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HIPAA

**Master Data Set for Benefit Enrollment and Maintenance
Transaction (834)**

Decision Support 2000+

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**Survey and Analysis Branch
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I. Introduction

The HIPAA Benefit Enrollment and Maintenance Transaction (834) is used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy (i.e., the government agency, employer, or other entity that ultimately pays for the coverage) to a payer (i.e., the insurer or entity that pays the claims and/or administers the insurance coverage).

This Master Data Set 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 master data set; 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 IV defines key terms and elaborates on important issues for this transaction.

Information in this Master Data Set is intended to provide a user-friendly summary of the data contained in the Benefit Enrollment and Maintenance Transaction (834). When referenced in conjunction with the DS2000+ Handbook, the Master Data Set 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 Master Data Set has been taken directly from the Benefit Enrollment and Maintenance Transaction (834) Implementation Guide.¹

¹ Benefit Enrollment and Maintenance (834) Implementation Guide, ASCX12N 834 (004010X095), Washington Publishing Company, May 2000.

II. Overview of this Transaction

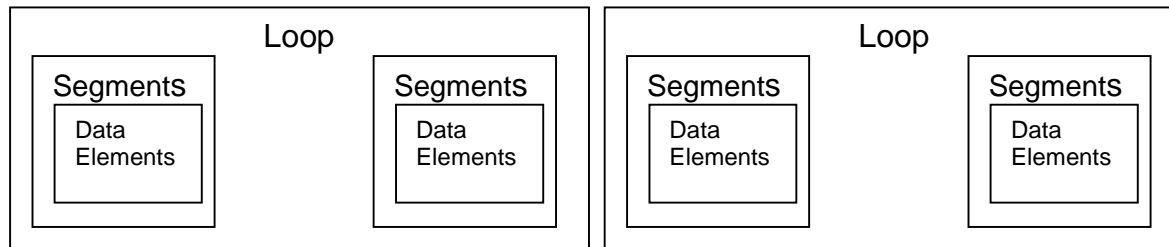
Uses of the Benefit Enrollment and Maintenance Transaction (834)

The Benefit Enrollment and Maintenance transaction is used by sponsors to provide initial benefit enrollment information to payers and to update the information as needed.

Structure of the Transaction Sets

Under HIPAA, business transactions (such as a group of benefit enrollments sent from a sponsor to a payer or a health care claim submitted by a provider 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, both in specified order; and a control segment called the trailer segment. Within each data segment, the data elements also 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 IV. 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. When claims are sorted according to the hierarchy, the information that applies to lower levels does not have to be repeated.

Figure 2 shows the hierarchical organization of the data in the transaction. First, the data are divided into two major groupings: Header and Detail. The Header begins with four segments that are followed by four loops and their segments. The Detail has one hierarchical level, member level, and within it nine loops, the last of which has two subordinate loops. 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.

Figure 2. Loop Hierarchy

Table 1 – Header
Header Segments
Loop 1000A Sponsor Name
Loop 1000B Payer
Loop 100C TPA/Broker Name
Loop 100C TPA/Broker Account

Table 2 – Detail

Loop 2000 Member Level Detail

Loop 2000A Member Name

Loop 2100B Incorrect Member Name

Loop 2100C Member Mailing Address

Loop 2100D Member Employer

Loop 2100E Member School

Loop 2100F Custodial Parent

Loop 2100G Responsible Person

Loop 2200 Disability Information

Loop 2300 Health Coverage

Loop 2310 Provider Information
Loop 2320 Coordination of Benefits

Transaction Set Trailer

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
-----	Transaction Set Header (ST)		To indicate the start of a transaction set and to assign a control number.	REQUIRED
		Transaction Set Identifier Code 834 Benefit Enrollment and Maintenance	Code uniquely identifying a Transaction Set. The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).	REQUIRED ST01 143 M ID 3/3
		Transaction Set Control Number	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges.	REQUIRED ST02 329 M AN 4/9
-----	Beginning Segment (BGN)		To indicate the beginning of a transaction set.	REQUIRED
		Transaction Set Purpose Code 00 Original 15 Re-Submission 22 Information Copy	Code identifying purpose of transaction set. If the original transaction has already been processed, an incoming transaction using this code may be rejected by the receiver. The rejection will be identified to the sender by telephone or other direct contact. The "00" indicates the first time the transaction is sent. Send the "15" when the original transmission was incorrect, has yet to be processed by the receiver, and a new corrected transmission is being sent. This transmission can then be pending by the receiver's translator for further review. Send the "22" when the original transmission was lost or not processed, and the sender is passing another transmission that is the same as the original.	REQUIRED BGN01 353 M ID 2/2

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LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. BGN02 is the transaction set reference number. Use the transaction set reference number assigned by the sender's application to uniquely identify this occurrence of the transaction for future reference.	REQUIRED BGN02 127 M AN 1/30
		Date	Date expressed as CCYYMMDD. BGN03 is the transaction set date. Use this date to identify the date that the submitter created the file.	REQUIRED BGN03 373 M DT 8/8
		Time	Time expressed in 24-hour clock time as follows: HHMM or HHMMSS. HHMMSSD, or HHMMSSDD, where H = hours (00-23), M= minutes (00-59), S= integer seconds (00-50) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). BGN04 is the transaction set time. Use this time to identify the time of day that the submitter created the file. This element is used as a time stamp to uniquely identify the transmission.	REQUIRED BGN04 337 X TM 4/8
		Time Code 01 Equivalent to ISO P01 02 Equivalent to ISO P02 03 Equivalent to ISO P03 04 Equivalent to ISO P04 05 Equivalent to ISO P05 06 Equivalent to ISO P06 07 Equivalent to ISO P07 08 Equivalent to ISO P08 09 Equivalent to ISO P09 10 Equivalent to ISO P10 11 Equivalent to ISO P11 12 Equivalent to ISO P12 13 Equivalent to ISO M12 14 Equivalent to ISO M11 15 Equivalent to ISO M10 16 Equivalent to ISO M09 17 Equivalent to ISO M08	Code identifying the time. In accordance with International Standards Organization standard 8601, time can be specified by a + or - and an indication in hours in relation to Universal Time Coordinate (UTC) time; since + is a restricted character, + and - are substituted by P and M in the codes that follow. BGN05 is the transaction set time qualifier. Use CODE SOURCE 94: International Organization for Standardization (Date and Time). Use the time code if the sender and receiver are not in the same time zone.	SITUATIONAL BGN05 623 O ID 2/2

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LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		18 Equivalent to ISO M07 19 Equivalent to ISO M06 20 Equivalent to ISO M05 21 Equivalent to ISO M04 22 Equivalent to ISO M03 23 Equivalent to ISO M02 24 Equivalent to ISO M01 AD Alaska Daylight Time AS Alaska Standard Time AT Alaska Time CD Central Daylight Time CS Central Standard Time CT Central Time ED Eastern Daylight Time ES Eastern Standard Time ET Eastern Time GM Greenwich Mean Time HD Hawaii-Aleutian Daylight Time HS Hawaii-Aleutian Standard Time HT Hawaii-Aleutian Time LT Local Time MD Mountain Daylight Time MS Mountain Standard Time MT Mountain Time ND Newfoundland Daylight Time NS Newfoundland Standard Time NT Newfoundland Time PD Pacific Daylight Time PS Pacific Standard Time PT Pacific Time TD Atlantic Daylight Time TS Atlantic Standard Time TT Atlantic Time UT Universal Time Coordinate		
		Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. BGN06 is the transaction set reference number of a previously sent transaction affected by the current transaction. If BGN01 equals 15 or 22, then BGN06 should be used to cross reference to the previously sent transaction.	SITUATIONAL BGN06 O AN 1/30
		Action Code	Code Identifying type of action.	REQUIRED BGN08 O ID 1/2

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LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		2 Change (Update) 4 Verify	Used to identify a transaction of additions, terminations and changes to the current enrollment. Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.	
-----	Transaction Set Policy Number (REF)		To specify identifying information. This segment can be used if a unique ID Number for a group applies to the entire transaction set. The definition of the Master Policy Number is determined by the issuer of the policy, the Payer/Plan Administrator. The Master Policy Number may be used to meet various business needs such as indicating the line of business under which the policy is defined. This segment is REQUIRED when the contract or trading partner agreement identify a Master Policy Number for use with electronic enrollment.	SITUATIONAL
		Reference Identification Qualifier 38 Master Policy Number	Code qualifying the Reference Identification.	REQUIRED REF01 128 M ID 2/3
		Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.	REQUIRED REF02 127 X AN 1/30
-----	File Effective Date (DTP)		To specify any or all of a date, a time, or a time period. To be sent when required by contract terms.	SITUATIONAL
		Date/Time Qualifier 007 Effective 303 Maintenance Effective 382 Enrollment 388 Payment Commencement	Code specifying type of date or time, or both date and time.	REQUIRED DTP01 374 M ID 3/3
		Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	Code indicating the date format, time format, or date and time format. DTP02 is the date or time or period format that will appear in DTP03.	REQUIRED DTP02 1250 M ID 2/3

