COMPANION GUIDE

JULY 2004

HEALTH CARE SERVICES REVIEW – RESPONSE

VERSION 4010A1

HEALTH PLAN SYSTEMS INC (HPS)
ANSI ASC X12N 278 Version 4010A1
HEALTH CARE SERVICES REVIEW – RESPONSE FOR REVIEW

Health Plan Systems is a pioneer in the development of administrative software for the health care industry and, after ten years of extensive research and development, presents a product portfolio designed to help clients achieve Health Insurance Portability and Accountability Act (HIPAA) compliance with unprecedented benefits of efficiency, flexibility and functionality.

As one of the elite group of companies to have its software certified by ***Claredi***, a national third-party organization accrediting entities that send or receive HIPAA-regulated transactions, Health Plan System's proven software makes HIPAA compliance a simple and easy part of everyday business.

HPS Clearinghouse EDI Enrollment Procedure

The first step in becoming electronic billers is to complete an Electronic Data Interchange (EDI) Enrollment registration. We process your registration and assign an electronic Submitter Number and Login ID to you, which identify you as an electronic claim submitter.

If you have any question you can contact your software vendor or HPS Clearinghouse Support Team. Our support team will be happy to assist you at any business time.

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ANSI ASC X12N 278 (004010X094A1)

HEALTH PLAN SYSTEMS INC (HPS)
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Disclaimer

Purpose of the ANSI ASC X12N 278 Response for Review - Companion Guide

This companion guide for the ANSI ASC X12N 278 transactions has been created for use in conjunction with the standard implementation guide. It is not a replacement for the implementation guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to claims processing for the payers who have enrolled with Health Plan Systems.

The guide also includes the testing procedure required by the Health Plan Systems EDI Department. Before sending the Response for Review, the payers can also test their Response for Review with HPS Clearinghouse. The submitters are therefore encouraged to often check the website of Health Plan Systems for updates to the companion guides at the following web site:

http://hpsch.2hps.com

We will provide an electronic mail access to submitters that are willing to communicate with Health Plan Systems. HPS will provide an email alert whenever there is an update or change of business rules or technical modifications.

Business Requirements

The Health Insurance Portability and Accountability Act (HIPAA) require that HPS Clearinghouse, and all other health insurance payers and clearinghouse in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 278 implementation guides have been established as the standards of compliance for Response for Review transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 278 implementation guides. The use of this document is solely for the purpose of clarification.

The information describes specific requirements to be used for processing data in the HPS Clearinghouse service number ***024272739***. The information in this document is subject to change. Changes will be communicated via e-mail and on HPS Clearinghouse web site: http://hpsch.2hps.com

This companion document supplements, but does not contradict any requirements in the ANSI ASC X12N 278 implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

- HPS will only process one transaction type (records group) per interchange (transmission); a submitter can submit one GS-GE (Functional Group) within an ISA-IEA (Interchange).

- HPS is required to create a TA1 Interchange Acknowledgement to report the results of the standard ANSI ASC X12N syntax editing. The TA1 will be available while submitting Response for Reviews to Clearinghouse. HPS provides a way for retrieving and translating the TA1 acknowledgement in an extensive way which is new in the market. Transactions with errors must be corrected and resubmitted.

- HPS is required to create a 997 Functional Acknowledgement to report the results of the standard ANSI ASC X12N syntax editing. The 997 will be available within one (1) business day. The 997 will report standard ANSI X12N syntax errors. HPS provides a way for retrieving and translating the 997 acknowledgements. Transactions with errors must be corrected and resubmitted.

- All dates that are submitted on an incoming 278 transaction must be valid calendar dates in the appropriate format based on the respective qualifier. Failure to submit a valid calendar date may result in rejections of the Response for Review or the applicable interchange (transmission).

- HPS will reject an interchange (transmission) that is submitted with a submitter identification number that is not authorized for electronic Response for Review submission.

- HPS will reject an interchange (transmission) that is submitted with an invalid value in GS03 (Application Receiver's Code) based on the carrier definition.

- Only valid qualifiers for HPS must be submitted on incoming 278 transactions.

- Retrieval of the ANSI ASC X12N 997 functional acknowledgment files can be done on or before the first business day after the Response for Review file is submitted, but not less than one day after the file submission.

- Only loops, segment and data elements valid for the HIPAA Response for Review Implementation Guide will be translated. Non-implementation guide data may not be sent for processing consideration.

- The incoming 278 transactions must utilize delimiters from the following list:

Data Element separator	: -	* (asterisk)
Loop Segment Separator	: -	~ (tilde)
Component Separator	: -	: (colon)

  The usage of these characters within the text data elements in the incoming 278 transaction may cause problems with creation of subsequent transactions and hence it is not allowed.

  Note: Contact HPS Team for utilizing other delimiters which is not mentioned here.

- Currency code (CUR02) must equal 'USA'.

- You must submit incoming 278 data using the basic character set as defined in Appendix A of the 278 Implementation Guide. In addition to the basic character set, you may use characters from the extended character set. Using any characters from the extended character set which is not acceptable by payer will be rejected through functional acknowledgment (997).

- HPS recommends posting files with file name below 45 characters and it should be in windows standard file format.

- Date and time must be mentioned in HIPAA standard and Time zone and date must be in United States graphical format.

- HPS requires following standards for identifiers :

Payer ID	-	Should be used as HPS listed (Provided in HPS Participated Payer List)
Zip code	-	Should be either 5 or 9 digit numeric value (Special characters not allowed)
SSN, EIN, Federal Tax ID	-	Should be 9 digit numeric value (Special characters not allowed)
Phone, Fax	-	Should be 10 digit alphanumeric (Special characters not allowed)
Extension	-	Should be 1 to 6 alphanumeric (Special characters not allowed)

278 Response For Review – Data Clarification

Level: Header

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
Header	**ISA**		**M**	**ID**	**3/3**	**R-1**	**Interchange Control Header**	
Header	ISA01	I01	M	ID	2/2	R	Authorization Information Qualifier	Must contain **'00'**
Header	ISA02	I02	M	AN	10/10	R	Authorization Information	Must contain 10 spaces
Header	ISA03	I03	M	ID	2/2	R	Security Information Qualifier	Must contain '**00**'
Header	ISA04	I04	M	AN	10/10	R	Security Information	Must contain 10 spaces
Header	ISA05	I05	M	ID	2/2	R	Interchange ID Qualifier	Must contain '**ZZ**'
Header	ISA06	I06	M	AN	15/15	R	Interchange Sender ID	Must contain ID assigned by HPS
Header	ISA07	I05	M	ID	2/2	R	Interchange ID Qualifier	Must contain '**ZZ**'
Header	ISA08	I07	M	AN	15/15	R	Interchange Receiver ID	Must contain '**024272739**' plus six Trailing spaces.
Header	ISA09	I08	M	DT	6/6	R	Interchange Date	**YYMMDD**
Header	ISA10	I09	M	TM	4/4	R	Interchange Time	**HHMM**
Header	ISA11	I10	M	ID	1/1	R	Interchange Control Standards Identifier	**U**(U.S. EDI Community of ASC X12, TDCC, and UCS)
Header	ISA12	I11	M	ID	5/5	R	Interchange Control Version Number	**00401**
Header	ISA13	I12	M	NO	9/9	R	Interchange Control Number	The Interchange Control

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								Number, ISA13, must be identical to the Associated Interchange Trailer IEA02.
Header	ISA14	I13	M	ID	1/1	R	Acknowledgment Requested	Must contain '**1**'
Header	ISA15	I14	M	ID	1/1	R	Usage Indicator	Must contain '**P**' or '**T**'
Header	ISA16	I15	M		1/1	R	Component Sub element Separator	Must contain '**:**'
Header	**GS**		**M**	**ID**	**2/2**	**R-1**	**Functional Group Header**	
Header	GS01	479	M	ID	2/2	R	Functional Identifier code	**HI**- Health Care Services Review Information (278)
Header	GS02	142	M	AN	2/15	R	Application Sender's Code	Submitter's Tax ID
Header	GS03	124	M	AN	2/15	R	Receiver ID	Must contain '**024272739**'
Header	GS04	373	M	DT	8/8	R	Creation Date	Date expressed as **CCYYMMDD**
Header	GS05	337	M	TM	4/8	R	Creation Time	The recommended format is HHMM
Header	GS06	028	M	N0	1/9	R	Group Control Number	Must begin with 1 and increment by 1 for each subsequent GS with in a file. Reset back to 1 for new file.
Header	GS07	455	M	ID	1/2	R	Responsible Agency Code	**X**- Accredited Standards Committee

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
Header	GS08	480	M	AN	1/12	R	Version / Release Industry ID Code	**004010X094A1**
Header	**ST**		**M**	**ID**	**2/2**	**R**	**Transaction Set Header**	
Header	ST01	143	M	AN	3/3	R	Transaction Set Identifier Code	**278** (Health Care Services Review Information)
Header	ST02	329	M	ID	4/9	R	Transaction Set Control Number	Originators could begin sending transactions using the number 0001 in this element and increment from there. The number must be unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges.
Header	**BHT**		**M**		**3/3**	**R-1**		**To define the business hierarchical structure of the transaction set and identify the business application purpose and**

