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HIPAA

**Handbook for Health Care Services Review –
Request for Review and Response (278)
Transaction**

Decision Support 2000+

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**Survey and Analysis Branch
Division of State and Community Systems Development
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration**



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Handbook for Health Care Services Review - Request for Review and Response (278) for Decision Support 2000+

I. Introduction

The Health Care Services Review - Inquiry and Response (278) transaction is used to exchange information between providers and utilization review organizations regarding the authorization of treatment, specialty care, or admission to a facility. Physicians, medical groups, independent physician associations, and facilities use the transaction to request authorization or certification for a patient to receive health care services. It is also used by providers, specialists, specialty entities, groups, or facilities where the requested services are to be performed. The utilization review entities (UMOs) who receive and respond to requests for authorization or certification include insurance companies, health maintenance organizations, preferred provider organizations, health care purchasers, professional review organizations and other providers and utilization review entities. Other trading partners who use the transaction include system vendors, consulting services, and EDI network intermediaries such as clearinghouses, value-added networks, and telecommunication services.

This Handbook consists of

- an overview of the structure of the transaction;
- tables of the data elements (including definitions, codes, and attributes) that constitute the transaction;
- definitions of key terms and explanations of issues for understanding the information contained in the handbook; and
- a list of external code sources need for the transaction.

The Data Tables define terms, explain usage, and provide technical specifications for the data. Section VII defines key terms and elaborates on important issues for this transaction.

Information in this Handbook is intended to provide a user-friendly summary of the data contained in the Health Care Services Review - Request for Review and Response (278) transaction. When referenced in conjunction with the DS2000+ Master Data Set, this Handbook will help users construct a transaction. For additional technical information not provided in these documents, users should refer to the full Implementation Guide. All information in this Handbook has been taken directly from the Health Care Services Review - Request for Review and Response (278) transaction. ¹

¹ Implementation Guide Health Care Service Request for Review and Response, ASCX12N 278 (004010X094), Washington Publishing Company, May 2000.



II. Overview of this Transaction

Uses of the Health Care Services Review - Request for Review and Response (278) Transaction

The 278 Health Care Services Review - Request for Review and Response transaction is used to exchange information between providers and review entities regarding requests for authorization or certification of patient care. It allows the inclusion of condition and reason indicators as well as the most complete data possible about all participants.

It is recommended that separate transaction sets be used for different patients and events; i.e., one transaction set for one patient event. The term “patient event” refers to the service or group of services associated with a single episode of care. Examples of patient events include the following:

- an admission to a facility for treatment related to a specific patient condition or diagnosis or related group of diagnoses;
- a referral to a specialty provider for a consult or testing to determine a specific diagnosis and appropriate treatment; and
- services to be administered at a patient visit such as chiropractic treatment delivered in a single patient visit. The same treatment can be approved for a series of visits.

Health Care Services Inquiry

The requester making the inquiry is either the primary provider or the service provider. Primary providers include physicians, medical groups, independent physician associations, and facilities requesting authorization or certification for a patient to receive health care services. Service providers are the referred-to provider, specialist, specialty entity, group, or facility where the requested services are to be performed.

Examples of Health Care Inquiries supported by the 278 transaction include:

- **admission certification review** - request for admission to a facility for treatment (pre-certification). The transaction set enables the requester to specify both the facility and associated physicians within the same transaction.
- **referral review** - request permission to refer or send a patient to another provider, generally a specialist. These types of transactions generally are shared between a primary care physician and a Utilization Management Organization (UMO). But they may be shared between two providers or UMOs.
- **health care services certification review** - request for certification of a specific treatment, or for more extended care such as treatment for a condition requiring



prolonged rehabilitation therapy. Note: this transaction set supports a request for certification of services related to a specific treatment or extended care associated with a single patient event. It does not support a request for approval of multiple treatment plans related to long-term care or case management. Such complex treatment plans or case management comprise multiple patient events.

- **extend certification review request** - After a certification has been approved, some UMOs will allow the service originally requested to be extended, while other organizations require a second certification.
- **certification appeal review request** – request to initiate the appeal of a denied or modified request for review.

Health Care Services Review Response

The Health Care Services Review - Request for Review and Response (278) is used by UMOs to receive and respond to requests for authorization or certification of treatment. UMOs include insurance companies, health maintenance organizations, preferred provider organizations, health care purchasers, professional review organizations, other providers, and other utilization review entities who receive and respond to requests for authorization or certification. The UMO may or may not be the organization that makes the medical decision on a service review request. The UMO might have a relationship with a payer that calls for the payer to make a decision in certain cases. In these situations the UMOs forward the request to the payer, receive the response from the payer, and then return the response to the requester.

A response transaction is used to indicate approval, approval with modification, or denial of a previous request. The UMO must respond to each 278 transaction set received. If the UMO can process the service review request, the UMO must return a 278 response that indicates the status of the service review. Missing or incorrect data on the 278 request can cause the UMO to reject the transaction. For these requests, the UMO must return a 278 response transaction that indicates why the UMO rejected the transaction. The 278 response also enables both the clearinghouse and the reviewer to indicate when system availability issues prohibit routing of the request for processing.

Health Care Services Notification

The Health Care Services Request for Review and Response can also be used to send unsolicited information to trading partners. This information can take the form of copies of health service reviews or notification of the beginning or end of treatment such as:

- patient arrival notice;
- patient discharge notice;
- certification change notice; and
- notification of certification to primary provider(s), other provider(s), and UMOs

The information source in this case can be either a UMO or a provider. For example, in a situation where the primary care provider can authorize specialty referrals that do not

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require review for medical necessity, appropriateness, or level of care, the primary care provider is the information source. This provider might have responsibility for notifying both the UMO and the service provider of the specialty referral. In cases where the UMO is the decision maker, the UMO would send a notice of certification to the requesting provider and the service provider.

Real Time and Batch Mode Transmissions

The 278 Health Care Services Review for Request and Response transactions can be transmitted in either a batch mode or in a real time mode.

Real time mode provides the best method for meeting the business requirements associated with the 278 Health Care Services Review request and response, since it enables the requester to ask for and receive certification from the UMO while the patient is present. In real time mode, the sender sends a request transaction to the receiver, either directly or through a switch (clearinghouse), and remains connected while the receiver processes the transaction and returns a response transaction to the original sender. Typically, response times range from a few seconds to thirty seconds, and should not exceed one minute.

Batch mode. There are situations when the delivery of an immediate response is either not necessary or not feasible. When transactions are used in batch mode, they are typically grouped together in large quantities and processed en-masse. In batch mode, the sender sends multiple transactions to the receiver, either directly or through a switch (clearinghouse), and does not remain connected while the receiver processes the transactions. If there is an associated business response transaction (such as a 271 response to a 270 for eligibility), the receiver creates the response transaction for the sender off-line. The original sender typically reconnects at a later time (the amount of time is determined by the original receiver or switch) and picks up the response transaction. Typically, the results of a transaction that is processed in batch mode would be completed for the next business day if it has been received by a predetermined cut off time.

Situational Data

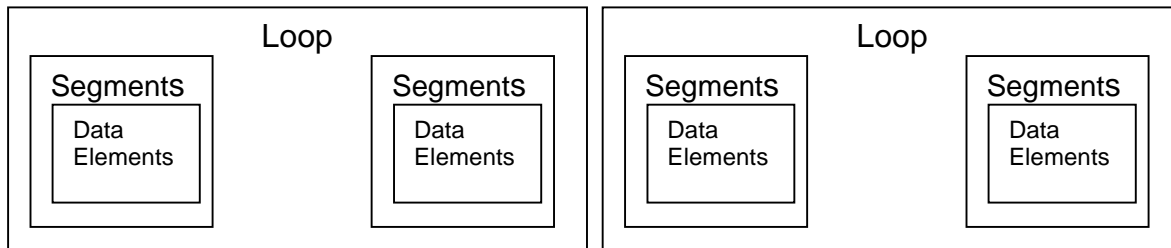
Factors such as the type of certification requested, the condition of the patient, and the individual UMO's rules for processing certifications make it difficult to identify a single set of data elements that are required for all types of certifications. To meet the divergent needs of the UMOs and requesters, there are many data elements and segments marked "situational". The complete implementation guide contains notes that indicate when to include a situation a situational segment or element; if the segment or element does not have an explanatory note, the user should interpret "situational" to mean "if the information is available and applicable to the certification request or response, include it."



Structure of the Transaction Sets

Under HIPAA, business transactions (such as a provider requesting authorization to provide a service or asking an insurer about a patient's benefits, a sponsor sending a group of benefit enrollments to a payer or a provider submitting health care claims to a payer) are conducted through formal structures called "transaction sets". Information is transmitted as discrete data elements grouped together into segments; segments are grouped into loops (see Figure 1).

Figure 1. Loops, Segments, and Data Elements



Transaction sets all adhere to the same format: a control segment called the header segment, loops of data segments that contain the data elements, and a control segment called the trailer segment. The data segment, the data elements within them all follow a specified order. Similar transaction sets, called "functional groups," can be sent together within a transmission; in this case, each transaction set has its own unique identifier that is transmitted as the first data element of the header segment.

The discussion below on data elements, segments, and loops is intended to help readers understand the structure of the transaction and the information presented in the Data Tables.

Data Elements

A data element corresponds to a data field in data processing terminology. Data elements are characterized by:

- name (e.g., "Identification Code")
- usage (e.g., required or situational [which means that the element is required only under certain circumstances]);
- reference designator (e.g., NM109, which indicates that the element is in the NM1 segment and is the ninth data element in the segment);
- number (e.g., 67); and
- attributes.

The attributes are the requirement designator in the X12 standard (i.e., mandatory [M], optional [O], relational [X]); the type of data element (e.g., Numeric [Nn], Decimal [R], Identifier [ID], String [AN], Date [DT], Time [TM], Binary [B]); and the minimum and



maximum length of the data (i.e., the number of character positions used for numeric, decimal, and binary elements).

For simplicity of presentation, we use the single term “attributes” in the data tables to refer to *all* the characteristics of a data element, i.e., usage, reference designator, number, X12 requirement designator, type, and length. For the data element “subscriber identification code” these “attributes” are listed sequentially as SITUATIONAL NM109 67 X AN 2/80. In this example, the meaning of the terms is as follows:

SITUATIONAL	required only under certain circumstances
NM109	the ninth element in the NM1 segment
X	a relational element in the X12 standard
AN	a string type of element
2/80	a minimum of 2 and a maximum of 80 characters are allowed

Segments

Logically related data elements are grouped together in units called segments. There are two types of segments—control segments and data segments. These segments have the same structure, but different uses. The control segments are used to convey information about the transaction and the data segments are used to convey the information that necessitated the transaction. Transaction sets always begin and end with a control segment between which are the data segments. The control segment that begins a transaction is called the header (ST) segment and is used to identify the sender and receiver; the control segment that ends a transaction is called the trailer (SE) segment and is used for verification and security purposes. (For more information on control segments, see Section V. Key Terms)

Each transaction set contains many segments, analogous to a freight train: the segments are like the train’s cars and each one has several data elements just as a train car might have many crates. The sequence of the data elements within one segment and the sequence of segments in the transaction set are both specified by the ASC X12 standard. In a more conventional computing environment, the segments would be equivalent to records, and the data elements equivalent to fields. Each segment, whether a control or data segment, has its own name and its own purpose. A segment always has the same structure: it begins with a unique identifier, then has one or more logically related data elements, and ends with a segment terminator.

The Data Check List shows all the data elements within each data segment; the data segments within the transaction by segment ID, name, and usage (required or situational); and how the segments are grouped into loops.

Loops

Loops are groups of logically related data segments. The segments within a loop occur in a specified order; the first (“beginning”) segment in the loop gives the loop its name



and establishes whether the loop is required or situational. If the beginning segment in a loop is required, then the loop is required; if the beginning segment is situational, the loop is situational. Loops themselves are not actually sent in a transaction—only the data segments within the loop are sent. A loop (actually, the data segments that comprise the loop) may occur once, repeat an unlimited number of times, or repeat only a specified number of times.

Loop Hierarchy

The looping structure is hierarchical—i.e., certain loops are subordinated to others. Once the hierarchy is understood, the logic of the data in the transaction becomes apparent. Figure 2 shows the hierarchical organization of the data in this transaction.

The 278 transaction is divided into two levels, or tables. The Header level, Table 1, contains the purpose code for the transaction set as well as date and time information. The Detail level, Table 2, contains all data relating to the requested transaction, including transaction participants, the patient, all providers, and services detail information.

In the Detail Level, Loop 2000A and Loop 2000B are used to convey information about the two primary participants in a health care service review transaction. The Loop 2000A hierarchical level is used to identify the UMO, generally the entity empowered to make a decision regarding the outcome of a health services review or the owner of information. Loop 2000B hierarchical level is used to designate the requester, generally the entity making the request for review and for whom the response decision is intended.

Subscriber Loop 2000C and Dependent Loop 2000D identify the patient. Loop 2000C is always required. Loop 2000D is used only when necessary to identify a patient who is a dependent. When the subscriber is the patient or when the patient has a unique identification number (different from the subscriber), only Loop 2000C is used.

The Loop 2000E hierarchical level is used to identify the health care service provider (the provider of services). Although the 278 transaction has been constructed to support multiple providers in conjunction with identifying a patient's care, the implementation guide's developers recommend limiting the number of providers to either one for simple certifications or two for admissions to identify the service provider and the facility.

The Loop 2000F hierarchical level is used to identify the services requested for the identified patient and to be supplied by the provider identified in Loop 2000E. Loop 2000F is used also to convey the outcome of the service review request in the service response.



III. Data Check List for the Health Care Services Review - Request

The Data Check List shows the hierarchical levels, the loops within the levels, the segments within the loops, and the data elements within the segments. It helps users ensure that they have or collect all the information needed to process the transaction.

Table 1 — Header		
SEG. ID	NAME	USAG E
ST	Transaction Set Header	<i>R</i>
	Transaction Set Identifier Code	<i>R</i>
	Transaction Set Control Number	<i>R</i>
BHT	Beginning Of Hierarchical Transaction	<i>R</i>
	Hierarchical Structure Code	<i>R</i>
	Transaction Set Purpose Code	<i>R</i>
	Reference Identification	<i>R</i>
	Date	<i>R</i>
	Time	<i>R</i>
LOOP 2000A UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL		
HL	Utilization Management Organization (UMO) Level	<i>R</i>
	Hierarchical ID Number	<i>R</i>
	Hierarchical Level Code	<i>R</i>
	Hierarchical Child Code	<i>R</i>
LOOP 2010A UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME		
NM1	Utilization Management Organization (UMO) Name	<i>R</i>
	Entity Identifier Code	<i>R</i>
	Entity Type Qualifier	<i>R</i>
	Name Last Or Organization Name	<i>S</i>
	Name First	<i>S</i>
	Name Middle	<i>S</i>
	Name Suffix	<i>S</i>
	Identification Code Qualifier	<i>R</i>
	Identification Code	<i>R</i>
LOOP 2000B REQUESTER LEVEL		
HL	Requester Level	<i>R</i>
	Hierarchical ID Number	<i>R</i>
	Hierarchical Parent ID Number	<i>R</i>
	Hierarchical Level Code	<i>R</i>
	Hierarchical Child Code	<i>R</i>
LOOP 2010B REQUESTER NAME		
NM1	Requester Name	<i>R</i>
	Entity Identifier Code	<i>R</i>
	Entity Type Qualifier	<i>R</i>
	Name Last Or Organization Name	<i>S</i>
	Name First	<i>S</i>
	Name Middle	<i>S</i>

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	Name Suffix	S
	Identification Code Qualifier	R
	Identification Code	R
REF	Requester Supplemental Identification	S
	Reference Identification Qualifier	R
	Reference Identification	R
N3	Requester Address	S
	Address Information	R
	Address Information	S
NM4	Requester City/State/Zip Code	S
	City Name	S
	State or Province Code	S
	Postal Code	S
	Country Code	S
PER	Requester Contact Information	S
	Contact Function Code	R
	Name	S
	Communication Qualifier	S
	Communication Number	S
	Communication Number Qualifier	S
	Communication Number	S
	Communication Number Qualifier	S
	Communication Number	S
PRV	Requester Provider Information	S
	Provider Code	R
	Reference Identification Qualifier	R
	Reference Identification	R
LOOP 2000C SUBSCRIBER LEVEL		
HL	Subscriber Level	R
	Hierarchical ID Number	R
	Hierarchical Parent ID Number	R
	Hierarchical Level Code	R
	Hierarchical Child Code	R
DTP	Accident Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Last Menstrual Period Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Estimated Date of Birth	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Onset of Current Symptoms or Illness Date	S
	Date/Time Qualifier	R



	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Subscriber Diagnosis	S
	Health Care Code Information	R
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S



	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
LOOP 2010C SUBSCRIBER NAME		
NM1	Subscriber Name	R
	Entity Identifier Code	R
	Entity Type Qualifier	R
	Name Last Or Organization Name	S
	Name First	S
	Name Middle	S
	Name Suffix	S
	Identification Code Qualifier	R
	Identification Code	R
REF	Subscriber Supplemental Identification	S
	Reference Identification Qualifier	R
	Reference Identification	R
DMG	Subscriber Demographic Information	S
	Date Time Period Format Qualifier	R
	Date Time Period	R
	Gender Code	S
LOOP 2000D DEPENDENT LEVEL		
HI	Dependent Level	S
	Hierarchical ID Number	R
	Hierarchical Parent ID Number	R
	Hierarchical Level Code	R
	Hierarchical Child Code	R
DTP	Accident Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Last Menstrual Period Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R



DTP	Estimated Date of Birth	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Onset of Current Symptoms or Illness Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
HI	Dependent Diagnosis	S
	Health Care Code Information	R
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R



	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
LOOP 2010D DEPENDENT NAME		
NM1	Dependent Name	R
	Entity Identifier Code	R
	Entity Type Qualifier	R
	Name Last Or Organization Name	R
	Name First	S
	Name Middle	S
	Name Suffix	R
	Identification Code Qualifier	R
	Identification Code	R
REF	Dependent Supplemental Identification	S
	Reference Identification Qualifier	R
	Reference Identification	R
DMG	Dependent Demographic Information	S
	Date Time Period Format Qualifier	R
	Date Time Period	R
	Gender Code	S
	Code List Qualifier Code	R
INS	Dependent Relationship	S
	Yes/No Condition or Response Code	R
	Individual Relationship Code	R
	Number	S
LOOP 2000E SERVICE PROVIDER LEVEL		
HL	Service Provider Level	R
	Hierarchical ID Number	R



	Hierarchical Parent ID Number	R
	Hierarchical Level Code	R
	Hierarchical Child Code	R
MSG	Message Text	S
	Free-Form Message Text	R
LOOP 2010E SERVICE PROVIDER NAME		
NM1	Service Provider Name	R
	Entity Identifier Code	R
	Entity Type Qualifier	R
	Name Last Or Organization Name	S
	Name First	S
	Name Middle	S
	Name Suffix	S
	Identification Code Qualifier	S
	Identification Code	S
REF	Service Provider Supplemental Identification	S
	Reference Identification Qualifier	R
	Reference Identification	R
N3	Service Provider Address	S
	Address Information	R
	Address Information	S
N4	Service Provider City/State/Zip Code	S
	City Name	S
	State Or Province Code	S
	Postal Code	R
	Country Code	S
	Location Identifier	S
PER	Service Provider Contact Information	S
	Contact Function Code	R
	Name	S
	Communication Number Qualifier	S
	Communication Number	S
	Communication Number Qualifier	S
	Communication Number	S
	Communication Number Qualifier	S
	Communication Number	S
PRV	Service Provider Information	S
	Provider Code	R
	Reference Identification Qualifier	R
	Reference Identification	R
LOOP 2000F SERVICE LEVEL		
HL	Service Level	R
	Hierarchical ID Number	R
	Hierarchical Parent ID Number	R
	Hierarchical Level Code	R
	Hierarchical Child Code	R
TRN	Service Trace Number	S



	Trace Type Code	R
	Reference Identification	R
	Originating Company Identifier	R
	Reference Identification	S
UM	Health Care Services Review Information	R
	Request Category Code	R
	Certification Type Code	R
	Service Type Code	S
	Health Care Service Location Information	S
	Facility Code Value	R
	Facility Code Qualifier	R
	Related Causes Information	S
	Related-Causes Code	R
	Related-Causes Code	S
	Related-Causes Code	S
	State or Province Code	S
	Country Code	S
	Level of Service Code	S
	Current Health Condition Code	S
	Prognosis Code	S
	Release of Information Code	R
	Delay Reason Code	S
REF	Previous Certification Identification	S
	Reference Identification Qualifier	R
	Reference Identification	R
DTP	Service Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Admission Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Discharge Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Surgery Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
HI	Procedures	S
	Health Care Code Information	R
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S



	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R



	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	R
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	R
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
HSD	Health Care Services Delivery	S
	Quantity Qualifier	S
	Quantity	S
	Unit or Basis for Measurement Code	S
	Sample Selection Module	S
	Time Period Qualifier	S
	Number of Periods	S
	Ship/Delivery or Calendar Pattern Code	S
	Ship/Delivery Pattern Time Code	S
CRC	Patient Condition Information	S
	Code Category	R
	Yes/No Condition or Response Code	R
	Condition Indicator	R
	Condition Indicator	S
	Condition Indicator	S
	Condition Indicator	S
	Condition Indicator	S
	Condition Indicator	S
CL1	Institutional Claim Code	S
	Admission Type Code	S
	Admission Source Code	S
	Patient Status Code	S
	Nursing Home Residential Status Code	S



CR1	Ambulance Transport Information	S
	Unit or Basis for Measurement Code	S
	Weight	S
	Ambulance Transport Code	R
	Ambulance Transport Reason Code	R
	Unit or Basis for Measurement Code	S
	Quantity	S
	Address Information	S
	Address Information	S
	Description	S
	Description	S
CR2	Spinal Manipulation Service Information	S
	Count	S
	Quantity	S
	Subluxation Level Code	S
	Subluxation Level Code	S
	Unit or Basis for Measurement Code	S
	Quantity	S
	Quantity	S
	Nature of Condition Code	S
	Yes/No Condition or Response Code	S
	Description	S
	Description	S
	Yes/No Condition or Response Code	R
CR5	Home Oxygen Therapy Information	S
	Oxygen Equipment Type Code	S
	Oxygen Equipment Type Code	S
	Description	S
	Quantity	R
	Quantity	S
	Quantity	S
	Description	S
	Quantity	S
	Quantity	S
	Oxygen Test Condition Code	R
	Oxygen Test Findings Code	S
	Oxygen Test Findings Code	S
	Quantity	S
	Oxygen Delivery System Code	R
	Oxygen Equipment Type Code	S
CR6	Home Health Care Information	S
	Prognosis Code	R
	Date	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Yes/No Condition or Response Code	R
	Yes/No Condition or Response Code	R



	Certification Type Code	R
	Date	S
	Product/Service ID Qualifier	S
	Medical Code Value	S
	Date	S
	Date	S
	Date	S
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Patient Location Code	S
MSG	Message Text	S
	Free-Form Message Text	R
SE	Transaction Set Trailer	R
	Number of Included Segments	R
	Transaction Set Control Number	R



III. Data Check List for the Health Care Services Review - Response

The Data Check List shows the hierarchical levels, the loops within the levels, the segments within the loops, and the data elements within the segments. It helps users ensure that they have or collect all the information needed to process the transaction.

