

Unsolicited 277 Trading Partner Specification

Revision Summary:

Revision Number	Date	Summary of Changes
1.0	5/16/2005	2100C/NM1 Loop – G2 qualifier added
1.1	3/20/2007	NPI changes in loop 2100C
1.2	5/23/2011	Version change and NM103 and NM104 field length extension

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.

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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 (005010XIBC). 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).

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."

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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

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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	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		

		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	Transaction Set Identifier Code Code uniquely identifying a Transaction Set INDUSTRY: Transaction Set Identifier Code Constant value: 277	M ID 3/3
ST02	329	Transaction Set Control Number Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set Data value in ST02 must be identical to SE02. INDUSTRY: Transaction Set Control Number 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	Hierarchical Structure Code Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set INDUSTRY: Hierarchical Structure Code 0010 Information Source, Information Receiver, Provider of Service, Subscriber, Dependent	M ID 4/4
BHT02	353	Transaction Set Purpose Code Code identifying purpose of transaction set INDUSTRY: Transaction Set Purpose Code Constant value: 06 (Confirmation) 06 Confirmation Constant value: 06	M ID 2/2
BHT03	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Originator Application Transaction Identifier Value from the 837	O AN 1/30
BHT04	373	Date Date expressed as CCYYMMDD INDUSTRY: Transaction Set Creation Date The date Independence Blue Cross received the 837	O DT 8/8
BHT05	337	Time Time expressed in 24-hour clock time as follows: HHMMSS where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) The time Independence Blue Cross received the 837	O TM 4/8
BHT06	640	Transaction Type Code Code specifying the type of transaction INDUSTRY: Transaction Type Code	O ID 2/2

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	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual Constant value: 41 (Submitter) 41 Submitter Entity transmitting transaction set Constant value: 41 (Submitter)	M ID 2/3
NM102	1065	Entity Type Qualifier Code qualifying the type of entity Constant value: 2 (Non-person Entity) 2 Non-Person Entity Constant value: 2 (Non-person Entity)	M ID 1/1
NM103	1035	Name Last or Organization Name Individual last name or organizational name Value from NM103 Loop 1000B in 837	M AN 1/35 60
NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) Constant value: NI (NAIC Identification) NI National Association of Insurance Commissioners (NAIC) Identification Constant value: NI (NAIC Identification)	X ID 1/2
NM109	67	Identification Code Code identifying a party or other code Value from the 837	X AN 2/80

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	Hierarchical ID Number	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 increment by 1 for each new occurrence.	
HL03	735	Hierarchical Level Code	M ID 1/2
		Code defining the characteristic of a level in a hierarchical structure	
		INDUSTRY: Hierarchical Level Code	
		20 Information Source	
		Identifies the payer, maintainer, or source of the information	
		Constant value: 20 (Information Source)	
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 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

<u>Ref.</u>	<u>Data</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	
			PR Payer	
			Constant value: PR (Payer)	
NM102	1065	Entity Type Qualifier		M ID 1/1
			Code qualifying the type of entity	
			INDUSTRY: Entity Type Qualifier	
			2 Non-Person Entity	
			Constant value: 2 (Non-person Entity)	
NM103	1035	Name Last or Organization Name		M AN 1/3560
			Individual last name or organizational name	
			INDUSTRY: Payer Name	
			Value from the 837	
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	
			NI National Association of Insurance Commissioners (NAIC) Identification	
			Constant value: NI (NAIC Identification)	
NM109	67	Identification Code		M AN 2/80
			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>Element</u>	<u>Name</u>	<u>Attributes</u>
N301	166	Address Information	Address information Value from the 837	M AN 1/55
N302	166	Address Information	Address information 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

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

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
PER01	366	Contact Function Code	M ID 2/2
		Code identifying the major duty or responsibility of the person or group named	
		INDUSTRY: Contact Function Code	
		IC Information Contact	
		Constant value: IC (Information Contact)	
PER02	93	Name	M AN 1/60
		Free-form name	
		Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).	
		This element is required when a specific person or department is the contact for the response in order to clarify requests concerning additional information requests.	
		INDUSTRY: Payer Contact Name	
		Hard-coded value: IBC SERVICE DESK	
PER03	365	Communication Number Qualifier	M ID 2/2
		Code identifying the type of communication number	
		Required when PER04 is used.	
		INDUSTRY: Communication Number Qualifier	
		TE Telephone	
		Constant value: TE (Telephone)	
PER04	364	Communication Number	M AN 1/80
		Complete communications number including country or area code when applicable	
		INDUSTRY: Communication Number	
		Hard-coded value: 2152414200	