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								reference data, i.e., number, date, and time
Header	BHT01	1005	M	ID	4/4	R	Hierarchical Structure Code	**0078** (Information Source, Information Receiver, Subscriber, Dependent, Provider of Service, Services)
Header	BHT02	353	M	ID	2/2	R	Transaction Set Purpose Code	**11**(Response)
Header	BHT03	127	O	AN	1/30	R	Submitter Transaction Identifier	This identifier will be returned in the correspondin g 278 response transaction's BHT03.
Header	BHT04	373	0	DT	8/8	R	Transaction Set Creation Date	The date that the submitter created the file(**CCYYMM DD**).
Header	BHTO5	337	O	TM	4/8	R	Transaction set Creation Time	Time of day that the Submitter created the file(**HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD**).
Header	BHT06	640	S	ID	2/2	O	Transaction Type Code	**18** (Response - No Further Updates to

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
								Follow), **19**(Response -further Updates to Follow)

Level: Utilization Management Organization (UMO) Detail

LOOP 2000A UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2000A	**HL**	**010**	**M**		**2/2**	**R-1**	**UMO LEVEL**	
2000A	HL01	628	M	AN	1/12	R	Hierarchical ID Number	The value of HL01 Should be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
2000A	HL02					N/U		
2000A	HL03	735	M	ID	1/2	R	Hierarchical Level Code	**20** (Information Source)
2000A	HL04	736	O	ID	1/1	R	Hierarchical Child Code	**1** (Additional Subordinate HL Data Segment in This Hierarchical Structure.)
2000A	**AAA**		**O**		**3/3**	**S-9**	**Request Validation**	

2000A	AAA01	1073	M	ID	1/1	R	Valid Request Indicator	Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.
2000A	AAA02					N/U		
2000A	AAA03	901	O	ID	2/2	R	Reject Reason Code	Verify Hipaa implementation guide for code list
2000A	AAA04	889	O	ID	1/1	R	Follow up Action Code	**C** (Please Correct and Resubmit), **N** (Resubmission Not Allowed) **P** (Please Resubmit Original Transaction) **Y** (Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly)

LOOP 2010A UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2010A	**LOOP-2010A**					**R-1**	**Utilization Management Organization Name**	
2010A	**NM1**		**O**	**ID**	**3/3**	**R-1**	**Utilization Management Organization Name**	
2010A	NM101	98	M	ID	2/3	R	Entity Identifier Code	**X3** (Utilization Management Organization)
2010A	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**1** (Person) **2** (Non-Person Entity)

2010A	NM103	1035	O	AN	1/35	R	Utilization Management Organization Last/Org Name	
2010A	NM104	1036	O	AN	1/25	S	Utilization Management Organization First Name	Use this name only if NM102 is “1".
2010A	NM105	1037	O	AN	1/25	S	Utilization Management Organization Middle Name	Use this name only if NM102 is “1".
2010A	NM106					N/U		
2010A	NM107	1039	O	AN	1/10	S	Utilization Management Organization Name Suffix	Use this name only if NM102 is “1".
2010A	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementatio n guide for code list
2010A	NM109	67	X	AN	2/80	R	Utilization Management Organization Identifier	Use this reference number as qualified by the preceding data element (NM108)
2010A	**PER**		**O**	**ID**	**3/3**	**S-1**	**Utilization Management Organization Information**	
2010A	PER01	366	M	ID	2/2	R	Contact Function Code	**IC**(Informatio n Contact)
2010A	PER02	93	O	AN	1/60	R	Contact Name	
2010A	PER03	365	X	ID	2/2	R	Communication Number Qualifier	Verify Hipaa implementatio n guide for code list
2010A	PER04	364	X	AN	1/80	R	Communication Number	Use this reference number as qualified by the preceding data element

2010A	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010A	PER06	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element
2010A	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010A	PER08	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element
2010A	**AAA**		**O**		**3/3**	**S-9**	**Request Validation**	
2010A	AAA01	1073	M	ID	1/1	R	Valid Request Indicator	Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.
2010A	AAA02					N/U		
2010A	AAA03	901	O	ID	2/2	R	Reject Reason Code	Verify Hipaa implementation guide for code list
2010A	AAA04	889	O	ID	1/1	R	Follow up Action Code	**N** (Resubmission Not Allowed) **P** (Please Resubmit Original Transaction) **Y** (Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly)

LEVEL: REQUESTER DETAIL

LOOP 2000B REQUESTER LEVEL

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2000B	**Loop 2000B**		**M**		**2/2**	**R-1**	**REQUESTER LEVEL**	
2000B	HL01	628	M	AN	1/12	R	Hierarchical ID Number	The value of HL01 Should be “1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
2000B	HL02	734	O	AN	1/2	R	Hierarchical Parent ID Number	
2000B	HL03	735	M	ID	1/2	R	Hierarchical Level Code	**21** (Information Receiver)
2000B	HL04	736	O	ID	1/1	R	Hierarchical Child Code	**1** (Additional Subordinate HL Data Segment in This Hierarchical Structure.)

LOOP 2010B REQUESTER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2010B	**Loop 2100B**					**R-1**	**Requester Name**	
2010B	**NM1**		**O**	**ID**	**3/3**	**R-1**	**Requester Name**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2010B	NM101	98	M	ID	2/3	R	Entity Identifier Code	**1P** (Provider)
2010B	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**1** (Person) **2** (Non-Person Entity)
2010B	NM103	1035	O	AN	1/35	R	Requester Last/Org Name	
2010B	NM104	1036	O	AN	1/25	S	Requester First Name	Use this name only if NM102 is “1".
2010B	NM105	1037	O	AN	1/25	S	Requester Middle Name	Use this name only if NM102 is “1".
2010B	NM106					N/U		
2010B	NM107	1039	O	AN	1/10	S	Requester Name Suffix	Use this name only if NM102 is “1".
2010B	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2010B	NM109	67	X	AN	2/80	R	Requester Identifier	Use this reference number as qualified by the preceding data element (NM108)
2010B	**REF**			**ID**	**3/3**	**S-8**	**Requester Supplemental Identification**	
2010B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2010B	REF02	127	X	AN	1/30	R	Requester Supplemental Identifier	Use this reference number as qualified by the preceding data element (REF01)
2010B	**AAA**		**O**		**3/3**	**S-9**	**Request Validation**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2010B	AAA01	1073	M	ID	1/1	R	Valid Request Indicator	Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.
2010B	AAA02					N/U		
2010B	AAA03	901	O	ID	2/2	R	Reject Reason Code	Verify Hipaa implementation guide for code list
2010B	AAA04	889	O	ID	1/1	R	Follow up Action Code	C (Please Correct and Resubmit) N (Resubmission Not Allowed) R (Resubmission Allowed)
2010B	PRV01	1221	M	ID	1/3	R	Provider code	Verify Hipaa implementation guide for code list
2010B	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	ZZ (Mutually Defined)
2010B	PRV03	127	M	AN	1/30	R	Provider Taxonomy Code	

LEVEL: SUBSCRIBER DETAIL

LOOP 2000C SUBSCRIBER LEVEL

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2000C	**LOOP 2000C**					**R-1**	**SERVICE PROVIDER LEVEL**	

2000C	**HL**		**M**		**2/2**	**R-1**	**SERVICE PROVIDER LEVEL**	
2000C	HL01	628	M	AN	1/12	R	Hierarchical ID Number	The value of HL01 Should be “1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
2000C	HL02	734	O	AN	1/2	R	Hierarchical Parent ID Number	
2000C	HL03	735	M	ID	1/2	R	Hierarchical Level Code	**22** (subscriber)
2000C	HL04	736	O	ID	1/1	R	Hierarchical Child Code	**1** (Additional Subordinate HL Data Segment in This Hierarchical Structure.)
2000C	**AAA**		**O**		**3/3**	**S-9**	**Request Validation**	
2000C	AAA01	1073	M	ID	1/1	R	Valid Request Indicator	Code “Y” indicates that the code is valid; code “N” indicates that the code is invalid.
2000C	AAA02					N/U		
2000C	AAA03	901	O	ID	2/2	R	Reject Reason Code	Verify Hipaa implementatio n guide for code list

2000C	AAA04	889	O	ID	1/1	R	Follow up Action Code	**C** (Please Correct and Resubmit) **N** (Resubmission Not Allowed)
2000C	**TRN**				**3/3**	**S-2**	**PATIENT EVENT TRACKING NUMBER**	
2000C	TRN01	481	M	ID	1 /2	R	Trace Type Code	1 (Current Transaction Trace Numbers)
2000C	TRN02	127	M	AN	1/30	R	Patient Event Tracking Number	
2000C	TRN03	509	O	AN	10/10	R	Trace Assigning Entity Identifier	The first position must be either a “1" if an EIN is used, a ”3" if a DUNS is used or a “9" if a user assigned identifier is used.
2000C	TRN04	127	O	AN	1/30	S	Trace Assigning Entity Additional Identifier	
2000C	**DTP**		**O**	**ID**	**3/3**	**S-1**	**ACCIDENT DATE**	
2000C	DTP01	374	M	ID	3/3	R	DTP Qualifier	**439**(Accident)
2000C	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000C	DTP03	1251	M	AN	1/35	R	Accident Date	
2000C	**DTP**		**O**	**ID**	**3/3**	**S-1**	**Last Menstrual Period Date**	
2000C	DTP01	374	M	ID	3/3	R	DTP Qualifier	**484**(Last Menstrual Period)
2000C	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)