Table 1 — Header		
ST	Transaction Set Header	R
	Transaction Set Identifier Code	R
	Transaction Set Control Number	R
BHT	Beginning of Hierarchical Transaction	R
	Hierarchical Structure Code	R
	Transaction Set Purpose Code	R
	Reference Identification	R
	Date	R
	Time	R
	Transaction Type Code	S
LOOP 2000A UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL		
HL	Utilization Management Organization (UMO) Level	R
	Hierarchical ID Number	R
	Hierarchical Level Code	R
	Hierarchical Child Code	R
AAA	Request Validation	S
	Yes/No Condition or Response Code	R
	Reject Reason Code	R
	Follow-up Action Code	R
LOOP 2010A UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME		
NM1	Utilization Management Organization (UMO) Name	R
	Entity Identifier Code	R
	Entity Type Qualifier	R
	Name Last or Organization Name	S
	Name First	S
	Name Middle	S
	Identification Code Qualifier	S
	Identification Code	R
PER	Utilization Management Organization (UMO) Contact Information	S
	Contact Function Code	R
	Name	S
	Communication Number Qualifier	S
	Communication Number	S
	Communication Number Qualifier	S
	Communication Number	S
	Communication Number Qualifier	S
	Communication Number	S
AAA	Utilization Management Organization (UMO) Request	S



	Validation	
	Yes/No Condition or Response Code	R
	Reject Reason Code	S
	Follow-up Action Code	S
LOOP 2000B REQUESTER LEVEL		
HL	Requester Level	R
	Hierarchical ID Number	R
	Hierarchical Parent ID Number	R
	Hierarchical Level Code	R
	Hierarchical Child Code	R
LOOP 2010B REQUESTER NAME		
NM1	Requester Name	R
	Entity Identifier Code	R
	Entity Type Qualifier	R
	Name Last or Organization Name	S
	Name First	S
	Name Middle	S
	Name Suffix	S
	Identification Code Qualifier	R
	Identification Code	R
REF	Requester Supplemental Identification	S
	Reference Identification Qualifier	R
	Reference Identification	R
AAA	Requester Request Validation	S
	Yes/No Condition or Response Code	R
	Reject Reason Code	S
	Follow-up Action Code	S
PRV	Requester Provider Information	S
	Provider Code	R
	Reference Identification Qualifier	R
	Reference Identification	R
LOOP 2000C SUBSCRIBER LEVEL		
HL	Subscriber Level	R
	Hierarchical ID Number	R
	Hierarchical Parent ID Number	R
	Hierarchical Level Code	R
	Hierarchical Child Code	R
AAA	Subscriber Request Validation	S
	Yes/No Condition or Response Code	R
	Reject Reason Code	S
	Follow-up Action Code	S
DTP	Accident Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Last Menstrual Period Date	S
	Date/Time Qualifier	R



	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Estimated Date of Birth	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Onset of Current Symptoms or Illness Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
HI	Subscriber Diagnosis	S
	Health Care Code Information	R
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Date Time Period	R
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S



	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
LOOP 2010C SUBSCRIBER NAME		
NM1	Subscriber Name	R
	Entity Identifier Code	R
	Entity Type Qualifier	R
	Name Last or Organization Name	S
	Name First	S
	Name Middle	S
	Name Suffix	S
	Identification Code Qualifier	R
	Identification Code	R
REF	Subscriber Supplemental Identification	S
	Reference Identification Qualifier	R
	Reference Identification	R
AAA	Subscriber Request Validation	S
	Yes/No Condition or Response Code	R
	Reject Reason Code	S
	Follow-up Action Code	S
DMG	Subscriber Demographic Information	S
	Date Time Period Format Qualifier	R
	Date Time Period	R
	Gender Code	S
LOOP 2000D DEPENDENT LEVEL		



HL	Dependent Level	S
	Hierarchical ID Number	R
	Hierarchical Parent ID Number	S
	Hierarchical Level Code	S
	Hierarchical Child Code	R
AAA	Dependent Request Validation	S
	Yes/No Condition or Response Code	R
	Reject Reason Code	S
	Follow-up Action Code	S
DTP	Accident Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Last Menstrual Period Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Estimated Date of Birth	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Onset of Current Symptoms or Illness Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
HI	Dependent Diagnosis	S
	Health Care Code Information	R
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Health Care Code Information	S



	Identification Code Qualifier	S
	Identification Code	S
REF	Dependent Supplemental Identification	S
	Reference Identification Qualifier	R
	Reference Identification	R
AAA	Dependent Request Validation	S
	Yes/No Condition or Response Code	R
	Reject Reason Code	S
	Follow-up Action Code	S
DMG	Dependent Demographic Information	S
	Date Time Period Format Qualifier	R
	Date Time Period	R
	Gender Code	S
INS	Dependent Relationship	S
	Yes/No Condition or Response Code	R
	Individual Relationship Code	R
	Number	R
LOOP 2000E SERVICE PROVIDER LEVEL		
HL	Service Provider Level	R
	Hierarchical ID Number	R
	Hierarchical Parent ID Number	R
	Hierarchical Level Code	R
	Hierarchical Child Code	R
MSG	Message Text	S
	Free-Form Message Text	R
LOOP 2010E SERVICE PROVIDER NAME		
NM1	Service Provider Name	R
	Entity Identifier Code	R
	Entity Type Qualifier	R
	Name Last or Organization Name	S
	Name First	S
	Name Middle	S
	Name Suffix	S
	Identification Code Qualifier	S
	Identification Code	S
REF	Service Provider Supplemental Identification	S
	Reference Identification Qualifier	R
	Reference Identification	R
N3	Service Provider Address	S
	Address Information	R
	Address Information	R
N4	Service Provider City/State/Zip Code	S
	City Name	S
	State or Province Code	S
	Postal Code	S
	Country Code	S
PER	Service Provider Contact Information	S



	Contact Function Code	R
	Name	S
	Communication Number Qualifier	S
	Communication Number	S
	Communication Number Qualifier	S
	Communication Number	S
	Communication Number Qualifier	S
	Communication Number	S
AAA	Service Provider Request Validation	S
	Yes/No Condition or Response Code	R
	Reject Reason Code	S
	Follow-up Action Code	S
PRV	Service Provider Information	S
	Provider Code	R
	Reference Identification Qualifier	R
	Reference Identification	R
LOOP 2000F SERVICE LEVEL		
HL	Service Level	R
	Hierarchical ID Number	R
	Hierarchical Parent ID Number	R
	Hierarchical Level Code	R
	Hierarchical Child Code	R
TRC	Service Trace Number	S
	Trace Type Code	R
	Reference Identification	R
	Originating Company Identifier	R
	Reference Identification	S
AAA	Service Request Validation	S
	Yes/No Condition or Response Code	R
	Reject Reason Code	S
	Follow-up Action Code	S
UM	Health Care Services Review Information	R
	Request Category Code	R
	Certification Type Code	R
	Service Type Code	S
	Health Care Service Location Information	S
	Facility Code Value	R
	Facility Code Qualifier	R
	Level of Service Code	S
HCR	Health Care Services Review	S
	Action Code	R
	Reference Identification	S
	Reject Reason Code	S
	Yes/No Condition or Response Code	S
REF	Previous Certification Identification	S
	Reference Identification Qualifier	R
	Reference Identification	R



DTP	Service Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Admission Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Discharge Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Surgery Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Certification Issue Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Certification Expiration Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
DTP	Certification Effective Date	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
HI	Procedures	S
	Health Care Code Information	R
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S



	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R



	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
	Health Care Code Information	S
	Code List Qualifier Code	R
	Industry Code	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Quantity	S
	Version Identifier	S
HSD	Health Care Services Delivery	S
	Quantity Qualifier	S
	Quantity	S
	Unit or Basis for Measurement Code	S
	Sample Selection Modulus	S
	Time Period Qualifier	S
	Number of Periods	S
	Ship/Delivery or Calendar Pattern Code	S
	Ship/Delivery Pattern Time Code	S
CL1	Institutional Claim Code	S
	Admission Type Code	S
	Admission Source Code	S
	Patient Status Code	S
	Nursing Home Residential Status Code	S
CR1	Ambulance Transport Information	S
	Ambulance Transport Code	R
	Unit or Basis for Measurement Code	S
	Quantity	S
	Address Information	S
	Address Information	S
CR2	Spinal Manipulation Service Information	S
	Count	S
	Quantity	S
	Subluxation Level Code	S
	Subluxation Level Code	S
	Unit or Basis for Measurement Code	S
	Quantity	S
	Quantity	S



CR5	Home Oxygen Therapy Information	S
	Oxygen Equipment Type Code	S
	Oxygen Equipment Type Code	S
	Description	S
	Quantity	R
	Quantity	S
	Quantity	S
	Description	S
	Quantity	S
	Oxygen Delivery System Code	R
	Oxygen Equipment Type Code	S
CR6	Home Health Care Information	S
	Prognosis Code	R
	Date	R
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Yes/No Condition or Response Code	R
	Certification Type Code	R
MSG	Message Text	S
	Free-Form Message Text	R
SE	Transaction Set Trailer	R
	Number of Included Segments	R
	Transaction Set Control Number	R



IV. Data Element Tables for Health Care Services Review - Request for Review

The Data Element Tables give the purpose and definition, codes, and technical specifications for all the data elements in the health care services review request transaction. Section VII below explains and defines key terms. Readers should refer to the Implementation Guide for additional technical information.

TRANSACTION SET HEADER (ST)

REQUIRED

Indicates the start of a health care services review request transaction set and assigns a control number.

Name	Transaction Set Identifier Code
Purpose/Definition	Identifies that this transaction set is the 278 Health Care Services Review Information.
Codes	278 Health Care Services Review Information
Attributes	REQUIRED ST01 143 M ID 3/3

Name	Transaction Set Control Number
Purpose/Definition	Unique number assigned by the organization to identify this data set.
Codes	
Attributes	REQUIRED ST02 329 M AN 4/9

BEGINNING OF HIERARCHICAL TRANSACTION (BHT)

REQUIRED

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.

Name	Hierarchical Structure Code
Purpose/Definition	Indicates the hierarchical application structure of the transaction set (i.e., the order of information in the transaction set).
Codes	0078 Information Source, Information Receiver, Subscriber, Dependent, Provider of Service, Services
Attributes	REQUIRED BHT01 1005 M ID 4/4

Name	Transaction Set Purpose Code
Purpose/Definition	Identifies purpose of transaction set.
Codes	13 Request
Attributes	REQUIRED BHT02 353 M ID 2/2



Name	Reference Identification
Purpose/Definition	Identifies the number assigned by the originator to identify the transaction within the originator's business application system to trace the transaction from one point to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse.
Codes	
Attributes	REQUIRED BHT03 127 O AN 1/30

Name	Date
Purpose/Definition	Indicates the date the transaction was created within the business application system.
Codes	
Attributes	REQUIRED BHT04 373 O DT 8/8

Name	Time
Purpose/Definition	Indicates the time the transaction was created within the business application system.
Codes	
Attributes	REQUIRED BHT05 337 O TM 4/8

LOOP 2000A UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL

UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL (HL)

REQUIRED

Identifies the relationships between, and the content of, the information source hierarchical level.

Name	Hierarchical ID Number
Purpose/Definition	Identifies the unique number assigned by the sender to identify this data segment in the hierarchical structure.
Codes	
Attributes	REQUIRED HL01 628 M AN 1/12

Name	Hierarchical Level Code
Purpose/Definition	Indicates segments from this HL segment up to the next occurrence of an HL segment are related to the information source.
Codes	20 Information Source
Attributes	REQUIRED HL03 735 M ID 1/2



Name	Hierarchical Child Code
Purpose/Definition	Indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Codes	1 Additional Subordinate HL Data Segment in This Hierarchical Structure.
Attributes	REQUIRED HL04 736 O ID 1/1

LOOP 2010A UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME

UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME (NM1) REQUIRED

Identifies the source of information (normally the payer or utilization review organization making the decision on the request).

Name	Entity Identifier Code
Purpose/Definition	Identifies the type of information source.
Codes	X3 Utilization Management Organization
Attributes	REQUIRED NM101 98 M ID 2/3

Name	Entity Type Qualifier
Purpose/Definition	Identifies whether the UMO is a person or organization.
Codes	1 Person 2 Non-Person Entity
Attributes	REQUIRED NM102 1065 M ID 1/1

Name	Name Last or Organization Name
Purpose/Definition	Last name or organizational name of UMO.
Codes	
Attributes	SITUATIONAL NM103 1035 O AN 1/35

Name	Name First
Purpose/Definition	UMO first name. If the reviewing entity is an individual (NM102 = 1), such as a primary care provider.
Codes	
Attributes	SITUATIONAL NM104 1036 O AN 1/25



Name	Name Middle
Purpose/Definition	UMO middle name or initial.
Codes	
Attributes	SITUATIONAL NM105 1037 O AN 1/25

Name	Name Suffix
Purpose/Definition	Suffix to UMO name.
Codes	
Attributes	SITUATIONAL NM107 1039 O AN 1/10

Name	Identification Code Qualifier
Purpose/Definition	Designates the system/method of code structure used for NM109.
Codes	24 Employer's Identification Number 34 Social Security Number 46 Electronic Transmitter Identification Number (ETIN) PI Payor Identification XV Health Care Financing Administration National Plan ID XX Health Care Financing Administration National Provider Identifier
Attributes	REQUIRED NM108 66 X ID 1/2

Name	Identification Code
Purpose/Definition	UMO identification code.
Codes	
Attributes	REQUIRED NM109 67 X AN 2/80

LOOP: 2000B REQUESTER LEVEL

REQUESTER LEVEL (HL)

REQUIRED

Identifies the health care services review information receiver.

Name	Hierarchical ID Number
Purpose/Definition	Unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
Codes	
Attributes	REQUIRED HL01 628 M AN 1/12



Name	Hierarchical Parent ID Number
Purpose/Definition	Identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
Codes	
Attributes	REQUIRED HL02 734 O AN 1/12

Name	Hierarchical Level Code
Purpose/Definition	Indicates the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction is related to the information receiver.
Codes	21 Information Receiver
Attributes	REQUIRED HL03 735 M ID 1/2

Name	Hierarchical Child Code
Purpose/Definition	Indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Codes	1 Additional Subordinate HL Data Segment in This Hierarchical Structure.
Attributes	REQUIRED HL04 736 O ID 1/1

LOOP: 2010B REQUESTER NAME

REQUESTER NAME (NM1)

REQUIRED

Supplies the full name of an individual or organizational entity.

Name	Entity Identifier Code
Purpose/Definition	Identifies information requester as provider or a facility.
Codes	1P Provider FA Facility
Attributes	REQUIRED NM101 98 Code M ID 2/3

Name	Entity Type Qualifier
Purpose/Definition	Designates the requester as a person or organization.
Codes	1 Person 2 Non-Person Entity
Attributes	REQUIRED NM102 1065 M ID 1/1



Name	Name Last or Organization Name
Purpose/Definition	Requester last name or organizational name.
Codes	
Attributes	SITUATIONAL NM103 1035 O AN 1/35

Name	Name First
Purpose/Definition	Requester first name.
Codes	
Attributes	SITUATIONAL NM104 1036 O AN 1/25

Name	Name Middle
Purpose/Definition	Requester middle name.
Codes	
Attributes	SITUATIONAL NM105 1037 O AN 1/25

Name	Name Suffix
Purpose/Definition	Requester name suffix.
Codes	
Attributes	SITUATIONAL NM107 1039 O AN 1/10

Name	Identification Code Qualifier
Purpose/Definition	Designates the code structure used for the Identification Code in NM109
Codes	24 Employer's Identification Number 34 Social Security Number 46 Electronic Transmitter Identification Number (ETIN) XX Health Care Financing Administration National Provider Identifier
Attributes	REQUIRED NM108 66 X ID 1/2

Name	Identification Code
Purpose/Definition	Requester identifier.
Codes	
Attributes	REQUIRED NM109 67 X AN 2/80



REQUESTER SUPPLEMENTAL IDENTIFICATION (REF)**SITUATIONAL**

Specifies supplemental information to further identify the requester.

Name	Reference Identification Qualifier
Purpose/Definition	Designates the type of code found in REF02.
Codes	1G Provider UPIN Number 1J Facility ID Number CT Contract Number EI Employer's Identification Number N5 Provider Plan Network Identification Number N7 Facility Network Identification Number SY Social Security Number ZH Carrier Assigned Reference Number
Attributes	REQUIRED REF01 128 M ID 2/3

Name	Reference Identification
Purpose/Definition	Requester supplemental identifier.
Codes	
Attributes	REQUIRED REF02 127 X AN 1/30

REQUESTER ADDRESS (N3)**SITUATIONAL**

Specifies the location of the information requester.

Name	Address Information
Purpose/Definition	Requester address line.
Codes	
Attributes	REQUIRED N301 166 M AN 1/55

Name	Address Information
Purpose/Definition	Requester address line 2.
Codes	
Attributes	SITUATIONAL N302 166 O AN 1/55

REQUESTER CITY/STATE/ZIP CODE (N4)**SITUATIONAL**

Specifies the city, state, and zip code of the information requester.

Name	City Name
Purpose/Definition	Requester city name.
Codes	
Attributes	SITUATIONAL N401 19 O AN 2/30



Name	State or Province Code
Purpose/Definition	Requester state or province code.
Codes	
Attributes	SITUATIONAL N402 156 O ID 2/2

Name	Postal Code
Purpose/Definition	Requester zip code.
Codes	
Attributes	SITUATIONAL N403 116 O ID 3/15

Name	Country Code
Purpose/Definition	Requester country code.
Codes	
Attributes	SITUATIONAL N404 26 O ID 2/3

REQUESTER CONTACT INFORMATION (PER)

SITUATIONAL

Identifies a person or office to whom administrative communications should be directed.

Name	Contact Function Code
Purpose/Definition	Identifies the person listed in PER02 as the information contact.
Codes	IC Information Contact
Attributes	REQUIRED PER01 366 M ID 2/2

Name	Name
Purpose/Definition	Requester contact name.
Codes	
Attributes	SITUATIONAL PER02 93 O AN 1/60

Name	Communication Number Qualifier
Purpose/Definition	Identifies the type of communication number to be found in PER04.
Codes	EM Electronic Mail FX Facsimile TE Telephone
Attributes	SITUATIONAL PER03 365 X ID 2/2

Name	Communication Number
Purpose/Definition	Requester contact communication number.
Codes	
Attributes	SITUATIONAL PER04 364 X AN 1/80



Name	Communication Number Qualifier
Purpose/Definition	Identifies the type of communication number to be found in PER06.
Codes	EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone
Attributes	SITUATIONAL PER05 365 X ID 2/2

Name	Communication Number
Purpose/Definition	Requester contact communication number.
Codes	
Attributes	SITUATIONAL PER06 364 X AN 1/80

Name	Communication Number Qualifier
Purpose/Definition	Identifies the type of communication number to be found in PER08.
Codes	EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone
Attributes	SITUATIONAL PER07 365 X ID 2/2

Name	Communication Number
Purpose/Definition	Requester contact communication number.
Codes	
Attributes	SITUATIONAL PER08 364 X AN 1/80



REQUESTER PROVIDER INFORMATION (PRV)**SITUATIONAL**

Specifies the identifying characteristics of the provider.

Name	Provider Code
Purpose/Definition	Identifies the type of provider.
Codes	AD Admitting AS Assistant Surgeon AT Attending CO Consulting CV Covering OP Operating OR Ordering OT Other Physician PC Primary Care Physician PE Performing RF Referring
Attributes	REQUIRED PRV01 1221 M ID 1/3

Name	Reference Identification Qualifier
Purpose/Definition	Qualifies the code in PRV03.
Codes	ZZ Mutually Defined
Attributes	REQUIRED PRV02 128 M ID 2/3

Name	Reference Identification
Purpose/Definition	Provider specialty code.
Codes	
Attributes	REQUIRED PRV03 127 M AN 1/30

LOOP 2000C SUBSCRIBER LEVEL**SUBSCRIBER LEVEL (HL)****REQUIRED**

Identifies the relationship between hierarchically related groups of data segments and indicates that the series of segments from the Hierarchical Level (HL) segment until the next HL segment are related to the subscriber.

Name	Hierarchical ID Number
Purpose/Definition	Unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
Codes	
Attributes	REQUIRED HL01 628 M AN 1/12



Name	Hierarchical Parent ID Number
Purpose/Definition	Identification number of the next higher hierarchical data segment that this data segment is subordinate to.
Codes	
Attributes	REQUIRED HL02 734 O AN 1/12

Name	Hierarchical Level Code
Purpose/Definition	Indicates series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction are related to the subscriber.
Codes	22 Subscriber
Attributes	REQUIRED HL03 735 M ID 1/2

Name	Hierarchical Child Code
Purpose/Definition	Indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Codes	1 Additional Subordinate HL Data Segment in This Hierarchical Structure.
Attributes	REQUIRED HL04 736 O ID 1/1

ACCIDENT DATE (DTP)

SITUATIONAL

Specifies an accident date when the patient's condition is accident related.

Name	Date/Time Qualifier
Purpose/Definition	Specifies that the date found in DTP03 is the accident date.
Codes	439 Accident
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that will appear in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Accident date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35



LAST MENSTRUAL PERIOD DATE (DTP)**SITUATIONAL**

Specifies the last menstrual period date, when the request is pregnancy related.