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LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Date Time Period	Expression of a date, a time, or range of dates, times or dates and times.	REQUIRED DTP03 1251 M AN 1/35
1000A-SPONSOR NAME	Sponsor Name (N1)		To identify a party by type of organization, name, and code. Use this loop to identify the sponsor.	REQUIRED
		Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.	REQUIRED N101 98 M ID 2/3
		P5 Plan Sponsor		
		Name	Free-form name. This element may be used at the sender's discretion.	SITUATIONAL N102 93 X AN 1/60
		Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code (67).	REQUIRED N103 66 X ID 1/2
		FI Federal Taxpayer's ID number	The Federal Taxpayer's ID number can be used until the HIPAA standard identifier is implemented.	
		ZZ Mutually Defined	The value 'ZZ', when used in this data element will be the "HIPAA Employer Identifier" once this identifier has been adopted.	
		Identification Code		REQUIRED N104 67 X AN 2/80
			Code identifying a party or other code. This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.	
1000B-PAYER	Payer (N1)		To identify a party by type of organization, name, and code. Use this loop to identify the payer.	REQUIRED
		Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.	REQUIRED N101 98 M ID 2/3
		IN Insurer		
		Name	Free-form name. This element may be used at the sender's discretion.	SITUATIONAL N102 93 X AN 1/60

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LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		<p>Identification Code Qualifier</p> <p>FI Federal Taxpayer's Identification Number</p> <p>XV The Health Care Financing Administration National PlanID</p>	<p>Code designating the system/method of code structure used for Identification Code. CODE SOURCE 540: Health Care Financing Administration National Plan ID.</p> <p>The Health Care Financing Administration National PlanID will be required if the National Plan ID is mandated for use. Otherwise, one of the other listed codes may be used.</p>	REQUIRED N103 66 X ID 1/2
		<p>Identification Code</p>	<p>Code identifying a party or other code. This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.</p>	REQUIRED N104 67 X AN 2/80
1000C-TPA/BROKER NAME	TPA/Broker Name (N1)		To identify a party by type of organization, name, and code. TPA/Broker Name Loop (1000C) is required if a TPA or a Broker is involved.	SITUATIONAL
		<p>Entity Identifier Code</p> <p>BO Broker or Sales Office</p> <p>TV Third Party Administrator (TPA)</p>	Code identifying an organizational entity, a physical location, property or an individual.	REQUIRED N101 98 M ID 2/3
		<p>Name</p>	Free-form name.	REQUIRED N102 93 X AN 1/60
		<p>Identification Code Qualifier</p> <p>94 Code assigned by the organization that is the ultimate destination of the transaction set</p> <p>FI Federal Taxpayer's Identification Number</p>	Code designating the system/method of code structure used for Identification Code (67). CODE SOURCE 540: Health Care Financing Administration National Plan ID.	REQUIRED N103 66 X ID 1/2

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LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		XV Health Care Financing Administration National Plan ID.	Health Care Financing Administration National PlanID is required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.	
		Identification Code	Code identifying a party or other code. This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.	REQUIRED N104 67 X AN 2/80
1100C-TPA/BROKER ACCOUNT INFORMATION	TPA/Broker Account Information (ACT)		To specify account information. TPA/Broker Account Information Loop (1100C) is required if the account number of the TPA or Broker is different than the account number for the sponsor.	SITUATIONAL
		Account Number	Account number assigned.	REQUIRED ACT01 508 M AN 1/35
		Account Number	Account number assigned. Send if more than 1 TPA or Broker Account Number applies to this transaction.	SITUATIONAL ACT06 508 X AN 1/35
2000-MEMBER LEVEL DETAIL	Member Level Detail (INS)		To provide benefit information on insured entities. Subscriber information must precede dependent information in a transmission, or the subscriber information must have been submitted to the receiver in a previous transmission. No more than 10,000 INS segments can occur in a single 834 transaction. Multiple transactions within a single interchange can be used to transfer information on larger numbers of members.	REQUIRED
		Yes/No Condition or Response Code	Code indicating a Yes or No condition or response. INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber: an "N" value indicates the insured is a dependent. N No Y Yes	REQUIRED INS01 1073 M ID 1/1

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LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		<p>Individual Relationship</p> <p>01 Spouse 03 Father or Mother 04 Grandfather or Grandmother 05 Grandson or Granddaughter 06 Uncle or Aunt 07 Nephew or Niece 08 Cousin 09 Adopted Child 10 Foster Child 11 Son-in-law or Daughter-in-law 12 Brother-in-law or Sister-in-law 13 Mother-in-law or Father-in-law 14 Brother or Sister 15 Ward 17 Stepson or Stepdaughter 18 Self 19 Child 23 Sponsored Dependent 24 Dependent of a Minor Dependent 25 Ex-spouse 26 Guardian 31 Court Appointed Guardian 32 Mother 33 Father 38 Collateral Dependent</p>	<p>Code indicating the relationship between two individuals or entities, in this case, the subscriber and dependent. This value should be 18 for the subscriber. For dependents, use this value to identify the relationship to the subscriber. For example, a daughter would be value 19.</p> <p>Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy.</p> <p>Relative related by blood or marriage who resides in the home and is dependent on the insured for a major portion of their support.</p>	<p>REQUIRED INS02 1069 M ID 2/2</p>

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LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		48 Stepfather 49 Stepmother 53 Life Partner	This is a partner that acts like a spouse without a legal marriage commitment.	
		Maintenance Type Code 001 Change 021 Addition 024 Cancellation or Termination 025 Reinstatement 030 Audit or Compare	Code specifying the specific type of item maintenance record. Use this code to add a subscriber or dependent. Use this code for cancellation, termination, or deletion of a subscriber or dependent. Use this code for reinstatement of a cancelled subscriber/dependent record. Use this code when sending a full roster to verify that the sponsor and payer databases are synchronized.	REQUIRED INS03 875 O ID 3/3
		Maintenance Reason Code 01 Divorce 02 Birth 03 Death 04 Retirement 05 Adoption 06 Strike 07 Termination of Benefits 08 Termination of Employment 09 Consolidation Omnibus Budget Reconciliation Act (COBRA) 10 Consolidation Omnibus Budget Reconciliation Act (COBRA) Premium Paid 11 Surviving Spouse 14 Voluntary Withdrawal 15 Primary Care Provider (PCP) Change 16 Quit 17 Fired 18 Suspended 20 Active 21 Disability	Code identifying the reason for the maintenance change. Recommended: To be sent unless the trading partner agreement between the sponsor and payer allow this data element to not be sent.	SITUATIONAL INS04 1203 O ID 2/3

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LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		22 Plan Change	This is used when a member changes from one Plan to a different Plan. This is not intended to identify changes to a Plan.	
		25 Change in Identifying Data Elements	Use this code when a change has been made to the primary elements that identify an individual. Such primary elements include the following: first name, last name, Social Security Number, date of birth, and employee identification number.	
		26 Declined Coverage	The subscriber declined a previously active coverage.	
		27 Pre-Enrollment	This code can be used to enroll newborns prior to receiving the newborn's application.	
		28 Initial Enrollment		
		29 Benefit Selection	This is used when a member changes benefits within a Plan.	
		31 Legal Separation		
		32 Marriage		
		33 Personnel Data	Use this code for any data change that is not included in any of the other allowed codes. An example would be change in Coordination of Benefits information.	
		37 Leave of Absence with Benefits		
		38 Leave of Absence without Benefits		
		39 Lay Off with Benefits		
		40 Lay Off without Benefits		
		41 Re-enrollment		
		43 Change of Location	Use this code to indicate a change of address.	
		AI No Reason Given		
		XN Notification Only	To be used in complete enrollment transmissions. This is used when INS03 is equal to 030 (Audit/Compare).	
		XT Transfer	This is used when an employee has an organizational change (i.e. a location change within the organization) with no change in benefits or Plan.	
		Benefit Status Code	The type of coverage under which benefits are paid.	REQUIRED INS05 1216 O ID 1/1
		A Active		
		C COBRA		
		S Surviving Insured		

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LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		T TEFRA		
		<p>Medicare Plan Code</p> <p>A Medicare Part A B Medicare Part B C Medicare Part A and B D Medicare Part Unknown E No Medicare</p>	Code identifying the Medicare Plan. This element is required if a member is being enrolled or disenrolled in Medicare, is currently enrolled in Medicare or has terminated or changed their Medicare enrollment.	SITUATIONAL INS06 1218 O ID 1/1
		<p>COBRA Qualifying</p> <p>1 Termination of Employment 2 Reduction of work hours 3 Medicare 4 Death 5 Divorce 6 Separation 7 Ineligible Child 8 Bankruptcy of a Retired Employee</p>	A Qualifying Event is any of the following which results in loss of coverage for a Qualified Beneficiary. This element is required if a member is being enrolled in or is enrolled for a benefit covered by COBRA.	SITUATIONAL INS07 1219 O ID 1/2
		<p>Employment Status Code</p> <p>"TE", Terminated. AO Active Military - Overseas AU Active Military - USA</p> <p>FT Full-time</p> <p>L1 Leave of Absence</p> <p>PT Part-time</p>	<p>Code showing the general employment status of an employee/claimant. Required for subscriber. If this insurance enrollment is through a non employment based program such as Medicare or Medicaid then this data element will contain the status of the subscriber in that program, rather than their employment status. Codes for non employment based programs will be limited to "FT", Full Time, "PT", Part-Time, and "TE", Terminated.</p> <p>Full time active employee.</p> <p>Part time Active Employee.</p>	SITUATIONAL INS08 584 O ID 2/2