2000C	DTP03	1251	M	AN	1/35	R	Last Menstrual Period Date	
2000C	**DTP**		**O**	**ID**	**3/3**	**S-1**	**Estimated Date of Birth**	
2000C	DTP01	374	M	ID	3/3	R	DTP Qualifier	**ABC**(Accident)
2000C	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000C	DTP03	1251	M	AN	1/35	R	Estimated Date of Birth	
2000C	**DTP**		**O**	**ID**	**3/3**	**S-1**	**Onset Of Current Symptoms or Illness Date**	
2000C	DTP01	374	M	ID	3/3	R	DTP Qualifier	**431**(Onset of Current Symptoms or Illness)
2000C	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000C	DTP03	1251	M	AN	1/35	R	Onset of Current Symptoms or Illness Date	
2000C	**HI**		**O**	**ID**	**2/2**	**S-1**	**Subscriber Information**	
2000C	HI01	C022	M			R	Health Care Code Information	
2000C	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BF** (Diagnosis), **BJ** (Admitting Diagnosis), **BK** (Principal Diagnosis).
2000C	HI01-2	1271	M	AN	1/30	R	Diagnosis Code	
2000C	HI01-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000C	HI01-4	1251	X	AN	1/35	S	Diagnosis Date	
2000C	HI01-5-HI01-7					N/U		

2000C	HI02	C022	O			S	Health Care Code Information	
2000C	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BF** (Diagnosis), **BJ** (Admitting Diagnosis).
2000C	HI02-2	1271	M	AN	1/30	R	Diagnosis Code	
2000C	HI02-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000C	HI02-4	1251	X	AN	1/35	S	Diagnosis Date	
2000C	HI02-5-HI02-7					N/U		
2000C	HI03	C022	O			S	Health Care Code Information	
2000C	HI03-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BF** (Diagnosis)
2000C	HI03-2	1271	M	AN	1/30	R	Other Diagnosis	
2000C	HI03-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000C	HI03-4	1251	X	AN	1/35	S	Diagnosis Date	
2000C	HI03-5-HI03-7					N/U		
2000C	HI04	C022	O			S	Health Care Code Information	
2000C	HI04-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BF** (Diagnosis)
2000C	HI04-2	1271	M	AN	1/30	R	Other Diagnosis	
2000C	HI04-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000C	HI04-4	1251	X	AN	1/35	S	Diagnosis Date	
2000C	HI04-5-HI04-7					N/U		

2000C	HI05	C022	O			S	Health Care Code Information	
2000C	HI05-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BF** (Diagnosis)
2000C	HI05-2	1271	M	AN	1/30	R	Other Diagnosis	
2000C	HI05-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000C	HI05-4	1251	X	AN	1/35	S	Diagnosis Date	
2000C	HI05-5-HI05-7					N/U		
2000C	HI06	C022	O			S	Health Care Code Information	
2000C	HI06-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2000C	HI06-2	1271	M	AN	1/30	R	Other Diagnosis	
2000C	HI06-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000C	HI06-4	1251	X	AN	1/35	S	Diagnosis Date	
2000C	HI06-5-HI06-7					N/U		
2000C	HI07	C022	O			S	Health Care Code Information	
2000C	HI07-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2000C	HI07-2	1271	M	AN	1/30	R	Other Diagnosis	
2000C	HI07-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000C	HI07-4	1251	X	AN	1/35	S	Diagnosis Date	
2000C	HI07-5-HI07-7					N/U		
2000C	HI08	C022	O			S	Health Care Code Information	

2000C	HI08-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2000C	HI08-2	1271	M	AN	1/30	R	Other Diagnosis	
2000C	HI08-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000C	HI08-4	1251	X	AN	1/35	S	Diagnosis Date	
2000C	HI08-5-HI08-7					N/U		
2000C	HI09	C022	O			S	Health Care Code Information	
2000C	HI09-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2000C	HI09-2	1271	M	AN	1/30	R	Other Diagnosis	
2000C	HI09-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000C	HI09-4	1251	X	AN	1/35	S	Diagnosis Date	
2000C	HI09-5-HI09-7					N/U		
2000C	HI10	C022	O			S	Health Care Code Information	
2000C	HI010-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2000C	HI10-2	1271	M	AN	1/30	R	Other Diagnosis	
2000C	HI10-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000C	HI10-4	1251	X	AN	1/35	S	Diagnosis Date	
2000C	HI10-5-HI10-7					N/U		
2000C	HI11	C022	O			S	Health Care Code Information	
2000C	HI11-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)

2000C	HI11-2	1271	M	AN	1/30	R	Other Diagnosis	
2000C	HI11-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000C	HI11-4	1251	X	AN	1/35	S	Diagnosis Date	
2000C	HI11-5-HI11-7					N/U		
2000C	HI12	C022	O			S	Health Care Code Information	
2000C	HI12-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2000C	HI12-2	1271	M	AN	1/30	R	Other Diagnosis	
2000C	HI12-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000C	HI12-4	1251	X	AN	1/35	S	Diagnosis Date	
2000C	**PWK**		**O**	**ID**	**3/3**	**S-10**	**ADDITIONAL PATIENT INFORMATION**	
2000C	PWK01	755	M	ID	2/2	R	Report Type Code	Verify Hipaa implementation guide for code list
2000C	PWK02	756	O	ID	1/2	R	Report Transmission Code	Verify Hipaa implementation guide for code list
2000C	PWK03-04					N/U		
2000C	PWK05	66	X	ID	1/2	S	Identification Code Qualifier	**AC** (Attachment Control Number)
2000C	PWK06	67	X	AN	2/80	S	Attachment Control Number	
2000C	PWK07	352	O	AN	1/80	S	Attachment Description	

LOOP 2010CA SUBSCRIBER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2010CA	**Loop-2100C**					**R->1**	**Subscriber Name**	
2010CA	**NM1**		**O**	**ID**	**3/3**	**R-1**	**Subscriber Name**	
2010CA	NM101	98	M	ID	2/3	R	Entity Identifier Code	**IL** (Insured or Subscriber)
2010CA	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**1** (Person)
2010CA	NM103	1035	O	AN	1/35	R	Subscriber Last/Org Name	
2010CA	NM104	1036	O	AN	1/25	S	Subscriber First Name	Use this name only if NM102 is “1".
2010CA	NM105	1037	O	AN	1/25	S	Subscriber Middle Name	Use this name only if NM102 is “1".
2010CA	NM106						N/U	
2010CA	NM107	1039	O	AN	1/10	S	Subscriber Name Suffix	Use this name only if NM102 is “1".
2010CA	NM108	66	X	ID	1/2	R	Identification Code Qualifier	**MI**(Member Identification Number) , **ZZ** (Mutually Defined)
2010CA	NM109	67	X	AN	2/80	R	Subscriber Identifier	Use this reference number as qualified by the preceding data element (NM108)
2010CA	**AAA**		**O**		**3/3**	**S-9**	**Request Validation**	
2010CA	AAA01	1073	M	ID	1/1	R	Valid Request Indicator	Code “Y” indicates that the code is valid; code “N” indicates that the code is invalid.

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2010CA	AAA02					N/U		
2010CA	AAA03	901	O	ID	2/2	R	Reject Reason Code	Verify Hipaa implementation guide for code list
2010CA	AAA04	889	O	ID	1/1	R	Follow up Action Code	C (Please Correct and Resubmit) N (Resubmission Not Allowed)
2010CA	**REF**		**O**	**ID**	**3/3**	**S-1**	**Subscriber Supplemental Identification**	
2010CA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2010CA	REF02	127	X	AN	1/30	R	Subscriber Supplemental Identifier	Use this reference number as qualified by the preceding data element (REF01)
2010CA	**DMG**		**O**	**ID**	**3/3**	**S-1**	**Subscriber Demographic Information**	
2010CA	DMG01	1250	X	ID	2/3	R	DTP Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2010CA	DMG02	1251	X	AN	1/35	R	Subscriber Birth Date	
2010CA	DMG03	1068	O	ID	1/1	R	Subscriber Gender Code	**F** (Female), **M** (Male), **U** (Unknown).

