



*California Department of Health Care Services*

*Short Doyle/Medi-Cal Phase II*

# Companion Guide

## DMH - ADP - 277

*Version: 1.2.1*

*Date: 10/27/08*

## Versioning, History

<b>Version</b>	<b>Author</b>	<b>Date</b>	<b>Loop</b>	<b>Segment</b>	<b>Element</b>	<b>Change Made</b>
1.2.1	Deepa Pochiraju	10/27/08	2200D – Claim Submitter Trace Number	STC – Claim Level Status Information	STC01-03 – Entity Identifier Code	Changed the usage to ‘Situational’.
1.2.1	Deepa Pochiraju	10/27/08	2200D – Claim Submitter Trace Number	STC – Claim Level Status Information	STC10-03 – Entity Identifier Code	Changed the usage to ‘Situational’.
1.2.1	Deepa Pochiraju	10/27/08	2200D – Claim Submitter Trace Number	STC – Claim Level Status Information	STC11-03 – Entity Identifier Code	Changed the usage to ‘Situational’.
1.2.1	Deepa Pochiraju	10/27/08	2220D – Claim Submitter Trace Number	STC – Claim Level Status Information	STC01-03 – Entity Identifier Code	Changed the usage to ‘Situational’.
1.2.1	Deepa Pochiraju	10/27/08	2220D – Claim Submitter Trace Number	STC – Claim Level Status Information	STC10-03 – Entity Identifier Code	Changed the usage to ‘Situational’.
1.2.1	Deepa Pochiraju	10/27/08	2220D – Claim Submitter Trace Number	STC – Claim Level Status Information	STC11-03 – Entity Identifier Code	Changed the usage to ‘Situational’.

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# 277

## Health Care Claim Status Notification

### Functional Group=HN

**Purpose:** This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Status Notification Transaction Set (277) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used by a health care payer or authorized agent to notify a provider, recipient, or authorized agent regarding the status of a health care claim or encounter or to request additional information from the provider regarding a health care claim or encounter. This transaction set is not intended to replace the Health Care Claim Payment/Advice Transaction Set (835) and therefore, will not be used for account payment posting. The notification may be at a summary or service line detail level. The notification may be solicited or unsolicited.

#### Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required

#### Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
010	ST	Transaction Set Header	M	1			Required
020	BHT	Beginning of Hierarchical Transaction	M	1			Required

#### Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
<b>LOOP ID - 2000A</b>							
010	HL	Information Source Level	M	1	≥1		Required
<b>LOOP ID - 2100A</b>							
050	NM1	Payer Name	O	1	≥1		Required
<b>LOOP ID - 2000B</b>							
010	HL	Information Receiver Level	M	1	≥1		Required
<b>LOOP ID - 2100B</b>							
050	NM1	Information Receiver Name	O	1	≥1		Required
<b>LOOP ID - 2000C</b>							
010	HL	Service Provider Level	M	1	≥1		Required
<b>LOOP ID - 2100C</b>							
050	NM1	Provider Name	O	1	≥1		Required
<b>LOOP ID - 2000D</b>							
010	HL	Subscriber Level	M	1	≥1		Required
040	DMG	Subscriber Demographic Information	O	1		N2/040	Situational
<b>LOOP ID - 2100D</b>							
050	NM1	Subscriber Name	O	1	1		Required
<b>LOOP ID - 2200D</b>							
090	TRN	Claim Submitter Trace Number	O	1			Required
100	STC	Claim Level Status Information	M	1			Required

110	REF	Payer Claim Identification Number	O	1		Required
110	REF	Institutional Bill Type Identification	O	1		Situational
110	REF	Medical Record Identification	O	1		Situational
120	DTP	Claim Service Date	O	1		Situational
<b>LOOP ID - 2220D</b>					<b>≥1</b>	
180	SVC	Service Line Information	O	1		Situational
190	STC	Service Line Status Information	O	1		Situational
200	REF	Service Line Item Identification	O	1		Situational
210	DTP	Service Line Date	O	1		Situational
270	SE	Transaction Set Trailer	M	1		Required

**Not Defined:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

**Notes:**

2/040 The DMG segment may only appear at the Subscriber (HL03=22) or Dependent (HL03=23) level.

# ISA Interchange Control Header

<b>Pos:</b>	<b>Max: 1</b>
<b>Not Defined - Mandatory</b>	
<b>Loop: N/A</b>	<b>Elements: 16</b>

**User Option (Usage):** Required  
**Purpose:** To start and identify an interchange of zero or more functional groups and interchange-related control segments

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA01	I01	<b>Authorization Information Qualifier</b>	M	ID	2/2	Required
<b>Description:</b> Code to identify the type of information in the Authorization Information						
		<b>Code</b>	<b>Name</b>			
		00	No Authorization Information Present (No Meaningful Information in I02) <i>ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION.</i>			
ISA02	I02	<b>Authorization Information</b>	M	AN	10/10	Required
<b>Description:</b> Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01) <i>Valid values: 10 Blanks</i>						
ISA03	I03	<b>Security Information Qualifier</b>	M	ID	2/2	Required
<b>Description:</b> Code to identify the type of information in the Security Information						
		<b>Code</b>	<b>Name</b>			
		00	No Security Information Present (No Meaningful Information in I04) <i>ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.</i>			
ISA04	I04	<b>Security Information</b>	M	AN	10/10	Required
<b>Description:</b> This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03) <i>Valid values: 10 Blanks</i>						
ISA05	I05	<b>Interchange ID Qualifier</b>	M	ID	2/2	Required
<b>Description:</b> Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified						
		<b>Code</b>	<b>Name</b>			
		ZZ	Mutually Defined			
ISA06	I06	<b>Interchange Sender ID</b>	M	AN	15/15	Required
<b>Description:</b> Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element <b>Industry:</b> <i>This field has to be SDMCPHASETWODMH if the payer is DMH or SDMCPHASETWOADP if the payer is ADP.</i>						
ISA07	I05	<b>Interchange ID Qualifier</b>	M	ID	2/2	Required
<b>Description:</b> Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified						
		<b>Code</b>	<b>Name</b>			
		ZZ	Mutually Defined			