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LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		RT Retired TE Terminated		
		Student Status Code F Full-time N Not a Student P Part-time	Code indicating the student status of the patient if 19 years of age or older, not handicapped and not insured. Only use the Student Status Code when describing a non-spouse dependent whose age requires a qualifying condition for enrollment (e.g., being an active student).	SITUATIONAL INS09 1220 O ID 1/1
		Yes/No Condition Response Code N No Y Yes	Code indicating a Yes or No condition or response. INS10 is the handicapped status indicator. A "Y" value indicates an individual is handicapped; and "N" value indicates an individual is not handicapped. This element is required if the member is handicapped or to correct previous report of handicapped status.	SITUATIONAL INS10 1073 O ID 1/1
		Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	Code indicating the date format, time format, or date and time format. Send when required by X12 syntax.	SITUATIONAL INS11 1250 X ID 2/3
		Date Time Period	Expression of a date, a time, or range of dates, times or dates and times. Use this date for the date of death of the subscriber/dependent. This does not replace the use of the termination date within the 2300 loop.	SITUATIONAL INS12 1251 X AN 1/35
		Number	A generic number assigned to each family member born with the same birth date. This number identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.). Required if reporting family members with the same birth date, when needed for proper reporting, tracking or response to benefits.	SITUATIONAL INS17 1470 O N0 1/9

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LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
	Subscriber Number (REF)		To specify identifying information. Segment must contain a unique subscriber identification number (SSN or other). This occurrence is identified by the OF qualifier (REFO1). This identifier is used for linking the subscriber with dependents as required under many policies. If the subscriber's/dependent's Social Security Number is known, it should be used until a unique identifier is determined.	REQUIRED
		Reference Identification Qualifier OF Subscriber Number	Code qualifying the Reference Identification. Use this code to indicate that the subscriber is being identified.	REQUIRED REF01 128 M ID 2/3
		Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	REQUIRED REF02 127X AN 1/30
2000-MEMBER LEVEL DETAIL	Member Policy Number (REF)		To specify identifying information. This segment should be used if the policy or group number applies to all coverage data (all 2300 loops) that apply for this member. This segment is required unless the policy number is sent in the REF segment, loop 2300 position 290.	SITUATIONAL
		Reference Identification Qualifier 1L Group or Policy Number	Code qualifying the Reference Identification.	REQUIRED REF01 128 M ID 2/3
		Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.	REQUIRED REF02 127 X AN 1/30
	Member Identification Number (REF)		To specify identifying information. This segment is used to pass further identifying information on the member and should be used when data are available.	SITUATIONAL
		Reference Identification Qualifier 17 Client Reporting Category	Code qualifying the reference identification. This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member about whom the record is created is not the subscriber.	REQUIRED REF01 128 M ID 2/3

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		23 Client Number	To be used to pass a payer specific identifier for a member. Not to be used after the HIPAA standard National Identifier for Individuals is implemented.	
		3H Case Number		
		DX Department/Agency Number	Use when members in a coverage group are set up as different departments or divisions under the terms of the insurance policy.	
		F6 Health Insurance Claim (HIC) Number	Use when reporting Medicare eligibility for a member until the National Identifier is mandated for use.	
		Q4 Prior Identifier Number	Use to pass the Identifier Number under which the member had previous coverage with the payer. This could be the result of a change in employment or coverage that resulted in a new ID number being assigned but left the member covered by the same payer.	
		ZZ Mutually Defined	Use this code to transmit the title of the members employment position.	
		Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.	REQUIRED REF02 127 X AN 1/30
	Prior Coverage Months (REF)		To specify identifying information. Required when the portability provisions of the Health Insurance Portability and Accountability Act require reporting of the number of months of prior health coverage that meet the certification requirements of the Act.	SITUATIONAL

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Reference Identification Qualifier QQ Unit Number	Code qualifying the Reference Identification. This code is used in this implementation guide to indicate that the value in REF02 is the response required under the portability provisions of HIPAA.	REQUIRED REF01 128 M ID 2/3
		Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. To be sent on new enrollments when available. Indicator identifying the number of prior months insurance coverage that may apply under the portability provisions of the Health Insurance Portability and Accountability Act. This field will contain the number of months of prior health insurance coverage that meets the portability requirements of the HIPAA certification requirements. To be sent on new enrollments when available.	REQUIRED REF02 127 X AN 1/30
	Member Level Dates (DTP)		To specify any or all of a date, a time, or a time period. Applicable dates, as listed in DTP01, are required when enrolling a member or when the sponsor is informed of any change to those dates. Only those dates that apply to the particular insurance contract need to be sent. While many of the dates listed for DTP01 are related to termination, the only code that is used to actually terminate a Member is 357 (Eligibility End). Similarly, the only date that identifies the start of coverage for an initial enrollment is 356 (Eligibility Begin).	SITUATIONAL
		Date/Time Qualifier 286 Retirement 296 Return to Work 297 Date Last Worked 300 Enrollment Signature Date 301 Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event 303 Maintenance Effective 336 Employment Begin 337 Employment End 338 Medicare Begin 339 Medicare End 340 Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin 341 Consolidated Omnibus Budget Reconciliation Act (COBRA) End	Code specifying type of date or time, or both date and time.	REQUIRED DTP01 374 M ID 3/3

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		350 Education Begin 351 Education End 356 Eligibility Begin 357 Eligibility End 383 Adjusted Hire 393 Plan Participation Suspension 394 Rehire 473 Medicaid Begin 474 Medicaid End	This is the start date for the student at the current educational institution. This is the expected graduation date the student at the current educational institution. This is used to convey the beginning date when a member could elect to enroll or begin benefits in any health care plan through the employer. This is not the actual begin date, which is conveyed in the DTP segment at position 270. This code is used as the end of eligibility date (termination reason).	
		Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	Code indicating the date format, time format, or date and time format. DTP02 is the date or time or period format that will appear in DTP03.	REQUIRED DTP02 1250 M ID 2/3
		Date Time Period	Expression of a date, a time, or range of dates, times or dates and times.	REQUIRED DTP03 1251 M AN 1/35
2100A-MEMBER NAME	Member Name (NM1)		To supply the full name of an individual or organizational entity. This segment is used to identify a member being enrolled or changing benefits or a member correcting identifier information.	REQUIRED
		Entity Identifier Code 74 Corrected Insured.	Code identifying an organizational entity, a physical location, property or an individual. Use this code if this transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B.	REQUIRED NM101 98 M ID 2/3

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		IL Insured or Subscriber.	Use this code for enrolling a new member or updating a member with no change in identifying information. The identifying information for a member is specified under the insurance contract between the sponsor and payer.	
		Entity Type Qualifier 1 Person	Code qualifying the type of entity. NM103 qualifies NM103.	REQUIRED NM102 1065 M ID 1/1
		Name Last or Organization Name	Individual last name or organizational name.	REQUIRED NM103 1035 O AN 1/35
		Name First	Individual first name.	REQUIRED NM104 1036 O AN 1/25
		Name Middle	Individual middle name or initial. Send if supplied by subscriber.	SITUATIONAL NM105 1037 O AN 1/25
		Name Prefix	Prefix to individual name. Send if supplied by subscriber.	SITUATIONAL NM106 1038 O AN 1/10
		Name Suffix	Suffix to individual name. Send if supplied by subscriber.	SITUATIONAL NM107 1039 O AN 1/10
		Identification Code Qualifier 34 Social Security Number. ZZ Mutually Defined.	Code designating the system/method of code structure used for Identification Code (67). Send when required by X12 syntax. The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS. Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.	SITUATIONAL NM108 66 X ID 1/2

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Identification Code	Code identifying a party or other code. Until the HIPAA Individual Identifier is available the SSN is to be sent when available and allowed under confidentiality regulations.	SITUATIONAL NM109 67 X AN 2/80
	Member Communications Numbers (PER)		To identify a person or office to whom administrative communications should be directed. This segment is used to identify a person or office to whom administrative communications should be directed when contact information is provided to the sponsor about the member. The contact information should be sent to the payer when enrolling subscribers, when enrolling dependents and the dependent's contact number is different than the subscriber's contact, and when changing a member's contact information. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534) 224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.	SITUATIONAL
		Contact Function Code IP Insured Party	named.	REQUIRED PER01 366 M ID 2/2
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number	Code identifying the type of communication number.	REQUIRED PER03 365 X ID 2/2

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Communication Number	Complete communications number including country or area code when applicable	REQUIRED PER04 364 X AN 1/80
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number	Code identifying the type of communication number. Send when required by X12 syntax.	SITUATIONAL PER05 365 X ID 2/2
		Communication Number	Complete communications number including country or area code when applicable. This element should be sent if additional communication numbers are available.	SITUATIONAL PER06 364 X AN 1/80
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number	Code identifying the type of communication number.	SITUATIONAL PER07 365 X ID 2/2
		Communication Number	Complete communications number including country or area code when applicable. This element should be sent if additional communication numbers are available.	SITUATIONAL PER08 364 X AN 1/80
	Member Residence Street Address (N3)		To specify the location of the named party. Required when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.	SITUATIONAL
		Address Information	Address Information.	REQUIRED N301 166 M AN 1/55
		Address Information	Address information. Required if a second address line exists.	SITUATIONAL N302 166 O AN 1/55