LOOP 2010CB ADDITIONAL PATIENT INFORMATION CONTACT NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2010CB	**Loop 2100B**					**R-1**	**Additional Patient Information Contact Name**	
2010CB	**NM1**		**O**	**ID**	**3/3**	**R-1**	**Additional Patient Information Contact Name**	
2010CB	NM101	98	M	ID	2/3	R	Entity Identifier Code	Verify Hipaa implementation guide for code list
2010CB	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**1** (Person) **2** (Non-Person Entity)
2010CB	NM103	1035	O	AN	1/35	R	Requester Last/Org Name	
2010CB	NM104	1036	O	AN	1/25	S	Requester First Name	Use this name only if NM102 is “1".
2010CB	NM105	1037	O	AN	1/25	S	Requester Middle Name	Use this name only if NM102 is “1".
2010CB	NM106					N/U		
2010CB	NM107	1039	O	AN	1/10	S	Requester Name Suffix	Use this name only if NM102 is “1".
2010CB	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2010CB	NM109	67	X	AN	2/80	R	Requester Identifier	Use this reference number as qualified by the preceding data element (NM108)
2010CB	**N3**		**O**	**ID**	**2/2**	**R-1**	**Additional Patient Information**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
							Contact Address	
2010CB	N301	166	M	AN	1/55	R	Additional Patient Information Contact Address Line	
2010CB	N302	166	O	AN	1/55	S	Additional Patient Information Contact Address Line	
2010CB	**N4**		**O**	**ID**	**2/2**	**R-1**	**Additional Patient Information Contact City State and Zip**	
2010CB	N401	19	O	AN	2/30	R	Additional Patient Information Contact City Name	
2010CB	N402	156	O	ID	2/2	R	Additional Patient Information Contact State / Province Code	N402 is required only if city name (N401) is in the U.S. or Canada
2010CB	N403	116	O	ID	3/15	R	Additional Patient Information Contact Zip Code	Sized to 9 Bytes
2010CB	N404	26	O	ID	2/3	S	Additional Patient Information Contact Country Code	Required if the address is outside the U.S.
2010CB	**PER**		**O**	**ID**	**3/3**	**S-1**	**Additional Patient Information Contact Contact Information**	
2010CB	PER01	366	M	ID	2/2	R	Contact Function Code	**IC**(Information Contact)
2010CB	PER02	93	O	AN	1/60	R	Contact Name	

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2010CB	PER03	365	X	ID	2/2	R	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010CB	PER04	364	X	AN	1/80	R	Communication Number	Use this reference number as qualified by the preceding data element
2010CB	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010CB	PER06	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element
2010CB	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010CB	PER08	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element

LEVEL: DEPENDENT DETAIL

LOOP 2000D DEPENDENT LEVEL

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2000D	**LOOP 2000D**					**R-1**	**DEPENDENT LEVEL**	
2000D	**HL**		**M**		**2/2**	**R-1**	**DEPENDENT LEVEL**	

2000D	HL01	628	M	AN	1/12	R	Hierarchical ID Number	The value of HL01 Should be “1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
2000D	HL02	734	O	AN	1/2	R	Hierarchical Parent ID Number	
2000D	HL03	735	M	ID	1/2	R	Hierarchical Level Code	**23** (Dependent)
2000D	HL04	736	O	ID	1/1	R	Hierarchical Child Code	**1** (Additional Subordinate HL Data Segment in This Hierarchical Structure.)
2000D	**TRN**				**3/3**	**S-2**	**PATIENT EVENT TRACKING NUMBER**	
2000D	TRN01	481	M	ID	1 /2	R	Trace Type Code	**1** (Current Transaction Trace Numbers), **2** (Referenced Transaction Trace Numbers)
2000D	TRN02	127	M	AN	1/30	R	Patient Event Tracking Number	
2000D	TRN03	509	O	AN	10/10	R	Trace Assigning Entity Identifier	The first position must be either a “1" if an EIN is used, a ”3" if a DUNS is used or a “9" if a user assigned identifier is used.

2000D	TRN04	127	O	AN	1/30	S	Trace Assigning Entity Additional Identifier	
2000D	**DTP**		**O**	**ID**	**3/3**	**S-1**	**ACCIDENT DATE**	
2000D	DTP01	374	M	ID	3/3	R	DTP Qualifier	**439**(Accident)
2000D	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000D	DTP03	1251	M	AN	1/35	R	Accident Date	
2000D	**DTP**		**O**	**ID**	**3/3**	**S-1**	**Last Menstrual Period Date**	
2000D	DTP01	374	M	ID	3/3	R	DTP Qualifier	**484**(Last Menstrual Period)
2000D	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000D	DTP03	1251	M	AN	1/35	R	Last Menstrual Period Date	
2000D	**DTP**		**O**	**ID**	**3/3**	**S-1**	**Estimated Date of Birth**	
2000D	DTP01	374	M	ID	3/3	R	DTP Qualifier	**ABC**(Accident)
2000D	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000D	DTP03	1251	M	AN	1/35	R	Estimated Date of Birth	
2000D	**DTP**		**O**	**ID**	**3/3**	**S-1**	**Onset Of Current Symptoms or Illness Date**	
2000D	DTP01	374	M	ID	3/3	R	DTP Qualifier	**431**(Onset of Current Symptoms or Illness)
2000D	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)

2000D	DTP03	1251	M	AN	1/35	R	Onset of Current Symptoms or Illness Date	
2000D	**HI**		**O**	**ID**	**2/2**	**S-1**	**Dependent Information**	
2000D	HI01	C022	M			R	Health Care Code Information	
2000D	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BF** (Diagnosis), **BJ** (Admitting Diagnosis), **BK** (Principal Diagnosis), **LOI** (Logical Observation Identifier Names and Codes (LOINC) Codes)
2000D	HI01-2	1271	M	AN	1/30	R	Diagnosis Code	
2000D	HI01-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000D	HI01-4	1251	X	AN	1/35	S	Diagnosis Date	
2000D	HI01-5-HI01-7					N/U		
2000D	HI02	C022	O			S	Health Care Code Information	
2000D	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BF** (Diagnosis), **BJ** (Admitting Diagnosis), **LOI** (Logical Observation Identifier Names and Codes (LOINC) Codes)
2000D	HI02-2	1271	M	AN	1/30	R	Diagnosis Code	

2000D	HI02-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000D	HI02-4	1251	X	AN	1/35	S	Diagnosis Date	
2000D	HI02-5-HI02-7					N/U		
2000D	HI03	C022	O			S	Health Care Code Information	
2000D	HI03-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BF** (Diagnosis), **LOI** (Logical Observation Identifier Names and Codes (LOINC) Codes)
2000D	HI03-2	1271	M	AN	1/30	R	Other Diagnosis	
2000D	HI03-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000D	HI03-4	1251	X	AN	1/35	S	Diagnosis Date	
2000D	HI03-5-HI03-7					N/U		
2000D	HI04	C022	O			S	Health Care Code Information	
2000D	HI04-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BF** (Diagnosis), **LOI** (Logical Observation Identifier Names and Codes (LOINC) Codes)
2000D	HI04-2	1271	M	AN	1/30	R	Other Diagnosis	
2000D	HI04-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)

2000D	HI04-4	1251	X	AN	1/35	S	Diagnosis Date	
2000D	HI04-5-HI04-7					N/U		
2000D	HI05	C022	O			S	Health Care Code Information	
2000D	HI05-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BF** (Diagnosis), **LOI** (Logical Observation Identifier Names and Codes (LOINC) Codes)
2000D	HI05-2	1271	M	AN	1/30	R	Other Diagnosis	
2000D	HI05-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000D	HI05-4	1251	X	AN	1/35	S	Diagnosis Date	
2000D	HI05-5-HI05-7					N/U		
2000D	HI06	C022	O			S	Health Care Code Information	
2000D	HI06-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BF** (Diagnosis), **LOI** (Logical Observation Identifier Names and Codes (LOINC) Codes)
2000D	HI06-2	1271	M	AN	1/30	R	Other Diagnosis	
2000D	HI06-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000D	HI06-4	1251	X	AN	1/35	S	Diagnosis Date	
2000D	HI06-5-HI06-7					N/U		

2000D	HI07	C022	O			S	Health Care Code Information	
2000D	HI07-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BF** (Diagnosis), **LOI** (Logical Observation Identifier Names and Codes (LOINC) Codes)
2000D	HI07-2	1271	M	AN	1/30	R	Other Diagnosis	
2000D	HI07-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000D	HI07-4	1251	X	AN	1/35	S	Diagnosis Date	
2000D	HI07-5-HI07-7					N/U		
2000D	HI08	C022	O			S	Health Care Code Information	
2000D	HI08-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BF** (Diagnosis), **LOI** (Logical Observation Identifier Names and Codes (LOINC) Codes)
2000D	HI08-2	1271	M	AN	1/30	R	Other Diagnosis	
2000D	HI08-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000D	HI08-4	1251	X	AN	1/35	S	Diagnosis Date	
2000D	HI08-5-HI08-7					N/U		
2000D	HI09	C022	O			S	Health Care Code Information	

2000D	HI09-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BF** (Diagnosis), **LOI** (Logical Observation Identifier Names and Codes (LOINC) Codes)
2000D	HI09-2	1271	M	AN	1/30	R	Other Diagnosis	
2000D	HI09-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000D	HI09-4	1251	X	AN	1/35	S	Diagnosis Date	
2000D	HI09-5-HI09-7					N/U		
2000D	HI10	C022	O			S	Health Care Code Information	
2000D	HI010-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BF** (Diagnosis), **LOI** (Logical Observation Identifier Names and Codes (LOINC) Codes)
2000D	HI10-2	1271	M	AN	1/30	R	Other Diagnosis	
2000D	HI10-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000D	HI10-4	1251	X	AN	1/35	S	Diagnosis Date	
2000D	HI10-5-HI10-7					N/U		
2000D	HI11	C022	O			S	Health Care Code Information	