Name	Date/Time Qualifier
Purpose/Definition	Identifies the date in DTP03 as the last menstrual period date.
Codes	484 Last Menstrual Period
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that will appear in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Last menstrual period date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

ESTIMATED DATE OF BIRTH (DTP)**SITUATIONAL**

Specifies the estimated date of birth if the request is pregnancy related.

Name	Date/Time Qualifier
Purpose/Definition	Identifies the date found in DTP03 as the estimated date of birth.
Codes	ABC Estimated Date of Birth
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that will appear in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Estimated date of birth.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35



ONSET OF CURRENT SYMPTOMS OR ILLNESS**DATE (DTP)****SITUATIONAL**

Specifies the onset date of the patient's current condition.

Name	Date/Time Qualifier
Purpose/Definition	Specifies that the date found in DTP03 is the onset date.
Codes	431 Onset of Current Symptoms or Illness
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that will appear in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Onset date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

SUBSCRIBER DIAGNOSIS (HI)**SITUATIONAL**

Supplies diagnosis when the patient is the subscriber.

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	REQUIRED HI01 C022 M

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the ICD9-CM diagnosis code listed in HI01-2.
Codes	BF Diagnosis BJ Admitting Diagnosis BK Principal Diagnosis
Attributes	REQUIRED HI01 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI01 - 2 1271 M AN 1/30



Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that will appear in HI01-3.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI01 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI01 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the second patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI02 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the ICD9-CM diagnosis code listed in HI02-2.
Codes	BF Diagnosis BJ Admitting Diagnosis
Attributes	REQUIRED HI02 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI02 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that will appear in HI02-4.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI02 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (2).
Codes	
Attributes	SITUATIONAL HI02 - 4 1251 X AN 1/35



Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the third patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI03 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI03-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI03 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI03 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that will appear in HI03..
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI03 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (3).
Codes	
Attributes	SITUATIONAL HI03 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the fourth patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI04 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI04-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI04 - 1 1270 M ID 1/3



Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI04 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that will appear in HI04-4..
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI04 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (4).
Codes	
Attributes	SITUATIONAL HI04 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the fifth patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI05 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI05-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI05 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI05 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI05-4..
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI05 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (5).



Codes	
Attributes	SITUATIONAL HI05 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the sixth patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI06 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI06-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI06 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI06 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI06-4..
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI06 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (6).
Codes	
Attributes	SITUATIONAL HI06 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the seventh patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI07 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI07-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI07 - 1 1270 M ID 1/3

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Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI07 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI07-4.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI07 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (7).
Codes	
Attributes	SITUATIONAL HI07 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the eighth patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI08 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI08-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI08 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI08 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI08-4..
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI08 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (8).

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Transaction

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Codes	
Attributes	SITUATIONAL HI08 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the ninth patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI09 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI09-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI09 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI09 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI09-4..
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI09 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (9).
Codes	
Attributes	SITUATIONAL HI09 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the tenth patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI10 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI10-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI10 - 1 1270 M ID 1/3

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Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI10 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI10-4.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI10 - 3 1250 X ID 2/3
Name	Date Time Period
Purpose/Definition	Diagnosis date (10).
Codes	
Attributes	SITUATIONAL HI10 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the eleventh patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI11 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI11-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI11 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI11 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI11-4.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI11 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (11).
Codes	
Attributes	SITUATIONAL HI11 - 4 1251 X AN 1/35



Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the twelfth patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI12 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI121-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI12 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI12 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI12-4.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI12 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (12).
Codes	
Attributes	SITUATIONAL HI12 - 4 1251 X AN 1/35

LOOP: 2010C SUBSCRIBER NAME

SUBSCRIBER NAME (NM1)

REQUIRED

Supplies the full name of the subscriber.

Name	Entity Identifier Code
Purpose/Definition	Identifies the subscriber.
Codes	IL Insured or Subscriber
Attributes	REQUIRED NM101 98 M ID 2/3

Name	Entity Type Qualifier
Purpose/Definition	Qualifies the type of subscriber as a person.



Codes	1 Person
Attributes	REQUIRED NM102 1065 M ID 1/1

Name	Name Last or Organization Name
Purpose/Definition	Subscriber last name.
Codes	
Attributes	SITUATIONAL NM103 1035 O AN 1/35

Name	Name First
Purpose/Definition	Subscriber first name.
Codes	
Attributes	SITUATIONAL NM104 1036 O AN 1/25

Name	Name Middle
Purpose/Definition	Subscriber middle name.
Codes	
Attributes	SITUATIONAL NM105 1037 O AN 1/25

Name	Name Suffix
Purpose/Definition	Subscriber name suffix.
Codes	
Attributes	SITUATIONAL NM107 1039 O AN 1/10

Name	Identification Code Qualifier
Purpose/Definition	Qualifies the type of information used in NM109.
Codes	MI Member Identification Number ZZ Mutually Defined
Attributes	REQUIRED NM108 66 X ID 1/2

Name	Identification Code
Purpose/Definition	Subscriber primary identifier.
Codes	
Attributes	REQUIRED NM109 67 X AN 2/80

SUBSCRIBER SUPPLEMENTAL IDENTIFICATION (REF)

SITUATIONAL

Specifies supplemental information for the subscriber.

Name	Reference Identification Qualifier
Purpose/Definition	Qualifies the type of information found in REP02.
	1L Group or Policy Number



	1W Member Identification Number. 6P Group Number A6 Employee Identification Number EJ Patient Account Number F6 Health Insurance Claim (HIC) Number HJ Identity Card Number IG Insurance Policy Number N6 Plan Network Identification Number NQ Medicaid Recipient Identification Number SY Social Security Number
Attributes	REQUIRED REF01 128 M ID 2/3

Name	Reference Identification
Purpose/Definition	Subscriber supplemental identifier.
Codes	
Attributes	REQUIRED REF02 127 X AN 1/30

SUBSCRIBER DEMOGRAPHIC INFORMATION (DMG)

SITUATIONAL

Supplies demographic information of the subscriber.

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in DMG02.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DMG01 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Subscriber birth date.
Codes	
Attributes	REQUIRED DMG02 1251 X AN 1/35

Name	Gender Code
Purpose/Definition	Subscriber gender.
Codes	F Female M Male U Unknown
Attributes	SITUATIONAL DMG03 1068 O ID 1/1

LOOP 2000D DEPENDENT LEVEL

DEPENDENT LEVEL (HL)

SITUATIONAL

Identifies the relationship between hierarchically related groups of data segments and indicates that the series of segments from the Hierarchical Level (HL) segment until the next HL segment are related to the dependent.



Name	Hierarchical ID Number
Purpose/Definition	Unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
Codes	
Attributes	REQUIRED HL01 628 M AN 1/12

Name	Hierarchical Parent ID Number
Purpose/Definition	Identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
Codes	
Attributes	REQUIRED HL02 734 O AN 1/12

Name	Hierarchical Level Code
Purpose/Definition	Indicates the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction are related to the dependent
Codes	23 Dependent
Attributes	REQUIRED HL03 735 M ID 1/2

Name	Hierarchical Child Code
Purpose/Definition	Indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Codes	1 Additional Subordinate HL Data Segment in This Hierarchical Structure.
Attributes	REQUIRED HL04 736 O ID 1/1

ACCIDENT DATE (DTP)

SITUATIONAL

Specifies the accident date if the dependent's condition is accident related.

Name	Date/Time Qualifier
Purpose/Definition	Identifies the date in DTP03 as the accident date.
Codes	439 Accident
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3



Name	Date Time Period
Purpose/Definition	Accident date.
Codes	Accident Date
Attributes	REQUIRED DTP03 1251 M AN 1/35

LAST MENSTRUAL PERIOD DATE (DTP)

SITUATIONAL

Specifies the last menstrual period date if the request is pregnancy related.

Name	Date/Time Qualifier
Purpose/Definition	Identifies the date in DTP03 as the last menstrual period date.
Codes	484 Last Menstrual Period
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Last menstrual period date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

ESTIMATED DATE OF BIRTH (DTP)

SITUATIONAL

Specifies the estimated date of birth if the certification request is pregnancy related.

Name	Date/Time Qualifier
Purpose/Definition	Identifies the date in DTP03 as the estimated date of birth.
Codes	ABC Estimated Date of Birth
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Estimated birth date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35



ONSET OF CURRENT SYMPTOMS OR ILLNESS DATE (DTP)**SITUATIONAL**

Specify the onset of the dependent's current condition.

Name	Date/Time Qualifier
Purpose/Definition	Qualifies the date in DTP03 as the onset date.
Codes	431 Onset of Current Symptoms or Illness
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Onset date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

DEPENDENT DIAGNOSIS (HI)**SITUATIONAL**

Supplies information related to the dependent diagnosis.

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the primary patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	REQUIRED HI01 C022 M

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code listed in HI01-2.
Codes	BF Diagnosis BJ Admitting Diagnosis BK Principal Diagnosis
Attributes	REQUIRED HI01 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI01 - 2 1271 M AN 1/30



Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI01-4.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI01 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (1).
Codes	
Attributes	SITUATIONAL HI01 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the second patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI02 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code in HI02-2.
Codes	BF Diagnosis BJ Admitting Diagnosis
Attributes	REQUIRED HI02 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI02 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI02-4..
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI02 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI02 - 4 1251 X AN 1/35



Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the third patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI03 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code in HI03-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI03 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI03 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI03-4..
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI03 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (3).
Codes	
Attributes	SITUATIONAL HI03 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the fourth patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI04 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code in HI04-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI04 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI04 - 2 1271 M AN 1/30



Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI04-4..
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI04 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis Date
Codes	
Attributes	SITUATIONAL HI04 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the fifth patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI05 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code in HI05-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI05 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI05 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI05-4.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI05 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI05 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the sixth patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI06 C022 O



Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code in HI06-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI06 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI06 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI06-4.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI06 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (6).
Codes	
Attributes	SITUATIONAL HI06 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the seventh patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI07 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code in HI07-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI07 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI07 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI07-4..
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI07 - 3 1250 X ID 2/3



Name	Date Time Period
Purpose/Definition	Diagnosis date (7).
Codes	
Attributes	SITUATIONAL HI07 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the eighth patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI08 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code in HI08-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI08 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI08 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI08-4.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI08 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (8).
Codes	
Attributes	SITUATIONAL HI08 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the ninth patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI09 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code in HI09-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI09 - 1 1270 M ID 1/3



Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI09 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI09-4.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI09 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (9).
Codes	
Attributes	SITUATIONAL HI09 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the tenth patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI10 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code in HI10-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI10 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI10 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI10-4..
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI10 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (10).
Codes	
Attributes	SITUATIONAL HI10 - 4 1251 X AN 1/35



Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the eleventh patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI11 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code in HI11-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI11 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI11 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI12-2.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI11 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (11).
Codes	
Attributes	SITUATIONAL HI11 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain healthcare codes related to the twelfth patient diagnosis and associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI12 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code in HI12-2.
Codes	BF Diagnosis
Attributes	REQUIRED HI12 - 1 1270 M ID 1/3



Name	Industry Code
Purpose/Definition	ICD-9-CM diagnosis code.
Codes	
Attributes	REQUIRED HI12 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in HI12-4.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI12 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date (12).
Codes	
Attributes	SITUATIONAL HI12 - 4 1251 X AN 1/35

LOOP: 2010D DEPENDENT NAME

DEPENDENT NAME (NM1)

REQUIRED

Supplies the full name of the dependent.

Name	Entity Identifier Code
Purpose/Definition	Indicates the information in NM103 is related to the patient.
Codes	QC Patient
Attributes	REQUIRED NM101 98 M ID 2/3

Name	Entity Type Qualifier
Purpose/Definition	Qualifies the individual identified in NM103.
Codes	1 Person
Attributes	REQUIRED NM102 1065 M ID 1/1

Name	Name Last or Organization Name
Purpose/Definition	Dependent last name.
Codes	
Attributes	SITUATIONAL NM103 1035 O AN 1/35

Name	Name First
Purpose/Definition	Dependent first name.
Codes	
Attributes	SITUATIONAL NM104 1036 O AN 1/25



Name	Name Middle
Purpose/Definition	Dependent middle name.
Codes	
Attributes	SITUATIONAL NM105 1037 O AN 1/25

Name	Name Suffix
Purpose/Definition	Dependent name suffix.
Codes	
Attributes	SITUATIONAL NM107 1039 O AN 1/10

DEPENDENT SUPPLEMENTAL IDENTIFICATION (REF)

SITUATIONAL

Specifies supplemental information for the dependent.

Name	Reference Identification Qualifier
Purpose/Definition	Qualifies the information in REF02.
Codes	A6 Employee Identification Number EJ Patient Account Number SY Social Security Number
Attributes	REQUIRED REF01 128 M ID 2/3

Name	Reference Identification
Purpose/Definition	Dependent supplemental identifier.
Codes	
Attributes	REQUIRED REF02 127 X AN 1/30

DEPENDENT DEMOGRAPHIC INFORMATION (DMG)

SITUATIONAL

Supplies demographic information.

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in DMG02.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DMG01 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Identifies the date of birth.
Codes	
Attributes	REQUIRED DMG02 1251 X AN 1/35



Name	Gender Code
Purpose/Definition	Dependent gender.
Codes	F Female M Male U Unknown
Attributes	SITUATIONAL DMG03 1068 O ID 1/1

DEPENDENT RELATIONSHIP (INS)

SITUATIONAL

Provides information on the relationship of the dependent to the insured.

Name	Yes/No Condition or Response Code
Purpose/Definition	Indicates whether the patient is the subscriber
Codes	N No
Attributes	REQUIRED INS01 1073 M ID 1/1

Name	Individual Relationship Code
Purpose/Definition	Indicates the relationship between the patient and the subscriber.
Codes	01 Spouse 04 Grandfather or Grandmother 05 Grandson or Granddaughter 07 Nephew or Niece 09 Adopted Child 10 Foster Child 15 Ward 17 Stepson or Stepdaughter 19 Child 20 Employee 21 Unknown 22 Handicapped Dependent 23 Sponsored Dependent 24 Dependent of a Minor Dependent 29 Significant Other 32 Mother 33 Father 34 Other Adult 36 Emancipated Minor 39 Organ Donor 40 Cadaver Donor 41 Injured Plaintiff 43 Child Where Insured Has No Financial Responsibility 53 Life Partner G8 Other Relationship
Attributes	REQUIRED INS02 1069 M ID 2/2



Name	Number
Purpose/Definition	Identifying birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.). This data element is not used unless the dependent is a child from a multiple birth.
Codes	
Attributes	SITUATIONAL INS17 1470 O N0 1/9

LOOP 2000E SERVICE PROVIDER LEVEL

SERVICE PROVIDER LEVEL (HL)

REQUIRED

Identifies the relationship between hierarchically related groups of data segments and indicates that the series of segments from the Hierarchical Level (HL) segment until the next HL segment are related to the service provider.

Name	Hierarchical ID Number
Purpose/Definition	Unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
Codes	
Attributes	REQUIRED HL01 628 M AN 1/12

Name	Hierarchical Parent ID Number
Purpose/Definition	Identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
Codes	
Attributes	REQUIRED HL02 734 O AN 1/12

Name	Hierarchical Level Code
Purpose/Definition	Indicates the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction are related to the service provider.
Codes	19 Provider of Service
Attributes	REQUIRED HL03 735 M ID 1/2

Name	Hierarchical Child Code
Purpose/Definition	Indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Codes	1 Additional Subordinate HL Data Segment in This Hierarchical Structure.
Attributes	REQUIRED HL04 736 O ID 1/1



MESSAGE TEXT (MSG)**SITUATIONAL**

Provides a free-form format that allows the transmission of text information.

Name	Free-Form Message Text
Purpose/Definition	Free-form message text.
Codes	
Attributes	REQUIRED MSG01 933 M AN 1/264

LOOP: 2010E SERVICE PROVIDER NAME**SERVICE PROVIDER NAME (NM1)****REQUIRED**

Supplies the full name of the service provider (person, group, or facility).

Name	Entity Identifier Code
Purpose/Definition	Identifies the service provider found in NM103.
Codes	1T Physician, Clinic or Group Practice FA Facility SJ Service Provider
Attributes	REQUIRED NM101 98 M ID 2/3

Name	Entity Type Qualifier
Purpose/Definition	Qualifies whether the service provider is a person or an organization
Codes	1 Person 2 Non-Person Entity
Attributes	REQUIRED NM102 1065 M ID 1/1

Name	Name Last or Organization Name
Purpose/Definition	Service provider last name or organization name.
Codes	
Attributes	SITUATIONAL NM103 1035 O AN 1/35

Name	Name First
Purpose/Definition	Service provider first name.
Codes	
Attributes	SITUATIONAL NM104 1036 O AN 1/25

Name	Name Middle
Purpose/Definition	Service provider middle name.
Codes	
Attributes	SITUATIONAL NM105 1037 O AN 1/25



Name	Name Suffix
Purpose/Definition	Service provider name suffix.
Codes	
Attributes	SITUATIONAL NM107 1039 O AN 1/10

Name	Identification Code Qualifier
Purpose/Definition	Qualifies the code used in NM109.
Codes	24 Employer's Identification Number 34 Social Security Number 46 Electronic Transmitter Identification Number (ETIN) XX Health Care Financing Administration National Provider Identifier
Attributes	SITUATIONAL NM108 66 X ID 1/2

Name	Identification Code
Purpose/Definition	Service provider identifier.
Codes	
Attributes	SITUATIONAL NM109 67 X AN 2/80

SERVICE PROVIDER SUPPLEMENTAL IDENTIFICATION (REF)

SITUATIONAL

Specifies supplemental information to identify the service provider.

Name	Reference Identification Qualifier
Purpose/Definition	Identifies the type of identification code in REF02
Codes	1G Provider UPIN Number 1J Facility ID Number EI Employer's Identification Number N5 Provider Plan Network Identification Number N7 Facility Network Identification Number SY Social Security Number ZH Carrier Assigned Reference Number
Attributes	REQUIRED REF01 128 M ID 2/3

Name	Reference Identification
Purpose/Definition	Service provider supplemental identifier.
Codes	
Attributes	REQUIRED REF02 127 X AN 1/30



SERVICE PROVIDER ADDRESS (N3)**SITUATIONAL**

Specifies the location of the service provider.

Name	Address Information
Purpose/Definition	Service provider address line.
Codes	
Attributes	REQUIRED N301 166 M AN 1/55

Name	Address Information
Purpose/Definition	Service provider address line 2.
Codes	
Attributes	SITUATIONAL N302 166 O AN 1/55

SERVICE PROVIDER CITY/STATE/ZIP CODE (N4)**SITUATIONAL**

Specifies the city, state, and zip code of the service provider.

Name	City Name
Purpose/Definition	Service provider city name.
Codes	
Attributes	SITUATIONAL N401 19 O AN 2/30

Name	State or Province Code
Purpose/Definition	Service provider state.
Codes	
Attributes	SITUATIONAL N402 156 O ID 2/2

Name	Postal Code
Purpose/Definition	Service provider zip code.
Codes	
Attributes	SITUATIONAL N403 116 O ID 3/15

Name	Country Code
Purpose/Definition	Service provider country code.
Codes	
Attributes	SITUATIONAL N404 26 O ID 2/3



SERVICE PROVIDER CONTACT INFORMATION (PER)**SITUATIONAL**

Identifies a person or office to whom administrative communications should be directed.

Name	Contact Function Code
Purpose/Definition	Identifies the individual listed in PER02 as the information contact.
Codes	IC Information Contact
Attributes	REQUIRED PER01 366 M ID 2/2

Name	Name
Purpose/Definition	Service provider contact name.
Codes	
Attributes	SITUATIONAL PER02 93 O AN 1/60

Name	Communication Number Qualifier
Purpose/Definition	Identifies the type of communication number found in PER04.
Codes	EM Electronic Mail FX Facsimile TE Telephone
Attributes	SITUATIONAL PER03 365 X ID 2/2

Name	Communication Number
Purpose/Definition	Service provider contact communication number.
Codes	
Attributes	SITUATIONAL PER04 364 X AN 1/80

Name	Communication Number Qualifier
Purpose/Definition	Identifies the type of communication number found in PER06.
Codes	EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone
Attributes	Required if X12N syntax conditions apply.

Name	Communication Number
Purpose/Definition	Service provider contact communication number.
Codes	
Attributes	SITUATIONAL PER06 364 X AN 1/80



Name	Communication Number Qualifier
Purpose/Definition	Identifying the type of communication number found in PER07.
Codes	EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone
Attributes	SITUATIONAL PER07 365 X ID 2/2

Name	Communication Number
Purpose/Definition	Service provider contact communication number.
Codes	
Attributes	SITUATIONAL PER08 364 X AN 1/80

SERVICE PROVIDER INFORMATION (PRV)

SITUATIONAL

Specifies the identifying characteristics of the service provider.

Name	Provider Code
Purpose/Definition	Identifies the type of provider found in PRV03.
Codes	AD Admitting AS Assistant Surgeon AT Attending CO Consulting CV Covering OP Operating OR Ordering OT Other Physician PC Primary Care Physician PE Performing
Attributes	REQUIRED PRV01 1221 M ID 1/3

Name	Reference Identification Qualifier
Purpose/Definition	Qualifies the code used in PRV03.
Codes	ZZ Mutually Defined
Attributes	REQUIRED PRV02 128 M ID 2/3

Name	Reference Identification
Purpose/Definition	Provider specialty code.
Codes	
Attributes	REQUIRED PRV03 127 M AN 1/30



LOOP: 2000F SERVICE LEVEL

SERVICE LEVEL (HL)

REQUIRED

Identifies the relationship between hierarchically related groups of data segments and indicates that the series of segments from this Hierarchical Level (HL) segment until the next HL segment are related to the service provider.

Name	Hierarchical ID Number
Purpose/Definition	Unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
Codes	
Attributes	REQUIRED HL01 628 M AN 1/12

Name	Hierarchical Parent ID Number
Purpose/Definition	Identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
Codes	
Attributes	REQUIRED HL02 734 O AN 1/12

Name	Hierarchical Level Code
Purpose/Definition	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 are related to the service provider.
Codes	
Attributes	REQUIRED HL03 735 M ID 1/2

Name	Hierarchical Child Code
Purpose/Definition	Indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Codes	0 No Subordinate HL Segment in This Hierarchical Structure.
Attributes	REQUIRED HL04 736 O ID 1/1

SERVICE TRACE NUMBER (TRN)

SITUATIONAL

Number assigned at the service provider level intended to allow tracing of each service request.

