

**DRAFT**

**HIPAA**

**Handbook for Benefit Enrollment and  
Maintenance Transaction (834)**

**Decision Support 2000+**

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**Survey and Analysis Branch  
Division of State and Community Systems Development  
Center for Mental Health Services  
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# HIPAA Handbook for Benefit Enrollment and Maintenance Transaction (834) Decision Support 2000+

## 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 Handbook consists of

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

The Data Check List helps ensure that sponsors have or collect all the information they need for the transaction. The Data Tables define terms, explain usage, and provide technical specifications for the data. Section III defines key terms and elaborates on important issues for this transaction.

Information in this Handbook is intended to provide a user-friendly summary of the data contained in the Benefit Enrollment and Maintenance Transaction (834). When referenced in conjunction with the DS2000+ Master Data Set, the Handbook will help users construct a transaction. For additional technical information not provided in these documents, users should refer to the full Implementation Guide. All information in this Handbook has been taken directly from the Benefit Enrollment and Maintenance Transaction (834) Implementation Guide.<sup>1</sup>

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<sup>1</sup> 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**

<b>Table 1 – Header</b>
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



### III. Data Check List

The Data Check List helps ensure that sponsors have or collect all the information they need for the transaction.

<b>Table 1 — Header</b>		
<b>SEG. ID</b>	<b>NAME</b>	<b>USAGE</b>
<b>ST</b>	<b>Transaction Set Header</b>	<b>R</b>
	Transaction Set Identifier Code	R
	Transaction Set Control Number	R
<b>BGN</b>	<b>Beginning Segment</b>	<b>R</b>
	Transaction Set Purpose Code	R
	Reference Identification	R
	Date	R
	Time	R
	Time Code	S
	Reference Identification	R
	Action Code	R
<b>REF</b>	<b>Transaction Set Policy Number</b>	<b>S</b>
	Reference Identification Qualifier	R
	Reference Identification	R
<b>DTP</b>	<b>File Effective Date</b>	<b>S</b>
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
<b>LOOP 1000A SPONSOR NAME</b>		
<b>N1</b>	<b>Sponsor Name</b>	<b>R</b>
	Entity Identifier Code	R
	Name	S
	Identification Code Qualifier	R
	Identification Code	R
<b>LOOP 1000B PAYER</b>		
<b>N1</b>	<b>Payer</b>	<b>R</b>
	Entity Identifier Code	R
	Name	S
	Identification Code Qualifier	R
	Identification Code	R
<b>LOOP 1000C TPA/BROKER NAME</b>		
<b>N1</b>	<b>TPA/Broker Name</b>	<b>S</b>
	Entity Identifier Code	R
	Name	R



	Identification Code Qualifier	R
	Identification Code	R
	Account Number	R
	Account Number	S

**Table 2 — Detail**

SEG. ID	NAME	USAGE
	Yes/No Condition or Response Code	R
	Individual Relationship	R
	Maintenance Type Code	R
	Maintenance Reason Code	S
	Benefit Status Code	R
	Medicare Plan Code	S
	COBRA Qualifying	S
	Employment Status Code	S
	Student Status Code	S
	Yes/No Condition Response Code	S
	Date Time Period Format Qualifier	S
	Date Time Period	S
	Number	S
<b>LOOP 2000 MEMBER LEVEL DETAIL</b>		
<b>INS</b>	<b>Member Level Detail</b>	<b>R</b>
<b>REF</b>	<b>Subscriber Number</b>	<b>R</b>
	Reference Identification Number	R
	Reference Identification	R
<b>REF</b>	<b>Member Policy Number</b>	<b>S</b>
	Reference Identification Qualifier	R
	Reference Identification	R
<b>REF</b>	<b>Member Identification Number</b>	<b>S</b>
	Reference Identification Qualifier	R
	Reference Identification	R
<b>REF</b>	<b>Prior Coverage Months</b>	<b>S</b>
	Reference Identification Qualifier	R
	Reference Identification	R
<b>DTP</b>	<b>Member Level Dates</b>	<b>S</b>
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
<b>LOOP 2100A MEMBER NAME</b>		
<b>NM1</b>	<b>Member Name</b>	<b>R</b>
	Entity Identifier Code	R
	Entity Type Qualifier	R
	Name Last or Organization Name	R



	Name First	R
	Name Middle	S
	Name Prefix	S
	Name Suffix	S
	Identification Code Qualifier	S
	Identification Code	S
<b>PER</b>	<b>Member Communications Numbers</b>	<b>S</b>
	Contact Function Code	R
	Communication Number Qualifier	R
	Communication Number	R
	Communication Number Qualifier	S
	Communication Number	S
	Communication Number Qualifier	S
	Communication Number	S
<b>N3</b>	<b>Member Residence Street Address</b>	<b>S</b>
	Address Information	R
	Address Information	S
<b>N4</b>	<b>Member Residence City, State, Zip Code</b>	<b>S</b>
	City Name	R
	State or Province Code	R
	Postal Code	R
	Country Code	S
	Location Qualifier	S
	Location Identifier	S
<b>DMG</b>	<b>Member Demographics</b>	<b>S</b>
	Date Time Period Format Qualifier	R
	Date Time Period	R
	Gender Code	R
	Marital Status Code	S
	Race or Ethnicity Code	S
	Citizenship Status Code	S
<b>ICM</b>	<b>Member Income</b>	<b>S</b>
	Frequency Code	R
	Monetary Amount	R
	Quantity	S
	Local Identifier	S
	Salary Grade	S
<b>AMT</b>	<b>Member Policy Amounts</b>	<b>S</b>
	Amount Qualifier Code	R
	Monetary Amount	R
<b>HLH</b>	<b>Member Health Information</b>	<b>S</b>
	Health-Related Code	S
	Height	S
	Weight	S
<b>LUI</b>	<b>Member Language</b>	<b>S</b>



	Identification Code Qualifier	S
	Identification Code	S
	Description	S
	Use of Language Indicator	S
<b>LOOP ID 2100B INCORRECT MEMBER NAME</b>		
<b>NM1</b>	<b>Incorrect Member Name</b>	<b>S</b>
	Entity Identifier Code	R
	Entity Type Qualifier	R
	Name Last or Organization Name	R
	Name First	R
	Name Middle	S
	Name Prefix	S
	Name Suffix	S
	Identification Code Qualifier	S
	Identification Code	S
<b>DMG</b>	<b>Incorrect Member Demographics</b>	<b>S</b>
	Date Time Period Format Qualifier	R
	Date Time Period	R
	Gender Code	R
<b>LOOP 2100C MEMBER MAILING ADDRESS</b>		
<b>NM1</b>	<b>Member Mailing Address</b>	<b>S</b>
	Entity Identifier Code	R
	Entity Type Qualifier	R
<b>N3</b>	<b>Member Mail Street Address</b>	<b>S</b>
	Address Information	S
	Address Information	S
<b>N4</b>	<b>Member Mail, City, State, Zip</b>	<b>S</b>
	City Name	R
	State or Province Code	R
	Postal Code	R
	Country Code	S
<b>LOOP 2100D MEMBER EMPLOYER</b>		
<b>NM1</b>	<b>Member Employer</b>	<b>S</b>
	Entity Identifier Code	R
	Entity Type Qualifier	R
	Name Last or Organization Name	S
	Name First	S
	Name Middle	S
	Name Prefix	S
	Name Suffix	S
	Identification Code Qualifier	S
	Identification Code	S
<b>PER</b>	<b>Member Employer Communications Numbers</b>	<b>S</b>



	Contact Function Code	R
	Communication Number Qualifier	R
	Communication Number	R
	Communication Number Qualifier	S
	Communication Number	S
	Communication Number Qualifier	S
	Communication Number	S
<b>N3</b>	<b>Member Employer Street Address</b>	<b>S</b>
	Address Information	R
	Address Information	S
<b>N4</b>	<b>Member Employer City, State, Zip</b>	<b>S</b>
	City Name	R
	State or Province Code	R
	Postal Code	R
	Country Code	S
<b>LOOP 2100E MEMBER SCHOOL</b>		
<b>NM1</b>	<b>Member School</b>	<b>S</b>
	Entity Identifier Code	R
	Entity Type Qualifier	R
	Name Last or Organization Name	R
<b>PER</b>	<b>Member School Communications Numbers</b>	<b>S</b>
	Contact Function Code	R
	Communication Number Qualifier	R
	Communication Number	R
	Communication Number Qualifier	S
	Communication Number	S
	Communication Number Qualifier	S
	Communication Number	S
<b>N3</b>	<b>Member School Street Address</b>	<b>S</b>
	Address Information	R
	Address Information	S
<b>N4</b>	<b>Member School, City State, Zip</b>	<b>S</b>
	City Name	R
	State or Province Code	R
	Postal Code	R
	Country Code	S
<b>LOOP 2100F CUSTODIAL PARENT</b>		
<b>NM1</b>	<b>Custodial Parent</b>	<b>S</b>
	Entity Identifier Code	R
	Entity Type Qualifier	R
	Name Last or Organization Name	R
	Name First	R
	Name Middle	S
	Name Prefix	S