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
	Member Residence City, State, Zip Code (N4)		To specify the geographic place of the named party. Required when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.	SITUATIONAL
		City Name	Free-form text from city name. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	REQUIRED N401 19 O AN 2/30
		State or Province Code	Code (Standard State/Province) as defined by appropriate government agency. N402 is required only if city name (N401) is in the U.S. or Canada. Use CODE SOURCE 22: States and Outlying Areas of the U.S.	REQUIRED N402 156 O ID 2/2
		Postal Code	Code defining international postal zone code excluding punctuation and blanks (zip code for United States). Use CODE SOURCE 51: ZIP Code.	REQUIRED N403 116 O ID 3/15
		Country Code	Code identifying the country. Use CODE SOURCE 5: Countries, Currencies and Funds. Required only if country is not USA.	SITUATIONAL N404 26 O ID 2/3
		Location Qualifier 60 Area CY County/Parish	Code identifying type of location. Send when required by X12 syntax. The area code indicates that N406 will contain an out-of-area indicator for this member. The meaning of that indicator is defined in the trading partner agreement.	SITUATIONAL N404 26 O ID 2/3
		Location Identifier	Code which identifies a specific location. This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is not used when the member identified in the related INS segment is not the subscriber.	SITUATIONAL N406 310 O AN 1/30
	Member Demographics (DMG)		To supply demographic information. Required when enrolling a new member or when changing a member's demographic information. This segment is required for dependent change records until the National Individual Identifiers mandated.	SITUATIONAL

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Date Time Period Format Qualifier D8 Date expressed in format CCYYMMDD	Code indicating the date format, time format, or date and time format.	REQUIRED DMG01 1250 X ID 2/3
		Date Time Period	Expression of a date, a time, or range of dates, times or dates and times. DMG02 is the member birth date.	REQUIRED DMG02 1251 X AN 1/35
		Gender Code F Female M Male U Unknown	Code indicating the sex of the individual. This code is to be used when the gender is unknown or when it can not be reported for any other reason. Unknown should only be used when there is no way of obtaining the gender of the member. This may cause problems in some systems and should be avoided.	REQUIRED DMG03 1068 O ID 1/1
		Marital Status Code B Registered Domestic Partner D Divorced I Single M Married R Unreported S Separated U Unmarried (Single or Divorced or Widowed) W Widowed X Legally Separated	Code defining the marital status of a person. This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is not used when the member identified in the related INS segment is not the subscriber. This code should be used if the previous status is unknown.	SITUATIONAL DMG04 1067 O ID 1/1
		Race or Ethnicity Code	Code indicating the racial or ethnic background of a person. It is normally self-reported. Under certain circumstances this information is collected for United States Government statistical purposes. This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is not used when the member identified in the related INS segment is not the subscriber.	SITUATIONAL DMG05 1109 O ID 1/1

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		7 Not Provided A Asian or Pacific Islander B Black C Caucasian H Hispanic I American Indian or Alaskan Native N Black (Non-Hispanic) O White (Non-Hispanic)		
		Citizenship Status Code 1 U.S. Citizen 2 Non-Resident Alien 3 Resident Alien 4 Illegal Alien 5 Alien 6 U.S. Citizen - Non-Resident 7 U.S. Citizen - Resident	Code indicating citizenship status. This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is not used when the member identified in the related INS segment is not the subscriber.	SITUATIONAL DMG06 1066 O ID 1/2
	Member Income (ICM)		To supply information to determine eligibility, deductibles, retirement and investment contributions. This segment should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer.	SITUATIONAL
		Frequency Code 1 Weekly 2 Biweekly 3 Semimonthly 4 Monthly 6 Daily 7 Annual 8 Two Calendar Months 9 Lump-Sum Separation Allowance B Year-to-Date C Single H Hourly Q Quarterly	Code indicating frequency or type of payment. ICM01 is the frequency at which an individual's wages are paid.	REQUIRED ICM01 594 M ID 1/1

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		S Semiannual U Unknown		
		Monetary Amount	Monetary amount. ICM02 is the yearly wages amount.	REQUIRED ICM02 782 M R 1/18
		Quantity	Numeric value of quantity. ICM03 is the weekly hours. This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer.	SITUATIONAL ICM03 380 O R 1/15
		Local Identifier	Code which identifies a specific location. ICM04 is the employer location qualifier such as a department number. This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer.	SITUATIONAL ICM04 310 O AN 1/30
		Salary Grade	The salary grade code assigned by the employer. This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer.	SITUATIONAL ICM05 1214 O AN 1/5
	Member Policy Amounts (AMT)		To indicate the total monetary amount. This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer.	SITUATIONAL
		Amount Qualifier Code B9 Co-insurance – Actual C1 Co-Payment Amount D2 Deductible Amount P3 Premium Amount	Code to qualify amount. This will contain any co-insurance selection amount. The option of adjusting this amount to produce the actual co insurance can be defined in the insurance contract.	REQUIRED AMT01 522 M ID 1/3
		Monetary Amount	Monetary amount.	REQUIRED AMT02 782 M R 1/18

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LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
	Member Health Information (HLH)		To provide health information. Required on initial enrollment of a member when appropriate medical information about the member is available.	SITUATIONAL
		Health-Related Code N None S Substance Abuse T Tobacco Use U Unknown X Tobacco Use and Substance Abuse	Code indicating a specific health situation	SITUATIONAL HLH01 1212 O ID 1/1
		Height	Vertical dimension of an object measured when the object is in the upright position. Required when available. Expressed in inches.	SITUATIONAL HLH02 65 O R 1/8
		Weight	Numeric value of weight. Required when available. HLH03 is the current weight in pounds.	SITUATIONAL HLH03 81 O R 1/10
	Member Language (LUI)		To specify language, type of usage, and proficiency or fluency. To be used if the sponsor knows that the insured member's language is other than English. These data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is not used when the member identified in the related INS segment is not the subscriber.	SITUATIONAL
		Identification Code Qualifier LD NISO Z39.53 Language Codes LE ISO 639 Language Codes	Code designating the system/method of code structure used for Identification Code (67) CODE SOURCE 457: NISO Z39.53 Language Code List CODE SOURCE 102: Languages	SITUATIONAL LUI01 66 X ID 1/2
		Identification Code	Code identifying a party or other code. This data element should be sent if the sponsor is able to code the language identification. LUI02 is the language code.	SITUATIONAL LUI02 67 X AN 2/80

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Description	A free-form description to clarify the related data elements and their content. This data element should only be used if the sender is unable to code the necessary language identification in LU101 and LU102. LUI03 is the name of the language.	SITUATIONAL LUI03 352 X AN 1/80
		Use of Language Indicator 5 Language Reading 7 Language Speaking 8 Native Language	Code indicating the use of a language. Send if supplied by subscriber.	SITUATIONAL LUI04 1303 O ID 1/2
2100B-INCORRECT MEMBER NAME	Incorrect Member Name (NM1)		To supply the full name of an individual or organizational entity. This segment only used if a corrected name is sent in loop 2100A or if the previously supplied demographics are being changed. If only the demographics are being changed, the code in NM101 in Loop 2100A will be IL, and the code in NM101 in this loop will be 70.	SITUATIONAL
		Entity Identifier Code 70 Prior Incorrect Insured	Code identifying an organizational entity, a physical location, property or an individual. Use this code if correcting identifying or demographic information on a member enrolled. If only demographic information is being corrected, NM101 in Loop 2100A will be IL and the name information in NM103, NM104, NM105 will be identical in loop 2100A and this loop.	REQUIRED NM101 98 M ID 2/3
		Entity Type Qualifier 1 Person	Code qualifying the type of entity. NM102 qualifies NM103.	REQUIRED NM102 1065 M ID 1/1
		Name Last or Organization Name	Individual last name or organizational name	REQUIRED NM103 1035 O AN 1/35
		Name First	Individual first name.	REQUIRED NM104 1036 O AN 1/25
		Name Middle	Individual middle name or initial. Send if supplied by subscriber.	SITUATIONAL NM105 1037 O AN 1/25
		Name Prefix	Prefix to individual name. Send if supplied by subscriber.	SITUATIONAL NM106 1038 O AN 1/10

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Name Suffix	Suffix to individual name. Send if supplied by subscriber.	SITUATIONAL NM107 1039 O AN 1/10
		Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code (67). Send when required by X12 syntax.	SITUATIONAL NM108 66 X ID 1/2
		34 Social Security Number	The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.	
		ZZ Mutually Defined	Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.	
		Identification Code	Code identifying a party or other code. What ever identifier that was previously sent in error should be sent in this segment to allow matching with data on receiver's system.	SITUATIONAL NM109 67 X AN 2/80
	Incorrect Member Demographics (DMG)		To supply demographic information. This segment is required when there is a change to the previously supplied demographic information.	SITUATIONAL
		Date Time Period Format Qualifier	Code indicating the date format ,time format, or date and time format.	REQUIRED DMG01 1250 X ID 2/3
		D8 Date Expressed in Format CCYYMMDD.		
		Date Time Period	Expression of a date, a time, or range of dates, times or dates and times. DMG02 is the date of birth.	REQUIRED DMG02 1251 X AN 1/35