2000D	HI11-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BF** (Diagnosis), **LOI** (Logical Observation Identifier Names and Codes (LOINC) Codes)
2000D	HI11-2	1271	M	AN	1/30	R	Other Diagnosis	
2000D	HI11-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000D	HI11-4	1251	X	AN	1/35	S	Diagnosis Date	
2000D	HI11-5-HI11-7					N/U		
2000D	HI12	C022	O			S	Health Care Code Information	
2000D	HI12-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BF** (Diagnosis), **LOI** (Logical Observation Identifier Names and Codes (LOINC) Codes)
2000D	HI12-2	1271	M	AN	1/30	R	Other Diagnosis	
2000D	HI12-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2000D	HI12-4	1251	X	AN	1/35	S	Diagnosis Date	
2000D	**PWK**		**O**	**ID**	**3/3**	**S-10**	**ADDITIONAL PATIENT INFORMATION**	
2000D	PWK01	755	M	ID	2/2	R	Report Type Code	Verify Hipaa implementation guide for code list

2000D	PWK02	756	O	ID	1/2	R	Report Transmission Code	Verify Hipaa implementation guide for code list
2000D	PWK03-04					N/U		
2000D	PWK05	66	X	ID	1/2	S	Identification Code Qualifier	**AC** (Attachment Control Number)
2000D	PWK06	67	X	AN	2/80	S	Attachment Control Number	
2000D	PWK07	352	O	AN	1/80	S	Attachment Description	

LOOP 2010DA DEPENDENT NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2010DA	**Loop-2100C**					**R->1**	**Dependent Name**	
2010DA	**NM1**		**O**	**ID**	**3/3**	**R-1**	**Dependent Name**	
2010DA	NM101	98	M	ID	2/3	R	Entity Identifier Code	**QC** (Patient)
2010DA	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**1** (Person)
2010DA	NM103	1035	O	AN	1/35	R	Dependent Last/Org Name	
2010DA	NM104	1036	O	AN	1/25	S	Dependent First Name	Use this name only if NM102 is “1".
2010DA	NM105	1037	O	AN	1/25	S	Dependent Middle Name	Use this name only if NM102 is “1".
2010DA	NM106						N/U	
2010DA	NM107	1039	O	AN	1/10	S	Dependent Name Suffix	Use this name only if NM102 is “1".
2010DA	**REF**		**O**	**ID**	**3/3**	**S-1**	**Dependent Supplemental Identification**	
2010DA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2010DA	REF02	127	X	AN	1/30	R	Dependent Supplemental Identifier	Use this reference number as qualified by the preceding data element (REF01)
2010DA	**DMG**		**O**	**ID**	**3/3**	**S-1**	**Dependent Demographic Information**	
2010DA	DMG01	1250	X	ID	2/3	R	DTP Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2010DA	DMG02	1251	X	AN	1/35	R	Dependent Birth Date	
2010DA	DMG03	1068	O	ID	1/1	R	Dependent Gender Code	**F** (Female), **M** (Male), **U** (Unknown).
2010DA	**INS**				**3/3**	**S-1**	**DEPENDENT RELATIONSHIP**	
2010DA	INS01	1073	M	ID	1/1	R	Insured Indicator	**N** (No)
2010DA	INS02	1069	M	ID	2/2	R	Relationship to Insured Code	Verify Hipaa implementation guide for code list
2010DA	INS03-16					N/U		
2010DA	INS17	1470	O	NO	1/9	S	Birth Sequence Number	

LOOP ID - 2010DB ADDITIONAL PATIENT INFORMATION CONTACT NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2010DB	**Loop 2100B**					**R-1**	**Additional Patient Information Contact Name**	
2010DB	**NM1**		**O**	**ID**	**3/3**	**R-1**	**Additional Patient Information Contact Name**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2010DB	NM101	98	M	ID	2/3	R	Entity Identifier Code	Verify Hipaa implementation guide for code list
2010DB	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**1** (Person) **2** (Non-Person Entity)
2010DB	NM103	1035	O	AN	1/35	R	Requester Last/Org Name	
2010DB	NM104	1036	O	AN	1/25	S	Requester First Name	Use this name only if NM102 is “1".
2010DB	NM105	1037	O	AN	1/25	S	Requester Middle Name	Use this name only if NM102 is “1".
2010DB	NM106					N/U		
2010DB	NM107	1039	O	AN	1/10	S	Requester Name Suffix	Use this name only if NM102 is “1".
2010DB	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2010DB	NM109	67	X	AN	2/80	R	Requester Identifier	Use this reference number as qualified by the preceding data element (NM108)
2010DB	**N3**		**O**	**ID**	**2/2**	**R-1**	**Additional Patient Information Contact Address**	
2010DB	N301	166	M	AN	1/55	R	Additional Patient Information Contact Address Line	
2010DB	N302	166	O	AN	1/55	S	Additional Patient Information Contact Address Line	

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2010DB	**N4**		**O**	**ID**	**2/2**	**R-1**	**Additional Patient Information Contact City State and Zip**	
2010DB	N401	19	O	AN	2/30	R	Additional Patient Information Contact City Name	
2010DB	N402	156	O	ID	2/2	R	Additional Patient Information Contact State / Province Code	N402 is required only if city name (N401) is in the U.S. or Canada
2010DB	N403	116	O	ID	3/15	R	Additional Patient Information Contact Zip Code	Sized to 9 Bytes
2010DB	N404	26	O	ID	2/3	S	Additional Patient Information Contact Country Code	Required if the address is outside the U.S.
2010DB	**PER**		**O**	**ID**	**3/3**	**S-1**	**Additional Patient Information Contact Contact Information**	
2010DB	PER01	366	M	ID	2/2	R	Contact Function Code	**IC**(Information Contact)
2010DB	PER02	93	O	AN	1/60	R	Contact Name	
2010DB	PER03	365	X	ID	2/2	R	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010DB	PER04	364	X	AN	1/80	R	Communication Number	Use this reference number as qualified by the preceding data element
2010DB	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementatio

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
								n guide for code list
2010DB	PER06	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element
2010DB	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010DB	PER08	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element

LEVEL: SERVICE PROVIDER DETAIL

LOOP 2000E SERVICE PROVIDER LEVEL

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2000E	**LOOP-2000E**					**R >1**	**SERVICE PROVIDER LEVEL**	
2000E	**HL**		**M**		**2/2**	**R-1**	**SERVICE PROVIDER LEVEL**	
2000E	HL01	628	M	AN	1/12	R	Hierarchical ID Number	The value of HL01 Should be “1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.

2000E	HL02	734	O	AN	1/2	R	Hierarchical Parent ID Number	
2000E	HL03	735	M	ID	1/2	R	Hierarchical Level Code	**19** (Provider of Service)
2000E	HL04	736	O	ID	1/1	R	Hierarchical Child Code	**1** (Additional Subordinate HL Data Segment in This Hierarchical Structure.)
2000E	**MSG**		***O***		**3/3**	**S-1**	**MESSAGE TEXT**	
2000E	MSG01	933	M	AN	1/264	R	Free-Form Message Text	

LOOP 2010E SERVICE PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2010E	**Loop 2100B**					**R-1**	**Service Provider Name**	
2010E	**NM1**		**O**	**ID**	**3/3**	**R-1**	**Service Provider Name**	
2010E	NM101	98	M	ID	2/3	R	Entity Identifier Code	**1T** (Physician, Clinic or Group Practice), **FA** (Facility), **SJ** (Service Provider)
2010E	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**1** (Person) **2** (Non-Person Entity)
2010E	NM103	1035	O	AN	1/35	R	Service Provider Last/Org Name	
2010E	NM104	1036	O	AN	1/25	S	Service Provider First Name	Use this name only if NM102 is “1".
2010E	NM105	1037	O	AN	1/25	S	Service Provider Middle Name	Use this name only if NM102 is “1".
2010E	NM106					N/U		

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2010E	NM107	1039	O	AN	1/10	S	Service Provider Name Suffix	Use this name only if NM102 is “1".
2010E	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2010E	NM109	67	X	AN	2/80	R	Service Provider Identifier	Use this reference number as qualified by the preceding data element (NM108)
2010E	**REF**			**ID**	**3/3**	**S-8**	**Service Provider Supplemental Identification**	
2010E	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2010E	REF02	127	X	AN	1/30	R	**Service Provider** Supplemental Identifier	Use this reference number as qualified by the preceding data element (REF01)
2010E	**N3**		**O**	**ID**	**2/2**	**R-1**	**Service Provider Address**	
2010E	N301	166	M	AN	1/55	R	Service Provider Address Line	
2010E	N302	166	O	AN	1/55	S	Service Provider Address Line	
2010E	**N4**		**O**	**ID**	**2/2**	**R-1**	**Service Provider City State and Zip**	
2010E	N401	19	O	AN	2/30	R	Service Provider City Name	
2010E	N402	156	O	ID	2/2	R	Service Provider State / Province Code	N402 is required only if city name (N401) is in the U.S. or Canada

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2010E	N403	116	O	ID	3/15	R	Service Provider Zip Code	Sized to 9 Bytes
2010E	N404	26	O	ID	2/3	S	Service Provider Country Code	Required if the address is outside the U.S.
2010E	**PER**		**O**	**ID**	**3/3**	**S-1**	**Service Provider Contact Information**	
2010E	PER01	366	M	ID	2/2	R	Contact Function Code	**IC**(Information Contact)
2010E	PER02	93	O	AN	1/60	R	Contact Name	
2010E	PER03	365	X	ID	2/2	R	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010E	PER04	364	X	AN	1/80	R	Communication Number	Use this reference number as qualified by the preceding data element
2010E	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010E	PER06	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element
2010E	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010E	PER08	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element
2010E	**AAA**		**O**		**3/3**	**S-9**	**Request Validation**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2010E	AAA01	1073	M	ID	1/1	R	Valid Request Indicator	Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.
2010E	AAA02					N/U		
2010E	AAA03	901	O	ID	2/2	R	Reject Reason Code	Verify Hipaa implementation guide for code list
2010E	AAA04	889	O	ID	1/1	R	Follow up Action Code	**C** (Please Correct and Resubmit), **N** (Resubmission Not Allowed)
2010E	PRV01	1221	M	ID	1/3	R	Provider code	Verify Hipaa implementation guide for code list
2010E	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	**ZZ** (Mutually Defined)
2010E	PRV03	127	M	AN	1/30	R	Provider Taxonomy Code	