	Name Suffix	S
	Identification Code Qualifier	S
	Identification Code	S
<b>PER</b>	<b>Custodial Parent Communications Numbers</b>	<b>S</b>
	Contact Function Code	R
	Communication Number Qualifier	R
	Communication Number	R
	Communication Number Qualifier	R
	Communication Number	S
	Communication Number Qualifier	S
	Communication Number	S
<b>N3</b>	<b>Custodial Parent Street Address</b>	<b>S</b>
	Address Information	R
	Address Information	S
<b>N4</b>	<b>Custodial Parent City, State Zip</b>	<b>S</b>
	City Name	R
	State or Province Code	R
	Postal Code	R
	Country Code	S
<b>LOOP 2100G RESPONSIBLE PERSON</b>		
<b>NM1</b>	<b>Responsible Person</b>	<b>S</b>
	Entity Identifier Code	R
	Entity Type Qualifier	R
	Name Last or Organization Name	R
	Name First	R
	Name Middle	S
	Name Prefix	S
	Name Suffix	S
	Identification Code Qualifier	S
	Identification Code	S
<b>PER</b>	<b>Responsible Person Communications Numbers</b>	<b>S</b>
	Contact Function Code	R
	Communication Number Qualifier	R
	Communication Number	R
	Communication Number Qualifier	S
	Communication Number	S
	Communication Number Qualifier	S
	Communication Number	S
<b>N3</b>	<b>Responsible Person Street Address</b>	<b>S</b>
	Address Information	R
	Address Information	S
<b>N4</b>	<b>Responsible Person City, State, Zip</b>	<b>S</b>
	City Name	R



	State Or Province Code	R
	Postal Code	R
	Country Code	S
<b>LOOP 2300 DISABILITY INFORMATION</b>		
<b>DSB</b>	<b>Disability Information</b>	<b>S</b>
	Disability Type Code	R
	Product/Service ID Qualifier	S
	Medical Code Value	S
<b>DTP</b>	<b>Disability Eligibility Dates</b>	<b>S</b>
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
<b>LOOP 2300 HEALTH COVERAGE</b>		
<b>HD</b>	<b>Heath Coverage</b>	<b>S</b>
	Maintenance Type Code	R
	Insurance Line Code	R
	Plan Coverage Description	S
	Coverage Level Code	S
<b>DTP</b>	<b>Health coverage dates</b>	<b>R</b>
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
<b>AMT</b>	<b>Health Coverage Policy</b>	<b>S</b>
	Amount Qualifier Code	R
	Monetary Amount	R
<b>REF</b>	<b>Health Coverage Policy Number</b>	<b>S</b>
	Reference Identification Qualifier	R
	Reference Identification	R
<b>IDC</b>	<b>Identification Card</b>	<b>S</b>
	Plan Coverage Description	R
	Identification Card Type Code	R
	Quantity	S
	Action Code	S
<b>LOOP 2310 PROVIDER INFORMATION</b>		
<b>LX</b>	<b>Provider Information</b>	<b>S</b>
	Assigned Number	R
<b>NM1</b>	<b>Provider Name</b>	<b>R</b>
	Entity Identifier Code	R
	Entity Type Qualifier	R
	Name Last Or Organization Name	S
	Name	S
	Name Middle	S
	Name Prefix	S
	Name Suffix	S



	Identification Code Qualifier	S
	Identification Code	S
<b>N4</b>	<b>Provider City, State, Zip Code</b>	<b>S</b>
	City Name	R
	State Or Province Code	R
	Postal Code	R
	Country Code	S
	Location Qualifier	S
	Location Identifier	S
<b>PER</b>	<b>Provider Communications Numbers</b>	<b>S</b>
	Contact Function Code	R
	Communication Number Qualifier	R
	Communication Number	R
	Communication Number Qualifier	R
	Communication Number	S
	Communication Number Qualifier	S
	Communication Number	S
<b>PLA</b>	<b>PCP Change Reason</b>	<b>S</b>
	Action Code	R
	Entity Identifier Code	R
	Date	R
	Maintenance Reason Code	R
<b>LOOP 2320 COORDINATION OF BENEFITS</b>		
<b>COB</b>	<b>Coordination Of Benefits</b>	<b>S</b>
	Payer Responsibility Sequence Number Code	R
	Reference Identification	S
	Coordination Of Benefits Code	R
<b>REF</b>	<b>Additional Coordination Of Benefits Identifiers</b>	<b>S</b>
	Reference Identification Qualifier	R
	Reference Identification	R
<b>N1</b>	<b>Other Insurance Company Name</b>	<b>S</b>
	Entity Identifier Code	R
	Name	S
	Identification Code Qualifier	S
	Identification Code	S
<b>DTP</b>	<b>Coordination Of Benefits Eligibility Dates</b>	<b>S</b>
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
<b>SE</b>	<b>Transaction Set Trailer</b>	<b>R</b>
	Number Of Included Segments	R
	Transaction Set Control Number	R



## IV. Data Element Tables

The Data Element Tables give the purpose and definition, codes, and technical specifications for all the data elements in the Benefit Enrollment and Maintenance Transaction. Section IV below explains and defines key terms. Readers should refer to the Implementation Guide for additional technical information.

### TRANSACTION INFORMATION

#### Transaction Set Header (ST)

**REQUIRED**

Indicates the start of a transaction set and assigns a control number.

<b>Name</b>	<b>Transaction Set Identifier Code</b>
<b>Purpose/Definition</b>	Uniquely identifies a Transaction Set
<b>Codes</b>	834 Benefit Enrollment and Maintenance
<b>Attributes</b>	REQUIRED ST01 143 M ID 3/3

<b>Name</b>	<b>Transaction Set Control Number</b>
<b>Purpose/Definition</b>	Identifies unique control number for the transaction
<b>Codes</b>	
<b>Attributes</b>	REQUIRED ST02 329 M AN 4/9

#### Beginning Segment (BGN)

**REQUIRED**

Indicates the beginning of a transaction set

<b>Name</b>	<b>Transaction Set Purpose Code</b>
<b>Purpose/Definition</b>	Identifies the purpose of transaction set
<b>Codes</b>	00 Original 15 Re-Submission 22 Information Copy
<b>Attributes</b>	REQUIRED BGN01 353 M ID 2/2

<b>Name</b>	<b>Reference Identification</b>
<b>Purpose/Definition</b>	Specifies identifying information
<b>Codes</b>	
<b>Attributes</b>	REQUIRED BGN02 127 M AN 1/30

<b>Name</b>	<b>Date</b>
<b>Purpose/Use</b>	Date the submitter created the file
<b>Codes</b>	CCYYMMDD format
<b>Attributes</b>	REQUIRED BGN03 373 M DT 8/8



<b>Name</b>	<b>Time</b>
<b>Purpose/Use</b>	Time stamp to uniquely identify the transmission
<b>Codes</b>	HHMMSS format
<b>Attributes</b>	REQUIRED BGN04 337 X TM 4/8

<b>Name</b>	<b>Time Code</b>
<b>Purpose/Use</b>	Identifies the time if sender and receiver are in different time zones
<b>Codes</b>	<p>CODE SOURCE 94: International Organization for Standardization (Date and Time)</p> <p>AD Alaska Daylight Time</p> <p>AS Alaska Standard Time</p> <p>AT Alaska Time</p> <p>CD Central Daylight Time</p> <p>CS Central Standard Time</p> <p>CT Central Time</p> <p>ED Eastern Daylight Time</p> <p>ES Eastern Standard Time</p> <p>ET Eastern Time</p> <p>GM Greenwich Mean Time</p> <p>HD Hawaii-Aleutian Daylight Time</p> <p>HS Hawaii-Aleutian Standard Time</p> <p>HT Hawaii-Aleutian Time</p> <p>LT Local Time</p> <p>MD Mountain Daylight Time</p> <p>MS Mountain Standard Time</p> <p>MT Mountain Time</p> <p>ND Newfoundland Daylight Time</p> <p>NS Newfoundland Standard Time</p> <p>NT Newfoundland Time</p> <p>PD Pacific Daylight Time</p> <p>PS Pacific Standard Time</p> <p>PT Pacific Time</p> <p>TD Atlantic Daylight Time</p> <p>TS Atlantic Standard Time</p> <p>TT Atlantic Time</p> <p>UT Universal Time Coordinate</p>
<b>Attributes</b>	SITUATIONAL BGN05 623 O ID 2/2

<b>Name</b>	<b>Reference Identification</b>
<b>Purpose/Use</b>	Transaction set reference number of a previously sent transaction affected by the current transaction.
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL BGN06 O AN 1/30



<b>Name</b>	<b>Action Code</b>
<b>Purpose/Use</b>	Identifies type of action.
<b>Codes</b>	2 Change (Update) 4 Verify
<b>Attributes</b>	REQUIRED BGN08 O ID 1/2

### Transaction Set Policy Number (REF)

### SITUATIONAL

Specifies identifying information. Used if a unique ID Number for a group applies to the entire transaction set.

<b>Name</b>	<b>Reference Identification Qualifier</b>
<b>Purpose/Use</b>	Qualifies the Reference Identification.
<b>Codes</b>	38 Master Policy Number
<b>Attributes</b>	REQUIRED REF01 128 M ID 2/3

<b>Name</b>	<b>Reference Identification</b>
<b>Purpose/Use</b>	Provides reference information for the Transaction Set
<b>Codes</b>	
<b>Attributes</b>	REQUIRED REF02 127 X AN 1/30

### File Effective Date (DTP)

### SITUATIONAL

Specifies a date, time, or time period.