Name	Trace Type Code
Purpose/Definition	Identifies the code used in TRN02 as the trace number.
Codes	1 Current Transaction Trace Numbers
Attributes	REQUIRED TRN01 481 M ID 1/2



Name	Reference Identification
Purpose/Definition	Service trace number.
Codes	
Attributes	REQUIRED TRN02 127 M AN 1/30

Name	Originating Company Identifier
Purpose/Definition	Trace assigning entity identifier.
Codes	
Attributes	REQUIRED TRN03 509 O AN 10/10

Name	Reference Identification
Purpose/Definition	Trace assigning entity additional identifier.
Codes	
Attributes	SITUATIONAL TRN04 127 O AN 1/30

HEALTH CARE SERVICES REVIEW INFORMATION (UM)

REQUIRED

Specifies the type of health care services requested for review.

Name	Request Category Code
Purpose/Definition	Indicates the type of request to be reviewed.
Codes	AR Admission Review HS Health Services Review SC Specialty Care Review
Attributes	REQUIRED UM01 1525 M ID 1/2

Name	Certification Type Code
Purpose/Definition	Indicates the type of request to be reviewed.
Codes	1 Appeal – Immediate 2 Appeal – Standard 3 Cancel 4 Extension I Initial R Renewal S Revised
Attributes	REQUIRED UM02 1322 O ID 1/1



Name	Service Type Code
Purpose/Definition	Indicates the type of service being reviewed.
Codes	<ul style="list-style-type: none"> 1 Medical Care 2 Surgical 3 Consultation 4 Diagnostic X-Ray 5 Diagnostic Lab 6 Radiation Therapy 7 Anesthesia 8 Surgical Assistance 12 Durable Medical Equipment Purchase 14 Renal Supplies in the Home 15 Alternate Method Dialysis 16 Chronic Renal Disease (CRD) Equipment 17 Pre-Admission Testing 18 Durable Medical Equipment Rental 20 Second Surgical Opinion 21 Third Surgical Opinion 23 Diagnostic Dental 24 Periodontics 25 Restorative 26 Endodontics 27 Maxillofacial Prosthetics 28 Adjunctive Dental Services 33 Chiropractic 34 Chiropractic Office Visits 35 Dental Care 36 Dental Crowns 37 Dental Accident 38 Orthodontics 39 Prosthodontics 40 Oral Surgery 42 Home Health Care 44 Home Health Visits 45 Hospice 46 Respite Care 48 Hospital - Inpatient 50 Hospital - Outpatient 51 Hospital - Emergency Accident 52 Hospital - Emergency Medical 53 Hospital - Ambulatory Surgical 54 Long Term Care 56 Medically Related Transportation 57 Air Transportation 58 Cabulance 59 Licensed Ambulance 61 In-vitro Fertilization 62 MRI/CAT Scan



	<p>63 Donor Procedures</p> <p>64 Acupuncture</p> <p>65 Newborn Care</p> <p>67 Smoking Cessation</p> <p>68 Well Baby Care</p> <p>69 Maternity</p> <p>70 Transplants</p> <p>71 Audiology Exam</p> <p>72 Inhalation Therapy</p> <p>73 Diagnostic Medical</p> <p>74 Private Duty Nursing</p> <p>75 Prosthetic Device</p> <p>76 Dialysis</p> <p>77 Otological Exam</p> <p>78 Chemotherapy</p> <p>79 Allergy Testing</p> <p>80 Immunizations</p> <p>82 Family Planning</p> <p>83 Infertility</p> <p>84 Abortion</p> <p>85 AIDS</p> <p>86 Emergency Services</p> <p>93 Podiatry</p> <p>94 Podiatry - Office Visits</p> <p>95 Podiatry - Nursing Home Visits</p> <p>98 Professional (Physician) Visit - Office</p> <p>99 Professional (Physician) Visit - Inpatient</p> <p>A0 Professional (Physician) Visit - Outpatient</p> <p>A1 Professional (Physician) Visit - Nursing Home</p> <p>A2 Professional (Physician) Visit - Skilled Nursing Facility</p> <p>A3 Professional (Physician) Visit - Home</p> <p>A4 Psychiatric</p> <p>A6 Psychotherapy</p> <p>A7 Psychiatric - Inpatient</p> <p>A8 Psychiatric - Outpatient</p> <p>A9 Rehabilitation</p> <p>AB Rehabilitation - Inpatient</p> <p>AC Rehabilitation - Outpatient</p> <p>AD Occupational Therapy</p> <p>AE Physical Medicine</p> <p>AF Speech Therapy</p> <p>AG Skilled Nursing Care</p> <p>AI Substance Abuse</p> <p>AJ Alcoholism</p> <p>AK Drug Addiction</p> <p>AL Vision (Optometry)</p> <p>AR Experimental Drug Therapy</p> <p>BB Partial Hospitalization (Psychiatric)</p> <p>BC Day Care (Psychiatric)</p>
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	BD Cognitive Therapy BE Massage Therapy BF Pulmonary Rehabilitation BG Cardiac Rehabilitation BS Invasive Procedures
Attributes	SITUATIONAL UM03 1365 O ID 1/2

Name	HEALTH CARE SERVICE LOCATION INFORMATION
Purpose/Definition	Identifies that the following elements contain information related to the place where health care service was rendered.
Codes	
Attributes	SITUATIONAL UM04 C023 O

Name	Facility Code Value
Purpose/Definition	Identifies the type of facility where services were performed, using a code from the source referenced in UM04-2.
Codes	
Attributes	REQUIRED UM04 - 1 1331 M AN 1/2

Name	Facility Code Qualifier
Purpose/Definition	Identifies the type of facility referenced in UM04-1.
Codes	A Uniform Billing Claim Form Bill Type B Place of service code from the FAO record of the Electronic Media Claims National Standard Format
Attributes	REQUIRED UM04 - 2 1332 O ID 1/2

Name	RELATED CAUSES INFORMATION
Purpose/Definition	Identifies that the following elements contain information related to the cause of the illness, injury or accident.
Codes	
Attributes	SITUATIONAL UM05 C024 O

Name	Related-Causes Code
Purpose/Definition	Identifies the type of code used in UM05-1.
Codes	AA Auto Accident AP Another Party Responsible EM Employment
Attributes	REQUIRED UM05 - 1 1362 M ID 2/3

Name	Related-Causes Code
Purpose/Definition	Identifies additional related causes.
Codes	AP Another Party Responsible



	EM Employment
Attributes	SITUATIONAL UM05 - 2 1362 O ID 2/3

Name	Related-Causes Code
Purpose/Definition	Identifies additional related causes on requests involving automobile accidents if the accident occurred out of the service provider's state.
Codes	AP Another Party Responsible
Attributes	SITUATIONAL UM05 - 3 1362 O ID 2/3

Name	State or Province Code
Purpose/Definition	State code.
Codes	
Attributes	SITUATIONAL UM05 - 4 156 O ID 2/2

Name	Country Code
Purpose/Definition	Country code.
Codes	
Attributes	SITUATIONAL UM05 - 5 26 O ID 2/3

Name	Level of Service Code
Purpose/Definition	Specifies the level of service rendered as Emergency or Urgent.
Codes	03 Emergency U Urgent
Attributes	SITUATIONAL UM06 1338 O ID 1/3

Name	Current Health Condition Code
Purpose/Definition	Indicates current health condition of the individual.
Codes	1 Acute 2 Stable 3 Chronic 4 Systemic 5 Localized 6 Mild Disease 7 Normal, Healthy 8 Severe Systemic disease 9 Severe Systemic Disease that is a Constant Threat to Life E Excellent F Fair G Good P Poor
Attributes	SITUATIONAL UM07 1213 O ID 1/1



Name	Prognosis Code
Purpose/Definition	Indicates physician's prognosis for the patient.
Codes	1 Poor 2 Guarded 3 Fair 4 Good 5 Very Good 6 Excellent 7 Less than 6 Months to Live 8 Terminal
Attributes	SITUATIONAL UM08 923 O ID 1/1

Name	Release of Information Code
Purpose/Definition	Indicates whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations.
Codes	A Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization I Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes M The Provider has Limited or Restricted Ability to Release Data Related to a Claim O On file at Payor or at Plan Sponsor Y Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
Attributes	REQUIRED UM09 1363 O ID 1/1

Name	Delay Reason Code
Purpose/Definition	Indicates the reason why a request was delayed, if the request is not submitted within the normal timeframe of the UMO.
Codes	1 Proof of Eligibility Unknown or Unavailable 2 Litigation 3 Authorization Delays 4 Delay in Certifying Provider 7 Third Party Processing Delay 8 Delay in Eligibility Determination 10 Administration Delay in the Prior Approval Process 11 Other 15 Natural Disaster 16 Lack of Information 17 No response to initial request
Attributes	SITUATIONAL UM10 1514 O ID 1/2



PREVIOUS CERTIFICATION IDENTIFICATION (REF)**SITUATIONAL**

Specifies the certification number assigned by the UMO to the original service review outcome associated with this service review.

Name	Reference Identification Qualifier
Purpose/Definition	Qualifies the information in REF02 as the authorization number.
Codes	BB Authorization Number
Attributes	REQUIRED REF01 128 M ID 2/3

Name	Reference Identification
Purpose/Definition	Previous certification identifier.
Codes	
Attributes	REQUIRED REF02 127 X AN 1/30

SERVICE DATE (DTP)**SITUATIONAL**

Specifies the proposed or actual date or range of dates of service.

Name	Date/Time Qualifier
Purpose/Definition	Specifies the date in DTP03 as the service date.
Codes	472 Service
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that will appear in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Proposed or actual service date.
Codes	
Attributes	REQUIRED DTP03 1251M AN 1/35



ADMISSION DATE (DTP)**SITUATIONAL**

Specifies the proposed or actual date of admission.

Name	Date/Time Qualifier
Purpose/Definition	Qualifies the date in DTP03 as the admission date.
Codes	435 Admission
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that will appear in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Proposed or actual admission date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

DISCHARGE DATE (DTP)**SITUATIONAL**

Specifies the proposed or actual date of discharge from a facility.

Name	Date/Time Qualifier
Purpose/Definition	Qualifies the type of date found in DTP03 as the discharge date.
Codes	096 Discharge
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that will appear in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Proposed or actual discharge date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35



SURGERY DATE (DTP)**SITUATIONAL**

Specifies the proposed or actual date of surgery.

Name	Date/Time Qualifier
Purpose/Definition	Qualifies the type of date found in DTP03 as the surgery date.
Codes	456 Surgery
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that will appear in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Proposed or actual surgery date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

PROCEDURES (HI)**SITUATIONAL**

Supplies information related to the request of specific services and procedures.

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain information related to the first procedure code.
Codes	
Attributes	REQUIRED HI01 C022 M

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI01-2.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI01 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI01 - 2 1271 M AN 1/30



Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format used in HI02-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
Attributes	SITUATIONAL HI01 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI01 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI01 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, release or industry identifier for coding system identified in HI01-1.
Codes	
Attributes	SITUATIONAL HI01 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain information related to the second procedure code.
Codes	
Attributes	SITUATIONAL HI02 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI02-2.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI02 - 1 1270 M ID 1/3



Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI02 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format used in HI02-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
Attributes	SITUATIONAL HI02 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI02 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI02 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, release or industry identifier for coding system identified in HI02-1.
Codes	
Attributes	SITUATIONAL HI02 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain information related to the third procedure code.
Codes	
Attributes	SITUATIONAL HI03 C022 O



Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI03-2.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI03 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI03 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format used in HI03-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL HI03 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI03 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI03 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, release or industry identifier for coding system identified in HI03-1.
Codes	
Attributes	SITUATIONAL HI03 - 7 799 O AN 1/30



Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain information related to the fourth procedure code.
Codes	
Attributes	SITUATIONAL HI04 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI04-2.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI04 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI04 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format used in HI04-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL HI04 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI04 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI04 - 6 380 O R 1/15



Name	Version Identifier
Purpose/Definition	Version, release or industry identifier for coding system identified in HI04-1.
Codes	
Attributes	SITUATIONAL HI04 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain information related to the fifth procedure code.
Codes	
Attributes	SITUATIONAL HI05 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI05-2.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI05 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI05 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format used in HI05-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL HI05 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI05 - 4 1251 X AN 1/35



Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI05 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, release or industry identifier for coding system identified in HI05-1.
Codes	
Attributes	SITUATIONAL HI05 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain information related to the sixth procedure code.
Codes	
Attributes	SITUATIONAL HI06 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI06-2.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI06 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI06 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format used in HI06-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL HI06 - 3 1250 X ID 2/3



Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI06 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI06 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, release or industry identifier for coding system identified in HI06-1.
Codes	
Attributes	SITUATIONAL HI06 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain information related to the seventh procedure code.
Codes	
Attributes	SITUATIONAL HI07 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI07-2.
Codes	BO Health Care Financing Administration Common Procedural Coding System. BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI07 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI07 - 2 1271 M AN 1/30



Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format used in HI07-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
Attributes	SITUATIONAL HI07 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI07 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI07 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, release or industry identifier for coding system identified in HI07-1.
Codes	
Attributes	SITUATIONAL HI07 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain information related to the eighth procedure code.
Codes	
Attributes	SITUATIONAL HI08 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI08-2.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI08 - 1 1270 M ID 1/3



Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI08 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format used in HI08-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
Attributes	SITUATIONAL HI08 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI08 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI08 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, release or industry identifier for coding system identified in HI08-1.
Codes	
Attributes	SITUATIONAL HI08 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain information related to the ninth procedure code.
Codes	
Attributes	SITUATIONAL HI09 C022 O



Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI09-2.
Codes	BO Health Care Financing Administration Common Procedural Coding System. BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI09 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI09 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format used in HI09-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL HI09 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI09 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI09 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, release or industry identifier for coding system identified in HI09-1.
Codes	
Attributes	SITUATIONAL HI09 - 7 799 O AN 1/30



Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain information related to the tenth procedure code.
Codes	
Attributes	SITUATIONAL HI10 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI10-2.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI10 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI10 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Identifies the date format used in HI10-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL HI10 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI10 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI10 - 6 380 O R 1/15



Name	Version Identifier
Purpose/Definition	Version, release or industry identifier for coding system identified in HI010-1.
Codes	
Attributes	SITUATIONAL HI10 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain information related to the eleventh procedure code.
Codes	
Attributes	SITUATIONAL HI11 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code used in HI11-2.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI11 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI11 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format used in HI11-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL HI11 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI11 - 4 1251 X AN 1/35



Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI11 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, release or industry identifier for coding system identified in HI011-1.
Codes	
Attributes	SITUATIONAL HI11 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Identifies that the following elements contain information related to the twelfth procedure code.
Codes	
Attributes	SITUATIONAL HI12 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Qualifies the code use in HI12-2.
Codes	BO Health Care Financing Administration Common Procedural Coding System. BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI12 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI12 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format used in HI12-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL HI12 - 3 1250 X ID 2/3



Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI12 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI12 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, release or industry identifier for coding system identified in HI012-1.
Codes	
Attributes	SITUATIONAL HI12 - 7 799 O AN 1/30

HEALTH CARE SERVICES DELIVERY (HSD)

SITUATIONAL

Specifies the delivery pattern of health care services.

Name	Quantity Qualifier
Purpose/Definition	Indicates the type of service count quantified in HSD02.
Codes	DY Days FL Units HS Hours MN Month VS Visits
Attributes	SITUATIONAL HSD01 673 X ID 2/2

Name	Quantity
Purpose/Definition	Identifies the quantity of services to be rendered
Codes	
Attributes	SITUATIONAL HSD02 380 X R 1/15

Name	Unit or Basis for Measurement Code
Purpose/Definition	Identifies the timeframe in which the quantity of services in HSD02 will be rendered.
Codes	DA Days MO Months WK Week
Attributes	SITUATIONAL HSD03 355 O ID 2/2



Name	Sample Selection Modulus
Purpose/Definition	Specifies the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes.
Codes	
Attributes	SITUATIONAL HSD04 1167 O R 1/6

Name	Time Period Qualifier
Purpose/Definition	Identifies the time period for which the services will be continued.
Codes	6 Hour 7 Day 21 Years 26 Episode 27 Visit 34 Month 35 Week
Attributes	SITUATIONAL HSD05 615 X ID 1/2

Name	Number of Periods
Purpose/Definition	Identifies the number of time periods in HSD05 that are requested.
Codes	
Attributes	SITUATIONAL HSD06 616 O N0 1/3

Name	Ship/Delivery or Calendar Pattern Code
Purpose/Definition	Specifies the calendar delivery pattern for the services.
Codes	1 1st Week of the Month 2 2nd Week of the Month 3 3rd Week of the Month 4 4th Week of the Month 5 5th Week of the Month 6 1st & 3rd Weeks of the Month 7 2nd & 4th Weeks of the Month 8 1st Working Day of Period 9 Last Working Day of Period A Monday through Friday B Monday through Saturday C Monday through Sunday D Monday E Tuesday F Wednesday G Thursday H Friday J Saturday K Sunday



	L Monday through Thursday M Immediately N As Directed O Daily Mon. through Fri. P 1/2 Mon. & 1/2 Thurs. Q 1/2 Tues. & 1/2 Thurs. R 1/2 Wed. & 1/2 Fri. S Once Anytime Mon. through Fri. SA Sunday, Monday, Thursday, Friday, Saturday SB Tuesday through Saturday SC Sunday, Wednesday, Thursday, Friday, Saturday SD Monday, Wednesday, Thursday, Friday, Saturday SG Tuesday through Friday SL Monday, Tuesday and Thursday SP Monday, Tuesday and Friday SX Wednesday and Thursday SY Monday, Wednesday and Thursday SZ Tuesday, Thursday and Friday T 1/2 Tue. & 1/2 Fri. U 1/2 Mon. & 1/2 Wed. V 1/3 Mon., 1/3 Wed., 1/3 Fri. W Whenever Necessary X 1/2 By Wed., Bal. By Fri. Y None (Also Used to Cancel or Override a Previous Pattern)
Attributes	SITUATIONAL HSD07 678 O ID 1/2

Name	Ship/Delivery Pattern Time Code
Purpose/Definition	Identifies the time delivery pattern for the services.
Codes	A 1st Shift (Normal Working Hours) B 2nd Shift C 3rd Shift D A.M. E P.M. F As Directed G Any Shift Y None (Also Used to Cancel or Override a Previous Pattern)
Attributes	SITUATIONAL HSD08 679 O ID 1/1



PATIENT CONDITION INFORMATION (CRC)**SITUATIONAL**

Supplies information to justify the medical necessity of the services requested.

Name	Code Category
Purpose/Definition	Specifies the situation or category to which the code applies. This code qualifies CRC03 through CRC07.
Codes	07 Ambulance Certification 08 Chiropractic Certification 11 Oxygen Therapy Certification 75 Functional Limitations 76 Activities Permitted 77 Mental Status
Attributes	REQUIRED CRC01 1136 M ID 2/2

Name	Yes/No Condition or Response Code
Purpose/Definition	Indicates a Yes or No condition or response. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.
Codes	N No Y Yes
Attributes	REQUIRED CRC02 1073 M ID 1/1

Name	Condition Indicator
Purpose/Definition	Indicates a condition.
Codes	01 Patient was admitted to a hospital 02 Patient was bed confined before the ambulance service 03 Patient was bed confined after the ambulance service 04 Patient was moved by stretcher 05 Patient was unconscious or in shock 06 Patient was transported in an emergency situation 07 Patient had to be physically restrained 08 Patient had visible hemorrhaging 09 Ambulance service was medically necessary 10 Patient is ambulatory 11 Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility 12 Patient is confined to a bed or chair 13 Patient is Confined to a Room or an Area Without Bathroom Facilities 14 Ambulation is Impaired and Walking Aid is Used for Mobility 15 Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed 16 Patient needs a trapeze bar to sit up due to respiratory



	condition or change body positions for other medical reasons 17 Patient's Ability to Breathe is Severely Impaired 18 Patient condition requires frequent and/or immediate changes in body positions 19 Patient can operate controls 20 Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary 21 Patient owns equipment 22 Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary 23 Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair 24 Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use 25 Item has been prescribed as part of a planned regimen of treatment in patient home 26 Patient is highly susceptible to decubitus ulcers 27 Patient or a care-giver has been instructed in use of equipment 60 Transportation Was To the Nearest Facility IH Independent at Home
Attributes	REQUIRED CRC03 1321 M ID 2/2

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



	<p>19 Patient can operate controls</p> <p>20 Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary</p> <p>21 Patient owns equipment</p> <p>22 Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary</p> <p>23 Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair</p> <p>24 Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use</p> <p>25 Item has been prescribed as part of a planned regimen of treatment in patient home</p> <p>26 Patient is highly susceptible to decubitus ulcers</p> <p>27 Patient or a care-giver has been instructed in use of equipment</p> <p>60 Transportation Was To the Nearest Facility</p> <p>IH Independent at Home</p>
Attributes	SITUATIONAL CRC04 1321 O ID 2/2

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



	<p>22 Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary</p> <p>23 Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair</p> <p>24 Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use</p> <p>25 Item has been prescribed as part of a planned regimen of treatment in patient home</p> <p>26 Patient is highly susceptible to decubitus ulcers</p> <p>27 Patient or a care-giver has been instructed in use of equipment</p> <p>60 Transportation Was To the Nearest Facility</p> <p>IH Independent at Home</p>
Attributes	SITUATIONAL CRC05 1321 O ID 2/2

Name	Condition Indicator
Purpose/Definition	Indicates a condition if multiple conditions apply.
Codes	<p>01 Patient was admitted to a hospital</p> <p>02 Patient was bed confined before the ambulance service</p> <p>03 Patient was bed confined after the ambulance service</p> <p>04 Patient was moved by stretcher</p> <p>05 Patient was unconscious or in shock</p> <p>06 Patient was transported in an emergency situation</p> <p>07 Patient had to be physically restrained</p> <p>08 Patient had visible hemorrhaging</p> <p>09 Ambulance service was medically necessary</p> <p>10 Patient is ambulatory</p> <p>11 Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility</p> <p>12 Patient is confined to a bed or chair</p> <p>13 Patient is Confined to a Room or an Area Without Bathroom Facilities</p> <p>14 Ambulation is Impaired and Walking Aid is Used for Mobility</p> <p>15 Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed</p> <p>16 Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons</p> <p>17 Patient's Ability to Breathe is Severely Impaired</p> <p>18 Patient condition requires frequent and/or immediate changes in body positions</p> <p>19 Patient can operate controls</p> <p>20 Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary</p> <p>21 Patient owns equipment</p> <p>22 Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary</p> <p>23 Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair</p>



	<p>24 Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use</p> <p>25 Item has been prescribed as part of a planned regimen of treatment in patient home</p> <p>26 Patient is highly susceptible to decubitus ulcers</p> <p>27 Patient or a care-giver has been instructed in use of equipment</p> <p>60 Transportation Was To the Nearest Facility</p> <p>IH Independent at Home</p>
Attributes	SITUATIONAL CRC06 1321 O ID 2/2

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



	26 Patient is highly susceptible to decubitus ulcers 27 Patient or a care-giver has been instructed in use of equipment 60 Transportation Was To the Nearest Facility IH Independent at Home
Attributes	SITUATIONAL CRC07 1321 O ID 2/2

INSTITUTIONAL CLAIM CODE (CL1)

SITUATIONAL

Supplies information specific to hospital claims when requesting certification for admission to a facility.