ISA08	I07	<b>Interchange Receiver ID</b>	M	AN	15/15	Required						
<p><b>Description:</b> Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them</p> <p><i>Valid Format (Specific values defined in Trading Partner Agreements)"</i>  <i>For County: C + County Code + 12 Zeroes,</i>  <i>For Direct Providers: E + EIN + 5 Zeroes</i>  <i>Examples: C59000000000000, E92345678900000</i></p>												
ISA09	I08	<b>Interchange Date</b>	M	DT	6/6	Required						
<p><b>Description:</b> Date of the interchange</p>												
ISA10	I09	<b>Interchange Time</b>	M	TM	4/4	Required						
<p><b>Description:</b> Time of the interchange</p>												
ISA11	I10	<b>Interchange Control Standards Identifier</b>	M	ID	1/1	Required						
<p><b>Description:</b> Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer  <b>All valid standard codes are used.</b></p>												
ISA12	I11	<b>Interchange Control Version Number</b>	M	ID	5/5	Required						
<p><b>Description:</b> Code specifying the version number of the interchange control segments</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>00401</td> <td>Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997</td> </tr> </tbody> </table>							<u>Code</u>	<u>Name</u>	00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997		
<u>Code</u>	<u>Name</u>											
00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997											
ISA13	I12	<b>Interchange Control Number</b>	M	N0	9/9	Required						
<p><b>Description:</b> A control number assigned by the interchange sender</p>												
ISA14	I13	<b>Acknowledgment Requested</b>	M	ID	1/1	Required						
<p><b>Description:</b> Code sent by the sender to request an interchange acknowledgment (TA1)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No Acknowledgment Requested</td> </tr> </tbody> </table>							<u>Code</u>	<u>Name</u>	0	No Acknowledgment Requested		
<u>Code</u>	<u>Name</u>											
0	No Acknowledgment Requested											
ISA15	I14	<b>Usage Indicator</b>	M	ID	1/1	Required						
<p><b>Description:</b> Code to indicate whether data enclosed by this interchange envelope is test, production or information</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Production Data</td> </tr> <tr> <td>T</td> <td>Test Data</td> </tr> </tbody> </table>							<u>Code</u>	<u>Name</u>	P	Production Data	T	Test Data
<u>Code</u>	<u>Name</u>											
P	Production Data											
T	Test Data											
ISA16	I15	<b>Component Element Separator</b>	M		1/1	Required						
<p><b>Description:</b> Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator</p> <p><i>The component element separator is a delimiter and not a data element. It is used with composite data elements such as CLM05.</i>  <i>Valid values - Colon (:)</i></p>												

### Notes:

The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by '.' for clarity.

*Delimiters are specified in the Interchange Header Segment.*

*The values are as follows:*

*\* Asterisk Data Element Separator*

*: Colon Sub element Separator*

*~ Tilde Segment Terminator*

**Example:**

ISA\*00\* \*00\*

\*ZZ\*SDMCPHASETWODMH\*ZZ\*C5900000000000\*061010\*1113\*U\*00401\*000000173\*0\*P\*::~~

# GS Functional Group Header

<b>Pos:</b>	<b>Max: 1</b>
<b>Not Defined - Mandatory</b>	
<b>Loop: N/A</b>	<b>Elements: 8</b>

**User Option (Usage):** Required

**Purpose:** To indicate the beginning of a functional group and to provide control information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS01	479	<b>Functional Identifier Code</b>	M	ID	2/2	Required

**Description:** Code identifying a group of application related transaction sets

<u>Code</u>	<u>Name</u>
HN	Health Care Claim Status Notification (277)

GS02	142	<b>Application Sender's Code</b>	M	AN	2/15	Required
------	-----	----------------------------------	---	----	------	----------

**Description:** Code identifying party sending transmission; codes agreed to by trading partners

*Use this code to identify the unit sending the information.*

*This field has to be SDMCPHASETWODMH if the payer is DMH or SDMCPHASETWOADP if the payer is ADP.*

GS03	124	<b>Application Receiver's Code</b>	M	AN	2/15	Required
------	-----	------------------------------------	---	----	------	----------

**Description:** Code identifying party receiving transmission; codes agreed to by trading partners

*Use this code to identify the unit receiving the information.*

*For County: C + County Code + 12 Zeroes*

*For Direct Providers: E + EIN + 5 Zeroes*

*Examples:  
C590000000000000  
E12345678900000*

GS04	373	<b>Date</b>	M	DT	8/8	Required
------	-----	-------------	---	----	-----	----------

**Description:** Date expressed as CCYYMMDD

*Date - CCYYMMDD*

GS05	337	<b>Time</b>	M	TM	4/8	Required
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**Description:** Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

*Time - HHMMSS*

GS06	28	<b>Group Control Number</b>	M	N0	1/9	Required
------	----	-----------------------------	---	----	-----	----------

**Description:** Assigned number originated and maintained by the sender

*Group Control Number Must match GE02. It has to unique within ISA segment.*

GS07	455	<b>Responsible Agency Code</b>	M	ID	1/2	Required
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**Description:** Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480

<u>Code</u>	<u>Name</u>
X	Accredited Standards Committee X12

GS08	480	<b>Version / Release / Industry Identifier Code</b>	M	AN	1/12	Required
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**Description:** Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

<u>Code</u>	<u>Name</u>
004010X093 A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.

**Semantics:**

1. GS04 is the group date.
2. GS05 is the group time.
3. The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

**Comments:**

1. A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

**Notes:**

*The functional group header used for the 837 is HC.*

**Example:**

`GS*HC*SDMCPHASETWOADP*C5900000000000*20020606*105531*5*X*004010X093A1~`

# ST Transaction Set Header

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

**User Option (Usage):** Required  
**Purpose:** To indicate the start of a transaction set and to assign a control number

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST01	143	Transaction Set Identifier Code	M	ID	3/3	Required
<b>Description:</b> Code uniquely identifying a Transaction Set						
		<u>Code</u>		<u>Name</u>		
		277		Health Care Claim Status Notification		
ST02	329	Transaction Set Control Number	M	AN	4/9	Required
<b>Description:</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set						
<i>Data value in ST02 must be identical to SE02.</i>						

**Semantics:**

- The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).