LEVEL: SERVICE DETAIL

LOOP 2000F SERVICE LEVEL

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2000F	**HL**		**M**		**2/2**	**R-1**	**SERVICE PROVIDER LEVEL**	

2000F	HL01	628	M	AN	1/12	R	Hierarchical ID Number	The value of HL01 Should be “1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
2000F	HL02	734	O	AN	1/2	R	Hierarchical Parent ID Number	
2000F	HL03	735	M	ID	1/2	R	Hierarchical Level Code	**SS** (Services)
2000F	HL04	736	O	ID	1/1	R	Hierarchical Child Code	**0** (No Subordinate HL Segment in This Hierarchical Structure.)
2000F	**TRN**				**3/3**	**S-2**	**SERVICE TRACE NUMBER**	
2000F	TRN01	481	M	ID	1 /2	R	Trace Type Code	1 (Current Transaction Trace Numbers)
2000F	TRN02	127	M	AN	1/30	R	Trace Number	
2000F	TRN03	509	O	AN	10/10	R	Trace Assigning Entity Identifier	The first position must be either a “1" if an EIN is used, a ”3" if a DUNS is used or a “9" if a user assigned identifier is used.
2000F	TRN04	127	O	AN	1/30	S	Trace Assigning Entity Additional Identifier	
2000F	**AAA**		**O**		**3/3**	**S-9**	**Request Validation**	

2000F	AAA01	1073	M	ID	1/1	R	Valid Request Indicator	Code “Y” indicates that the code is valid; code “N” indicates that the code is invalid.
2000F	AAA02					N/U		
2000F	AAA03	901	O	ID	2/2	R	Reject Reason Code	Verify Hipaa implementation guide for code list
2000F	AAA04	889	O	ID	1/1	R	Follow up Action Code	**C** (Please Correct and Resubmit), **N** (Resubmission Not Allowed)
2000F	**UM**				2/2	R	**HEALTH CARE SERVICES REVIEW INFORMATION**	
2000F	UM01	1525	M	ID	1 /2	R	Request Category Code	**AR** (Admission Review), **HS** (Health Services Review), **SC**(Specialty Care Review)
2000F	UM02	1322	O	ID	1/1	R	Certification Type Code	Verify Hipaa implementation guide for code list
2000F	UM03	1365	O	ID	1/2	S	Service Type Code	Verify Hipaa implementation guide for code list
2000F	UM04	C023	O				Health Care service Location Information	
2000F	UM04-1	1331	M	AN	1 /2	R	Facility Code Value	

2000F	UM04-2	1332	O	ID	1 /2	R	Facility Code Qualifier	**A** (Uniform Billing Claim Form Bill Type), **B** (Place of service code from the FAO record of the Electronic Media Claims National Standard Format)
2000F	UM04-3					N/U		
2000F	UM05					N/U		
2000F	UM05	C024				O	Related –Causes Information	
2000F	UM06	1338	O	ID	1/3	S	Level of Service Code	**03** (Emergency), **U** (Urgent)
2000F	UM07-10					N/U		Verify Hipaa implementation guide for code list
2000F	**REF**		**O**	**ID**	**3/3**	**S-9**	**Previous Certification Identification**	
2000F	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**BB** (Authorization Number).
2000F	REF02	127	X	AN	1/30	R	Previous Certification Identifier	Use this reference number as qualified by the preceding data element (REF01)
2000F	**DTP**		**O**		**3/3**	**S-1**	**Service Date**	
2000F	DTP01	374	M	ID	3/3	R	Date Time Qualifier	**472** (Service)

2000F	DTP02	1250	M	ID	2/3	R	Date Time Period Format Qualifier	**D8**(Date Expressed in Format CCYYMMDD), **RD8**(Range of Dates Expressed in Format CCYYMMDDCCYYMMDD)
2000F	DTP03	1251	M	AN	1/35	R	Proposed or Actual Service Date	
2000F	**DTP**		**O**		**3/3**	**S-1**	**Admission Date**	
2000F	DTP01	374	M	ID	3/3	R	Date Time Qualifier	Verify Hipaa implementation guide for code list
2000F	DTP02	1250	M	ID	2/3	R	Date Time Period Format Qualifier	D8(Date Expressed in Format CCYYMMDD), RD8(Range of Dates Expressed in Format CCYYMMDDCCYYMMDD)
2000F	DTP03	1251	M	AN	1/35	R	Proposed or Actual Admission Date	
2000F	**DTP**		**O**		**3/3**	**S-1**	**Discharge Date**	
2000F	DTP01	374	M	ID	3/3	R	Date Time Qualifier	Verify Hipaa implementation guide for code list
2000F	DTP02	1250	M	ID	2/3	R	Date Time Period Format Qualifier	D8(Date Expressed in Format CCYYMMDD)
2000F	DTP03	1251	M	AN	1/35	R	Proposed or Actual Discharge Date	
2000F	**DTP**		**O**		**3/3**	**S-1**	**Surgery Date**	

2000F	DTP01	374	M	ID	3/3	R	Date Time Qualifier	Verify Hipaa implementation guide for code list
2000F	DTP02	1250	M	ID	2/3	R	Date Time Period Format Qualifier	D8(Date Expressed in Format CCYYMMDD)
2000F	DTP03	1251	M	AN	1/35	R	Proposed or Actual Surgery Date	
2000F	**HI**		**O**	**ID**	**2/2**	**S-1**	**Procedures**	
2000F	HI01	C022	M			R	Health Care Code Information	
2000F	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	Verify Hipaa implementation guide for code list
2000F	HI01-2	1271	M	AN	1/30	R	Procedure Code	
2000F	HI01-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD), **RD8** (Range of Dates Expressed in Format CCYYMMDDCCYYMMDD)
2000F	HI01-4	1251	X	AN	1/35	S	Procedure Date	
2000F	HI01-5	782	X	AN	1/18	S	Procedure Monetary Amount	
2000F	HI01-6	380	O	R	1/18	S	Procedure Quantity	
2000F	HI01-7	799	O	AN	1/30	S	Version, Release, or Industry Identifier	
2000F	HI01	C022	M			R	Health Care Code Information	

2000F	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	Verify Hipaa implementation guide for code list
2000F	HI02-2	1271	M	AN	1/30	R	Procedure Code	
2000F	HI02-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD), **RD8** (Range of Dates Expressed in Format CCYYMMDDCCYYMMDD)
2000F	HI02-4	1251	X	AN	1/35	S	Procedure Date	
2000F	HI02-5	782	X	AN	1/18	S	Procedure Monetary Amount	
2000F	HI02-6	380	O	R	1/18	S	Procedure Quantity	
2000F	HI02-7	799	O	AN	1/30	S	Version, Release, or Industry Identifier	
2000F	HI03	C022	M			R	Health Care Code Information	
2000F	HI03-1	1270	M	ID	1/3	R	Code List Qualifier Code	Verify Hipaa implementation guide for code list
2000F	HI03-2	1271	M	AN	1/30	R	Procedure Code	
2000F	HI03-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD), **RD8** (Range of Dates Expressed in Format CCYYMMDDCCYYMMDD)

2000F	HI03-4	1251	X	AN	1/35	S	Procedure Date	
2000F	HI03-5	782	X	AN	1/18	S	Procedure Monetary Amount	
2000F	HI03-6	380	O	R	1/18	S	Procedure Quantity	
2000F	HI03-7	799	O	AN	1/30	S	Version, Release, or Industry Identifier	
2000F	HI04	C022	M			R	Health Care Code Information	
2000F	HI04-1	1270	M	ID	1/3	R	Code List Qualifier Code	Verify Hipaa implementation guide for code list
2000F	HI04-2	1271	M	AN	1/30	R	Procedure Code	
2000F	HI04-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD), **RD8** (Range of Dates Expressed in Format CCYYMMDDCCYYMMDD)
2000F	HI04-4	1251	X	AN	1/35	S	Procedure Date	
2000F	HI04-5	782	X	AN	1/18	S	Procedure Monetary Amount	
2000F	HI04-6	380	O	R	1/18	S	Procedure Quantity	
2000F	HI04-7	799	O	AN	1/30	S	Version, Release, or Industry Identifier	
2000F	HI05	C022	M			R	Health Care Code Information	
2000F	HI05-1	1270	M	ID	1/3	R	Code List Qualifier Code	Verify Hipaa implementation guide for code list