<b>Name</b>	<b>Date/Time Qualifier</b>
<b>Purpose/Use</b>	Specifies type of date or time, or both date and time
<b>Codes</b>	007 Effective 303 Maintenance Effective 382 Enrollment 388 Payment Commencement
<b>Attributes</b>	REQUIRED DTP01 374 M ID 3/3

<b>Name</b>	<b>Date Time Period Format Qualifier</b>
<b>Purpose/Use</b>	Indicates the date/time format
<b>Codes</b>	D8 Date Expressed in Format CCYYMMDD
<b>Attributes</b>	REQUIRED DTP02 1250 M ID 2/3

<b>Name</b>	<b>Date Time Period</b>
<b>Purpose/Use</b>	Expresses a date, a time, or range of dates, times or dates and times.
<b>Codes</b>	CCYYMMDD format
<b>Attributes</b>	REQUIRED DTP03 1251 M AN 1/35



## LOOP 1000A—SPONSOR NAME

### Sponsor Name (N1)

**REQUIRED**

Identifies the sponsor

<b>Name</b>	<b>Entity Identifier Code</b>
<b>Purpose/Use</b>	Identifies the sponsor
<b>Codes</b>	P5 Plan Sponsor
<b>Attributes</b>	REQUIRED N101 98 M ID 2/3

<b>Name</b>	<b>Name</b>
<b>Purpose/Use</b>	Sponsor's name
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N102 93 X AN 1/60

<b>Name</b>	<b>Identification Code Qualifier</b>
<b>Purpose/Use</b>	Designates the system/method of code structure used for Identification. Code (67).
<b>Codes</b>	FI Federal Taxpayer's ID number ZZ Mutually Defined
<b>Attributes</b>	REQUIRED N103 66 X ID 1/2

<b>Name</b>	<b>Identification Code</b>
<b>Purpose/Use</b>	Identifies the sponsor
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N104 67 X AN 2/80

## LOOP 1000B—PAYER

**REQUIRED**

### Payer (N1)

Identifies the payer

<b>Name</b>	<b>Entity Identifier Code</b>
<b>Purpose/Use</b>	Indicates the payer
<b>Codes</b>	IN Insurer
<b>Attributes</b>	REQUIRED N101 98 M ID 2/3

<b>Name</b>	<b>Name</b>
<b>Purpose/Use</b>	Payer's name
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N102 93 X AN 1/60



<b>Name</b>	<b>Identification Code Qualifier</b>
<b>Purpose/Use</b>	Designates the system/method of code structure used for Identification Code. CODE SOURCE 540: Health Care Financing Administration National Plan ID.
<b>Codes</b>	FI Federal Taxpayer's Identification Number XV The Health Care Financing Administration National PlanID
<b>Attributes</b>	REQUIRED N103 66 X ID 1/2

<b>Name</b>	<b>Identification Code</b>
<b>Purpose/Use</b>	Identifies the payer
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N104 67 X AN 2/80

## LOOP 1000C—TPA/BROKER NAME

### TPA/Broker Name (N1)

### SITUATIONAL

Identifies the TPA or Broker

<b>Name</b>	<b>Entity Identifier Code</b>
<b>Purpose/Use</b>	Identifies the TPA or Broker
<b>Codes</b>	BO Broker or Sales Office TV Third Party Administrator (TPA)
<b>Attributes</b>	REQUIRED N101 98 M ID 2/3

<b>Name</b>	<b>Name</b>
<b>Purpose/Use</b>	TPA or Broker's name
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N102 93 X AN 1/60

<b>Name</b>	<b>Identification Code Qualifier</b>
<b>Purpose/Use</b>	Designates the system/method of code structure used for Identification Code (67). CODE SOURCE 540: Health Care Financing Administration National Plan ID.
<b>Codes</b>	94 Code assigned by the organization that is the ultimate destination of the transaction set FI Federal Taxpayer's Identification Number XV Health Care Financing Administration National Plan ID.
<b>Attributes</b>	REQUIRED N103 66 X ID 1/2



<b>Name</b>	<b>Identification Code</b>
<b>Purpose/Use</b>	Identifies the TPA or Broker
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N104 67 X AN 2/80

## LOOP 1100C—TPA/BROKER ACCOUNT INFORMATION

### TPA/Broker Account Information (ACT)

**SITUATIONAL**

Specifies the account number of the TPA or Broker if it is different than the account number for the sponsor.

<b>Name</b>	<b>Account Number</b>
<b>Purpose/Use</b>	TPA/Broker account number
<b>Codes</b>	
<b>Attributes</b>	REQUIRED ACT01 508 M AN 1/35

<b>Name</b>	<b>Account Number</b>
<b>Purpose/Use</b>	TPA/Broker account number if more than 1 TPA or Broker Account Number applies to the transaction
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL ACT06 508 X AN 1/35

## LOOP 2000—MEMBER LEVEL DETAIL

### Member Level Detail (INS)

**REQUIRED**

Provides benefit information on insured members. Subscriber information precedes dependent information. Multiple transactions within a single interchange can be used to transfer information on larger numbers of members.

<b>Name</b>	<b>Yes/No Condition or Response Code</b>
<b>Purpose/Use</b>	Indicates whether the member is the subscriber or a dependent.
<b>Codes</b>	N No Y Yes
<b>Attributes</b>	REQUIRED INS01 1073 M ID 1/1



<b>Name</b>	<b>Individual Relationship Code</b>
<b>Purpose/Use</b>	Indicates the relationship between the subscriber and dependent.
<b>Codes</b>	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 48 Stepfather 49 Stepmother 53 Life Partner
<b>Attributes</b>	REQUIRED INS02 1069 M ID 2/2

<b>Name</b>	<b>Maintenance Type Code</b>
<b>Purpose/Use</b>	Specifies the specific type of item maintenance
<b>Codes</b>	001 Change 021 Addition 024 Cancellation or Termination 025 Reinstatement 030 Audit or Compare
<b>Attributes</b>	REQUIRED INS03 875 O ID 3/3



Name	Maintenance Reason Code
<b>Purpose/Use</b>	Identifies the reason for the maintenance change.
<b>Codes</b>	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 22 Plan Change 25 Change in Identifying Data Elements 26 Declined Coverage 27 Pre-Enrollment 28 Initial Enrollment 29 Benefit Selection 31 Legal Separation 32 Marriage 33 Personnel Data 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 AI No Reason Given XN Notification Only XT Transfer
<b>Attributes</b>	SITUATIONAL INS04 1203 O ID 2/3



<b>Name</b>	<b>Benefit Status Code</b>
<b>Purpose/Use</b>	Indicates the type of coverage under which benefits are paid
<b>Codes</b>	A Active C COBRA S Surviving Insured T TEFRA
<b>Attributes</b>	REQUIRED INS05 1216 O ID 1/1

<b>Name</b>	<b>Medicare Plan Code</b>
<b>Purpose/Use</b>	Identifies the Medicare Plan
<b>Codes</b>	A Medicare Part A B Medicare Part B C Medicare Part A and B D Medicare Part Unknown E No Medicare
<b>Attributes</b>	SITUATIONAL INS06 1218 O ID 1/1

<b>Name</b>	<b>COBRA Qualifying</b>
<b>Purpose/Use</b>	Indicates that a member is being enrolled in or is enrolled for a benefit covered by COBRA
<b>Codes</b>	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
<b>Attributes</b>	SITUATIONAL INS07 1219 O ID 1/2

<b>Name</b>	<b>Employment Status Code</b>
<b>Purpose/Use</b>	Shows the employment status of the member.
<b>Codes</b>	AO Active Military - Overseas AU Active Military - USA FT Full-time L1 Leave of Absence PT Part-time RT Retired TE Terminated
<b>Attributes</b>	SITUATIONAL INS08 584 O ID 2/2



<b>Name</b>	<b>Student Status Code</b>
<b>Purpose/Use</b>	Indicates the student status of the patient if 19 years of age or older, not handicapped and not insured
<b>Codes</b>	F Full-time N Not a Student P Part-time
<b>Attributes</b>	SITUATIONAL INS09 1220 O ID 1/1

<b>Name</b>	<b>Yes/No Condition Response Code</b>
<b>Purpose/Use</b>	Indicates whether the member is handicapped
<b>Codes</b>	N No Y Yes
<b>Attributes</b>	SITUATIONAL INS10 1073 O ID 1/1

<b>Name</b>	<b>Date Time Period Format Qualifier</b>
<b>Purpose/Use</b>	Indicates the date and time format.
<b>Codes</b>	D8 Date Expressed in Format CCYYMMDD
<b>Attributes</b>	SITUATIONAL INS11 1250 X ID 2/3

<b>Name</b>	<b>Date Time Period</b>
<b>Purpose/Use</b>	Date of death of the subscriber/dependent.
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL INS12 1251 X AN 1/35

<b>Name</b>	<b>Number</b>
<b>Purpose/Use</b>	Identifies birth sequence for multiple births and if reporting family members with the same birth date
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL INS17 1470 O N0 1/9



## LOOP 2000—MEMBER LEVEL DETAIL

### Subscriber Number (REF)

**REQUIRED**

Provides a unique subscriber identification number (SSN or other) for linking the subscriber with dependents. If the subscriber's/dependent's Social Security Number is known, it should be used until a unique identifier is determined.

<b>Name</b>	<b>Reference Identification Qualifier</b>
<b>Purpose/Use</b>	Indicates that the subscriber is being identified.
<b>Codes</b>	0F Subscriber Number
<b>Attributes</b>	REQUIRED EF01 128 M ID 2/3

<b>Name</b>	<b>Reference Identification</b>
<b>Purpose/Use</b>	Reference information for a particular Transaction Set or as specified by the Reference Identification Qualifier
<b>Codes</b>	
<b>Attributes</b>	REQUIRED REF02 127X AN 1/30

### Member Policy Number (REF)

**SITUATIONAL**

This segment is used if the policy or group number applies to all coverage data that apply for this member.

<b>Name</b>	<b>Reference Identification Qualifier</b>
<b>Purpose/Use</b>	Qualifies the Reference Identification
<b>Codes</b>	1L Group or Policy Number
<b>Attributes</b>	REQUIRED REF01 128 M ID 2/3

<b>Name</b>	<b>Reference Identification</b>
<b>Purpose/Use</b>	Provides reference information for a particular Transaction Set or as specified by the Reference Identification Qualifier
<b>Codes</b>	
<b>Attributes</b>	REQUIRED REF02 127 X AN 1/30

### Member Identification Number (REF)

**SITUATIONAL**

This segment is used to pass further identifying information on the member when data are available.