**Notes:**  
*This segment begins the transaction set and identifies a control number*

**Example:**  
 ST\*277\*0001~



# BHT Beginning of Hierarchical Transaction

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 5

**User Option (Usage):** Required

**Purpose:** To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
BHT01	1005	Hierarchical Structure Code	M	ID	4/4	Required

**Description:** Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set

<u>Code</u>	<u>Name</u>
0010	Information Source, Information Receiver, Provider of Service, Subscriber, Dependent

BHT02	353	Transaction Set Purpose Code	M	ID	2/2	Required
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**Description:** Code identifying purpose of transaction set

<u>Code</u>	<u>Name</u>
08	Status

BHT03	127	Reference Identification	O	AN	1/30	Required
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**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Industry:** *Originator Application Transaction Identifier*

BHT04	373	Date	O	DT	8/8	Required
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**Description:** Date expressed as CCYYMMDD

**Industry:** *Transaction Set Creation Date*

BHT06	640	Transaction Type Code	O	ID	2/2	Required
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**Description:** Code specifying the type of transaction

<u>Code</u>	<u>Name</u>
DG	Response

## Semantics:

1. BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.
2. BHT04 is the date the transaction was created within the business application system.

## Example:

BHT\*0010\*13\*\*19961220~

# Loop Information Source Level

<b>Pos:</b> 010	<b>Repeat:</b> >1
	<b>Mandatory</b>
<b>Loop:</b> 2000A	<b>Elements:</b> N/A

**User Option (Usage):** Required  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Loop Summary:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Information Source Level	M	1		Required
050		Loop 2100A	O		>1	Required



# HL

## Information Source Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000A	Elements: 3

**User Option (Usage):** Required

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	<b>Hierarchical ID Number</b>	M	AN	1/12	Required
<b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure <i>Must begin with the number 1 and increment by one each time an HL is used.</i>						
HL03	735	<b>Hierarchical Level Code</b>	M	ID	1/2	Required
<b>Description:</b> Code defining the characteristic of a level in a hierarchical structure						
		<u>Code</u>	<u>Name</u>			
		20	Information Source			
HL04	736	<b>Hierarchical Child Code</b>	O	ID	1/1	Required
<b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described <i>Additional subordinate HL data segment in this hierarchical structure.</i>						
		<u>Code</u>	<u>Name</u>			
		1	Additional Subordinate HL Data Segment in This Hierarchical Structure.			

### Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
5. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

### Notes:

*To identify dependencies among and the content of hierarchically related groups of data segments*

### Example:

*HL \*1\*\*20\*1~*

# Loop Payer Name

Pos: 050	Repeat: >1
	Optional
Loop: 2100A	Elements: N/A

**User Option (Usage):** Required  
**Purpose:** To supply the full name of an individual or organizational entity

**Loop Summary:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
050	NM1	Payer Name	O	1		Required

**Semantics:**  
 1. NM102 qualifies NM103.

# NM1 Payer Name

<b>Pos: 050</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2100A</b>	<b>Elements: 5</b>

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	<b>Entity Identifier Code</b>	M	ID	2/3	Required

**Description:** Code identifying an organizational entity, a physical location, property or an individual

<u>Code</u>	<u>Name</u>
PR	Payer

NM102	1065	<b>Entity Type Qualifier</b>	M	ID	1/1	Required
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**Description:** Code qualifying the type of entity

<u>Code</u>	<u>Name</u>
2	Non-Person Entity

NM103	1035	<b>Name Last or Organization Name</b>	O	AN	1/35	Required
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**Description:** Individual last name or organizational name

**Industry:** Payer Name

*Valid values: DMH or ADP*

NM108	66	<b>Identification Code Qualifier</b>	C	ID	1/2	Required
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**Description:** Code designating the system/method of code structure used for Identification Code (67)

*Payer identifiers should be used with the following preferences:*

*(PI) Payer ID*

*(NI) NAIC Code*

*(AD) If the Payer is a Blue Cross or Blue Shield Plan, BCBSA Plan Code*

*(PP) If the Payer is a Pharmacy Processor, Pharmacy Processor Number*

*(FI) Tax ID*

*(21) If other codes are not available or known, use HIN or Payer Identification Number*

<u>Code</u>	<u>Name</u>
PI	Payor Identification

NM109	67	<b>Identification Code</b>	C	AN	2/80	Required
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**Description:** Code identifying a party or other code

**Industry:** Payer Identifier

*Valid values:*

*01 - DMH, Mental Health Services*

*20 - ADP, Non-perinatal Services*

*25 - ADP, Perinatal Services*

### ExternalCodeList

**Name:** 121

**Description:** Health Industry Identification Number

### ExternalCodeList

**Name:** 245

**Description:** National Association of Insurance Commissioners (NAIC) Code">

### ExternalCodeList

**Name:** 540

**Description:** Health Care Financing Administration National PlanID

**Syntax Rules:**

1. P0809 - If either NM108 or NM109 is present, then the other is required.

**Semantics:**

1. NM102 qualifies NM103.

**Notes:**

*Payers with multiple locations or multiple lines of business may require that the payer name be completed.*

**Example:**

*NM1\*PR\*2\*ABC INSURANCE\*\*\*\*\*PI\*12345~*

# Loop Information Receiver Level

Pos: 010	Repeat: >1
Mandatory	
Loop: 2000B	Elements: N/A

**User Option (Usage):** Required  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Loop Summary:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Information Receiver Level	M	1		Required
050		Loop 2100B	O		>1	Required



# HL

## Information Receiver Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000B	Elements: 4

**User Option (Usage):** Required

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	<b>Hierarchical ID Number</b>	M	AN	1/12	Required
<b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure						
HL02	734	<b>Hierarchical Parent ID Number</b>	O	AN	1/12	Situational
<b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to						
HL03	735	<b>Hierarchical Level Code</b>	M	ID	1/2	Required
<b>Description:</b> Code defining the characteristic of a level in a hierarchical structure						
		<u>Code</u>	<u>Name</u>			
		21	Information Receiver			
HL04	736	<b>Hierarchical Child Code</b>	O	ID	1/1	Required
<b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described						
<i>Additional subordinate HL data segment in this hierarchical structure.</i>						
		<u>Code</u>	<u>Name</u>			
		1	Additional Subordinate HL Data Segment in This Hierarchical Structure.			

### Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

### Notes:

*This entity expects response from the information source*

### Example:

HL\*2\*1\*21\*1~

# Loop Information Receiver Name

Pos: 050	Repeat: >1
	Optional
Loop: 2100B	Elements: N/A

**User Option (Usage):** Required  
**Purpose:** To supply the full name of an individual or organizational entity

**Loop Summary:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
050	NM1	Information Receiver Name	O	1		Required



# NM1 Information Receiver Name

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100B	Elements: 9

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	<b>Entity Identifier Code</b>	M	ID	2/3	Required
		<b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual				
		<b>Code</b>		<b>Name</b>		
		41		Submitter		
NM102	1065	<b>Entity Type Qualifier</b>	M	ID	1/1	Required
		<b>Description:</b> Code qualifying the type of entity				
		<b>Code</b>		<b>Name</b>		
		1		Person		
		2		Non-Person Entity		
NM103	1035	<b>Name Last or Organization Name</b>	O	AN	1/35	Required
		<b>Description:</b> Individual last name or organizational name				
		<b>Industry:</b> Information Receiver Last or Organization Name				
NM104	1036	<b>Name First</b>	O	AN	1/25	Situational
		<b>Description:</b> Individual first name				
		<b>Industry:</b> Information Receiver First Name				
		<i>The first name is required when the value in NM102 is '1' and the person has a first name.</i>				
NM105	1037	<b>Name Middle</b>	O	AN	1/25	Situational
		<b>Description:</b> Individual middle name or initial				
		<b>Industry:</b> Information Receiver Middle Name				
		<i>The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.</i>				
NM106	1038	<b>Name Prefix</b>	O	AN	1/10	Situational
		<b>Description:</b> Prefix to individual name				
		<b>Industry:</b> Information Receiver Name Prefix				
		<i>Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person.</i>				
NM107	1039	<b>Name Suffix</b>	O	AN	1/10	Situational
		<b>Description:</b> Suffix to individual name				
		<b>Industry:</b> Information Receiver Name Suffix				
		<i>Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person.</i>				
NM108	66	<b>Identification Code Qualifier</b>	C	ID	1/2	Required
		<b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)				
		<b>Code</b>		<b>Name</b>		
		46		Electronic Transmitter Identification Number (ETIN)		
		XX		Health Care Financing Administration National Provider Identifier		



# Loop Service Provider Level

Pos: 010	Repeat: >1
Mandatory	
Loop: 2000C	Elements: N/A

**User Option (Usage):** Required  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Loop Summary:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Service Provider Level	M	1		Required
050		Loop 2100C	O		>1	Required



**HL****Service Provider Level**

<b>Pos: 010</b>	<b>Max: 1</b>
<b>Detail - Mandatory</b>	
<b>Loop: 2000C</b>	<b>Elements: 4</b>

**User Option (Usage):** Required**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	<b>Hierarchical ID Number</b>	M	AN	1/12	Required
<b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure						
HL02	734	<b>Hierarchical Parent ID Number</b>	O	AN	1/12	Required
<b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to						
HL03	735	<b>Hierarchical Level Code</b>	M	ID	1/2	Required
<b>Description:</b> Code defining the characteristic of a level in a hierarchical structure						
		<u>Code</u>	<u>Name</u>			
		19	Provider of Service			
HL04	736	<b>Hierarchical Child Code</b>	O	ID	1/1	Required
<b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described						
		<u>Code</u>	<u>Name</u>			
		1	Additional Subordinate HL Data Segment in This Hierarchical Structure.			

**Comments:**

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Notes:**

To identify dependencies among and the content of hierarchically related groups of data segments

**Example:**

HL\*3\*2\*19\*1~

# Loop Provider Name

Pos: 050	Repeat: >1
	Optional
Loop: 2100C	Elements: N/A

**User Option (Usage):** Required  
**Purpose:** To supply the full name of an individual or organizational entity

**Loop Summary:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
050	NM1	Provider Name	O	1		Required



# NM1 Provider Name

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 9

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	<b>Entity Identifier Code</b>	M	ID	2/3	Required
<b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual						
		<u>Code</u>	<u>Name</u>			
		1P	Provider			
NM102	1065	<b>Entity Type Qualifier</b>	M	ID	1/1	Required
<b>Description:</b> Code qualifying the type of entity						
		<u>Code</u>	<u>Name</u>			
		1	Person			
		2	Non-Person Entity			
NM103	1035	<b>Name Last or Organization Name</b>	O	AN	1/35	Required
<b>Description:</b> Individual last name or organizational name						
<b>Industry:</b> <i>Provider Last or Organization Name</i>						
NM104	1036	<b>Name First</b>	O	AN	1/25	Situational
<b>Description:</b> Individual first name						
<b>Industry:</b> <i>Provider First Name</i>						
<i>The first name is required when the value in NM102 is '1' and the person has a first name.</i>						
NM105	1037	<b>Name Middle</b>	O	AN	1/25	Situational
<b>Description:</b> Individual middle name or initial						
<b>Industry:</b> <i>Provider Middle Name</i>						
<i>The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.</i>						
NM106	1038	<b>Name Prefix</b>	O	AN	1/10	Situational
<b>Description:</b> Prefix to individual name						
<b>Industry:</b> <i>Provider Name Prefix</i>						
<i>Required if additional name information is needed to identify the provider of service.</i>						
<i>Recommended if the value in the entity type qualifier is a person.</i>						
NM107	1039	<b>Name Suffix</b>	O	AN	1/10	Situational
<b>Description:</b> Suffix to individual name						
<b>Industry:</b> <i>Provider Name Suffix</i>						
<i>Required if additional name information is needed to identify the provider of service.</i>						
<i>Recommended if the value in the entity type qualifier is a person.</i>						
NM108	66	<b>Identification Code Qualifier</b>	C	ID	1/2	Required
<b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)						
		<u>Code</u>	<u>Name</u>			
		XX	Health Care Financing Administration National Provider Identifier			



# Loop Subscriber Level

<b>Pos: 010</b>	<b>Repeat: &gt;1</b>
	<b>Mandatory</b>
<b>Loop: 2000D</b>	<b>Elements: N/A</b>