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Gender Code F Female M Male U Unknown	Code indicating the sex of the individual.	REQUIRED DMG03 1068 O ID 1/1
2100C-MEMBER MAILING ADDRESS	Member Mailing Address (NM1)		To supply the full name of an individual or organizational entity. This loop is to be sent if the member has a mailing address different from the residence address sent in loop 2100A. Send when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.	SITUATIONAL
		Entity Identifier Code 31 Postal Mailing Address	Code identifying an organizational entity, a physical location, property or an individual	REQUIRED NM101 98 M ID 2/3
		Entity Type Qualifier 1 Person	Code qualifying the type of entity. NM102 qualifies NM103.	REQUIRED NM102 1065 M ID 1/1
	Member Mail Street Address (N3)		To specify the location of the named party. Send when needed for address in loop 2100C.	SITUATIONAL
		Address Information	Address information.	REQUIRED N301 166 M AN 1/55
		Address Information	Address information. Required if a second address line exists.	SITUATIONAL N302 166 O AN 1/55
2100C-MEMBER MAILING ADDRESS	Member Mail, City, State, Zip (N4)		To specify the geographic place of the named party. Send when needed for address in loop 2100C.	SITUATIONAL
		City Name	Free-form text for city name. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	REQUIRED N401 19 O AN 2/30
		State or Province Code	Code (Standard State/Province) as defined by appropriate government agency. N402 is required only if city name (N401) is in the U.S. or Canada. CODE SOURCE 22: States and Outlying Areas of the U.S.	REQUIRED N402 156 O ID 2/2

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Postal Code	Code defining international postal zone code excluding punctuation and blanks (zip code for United States). CODE SOURCE 51: Zip Code.	REQUIRED N403 116 O ID 3/15
		Country Code	Code identifying the country. Required only if country is not USA. CODE SOURCE 5: Countries, Currencies, and Funds.	SITUATIONAL N404 26 O ID 2/3
2100D-MEMBER EMPLOYER	Member Employer (NM1)		To supply the full name of an individual or organizational entity. This loop is to be sent when the member is employed by someone other than the sponsor and the insurance contract requires the payer be notified of such employment. An example is the employment of a dependent.	SITUATIONAL
		Entity Identifier Code ES Employer Name	Code identifying an organizational entity, a physical location, property or an individual.	REQUIRED NM101 98 M ID 2/3
		Entity Type Qualifier 1 Person 2 Non-Person Entity	Code qualifying the type of entity. NM102 qualifies NM103.	REQUIRED NM102 1065 M ID 1/1
		Name Last or Organization Name	Individual last name or organizational name. The name should be passed until the national identifier for employer is implemented.	SITUATIONAL NM103 1035 O AN 1/35
		Name First	Individual first name. Required if the entity type qualifier in NM102 is 1 for person and NM103 is passed.	SITUATIONAL NM104 1036 O AN 1/25
		Name Middle	Individual middle name or initial. Send if supplied by subscriber and NM103 is passed.	SITUATIONAL NM105 1037 O AN 1/25
		Name Suffix	Suffix to individual name. Send if supplied by subscriber and NM103 is passed.	SITUATIONAL NM107 1039 O AN 1/10
		Identification Code Qualifier ZZ Mutually Defined	Code designating the system/method of code structure used for Identification Code (67). Send when required by X12 syntax. This code will be used in this NM108 for the National Employer Identifier until a standard code is defined.	SITUATIONAL NM108 66 X ID 1/2

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LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Identification Code	Code identifying a party or other code. This identifier should be passed, once it has been implemented.	SITUATIONAL NM109 67 X AN 2/80
	Member Employer Communications Numbers (PER)		To identify a person or office to whom administrative communications should be directed. This segment is used when the employer is applicable and the employer communication number is provided to the sponsor about the member. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number. By definition of the standard, if PER03 is used, PER04 is required.	SITUATIONAL
		Contact Function Code EP Employer Contact	named.	REQUIRED PER01 366 M ID 2/2
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	Code identifying the type of communication number.	REQUIRED PER03 365 X ID 2/2
		Communication Number	Complete communications number including country or area code when applicable.	REQUIRED PER04 364 X AN 1/80
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	Code identifying the type of communication number. Send when required by X12 syntax.	SITUATIONAL PER05 365 X ID 2/2
		Communication Number	Complete communications number including country or area code when applicable. This element should be sent if additional communication numbers are available.	SITUATIONAL PER06 364 X AN 1/80

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LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	Code identifying the type of communication number. This element should be sent if additional numbers are available. Send when required by X12 syntax.	SITUATIONAL PER07 365 X ID 2/2
		Communication Number	Complete communications number including country or area code when applicable. This element should be sent if additional communication numbers are available.	SITUATIONAL PER08 364 X AN 1/80
	Member Employer Street Address (N3)		To specify the location of the named party. This segment is used when the employer is applicable and the employer address is provided to the sponsor by the subscriber.	SITUATIONAL
		Address Information	Address information.	REQUIRED N301 166 M O AN 1/55
		Address Information	Address information. Required if a second address line exists.	SITUATIONAL N302 166 M O AN 1/55
	Member Employer City, State, Zip (N4)		To specify the geographic place of the named party. This segment is used when the employer is applicable and the employer address is provided to the sponsor by the subscriber.	SITUATIONAL
		City Name	Free-form text for city name. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	REQUIRED N401 19 O AN 2/30
		State or Province Code	Code (Standard State/Province) as defined by appropriate government agency. N402 is required only if City Name (N401) is in the U.S. or Canada. CODE SOURCE 22: States and Outlying Areas of the U.S.	REQUIRED N402 156 O ID 2/2
		Postal Code	Code defining international postal zone code excluding punctuation and blanks (zip code for United States). CODE SOURCE 51: Zip Code.	REQUIRED N403 116 O ID 3/15
		Country Code	Code identifying the country. Required only if country is not USA. CODE SOURCE 5: Countries, Currencies, and Funds.	SITUATIONAL N404 26 O ID 2/3

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
2100E-MEMBER SCHOOL	Member School (NM1)		To supply the full name of an individual or organizational entity. This loop is to be sent when the member is enrolled in school and the payer is required to be notified under the insurance contract between the sponsor and the payer.	SITUATIONAL
		Entity Identifier Code M8 Educational Institution	Code identifying an organizational entity, a physical location, property or an individual.	REQUIRED NM101 98 M ID 2/3
		Entity Type Qualifier 2 Non-Person Entity	Code qualifying the type of entity. NM102 qualifies NM103.	REQUIRED NM102 1065 M ID 1/1
		Name Last or Organization Name	Individual last name or organizational name.	REQUIRED NM103 1035 O AN 1/35
	Member School Communications Numbers (PER)		To identify a person or office to whom administrative communications should be directed. This segment is used when the school is applicable and the school number is provided to the sponsor by the subscriber. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number. By definition of the standard, if PER03 is used, PER04 is required.	SITUATIONAL
		Contact Function Code SK School Clerk	named.	REQUIRED PER01 366 M ID 2/2
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	Code identifying the type of communication number.	REQUIRED PER03 365 X ID 2/2

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Communication Number	Complete communications number including country or area code when applicable.	REQUIRED PER04 364 X AN 1/80
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	Code identifying the type of communication number. Send when required by X12 syntax.	SITUATIONAL PER05 365 X ID 2/2
		Communication Number	Complete communications number including country or area code when applicable. This element should be sent if additional communication numbers are available.	SITUATIONAL PER06 364 X AN 1/80
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	Code identifying the type of communication number. Send when required by X12 syntax.	SITUATIONAL PER07 365 X ID 2/2

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Communication Number	Complete communications number including country or area code when applicable. This element should be sent if additional communication numbers are available.	SITUATIONAL PER08 364 X AN 1/80
	Member School Street Address (N3)		To specify the location of the named party. This segment is to be used when the school is applicable and the school address is provided to the sponsor by the subscriber.	SITUATIONAL
		Address Information	Address information.	REQUIRED N301 166 M AN 1/55
		Address Information	Address information. Required if a second address line exists.	SITUATIONAL N302 166 O AN 1/55
	Member School City, State, Zip (N4)		To specify the geographic place of the named party. This segment is to be used when the school is applicable and the school address is provided to the sponsor by the subscriber.	SITUATIONAL
		City Name	Free-form text for city name. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	REQUIRED N401 19 O AN 2/30
		State or Province Code	Code (Standard State/Province) as defined by appropriate government agency. N402 is required only if City Name (N401) is in the U.S. or Canada. CODE SOURCE 22: States and Outlying Areas of the U.S.	REQUIRED N402 156 O ID 2/2
		Postal Code	Code defining international postal zone code excluding punctuation and blanks (zip code for United States). CODE SOURCE 51: Zip Code.	REQUIRED N403 116 O ID 3/15
		Country Code	Code identifying the country. Required only if country is not USA. CODE SOURCE 5: Countries, Currencies, and Funds.	SITUATIONAL N404 26 O ID 2/3
2100F-CUSTODIAL PARENT	Custodial Parent (NM1)		To supply the full name of an individual or organizational entity. This loop is required when the custodial parent of a minor dependent is someone other than the subscriber. Any other situation, (examples: Guardianship, Legal Indemnity, Power of Attorney, and/or Separation Agreements) would be handled under the Responsible Party NM1 segment.	SITUATIONAL
		Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.	REQUIRED NM101 98 M ID 2/3
		S3 Custodial Parent		