<b>Name</b>	<b>Reference Identification Qualifier</b>
<b>Purpose/Use</b>	Qualifies the reference identification
<b>Codes</b>	17 Client Reporting Category



	23 Client Number 3H Case Number DX Department/Agency Number F6 Health Insurance Claim (HIC) Number Q4 Prior Identifier Number ZZ Mutually Defined
<b>Attributes</b>	REQUIRED REF01 128 M ID 2/3

<b>Name</b>	<b>Reference Identification</b>
<b>Purpose/Use</b>	Reference information for a particular Transaction Set or as specified by the Reference Identification Qualifier
<b>Codes</b>	
<b>Attributes</b>	REQUIRED REF02 127 X AN 1/30

### Prior Coverage Months (REF)

**SITUATIONAL**

Indicates the number of months of prior health coverage

<b>Name</b>	<b>Reference Identification Qualifier</b>
<b>Purpose/Use</b>	Qualifies the Reference Identification
<b>Codes</b>	QQ Unit Number
<b>Attributes</b>	REQUIRED REF01 128 M ID 2/3

<b>Name</b>	<b>Reference Identification</b>
<b>Purpose/Use</b>	Specifies number of months of prior health insurance coverage
<b>Codes</b>	
<b>Attributes</b>	REQUIRED REF02 127 X AN 1/30

### Member Level Dates (DTP)

**SITUATIONAL**

Dates that apply to the particular insurance contract such as termination or start of coverage

<b>Name</b>	<b>Date/Time Qualifier</b>
<b>Purpose/Use</b>	Specifies type of date
<b>Codes</b>	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 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
<b>Attributes</b>	REQUIRED DTP01 374 M ID 3/3

<b>Name</b>	<b>Date Time Period Format Qualifier</b>
<b>Purpose/Use</b>	Indicates the date format period that appears in DTP03
<b>Codes</b>	
<b>Attributes</b>	REQUIRED DTP02 1250 M ID 2/3

<b>Name</b>	<b>Date Time Period</b>
<b>Purpose/Use</b>	Expresses a date or range of dates
<b>Codes</b>	D8 Date Expressed in Format CCYYMMDD
<b>Attributes</b>	REQUIRED DTP03 1251 M AN 1/35

### Member Name (NM1)

**REQUIRED**

Identifies a member being enrolled or changing benefits or a member correcting identifier information

<b>Name</b>	<b>Entity Identifier Code</b>
<b>Purpose/Use</b>	Identifies the person about whom the information is being sent
<b>Codes</b>	74 Corrected Insured IL Insured or Subscriber
<b>Attributes</b>	REQUIRED NM101 98 M ID 2/3

<b>Name</b>	<b>Entity Type Qualifier</b>
<b>Purpose/Use</b>	Qualifies NM103
<b>Codes</b>	1 Person
<b>Attributes</b>	REQUIRED NM102 1065 M ID 1/1



<b>Name</b>	<b>Name Last or Organization Name</b>
<b>Purpose/Use</b>	Member's last name
<b>Codes</b>	
<b>Attributes</b>	REQUIRED NM103 1035 O AN 1/35

<b>Name</b>	<b>Name First</b>
<b>Purpose/Use</b>	Member's first name
<b>Codes</b>	
<b>Attributes</b>	REQUIRED NM104 1036 O AN 1/25

<b>Name</b>	<b>Name Middle</b>
<b>Purpose/Use</b>	Member's middle name or initial
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM105 1037 O AN 1/25

<b>Name</b>	<b>Name Prefix</b>
<b>Purpose/Use</b>	Prefix to member's name
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM106 1038 O AN 1/10

<b>Name</b>	<b>Name Suffix</b>
<b>Purpose/Use</b>	Suffix to member's name
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM107 1039 O AN 1/10



<b>Name</b>	<b>Identification Code Qualifier</b>
<b>Purpose/Use</b>	Code designating the system/method of code structure used for Identification (67)
<b>Codes</b>	34 Social Security Number ZZ Mutually Defined
<b>Attributes</b>	SITUATIONAL NM108 66 X ID 1/2

<b>Name</b>	<b>Identification Code</b>
<b>Purpose/Use</b>	Identifies the member .Use the SSN until the HIPAA Individual Identifier is available
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM109 67 X AN 2/80

### Member Communications Numbers (PER)

### SITUATIONAL

Identifies the person or office to whom administrative communications should be directed when contact information is provided to the sponsor about the member

<b>Name</b>	<b>Contact Function Code</b>
<b>Purpose/Use</b>	Indicates that the person being contacted is the member
<b>Codes</b>	IP Insured Party
<b>Attributes</b>	REQUIRED PER01 366 M ID 2/2

<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number
<b>Attributes</b>	REQUIRED PER03 365 X ID 2/2

<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	REQUIRED PER04 364 X AN 1/80



<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number
<b>Attributes</b>	SITUATIONAL PER05 365 X ID 2/2

<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL PER06 364 X AN 1/80

<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number
<b>Attributes</b>	SITUATIONAL PER07 365 X ID 2/2

<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL PER08 364 X AN 1/80

### **Member Residence Street Address (N3)**

### **SITUATIONAL**

Provides the member's address when enrolling the subscriber, when enrolling a dependent whose address is different from the subscriber, and when changing a member's address

<b>Name</b>	<b>Address Information</b>
<b>Purpose/Use</b>	Address Information
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N301 166 M AN 1/55



<b>Name</b>	<b>Address Information</b>
<b>Purpose/Use</b>	Address information if a second address line exists
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N302 166 O AN 1/55

## LOOP 2100A—MEMBER NAME

### Member Residence City, State, Zip Code (N4)

**SITUATIONAL**

Continues the address information

<b>Name</b>	<b>City Name</b>
<b>Purpose/Use</b>	Free-form text
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N401 19 O AN 2/30

<b>Name</b>	<b>State or Province Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 22: States and Outlying Areas of the U.S.
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N402 156 O ID 2/2

<b>Name</b>	<b>Postal Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 51: ZIP Code.
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N403 116 O ID 3/15

<b>Name</b>	<b>Country Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 5: Countries, Currencies and Funds
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N404 26 O ID 2/3

<b>Name</b>	<b>Location Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of location
<b>Codes</b>	60 Area CY County/Parish
<b>Attributes</b>	SITUATIONAL N404 26 O ID 2/3

<b>Name</b>	<b>Location Identifier</b>
<b>Purpose/Use</b>	Identifies a specific location. Use only for the subscriber.
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N406 310 O AN 1/30



## Member Demographics (DMG)

## SITUATIONAL

Supplies demographic information when enrolling a new member or when changing a member's demographic information

<b>Name</b>	<b>Date Time Period Format Qualifier</b>
<b>Purpose/Use</b>	Indicates the date format
<b>Codes</b>	D8 Date expressed in format CCYYMMDD
<b>Attributes</b>	REQUIRED DMG01 1250 X ID 2/3

<b>Name</b>	<b>Date Time Period</b>
<b>Purpose/Use</b>	Use for the member's birth date
<b>Codes</b>	
<b>Attributes</b>	REQUIRED DMG02 1251 X AN 1/35

<b>Name</b>	<b>Gender Code</b>
<b>Purpose/Use</b>	Member's gender
<b>Codes</b>	F Female M Male U Unknown
<b>Attributes</b>	REQUIRED DMG03 1068 O ID 1/1

<b>Name</b>	<b>Marital Status Code</b>
<b>Purpose/Use</b>	Member's marital status
<b>Codes</b>	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
<b>Attributes</b>	SITUATIONAL DMG04 1067 O ID 1/1



<b>Name</b>	<b>Race or Ethnicity Code</b>
<b>Purpose/Use</b>	Indicates member's racial or ethnic background
<b>Codes</b>	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)
<b>Attributes</b>	SITUATIONAL DMG05 1109 O ID 1/1

<b>Name</b>	<b>Citizenship Status Code</b>
<b>Purpose/Use</b>	Indicates citizenship status of subscriber
<b>Codes</b>	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
<b>Attributes</b>	SITUTATIONAL DMG06 1066 O ID 1/2

## Member Income (ICM)

**SITUATIONAL**

Supplies information on member's income

<b>Name</b>	<b>Frequency Code</b>
<b>Purpose/Use</b>	Indicates frequency at which an individual's wages are paid.
<b>Codes</b>	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 S Semiannual U Unknown
<b>Attributes</b>	REQUIRED ICM01 594 M ID 1/1



<b>Name</b>	<b>Monetary Amount</b>
<b>Purpose/Use</b>	Yearly wages amount
<b>Codes</b>	
<b>Attributes</b>	REQUIRED ICM02 782 M R 1/18

<b>Name</b>	<b>Quantity</b>
<b>Purpose/Use</b>	Number of weekly hours
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL ICM03 380 O R 1/15

<b>Name</b>	<b>Local Identifier</b>
<b>Purpose/Use</b>	Provides employer location qualifier such as a department number
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL ICM04 310 O AN 1/30

<b>Name</b>	<b>Salary Grade</b>
<b>Purpose/Use</b>	Salary grade code assigned by the employer
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL ICM05 1214 O AN 1/5

## Member Policy Amounts (AMT)

## SITUATIONAL

Indicates the total monetary amount of the member's policy.