**User Option (Usage):** Required  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Loop Summary:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Subscriber Level	M	1		Required
040	DMG	Subscriber Demographic Information	O	1		Situational
050		Loop 2100D	O		1	Required
090		Loop 2200D	O		>1	Required



# HL Subscriber Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000D	Elements: 4

**User Option (Usage):** Required

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
HL01	628	<b>Hierarchical ID Number</b>	M	AN	1/12	Required				
<p><b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure  <i>Must begin with the number 1 and increment by one each time an HL is used.</i></p>										
HL02	734	<b>Hierarchical Parent ID Number</b>	O	AN	1/12	Required				
<p><b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to</p>										
HL03	735	<b>Hierarchical Level Code</b>	M	ID	1/2	Required				
<p><b>Description:</b> Code defining the characteristic of a level in a hierarchical structure</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>22</td> <td>Subscriber</td> </tr> </tbody> </table>							<u>Code</u>	<u>Name</u>	22	Subscriber
<u>Code</u>	<u>Name</u>									
22	Subscriber									
HL04	736	<b>Hierarchical Child Code</b>	O	ID	1/1	Required				
<p><b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described  <i>ADP expects 0 since all members are subscribers. A dependent loop is not expected.</i></p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No Subordinate HL Segment in This Hierarchical Structure.</td> </tr> </tbody> </table> <p><i>Required when there are no dependent claim status requests for this subscriber.</i></p>							<u>Code</u>	<u>Name</u>	0	No Subordinate HL Segment in This Hierarchical Structure.
<u>Code</u>	<u>Name</u>									
0	No Subordinate HL Segment in This Hierarchical Structure.									

## Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

## Notes:

1. If the subscriber and the patient are the same person, do not use the next HL (HL23) for claim information.

## Example:

HL\*4\*3\*22\*0~

# DMG Subscriber Demographic Information

Pos: 040	Max: 1
Detail - Optional	
Loop: 2000D	Elements: 3

**User Option (Usage):** Situational  
**Purpose:** To supply demographic information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	1250	Date Time Period Format Qualifier	C	ID	2/3	Required
<b>Description:</b> Code indicating the date format, time format, or date and time format						
		<u>Code</u>	<u>Name</u>			
		D8	Date Expressed in Format CCYYMMDD			
DMG02	1251	Date Time Period	C	AN	1/35	Required
<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times						
<b>Industry:</b> <i>Subscriber Birth Date</i>						
DMG03	1068	Gender Code	O	ID	1/1	Required
<b>Description:</b> Code indicating the sex of the individual						
<b>Industry:</b> <i>Subscriber Gender Code</i>						
		<u>Code</u>	<u>Name</u>			
		F	Female			
		M	Male			
		U	Unknown			

## Syntax Rules:

1. P0102 - If either DMG01 or DMG02 is present, then the other is required.

## Semantics:

1. DMG02 is the date of birth.

## Notes:

*Required when the subscriber is the patient. Not used when the subscriber is not the patient.*

## Example:

DMG\*D8\*19330706\*M~

# Loop Subscriber Name

Pos: 050	Repeat: 1
	Optional
Loop: 2100D	Elements: N/A

**User Option (Usage):** Required  
**Purpose:** To supply the full name of an individual or organizational entity

**Loop Summary:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
050	NM1	Subscriber Name	O	1		Required



# NM1 Subscriber Name

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100D	Elements: 9

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code	M	ID	2/3	Required

**Description:** Code identifying an organizational entity, a physical location, property or an individual

Code	Name
QC	Patient

*Use this only when the subscriber is the patient.*

NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
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**Description:** Code qualifying the type of entity

Code	Name
1	Person

NM103	1035	Name Last or Organization Name	O	AN	1/35	Required
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**Description:** Individual last name or organizational name

**Industry:** *Subscriber Last Name*

NM104	1036	Name First	O	AN	1/25	Situational
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**Description:** Individual first name

**Industry:** *Subscriber First Name*

*The first name is required when the value in NM102 is '1' and the person has a first name.*

NM105	1037	Name Middle	O	AN	1/25	Situational
-------	------	-------------	---	----	------	-------------

**Description:** Individual middle name or initial

**Industry:** *Subscriber Middle Name*

*The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.*

NM106	1038	Name Prefix	O	AN	1/10	Situational
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**Description:** Prefix to individual name

**Industry:** *Subscriber Name Prefix*

*Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person.*

NM107	1039	Name Suffix	O	AN	1/10	Situational
-------	------	-------------	---	----	------	-------------

**Description:** Suffix to individual name

**Industry:** *Subscriber Name Suffix*

*Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person.*

NM108	66	Identification Code Qualifier	C	ID	1/2	Required
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**Description:** Code designating the system/method of code structure used for Identification Code (67)

Code	Name
MI	Member Identification Number

NM109    67    **Identification Code**    C    AN    2/80    Required

**Description:** Code identifying a party or other code  
**Industry:** *Subscriber Identifier*

**Syntax Rules:**

1. P0809 - If either NM108 or NM109 is present, then the other is required.

**Semantics:**

1. NM102 qualifies NM103.

**Notes:**

*To supply full name of an individual or organizational entity*

*NOTE: For Claim Status Response, ADP will return the data that was received in the 276 Claim Status Inquiry.*

**Example:**

*NM1\*QC\*1\*SMITH\*FRED\*\*\*\*MI\*123456789A~*

# Loop Claim Submitter Trace Number

Pos: 090	Repeat: >1
	Optional
Loop: 2200D	Elements: N/A

**User Option (Usage):** Required  
**Purpose:** To uniquely identify a transaction to an application

**Loop Summary:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
090	TRN	Claim Submitter Trace Number	O	1		Required
100	STC	Claim Level Status Information	M	1		Required
110	REF	Payer Claim Identification Number	O	1		Required
110	REF	Institutional Bill Type Identification	O	1		Situational
110	REF	Medical Record Identification	O	1		Situational
120	DTP	Claim Service Date	O	1		Situational
180		Loop 2220D	O		>1	Situational



# TRN Claim Submitter Trace Number

Pos: 090	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

**User Option (Usage):** Required  
**Purpose:** To uniquely identify a transaction to an application

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
TRN01	481	Trace Type Code	M	ID	1/2	Required