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Entity Type Qualifier 1 Person	Code qualifying the type of entity. NM102 qualifies NM103.	REQUIRED NM102 1065 M ID 1/1
		Name Last or Organization Name	Individual last name or organizational name.	REQUIRED NM103 1035 O AN 1/35
		Name First	Individual first name.	REQUIRED NM104 1036 O AN 1/25
		Name Middle	Individual middle name or initial. Send if supplied by subscriber.	SITUATIONAL NM105 1037 O AN 1/25
		Name Prefix	Prefix to individual name. Send if supplied by subscriber.	SITUATIONAL NM106 1038 O AN 1/10
		Name Suffix	Suffix to individual name. Send if supplied by subscriber.	SITUATIONAL NM107 1039 O AN 1/10
		Identification Code Qualifier 34 Social Security Number ZZ Mutually Defined	Code designating the system/method of code structure used for Identification Code (67). Send when required by X12 syntax. The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS. Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.	SITUATIONAL NM108 66 X ID 1/2
		Identification Code	Code identifying a party or other code. Send if supplied by subscriber. The Social Security Number should be sent, when available, until the National Identifier for Individual is available.	SITUATIONAL NM109 67 X AN 2/80
	Custodial Parent Communications Numbers (PER)		be directed. This segment is required when the custodial parent is applicable and the phone number is provided to the sponsor by the subscriber. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number. By definition of the standard, if PER03 is used, PER04 is required.	SITUATIONAL

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Contact Function Code PQ Parent or Guardian	named.	REQUIRED PER01 366 M ID 2/2
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number	Code identifying the type of communication number.	REQUIRED PER03 365 X ID 2/2
		Communication Number	Complete communications number including country or area code when applicable.	REQUIRED PER04 364 X AN 1/80
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number	Code identifying the type of communication number. Send if required by X12 syntax.	REQUIRED PER05 365 X ID 2/2
		Communication Number	Complete communications number including country or area code when applicable. This element should be sent if additional communication numbers are available.	SITUATIONAL PER06 364 X AN 1/80
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension HP Home Phone Number TE Telephone WP Work Phone Number	Code identifying the type of communication number. Send when required by X12 syntax.	SITUATIONAL PER07 365 X ID 2/2

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Communication Number	Complete communications number including country or area code when applicable. This element should be sent if additional communication numbers are available.	SITUATIONAL PER08 364 X AN 1/80
2100F-CUSTODIAL PARENT	Custodial Parent Street Address (N3)		To specify the location of the named party. This segment is required when the custodial parent of a minor dependent is someone other than the subscriber and the information is provided to the sponsor by the subscriber.	SITUATIONAL
		Address Information	Address information.	REQUIRED N301 166 M AN 1/55
		Address Information	Address information. Required if a second address line exists.	SITUATIONAL N302 166 O AN 1/55
	Custodial Parent City, State, Zip (N4)		To specify the geographic place of the named party. This segment is required when the custodial parent of a minor dependent is someone other than the subscriber and the information is provided to the sponsor by the	SITUATIONAL
		City Name	Free-form text for city name. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	REQUIRED N401 19 O AN 2/30
		State or Province Code	Code (Standard State/Province) as defined by appropriate government agency. N402 is required only if City Name (N401) is in the U.S. or Canada. CODE SOURCE 22: States and Outlying Areas of the U.S.	REQUIRED N402 156 O ID 2/2
		Postal Code	Code defining international postal zone code excluding punctuation and blanks (zip code for United States). CODE SOURCE 51: Zip Code.	REQUIRED N403 116 O ID 3/15
		Country Code	Code identifying the country. Required only if country is not USA. CODE SOURCE 5: Countries, Currencies, and Funds.	SITUATIONAL N404 26 O ID 2/3
2100G-RESPONSIBLE PERSON	Responsible Person (NM1)		To supply the full name of an individual or organizational entity. Use this loop to identify the person responsible for the member. This responsible person is someone other than the subscriber.	SITUATIONAL
		Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.	REQUIRED NM101 98 M ID 2/3

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		E1 Person or Other Entity Legally Responsible for a Child	Used to identify a legal indemnity situation.	
		EI Executor of Estate	This is used when the subscriber is deceased and the executor/responsible party is other than a surviving spouse.	
		EXS Ex-spouse	This is used to identify a separated spouse under a separation agreement, or that the member is the divorced spouse and self responsible. This is not used to identify the custodial parent for dependent children after a divorce.	
		GD Guardian		
		J6 Power of Attorney		
		QD Responsible Party		
		Entity Type Qualifier	Code qualifying the type of entity. NM 102 qualifies NM 103.	REQUIRED NM102 1065 M ID 1/1
		1 Person		
		Name Last or Organization Name	Individual last name or organizational name.	REQUIRED NM103 1035 O AN 1/35
		Name First	Individual first name.	REQUIRED NM104 1036 O AN 1/25
		Name Middle	Individual middle name or initial. Send if supplied by subscriber.	SITUATIONAL NM105 1037 O AN 1/25
		Name Prefix	Prefix to individual name. Send if supplied by subscriber.	SITUATIONAL NM106 1038 O AN 1/10
		Name Suffix	Suffix to individual name. Send if supplied by subscriber.	SITUATIONAL NM107 1039 O AN 1/10
		Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code (67). Send when required by X12 syntax.	SITUATIONAL NM108 66 X ID 1/2
		34 Social Security Number	The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.	
		ZZ Mutually Defined	Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.	

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Identification Code	Code identifying a party or other code. The Social Security Number should be sent, when available, until the National Identifier for individual is available.	SITUATIONAL NM109 67 X AN 2/80
	Responsible Person Communications Numbers (PER)		To identify a person or office to whom administrative communications should be directed. This segment is REQUIRED when the responsible person is applicable and the responsible person is provided to the sponsor by the subscriber. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number. By definition of the standard, if PER03 is used, PER04 is required.	SITUATIONAL
		Contact Function Code RP Responsible Person	named.	REQUIRED PER01 366 M ID 2/2
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number	Code identifying the type of communication number.	REQUIRED PER03 365 X ID 2/2
		Communication Number	Complete communications number including country or area code when applicable.	REQUIRED PER04 364 X AN 1/80
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number	Code identifying the type of communication number. Send if required by X12 syntax.	SITUATIONAL PER05 365 X ID 2/2

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Communication Number	Complete communications number including country or area code when applicable. The element should be sent if additional communication numbers are available.	SITUATIONAL PER06 364 X AN 1/80
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number	Code identifying the type of communication number. Send when required by X12 syntax.	SITUATIONAL PER07 365 X ID 2/2
		Communication Number	Complete communications number including country or area code when applicable. This element should be sent if additional communication numbers are available.	SITUATIONAL PER08 364 X AN 1/80
	Responsible Person Street Address (N3)		To specify the location of the named party. This segment is required when the responsible person is applicable and the responsible person address is provided to the sponsor by the subscriber.	SITUATIONAL
		Address Information	Address information.	REQUIRED N301 166 M AN 1/55
		Address Information	Address information. Required if a second address line exists.	SITUATIONAL N302 166 O AN 1/55
	Responsible Person City, State, Zip (N4)		To specify the geographic place of the named party. This segment is required when the responsible person is applicable and the responsible person address is provided to the sponsor by the subscriber.	SITUATIONAL
		City Name	Free-form text for city name. A combination of either N401 through N404 or N405 and N406 may be adequate to specify a location.	REQUIRED N401 19 O AN 2/30
		State or Province Code	Code (Standard State/Province) as defined by appropriate government agency. N402 is required only if city name (401) is in the U.S. or Canada. CODE SOURCE 22: States and Outlying Areas of the U.S.	REQUIRED N402 156 O ID 2/2

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Postal Code	Code defining international postal zone code excluding punctuation and blanks (zip code for United States). CODE SOURCE 51: Zip Code.	REQUIRED N403 116 O ID 3/15
		Country Code	Code identifying the country. CODE SOURCE 5: Countries, Currencies, and Funds. Required only if country is not USA.	SITUATIONAL N404 26 O ID 2/3
2200-DISABILITY INFORMATION	Disability Information (DSB)		To supply disability information. This segment should only be sent when enrolling a disabled member or when disability information about an existing member is added or changed. Use this segment to report a disability of either a subscriber or a dependent within the appropriate 2000 loop.	SITUATIONAL
		Disability Type Code 1 Short Term Disability 2 Long Term Disability 3 Permanent or Total Disability 4 No Disability	Code identifying the disability status of the individual.	REQUIRED DSB01 1146 M ID 1/1
		Product/Service ID Qualifier DX International Classification of Diseases Clinical Modification (ICD-9-CM) - Diagnosis	Code identifying the type/source of the descriptive number used in Product/Service ID (234). Send when required by X12 syntax. CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure.	SITUATIONAL DSB07 235 X ID 2/2
		Medical Code Value	Code value for describing a medical condition or procedure. DSB08 is the functional status code for the disability. Use DSB08 if the reason for disability is ESRD. The only allowed value is 585-End Stage Renal Disease.	SITUATIONAL DSB08 1137 X AN 1/15
	Disability Eligibility Dates (DTP)		To specify any or all of a date, a time, or a time period. This segment is used to send the first and last date of disability. This segment should only be sent when enrolling a disabled member or when disability dates are added or changed for an existing member.	SITUATIONAL
			Date/Time Qualifier 360 Disability Begin 361 Disability End	Code specifying type of date or time, or both date and time.