<b>Name</b>	<b>Amount Qualifier Code</b>
<b>Purpose/Use</b>	Qualifies the amount
<b>Codes</b>	B9 Co-insurance – Actual C1 Co-Payment Amount D2 Deductible Amount P3 Premium Amount
<b>Attributes</b>	REQUIRED AMT01 522 M ID 1/3

<b>Name</b>	<b>Monetary Amount</b>
<b>Purpose/Use</b>	Monetary amount
<b>Codes</b>	
<b>Attributes</b>	REQUIRED AMT02 782 M R 1/18



## Member Health Information (HLH)

## SITUATIONAL

Provider's member's health information.

<b>Name</b>	<b>Health-Related Code</b>
<b>Purpose/Use</b>	Indicates a specific health situation
<b>Codes</b>	N None S Substance Abuse T Tobacco Use U Unknown X Tobacco Use and Substance Abuse
<b>Attributes</b>	SITUATIONAL HLH01 1212 O ID 1/1

<b>Name</b>	<b>Height</b>
<b>Purpose/Use</b>	Height in inches
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL HLH02 65 O R 1/8

<b>Name</b>	<b>Weight</b>
<b>Purpose/Use</b>	Weight in pounds
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL HLH03 81 O R 1/10

## Member Language (LUI)

## SITUATIONAL

Used to indicate the member's language if it is other than English.

<b>Name</b>	<b>Identification Code Qualifier</b>
<b>Purpose/Use</b>	Code designating the system/method of code structure used for Identification Code (67)
<b>Codes</b>	LD NISO Z39.53 Language Codes (CODE SOURCE 457) LE ISO 639 Language Codes (CODE SOURCE 102)
<b>Attributes</b>	SITUATIONAL LUI01 66 X ID 1/2

<b>Name</b>	<b>Identification Code</b>
<b>Purpose/Use</b>	Language code
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL LUI02 67 X AN 2/80

<b>Name</b>	<b>Description</b>
<b>Purpose/Use</b>	Name of the language
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL LUI03 352 X AN 1/80



<b>Name</b>	<b>Use of Language Indicator</b>
<b>Purpose/Use</b>	Indicates the use of a language
<b>Codes</b>	5 Language Reading 7 Language Speaking 8 Native Language
<b>Attributes</b>	SITUATIONAL LUI04 1303 O ID 1/2

## LOOP 2100B—INCORRECT MEMBER NAME

### Incorrect Member Name (NM1)

**SITUATIONAL**

Provides the member's full name if a corrected name is being sent or if the previously supplied demographics are being changed

<b>Name</b>	<b>Entity Identifier Code</b>
<b>Purpose/Use</b>	Indicates that corrected information about a member is being sent
<b>Codes</b>	70 Prior Incorrect Insured
<b>Attributes</b>	REQUIRED NM101 98 M ID 2/3

<b>Name</b>	<b>Entity Type Qualifier</b>
<b>Purpose/Use</b>	Qualifies NM103
<b>Codes</b>	1 Person
<b>Attributes</b>	REQUIRED NM102 1065 M ID 1/1

<b>Name</b>	<b>Name Last or Organization Name</b>
<b>Purpose/Use</b>	Member's last name
<b>Codes</b>	
<b>Attributes</b>	REQUIRED NM103 1035 O AN 1/35

<b>Name</b>	<b>Name First</b>
<b>Purpose/Use</b>	Member's first name
<b>Codes</b>	
<b>Attributes</b>	REQUIRED NM104 1036 O AN 1/25

<b>Name</b>	<b>Name Middle</b>
<b>Purpose/Use</b>	Member's middle name or initial
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM105 1037 O AN 1/25



<b>Name</b>	<b>Name Prefix</b>
<b>Purpose/Use</b>	Prefix to member's name
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM106 1038 O AN 1/10

<b>Name</b>	<b>Name Suffix</b>
<b>Purpose/Use</b>	Suffix to member's name
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM107 1039 O AN 1/10

<b>Name</b>	<b>Identification Code Qualifier</b>
<b>Purpose/Use</b>	Designates the system/method of code structure used for Identification (67)
<b>Codes</b>	34 Social Security Number ZZ Mutually Defined
<b>Attributes</b>	SITUATIONAL NM108 66 X ID 1/2

<b>Name</b>	<b>Identification Code</b>
<b>Purpose/Use</b>	Identifies the member. Send what was previously sent in error to allow matching with data on receiver's system.
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM109 67 X AN 2/80

## **Incorrect Member Demographics (DMG)**

## **SITUATIONAL**

Used when there is a change to the previously supplied demographic information.

<b>Name</b>	<b>Date Time Period Format Qualifier</b>
<b>Purpose/Use</b>	Indicates the data concern the date of birth.
<b>Codes</b>	D8 Date Expressed in Format CCYYMMDD.
<b>Attributes</b>	REQUIRED DMG01 1250 X ID 2/3

<b>Name</b>	<b>Date Time Period</b>
<b>Purpose/Use</b>	Date, time, or range of dates, times or dates and times
<b>Codes</b>	D8 Date Expressed in Format CCYYMMDD.
<b>Attributes</b>	REQUIRED DMG02 1251 X AN 1/35

<b>Name</b>	<b>Gender Code</b>
<b>Purpose/Use</b>	Member's gender
<b>Codes</b>	F Female M Male U Unknown
<b>Attributes</b>	REQUIRED DMG03 1068 O ID 1/1



## LOOP 2100C—MEMBER MAILING ADDRESS

### Member Mailing Address (NM1)

**SITUATIONAL**

Use if the member has a mailing address different from the residence address sent in loop 2100A when enrolling subscriber or when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.

<b>Name</b>	<b>Entity Identifier Code</b>
<b>Purpose/Use</b>	Indicates that the mailing address is being sent
<b>Codes</b>	31 Postal Mailing Address
<b>Attributes</b>	REQUIRED NM101 98 M ID 2/3

<b>Name</b>	<b>Entity Type Qualifier</b>
<b>Purpose/Use</b>	Qualifies NM103
<b>Codes</b>	1 Person
<b>Attributes</b>	REQUIRED NM102 1065 M ID 1/1

### Member Mail Street Address (N3)

**SITUATIONAL**

Specifies the member's address.

<b>Name</b>	<b>Address Information</b>
<b>Purpose/Use</b>	Address information
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N301 166 M AN 1/55

<b>Name</b>	<b>Address Information</b>
<b>Purpose/Use</b>	Address information if a second address line exists
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N302 166 O AN 1/55

### Member Residence City, State, Zip Code (N4)

**SITUATIONAL**

Continues the address information.

<b>Name</b>	<b>City Name</b>
<b>Purpose/Use</b>	Free-form text
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N401 19 O AN 2/30

<b>Name</b>	<b>State or Province Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 22: States and Outlying Areas of the U.S.



<b>Codes</b>	
<b>Attributes</b>	REQUIRED N402 156 O ID 2/2

<b>Name</b>	<b>Postal Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 51: ZIP Code.
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N403 116 O ID 3/15

<b>Name</b>	<b>Country Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 5: Countries, Currencies and Funds
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N404 26 O ID 2/3

## LOOP 2100D—MEMBER EMPLOYER

### Member Employer (NM1)

### SITUATIONAL

Use when the member is employed by someone other than the sponsor and the insurance contract requires the payer be notified of such employment (e.g., the employment of a dependent).

<b>Name</b>	<b>Entity Identifier Code</b>
<b>Purpose/Use</b>	Indicates the information is about the employer
<b>Codes</b>	ES Employer Name
<b>Attributes</b>	REQUIRED NM101 98 M ID 2/3

<b>Name</b>	<b>Entity Type Qualifier</b>
<b>Purpose/Use</b>	Qualifies NM103
<b>Codes</b>	1 Person 2 Non-Person Entity
<b>Attributes</b>	REQUIRED NM102 1065 M ID 1/1

<b>Name</b>	<b>Name Last or Organization Name</b>
<b>Purpose/Use</b>	Employer's name
<b>Codes</b>	
<b>Attributes</b>	REQUIRED NM103 1035 O AN 1/35



<b>Name</b>	<b>Name First</b>
<b>Purpose/Use</b>	Employer's name if a person
<b>Codes</b>	
<b>Attributes</b>	REQUIRED NM104 1036 O AN 1/25

<b>Name</b>	<b>Name Middle</b>
<b>Purpose/Use</b>	Employer's middle name or initial if a person
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM105 1037 O AN 1/25

<b>Name</b>	<b>Name Prefix</b>
<b>Purpose/Use</b>	Prefix to employer's name if a person
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM106 1038 O AN 1/10

<b>Name</b>	<b>Name Suffix</b>
<b>Purpose/Use</b>	Suffix to employer's name if a person
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM107 1039 O AN 1/10

<b>Name</b>	<b>Identification Code Qualifier</b>
<b>Purpose/Use</b>	Designates the system/method of code structure used for Identification (67)
<b>Codes</b>	ZZ Mutually Defined
<b>Attributes</b>	SITUATIONAL NM108 66 X ID 1/2

<b>Name</b>	<b>Identification Code</b>
<b>Purpose/Use</b>	Will be the National Employer Identifier when implemented
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM109 67 X AN 2/80

## **Member Employer Communications Numbers (PER) SITUATIONAL**

Identifies the person or office to whom administrative communications should be directed and the communication numbers.

<b>Name</b>	<b>Contact Function Code</b>
<b>Purpose/Use</b>	Indicates that the person or organization being contacted is the employer
<b>Codes</b>	EP Employer Contact
<b>Attributes</b>	REQUIRED PER01 366 M ID 2/2



<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone
<b>Attributes</b>	REQUIRED PER03 365 X ID 2/2

<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	REQUIRED PER04 364 X AN 1/80

<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone
<b>Attributes</b>	SITUATIONAL PER05 365 X ID 2/2

<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL PER06 364 X AN 1/80

<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone
<b>Attributes</b>	SITUATIONAL PER07 365 X ID 2/2

<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL PER08 364 X AN 1/80



### Member Employer Street Address (N3)

**SITUATIONAL**

Provides the employer's address.