**Description:** Code identifying which transaction is being referenced

<u>Code</u>	<u>Name</u>
2	Referenced Transaction Trace Numbers

TRN02	127	Reference Identification	M	AN	1/30	Required
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**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Industry:** Trace Number  
**Alias:** Patient Account Number  
*This data element corresponds to the CLM01 data element of the ASC X12N Dental, Institutional, and Professional Implementation Guide(s). Paper based claims may not require a Patient Account Number for adjudication. When inquiring on paper based claims the trace number is required to be returned in the TRN of the 277 Health Care Claim Status Response transaction in TRN02.*

**Semantics:**

1. TRN02 provides unique identification for the transaction.
2. TRN03 identifies an organization.

**Notes:**

1. This segment is required if the subscriber is the patient. If the subscriber is not the patient do not use this segment, use TRN segment in Loop 2200E.
2. This trace number is the trace or reference number from the originator of the transaction that was provided at the corresponding level within the 276 (Health Care Claim Status Request) transaction - to be returned by the receiver of the transaction.
3. The TRN segment is required by the ASC X12 syntax when Loop ID-2200D is used.

**Example:**

TRN\*2\*172263482~



# STC Claim Level Status Information

<b>Pos: 100</b>	<b>Max: 1</b>
<b>Detail - Mandatory</b>	
<b>Loop: 2200D</b>	<b>Elements: 10</b>

**User Option (Usage):** Required

**Purpose:** To report the status, required action, and paid information of a claim or service line

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
STC01	C043	<b>Health Care Claim Status</b>	M	Comp		Required
		<b>Description:</b> Used to convey status of the entire claim or a specific service line				
STC01-01	1271	<b>Industry Code</b>	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		<b>Industry:</b> <i>Health Care Claim Status Category Code</i> <i>This is the Category code. Use code source 507.</i>				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 507				
		<b>Description:</b> Health Care Claim Status Category Code				
STC01-02	1271	<b>Industry Code</b>	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		<b>Industry:</b> <i>Health Care Claim Status Code</i> <i>This is the Status code. Use code source 508.</i>				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 508				
		<b>Description:</b> Health Care Claim Status Code				
STC01-03	98	<b>Entity Identifier Code</b>	O	ID	2/3	Situational
		<b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual				
		<i>STC01-3 further modifies the status code in STC01-2. Required if additional detail applicable to claim status is needed to clarify the status and the payer's system supports this level of detail.</i>				
STC02	373	<b>Date</b>	O	DT	8/8	Required
		<b>Description:</b> Date expressed as CCYYMMDD				
		<b>Industry:</b> <i>Status Information Effective Date</i> <i>Use this date for the effective date of status.</i>				
STC04	782	<b>Monetary Amount</b>	O	R	1/18	Required
		<b>Description:</b> Monetary amount				
		<b>Industry:</b> <i>Total Claim Charge Amount</i> <i>Use this element for the amount of submitted charges. Some HMO encounters supply zero as the amount of original charges.</i>				
STC05	782	<b>Monetary Amount</b>	O	R	1/18	Required
		<b>Description:</b> Monetary amount				
		<b>Industry:</b> <i>Claim Payment Amount</i> <i>Use this element for the claim paid amount. This amount must be zero if the adjudication process is not complete. Claim total charge will quite often change from the submitted claim total charge based on claims processing instructions, ie: splitting of claims. Most payers do not store the "original submitted charge."</i>				
STC06	373	<b>Date</b>	O	DT	8/8	Situational

**Description:** Date expressed as CCYYMMDD

**Industry:** Adjudication or Payment Date

Use this element for the date of denial or payment. Use this date if the payment determination is complete.

STC07 591 **Payment Method Code** O ID 3/3 Situational

**Description:** Code identifying the method for the movement of payment instructions

Will be used when claim has a dollar payment to the provider of service.

All ADP payments are by check (warrant).

**Code**

**Name**

CHK Check

Use this code to indicate that a check was issued for payment.

NON Non-Payment Data

Use this code to indicate that this is information only and no dollars are to be moved.

STC08 373 **Date** O DT 8/8 Situational

**Description:** Date expressed as CCYYMMDD

**Industry:** Check Issue or EFT Effective Date

Use this element for the check issue date or for the date that EFT funds were released to the Automated Clearing House.

Warrant Effective Date

STC09 429 **Check Number** O AN 1/16 Situational

**Description:** Check identification number

**Industry:** Check or EFT Trace Number

Required with a Finalized and PAID claim when the entire claim was paid using a single check or EFT. Not used with Pending or Rejected claims. If the payment is EFT (electronic file transfer), this number is the trace number.

Warrant Number

STC10 C043 **Health Care Claim Status** O Comp Situational

**Description:** Used to convey status of the entire claim or a specific service line

Use this element if a second claim status is needed.

STC10-01 1271 **Industry Code** M AN 1/30 Required

**Description:** Code indicating a code from a specific industry code list

**Industry:** Health Care Claim Status Category Code

This is the Category code. Use code source 507.

Required if STC10 is used.

**ExternalCodeList**

**Name:** 507

**Description:** Health Care Claim Status Category Code

STC10-02 1271 **Industry Code** M AN 1/30 Required

**Description:** Code indicating a code from a specific industry code list

**Industry:** Health Care Claim Status Code

This is the Status code. Use code source 508.

Required if STC10 is used.

**ExternalCodeList**

**Name:** 508

**Description:** Health Care Claim Status Code

STC10-03 98 **Entity Identifier Code** O ID 2/3 Situational





# REF Payer Claim Identification Number

Pos: 110	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

**User Option (Usage):** Required  
**Purpose:** To specify identifying information

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required				
<p><b>Description:</b> Code qualifying the Reference Identification  <i>Examples of this element include: ICN, DCN and CCN.</i></p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>1K</td> <td>Payor's Claim Number</td> </tr> </tbody> </table>							<u>Code</u>	<u>Name</u>	1K	Payor's Claim Number
<u>Code</u>	<u>Name</u>									
1K	Payor's Claim Number									
REF02	127	Reference Identification	C	AN	1/30	Required				
<p><b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  <b>Industry:</b> <i>Payer Claim Control Number</i>  <i>Unique ID of the claim generated by SD/MC Phase II system.</i></p>										

**Syntax Rules:**

1. R0203 - At least one of REF02 or REF03 is required.

**Notes:**

1. Use this only if the subscriber is the patient.
2. This is the payer's assigned control number, also known as, Internal Control Number (ICN), Document Control Number (DCN), or Claim Control Number (CCN). This should be sent on claim inquiries when the number is known.
3. The total number of REF segments in the 2200 Loop cannot exceed 3.