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	Code indicating the date format, time format, or date and time format. DTP02 is the date or time or period format that will appear in DTP03.	REQUIRED DTP02 1250 M ID 2/3
		Date Time Period	Expression of a date, a time, or range of dates, times or dates and times.	REQUIRED DTP03 1251 M AN 1/35
2300-HEALTH COVERAGE	Health Coverage (HD)		To provide information on health coverage. Send this segment is required when enrolling a new member or when adding, updating or removing coverage from an existing member.	SITUATIONAL
		Maintenance Type Code 001 Change 002 Delete 021 Addition 024 Cancellation or Termination 025 Reinstatement 026 Correction 030 Audit or Compare 032 Employee Information Not Applicable	Code identifying the specific type of item maintenance. Use this code for deleting an incorrect coverage record. Use this code for canceling/terminating a coverage. This code is used to correct an incorrect record. Certain situations, such as military duty and CHAMPUS, classify the subscriber as ineligible for coverage or benefits. However, dependents of the subscribers are still eligible for coverage or benefits under the subscriber. Subscriber identifying elements are needed to accurately identify dependents.	REQUIRED HD01 875 M ID 3/3
		Insurance Line Code AG Preventative Care/Wellness AH 24 Hour Care AJ Medicare Risk AK Mental Health DCP Dental Capitation DEN Dental EPO Exclusive Provider Organization FAC Facility	Code identifying a group of insurance products. This identifies a dental managed care organization (DMO).	REQUIRED HD03 1205 O ID 2/3

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		HE Hearing HLT Health HMO Health Maintenance Organization LTC Long-Term Care LTD Long-Term Disability MM Major Medical MOD Mail Order Drug PDG Prescription Drug POS Point of Service PPO Preferred Provider Organization PRA Practitioners STD Short-Term Disability UR Utilization Review VIS Vision	Includes both hospital and professional coverage.	

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Plan Coverage Description	A description or number that identifies the plan or coverage. Use this element when additional information is needed by the insurer to describe the exact type of coverage being provided. If required by an insurer, this information must be included. The insurer establishes the content of this element in the contract.	SITUATIONAL HD04 1204 O AN 1/50
		Coverage Level Code CHD Children Only DEP Dependents Only E1D Employee and One Dependent E2D Employee and Two Dependents E3D Employee and Three Dependents E5D Employee and One or More Dependents E6D Employee and Two or More Dependents E7D Employee and Three or More Dependents E8D Employee and Four or More Dependents E9D Employee and Five or More Dependents ECH Employee and Children EMP Employee Only ESP Employee and Spouse FAM Family IND Individual SPC Spouse and Children SPO Spouse Only TWO Two Party	Code indicating the level of coverage being provided for this insured. This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is not used when the member identified in the related INS segment is not the subscriber. used for identification of Employee and Spouse. See code ESP.	SITUATIONAL HD05 1207 O ID 3/3
	Health Coverage Dates (DTP)		To specify any or all of a date, a time, or a time period. This segment contains the date that maintenance was performed or effective, and the benefit begin and end dates for the coverage or line of business.	REQUIRED
		Date/Time Qualifier 303 Maintenance Effective 348 Benefit Begin	Code specifying type of date or time, or both date and time. This is the effective date of a change where a member's coverage is not being added or removed. This is the effective date of coverage. This code should always be sent when adding coverage.	REQUIRED DTP01 374 M ID 3/3

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		349 Benefit End	This is the date the coverage specified in the 2300 loop is being terminated. Termination of specified coverage is identified by HD01 code 024 - Cancellation or Termination. This code should always be sent when removing coverage from a member. This code should not be used when a member is terminating all eligible coverage.	
		543 Last Premium Paid Date		
		Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	Code indicating the date format, time format, or date and time format. DTP02 is the date or time or period format that will appear in DTP03.	REQUIRED DTP02 1250 M ID 2/3
		Date Time Period	Expression of a date, a time, or range of dates, times or dates and times.	REQUIRED DTP03 1251 M AN 1/35
	Health Coverage Policy (AMT)		To indicate the total monetary amount. This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer.	SITUATIONAL
		Amount Qualifier Code B9 Co-insurance - Actual C1 Co-Payment Amount D2 Deductible Amount P3 Premium Amount	Code to qualify amount. This will contain any co-insurance selection amount. The option of adjusting this amount to produce the actual co-insurance can be defined in the insurance contract.	REQUIRED AMT01 522 M ID 1/3
		Monetary Amount	Monetary amount.	REQUIRED AMT02 782 M R 1/18
		Health Coverage Policy Number (REF)		To specify identifying information. This segment should be used to identify a policy or group number for a particular insurance product if it has not already been identified in either REF02, position 1-030 or REF02, position 2-020. This is necessary when not all coverage types have the same group or policy number.
	Reference Identification Qualifier		Code qualifying the Reference Identification.	REQUIRED REF01 128 M ID 2/3

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		17 Client Reporting Category	This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is not used when the member identified in the related INS segment is not the subscriber.	
		1L Group or Policy Number		
		ZZ Mutually Defined	Use this code for the Payment Plan Type Code (Annual or Quarterly) until a standard code is assigned.	
		Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	REQUIRED REF02 127 X AN 1/30
	Identification Card (IDC)		To provide notification to produce replacement identification card(s). Use this segment when requesting the production of an identification card as a result of an enrollment add, change, or statement. An enrollment statement refers to a situation where no change is being made to the enrollment except to request a replacement ID card.	SITUATIONAL
		Plan Coverage Description	A description or number that identifies the plan or coverage. Use this element when additional information is needed by the insurer to identify the type of ID card that will be produced. If requested, this information must be established by the insurer. Set IDC01 to a single zero if this does not apply.	REQUIRED IDC01 1204 M AN 1/50
		Identification Card Type Code	Code identifying the type of identification card.	REQUIRED IDC02 1215 M ID 1/1
		D Dental Insurance		
		H Health Insurance	This code is used to identify that the card issued should be specific to the coverage identified in the related HD segment.	
		P Prescription Drug Service Drug Insurance		
		Quantity	Numeric value of quantity. IDC03 is the number of cards being requested. Send this field if the number of cards requested is greater than 1.	SITUATIONAL IDC03 380 O R 1/15
		Action Code	Code indicating type of action. IDC04 is the reason for the card being requested, i.e., add or a change. Reason for card request should only be sent when requesting replacement identification cards.	SITUATIONAL IDC04 306 O ID 1/2

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		1 Add 2 Change (Update) RX Replace	Use when requesting replacement cards with no change to data.	
2310-PROVIDER INFORMATION	Provider Information (LX)		To reference a line number in a transaction set. The LX loop contains information about the primary care providers for the subscriber or the dependent, and about the beneficiaries of any employer-sponsored life insurance for the subscriber. Use this loop to provide information about primary care or capitated physicians and pharmacies chosen by the enrollee in a managed care plan when that selection is made through the sponsor. Use one iteration of the loop to identify each applicable health care service provider. The primary care provider effective date is defaulted to the effective date of the product identified in the DTP segment of the 2300 loop. When an enrollee switches from one primary care provider to another through the sponsor, the new provider should be listed with the effective date of change.	SITUATIONAL
		Assigned Number	Number assigned for differentiation within a transaction set. Use this sequential number for LX loops for this insured person.	REQUIRED LX01 554 M N0 1/6
	Provider Name (NM1)		To supply the full name of an individual or organizational entity. The National Provider ID should be passed in NM109. Until that ID is available the Federal Tax ID should be used. Use the name fields, NM103 through NM107, only when the sponsor has the name of the provider but is not able to pass a standard ID in NM109. This may occur because the ID is unknown or because local regulations prevent using Social Security Numbers or Federal Tax IDs. If the entity code, NM102, is 1 for person and the name is being passed, NM103 and NM104 must be used and NM105, NM106 and NM107 may be used. When the name is being passed for a non-person entity only NM103 may be used and NM104 through NM107 must not be sent.	REQUIRED
		Entity Identifier Code 3D Obstetrics and Gynecology Facility OD Doctor of Optometry P3 Primary Care Provider QA Pharmacy QN Dentist Y2 Managed Care Organization	Code identifying an organizational entity, a physical location, property or an individual. NM102 qualifies NM103.	REQUIRED NM101 98 M ID 2/3
	Entity Type Qualifier 1 Person 2 Non-Person Entity	Code qualifying the type of entity. NM102 qualifies NM103.	REQUIRED NM102 1065 M ID 1/1	

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Name Last or Organization Name	Individual last name or organizational name. The name should only be used when the sponsor is not able to provide the standard ID number.	SITUATIONAL NM103 1035 O AN 1/35
		Name	Individual first name. The name should only be used when the sponsor is not able to provide the standard ID number.	SITUATIONAL NM104 1036 O AN 1/25
		Name Middle	Individual middle name or initial. The name should only be used when the sponsor is not able to provide the standard ID number.	SITUATIONAL NM105 1037 O AN 1/25
		Name Prefix	Prefix to individual name. The name should only be used when the sponsor is not able to provide the standard ID number.	SITUATIONAL NM106 1038 O AN 1/10
		Name Suffix	Suffix to individual name. The name should only be used when the sponsor is not able to provide the standard ID number.	SITUATIONAL NM107 1039 O AN 1/10
		Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code (67). Send when required by X12 syntax.	SITUATIONAL NM108 66 X ID 1/2
		34 Social Security Number	The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.	
		FI Federal Taxpayer's Identification Number		
		XX Health Care Financing Administration National Provider Identifier	Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	
		Identification Code	Code identifying a party or other code. Required when available to the sponsor and transmission is not prohibited by local, state, or Federal law.	SITUATIONAL NM109 67 X AN 2/80
		Entity Relationship Code	Code describing entity relationship. This element indicates whether or not the member is an existing patient of the provider. NM110 and NM111 further define the type of entity in NM101.	REQUIRED NM110 706 X ID 2/2
		25 Established Patient 26 Not Established Patient 72 Unknown		