<b>Name</b>	<b>Address Information</b>
<b>Purpose/Use</b>	Address Information
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N301 166 M AN 1/55

<b>Name</b>	<b>Address Information</b>
<b>Purpose/Use</b>	Address information if a second address line exists
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N302 166 O AN 1/55

### Member Employer City, State, Zip Code (N4)

**SITUATIONAL**

Continues the address information.

<b>Name</b>	<b>City Name</b>
<b>Purpose/Use</b>	Free-form text
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N401 19 O AN 2/30

<b>Name</b>	<b>State or Province Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 22: States and Outlying Areas of the U.S.
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N402 156 O ID 2/2

<b>Name</b>	<b>Postal Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 51: ZIP Code.
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N403 116 O ID 3/15

<b>Name</b>	<b>Country Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 5: Countries, Currencies and Funds
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N404 26 O ID 2/3



## LOOP 2100E—MEMBER SCHOOL

### Member School (NM1)

### SITUATIONAL

Use when the member is enrolled in school and the payer must be notified under the insurance contract between the sponsor and the payer.

<b>Name</b>	<b>Entity Identifier Code</b>
<b>Purpose/Use</b>	Indicates that the information concerns a school
<b>Codes</b>	M8 Educational Institution
<b>Attributes</b>	REQUIRED NM101 98 M ID 2/3

<b>Name</b>	<b>Entity Type Qualifier</b>
<b>Purpose/Use</b>	Qualifies NM103
<b>Codes</b>	3 Non-Person Entity
<b>Attributes</b>	REQUIRED NM102 1065 M ID 1/1

<b>Name</b>	<b>Name Last or Organization Name</b>
<b>Purpose/Use</b>	School name
<b>Codes</b>	
<b>Attributes</b>	REQUIRED NM103 1035 O AN 1/35

### Member School Communications Numbers (PER)

### SITUATIONAL

Identifies person or office to whom administrative communications should be directed concerning the school.

<b>Name</b>	<b>Contact Function Code</b>
<b>Purpose/Use</b>	Indicates that the person being contacted is the school clerk
<b>Codes</b>	SK School Clerk
<b>Attributes</b>	REQUIRED PER01 366 M ID 2/2

<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone
<b>Attributes</b>	REQUIRED PER03 365 X ID 2/2



<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	REQUIRED PER04 364 X AN 1/80

<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone
<b>Attributes</b>	SITUATIONAL PER05 365 X ID 2/2

<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL PER06 364 X AN 1/80

<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone
<b>Attributes</b>	SITUATIONAL PER07 365 X ID 2/2

<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL PER08 364 X AN 1/80

### Member School Street Address (N3)

**SITUATIONAL**

Provides the school's address.

<b>Name</b>	<b>Address Information</b>
<b>Purpose/Use</b>	Address Information
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N301 166 M AN 1/55



<b>Name</b>	<b>Address Information</b>
<b>Purpose/Use</b>	Address information if a second address line exists
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N302 166 O AN 1/55

### Member School City, State, Zip Code (N4)

**SITUATIONAL**

Continues the address information.

<b>Name</b>	<b>City Name</b>
<b>Purpose/Use</b>	Free-form text
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N401 19 O AN 2/30

<b>Name</b>	<b>State or Province Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 22: States and Outlying Areas of the U.S.
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N402 156 O ID 2/2

<b>Name</b>	<b>Postal Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 51: ZIP Code.
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N403 116 O ID 3/15

<b>Name</b>	<b>Country Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 5: Countries, Currencies and Funds
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N404 26 O ID 2/3

## LOOP 2100F—CUSTODIAL PARENT

### Custodial Parent (NM1)

**SITUATIONAL**

Provides the full name of custodial parent of a minor dependent when that person is someone other than the subscriber. Other situations, e.g., Guardianship, Legal Indemnity, Power of Attorney, and/or Separation Agreements, are handled under the Responsible Party NM1 segment.

<b>Name</b>	<b>Entity Identifier Code</b>
<b>Purpose/Use</b>	Indicates that the person is the custodial parent
<b>Codes</b>	S3 Custodial Parent
<b>Attributes</b>	REQUIRED NM101 98 M ID 2/3



<b>Name</b>	<b>Entity Type Qualifier</b>
<b>Purpose/Use</b>	Qualifies NM103
<b>Codes</b>	1 Person
<b>Attributes</b>	REQUIRED NM102 1065 M ID 1/1

<b>Name</b>	<b>Name Last or Organization Name</b>
<b>Purpose/Use</b>	Custodial parent's last name
<b>Codes</b>	
<b>Attributes</b>	REQUIRED NM103 1035 O AN 1/35

<b>Name</b>	<b>Name First</b>
<b>Purpose/Use</b>	Custodial parent's first name
<b>Codes</b>	
<b>Attributes</b>	REQUIRED NM104 1036 O AN 1/25

<b>Name</b>	<b>Name Middle</b>
<b>Purpose/Use</b>	Custodial parent's middle name or initial
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM105 1037 O AN 1/25

<b>Name</b>	<b>Name Prefix</b>
<b>Purpose/Use</b>	Prefix to custodial parent's name
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM106 1038 O AN 1/10

<b>Name</b>	<b>Name Suffix</b>
<b>Purpose/Use</b>	Suffix to custodial parent's name
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM107 1039 O AN 1/10

<b>Name</b>	<b>Identification Code Qualifier</b>
<b>Purpose/Use</b>	Code designating the system/method of code structure used for Identification (67)
<b>Codes</b>	34 Social Security Number ZZ Mutually Defined
<b>Attributes</b>	SITUATIONAL NM108 66 X ID 1/2

<b>Name</b>	<b>Identification Code</b>
<b>Purpose/Use</b>	Identifies the custodial parent. Use the SSN until the HIPAA Individual Identifier is available.
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM109 67 X AN 2/80



## Custodial Parent's Communications Numbers (PER) SITUATIONAL

Identifies the person to whom administrative communications should be directed when contact information about the custodial parent is provided to the sponsor by the subscriber.

<b>Name</b>	<b>Contact Function Code</b>
<b>Purpose/Use</b>	Indicates that the person being contacted is the custodial parent
<b>Codes</b>	QP Parent or Guardian
<b>Attributes</b>	REQUIRED PER01 366 M ID 2/2

<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number
<b>Attributes</b>	REQUIRED PER03 365 X ID 2/2

<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	REQUIRED PER04 364 X AN 1/80

<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number
<b>Attributes</b>	REQUIRED PER05 365 X ID 2/2

<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL PER06 364 X AN 1/80



<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number
<b>Attributes</b>	SITUATIONAL PER07 365 X ID 2/2

<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL PER08 364 X AN 1/80

### **Custodial Parent Street Address (N3)**

**SITUATIONAL**

Provides the custodial parent's address when the custodial parent of a minor dependent is someone other than the subscriber.

<b>Name</b>	<b>Address Information</b>
<b>Purpose/Use</b>	Address Information
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N301 166 M AN 1/55

<b>Name</b>	<b>Address Information</b>
<b>Purpose/Use</b>	Address information if a second address line exists
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N302 166 O AN 1/55

### **Custodial Parent City, State, Zip Code (N4)**

**SITUATIONAL**

Continues the address information.

<b>Name</b>	<b>City Name</b>
<b>Purpose/Use</b>	Free-form text
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N401 19 O AN 2/30



<b>Name</b>	<b>State or Province Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 22: States and Outlying Areas of the U.S.
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N402 156 O ID 2/2

<b>Name</b>	<b>Postal Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 51: ZIP Code.
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N403 116 O ID 3/15

<b>Name</b>	<b>Country Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 5: Countries, Currencies and Funds
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N404 26 O ID 2/3

## LOOP 2100G—RESPONSIBLE PERSON

### Responsible Person (NM1)

**SITUATIONAL**

Identifies the person responsible for the member if that person is someone other than the subscriber.

<b>Name</b>	<b>Entity Identifier Code</b>
<b>Purpose/Use</b>	Person or organizational entity responsible for the member
<b>Codes</b>	E1 Person or Other Entity Legally Responsible for a Child EI Executor of Estate EXS Ex-spouse GD Guardian J6 Power of Attorney QD Responsible Party
<b>Attributes</b>	REQUIRED NM101 98 M ID 2/3

<b>Name</b>	<b>Entity Type Qualifier</b>
<b>Purpose/Use</b>	Qualifies NM103
<b>Codes</b>	1 Person
<b>Attributes</b>	REQUIRED NM102 1065 M ID 1/1

<b>Name</b>	<b>Name Last or Organization Name</b>
<b>Purpose/Use</b>	Responsible person's last name
<b>Codes</b>	
<b>Attributes</b>	REQUIRED NM103 1035 O AN 1/35



<b>Name</b>	<b>Name First</b>
<b>Purpose/Use</b>	Responsible person's first name
<b>Codes</b>	
<b>Attributes</b>	REQUIRED NM104 1036 O AN 1/25

<b>Name</b>	<b>Name Middle</b>
<b>Purpose/Use</b>	Responsible person's middle name or initial
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM105 1037 O AN 1/25

<b>Name</b>	<b>Name Prefix</b>
<b>Purpose/Use</b>	Prefix to responsible person's name
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM106 1038 O AN 1/10

<b>Name</b>	<b>Name Suffix</b>
<b>Purpose/Use</b>	Suffix to responsible person's name
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM107 1039 O AN 1/10

<b>Name</b>	<b>Identification Code Qualifier</b>
<b>Purpose/Use</b>	Designates the system/method of code structure used for Identification (67)
<b>Codes</b>	34 Social Security Number ZZ Mutually Defined
<b>Attributes</b>	SITUATIONAL NM108 66 X ID 1/2

<b>Name</b>	<b>Identification Code</b>
<b>Purpose/Use</b>	Identifies the responsible person. Use the SSN until the HIPAA Individual Identifier is available.
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM109 67 X AN 2/80



## Responsible Person's Communications Numbers (PER)

## SITUATIONAL

Identifies the person or office to whom administrative communications should be directed when the responsible person is applicable.