2000F	HI05-2	1271	M	AN	1/30	R	Procedure Code	
2000F	HI05-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD), **RD8** (Range of Dates Expressed in Format CCYYMMDDCCYYMMDD)
2000F	HI05-4	1251	X	AN	1/35	S	Procedure Date	
2000F	HI05-5	782	X	AN	1/18	S	Procedure Monetary Amount	
2000F	HI05-6	380	O	R	1/18	S	Procedure Quantity	
2000F	HI05-7	799	O	AN	1/30	S	Version, Release, or Industry Identifier	
2000F	HI06	C022	M			R	Health Care Code Information	
2000F	HI06-1	1270	M	ID	1/3	R	Code List Qualifier Code	Verify Hipaa implementation guide for code list
2000F	HI06-2	1271	M	AN	1/30	R	Procedure Code	
2000F	HI06-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD), **RD8** (Range of Dates Expressed in Format CCYYMMDDCCYYMMDD)
2000F	HI06-4	1251	X	AN	1/35	S	Procedure Date	
2000F	HI06-5	782	X	AN	1/18	S	Procedure Monetary Amount	
2000F	HI06-6	380	O	R	1/18	S	Procedure Quantity	

2000F	HI06-7	799	O	AN	1/30	S	Version, Release, or Industry Identifier	
2000F	HI07	C022	M			R	Health Care Code Information	
2000F	HI07-1	1270	M	ID	1/3	R	Code List Qualifier Code	Verify Hipaa implementation guide for code list
2000F	HI07-2	1271	M	AN	1/30	R	Procedure Code	
2000F	HI07-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD), **RD8** (Range of Dates Expressed in Format CCYYMMDDCCYYMMDD)
2000F	HI07-4	1251	X	AN	1/35	S	Procedure Date	
2000F	HI07-5	782	X	AN	1/18	S	Procedure Monetary Amount	
2000F	HI07-6	380	O	R	1/18	S	Procedure Quantity	
2000F	HI07-7	799	O	AN	1/30	S	Version, Release, or Industry Identifier	
2000F	HI08	C022	M			R	Health Care Code Information	
2000F	HI08-1	1270	M	ID	1/3	R	Code List Qualifier Code	Verify Hipaa implementation guide for code list
2000F	HI08-2	1271	M	AN	1/30	R	Procedure Code	

2000F	HI08-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD), **RD8** (Range of Dates Expressed in Format CCYYMMDDCCYYMMDD)
2000F	HI08-4	1251	X	AN	1/35	S	Procedure Date	
2000F	HI08-5	782	X	AN	1/18	S	Procedure Monetary Amount	
2000F	HI08-6	380	O	R	1/18	S	Procedure Quantity	
2000F	HI08-7	799	O	AN	1/30	S	Version, Release, or Industry Identifier	
2000F	HI09	C022	M			R	Health Care Code Information	
2000F	HI09-1	1270	M	ID	1/3	R	Code List Qualifier Code	Verify Hipaa implementation guide for code list
2000F	HI09-2	1271	M	AN	1/30	R	Procedure Code	
2000F	HI09-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD), **RD8** (Range of Dates Expressed in Format CCYYMMDDCCYYMMDD)
2000F	HI09-4	1251	X	AN	1/35	S	Procedure Date	
2000F	HI09-5	782	X	AN	1/18	S	Procedure Monetary Amount	
2000F	HI09-6	380	O	R	1/18	S	Procedure Quantity	

2000F	HI09-7	799	O	AN	1/30	S	Version, Release, or Industry Identifier	
2000F	HI10	C022	M			R	Health Care Code Information	
2000F	HI10-1	1270	M	ID	1/3	R	Code List Qualifier Code	Verify Hipaa implementation guide for code list
2000F	HI10-2	1271	M	AN	1/30	R	Procedure Code	
2000F	HI10-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD), **RD8** (Range of Dates Expressed in Format CCYYMMDDCCYYMMDD)
2000F	HI10-4	1251	X	AN	1/35	S	Procedure Date	
2000F	HI10-5	782	X	AN	1/18	S	Procedure Monetary Amount	
2000F	HI10-6	380	O	R	1/18	S	Procedure Quantity	
2000F	HI10-7	799	O	AN	1/30	S	Version, Release, or Industry Identifier	
2000F	HI11	C022	M			R	Health Care Code Information	
2000F	HI11-1	1270	M	ID	1/3	R	Code List Qualifier Code	Verify Hipaa implementation guide for code list
2000F	HI11-2	1271	M	AN	1/30	R	Procedure Code	

2000F	HI11-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD), **RD8** (Range of Dates Expressed in Format CCYYMMDDCCYYMMDD)
2000F	HI11-4	1251	X	AN	1/35	S	Procedure Date	
2000F	HI11-5	782	X	AN	1/18	S	Procedure Monetary Amount	
2000F	HI11-6	380	O	R	1/18	S	Procedure Quantity	
2000F	HI11-7	799	O	AN	1/30	S	Version, Release, or Industry Identifier	
2000F	HI12	C022	M			R	Health Care Code Information	
2000F	HI12-1	1270	M	ID	1/3	R	Code List Qualifier Code	Verify Hipaa implementation guide for code list
2000F	HI12-2	1271	M	AN	1/30	R	Procedure Code	
2000F	HI12-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD), **RD8** (Range of Dates Expressed in Format CCYYMMDDCCYYMMDD)
2000F	HI12-4	1251	X	AN	1/35	S	Procedure Date	
2000F	HI12-5	782	X	AN	1/18	S	Procedure Monetary Amount	
2000F	HI12-6	380	O	R	1/18	S	Procedure Quantity	

2000F	HI12-7	799	O	AN	1/30	S	Version, Release, or Industry Identifier	
2000F	**HSD**		**O**	**ID**	**3/3**	**S-3**	**Home Health Care Services Delivery Information**	
2000F	HSD01	673	X	ID	2/2	S	Visits	Verify Hipaa implementation guide for code list
2000F	HSD02	380	X	R	1/15	S	Service Unit Count	
2000F	HSD03	355	O	ID	2/2	S	Unit or Basis for Measurement Code	**DA** (Days) **MO** (Months) **WK** (Week)
2000F	HSD04	1167	O	R	1/6	S	Sample Selection Modulus	
2000F	HSD05	615	X	ID	1/2	S	Time Period Qualifier	Verify Hipaa implementation guide for code list
2000F	HSD06	616	O	N0	1/3	S	Period Count	
2000F	HSD07	678	O	ID	1/2	S	Ship, Delivery or Calendar Pattern Code	Verify Hipaa implementation guide for code list
2000F	HSD08	679	O	ID	1/1	S	Delivery Pattern Time Code	Verify Hipaa implementation guide for code list
2000F	**CRC**		**O**	**ID**	**3/3**	**S-3**	**PATIENT CONDITION INFORMATION**	
2000F	CRC01	1136	M	ID	2/2	R	Code Category	Verify Hipaa implementation guide for code list

2000F	CRC02	1073	M	ID	1/1	R	Certification Condition Indicator	A “Y” value indicates the condition codes in CRC03 through CRC07 apply; an “N” value indicates the condition codes in CRC03 through CRC07 do not apply.
2000F	CRC03	1321	M	ID	2/2	R	Condition Code	Verify Hipaa implementation guide for code list
2000F	CRC04	1321	O	ID	2/2	S	Condition Code	Verify Hipaa implementation guide for code list
2000F	CRC05	1321	O	ID	2/2	S	Condition Code	Verify Hipaa implementation guide for code list
2000F	CRC06	1321	O	ID	2/2	S	Condition Code	Verify Hipaa implementation guide for code list
2000F	CRC07	1321	O	ID	2/2	S	Condition Code	Verify Hipaa implementation guide for code list
2000F	**CL1**		**O**			**S-1**	**CLAIM CODES**	**To supply information specific to hospital claims**
2000F	CL101	1315	O	ID	1/1	S	Admission Type Code	
2000F	CL102	1314	O	ID	1/1	S	Admission Source Code	
2000F	CL103	1352	O	ID	1/2	S	Patient Status Code	
2000F	CL104	1345	O	ID	1/1	S	Nursing Home Residential Status Code	

2000F	**CR1**		**O**	**ID**	**3/3**	**S-1**	**Ambulance Transport Information**	**This information may not be supported by all receivers**
2000F	CR101	355	X	ID	2/2	S	Unit or Basis for Measurement Code	**KG (**Kilogram), **LB** (Pound)
2000F	CR102	81	X	R	1/10	S	Patient Weight	
2000F	CR103	1316	O	ID	1/1	R	Ambulance Transport Code	Verify Hipaa implementation guide for code list
2000F	CR104	1317	O	ID	1/1	R	Ambulance Transport Reason Code	Verify Hipaa implementation guide for code list
2000F	CR105	355	X	ID	2/2	R	Miles	Verify Hipaa implementation guide for code list
2000F	CR106	380	X	R	1/15	R	Transport Distance	
2000F	CR107	166	O	AN	1/55	S	Ambulance Tri p Origin Address	
2000F	CR108	166	O	AN	1/55	S	Ambulance Trip Destination Address	
2000F	CR109	352	O	AN	1/80	S	Round Trip Purpose Description	
2000F	CR110	352	O	AN	1/80	S	Stretcher Purpose Description	
2000F	**CR2**		**O**	**ID**	**3/3**	**S-1**	**Spinal Manipulation Service Information**	
2000F	CR201	609	x	NO	1/9	S	Treatment Series Number	
2000F	CR202	380	X	R	1/15	S	Treatment Count	
2000F	CR203	1367	X	ID	2/3	S	Subluxation Level Code	Verify Hipaa implementation guide for code list