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
	Provider City, State, Zip Code (N4)		To specify the geographic place of the named party. To be sent when required in the insurance contract between the sponsor and payer.	SITUATIONAL
		City Name	Free-form text for city name. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	REQUIRED N401 19 AN 2/30
		State or Province Code	Code (Standard State/Province) as defined by appropriate government agency. N402 is required only if city name (N401) is in the U.S. or Canada. CODE SOURCE 22: States and Outlying Areas of the U.S.	REQUIRED N402 156 O ID 2/2
		Postal Code	Code defining international postal zone code excluding punctuation and blanks (zip code for United States). CODE SOURCE 51: Zip Code.	REQUIRED N403 116 O ID 3/15
		Country Code	Code identifying the country. Required only if country is not USA. CODE SOURCE 5: Countries, Currencies and Funds.	SITUATIONAL N404 26 O ID 2/3
		Location Qualifier 60 Area CY County/Parish RJ Region	Code identifying type of location. Send when required by X12 syntax. The area code indicates that N406 will contain an out-of-area indicator for this member. The meaning of that indicator is defined in the trading partner agreement. Use for region or group of the PCP.	SITUATIONAL N405 309 X ID 1/2
		Location Identifier	Code which identifies a specific location. This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is not used when the member identified in the related INS segment is not the subscriber.	SITUATIONAL N406 310 O AN 1/30

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
	Provider Communications Numbers (PER)		To identify a person or office to whom administrative communications should be directed. To be sent when available. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number. By definition of the standard, if PER03 is used, PER04 is required.	SITUATIONAL
		Contact Function Code IC Information Contact	named.	REQUIRED PER01 366 M ID 2/2
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number	Code identifying the type of communication number.	REQUIRED PER03 365 X ID 2/2
		Communication Number	Complete communications number including country or area code when applicable.	REQUIRED PER04 364 X AN 1/80

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number	Code identifying the type of communication number.	REQUIRED PER05 365 X ID 2/2
		Communication Number	Complete communications number including country or area code when applicable. This element should be sent if additional communication numbers are available.	SITUATIONAL PER06 364 X AN 1/80
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number	Code identifying the type of communication number. Send if required by X12 syntax.	SITUATIONAL PER07 365 X ID 2/2
		Communication Number	Complete communications number including country or area code when applicable. This element should be sent if additional communication numbers are available.	SITUATIONAL PER08 364 X AN 1/80
	PCP Change Reason (PLA)		To indicate action to be taken for the location specified and to qualify the location specified. This segment should be used to report the reason and the effective date that a member changes primary care provider.	SITUATIONAL
		Action Code 2 Change (Update)	Code indicating type of action.	REQUIRED PLA01 306 M ID 1/2
		Entity Identifier Code 1P Provider	Code identifying an organizational entity, a physical location, property or an individual.	REQUIRED PLA02 98 M ID 2/3

HIPAA Benefit Enrollment and Maintenance Transaction (834) Master Data Set for Decision Support 2000+

III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		<p>Date</p>	Date expressed as CCYYMMDD. PLA03 is the effective date for the action identified in PLA01. This is the effective date of the change of PCP.	REQUIRED PLA03 373 M DT 8/8
		<p>Maintenance Reason Code</p> <p>14 Voluntary Withdrawal 22 Plan Change 46 Current Customer Information File in Error AA Dissatisfaction with Office Staff AB Dissatisfaction with Medical Care/Services Rendered AC Inconvenient Office Location AD Dissatisfaction with Office Hours AE Unable to Schedule Appointments in a Timely Manner AF Dissatisfaction with Physician's Referral Policy AG Less Respect and Attention Time Given than to Other Patients AH Patient Moved to a New Location AI No Reason Given AJ Appointment Times not Met in a Timely Manner</p>	Code identifying the reason for the maintenance change. If none of the specific Maintenance Reasons apply, send 'A1', No Reason Given.	REQUIRED PLA05 1203 O ID 2/3
2320-COORDINATION OF BENEFITS	Coordination of Benefits (COB)		To supply information on coordination of benefits. Use this loop whenever an individual has another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. Always provide this information when provided to the sponsor. Provide the COB information by individual, not by subscriber. Send this data when such transmission is required under the insurance contract between the sponsor and the payer.	SITUATIONAL
		<p>Payer Responsibility Sequence Number Code</p> <p>P Primary S Secondary T Tertiary U Unknown</p>	Code identifying the insurance carrier's level of responsibility for a payment of a claim.	REQUIRED COB01 1138 O ID 1/1
		<p>Reference Identification</p>	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. COB02 is the policy number. Always supply the policy number when it is available.	SITUATIONAL COB02 127 O AN 1/30

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Coordination of Benefits Code 1 Coordination of Benefits 5 Unknown 6 No Coordination of Benefits	Code identifying whether there is a coordination of benefits. Use this code to verify that it was determined that there is no COB.	REQUIRED COB03 1143 O ID 1/1
	Additional Coordination of Benefits Identifiers (REF)		To specify identifying information. This segment should be sent if additional data on coordination of benefits exists. This segment should be sent if supplied by the subscriber. Use the Social Security Number or Employee ID Number until the National ID Number for individuals is available.	SITUATIONAL
		Reference Identification Qualifier 60 Account Suffix Code 6P Group Number A6 Employee Identification Number SY Social Security Number ZZ Mutually Defined	Code qualifying the Reference Identification. The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS. Mutually Defined, will be used in this REF01 for National Individual Identifier until a standard code is defined.	REQUIRED REF01 128 M ID 2/3
		Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.	REQUIRED REF02 127 X AN 1/30
	Other Insurance Company Name (N1)		To identify a party by type of organization, name, and code. Use this segment to send the name of the insurance company when provided to the sponsor.	SITUATIONAL
		Entity Identifier Code IN Insurer	Code identifying an organizational entity, a physical location, property or an individual.	REQUIRED N101 98 M ID 2/3
		Name	Free-form name. Send the insurance company name if no standard identifier is available to pass N104.	SITUATIONAL N102 93 X AN 1/60

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		<p>Identification Code Qualifier</p> <p>FI Federal Taxpayer's Identification Number NI National Association of Insurance Commissioners (NAIC) Identification XV Health Care Financing Administration National PlanID</p>	<p>Code designating the system/method of code structure used for Identification (Code 67). Send when required by X12 syntax. CODE SOURCE 540: Health Care Financing Administration National Plan ID.</p> <p>Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.</p>	SITUATIONAL N103 66 X ID 1/2
		<p>Identification Code</p>	<p>Code identifying a party or other code. This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party. Use the National Payer ID until that ID is available the Federal Tax ID should be used. Send when supplied by the employee to the sponsor.</p>	SITUATIONAL N104 67 X AN 2/80
	Coordination of Benefits Eligibility Dates (DTP)		<p>To specify any or all of a date, a time, or a time period. This segment contains the dates for which coordination of benefits is in effect. Send the eligibility date when provided to the sponsor.</p>	SITUATIONAL
		<p>Date/Time Qualifier</p> <p>344 Coordination of Benefits Begin 345 Coordination of Benefits End</p>	<p>Code specifying type of date or time, or both date and time.</p>	REQUIRED DTP01 374 M ID 3/3
		<p>Date Time Period Format Qualifier</p> <p>D8 Date Expressed in Format CCYYMMDD</p>	<p>Code indicating the date format, time format, or date and time format. DTP02 is the date or time or period format that will appear in DTP03.</p>	REQUIRED DTP02 1250 M ID 2/3
		<p>Date Time Period</p>	<p>Expression of a date, a time, or range of dates, times or dates and times.</p>	REQUIRED DTP03 1251 M AN 1/35
----	Transaction Set Trailer (SE)		<p>To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments).</p>	REQUIRED

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III. Data Element Tables

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSES AND DEFINITIONS	ATTRIBUTES
		Number of Included Segments	Total number of segments included in a transaction set including ST and SE segments.	REQUIRED SE01 96 M N0 1/10
		Transaction Set Control Number	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges.	REQUIRED SE02 329 M AN 4/9

IV. Key Terms and Issues

A. Business Definitions

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.

Health Care Providers

Health care providers are individuals and organizations that provide health care services. Health care providers can include physicians, hospitals, clinics, pharmacies, and long-term care facilities. The legal definition of health care provider is included in section 262, Administrative Simplification, of the Health Insurance Portability and Accountability Act of 1996.

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.

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.

Plan Administrator

The plan administrator is the entity that administers a benefit plan and determines the amount to be paid on a claim but does not actually make the payment.

Sponsor

A sponsor is the party that ultimately pays for the coverage, benefit, or product. A sponsor can be an employer, union, government agency, association, or insurance agency.

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.

Third Party Administrator (TPA)

A sponsor may elect to contract with a Third Party Administrator (TPA) or other vendor to handle collecting insured member data if the sponsor chooses not to perform this function.

Vendors/Intermediaries

Vendors and intermediaries are organizations that distribute information about eligibility for specific benefits, but they do not actually administer the plan or make payments.

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.

V. List of External Code Sources Needed for this Transaction

- 5 Countries, Currencies and Funds
- 22 States and Outlying Areas of the U.S.
- 51 ZIP Code
- 77 X12 Directories
- 94 International Organization for Standardization (Date and Time)
- 102 Languages
- 121 Health Industry Identification Number
- 131 International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
- 457 NISO Z39.53 Language Code List
- 540 Health Care Financing Administration National PlanID