<b>Name</b>	<b>Contact Function Code</b>
<b>Purpose/Use</b>	Indicates that the person being contacted is the responsible person
<b>Codes</b>	RP Responsible Person
<b>Attributes</b>	REQUIRED PER01 366 M ID 2/2

<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number
<b>Attributes</b>	REQUIRED PER03 365 X ID 2/2

<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	REQUIRED PER04 364 X AN 1/80

<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number
<b>Attributes</b>	SITUATIONAL PER05 365 X ID 2/2

<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL PER06 364 X AN 1/80



<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number
<b>Attributes</b>	SITUATIONAL PER07 365 X ID 2/2

<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL PER08 364 X AN 1/80

### Responsible Person Residence Street Address (N3)

**SITUATIONAL**

Provides the responsible person's address.

<b>Name</b>	<b>Address Information</b>
<b>Purpose/Use</b>	Address Information
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N301 166 M AN 1/55

<b>Name</b>	<b>Address Information</b>
<b>Purpose/Use</b>	Address information if a second address line exists
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N302 166 O AN 1/55

### Responsible Person City, State, Zip Code (N4)

**SITUATIONAL**

Continues the address information.

<b>Name</b>	<b>City Name</b>
<b>Purpose/Use</b>	Free-form text
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N401 19 O AN 2/30



<b>Name</b>	<b>State or Province Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 22: States and Outlying Areas of the U.S.
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N402 156 O ID 2/2

<b>Name</b>	<b>Postal Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 51: ZIP Code.
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N403 116 O ID 3/15

<b>Name</b>	<b>Country Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 5: Countries, Currencies and Funds
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N404 26 O ID 2/3

## LOOP 2200—DISABILITY INFORMATION

### Disability Information (DSB)

### SITUATIONAL

Provides disability information when enrolling a disabled member or when disability information about an existing member is added or changed.

<b>Name</b>	<b>Disability Type Code</b>
<b>Purpose/Use</b>	Identifies the disability status of the individual
<b>Codes</b>	1 Short Term Disability 2 Long Term Disability 3 Permanent or Total Disability 4 No Disability
<b>Attributes</b>	REQUIRED DSB01 1146 M ID 1/1

<b>Name</b>	<b>Product/Service ID Qualifier</b>
<b>Purpose/Use</b>	Identifies the type/source of the descriptive number used in Product/Service ID (234) using CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
<b>Codes</b>	DX International Classification of Diseases Clinical Modification (ICD-9-CM) - Diagnosis
<b>Attributes</b>	SITUATIONAL DSB07 235 X ID 2/2



<b>Name</b>	<b>Medical Code Value</b>
<b>Purpose/Use</b>	Functional status code if the reason for disability is ESRD
<b>Codes</b>	585-End Stage Renal Disease
<b>Attributes</b>	SITUATIONAL DSB08 1137 X AN 1/15

## Disability Eligibility Dates (DTP)

## SITUATIONAL

Used to send the first and last date of disability when enrolling a disabled member or when disability dates are added or changed for an existing member.

<b>Name</b>	<b>Date/Time Qualifier</b>
<b>Purpose/Use</b>	Specifies type of date
<b>Codes</b>	360 Disability Begin 361 Disability End
<b>Attributes</b>	REQUIRED DTP01 374 M ID 3/3

<b>Name</b>	<b>Date Time Period Format Qualifier</b>
<b>Purpose/Use</b>	date or time or period format that will appear in DTP03
<b>Codes</b>	D8 Date Expressed in Format CCYYMMDD
<b>Attributes</b>	REQUIRED DTP02 1250 M ID 2/3

<b>Name</b>	<b>Date Time Period</b>
<b>Purpose/Use</b>	Expression of a date
<b>Codes</b>	
<b>Attributes</b>	REQUIRED DTP03 1251 M AN 1/35



## LOOP 2300—HEALTH COVERAGE

### Health Coverage (HD)

### SITUATIONAL

Provides information on health coverage when enrolling a new member or when adding, updating or removing coverage from an existing member.

<b>Name</b>	<b>Maintenance Type Code</b>
<b>Purpose/Use</b>	Indicates the specific type of item maintenance
<b>Codes</b>	001 Change 002 Delete 021 Addition 024 Cancellation or Termination 025 Reinstatement 026 Correction 030 Audit or Compare 032 Employee Information Not Applicable
<b>Attributes</b>	REQUIRED HD01 875 M ID 3/3

<b>Name</b>	<b>Insurance Line Code</b>
<b>Purpose/Use</b>	Identifies a group of insurance products
<b>Codes</b>	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 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
<b>Attributes</b>	REQUIRED HD03 1205 O ID 2/3



<b>Name</b>	<b>Plan Coverage Description</b>
<b>Purpose/Use</b>	Identifies the plan or coverage when additional information is needed by the insurer to describe the exact type of coverage being provided
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL HD04 1204 O AN 1/50

<b>Name</b>	<b>Coverage Level Code</b>
<b>Purpose/Use</b>	Indicates the level of coverage being provided for the subscriber
<b>Codes</b>	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
<b>Attributes</b>	SITUATIONAL HD05 1207 O ID 3/3

### Health Coverage Dates (DTP)

### REQUIRED

Specifies the date that maintenance was performed or effective, and the benefit begin and end dates for the coverage.

<b>Name</b>	<b>Date/Time Qualifier</b>
<b>Purpose/Use</b>	Specifies the type of date
<b>Codes</b>	303 Maintenance Effective 348 Benefit Begin 349 Benefit End 543 Last Premium Paid Date
<b>Attributes</b>	REQUIRED DTP01 374 M ID 3/3

<b>Name</b>	<b>Date Time Period Format Qualifier</b>
<b>Purpose/Use</b>	Specifies the date or time or period format that will appear



	in DTP03
<b>Codes</b>	D8 Date Expressed in Format CCYYMMDD
<b>Attributes</b>	REQUIRED DTP02 1250 M ID 2/3

<b>Name</b>	<b>Date Time Period</b>
<b>Purpose/Use</b>	Expresses a date
<b>Codes</b>	
<b>Attributes</b>	REQUIRED DTP03 1251 M AN 1/35

### Health Coverage Policy (AMT)

**SITUATIONAL**

Indicates the total monetary amount of the policy.

<b>Name</b>	<b>Amount Qualifier Code</b>
<b>Purpose/Use</b>	Specifies what the amount refers to
<b>Codes</b>	B9 Co-insurance - Actual C1 Co-Payment Amount D2 Deductible Amount P3 Premium Amount
<b>Attributes</b>	REQUIRED AMT01 522 M ID 1/3

<b>Name</b>	<b>Monetary Amount</b>
<b>Purpose/Use</b>	Monetary amount
<b>Codes</b>	
<b>Attributes</b>	REQUIRED AMT02 782 M R 1/18

### Health Coverage Policy Number (REF)

**SITUATIONAL**

Identifies a policy or group number for a particular insurance product if it has not already been identified earlier, i.e., when not all coverage types have the same group or policy number.

<b>Name</b>	<b>Reference Identification Qualifier</b>
<b>Purpose/Use</b>	Qualifies the Reference Identification
<b>Codes</b>	17 Client Reporting Category 1L Group or Policy Number ZZ Mutually Defined
<b>Attributes</b>	REQUIRED REF01 128 M ID 2/3



<b>Name</b>	<b>Reference Identification</b>
<b>Purpose/Use</b>	Provides reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
<b>Codes</b>	
<b>Attributes</b>	REQUIRED REF02 127 X AN 1/30

## Identification Card (IDC)

## SITUATIONAL

Provides notification to produce replacement identification card(s) because of an enrollment add, change, or statement.

<b>Name</b>	<b>Plan Coverage Description</b>
<b>Purpose/Use</b>	Identifies the plan or coverage when needed by the insurer to identify the type of ID card that will be produced
<b>Codes</b>	
<b>Attributes</b>	REQUIRED IDC01 1204 M AN 1/50

<b>Name</b>	<b>Identification Card Type Code</b>
<b>Purpose/Use</b>	Identifies the type of identification card
<b>Codes</b>	D Dental Insurance H Health Insurance P Prescription Drug Service Drug Insurance
<b>Attributes</b>	REQUIRED IDC02 1215 M ID 1/1

<b>Name</b>	<b>Quantity</b>
<b>Purpose/Use</b>	Number of cards being requested
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL IDC03 380 O R 1/15

<b>Name</b>	<b>Action Code</b>
<b>Purpose/Use</b>	Indicates reason for card request
<b>Codes</b>	1 Add 2 Change (Update) RX Replace
<b>Attributes</b>	SITUATIONAL IDC04 306 O ID ½



## LOOP 2310—PROVIDER INFORMATION

### Provider Information (LX)

### SITUATIONAL

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.

<b>Name</b>	<b>Assigned Number</b>
<b>Purpose/Use</b>	Number assigned for this insured person
<b>Codes</b>	
<b>Attributes</b>	REQUIRED LX01 554 M N0 1/6

### Provider Name (NM1)

### REQUIRED

Specifies the provider's name when the sponsor is not able to pass a standard ID because the ID is unknown or because local regulations prevent using Social Security Numbers or Federal Tax IDs.