*This segment will be used to report the Claim Schedule Number to which the Warrant was issued.*

**Example:**

REF\*1K\*9918046987~



# REF Institutional Bill Type Identification

Pos: 110	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

**User Option (Usage):** Situational

**Purpose:** To specify identifying information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

**Description:** Code qualifying the Reference Identification

<u>Code</u>	<u>Name</u>
BLT	Billing Type

REF02	127	Reference Identification	C	AN	1/30	Required
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**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Industry:** *Bill Type Identifier*

*Found on UB92 - record 40 - 4*

*Found on 837 CLM-05*

*Found on UB92 paper form locator 4*

*Required institutional claim inquiries.*

## Syntax Rules:

1. R0203 - At least one of REF02 or REF03 is required.

## Notes:

1. This segment is the institutional bill type submitted on the original claim. The institutional bill type consists of the two position, Facility Type Code, and the one position, Claim Frequency Code. The payer may use it as a primary lookup key.
2. Use when subscriber is the patient.
3. The total number of REF segments in the 2200 Loop cannot exceed 3.

## Example:

REF\*BLT\*111~

# REF Medical Record Identification

Pos: 110	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

**User Option (Usage):** Situational  
**Purpose:** To specify identifying information

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required
<b>Description:</b> Code qualifying the Reference Identification						
		<u>Code</u>	<u>Name</u>			
		EA	Medical Record Identification Number			
REF02	127	Reference Identification	C	AN	1/30	Required
<b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier						
<b>Industry:</b> Medical Record Number						
<i>Found on UB92 record 20 field 25</i>						
<i>Found on 837 REF-02</i>						
<i>Found on UB92 paper form locator 23</i>						

**Syntax Rules:**

1. R0203 - At least one of REF02 or REF03 is required.

**Notes:**

1. This is the Medical Record number submitted on the original claim and should be returned when available from the the submitted claim.
2. Use this only when the subscriber is the patient.
3. The total number of REF segments in the 2200 Loop cannot exceed 3.

**Example:**

REF\*EA\*J354789~



# DTP Claim Service Date

Pos: 120	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 3

**User Option (Usage):** Situational

**Purpose:** To specify any or all of a date, a time, or a time period

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	<b>Date/Time Qualifier</b>	M	ID	3/3	Required
<b>Description:</b> Code specifying type of date or time, or both date and time <b>Industry:</b> <i>Date Time Qualifier</i>						
		<u>Code</u>	<u>Name</u>			
		232	Claim Statement Period Start			
DTP02	1250	<b>Date Time Period Format Qualifier</b>	M	ID	2/3	Required
<b>Description:</b> Code indicating the date format, time format, or date and time format <b>Code</b> <b>Name</b> RD8            Range of Dates Expressed in Format CCYMMDD-CCYMMDD <i>If there is a single date of service, the begin date equals the end date.</i>						
DTP03	1251	<b>Date Time Period</b>	M	AN	1/35	Required
<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> <i>Claim Service Period</i>						

## Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

## Notes:

1. Use this segment for the institutional claim statement period.
2. Use this segment if the subscriber is the patient.
3. For professional claims this will be the claim from and through date. If claim level date range is not used then the Line Service Date at 2220D is required.

## Example:

DTP\*232\*RD8\*19960401-19960402~

# Loop Service Line Information

Pos: 180	Repeat: >1
	Optional
Loop: 2220D	Elements: N/A

**User Option (Usage):** Situational  
**Purpose:** To supply payment and control information to a provider for a particular service

**Loop Summary:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
180	SVC	Service Line Information	O	1		Situational
190	STC	Service Line Status Information	O	1		Situational
200	REF	Service Line Item Identification	O	1		Situational
210	DTP	Service Line Date	O	1		Situational



# SVC Service Line Information

<b>Pos:</b> 180	<b>Max:</b> 1
<b>Detail - Optional</b>	
<b>Loop:</b> 2220D	<b>Elements:</b> 5

**User Option (Usage):** Situational  
**Purpose:** To supply payment and control information to a provider for a particular service

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SVC01	C003	<b>Composite Medical Procedure Identifier</b>	M	Comp		Required

**Description:** To identify a medical procedure by its standardized codes and applicable modifiers  
*SVC01-2 contains the procedure code. This code may be different than the original submitted procedure code based on claim processing instructions such as; global services or combining services (sometimes referred to as bundling or unbundling). Payers often do not store the original submitted procedure code when bundling or unbundling occurs and the procedure code gets changed during the adjudication process.*

SVC01-01	235	<b>Product/Service ID Qualifier</b>	M	ID	2/2	Required
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**Description:** Code identifying the type/source of the descriptive number used in Product/Service ID (234)  
**Industry:** Product or Service ID Qualifier

<u>Code</u>	<u>Name</u>
AD	American Dental Association Codes <b>CODE SOURCE:</b> <i>135: American Dental Association Codes</i>
CI	Common Language Equipment Identifier (CLEI)
HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes <i>Because CPT codes of the American Medical Association are also level 1 HCPCS codes, the CPT codes are reported under the code HC.</i> <b>CODE SOURCE:</b> <i>130: Health Care Financing Administration Common Procedural Coding System</i>
ID	International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure <b>CODE SOURCE:</b> <i>131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure</i>
IV	Home Infusion EDI Coalition (HIEC) Product/Service Code <b>CODE SOURCE:</b> <i>513: Home Infusion EDI Coalition (HIEC) Product/Service Code List</i>
N1	National Drug Code in 4-4-2 Format <b>CODE SOURCE:</b> <i>240: National Drug Code by Format</i>
N2	National Drug Code in 5-3-2 Format <b>CODE SOURCE:</b> <i>240: National Drug Code by Format</i>
N3	National Drug Code in 5-4-1 Format <b>CODE SOURCE:</b> <i>240: National Drug Code by Format</i>
N4	National Drug Code in 5-4-2 Format <b>CODE SOURCE:</b>