Name	Admission Type Code
Purpose/Definition	Indicates the priority of this admission.
Codes	
Attributes	SITUATIONAL CL101 1315 O ID 1/1

Name	Admission Source Code
Purpose/Definition	Indicates the source of this admission.
Codes	
Attributes	SITUATIONAL CL102 1314 O ID 1/1

Name	Patient Status Code
Purpose/Definition	Indicates patient status as of the "statement covers through date".
Codes	
Attributes	SITUATIONAL CL103 1352 O ID 1/2

Name	Nursing Home Residential Status Code
Purpose/Definition	Specifies the status of a nursing home resident at the time of service.
Codes	1 Transferred to Intermediate Care Facility – Mentally Retarded (ICF-MR) 2 Newly Admitted 3 Newly Eligible 4 No Longer Eligible 5 Still a Resident 6 Temporary Absence - Hospital 7 Temporary Absence - Other 8 Transferred to Intermediate Care Facility - Level II (ICF II) 9 Other
Attributes	SITUATIONAL CL104 1345 O ID 1/1



AMBULANCE TRANSPORT INFORMATION (CR1)**SITUATIONAL**

Supplies information related to the ambulance service rendered to a patient.

Name	Unit or Basis for Measurement Code
Purpose/Definition	Specifies the units in which the value of CR102 is being expressed.
Codes	KG Kilogram LB Pound
Attributes	SITUATIONAL CR101 355 X ID 2/2

Name	Weight
Purpose/Definition	Patient weight.
Codes	
Attributes	SITUATIONAL CR102 81 X R 1/10

Name	Ambulance Transport Code
Purpose/Definition	Indicates the type of ambulance transport.
Codes	I Initial Trip R Return Trip T Transfer Trip X Round Trip
Attributes	REQUIRED CR103 1316 O ID 1/1

Name	Ambulance Transport Reason Code
Purpose/Definition	Indicates the reason for ambulance transport.
Codes	A Patient was transported to nearest facility for care of symptoms, complaints, or both Can be used to indicate that the patient was transferred to a residential facility. B Patient was transported for the benefit of a preferred physician C Patient was transported for the nearness of family members D Patient was transported for the care of a specialist or for availability of specialized equipment E Patient Transferred to Rehabilitation Facility
Attributes	REQUIRED CR104 1317 O ID 1/1

Name	Unit or Basis for Measurement Code
Purpose/Definition	Specifies the units in which the value is being expressed in CR105.
Codes	DH Miles DK Kilometers
Attributes	SITUATIONAL CR105 355 X ID 2/2



Name	Quantity
Purpose/Definition	Transport distance.
Codes	
Attributes	SITUATIONAL CR106 380 X R 1/15

Name	Address Information
Purpose/Definition	Ambulance trip origin address.
Codes	
Attributes	SITUATIONAL CR107 166 O AN 1/55

Name	Address Information
Purpose/Definition	Ambulance trip destination address.
Codes	
Attributes	SITUATIONAL CR108 166 O AN 1/55

Name	Description
Purpose/Definition	Round trip purpose description.
Codes	
Attributes	SITUATIONAL CR109 352 O AN 1/80

Name	Description
Purpose/Definition	Stretcher purpose description.
Codes	
Attributes	SITUATIONAL CR110 352 O AN 1/80

SPINAL MANIPULATION SERVICE INFORMATION (CR2) SITUATIONAL
Supplies information related to the chiropractic service rendered to a patient.

Name	Count
Purpose/Definition	Indicates the number this treatment is in the series.
Codes	
Attributes	SITUATIONAL CR201 609 X N0 1/9

Name	Quantity
Purpose/Definition	Indicates the total number of treatments in the series
Codes	
Attributes	SITUATIONAL CR202 380 X R 1/15

Name	Subluxation Level Code
Purpose/Definition	Identifies the specific level of subluxation.
Codes	C1 Cervical 1



	C2 Cervical 2 C3 Cervical 3 C4 Cervical 4 C5 Cervical 5 C6 Cervical 6 C7 Cervical 7 CO Coccyx IL Ilium L1 Lumbar 1 L2 Lumbar 2 L3 Lumbar 3 L4 Lumbar 4 L5 Lumbar 5 OC Occiput SA Sacrum T1 Thoracic 1 T10 Thoracic 10 T11 Thoracic 11 T12 Thoracic 12 T2 Thoracic 2 T3 Thoracic 3 T4 Thoracic 4 T5 Thoracic 5 T6 Thoracic 6 T7 Thoracic 7 T8 Thoracic 8 T9 Thoracic 9
Attributes	SITUATIONAL CR203 1367 X ID 2/3

Name	Subluxation Level Code
Purpose/Definition	Identifies the specific level of subluxation (ending level).
Codes	C1 Cervical 1 C2 Cervical 2 C3 Cervical 3 C4 Cervical 4 C5 Cervical 5 C6 Cervical 6 C7 Cervical 7 CO Coccyx IL Ilium L1 Lumbar 1 L2 Lumbar 2 L3 Lumbar 3 L4 Lumbar 4 L5 Lumbar 5 OC Occiput SA Sacrum T1 Thoracic 1



	T10 Thoracic 10 T11 Thoracic 11 T12 Thoracic 12 T2 Thoracic 2 T3 Thoracic 3 T4 Thoracic 4 T5 Thoracic 5 T6 Thoracic 6 T7 Thoracic 7 T8 Thoracic 8 T9 Thoracic 9
Attributes	SITUATIONAL CR204 1367 O ID 2/3

Name	Unit or Basis for Measurement Code
Purpose/Definition	Indicates the proposed treatment time period.
Codes	DA Days MO Months WK Week YR Years
Attributes	SITUATIONAL CR205 355 X ID 2/2

Name	Quantity
Purpose/Definition	Indicates the number of treatment periods involved in the treatment series
Codes	
Attributes	SITUATIONAL CR206 380 X R 1/15

Name	Quantity
Purpose/Definition	Identifies the number of treatments included in a month of service.
Codes	
Attributes	SITUATIONAL CR207 380 O R 1/15



Name	Nature of Condition Code
Purpose/Definition	Patient condition code.
Codes	A Acute Condition C Chronic Condition D Non-acute E Non-Life Threatening F Routine G Symptomatic M Acute Manifestation of a Chronic Condition
Attributes	SITUATIONAL CR208 1342 O ID 1/1

Name	Yes/No Condition or Response Code
Purpose/Definition	Indicates whether a complication exists. A “Y” value indicates a complicated condition; an “N” value indicates an uncomplicated condition.
Codes	N No Y Yes
Attributes	SITUATIONAL CR209 1073 O ID 1/1

Name	Description
Purpose/Definition	Free-form patient condition description.
Codes	
Attributes	SITUATIONAL CR210 352 O AN 1/80

Name	Description
Purpose/Definition	Additional free-form patient condition description.
Codes	
Attributes	SITUATIONAL CR211 352 O AN 1/80

Name	Yes/No Condition or Response Code
Purpose/Definition	Indicates availability of patient X-rays. A “Y” value indicates X-rays are maintained and available for carrier review; an “N” value indicates X-rays are not maintained and available for carrier review.
Codes	N No Y Yes
Attributes	REQUIRED CR212 1073 O ID 1/1



HOME OXYGEN THERAPY INFORMATION (CR5)**SITUATIONAL**

Supplies information regarding certification of medical necessity for home oxygen therapy.

Name	Oxygen Equipment Type Code
Purpose/Definition	Indicates the specific type of equipment being prescribed for the delivery of oxygen.
Codes	A Concentrator B Liquid Stationary C Gaseous Stationary D Liquid Portable E Gaseous Portable O Other
Attributes	SITUATIONAL CR503 1348 O ID 1/1

Name	Oxygen Equipment Type Code
Purpose/Definition	Indicates the specific type of equipment being prescribed for the delivery of oxygen and more than one type of equipment is required to administer the oxygen therapy.
Codes	A Concentrator B Liquid Stationary C Gaseous Stationary D Liquid Portable E Gaseous Portable O Other
Attributes	SITUATIONAL CR504 1348 O ID 1/1

Name	Description
Purpose/Definition	Free-form description of the reason for the equipment.
Codes	
Attributes	SITUATIONAL CR505 352 O AN 1/80

Name	Quantity
Purpose/Definition	Oxygen flow rate in liters per minute.
Codes	
Attributes	REQUIRED CR506 380 O R 1/15

Name	Quantity
Purpose/Definition	Number of hours oxygen used daily.
Codes	
Attributes	SITUATIONAL CR507 380 O R 1/15



Name	Quantity
Purpose/Definition	Number of hours oxygen used daily
Codes	
Attributes	SITUATIONAL CR508 380 O R 1/15

Name	Description
Purpose/Definition	Free-form description of special orders for respiratory therapist.
Codes	
Attributes	SITUATIONAL CR509 352 O AN 1/80

Name	Quantity
Purpose/Definition	Patient arterial blood gas
Codes	
Attributes	SITUATIONAL CR510 380 O R 1/15

Name	Quantity
Purpose/Definition	Patient oxygen saturation.
Codes	
Attributes	SITUATIONAL CR511 380 O R 1/15

Name	Oxygen Test Condition Code
Purpose/Definition	Indicates the conditions under which a patient was tested.
Codes	E Exercising N No special conditions for test O On oxygen R At rest on room air S Sleeping W Walking X Other
Attributes	REQUIRED CR512 1349 O ID 1/1

Name	Oxygen Test Findings Code
Purpose/Definition	Indicates the findings of oxygen tests performed on a patient.
Codes	1 Dependent edema suggesting congestive heart failure 2 "P" Pulmonale on Electrocardiogram (EKG) 3 Erythrocythemia with a hematocrit greater than 56 percent
Attributes	SITUATIONAL CR513 1350 O ID 1/1



Name	Oxygen Test Findings Code
Purpose/Definition	Indicates the findings of oxygen tests performed on a patient.
Codes	1 Dependent edema suggesting congestive heart failure 2 "P" Pulmonale on Electrocardiogram (EKG) 3 Erythrocythemia with a hematocrit greater than 56 percent
Attributes	SITUATIONAL CR514 1350 O ID 1/1

Name	Oxygen Test Findings Code
Purpose/Definition	Indicates the findings of oxygen tests performed on a patient.
Codes	1 Dependent edema suggesting congestive heart failure 2 "P" Pulmonale on Electrocardiogram (EKG) 3 Erythrocythemia with a hematocrit greater than 56 percent
Attributes	SITUATIONAL CR515 1350 O ID 1/1

Name	Quantity
Purpose/Definition	Portable oxygen system flow rate in liters per minute.
Codes	
Attributes	SITUATIONAL CR516 380 O R 1/15

Name	Oxygen Delivery System Code
Purpose/Definition	Indicates if a particular form of oxygen delivery was prescribed.
Codes	A Nasal Cannula B Oxygen Conserving Device C Oxygen Conserving Device with Oxygen Pulse System D Oxygen Conserving Device with Reservoir System E Transtracheal Catheter
Attributes	REQUIRED CR517 1382 O ID 1/1

Name	Oxygen Equipment Type Code
Purpose/Definition	Indicates the specific type of equipment being prescribed for the delivery of oxygen.
Codes	A Concentrator B Liquid Stationary C Gaseous Stationary D Liquid Portable E Gaseous Portable O Other
Attributes	SITUATIONAL CR518 1348 O ID 1/1



HOME HEALTH CARE INFORMATION (CR6)**SITUATIONAL**

Supplies information related to the certification of a home health care patient. Required on requests for certification of home health care, private duty nursing, or services by a nurses' agency.

Name	Prognosis Code
Purpose/Definition	Code indicating physician's prognosis for the patient.
Codes	1 Poor 2 Guarded 3 Fair 4 Good 5 Very Good 6 Excellent 7 Less than 6 Months to Live 8 Terminal
Attributes	REQUIRED CR601 923 M ID 1/1

Name	Date
Purpose/Definition	Home health or service start date.
Codes	
Attributes	REQUIRED CR602 373 M DT 8/8

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format used in CR604.
Codes	RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL CR603 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Home health certification period.
Codes	
Attributes	SITUATIONAL CR604 1251 X AN 1/35

Name	Yes/No Condition or Response Code
Purpose/Definition	Code indicating a Yes or No condition or response. A "Y" value indicates patient is receiving care in a skilled nursing facility. An "N" value indicates patient is not receiving care in a 1861J1 facility. A "U" value indicates it is unknown whether or not the patient is receiving care in a skilled nursing facility.
Codes	N No U Unknown Y Yes
Attributes	REQUIRED CR606 1073 O ID 1/1



Name	Yes/No Condition or Response Code
Purpose/Definition	Indicates if the patient is covered by Medicare. A "Y" value indicates the patient is covered by Medicare; an "N" value indicates patient is not covered by Medicare.
Codes	N No U Unknown Y Yes
Attributes	REQUIRED CR607 1073 M ID 1/1

Name	Certification Type Code
Purpose/Definition	Indicates the type of certification.
Codes	1 Appeal - Immediate 2 Appeal - Standard 3 Cancel 4 Extension I Initial R Renewal S Revised
Attributes	REQUIRED CR608 1322 M ID 1/1

Name	Date
Purpose/Definition	Surgery date if home health related to a specific surgical procedure.
Codes	
Attributes	SITUATIONAL CR609 373 X DT 8/8

Name	Product/Service ID Qualifier
Purpose/Definition	Identifies the type/source of the surgical code in CR611.
Codes	HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure
Attributes	SITUATIONAL CR610 235 X ID 2/2

Name	Medical Code Value
Purpose/Definition	Surgical procedure code.
Codes	
Attributes	SITUATIONAL CR611 1137 X AN 1/15



Name	Date
Purpose/Definition	Date the home health agency received from the physician for start of care.
Codes	
Attributes	SITUATIONAL CR612 373 O DT 8/8

Name	Date
Purpose/Definition	Date the patient was last seen by the physician
Codes	
Attributes	SITUATIONAL CR613 373 O DT 8/8

Name	Date
Purpose/Definition	Date of the home health agency's last contact with the physician.
Codes	
Attributes	SITUATIONAL CR614 373 O DT 8/8

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format used in CR616.
Codes	RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL CR615 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Dates of most recent inpatient admission
Codes	
Attributes	SITUATIONAL CR616 1251 X AN 1/35

Name	Patient Location Code
Purpose/Definition	Identifies the type of facility from which the patient was most recently discharged.
Codes	A Acute Care Facility B Boarding Home C Hospice D Intermediate Care Facility E Long-term or Extended Care Facility F Not Specified G Nursing Home H Sub-acute Care Facility L Other Location M Rehabilitation Facility O Outpatient Facility P Private Home



	R Residential Treatment Facility S Skilled Nursing Home T Rest Home
Attributes	SITUATIONAL CR617 1384 X ID 1/1

MESSAGE TEXT (MSG)

SITUATIONAL

Provides a free-form format that allows the transmission of text information. Use only if needed to convey free-form text about the health care services review requested.

Name	Free-Form Message Text
Purpose/Definition	Free-form message text.
Codes	
Attributes	REQUIRED MSG01 933 M AN 1/264

TRANSACTION SET TRAILER (SE)

REQUIRED

Indicates the end of the transaction set and provides the count of the transmitted segments.

Name	Number of Included Segments
Purpose/Definition	Transaction segment count.
Codes	
Attributes	REQUIRED SE01 96 M N0 1/10

Name	Transaction Set Control Number
Purpose/Definition	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.
Codes	
Attributes	REQUIRED SE02 329 M AN 4/9



VI. Data Element Tables for Health Care Services Review – Response

The Data Element Tables give the purpose and definition, codes, and technical specifications for all the data elements in the health care services review request transaction. Section VII below explains and defines key terms. Readers should refer to the Implementation Guide for additional technical information.

TRANSACTION SET HEADER (ST)

REQUIRED

Indicates the start of a health care services review information response transaction set with all the supporting detail information.

Name	Transaction Set Identifier Code
Purpose/Definition	Identifies the transaction set as Health Care Services Review Information.
Codes	278 Health Care Services Review Information
Attributes	REQUIRED ST01 143 M ID 3/3

Name	Transaction Set Control Number
Purpose/Definition	Identifies control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.
Codes	
Attributes	REQUIRED ST02 329 M AN 4/9

BEGINNING OF HIERARCHICAL TRANSACTION (BHT)

REQUIRED

Defines the business hierarchical structure of the transaction set and identifies the business application purpose and reference data, i.e., number, date, and time.

Name	Hierarchical Structure Code
Purpose/Definition	Indicates the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set.
Codes	0078 Information Source, Information Receiver, Subscriber, Dependent, Provider of Service, Services
Attributes	REQUIRED BHT01 1005 M ID 4/4

Name	Transaction Set Purpose Code
Purpose/Definition	Identifies the purpose of transaction set as the Response.
Codes	11 Response
Attributes	REQUIRED BHT02 353 M ID 2/2

Name	Reference Identification
Purpose/Definition	Number assigned by the originator to identify the transaction within the originator's business application system.



Codes	
Attributes	REQUIRED BHT03 127 O AN 1/30

Name	Date
Purpose/Definition	Date the transaction was created within the business application system.
Codes	
Attributes	REQUIRED BHT04 373 O DT 8/8

Name	Time
Purpose/Definition	Time the transaction was created within the business application system.
Codes	
Attributes	REQUIRED BHT05 337 O TM 4/8
Name	Transaction Type Code
Purpose/Definition	Specifies the type of transaction.
Codes	18 Response - No Further Updates to Follow 19 Response - Further Updates to Follow
Attributes	SITUATIONAL BHT06 640 O ID 2/2

LOOP 2000A UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL

UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL (HL) **REQUIRED**

Indicates the information source hierarchical level. The information source corresponds to the payer, HMO, or other utilization management organization that is the source of the health care services review decision/response.

Name	Hierarchical ID Number
Purpose/Definition	Unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
Codes	
Attributes	REQUIRED HL01 628 M AN 1/12

Name	Hierarchical Level Code
Purpose/Definition	Defines the characteristic of a level in a hierarchical structure as the Information Source.
Codes	20 Information Source
Attributes	REQUIRED HL03 735 M ID 1/2



Name	Hierarchical Child Code
Purpose/Definition	Indicates if there are hierarchical child data segments subordinate to the level being described.
Codes	1 Additional Subordinate HL Data Segment in This Hierarchical Structure.
Attributes	REQUIRED HL04 736 O ID 1/1

REQUEST VALIDATION (AAA)

SITUATIONAL

Specifies the validity of the request and indicates follow-up action authorized.

Name	Yes/No Condition or Response Code
Purpose/Definition	Designates whether the request is valid or invalid.
Codes	N No Y Yes
Attributes	REQUIRED AAA01 1073 M ID 1/1

Name	Reject Reason Code
Purpose/Definition	Identifies the reason for rejection.
Codes	04 Authorized Quantity Exceeded 41 Authorization/Access Restrictions 42 Unable to Respond at Current Time 79 Invalid Participant Identification
Attributes	REQUIRED AAA03 901 O ID 2/2

Name	Follow-up Action Code
Purpose/Definition	Identifies the follow-up actions allowed.
Codes	C Please Correct and Resubmit N Resubmission Not Allowed P Please Resubmit Original Transaction Y Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly
Attributes	REQUIRED AAA04 889 O ID 1/1

LOOP 2010A UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME

UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME (NM1)

REQUIRED

Supplies the full name of an individual or organizational entity that is the source of information.

Name	Entity Identifier Code
Purpose/Definition	Identifies the source of information as a utilization management organization.



Codes	X3 Utilization Management Organization
Attributes	REQUIRED NM101 98 M ID 2/3

Name	Entity Type Qualifier
Purpose/Definition	Indicates NM103 is a person or non-person entity.
Codes	1 Person 2 Non-Person Entity
Attributes	REQUIRED NM102 1065 M ID 1/1
Name	Name Last or Organization Name
Purpose/Definition	Utilization Management Organization (UMO) last name or organizational name.
Codes	
Attributes	SITUATIONAL NM103 1035 O AN 1/35

Name	Name First
Purpose/Definition	Utilization Management Organization (UMO) first name.
Codes	
Attributes	SITUATIONAL NM104 1036 O AN 1/25

Name	Name Middle
Purpose/Definition	Utilization Management Organization (UMO) middle name or initial.
Codes	
Attributes	SITUATIONAL NM105 1037 O AN 1/25

Name	Name Suffix
Purpose/Definition	Suffix to Utilization Management Organization (UMO).
Codes	
Attributes	SITUATIONAL NM107 1039 O AN 1/10

Name	Identification Code Qualifier
Purpose/Definition	Designates the type of identifier in NM109.
Codes	24 Employer's Identification Number 34 Social Security Number 46 Electronic Transmitter Identification Number (ETIN) PI Payor Identification XV Health Care Financing Administration National PlanID XX Health Care Financing Administration National Provider Identifier
Attributes	REQUIRED NM108 66 X ID 1/2



Name	Identification Code
Purpose/Definition	Utilization Management Organization (UMO) Identifier.
Codes	
Attributes	REQUIRED NM109 67 X AN 2/80

UTILIZATION MANAGEMENT ORGANIZATION (UMO) CONTACT INFORMATION (PER)

SITUATIONAL

Identifies a contact name and/or communications number for the UMO.