<b>Name</b>	<b>Entity Identifier Code</b>
<b>Purpose/Use</b>	Identifies the type of provider
<b>Codes</b>	3D Obstetrics and Gynecology Facility OD Doctor of Optometry P3 Primary Care Provider QA Pharmacy QN Dentist Y2 Managed Care Organization
<b>Attributes</b>	REQUIRED NM101 98 M ID 2/3

<b>Name</b>	<b>Entity Type Qualifier</b>
<b>Purpose/Use</b>	Qualifies NM103
<b>Codes</b>	1 Person 2 Non-Person Entity
<b>Attributes</b>	REQUIRED NM102 1065 M ID 1/1

<b>Name</b>	<b>Name Last or Organization Name</b>
<b>Purpose/Use</b>	Provider's last name or organizational name when the sponsor is not able to provide the standard ID number
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM103 1035 O AN 1/35



<b>Name</b>	<b>Name Middle</b>
<b>Purpose/Use</b>	Provider's middle name or initial when the sponsor is not able to provide the standard ID number
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM105 1037 O AN 1/25

<b>Name</b>	<b>Name Prefix</b>
<b>Purpose/Use</b>	Prefix to provider's name when the sponsor is not able to provide the standard ID number
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM106 1038 O AN 1/10

<b>Name</b>	<b>Name Suffix</b>
<b>Purpose/Use</b>	Suffix to provider's name when the sponsor is not able to provide the standard ID number
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM107 1039 O AN 1/10

<b>Name</b>	<b>Identification Code Qualifier</b>
<b>Purpose/Use</b>	Designates the system/method of code structure used for Identification Code (67)
<b>Codes</b>	34 Social Security Number FI Federal Taxpayer's Identification Number XX Health Care Financing Administration National Provider Identifier
<b>Attributes</b>	SITUATIONAL NM108 66 X ID 1/2

<b>Name</b>	<b>Identification Code</b>
<b>Purpose/Use</b>	Identifies the provider
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL NM109 67 X AN 2/80
<b>Name</b>	<b>Entity Relationship Code</b>
<b>Purpose/Use</b>	Indicates whether or not the member is an existing patient of the provider
<b>Codes</b>	25 Established Patient 26 Not Established Patient 72 Unknown
<b>Attributes</b>	REQUIRED NM110 706 X ID 2/2



## Provider City, State, Zip Code (N4)

## SITUATIONAL

Provider address information.

<b>Name</b>	<b>City Name</b>
<b>Purpose/Use</b>	Free-form text
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N401 19 O AN 2/30

<b>Name</b>	<b>State or Province Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 22: States and Outlying Areas of the U.S.
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N402 156 O ID 2/2

<b>Name</b>	<b>Postal Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 51: ZIP Code.
<b>Codes</b>	
<b>Attributes</b>	REQUIRED N403 116 O ID 3/15

<b>Name</b>	<b>Country Code</b>
<b>Purpose/Use</b>	Use CODE SOURCE 5: Countries, Currencies and Funds
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N404 26 O ID 2/3

<b>Name</b>	<b>Location Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of location
<b>Codes</b>	60 Area CY County/Parish RJ Region
<b>Attributes</b>	SITUATIONAL N405 309 X ID 1/2

<b>Name</b>	<b>Location Identifier</b>
<b>Purpose/Use</b>	Identifies a specific location
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N406 310 O AN 1/30



## Provider Communications Numbers (PER)

## SITUATIONAL

Identifies person or office to whom administrative communications should be directed concerning the provider

<b>Name</b>	<b>Contact Function Code</b>
<b>Purpose/Use</b>	Indicates this is the information contact for the provider
<b>Codes</b>	IC Information Contact
<b>Attributes</b>	REQUIRED PER01 366 M ID 2/2

<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number
<b>Attributes</b>	REQUIRED PER03 365 X ID 2/2

<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	REQUIRED PER04 364 X AN 1/80

<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number
<b>Attributes</b>	REQUIRED PER05 365 X ID 2/2

<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL PER06 364 X AN 1/80



<b>Name</b>	<b>Communication Number Qualifier</b>
<b>Purpose/Use</b>	Identifies the type of communication number
<b>Codes</b>	EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number
<b>Attributes</b>	SITUATIONAL PER07 365 X ID 2/2

<b>Name</b>	<b>Communication Number</b>
<b>Purpose/Use</b>	Complete communications number including country or area code
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL PER08 364 X AN 1/80

### PCP Change Reason (PLA)

### SITUATIONAL

Indicates the reason and the effective date that a member changes primary care provider.

<b>Name</b>	<b>Action Code</b>
<b>Purpose/Use</b>	Code indicating type of action
<b>Codes</b>	2 Change (Update)
<b>Attributes</b>	REQUIRED PLA01 306 M ID 1/2

<b>Name</b>	<b>Entity Identifier Code</b>
<b>Purpose/Use</b>	Indicates that the action code concerns the provider
<b>Codes</b>	1P Provider
<b>Attributes</b>	REQUIRED PLA02 98 M ID 2/3

<b>Name</b>	<b>Date</b>
<b>Purpose/Use</b>	Effective date of the change of PCP expressed as CCYYMMDD
<b>Codes</b>	
<b>Attributes</b>	REQUIRED PLA03 373 M DT 8/8



<b>Name</b>	<b>Maintenance Reason Code</b>
<b>Purpose/Use</b>	Identifies the reason for the maintenance change
<b>Codes</b>	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
<b>Attributes</b>	REQUIRED PLA05 1203 O ID 2/3

## LOOP 2320 - COORDINATION OF BENEFITS

### Coordination of Benefits (COB)

### SITUATIONAL

Supplies information on coordination of benefits for individual members with other insurance plans with similar benefits.

<b>Name</b>	<b>Payer Responsibility Sequence Number Code</b>
<b>Purpose/Use</b>	Identifies the insurance carrier's level of responsibility for a payment of a claim
<b>Codes</b>	P Primary S Secondary T Tertiary U Unknown
<b>Attributes</b>	REQUIRED COB01 1138 O ID 1/1

<b>Name</b>	<b>Reference Identification</b>
<b>Purpose/Use</b>	Provides the policy number
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL COB02 127 O AN 1/30



<b>Name</b>	<b>Coordination of Benefits Code</b>
<b>Purpose/Use</b>	Indicates whether there is a coordination of benefits
<b>Codes</b>	1 Coordination of Benefits 5 Unknown 6 No Coordination of Benefits
<b>Attributes</b>	REQUIRED COB03 1143 O ID 1/1

### Additional Coordination of Benefits Identifiers (REF)

**SITUATIONAL**

Use for sending additional data on coordination of benefits.

<b>Name</b>	<b>Reference Identification Qualifier</b>
<b>Purpose/Use</b>	Code qualifying the Reference Identification
<b>Codes</b>	60 Account Suffix Code 6P Group Number A6 Employee Identification Number SY Social Security Number ZZ Mutually Defined
<b>Attributes</b>	REQUIRED REF01 128 M ID 2/3

<b>Name</b>	<b>Reference Identification</b>
<b>Purpose/Use</b>	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
<b>Codes</b>	
<b>Attributes</b>	REQUIRED REF02 127 X AN 1/30

### Other Insurance Company Name (N1)

**SITUATIONAL**

Used to send the name of the insurance company when provided to the sponsor.

<b>Name</b>	<b>Entity Identifier Code</b>
<b>Purpose/Use</b>	Indicates the information is about an insurance company
<b>Codes</b>	IN Insurer
<b>Attributes</b>	REQUIRED N101 98 M ID 2/3

<b>Name</b>	<b>Name</b>
<b>Purpose/Use</b>	Insurance company name
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N102 93 X AN 1/60



<b>Name</b>	<b>Identification Code Qualifier</b>
<b>Purpose/Use</b>	Code designating the system/method of code structure used for Identification (Code 67). CODE SOURCE 540: Health Care Financing Administration National Plan ID.
<b>Codes</b>	FI Federal Taxpayer's Identification Number NI National Association of Insurance Commissioners (NAIC) Identification XV Health Care Financing Administration National PlanID
<b>Attributes</b>	SITUATIONAL N103 66 X ID 1/2

<b>Name</b>	<b>Identification Code</b>
<b>Purpose/Use</b>	Insurance company ID. Use the Federal Tax ID until the National Payer ID is available
<b>Codes</b>	
<b>Attributes</b>	SITUATIONAL N104 67 X AN 2/80

### Coordination of Benefits Eligibility Dates (DTP)

**SITUATIONAL**

Indicates the dates for which coordination of benefits is in effect.

<b>Name</b>	<b>Date/Time Qualifier</b>
<b>Purpose/Use</b>	Specifies type of date
<b>Codes</b>	344 Coordination of Benefits Begin 345 Coordination of Benefits End
<b>Attributes</b>	REQUIRED DTP01 374 M ID 3/3

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

<b>Name</b>	<b>Date Time Period</b>
<b>Purpose/Use</b>	Provides the date
<b>Codes</b>	
<b>Attributes</b>	REQUIRED DTP03 1251 M AN 1/35



## TRANSACTION SET TRAILER INFORMATION

### Transaction Set Trailer (SE)

**REQUIRED**

Indicates the end of the transaction set and provides the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Name	Number of Included Segments
Purpose/Use	Total number of segments included in a transaction set including ST and SE segments.
Codes	
Attributes	REQUIRED SE01 96 M N0 1/10

Name	Transaction Set Control Number
Purpose/Use	Identifies the unique control number assigned by the originator for a transaction set
Codes	
Attributes	REQUIRED SE02 329 M AN 4/9



## **V. Key Terms and Important 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 character 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.



## VI. 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