2000F	CR204	1367	X	ID	2/3	S	Subluxation Level Code	Verify Hipaa implementation guide for code list
2000F	CR205	355	X	ID	2/2	S	Unit or Basis for Measurement Code	Verify Hipaa implementation guide for code list
2000F	CR206	380	X	R	1/15	S	Treatment Period Count	
2000F	CR207	380	X	R	1/15	S	Monthly Treatment Count	
2000F	CR208	1342	O	ID	1/1	R	Patient Condition Code	
2000F	CR209	1073	O	ID	1/1	S	Complication Indicator	A “Y” value indicates a complicated condition; an “N” value indicates an uncomplicated condition.
2000F	CR210	352	O	AN	1/80	S	Patient Condition Description	
2000F	CR211	352	O	AN	1/80	S	Patient Condition Description	
2000F	CR212	1073	O	ID	1/1	S	X-Ray Availability Indicator	A “Y” value indicates X-rays are maintained and available for carrier review; an “N” value indicates X-rays are not maintained and available for carrier review.
2000F	CR501-02					N/U		
2000F	CR503	1348	O	ID	1/1	S	Oxygen Equipment Type Code	Verify Hipaa implementation guide for code list
2000F	CR504	1348	O	ID	1/1	S	Oxygen Equipment Type Code	Verify Hipaa implementation guide for code list

2000F	CR505	352	O	AN	1/80	S	Equipment Reason Description	
2000F	CR506	380	O	R	1/15	R	Oxygen Flow Rate	
2000F	CR507	380	O	R	1/15	R	Daily Oxygen Use Count	
2000F	CR508	380	O	R	1/15	R	Oxygen Use Period Hour Count	
2000F	CR509	352	O	AN	1/80	S	Respiratory Therapist Order Text	
2000F	CR510	380	O	R	1/15	S	Arterial Blood Gas Quantity	
2000F	CR511	380	O	R	1/15	S	Oxygen Saturation Quantity	
2000F	CR512	1349	O	ID	1/1	R	Oxygen Test Condition Code	
2000F	CR513	1350	O	ID	1/1	S	Oxygen Test Findings Code	
2000F	CR514	1350	O	ID	1/1	S	Oxygen Test Condition Code	
2000F	CR515	1350	O	ID	1/1	S	Oxygen Test Findings Code	
2000F	CR516	380	O	R	1/15	S	Portable Oxygen System Flow Rate	
2000F	CR517	1382	O	ID	1/1	R	Oxygen Delivery System Code	Verify Hipaa implementation guide for code list
2000F	CR518	1348	O	ID	1/1	S	Oxygen Equipment Type Code	Verify Hipaa implementation guide for code list
2000F	**CR6**		**O**		**3/3**	**S-1**	**Home Health Care Certification**	
2000F	CR601	923	M	ID	1/1	R	Prognosis Code	Verify Hipaa implementation guide for code list
2000F	CR602	373	M	DT	8/8	R	Service From Date	Date expressed as CCYYMMDD

2000F	CR603	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**RD8** (Range of Dates Expressed in Format CCYYMMDDCCYYMMDD)
2000F	CR604	1251	X	AN	1/35	S	Home Health Certification Period	
2000F	CR605					N/U		
2000F	CR606	1073	O	ID	1/1	R	Skilled Nursing Facility Indicator	**N** (No), **U** (Unknown), **Y** (Yes).
2000F	CR607	1073	O	ID	1/1	R	Medicare Coverage Indicator	**N** (No), **U** (Unknown), **Y** (Yes).
2000F	CR608	1322	M	ID	1/1	R	Certification Type Code	Verify Hipaa implementation guide for code list
2000F	CR609	373	M	DT	8/8	R	Surgery Date	Date expressed as **CCYYMMDD**
2000F	CR610	235	X	ID	2/2	S	Product or Service ID Qualifier	Verify Hipaa implementation guide for code list
2000F	CR611	1137	X	AN	1/15	S	Surgical Procedure Code	
2000F	CR612	373	M	DT	8/8	R	Physician Order Date	Date expressed as **CCYYMMDD**
2000F	CR613	373	M	DT	8/8	R	Last Visit Date	Date expressed as **CCYYMMDD**
2000F	CR614	373	M	DT	8/8	R	Physician Contact Date	Date expressed as **CCYYMMDD**
2000F	CR615	1250	X	ID	2/3	S	Date Time Period Format Qualifier	**RD8** (Range of Dates Expressed in Format CCYYMMDDCCYYMMDD)
2000F	CR616	1251	X	AN	1/35	S	Last Admission Period	

2000F	CR617	1384	X	ID	1/1	S	Patient Discharge Facility Type Code	Verify Hipaa implementation guide for code list
2000F	**PWK**		**O**	**ID**	**3/3**	**S-10**	**ADDITIONAL SERVICE INFORMATION**	
2000F	PWK01	755	M	ID	2/2	R	Report Type Code	Verify Hipaa implementation guide for code list
2000F	PWK02	756	O	ID	1/2	R	Report Transmission Code	Verify Hipaa implementation guide for code list
2000F	PWK03-04					N/U		
2000F	PWK05	66	X	ID	1/2	S	Identification Code Qualifier	**AC** (Attachment Control Number)
2000F	PWK06	67	X	AN	2/80	S	Attachment Control Number	
2000F	PWK07	352	O	AN	1/80	S	Attachment Description	
2000F	**MSG**		**O**		**3/3**	**S-1**	**MESSAGE TEXT**	
2000F	MSG01	933	M	AN	1/264	R	Free-Form Message Text	

LOOP ID - 2010F ADDITIONAL SERVICE INFORMATION CONTACT NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2010F	**Loop 2100B**					**R-1**	**Additional Service Information Contact Name**	
2010F	**NM1**		**O**	**ID**	**3/3**	**R-1**	**Additional Service Information Contact Name**	
2010F	NM101	98	M	ID	2/3	R	Entity Identifier Code	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2010F	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**1** (Person) **2** (Non-Person Entity)
2010F	NM103	1035	O	AN	1/35	R	Requester Last/Org Name	
2010F	NM104	1036	O	AN	1/25	S	Requester First Name	Use this name only if NM102 is “1".
2010F	NM105	1037	O	AN	1/25	S	Requester Middle Name	Use this name only if NM102 is “1".
2010F	NM106					N/U		
2010F	NM107	1039	O	AN	1/10	S	Requester Name Suffix	Use this name only if NM102 is “1".
2010F	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2010F	NM109	67	X	AN	2/80	R	Requester Identifier	Use this reference number as qualified by the preceding data element (NM108)
2010F	**N3**		**O**	**ID**	**2/2**	**R-1**	**Additional Service Information Contact Address**	
2010F	N301	166	M	AN	1/55	R	Additional **Service** Information Contact Address Line	
2010F	N302	166	O	AN	1/55	S	Additional **Service** Information Contact Address Line	
2010F	**N4**		**O**	**ID**	**2/2**	**R-1**	**Additional Service Information Contact City**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
							State and Zip	
2010F	N401	19	O	AN	2/30	R	Additional Service Information Contact City Name	
2010F	N402	156	O	ID	2/2	R	Additional Service Information Contact State / Province Code	N402 is required only if city name (N401) is in the U.S. or Canada
2010F	N403	116	O	ID	3/15	R	Additional Service Information Contact Zip Code	Sized to 9 Bytes
2010F	N404	26	O	ID	2/3	S	Additional Service Information Contact Country Code	Required if the address is outside the U.S.
2010F	**PER**		**O**	**ID**	**3/3**	**S-1**	**Additional Service Information Contact Contact Information**	
2010F	PER01	366	M	ID	2/2	R	Contact Function Code	**IC**(Information Contact)
2010F	PER02	93	O	AN	1/60	R	Contact Name	
2010F	PER03	365	X	ID	2/2	R	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010F	PER04	364	X	AN	1/80	R	Communication Number	Use this reference number as qualified by the preceding data element
2010F	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2010F	PER06	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element
2010F	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010F	PER08	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element

Level: TRAILER

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
Trailer	**TRANSACTION SET TRAILER**							
Trailer	**SE**		**M**	**ID**	**2/2**	**R-1**	**Transaction set trailer**	
Trailer	SE01	96	M	N0	1/10	R	Transaction Segment Count	Total number of segments included in a transaction set including ST and SE segments
Trailer	SE02	329	M	AN	4/9	R	Transaction Set Control Number	The Transaction Set Control Numbers in ST02 and SE02 must be Identical. The Transaction Set Control Number is assigned by the

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
								originator and must be unique within a functional group (GS-GE) and interchange (ISA-IEA).
Trailer	**GE**		**M**	**ID**	**2/2**	**R-1**	**Functional Group Trailer**	
Trailer	GE01	97	M	N0	1/6	R	Number Of Transactions Sets Included	Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element
Trailer	GE02	28	M	N0	1/9	R	Group Control Number	The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.
Trailer	**IEA**		**M**	**ID**	**3/3**	**R-1**	**Interchange Control Identifier**	
Trailer	IEA01	I16	M	N0	1/5	R	Number Of Included Functional Groups	A count of the number of functional groups

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
								included in an interchange
Trailer	IEA02	I12	M	N0	9/9	R	Interchange Control Number	A control number assigned by the interchange sender