Name	Contact Function Code
Purpose/Definition	Identifies PER02 as the Information Contact.
Codes	IC Information Contact
Attributes	REQUIRED PER01 366 M ID 2/2

Name	Name
Purpose/Definition	UMO contact name.
Codes	
Attributes	SITUATIONAL PER02 93 O AN 1/60

Name	Communication Number Qualifier
Purpose/Definition	Identifies type of communication number in PER04.
Codes	EM Electronic Mail FX Facsimile TE Telephone
Attributes	SITUATIONAL PER03 365 X ID 2/2

Name	Communication Number
Purpose/Definition	UMO contact communication number.
Codes	
Attributes	SITUATIONAL PER04 364 X AN 1/80

Name	Communication Number Qualifier
Purpose/Definition	Identifies the type of communication number in PER06 when the telephone extension or multiple communication types are available.
Codes	EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone
Attributes	SITUATIONAL PER05 365 X ID 2/2



Name	Communication Number
Purpose/Definition	UMO contact communication number when the telephone extension or multiple communication types are available.
Codes	
Attributes	SITUATIONAL PER06 364 X AN 1/80

Name	Communication Number Qualifier
Purpose/Definition	Identifies the type of communication number in PER08 when the telephone extension or multiple communication types are available.
Codes	EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone
Attributes	SITUATIONAL PER07 365 X ID 2/2

Name	Communication Number
Purpose/Definition	UMO contact communication number when the telephone extension or multiple communication types are available.
Codes	
Attributes	SITUATIONAL PER08 364 X AN 1/80

UTILIZATION MANAGEMENT ORGANIZATION (UMO) REQUEST VALIDATION (AAA)

SITUATIONAL

Specifies the validity of the request and indicates follow-up action authorized.

Name	Yes/No Condition or Response Code
Purpose/Definition	Designates whether the request is valid or invalid.
Codes	N No Y Yes
Attributes	REQUIRED AAA01 1073 M ID 1/1

Name	Reject Reason Code
Purpose/Definition	Identifies the reason for rejection.
Codes	04 Authorized Quantity Exceeded 41 Authorization/Access Restrictions 42 Unable to Respond at Current Time 79 Invalid Participant Identification 80 No Response received - Transaction Terminated T4 Payer Name or Identifier Missing
Attributes	SITUATIONAL AAA03 901 O ID 2/2



Name	Follow-up Action Code
Purpose/Definition	Identifies follow-up actions allowed.
Codes	N Resubmission Not Allowed P Please Resubmit Original Transaction Y Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly
Attributes	SITUATIONAL AAA04 889 O ID 1/1

LOOP 2000B REQUESTER LEVEL

REQUESTER LEVEL (HL)

REQUIRED

Indicates the health care services review information receiver.

Name	Hierarchical ID Number
Purpose/Definition	Unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
Codes	
Attributes	REQUIRED HL01 628 M AN 1/12

Name	Hierarchical Parent ID Number
Purpose/Definition	Identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
Codes	
Attributes	REQUIRED HL02 734 O AN 1/12

Name	Hierarchical Level Code
Purpose/Definition	Defines the characteristic of a level in a hierarchical structure as the information receiver.
Codes	21 Information Receiver
Attributes	REQUIRED HL03 735M ID 1/2

Name	Hierarchical Child Code
Purpose/Definition	Indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Codes	1 Additional Subordinate HL Data Segment in This Hierarchical Structure.
Attributes	REQUIRED HL04 736 O ID 1/1



LOOP 2010B REQUESTER NAME

REQUESTER NAME (NM1)

REQUIRED

Supplies the full name of an individual or organizational entity that is the receiver of information.

Name	Entity Identifier Code
Purpose/Definition	Identifies NM103 as a provider or facility.
Codes	1P Provider FA Facility
Attributes	REQUIRED NM101 98 M ID 2/3

Name	Entity Type Qualifier
Purpose/Definition	Indicates NM103 is a person or non-person entity.
Codes	1 Person 2 Non-Person Entity
Attributes	REQUIRED NM102 1065 M ID 1/1

Name	Name Last or Organization Name
Purpose/Definition	Requester last name or organizational name.
Codes	
Attributes	SITUATIONAL NM103 1035 O AN 1/35

Name	Name First
Purpose/Definition	Requester first name.
Codes	
Attributes	SITUATIONAL NM104 1036 O AN 1/25

Name	Name Middle
Purpose/Definition	Requester middle name or initial.
Codes	
Attributes	SITUATIONAL NM105 1037 O AN 1/25

Name	Name Suffix
Purpose/Definition	Suffix to requester name.
Codes	
Attributes	SITUATIONAL NM107 1039 O AN 1/10



Name	Identification Code Qualifier
Purpose/Definition	Indicates the type of requester identifier in NM109
Codes	24 Employer's Identification Number 34 Social Security Number 46 Electronic Transmitter Identification Number (ETIN) XX Health Care Financing Administration National Provider Identifier
Attributes	REQUIRED NM108 66 X ID 1/2

Name	Identification Code
Purpose/Definition	Requester Identifier.
Codes	
Attributes	REQUIRED NM109 67 X AN 2/80

REQUESTER SUPPLEMENTAL IDENTIFICATION (REF)

SITUATIONAL

Provides supplemental identifiers to further identify the requester.

Name	Reference Identification Qualifier
Purpose/Definition	Indicates the type of Requester Supplemental Identifier in REF02.
Codes	1G Provider UPIN Number 1J Facility ID Number CT Contract Number EI Employer's Identification Number N5 Provider Plan Network Identification Number N7 Facility Network Identification Number SY Social Security Number ZH Carrier Assigned Reference Number
Attributes	REQUIRED REF01 128 M ID 2/3

Name	Reference Identification
Purpose/Definition	Requester Supplemental Identifier.
Codes	
Attributes	REQUIRED REF02 127 X AN 1/30



REQUESTER REQUEST VALIDATION (AAA)**SITUATIONAL**

Specifies the validity of the request and indicates follow-up action authorized. This segment conveys rejection information regarding the entity that initiated a request transaction.

Name	Yes/No Condition or Response Code
Purpose/Definition	Designates whether the request is valid or invalid.
Codes	N No Y Yes
Attributes	REQUIRED AAA01 1073 M ID 1/1

Name	Reject Reason Code
Purpose/Definition	Identifies the reason for rejection.
Codes	35 Out of Network 41 Authorization/Access Restrictions 43 Invalid/Missing Provider Identification 44 Invalid/Missing Provider Name 45 Invalid/Missing Provider Specialty 46 Invalid/Missing Provider Phone Number 47 Invalid/Missing Provider State 49 Provider is Not Primary Care Physician 50 Provider Ineligible for Inquiries 51 Provider Not on File 79 Invalid Participant Identification 97 Invalid or Missing Provider Address
Attributes	SITUATIONAL AAA03 901 O ID 2/2

Name	Follow-up Action Code
Purpose/Definition	Identifies the follow-up actions allowed. Required if AAA03 is present.
Codes	C Please Correct and Resubmit N Resubmission Not Allowed R Resubmission Allowed
Attributes	SITUATIONAL AAA04 889 O ID 1/1



REQUESTER PROVIDER INFORMATION (PRV)**SITUATIONAL**

Specifies the identifying characteristics of a provider.

Name	Provider Code
Purpose/Definition	Identifies the type of provider
Codes	AD Admitting AS Assistant Surgeon AT Attending CO Consulting CV Covering OP Operating OR Ordering OT Other Physician PC Primary Care Physician PE Performing RF Referring
Attributes	REQUIRED PRV01 1221 M ID 1/3

Name	Reference Identification Qualifier
Purpose/Definition	Indicates PRV03 is the "Health Care Provider Taxonomy" code list.
Codes	ZZ Mutually Defined
Attributes	REQUIRED PRV02 128 M ID 213

Name	Reference Identification
Purpose/Definition	Provider Taxonomy code.
Codes	
Attributes	REQUIRED PRV03 127 M AN 1/30



LOOP 2000C SUBSCRIBER LEVEL

SUBSCRIBER LEVEL (HL)

REQUIRED

Indicates the subscriber hierarchical level.

Name	Hierarchical ID Number
Purpose/Definition	Unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
Codes	
Attributes	REQUIRED HL01 628 M AN 1/12

Name	Hierarchical Parent ID Number
Purpose/Definition	Identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
Codes	
Attributes	REQUIRED HL02 734 O AN 1/12

Name	Hierarchical Level Code
Purpose/Definition	Defines the characteristic of a level in a hierarchical structure as subscriber.
Codes	22 Subscriber
Attributes	REQUIRED HL03 735 M ID 1/2

Name	Hierarchical Child Code
Purpose/Definition	Indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Codes	1 Additional Subordinate HL Data Segment in This Hierarchical Structure.
Attributes	REQUIRED HL04 736 O ID 1/1

SUBSCRIBER REQUEST VALIDATION (AAA)

SITUATIONAL

Specifies the validity of the request and indicates follow-up action authorized.

Name	Yes/No Condition or Response Code
Purpose/Definition	Code indicating a Yes or No condition or response. AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.
Codes	N No Y Yes
Attributes	REQUIRED AAA01 1073 M ID 1/1



Name	Reject Reason Code
Purpose/Definition	Identifies the reason for rejection.
Codes	15 Required application data missing 33 Input Errors 56 Inappropriate Date
Attributes	SITUATIONAL AAA03 901 O ID 2/2

Name	Follow-up Action Code
Purpose/Definition	Identifies follow-up actions allowed.
Codes	C Please Correct and Resubmit N Resubmission Not Allowed
Attributes	SITUATIONAL AAA04 889 O ID 1/1

ACCIDENT DATE (DTP)

SITUATIONAL

Specifies the date of the accident.

Name	Date/Time Qualifier
Purpose/Definition	Indicates DTP03 is the date of accident.
Codes	439 Accident
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Accident date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

LAST MENSTRUAL PERIOD DATE (DTP)

SITUATIONAL

Specifies the last menstrual period date.

Name	Date/Time Qualifier
Purpose/Definition	Indicates DTP03 is the date of the last menstrual period.
Codes	484 Last Menstrual Period
Attributes	REQUIRED DTP01 374 M ID 3/3



Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Last menstrual period date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

ESTIMATED DATE OF BIRTH (DTP)

SITUATIONAL

Specifies the estimated date of birth.

Name	Date/Time Qualifier
Purpose/Definition	Indicates DTP03 is the estimated date of birth.
Codes	ABC Estimated Date of Birth
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Estimated date of birth.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

ONSET OF CURRENT SYMPTOMS OR ILLNESS DATE (DTP)

SITUATIONAL

Specifies the onset of current symptoms or illness date (DTP).

Name	Date/Time Qualifier
Purpose/Definition	Indicates DTP03 is the onset of current symptoms or illness.
Codes	431 Onset of Current Symptoms or Illness
Attributes	REQUIRED DTP01 374 M ID 3/3



Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in DTP03
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Onset of current symptoms or illness.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

SUBSCRIBER DIAGNOSIS (HI)

SITUATIONAL

Supplies information related to the delivery of health care.

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	REQUIRED HI01 C022 M

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis BJ Admitting Diagnosis BK Principal Diagnosis
Attributes	REQUIRED HI01 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI01 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI01.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI01 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI01 - 4 1251 X AN 1/35

HIPAA

Handbook for Health Care Services Review --
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Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI02 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis BJ Admitting Diagnosis
Attributes	REQUIRED HI02 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI02 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI02.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI02 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI02 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI03 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI03 - 1 1270 M ID 1/3



Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI03 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI03 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI03 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI04 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI04 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI04 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI04.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI04 - 3 1250 X ID 2/3



Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI04 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI05 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI05 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI05 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI05.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI05 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI05 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI06 C022 O



Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI06 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI06 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI06.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI06 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI06 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI07 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI07 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI07 - 2 1271 M AN 1/30



Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI07.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI07 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI07 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI08 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI08 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI08 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI08.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI08 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI08 - 4 1251 X AN 1/35



Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI09 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI09 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	Diagnosis Code
Attributes	REQUIRED HI09 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format of HI09.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI09 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI09 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI10 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI10 - 1 1270 M ID 1/3



Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI10 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI10.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI10 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI10 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI11 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI11 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI11 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI11.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI11 - 3 1250 X ID 2/3



Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI11 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI12 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI12 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI12 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI12.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI12 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI12 - 4 1251 X AN 1/35



LOOP 2010C SUBSCRIBER NAME

SUBSCRIBER NAME (NM1)

REQUIRED

Supplies the full name of the subscriber.

Name	Entity Identifier Code
Purpose/Definition	Identifies NM103 as the insured or subscriber.
Codes	IL Insured or Subscriber
Attributes	REQUIRED NM101 98 M ID 2/3

Name	Entity Type Qualifier
Purpose/Definition	Indicates NM103 is a person.
Codes	1 Person
Attributes	REQUIRED NM102 1065 M ID 1/1

Name	Name Last or Organization Name
Purpose/Definition	Individual last name or organizational name.
Codes	
Attributes	SITUATIONAL NM103 1035 O AN 1/35

Name	Name First
Purpose/Definition	Individual first name.
Codes	
Attributes	SITUATIONAL NM104 1036 O AN 1/25

Name	Name Middle
Purpose/Definition	Individual middle name or initial.
Codes	
Attributes	SITUATIONAL NM105 1037 O AN 1/25

Name	Name Suffix
Purpose/Definition	Suffix to individual name.
Codes	
Attributes	SITUATIONAL NM107 1039 O AN 1/10



SUBSCRIBER REQUEST VALIDATION (AAA)**SITUATIONAL**

Specifies the validity of the request and indicate follow-up action authorized.

Name	Yes/No Condition or Response Code
Purpose/Definition	Designates whether the request is valid or invalid.
Codes	N No Y Yes
Attributes	REQUIRED AAA01 1073 M ID 1/1

Name	Reject Reason Code
Purpose/Definition	Identifies the reason for rejection.
Codes	15 Required application data missing 58 Invalid/Missing Date-of-Birth 64 Invalid/Missing Patient ID 65 Invalid/Missing Patient Name 66 Invalid/Missing Patient Gender Code 67 Patient Not Found 68 Duplicate Patient ID Number 71 Patient Birth Date Does Not Match That for the Patient on the Database 72 Invalid/Missing Subscriber/Insured ID 73 Invalid/Missing Subscriber/Insured Name 74 Invalid/Missing Subscriber/Insured Gender Code 75 Subscriber/Insured Not Found 76 Duplicate Subscriber/Insured ID Number 77 Subscriber Found, Patient Not Found 78 Subscriber/Insured Not in Group/Plan Identified 79 Invalid Participant Identification 95 Patient Not Eligible
Attributes	SITUATIONAL AAA03 901 O ID 2/2

Name	Follow-up Action Code
Purpose/Definition	Identifies follow-up actions allowed.
Codes	C Please Correct and Resubmit N Resubmission Not Allowed
Attributes	SITUATIONAL AAA04 889 O ID 1/1



SUBSCRIBER DEMOGRAPHIC INFORMATION (DMG)**SITUATIONAL**

Supplies demographic information about the subscriber.

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in DMG02.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DMG01 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Subscriber birth date.
Codes	
Attributes	REQUIRED DMG02 1251 X AN 1/35

Name	Gender Code
Purpose/Definition	Indicates the sex of the individual.
Codes	F Female M Male U Unknown
Attributes	SITUATIONAL DMG03 1068 O ID 1/1

LOOP 2000D DEPENDENT LEVEL**DEPENDENT LEVEL (HL)****SITUATIONAL**

Identifies dependencies among and the content of hierarchically related groups of data segments.

Name	Hierarchical ID Number
Purpose/Definition	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
Codes	
Attributes	REQUIRED HL01 628 M AN 1/12

Name	Hierarchical Parent ID Number
Purpose/Definition	Identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
Codes	
Attributes	REQUIRED HL02 734 O AN 1/12



Name	Hierarchical Level Code
Purpose/Definition	Defines the characteristic of a level in a hierarchical structure as dependent.
Codes	23 Dependent
Attributes	REQUIRED HL03 735 M ID 1/2

Name	Hierarchical Child Code
Purpose/Definition	Indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Codes	1 Additional Subordinate HL Data Segment in this Hierarchical Structure.
Attributes	REQUIRED HL04 736 O ID 1/1

DEPENDENT REQUEST VALIDATION (AAA)

SITUATIONAL

Specifies the validity of the request and indicate follow-up action authorized.

Name	Yes/No Condition or Response Code
Purpose/Definition	Designates whether the request is valid or invalid.
Codes	N No Y Yes
Attributes	REQUIRED AAA01 1073 M ID 1/1

Name	Reject Reason Code
Purpose/Definition	Identifies the reason for rejection. Required if AAA01 = "N".
Codes	15 Required application data missing 33 Input Errors 56 Inappropriate Date
Attributes	SITUATIONAL AAA03 901 O ID 2/2

Name	Follow-up Action Code
Purpose/Definition	Identifies the follow-up actions allowed.
Codes	C Please Correct and Resubmit N Resubmission Not Allowed
Attributes	SITUATIONAL AAA04 889 O ID 1/1



ACCIDENT DATE (DTP)**SITUATIONAL**

Specifies the accident date.

Name	Date/Time Qualifier
Purpose/Definition	Indicates DTP03 is accident date.
Codes	439 Accident
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Accident date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

LAST MENSTRUAL PERIOD DATE (DTP)**SITUATIONAL**

Specifies the last menstrual period date.

Name	Date/Time Qualifier
Purpose/Definition	Indicates DTP03 is the last menstrual period date.
Codes	484 Last Menstrual Period
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Last menstrual period date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35



ESTIMATED DATE OF BIRTH (DTP)**SITUATIONAL**

Specifies the estimated date of birth.

Name	Date/Time Qualifier
Purpose/Definition	Indicates DTP03 is the estimated date of birth.
Codes	ABC Estimated Date of Birth
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Estimated date of birth.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

ONSET OF CURRENT SYMPTOMS OR ILLNESS DATE (DTP)**SITUATIONAL**

Specifies the onset of current symptoms or illness date (DTP).

Name	Date/Time Qualifier
Purpose/Definition	Indicates DTP03 is the onset of current symptoms or illness.
Codes	431 Onset of Current Symptoms or Illness
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Onset of current symptoms or illness date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35



DEPENDENT DIAGNOSIS (HI)**SITUATIONAL**

Supplies information related to the delivery of health care.

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	REQUIRED HI01 C022 M

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis BJ Admitting Diagnosis BK Principal Diagnosis
Attributes	REQUIRED HI01 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI01 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI01.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI01 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI01 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI02 C022 O



Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis BJ Admitting Diagnosis
Attributes	REQUIRED HI02 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI02 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI02.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI02 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI02 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI03 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI03 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI03 - 2 1271 M AN 1/30



Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI03 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI03 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI04 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI04 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI04 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI04.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI04 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI04 - 4 1251 X AN 1/35



Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI05 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI05 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI05 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI05.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI05 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	Diagnosis Date
Attributes	SITUATIONAL HI05 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI06 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI06 - 1 1270 M ID 1/3



Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI06 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI06.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI06 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI06 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI07 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI07 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI07 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI07.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI07 - 3 1250 X ID 2/3



Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	Diagnosis Date
Attributes	SITUATIONAL HI07 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI08 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI08 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI08 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI08.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI08 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI08 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI09 C022 O



Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI09 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI09 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI09.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI09 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI09 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI10 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	Required if X12N syntax conditions apply.

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI10 - 2 1271 M AN 1/30



Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI10.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI10 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI10 - 4 1251 X AN 1/35

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI11 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI11 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI11 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI11.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI11 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI11 - 4 1251 X AN 1/35



Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL HI12 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific diagnosis code list.
Codes	BF Diagnosis
Attributes	REQUIRED HI12 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Diagnosis code.
Codes	
Attributes	REQUIRED HI12 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Identifies the date format in HI12.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	SITUATIONAL HI12 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Diagnosis date.
Codes	
Attributes	SITUATIONAL HI12 - 4 1251 X AN 1/35

LOOP 2010D DEPENDENT NAME

DEPENDENT NAME (NM1)

REQUIRED

Conveys the name of the dependent who is the patient.

Name	Entity Identifier Code
Purpose/Definition	Indicates NM103 as the patient.
Codes	QC Patient
Attributes	REQUIRED NM101 98 M ID 2/3



Name	Entity Type Qualifier
Purpose/Definition	Indicates NM103 is a person.
Codes	1 Person
Attributes	REQUIRED NM102 1065 M ID 1/1

Name	Name Last or Organization Name
Purpose/Definition	Individual last name or organizational name.
Codes	
Attributes	SITUATIONAL NM103 1035 O AN 1/35

Name	Name First
Purpose/Definition	Individual first name.
Codes	
Attributes	SITUATIONAL NM104 1036 O AN 1/25

Name	Name Middle
Purpose/Definition	Individual middle name or initial.
Codes	
Attributes	SITUATIONAL NM105 1037 O AN 1/25

Name	Name Suffix
Purpose/Definition	Suffix to individual name.
Codes	
Attributes	SITUATIONAL NM107 1039 O AN 1/10

Name	Identification Code Qualifier
Purpose/Definition	Indicates the type of identification in NM109.
Codes	MI Member Identification Number ZZ Mutually Defined
Attributes	SITUATIONAL NM108 66 X ID 1/2

Name	Identification Code
Purpose/Definition	Dependent Primary Identifier.
Codes	
Attributes	SITUATIONAL NM109 67 X AN 2/80



DEPENDENT SUPPLEMENTAL IDENTIFICATION (REF)**SITUATIONAL**

Specifies identifying information when necessary to provide supplemental identifiers for the dependent.

Name	Reference Identification Qualifier
Purpose/Definition	Indicates the type of identifier in REF02.
Codes	A6 Employee Identification Number EJ Patient Account Number SY Social Security Number
Attributes	REQUIRED REF01 128 M ID 2/3

Name	Reference Identification
Purpose/Definition	Dependent Supplemental Identifier.
Codes	
Attributes	REQUIRED REF02 127 X AN 1/30

DEPENDENT REQUEST VALIDATION (AAA)**SITUATIONAL**

Specify the validity of the request and indicate follow-up action authorized.

Name	Yes/No Condition or Response Code
Purpose/Definition	Designates whether the request is valid or invalid.
Codes	N No Y Yes
Attributes	REQUIRED AAA01 1073 M ID 1/1

Name	Reject Reason Code
Purpose/Definition	Identifies the reason for rejection.
Codes	15 Required application data missing 33 Input Error 58 Invalid/Missing Date-of-Birth 64 Invalid/Missing Patient ID 65 Invalid/Missing Patient Name 66 Invalid/Missing Patient Gender Code 67 Patient Not Found 68 Duplicate Patient ID Number 71 Patient Birth Date Does Not Match That for the Patient on the Database 77 Subscriber Found, Patient Not Found 95 Patient Not Eligible
Attributes	SITUATIONAL AAA03 901 O ID 2/2

Name	Follow-up Action Code
Purpose/Definition	Identifies follow-up actions allowed.