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

<u>Ref.</u>	<u>Data</u>	<u>Element Name</u>	<u>Attributes</u>
HL01	628	Hierarchical ID Number 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.	M AN 1/12
HL02	734	Hierarchical Parent ID Number 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.	M AN 1/12
HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical	M ID 1/2

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	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code Constant value: 40 (Receiver) 40 Receiver Entity to accept transmission	M ID 2/3
NM102	1065	Entity Type Qualifier 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	M ID 1/1
NM103	1035	Name Last or Organization Name Individual last name or organizational name INDUSTRY: Information Receiver Last or Organization Name Value from the 837	M AN 1/3560
NM104	1036	Name First Individual first name The first name is required when the value in NM102 is '1' and the person has a first name. INDUSTRY: Information Receiver First Name	C AN 1/2535
NM105	1037	Name Middle 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: Information Receiver Middle Name	O AN 1/25
NM106	1038	Name Prefix	O AN 1/10

		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.	
NM107	1039	Name Suffix 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.	O AN 1/10
NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67)	M ID 1/2
		INDUSTRY: Information Receiver Name Prefix	
		INDUSTRY: Information Receiver Name Suffix	
		INDUSTRY: Identification Code Qualifier	
		46 Electronic Transmitter Identification Number (ETIN) A unique number assigned to each transmitter and software developer 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	
NM109	67	Identification Code Code identifying a party or other code	M AN 2/80
		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

<u>Ref.</u>	<u>Data</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element Name</u>	
HL01	628 Hierarchical ID Number 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.	M AN 1/12
HL02	734 Hierarchical Parent ID Number 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.	M AN 1/12
HL03	735 Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure	M ID 1/2

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 Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code 1P Provider Constant value: 1P (Provider)	M ID 2/3
NM102	1065	Entity Type Qualifier Code qualifying the type of entity INDUSTRY: Entity Type Qualifier Value from the 837; can be 1 (Person Entity) or 2 (Non-person Entity)	M ID 1/1

		1	Person	
		2	Non-Person Entity	
NM103	1035		Name Last or Organization Name	M AN 1/3560
			Individual last name or organizational name	
			INDUSTRY: Provider Last or Organization Name	
			Value from the 837	
NM104	1036		Name First	O AN 1/2535
			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	
NM105	1037		Name Middle	O AN 1/25
			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	
NM108	66		Identification Code Qualifier	X ID 1/2
			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	
NM109	67		Identification Code	X AN 2/80
			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

Ref.	Data	Attributes
Des.	Element Name	
HL01	628 Hierarchical ID Number	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 increment by 1 for each new occurrence.	
HL02	734 Hierarchical Parent ID Number	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	Hierarchical Level Code	M ID 1/2
		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)
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	
		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	Entity Identifier Code	M ID 2/3
		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	Entity Type Qualifier	M ID 1/1
		Code qualifying the type of entity	
		INDUSTRY: Entity Type Qualifier	
		1 Person	
		Constant value: 1 (Person Entity)	
NM103	1035	Name Last or Organization Name	M AN 1/3560
		Individual last name or organizational name	
		INDUSTRY: Subscriber Last Name	
		Subscriber last name	
NM104	1036	Name First	O AN 1/2535
		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	Name Middle	O AN 1/25

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	Trace Type Code		M ID 1/2
			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	Reference Identification		M AN 1/30
			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	Originating Company Identifier		X AN 10/10
			Identifies an organization	
			INDUSTRY: Company ID	
			Not Used	
TRN04	127	Reference Identification		M AN 1/30
			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 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 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 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 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 Constant value: QC (Patient) QC Patient Individual receiving medical care
STC02	373	Date	M DT 8/8 Date expressed as CCYYMMDD INDUSTRY: Status Information Effective Date CCYYMMDD format
STC03	306	Action Code	M ID 1/2 Code indicating type of action For Accepted Claims: NA (No Action Required) For Rejected Claims: 15 (Correct and Re-submit) For Encounters: F4 (Final, do not re-submit encounter)
STC04	782	Monetary Amount	M R 1/18 Monetary amount Use this element for the amount of submitted charges. Some HMO encounters supply zero as the amount of original charges.
STC10	C043	Health Care Claim Status	C INDUSTRY: Total Claim Charge Amount Used to convey status of the entire claim or a specific service line Use this element if a second claim status is needed.
C04301	1271	Industry Code	M AN 1/30 Code indicating a code from a specific industry code list Required if STC10 is used. This is the Category code. Use code source 507.
C04302	1271	Industry Code	M AN 1/30 INDUSTRY: Health Care Claim Status Category Code Only used when STC01-01 = A3 and additional status information is necessary to explain the rejection code. Code indicating a code from a specific industry code list This is the Status code. Use code source 508. Required if STC10 is used.
C04303	98	Entity Identifier Code	O ID 2/3 INDUSTRY: Health Care Claim Status Code Refer attachment for detailed response on rejected claims. Code identifying an organizational entity, a physical location, property or an individual STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3.
STC11	C043	Health Care Claim Status	C INDUSTRY: Entity Identifier Code Used to convey status of the entire claim or a specific service line Use this element if a third claim status is needed.

