Claims) or<br>A5 (Acknowledgement of Bundled or Split Claims)                                                                                                                                                                                                                                    |                  |
| <b>C04302</b> | <b>1271</b> | <b>Industry Code</b><br>Code indicating a code from a specific industry code list<br>This is the Health Care Claim Status code, code source 508. The primary distribution source for these codes is the Washington Publishing Company World Wide Web site (www.wpc-edi.com).                                  | <b>M AN 1/30</b> |
| <b>C04303</b> | <b>98</b>   | <b>Entity Identifier Code</b><br>Code identifying an organizational entity, a physical location, property or an individual<br>STC01-3 further modifies the status code in STC01-2.<br><br>INDUSTRY: Entity Identifier Code<br>Constant value: QC (Patient)<br>QC Patient<br>Individual receiving medical care | <b>M ID 2/3</b>  |
| <b>STC02</b>  | <b>373</b>  | <b>Date</b><br>Date expressed as CCYYMMDD<br>INDUSTRY: Status Information Effective Date<br>CCYYMMDD format                                                                                                                                                                                                   | <b>M DT 8/8</b>  |
| <b>STC03</b>  | <b>306</b>  | <b>Action Code</b><br>Code indicating type of action<br>For Accepted Claims: NA (No Action Required)<br>For Rejected Claims: 15 (Correct and Re-submit)<br>For Encounters: F4 (Final, do not re-submit encounter)                                                                                             | <b>M ID 1/2</b>  |
| <b>STC04</b>  | <b>782</b>  | <b>Monetary Amount</b><br>Monetary amount<br>Use this element for the amount of submitted charges. Some HMO encounters supply zero as the amount of original charges.<br><br>INDUSTRY: Total Claim Charge Amount                                                                                              | <b>M R 1/18</b>  |
| <b>STC10</b>  | <b>C043</b> | <b>Health Care Claim Status</b><br>Used to convey status of the entire claim or a specific service line<br>Use this element if a second claim status is needed.<br>Only used when STC01-1 = A3 and additional status information is necessary to explain the rejection code.                                  | <b>C</b>         |
| <b>C04301</b> | <b>1271</b> | <b>Industry Code</b><br>Code indicating a code from a specific industry code list<br>Required if STC10 is used.<br><br>This is the Category code. Use code source 507.<br><br>INDUSTRY: Health Care Claim Status Category Code<br>Refer attachment for detailed response on Rejected Claims.                  | <b>M AN 1/30</b> |
| <b>C04302</b> | <b>1271</b> | <b>Industry Code</b><br>Code indicating a code from a specific industry code list<br>This is the Status code. Use code source 508.                                                                                                                                                                            | <b>M AN 1/30</b> |

|               |             |                                 |                                                                                                                                                                                                      |
|---------------|-------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|               |             |                                 | Required if STC10 is used.                                                                                                                                                                           |
|               |             |                                 | INDUSTRY: Health Care Claim Status Code<br>Refer attachment for detailed response on Rejected Claims.                                                                                                |
| <b>C04303</b> | <b>98</b>   | <b>Entity Identifier Code</b>   | <b>C ID 2/3</b><br>Code identifying an organizational entity, a physical location, property or an individual<br>STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3. |
|               |             |                                 | INDUSTRY: Entity Identifier Code<br>Constant value: QC (Patient)                                                                                                                                     |
| <b>STC11</b>  | <b>C043</b> | <b>Health Care Claim Status</b> | <b>C</b><br>Used to convey status of the entire claim or a specific service line<br>Use this element if a third claim status is needed.                                                              |
| <b>C04301</b> | <b>1271</b> | <b>Industry Code</b>            | <b>M AN 1/30</b><br>Code indicating a code from a specific industry code list<br>This is the Category code. Use code source 507.                                                                     |
|               |             |                                 | Required if STC11 is used.                                                                                                                                                                           |
|               |             |                                 | INDUSTRY: Health Care Claim Status Category Code                                                                                                                                                     |
| <b>C04302</b> | <b>1271</b> | <b>Industry Code</b>            | <b>M AN 1/30</b><br>Code indicating a code from a specific industry code list<br>This is the Status code. Use code source 508.                                                                       |
|               |             |                                 | Required if STC11 is used.                                                                                                                                                                           |
|               |             |                                 | INDUSTRY: Health Care Claim Status Code                                                                                                                                                              |
| <b>C04303</b> | <b>98</b>   | <b>Entity Identifier Code</b>   | <b>O ID 2/3</b><br>Code identifying an organizational entity, a physical location, property or an individual<br>STC11-3 further modifies the status code in STC11-2. See code value list in STC01-3. |
|               |             |                                 | INDUSTRY: Entity Identifier Code                                                                                                                                                                     |
| <b>STC12</b>  | <b>933</b>  | <b>Free-Form Message Text</b>   | <b>O AN 1/264</b><br>Free-form message text<br>Description of Rejection                                                                                                                              |

**Segment:** **REF** Identifying Information  
**Position:** 110  
**Loop:** 2200E Situational  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 4  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
**Semantic Notes:**  
**Comments:**  
**Notes:** Use this only if the dependent is the patient.