Codes	C Please Correct and Resubmit N Resubmission Not Allowed
Attributes	SITUATIONAL AAA04 889 O ID 1/1

DEPENDENT DEMOGRAPHIC INFORMATION (DMG)

SITUATIONAL

Supplies demographic information about the dependent.

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the type of date in DMG02.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DMG01 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	The date of birth.
Codes	
Attributes	REQUIRED DMG02 1251 X AN 1/35

Name	Gender Code
Purpose/Definition	Indicates the sex of the individual.
Codes	F Female M Male U Unknown
Attributes	SITUATIONAL DMG03 1068 O ID 1/1

DEPENDENT RELATIONSHIP (INS)

SITUATIONAL

Conveys information on the relationship of the dependent to the insured.

Name	Yes/No Condition or Response Code
Purpose/Definition	Indicates status of the insured.
Codes	N No
Attributes	REQUIRED INS01 1073 M ID 1/1

Name	Individual Relationship Code
Purpose/Definition	Indicates the relationship between two individuals or entities.
Codes	01 Spouse 04 Grandfather or Grandmother 05 Grandson or Granddaughter 07 Nephew or Niece 09 Adopted Child 10 Foster Child



	15 Ward 17 Stepson or Stepdaughter 19 Child 20 Employee 21 Unknown 22 Handicapped Dependent 23 Sponsored Dependent 24 Dependent of a Minor Dependent 29 Significant Other 32 Mother 33 Father 34 Other Adult 39 Organ Donor 40 Cadaver Donor 41 Injured Plaintiff 43 Child Where Insured Has No Financial Responsibility 53 Life Partner G8 Other Relationship
Attributes	REQUIRED INS02 1069 M ID 2/2

Name	Number
Purpose/Definition	Identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.).
Codes	
Attributes	SITUATIONAL INS17 1470 O N0 1/9

LOOP 2000E SERVICE PROVIDER

SERVICE PROVIDER LEVEL (HL)

REQUIRED

identifies the specific person, group practice, facility, or specialty entity to provide services.

Name	Hierarchical ID Number
Purpose/Definition	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
Codes	
Attributes	REQUIRED HL01 628 M AN 1/12



Name	Hierarchical Parent ID Number
Purpose/Definition	Identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
Codes	
Attributes	REQUIRED HL02 734 O AN 1/12

Name	Hierarchical Level Code
Purpose/Definition	Defines the characteristic of a level in a hierarchical structure as the provider of service.
Codes	19 Provider of Service
Attributes	REQUIRED HL03 735 M ID 1/2

Name	Hierarchical Child Code
Purpose/Definition	Indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Codes	1 Additional Subordinate HL Data Segment in This Hierarchical Structure.
Attributes	REQUIRED HL04 736 O ID 1/1

MESSAGE TEXT (MSG)

SITUATIONAL

Provides a free-form format that allows the transmission of text information.

Name	Free-Form Message Text
Purpose/Definition	Free-form message text.
Codes	
Attributes	REQUIRED MSG01 933 M AN 1/264

LOOP 2010E SERVICE PROVIDER NAME

SERVICE PROVIDER NAME (NM1)

REQUIRED

Convey the name and identification number of the service provider (person, group, or facility) or to identify the specialty entity.

Name	Entity Identifier Code
Purpose/Definition	Identifies the type of service provider in NM103.
Codes	1T Physician, Clinic or Group Practice FA Facility SJ Service Provider
Attributes	REQUIRED NM101 98 M ID 2/3



Name	Entity Type Qualifier
Purpose/Definition	Indicates NM103 is a person or an organization.
Codes	1 Person 2 Non-Person Entity
Attributes	REQUIRED NM102 1065 M ID 1/1

Name	Name Last or Organization Name
Purpose/Definition	Service provider last name or organizational name.
Codes	
Attributes	SITUATIONAL NM103 1035 O AN 1/35

Name	Name First
Purpose/Definition	Service provider first name.
Codes	
Attributes	SITUATIONAL NM104 1036 O AN 1/25

Name	Name Middle
Purpose/Definition	Individual middle name or initial. Required if NM104 is present and the middle name/initial of the person is known.
Codes	
Attributes	SITUATIONAL NM105 1037 O AN 1/25

Name	Name Suffix
Purpose/Definition	Suffix to service provider name.
Codes	
Attributes	SITUATIONAL NM107 1039 O AN 1/10

Name	Identification Code Qualifier
Purpose/Definition	Indicates the type of identifier in NM109.
Codes	24 Employer's Identification Number 34 Social Security Number 46 Electronic Transmitter Identification Number (ETIN) XX Health Care Financing Administration National Provider Identifier
Attributes	SITUATIONAL NM108 66 X ID 1/2

Name	Identification Code
Purpose/Definition	Service provider identifier.
Codes	
Attributes	SITUATIONAL NM109 67 X AN 2/80



SERVICE PROVIDER SUPPLEMENTAL IDENTIFICATION (REF)**SITUATIONAL**

Specifies identifying information when necessary to provide supplemental identifiers for the service provider.

Name	Reference Identification Qualifier
Purpose/Definition	Indicates the type of identifier in REF02.
Codes	1G Provider UPIN Number 1J Facility ID Number EI Employer's Identification Number N5 Provider Plan Network Identification Number N7 Facility Network Identification Number SY Social Security Number ZH Carrier Assigned Reference Number
Attributes	REQUIRED REF01 128 M ID 2/3

Name	Reference Identification
Purpose/Definition	Service Provider Supplemental Identifier.
Codes	
Attributes	REQUIRED REF02 127 X AN 1/30

SERVICE PROVIDER ADDRESS (N3)**SITUATIONAL**

Specifies the location of the named party.

Name	Address Information
Purpose/Definition	First line of the service provider's address.
Codes	
Attributes	REQUIRED N301 166 M AN 1/55

Name	Address Information
Purpose/Definition	Second address line.
Codes	
Attributes	SITUATIONAL N302 166 O AN 1/55



SERVICE PROVIDER CITY/STATE/ZIP CODE (N4)**SITUATIONAL**

Specifies the geographic place of the named party.

Name	City Name
Purpose/Definition	Service Provider city name.
Codes	
Attributes	SITUATIONAL N401 19 O AN 2/30

Name	State or Province Code
Purpose/Definition	Service Provider state or province code.
Codes	
Attributes	SITUATIONAL N402 156 O ID 2/2

Name	Postal Code
Purpose/Definition	Service Provider postal zone or zip code.
Codes	
Attributes	SITUATIONAL N403 116 O ID 3/15

Name	Country Code
Purpose/Definition	Service Provider country code.
Codes	
Attributes	SITUATIONAL N404 26 O ID 2/3

SERVICE PROVIDER CONTACT INFORMATION (PER)**SITUATIONAL**

Identifies a contact name and/or communications number for the service provider.

Name	Contact Function Code
Purpose/Definition	Identifies PER02 as the information contact.
Codes	IC Information Contact
Attributes	REQUIRED PER01 366 M ID 2/2

Name	Name
Purpose/Definition	Service Provider contact name.
Codes	
Attributes	SITUATIONAL PER02 93 O AN 1/60



Name	Communication Number Qualifier
Purpose/Definition	Indicates type of contact communication number in PER04.
Codes	EM Electronic Mail FX Facsimile TE Telephone
Attributes	SITUATIONAL PER03 365 X ID 2/2

Name	Communication Number
Purpose/Definition	Service Provider contact communication number.
Codes	
Attributes	SITUATIONAL PER04 364 X AN 1/80

Name	Communication Number Qualifier
Purpose/Definition	Identifies the type of communication number in PER06.
Codes	EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone
Attributes	SITUATIONAL PER05 365 X ID 2/2

Name	Communication Number
Purpose/Definition	Service Provider contact communication number.
Codes	
Attributes	SITUATIONAL PER06 364 X AN 1/80

Name	Communication Number Qualifier
Purpose/Definition	Identifies the type of communication number in PER08.
Codes	EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone
Attributes	SITUATIONAL PER07 365 X ID 2/2

Name	Communication Number
Purpose/Definition	Service Provider contact communication number.
Codes	
Attributes	SITUATIONAL PER08 364 X AN 1/80



SERVICE PROVIDER REQUEST VALIDATION (AAA)**SITUATIONAL**

Specifies the validity of the request and indicate follow-up action authorized.

Name	Yes/No Condition or Response Code
Purpose/Definition	Indicates a Yes or No condition or response.
Codes	Valid Request Indicator N No Y Yes
Attributes	REQUIRED AAA01 1073 M ID 1/1

Name	Reject Reason Code
Purpose/Definition	Identifies reason for rejection.
Codes	15 Required application data missing 33 Input Errors 35 Out of Network 41 Authorization/Access Restrictions 43 Invalid/Missing Provider Identification 44 Invalid/Missing Provider Name 45 Invalid/Missing Provider Specialty 46 Invalid/Missing Provider Phone Number 47 Invalid/Missing Provider State 49 Provider is Not Primary Care Physician 51 Provider Not on File 52 Service Dates Not Within Provider Plan Enrollment 79 Invalid Participant Identification 97 Invalid or Missing Provider Address
Attributes	SITUATIONAL AAA03 901 O ID 2/2

Name	Follow-up Action Code
Purpose/Definition	Identifies follow-up actions allowed.
Codes	C Please Correct and Resubmit N Resubmission Not Allowed
Attributes	SITUATIONAL AAA04 889 O ID 1/1

SERVICE PROVIDER INFORMATION (PRV)**SITUATIONAL**

Specifies the identifying characteristics of a provider.

Name	Provider Code
Purpose/Definition	Identifies the type of provider.
Codes	AD Admitting AS Assistant Surgeon AT Attending CO Consulting



	CV Covering OP Operating OR Ordering OT Other Physician PC Primary Care Physician PE Performing
Attributes	REQUIRED PRV01 1221 M ID 1/3

Name	Reference Identification Qualifier
Purpose/Definition	Code qualifying the Reference Identification. ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code).
Codes	ZZ Mutually Defined Health Care Provider Taxonomy Code List
Attributes	REQUIRED PRV02 128 M ID 2/

Name	Reference Identification
Purpose/Definition	Defines a particular Transaction Set .
Codes	
Attributes	REQUIRED PRV03 127 M AN 1/30

LOOP 2000F SERVICE LEVEL

SERVICE LEVEL (HL)

REQUIRED

Identifies the relationship between hierarchically related groups of data segments.

Name	Hierarchical ID Number
Purpose/Definition	Unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
Codes	
Attributes	REQUIRED HL01 628 M AN 1/12

Name	Hierarchical Parent ID Number
Purpose/Definition	Identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
Codes	
Attributes	REQUIRED HL02 734 O AN 1/12

Name	Hierarchical Level Code
Purpose/Definition	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.
Codes	SS Services



Attributes	REQUIRED HL03 735 M ID 1/2
Name	Hierarchical Child Code
Purpose/Definition	Indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Codes	0 No Subordinate HL Segment in This Hierarchical Structure
Attributes	REQUIRED HL04 736 O ID 1/1

SERVICE TRACE NUMBER (TRN)

SITUATIONAL

Identifies a transaction to an application.

Name	Trace Type Code
Purpose/Definition	Identifies which transaction is being referenced.
Codes	1 Current Transaction Trace Numbers 2 Referenced Transaction Trace Numbers
Attributes	REQUIRED TRN01 481 M ID 1/2

Name	Reference Identification
Purpose/Definition	Defines a particular Transaction Set or as specified by the Reference Identification Qualifier.
Codes	
Attributes	REQUIRED TRN02 127 M AN 1/30

Name	Originating Company Identifier
Purpose/Definition	Identifies the company initiating the funds transfer instructions.
Codes	
Attributes	REQUIRED TRN03 509 O AN 10/10

Name	Reference Identification
Purpose/Definition	Identifies a further subdivision within the organization in TRN03.
Codes	
Attributes	SITUATIONAL TRN04 127 O AN 1/30



SERVICE REQUEST VALIDATION (AAA)**SITUATIONAL**

Specifies the validity of the request and indicate follow-up action authorized.

Name	Yes/No Condition or Response Code
Purpose/Definition	Designates whether the request is valid or invalid.
Codes	N No Y Yes
Attributes	REQUIRED AAA01 1073 M ID 1/1

Name	Reject Reason Code
Purpose/Definition	Identifies the reason for rejection.
Codes	15 Required application data missing 33 Input Errors 52 Service Dates Not Within Provider Plan Enrollment 57 Invalid/Missing Date(s) of Service 60 Date of Birth Follows Date(s) of Service 61 Date of Death Precedes Date(s) of Service 62 Date of Service Not Within Allowable Inquiry Period T5 Certification Information Missing
Attributes	SITUATIONAL AAA03 901 O ID 2/2

Name	Follow-up Action Code
Purpose/Definition	Identifies follow-up actions allowed.
Codes	C Please Correct and Resubmit N Resubmission Not Allowed
Attributes	SITUATIONAL AAA04 889 O ID 1/1

HEALTH CARE SERVICES REVIEW INFORMATION (UM)**REQUIRED**

Specifies health care services review information and identifies the type of health care services review request to which this response pertains.

Name	Request Category Code
Purpose/Definition	Indicates a type of request.
Codes	AR Admission Review HS Health Services Review SC Specialty Care Review
Attributes	REQUIRED UM01 1525 M ID 1/2



Name	Certification Type Code
Purpose/Definition	Indicates the type of certification.
Codes	1 Appeal – Immediate 2 Appeal – Standard 3 Cancel 4 Extension I Initial R Renewal S Revised
Attributes	REQUIRED UM02 1322 O ID 1/1

Name	Service Type Code
Purpose/Definition	Identifies the classification of service.
Codes	1 Medical Care 2 Surgical 3 Consultation 4 Diagnostic X-Ray 5 Diagnostic Lab 6 Radiation Therapy 7 Anesthesia 8 Surgical Assistance 12 Durable Medical Equipment Purchase 14 Renal Supplies in the Home 15 Alternate Method Dialysis 16 Chronic Renal Disease (CRD) Equipment 17 Pre-Admission Testing 18 Durable Medical Equipment Rental 20 Second Surgical Opinion 21 Third Surgical Opinion 23 Diagnostic Dental 24 Periodontics 25 Restorative 26 Endodontics 27 Maxillofacial Prosthetics 28 Adjunctive Dental Services 33 Chiropractic 34 Chiropractic Office Visits 35 Dental Care 36 Dental Crowns 37 Dental Accident 38 Orthodontics 39 Prosthodontics 40 Oral Surgery 42 Home Health Care 44 Home Health Visits 45 Hospice 46 Respite Care

HIPAA

Handbook for Health Care Services Review --
Request for Review and Response (278)

Transaction

Decision Support 2000+

DRAFT 5/21/02



	48 Hospital - Inpatient
	50 Hospital - Outpatient
	51 Hospital - Emergency Accident
	52 Hospital - Emergency Medical
	53 Hospital - Ambulatory Surgical
	54 Long Term Care
	56 Medically Related Transportation
	57 Air Transportation
	58 Cabulance
	59 Licensed Ambulance
	61 In-vitro Fertilization
	62 MRI/CAT Scan
	63 Donor Procedures
	64 Acupuncture
	65 Newborn Care
	67 Smoking Cessation
	68 Well Baby Care
	69 Maternity
	70 Transplants
	71 Audiology Exam
	72 Inhalation Therapy
	73 Diagnostic Medical
	74 Private Duty Nursing
	75 Prosthetic Device
	76 Dialysis
	77 Otological Exam
	78 Chemotherapy
	79 Allergy Testing
	80 Immunizations
	82 Family Planning
	83 Infertility
	84 Abortion
	85 AIDS
	86 Emergency Services
	93 Podiatry
	94 Podiatry - Office Visits
	95 Podiatry - Nursing Home Visits
	98 Professional (Physician) Visit - Office
	99 Professional (Physician) Visit - Inpatient
	A0 Professional (Physician) Visit - Outpatient
	A1 Professional (Physician) Visit - Nursing Home
	A2 Professional (Physician) Visit - Skilled Nursing Facility
	A3 Professional (Physician) Visit - Home
	A4 Psychiatric
	A6 Psychotherapy
	A7 Psychiatric - Inpatient
	A8 Psychiatric - Outpatient
	A9 Rehabilitation
	AB Rehabilitation - Inpatient



	AC Rehabilitation - Outpatient AD Occupational Therapy AE Physical Medicine AF Speech Therapy AG Skilled Nursing Care AI Substance Abuse AJ Alcoholism AK Drug Addiction AL Vision (Optometry) AR Experimental Drug Therapy BB Partial Hospitalization (Psychiatric) BC Day Care (Psychiatric) BD Cognitive Therapy BE Massage Therapy BF Pulmonary Rehabilitation BG Cardiac Rehabilitation BS Invasive Procedures
Attributes	SITUATIONAL UM03 1365 O ID 1/2

Name	HEALTH CARE SERVICE LOCATION INFORMATION
Purpose/Definition	Provides information that identifies the place of service or the type of bill related to the location at which a health care service was rendered.
Codes	
Attributes	SITUATIONAL UM04 C023 O

Name	Facility Code Value
Purpose/Definition	Identifies the type of facility where services were performed.
Codes	
Attributes	REQUIRED UM04 - 1 1331 M AN 1/2

Name	Facility Code Qualifier
Purpose/Definition	Identifies the type of facility referenced in UM04-1.
Codes	A Uniform Billing Claim Form Bill Type B Place of service code from the FAO record of the Electronic Media Claims National Standard Format
Attributes	REQUIRED UM04 - 2 1332 O ID 1/2



Name	Level of Service Code
Purpose/Definition	Specifies the level of service rendered.
Codes	03 Emergency U Urgent
Attributes	SITUATIONAL UM06 1338 O ID 1/3

HEALTH CARE SERVICES REVIEW (HCR)

SITUATIONAL

Specifies the outcome of a health care services review and an associated reference number.

Name	Action Code
Purpose/Definition	Indicates type of action.
Codes	A1 Certified in total A3 Not Certified A4 Pended A6 Modified CT Contact Payer NA No Action Required
Attributes	REQUIRED HCR01 306 M ID 1/2

Name	Reference Identification
Purpose/Definition	Number assigned by the information source to this review outcome.
Codes	
Attributes	SITUATIONAL HCR02 127 O AN 1/30

Name	Reject Reason Code
Purpose/Definition	Assigned by issuer to identify reason for rejection.
Codes	35 Out of Network 36 Testing not Included 37 Request Forwarded To and Decision Response Forthcoming From an External Review Organization 41 Authorization/Access Restrictions 53 Inquired Benefit Inconsistent with Provider Type 69 Inconsistent with Patient's Age 70 Inconsistent with Patient's Gender 82 Not Medically Necessary 83 Level of Care Not Appropriate 84 Certification Not Required for this Service 85 Certification Responsibility of External Review Organization 86 Primary Care Service 87 Exceeds Plan Maximums 88 Non-covered Service



	89 No Prior Approval 90 Requested Information Not Received 91 Duplicate Request 92 Service Inconsistent with Diagnosis 96 Pre-existing Condition 98 Experimental Service or Procedure E8 Requires Medical Review
Attributes	SITUATIONAL HCR03 901 O ID 2/2

Name	Yes/No Condition or Response Code
Purpose/Definition	Second surgical opinion indicator.
Codes	N No Y Yes
Attributes	SITUATIONAL HCR04 1073 O ID 1/1

PREVIOUS CERTIFICATION IDENTIFICATION (REF)

SITUATIONAL

The certification number assigned by the UMO to the original service review outcome associated with this service review.

Name	Reference Identification Qualifier
Purpose/Definition	Indicates the identifier ini REF02 is an authorization number.
Codes	BB Authorization Number
Attributes	REQUIRED REF01 128 M ID 2/3

Name	Reference Identification
Purpose/Definition	Previous Certification Identifier.
Codes	
Attributes	REQUIRED REF02 127 X AN 1/30

SERVICE DATE (DTP)

SITUATIONAL

Specifies any or all of a date, a time, or a time period.

Name	Date/Time Qualifier
Purpose/Definition	Specifies type of date.
Codes	472 Service
Attributes	REQUIRED DTP01 374 M ID 3/3



Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format that appears in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Proposed or actual service date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

ADMISSION DATE (DTP)

SITUATIONAL

Specifies a date or time period for the proposed or actual date of admission.

Name	Date/Time Qualifier
Purpose/Definition	Indicates DTP03 is an admission date.
Codes	435 Admission
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	The date or period format that appears in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Proposed or actual admission date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

DISCHARGE DATE (DTP)

SITUATIONAL

Specifies a date, a time for the proposed or actual date of discharge from a facility.

Name	Date/Time Qualifier
Purpose/Definition	Indicates DTP03 is a surgery date.
Codes	096 Discharge
Attributes	REQUIRED DTP01 374 M ID 3/3



Name	Date Time Period Format Qualifier
Purpose/Definition	The date format that appears in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Proposed or actual discharge date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

SURGERY DATE (DTP)

SITUATIONAL

Specifies a date for the proposed or actual date of surgery.

Name	Date/Time Qualifier
Purpose/Definition	Indicates DTP03 is a surgery date.
Codes	456 Surgery
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	The date format that appears in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Proposed or actual surgery date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

CERTIFICATION ISSUE DATE (DTP)

SITUATIONAL

Specifies a date for the date when the certification was issued.

Name	Date/Time Qualifier
Purpose/Definition	Indicates DTP03 is an issue date.
Codes	102 Issue
Attributes	REQUIRED DTP01 374 M ID 3/3



Name	Date Time Period Format Qualifier
Purpose/Definition	The date format that appears in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Certification issue date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

CERTIFICATION EXPIRATION DATE (DTP)

SITUATIONAL

If the certification has an expiration date, this indicates the date on which the certification will expire.

Name	Date/Time Qualifier
Purpose/Definition	Indicates DTP03 is an expiration date.
Codes	036 Expiration
Attributes	REQUIRED DTP01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	The date or time format that appears in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Certification expiration date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

CERTIFICATION EFFECTIVE DATE (DTP)

SITUATIONAL

If the certification is limited by effective dates, this indicates the date or date range when the certification is effective.