C04301	1271	Industry Code	M AN 1/30
Code indicating a code from a specific industry code list			
This is the Category code. Use code source 507.			
Required if STC11 is used.			
INDUSTRY: Health Care Claim Status Category Code			
C04302	1271	Industry Code	M AN 1/30
Code indicating a code from a specific industry code list			
Required if STC11 is used.			
This is the Status code. Use code source 508.			
INDUSTRY: Health Care Claim Status Code			
C04303	98	Entity Identifier Code	O ID 2/3
Code identifying an organizational entity, a physical location, property or an individual			
STC11-3 further modifies the status code in STC11-2. See code value list in STC01-3.			
INDUSTRY: Entity Identifier Code			
STC12	933	Free-Form Message Text	O AN 1/264
Free-form message text			
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>										
REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M ID 2/3										
		<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	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30										
		Payer's Claim Number - ALIAS: Patient Account Number Billing Type (Institutional claim inquiries) - found on UB92 - record 40 4 - found on 837 CLM-05 - found on UB92 paper form, locator 4 Medical Record Identification Number - found on UB92 record 20, field 25 - found on 837 REF-02											

- 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		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
DTP01	374	Date/Time Qualifier	M ID 3/3
		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	Date Time Period Format Qualifier	M ID 2/3
		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	Date Time Period	M AN 1/35
		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

Ref.	Data	Attributes
Des.	Element Name	
HL01	628 Hierarchical ID Number 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.	M AN 1/12
HL02	734 Hierarchical Parent ID Number Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	M AN 1/12

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** **Hierarchical Level Code** **M ID 1/2**
Code defining the characteristic of a level in a hierarchical structure

INDUSTRY: Hierarchical Level Code

23	Dependent 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	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code QC Patient Individual receiving medical care Constant value: QC (Patient)	M ID 2/3
NM102	1065	Entity Type Qualifier Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person Constant value: 1 (Person)	M ID 1/1
NM103	1035	Name Last or Organization Name Individual last name or organizational name INDUSTRY: Patient Last Name	M AN 1/3560
NM104	1036	Name First Individual first name Always return this information when it is supplied on a claim. Required if additional name information is needed to identify the patient. INDUSTRY: Patient First Name	O AN 1/2535
NM105	1037	Name Middle Individual middle name or initial Required if additional name information is needed to identify the patient. INDUSTRY: Patient Middle Name Input only if available on 837.	O AN 1/25
NM106	1038	Name Prefix	O AN 1/10

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

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

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

			Required if STC10 is used.
			INDUSTRY: Health Care Claim Status Code Refer attachment for detailed response on Rejected Claims.
C04303	98	Entity Identifier Code	C ID 2/3 Code identifying an organizational entity, a physical location, property or an individual STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3.
			INDUSTRY: Entity Identifier Code Constant value: QC (Patient)
STC11	C043	Health Care Claim Status	C Used to convey status of the entire claim or a specific service line Use this element if a third claim status is needed.
C04301	1271	Industry Code	M AN 1/30 Code indicating a code from a specific industry code list This is the Category code. Use code source 507.
			Required if STC11 is used.
			INDUSTRY: Health Care Claim Status Category Code
C04302	1271	Industry Code	M AN 1/30 Code indicating a code from a specific industry code list This is the Status code. Use code source 508.
			Required if STC11 is used.
			INDUSTRY: Health Care Claim Status Code
C04303	98	Entity Identifier Code	O ID 2/3 Code identifying an organizational entity, a physical location, property or an individual STC11-3 further modifies the status code in STC11-2. See code value list in STC01-3.
			INDUSTRY: Entity Identifier Code
STC12	933	Free-Form Message Text	O AN 1/264 Free-form message text 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		Reference Identification Qualifier Code qualifying the Reference Identification	M ID 2/3										
			<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		Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30										
			Payer's Claim Number - ALIAS: Patient Account Number Billing Type (Institutional claim inquiries) - found on UB92 - record 40 – 4 - found on 837 CLM-05 - found on UB92 paper form, locator 4 Medical Record Identification Number - found on UB92 record 20, field 25 - found on 837 REF-02 - 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 Name</u>	<u>Attributes</u>
DTP01	374	Date/Time Qualifier	M ID 3/3
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	Date Time Period Format Qualifier	M ID 2/3
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	Date Time Period	M AN 1/35
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: **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		Number of Included Segments	M NO 1/10
			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		Transaction Set Control Number	M AN 4/9
			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	