This REF can be repeated up to four times and all REF segments may not occur.  
 The REF segments will always display in this qualifier order: 1K, D9, BLT, EA.  
 Examples: REF\*1K\*9918046987~  
           REF\*D9\*92712001~  
           REF\*BLT\*121~  
           REF\*EA\*0373096885764~

#### Data Element Summary

| <u>Ref.</u> | <u>Data</u>                                  | <u>Element</u> | <u>Name</u>                                                                                                                                                                                                                                                                                                                                                                | <u>Attributes</u> |            |    |                      |    |                         |     |                                              |    |                                      |  |
|-------------|----------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|----|----------------------|----|-------------------------|-----|----------------------------------------------|----|--------------------------------------|--|
| REF01       | 128                                          |                | <b>Reference Identification Qualifier</b><br>Code qualifying the Reference Identification                                                                                                                                                                                                                                                                                  | <b>M ID 2/3</b>   |            |    |                      |    |                         |     |                                              |    |                                      |  |
|             |                                              |                | <table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>1K</td> <td>Payer's Claim Number</td> </tr> <tr> <td>D9</td> <td>Document Control Number</td> </tr> <tr> <td>BLT</td> <td>Billing Type (Institutional claim inquiries)</td> </tr> <tr> <td>EA</td> <td>Medical Record Identification Number</td> </tr> </tbody> </table> | CODE              | DEFINITION | 1K | Payer's Claim Number | D9 | Document Control Number | BLT | Billing Type (Institutional claim inquiries) | EA | Medical Record Identification Number |  |
| CODE        | DEFINITION                                   |                |                                                                                                                                                                                                                                                                                                                                                                            |                   |            |    |                      |    |                         |     |                                              |    |                                      |  |
| 1K          | Payer's Claim Number                         |                |                                                                                                                                                                                                                                                                                                                                                                            |                   |            |    |                      |    |                         |     |                                              |    |                                      |  |
| D9          | Document Control Number                      |                |                                                                                                                                                                                                                                                                                                                                                                            |                   |            |    |                      |    |                         |     |                                              |    |                                      |  |
| BLT         | Billing Type (Institutional claim inquiries) |                |                                                                                                                                                                                                                                                                                                                                                                            |                   |            |    |                      |    |                         |     |                                              |    |                                      |  |
| EA          | Medical Record Identification Number         |                |                                                                                                                                                                                                                                                                                                                                                                            |                   |            |    |                      |    |                         |     |                                              |    |                                      |  |
| REF02       | 127                                          |                | <b>Reference Identification</b><br>Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier                                                                                                                                                                                                             | <b>M AN 1/30</b>  |            |    |                      |    |                         |     |                                              |    |                                      |  |
|             |                                              |                | Payer's Claim Number<br>- ALIAS: Patient Account Number<br><br>Billing Type (Institutional claim inquiries)<br>- found on UB92 - record 40 – 4<br>- found on 837 CLM-05<br>- found on UB92 paper form, locator 4<br><br>Medical Record Identification Number<br>- found on UB92 record 20, field 25<br>- found on 837 REF-02<br>- found on UB92 paper form, locator 23     |                   |            |    |                      |    |                         |     |                                              |    |                                      |  |

Document Control Number

- use REF03 to provide free-form description if needed

**Segment:** **DTP Claim Service Date**  
**Position:** 120  
**Loop:** 2200E 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:**

For professional claims this will be the claim from and through date. If claim level date range is not used then the Line Service Date at 2220D is required.

This is used if the dependent is the patient.

Use this segment for the institutional claim statement period.  
 Examples: DTP\*232\*D8\*19960401~  
 DTP\*232\*RD8\*19960401-19960402~

**Data Element Summary**

| <u>Ref.</u> | <u>Data</u> | <u>Element</u> | <u>Name</u>                                                                                                                         | <u>Attributes</u> |
|-------------|-------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| DTP01       | 374         |                | <b>Date/Time Qualifier</b>                                                                                                          | <b>M ID 3/3</b>   |
|             |             |                | Code specifying type of date or time, or both date and time<br>This data element also includes the Claim Statement Period End Date. |                   |
|             |             |                | INDUSTRY: Date Time Qualifier<br>Constant value: 472 (Service)                                                                      |                   |
| DTP02       | 1250        |                | <b>Date Time Period Format Qualifier</b>                                                                                            | <b>M ID 2/3</b>   |
|             |             |                | Code indicating the date format, time format, or date and time format                                                               |                   |
|             |             |                | INDUSTRY: Date Time Period Format Qualifier<br>Value from the 837                                                                   |                   |
|             |             |                | D8 Date expressed in Format CCYYMMDD<br>RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD                                    |                   |
| DTP03       | 1251        |                | <b>Date Time Period</b>                                                                                                             | <b>M AN 1/35</b>  |
|             |             |                | Expression of a date, a time, or range of dates, times or dates and times                                                           |                   |
|             |             |                | INDUSTRY: Claim Service Period<br>Statement From and Through Date                                                                   |                   |

**Segment:** **SE** Transaction Set Trailer  
**Position:** 270  
**Loop:**  
**Level:** Summary  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

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

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

**Notes:** Example: SE\*34\*0001~

### Data Element Summary

| <u>Ref.</u> | <u>Data</u> | <u>Element</u> | <u>Name</u>                                                                                                                                 | <u>Attributes</u> |
|-------------|-------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| SE01        | 96          |                | <b>Number of Included Segments</b>                                                                                                          | <b>M NO 1/10</b>  |
|             |             |                | Total number of segments included in a transaction set including ST and SE segments                                                         |                   |
|             |             |                | INDUSTRY: Transaction Segment Count                                                                                                         |                   |
|             |             |                | Total number of segments included in a transaction set including ST and SE segments.                                                        |                   |
| SE02        | 329         |                | <b>Transaction Set Control Number</b>                                                                                                       | <b>M AN 4/9</b>   |
|             |             |                | Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set |                   |
|             |             |                | Data value in SE02 must be identical to ST02.                                                                                               |                   |
|             |             |                | INDUSTRY: Transaction Set Control Number                                                                                                    |                   |