Name	Date/Time Qualifier
Purpose/Definition	Indicates DTP03 is the effective date.
Codes	007 Effective
Attributes	REQUIRED DTP01 374 M ID 3/3



Name	Date Time Period Format Qualifier
Purpose/Definition	The date or period format that appears in DTP03.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
Attributes	REQUIRED DTP02 1250 M ID 2/3

Name	Date Time Period
Purpose/Definition	Certification effective date.
Codes	
Attributes	REQUIRED DTP03 1251 M AN 1/35

PROCEDURES (HI)

SITUATIONAL

Supplies information related to the delivery of health care for specific services and procedures.

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used o send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	REQUIRED HI01 C022 M

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific industry code list for HI01.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI01 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI01 - 2 1271 M AN 1/30



Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI01-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
Attributes	SITUATIONAL HI01 – 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI01 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI01 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, Release or Industry Identifier.
Codes	
Attributes	SITUATIONAL HI01 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities. Use this for the second procedure.
Codes	
Attributes	SITUATIONAL HI02 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific industry code list for HI02.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI02 - 1 1270 M ID 1/3



Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI02 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI02-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
Attributes	SITUATIONAL HI02 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI02 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI02 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, Release or Industry Identifier.
Codes	
Attributes	SITUATIONAL HI02 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL H103 C022 O



Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific industry code list for HI03.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI03 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI03 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format for HI03-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL HI03 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI03 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI03 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, Release or Industry Identifier.
Codes	
Attributes	SITUATIONAL HI03 - 7 799 O AN 1/30



Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL H104 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific industry code list.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI04 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI04 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI04-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL HI04 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI04 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI04 - 6 380 O R 1/15



Name	Version Identifier
Purpose/Definition	Version, Release or Industry Identifier.
Codes	
Attributes	SITUATIONAL HI04 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL H105 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific industry code list.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI05 – 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI05 – 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI05-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL HI05 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI05 - 4 1251 X AN 1/35



Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI05 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, Release or Industry Identifier.
Codes	
Attributes	SITUATIONAL HI05 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL H106 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific industry code list for HI06-2.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI06 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI06 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format for HI06-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL HI06 - 3 1250 X ID 2/3



Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI06 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI06 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, Release or Industry Identifier.
Codes	
Attributes	SITUATIONAL HI06 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL H107 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific industry code list for HI07-2.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI07 – 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI07 - 2 1271 M AN 1/30



Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI07-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
Attributes	SITUATIONAL HI07 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI07 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI07 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, Release or Industry Identifier.
Codes	
Attributes	SITUATIONAL HI07 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL H108 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific industry code list for HI08-2.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI08 - 1 1270 M ID 1/3



Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI08 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI08-4..
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
Attributes	SITUATIONAL HI08 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI08 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI08 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, Release or Industry Identifier.
Codes	
Attributes	SITUATIONAL HI08 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL H109 C022 O



Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific industry code list for HI09-2.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI09 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI09 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI09-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL HI09 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI09 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI09 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, Release or Industry Identifier.
Codes	
Attributes	SITUATIONAL HI09 - 7 799 O AN 1/30



Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL H110 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific industry code list for HI10-2.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI10 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI10 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI10.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL HI10 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI10 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI10 - 6 380 O R 1/15



Name	Version Identifier
Purpose/Definition	Version, Release or Industry Identifier.
Codes	
Attributes	SITUATIONAL HI10 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL H111 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific industry code list for HI11.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI11 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI11 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI11.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL HI11 - 3 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI11 - 4 1251 X AN 1/35



Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI11 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, Release or Industry Identifier.
Codes	
Attributes	SITUATIONAL HI11 - 7 799 O AN 1/30

Name	HEALTH CARE CODE INFORMATION
Purpose/Definition	Used to send health care codes and their associated dates, amounts and quantities.
Codes	
Attributes	SITUATIONAL H112 C022 O

Name	Code List Qualifier Code
Purpose/Definition	Identifies a specific industry code list for HI12.
Codes	BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System NDC National Drug Code (NDC) ZZ Mutually Defined
Attributes	REQUIRED HI12 - 1 1270 M ID 1/3

Name	Industry Code
Purpose/Definition	Procedure code.
Codes	
Attributes	REQUIRED HI12 - 2 1271 M AN 1/30

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in HI12-4.
Codes	D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL HI12 - 3 1250 X ID 2/3



Name	Date Time Period
Purpose/Definition	Procedure date.
Codes	
Attributes	SITUATIONAL HI12 - 4 1251 X AN 1/35

Name	Quantity
Purpose/Definition	Procedure quantity.
Codes	
Attributes	SITUATIONAL HI12 - 6 380 O R 1/15

Name	Version Identifier
Purpose/Definition	Version, Release or Industry Identifier.
Codes	
Attributes	SITUATIONAL HI12 - 7 799 O AN 1/30

LOOP: 2000F SERVICE LEVEL

HEALTH CARE SERVICES DELIVERY (HSD)

Specifies the delivery pattern of health care services.

SITUATIONAL

Name	Quantity Qualifier
Purpose/Definition	Indicates the type of service count quantified in HSD02.
Codes	DY Days FL Units HS Hours MN Month VS Visits
Attributes	SITUATIONAL HSD01 673 X ID 2/2

Name	Quantity
Purpose/Definition	Number for the quantity of services to be rendered.
Codes	
Attributes	SITUATIONAL HSD02 380 X R 1/15



Name	Unit or Basis for Measurement Code
Purpose/Definition	The timeframe in which the quantity of services in HSD02 will be rendered.
Codes	DA Days MO Months WK Week
Attributes	SITUATIONAL HSD03 355 O ID 2/2

Name	Sample Selection Modulus
Purpose/Definition	Specifies the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes.
Codes	
Attributes	SITUATIONAL HSD04 1167 O R 1/6

Name	Time Period Qualifier
Purpose/Definition	Defines periods.
Codes	6 Hour 21 Years 7 Day 26 Episode 27 Visit 34 Month 35 Week
Attributes	SITUATIONAL HSD05 615 X ID 1/2

Name	Number of Periods
Purpose/Definition	Number of periods.
Codes	
Attributes	SITUATIONAL HSD06 616 O N0 1/3

Name	Ship/Delivery or Calendar Pattern Code
Purpose/Definition	Specifies the routine shipments, deliveries, or calendar pattern.
Codes	1 1st Week of the Month 2 2nd Week of the Month 3 3rd Week of the Month 4 4th Week of the Month 5 5th Week of the Month 6 1st & 3rd Weeks of the Month 7 2nd & 4th Weeks of the Month 8 1st Working Day of Period 9 Last Working Day of Period A Monday through Friday



	B Monday through Saturday C Monday through Sunday D Monday E Tuesday F Wednesday G Thursday H Friday J Saturday K Sunday L Monday through Thursday M Immediately N As Directed O Daily Mon. through Fri. P 1/2 Mon. & 1/2 Thurs. Q 1/2 Tues. & 1/2 Thurs. R 1/2 Wed. & 1/2 Fri. S Once Anytime Mon. through Fri. SA Sunday, Monday, Thursday, Friday, Saturday SB Tuesday through Saturday SC Sunday, Wednesday, Thursday, Friday, Saturday SD Monday, Wednesday, Thursday, Friday, Saturday SG Tuesday through Friday SL Monday, Tuesday and Thursday SP Monday, Tuesday and Friday SX Wednesday and Thursday SY Monday, Wednesday and Thursday SZ Tuesday, Thursday and Friday T 1/2 Tue. & 1/2 Fri. U 1/2 Mon. & 1/2 Wed. V 1/3 Mon., 1/3 Wed., 1/3 Fri. W Whenever Necessary X 1/2 By Wed., Bal. By Fri. Y None (Also Used to Cancel or Override a Previous Pattern)
Attributes	SITUATIONAL HSD07 678 O ID 1/2

Name	Ship/Delivery Pattern Time Code
Purpose/Definition	Specifies the time delivery pattern for the services.
Codes	Delivery Pattern Time Code A 1st Shift (Normal Working Hours) B 2nd Shift C 3rd Shift D A.M. E P.M. F As Directed G Any Shift Y None (Also Used to Cancel or Override a Previous Pattern)
Attributes	SITUATIONAL HSD08 679 O ID 1/1



INSTITUTIONAL CLAIM CODE (CL1)

Supplies information specific to hospital claims.

SITUATIONAL

Name	Admission Type Code
Purpose/Definition	Indicates the priority of this admission.
Codes	
Attributes	SITUATIONAL CL101 1315 O ID 1/1

Name	Admission Source Code
Purpose/Definition	Indicates the source of this admission.
Codes	
Attributes	SITUATIONAL CL102 1314 O ID 1/1

Name	Patient Status Code
Purpose/Definition	Indicates the patient status as of the "statement covers through date".
Codes	
Attributes	SITUATIONAL CL103 1352 O ID 1/2

Name	Nursing Home Residential Status Code
Purpose/Definition	Specifies the status of a nursing home resident at the time of service.
Codes	1 Transferred to Intermediate Care Facility – Mentally Retarded (ICF-MR) 2 Newly Admitted 3 Newly Eligible 4 No Longer Eligible 5 Still a Resident 6 Temporary Absence - Hospital 7 Temporary Absence - Other 8 Transferred to Intermediate Care Facility - Level II (ICF II) 9 Other
Attributes	SITUATIONAL CL104 1345 O ID 1/1



AMBULANCE TRANSPORT INFORMATION (CR1)**SITUATIONAL**

Supplies information related to the ambulance service rendered to a patient.

Name	Ambulance Transport Code
Purpose/Definition	Indicates the type of ambulance transport.
Codes	I Initial Trip R Return Trip T Transfer Trip X Round Trip
Attributes	REQUIRED CR103 1316 O ID 1/1

Name	Unit or Basis for Measurement Code
Purpose/Definition	Specifies the units in CR106.
Codes	DH Miles DK Kilometers
Attributes	SITUATIONAL CR105 355 X ID 2/2

Name	Quantity
Purpose/Definition	The distance traveled during transport.
Codes	
Attributes	SITUATIONAL CR106 380 X R 1/15

Name	Address Information
Purpose/Definition	The address of the ambulance origin.
Codes	
Attributes	SITUATIONAL CR107 166 O AN 1/55

Name	Address Information
Purpose/Definition	The address of the ambulance destination.
Codes	
Attributes	SITUATIONAL CR108 166 O AN 1/55

SPINAL MANIPULATION SERVICE INFORMATION (CR2)**SITUATIONAL**

Supplies information related to the chiropractic service rendered to a patient.

Name	Count
Purpose/Definition	The number this treatment is in the series.
Codes	
Attributes	SITUATIONAL CR201 609 X N0 1/9



Name	Quantity
Purpose/Definition	The total number of treatments in the series.
Codes	
Attributes	SITUATIONAL CR202 380 X R 1/15

Name	Subluxation Level Code
Purpose/Definition	Identifies the specific level of subluxation.
Codes	C1 Cervical 1 C2 Cervical 2 C3 Cervical 3 C4 Cervical 4 C5 Cervical 5 C6 Cervical 6 C7 Cervical 7 CO Coccyx IL Ilium L1 Lumbar 1 L2 Lumbar 2 L3 Lumbar 3 L4 Lumbar 4 L5 Lumbar 5 OC Occiput SA Sacrum T1 Thoracic 1 T10 Thoracic 10 T11 Thoracic 11 T12 Thoracic 12 T2 Thoracic 2 T3 Thoracic 3 T4 Thoracic 4 T5 Thoracic 5 T6 Thoracic 6 T7 Thoracic 7 T8 Thoracic 8 T9 Thoracic 9
Attributes	SITUATIONAL CR203 1367 X ID 2/3



Name	Subluxation Level Code
Purpose/Definition	Identifies the specific level of subluxation. Use only if certification is for treatment involving subluxation to express the ending level of subluxation.
Codes	C1 Cervical 1 C2 Cervical 2 C3 Cervical 3 C4 Cervical 4 C5 Cervical 5 C6 Cervical 6 C7 Cervical 7 CO Coccyx IL Ilium L1 Lumbar 1 L2 Lumbar 2 L3 Lumbar 3 L4 Lumbar 4 L5 Lumbar 5 OC Occiput SA Sacrum T1 Thoracic 1 T10 Thoracic 10 T11 Thoracic 11 T12 Thoracic 12 T2 Thoracic 2 T3 Thoracic 3 T4 Thoracic 4 T5 Thoracic 5 T6 Thoracic 6 T7 Thoracic 7 T8 Thoracic 8 T9 Thoracic 9
Attributes	SITUATIONAL CR204 1367 O ID 2/3

Name	Unit or Basis for Measurement Code
Purpose/Definition	Specifies the units in CR206.
Codes	DA Days MO Months WK Week YR Years
Attributes	SITUATIONAL CR205 355 X ID 2/2



Name	Quantity
Purpose/Definition	The time period involved in the treatment series.
Codes	
Attributes	SITUATIONAL CR206 380 X R 1/15

Name	Quantity
Purpose/Definition	The number of treatments rendered in the month of service.
Codes	
Attributes	SITUATIONAL CR207 380 O R 1/15

HOME OXYGEN THERAPY INFORMATION (CR5)

SITUATIONAL

Supplies information regarding certification of medical necessity for home oxygen therapy.

Name	Oxygen Equipment Type Code
Purpose/Definition	Indicates the specific type of equipment being prescribed for the delivery of oxygen.
Codes	A Concentrator B Liquid Stationary C Gaseous Stationary D Liquid Portable E Gaseous Portable O Other
Attributes	SITUATIONAL CR503 1348 O ID 1/1

Name	Oxygen Equipment Type Code
Purpose/Definition	Indicates the specific type of equipment being prescribed for the delivery of oxygen. Required if CR503 is present and more than one type of equipment is required to administer the oxygen therapy.
Codes	A Concentrator B Liquid Stationary C Gaseous Stationary D Liquid Portable E Gaseous Portable O Other
Attributes	SITUATIONAL CR504 1348 O ID 1/1

Name	Description
Purpose/Definition	The reason for equipment.
Codes	
Attributes	SITUATIONAL CR505 352 O AN 1/80



Name	Quantity
Purpose/Definition	The oxygen flow rate in liters per minute.
Codes	
Attributes	REQUIRED CR506 380 O R 1/15

Name	Quantity
Purpose/Definition	The number of times per day the patient must use oxygen.
Codes	
Attributes	SITUATIONAL CR507 380 O R 1/15

Name	Quantity
Purpose/Definition	The number of hours per period of oxygen use.
Codes	
Attributes	SITUATIONAL CR508 380 O R 1/15

Name	Description
Purpose/Definition	The special orders for the respiratory therapist.
Codes	
Attributes	SITUATIONAL CR509 352 O AN 1/80

Name	Quantity
Purpose/Definition	The oxygen flow rate for a portable oxygen system in liters per minute.
Codes	
Attributes	SITUATIONAL CR516 380 O R 1/15

Name	Oxygen Delivery System Code
Purpose/Definition	Indicates if a particular form of delivery was prescribed.
Codes	A Nasal Cannula B Oxygen Conserving Device C Oxygen Conserving Device with Oxygen Pulse System D Oxygen Conserving Device with Reservoir System E Transtracheal Catheter
Attributes	REQUIRED CR517 1382 O ID 1/1



Name	Oxygen Equipment Type Code
Purpose/Definition	Indicates the specific type of equipment being prescribed for the delivery of oxygen.
Codes	A Concentrator B Liquid Stationary C Gaseous Stationary D Liquid Portable E Gaseous Portable O Other
Attributes	SITUATIONAL CR518 1348 O ID 1/1

HOME HEALTH CARE INFORMATION (CR6)

SITUATIONAL

Supplies information related to the certification of a home health care patient.

Name	Prognosis Code
Purpose/Definition	Indicates physician's prognosis for the patient.
Codes	1 Poor 2 Guarded 3 Fair 4 Good 5 Very Good 6 Excellent 7 Less than 6 Months to Live 8 Terminal
Attributes	REQUIRED CR601 923 M ID 1/1

Name	Date
Purpose/Definition	The date covered home health services began.
Codes	
Attributes	REQUIRED CR602 373 M DT 8/8

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in CR604.
Codes	RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
Attributes	SITUATIONAL CR603 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	The certification period covered by this plan of treatment.
Codes	
Attributes	SITUATIONAL CR604 1251 X AN 1/35



Name	Yes/No Condition or Response Code
Purpose/Definition	Indicates if the patient is covered by Medicare.
Codes	N No U Unknown Y Yes
Attributes	REQUIRED CR607 1073 M ID 1/1

Name	Certification Type Code
Purpose/Definition	Indicates the type of certification.
Codes	1 Appeal – Immediate 2 Appeal – Standard 3 Cancel 4 Extension I Initial R Renewal S Revised
Attributes	REQUIRED CR608 1322 M ID 1/1

MESSAGE TEXT (MSG)

SITUATIONAL

Provides a free-form format that allows the transmission of text information when other data elements cannot convey sufficient information about the health care services review.

Name	Free-Form Message Text
Purpose/Definition	Free-form message text.
Codes	Free Form Message Text
Attributes	REQUIRED MSG01 933 M AN 1/264

TRANSACTION SET TRAILER (SE)

REQUIRED

Indicates the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments).

Name	Number of Included Segments
Purpose/Definition	Total number of segments included in a transaction set including ST and SE segments.
Codes	
Attributes	REQUIRED SE01 96 M N0 1/10



Name	Transaction Set Control Number
Purpose/Definition	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.
Codes	
Attributes	REQUIRED SE02 329 M AN 4/9



VII. Key Terms and Important Issues

A. Business Definitions

Case management

Case management refers to the coordination of services to help meet a patient's health care needs, usually when the patient has a condition that requires multiple services from multiple providers. The 278 Health Care Services Review - Request for Review and Response transaction does not support requests for case management.

Dependent

A dependent is an individual who is eligible for coverage because of his or her association with a subscriber. Typically, a dependent is a member of the subscriber's family.

Insured or Member

An insured individual or member is a subscriber or dependent who has been enrolled for coverage under an insurance plan. Dependents of a Subscriber who have not been individually enrolled for coverage are not included in Insured or Member.

Long-term care

Long-term care refers to the range of services typically provided at skilled nursing, intermediate-care, personal care or elder-care facilities.

Patient event

Patient event in this guide service or group of services associated with a single episode of care. Examples include the following:

- ❑ an admission to a facility for treatment related to a specific patient condition or diagnosis or related group of diagnoses
- ❑ a referral to a specialty provider for a consult or testing to determine a specific diagnosis and appropriate treatment;
- ❑ services to be administered at a patient visit such as chiropractic treatment delivered in a single patient visit.

Payer/Insurer

The payer is the party that pays claims and/or administers the insurance coverage, benefit, or product. A payer can be an insurance company; Health Maintenance Organization (HMO); Preferred Provider Organization (PPO); a government agency, such as Medicare or Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); or another organization contracted by one of these groups.

Requester

Requester refers to providers (e.g., physicians, medical groups, independent physician associations, facilities) who request authorization or certification for a patient to receive health care services.



Service Provider

Service provider is the referred-to provider, specialist, specialty entity, group, or facility where the requested services are to be performed.

Utilization Management Organization (UMO)

UMO refers to insurance companies, health maintenance organizations, preferred provider organizations, health care purchasers, professional review organizations, other providers, and other utilization review entities who receive and respond to requests for authorization or certification. The UMO may or may not be the organization that makes the medical decision on a service review request. The UMO might have a relationship with a payer that calls for the payer to make a decision in certain cases. It is the role of the UMO to forward that request to the payer, receive the response from the payer, and then return the response to the requester. From the requester's perspective, the exchange of information is between the requester and the UMO

Subscriber

The subscriber is an individual eligible for coverage because of his or her association with a sponsor. Examples of subscribers include the following: employees; union members; and individuals covered under government programs, such as Medicare and Medicaid.

B. Technical Definitions and Issues

Data Standards

In the HIPAA framework, the transmission of data proceeds according to very strict format rules to ensure the integrity and maintain the efficiency of the interchange. These rules are contained in the ASC X12 standards.

Data standards may not be modified by specific trading partners. However, since the transactions in each trading partner's individual system will vary from site to site (e.g., payer to payer), it is important that trading partners communicate their processing capacity in trading partner agreements.

Control Segments

There are two types of transaction control segments, the header segment (the ST segment) and the trailer segment (the SE segment). Header and trailer segments are used to identify the sender and receiver; allow for authorization and security information; and specify various technical features of the transaction.

The header segment identifies the start of a transaction and the transaction set. The trailer segment identifies the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments.



If similar transaction sets (i.e., functional groups) are sent together in a transmission, the functional group is delineated by the functional group header (GS) segment and the functional group trailer (GE) segment. The functional group header segment starts and identifies one or more related transaction sets and provides a control number and application identification information. The functional group trailer defines the end of the functional group of related transaction sets and provides a count of contained transaction sets.

Use of Data Segments and Elements Marked “Situational”

Many data segments and elements are marked “situational”; users should consult the notes in the implementation guide to determine when they should be used.

Character Sets and Delimiters

Transactions use commonly accepted basic characters sets, although encoding schemes other than those specified in the Implementation Guides may be used as long as a common mapping is available and the parties to the transaction agree. Delimiters are characters used to separate two data elements (or subelements) or to terminate a segment. The delimiters are an integral part of the data. They are specified in the interchange header segment and must not be used in a data element value elsewhere in the interchange. Character sets and delimiters are shown in the full Implementation Guide.

Version and Release

This implementation guide is based upon the October 1997 ASC X12 standards, referred to as Version 4, Release 1, Sub-release 0 (004010).



VIII. List of External Code Sources Needed for this Transaction

- 5 Countries, Currencies and Funds
- 16 D-U-N-S Number
- 22 States and Outlying Areas of the U.S
- 51 ZIP Code
- 77 X12 Directories
- 121 Health Industry Identification Number
- 130 Health Care Financing Administration Common Procedural Coding System
- 131 International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
- 134 National Drug Code
- 135 American Dental Association Codes
- 230 Admission Source Code
- 231 Admission Type Code
- 236 Uniform Billing Claim Form Bill Type
- 237 Place of Service from Health Care Financing Administration Claim Form
- 239 Patient Status Code
- 240 National Drug Code by Format
- 245 National Association of Insurance Commissioners (NAIC) Code
- 513 Home Infusion EDI Coalition (HIEC) Product/Service Code List
- 540 Health Care Financing Administration National PlanID