	240: National Drug Code by Format
ND	National Drug Code (NDC) <b>CODE SOURCE:</b> 134: National Drug Code
NH	National Health Related Item Code
NU	National Uniform Billing Committee (NUBC) UB92 Codes <b>CODE SOURCE:</b> 132: National Uniform Billing Committee (NUBC) Codes
RB	National Uniform Billing Committee (NUBC) UB82 Codes <b>CODE SOURCE:</b> 132: National Uniform Billing Committee (NUBC) Codes

SVC01-02 234 **Product/Service ID** M AN 1/48 Required

**Description:** Identifying number for a product or service  
**Industry:** Service Identification Code  
*If the value in SVC01-1 is "NU", then this is an NUBC Revenue Code. If it is present here, then SVC04 is not used.*

**ExternalCodeList**

**Name:** 130  
**Description:** Health Care Financing Administration Common Procedural Coding System

**ExternalCodeList**

**Name:** 131P  
**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

**ExternalCodeList**

**Name:** 132  
**Description:** National Uniform Billing Committee (NUBC) Codes

**ExternalCodeList**

**Name:** 134  
**Description:** National Drug Code

**ExternalCodeList**

**Name:** 135  
**Description:** American Dental Association Codes

**ExternalCodeList**

**Name:** 240  
**Description:** National Drug Code by Format

**ExternalCodeList**

**Name:** 513  
**Description:** Home Infusion EDI Coalition (HIEC) Product/Service Code List

SVC01-03 1339 **Procedure Modifier** O AN 2/2 Situational

**Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners  
*Required if submitted on the original claim service line.*

**ExternalCodeList**

**Name:** 130  
**Description:** Health Care Financing Administration Common Procedural Coding System

**ExternalCodeList**

**Name:** 513  
**Description:** Home Infusion EDI Coalition (HIEC) Product/Service Code List

SVC01-04 1339 **Procedure Modifier** O AN 2/2 Situational

**Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners  
*Required if submitted on the original claim service line.*

**ExternalCodeList**

**Name:** 130

**Description:** Health Care Financing Administration Common Procedural Coding System

**ExternalCodeList**

**Name:** 513

**Description:** Home Infusion EDI Coalition (HIEC) Product/Service Code List

SVC01-05 1339 **Procedure Modifier** O AN 2/2 Situational

**Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners

*Required if submitted on the original claim service line.*

**ExternalCodeList**

**Name:** 130

**Description:** Health Care Financing Administration Common Procedural Coding System

**ExternalCodeList**

**Name:** 513

**Description:** Home Infusion EDI Coalition (HIEC) Product/Service Code List

SVC01-06 1339 **Procedure Modifier** O AN 2/2 Situational

**Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners

*Required if submitted on the original claim service line.*

**ExternalCodeList**

**Name:** 130

**Description:** Health Care Financing Administration Common Procedural Coding System

**ExternalCodeList**

**Name:** 513

**Description:** Home Infusion EDI Coalition (HIEC) Product/Service Code List

SVC02 782 **Monetary Amount** M R 1/18 Required

**Description:** Monetary amount

**Industry:** *Line Item Charge Amount*

*This amount is the original submitted charge.*

SVC03 782 **Monetary Amount** O R 1/18 Required

**Description:** Monetary amount

**Industry:** *Line Item Provider Payment Amount*

*This amount is the amount paid. If the adjudication process is not complete, this is zero-filled.*

*This is the line item total on the current claim status. Line item charges will quite often change from the submitted charge based on claims processing instructions, ie: global services, combining services. Most payers do not store the "original submitted charge."*

SVC04 234 **Product/Service ID** O AN 1/48 Situational

**Description:** Identifying number for a product or service

**Industry:** *Revenue Code*

*This is the NUBC Revenue Code. When SVC01-1 equals "NU" the NUBC Revenue Code belongs in SVC01-2.*

**ExternalCodeList**

**Name:** 132

**Description:** National Uniform Billing Committee (NUBC) Codes

SVC07 380 **Quantity** O R 1/15 Situational

**Description:** Numeric value of quantity

**Industry:** *Original Units of Service Count*

*This quantity is the submitted units of service. The default is 1 unit. This element is required when the submitted units are greater than 1.*

**Semantics:**

1. SVC01 is the medical procedure upon which adjudication is based.
2. SVC02 is the submitted service charge.
3. SVC03 is the amount paid this service.
4. SVC04 is the National Uniform Billing Committee Revenue Code.
5. SVC05 is the paid units of service.
6. SVC06 is the original submitted medical procedure.
7. SVC07 is the original submitted units of service.

**Comments:**

1. For Medicare Part A claims, SVC01 would be the Health Care Financing Administration (HCFA) Common Procedural Coding System (HCPCS) Code (see code source 130) and SVC04 would be the Revenue Code (see code source 132).

**Notes:**

1. Use this segment to report information about a service line.
2. This segment is required by ASC X12 syntax if this loop is used, because it is the first segment in the Service Line Information Loop.
3. For Medicare Institutional claims, SVC01 would be the Health Care Financing Administration (HCFA), Common Procedural Coding System (HCPCS) Code (See Code Source 130) and SVC04 would be the Revenue Code (see Code Source 132).

**Example:**

SVC\*HC:99214\*75\*50\*\*\*\*1~ SVC\*NU:71X\*50\*0\*\*\*\*1~

# STC Service Line Status Information

Pos: 190 Max: 1  
 Detail - Optional  
 Loop: 2220D Elements: 6

**User Option (Usage):** Situational

**Purpose:** To report the status, required action, and paid information of a claim or service line

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
STC01	C043	<b>Health Care Claim Status</b>	M	Comp		Required
<b>Description:</b> Used to convey status of the entire claim or a specific service line						
STC01-01	1271	<b>Industry Code</b>	M	AN	1/30	Required
<b>Description:</b> Code indicating a code from a specific industry code list						
<b>Industry:</b> <i>Health Care Claim Status Category Code</i> <i>This is the Category code. Use code source 507.</i>						
<b>ExternalCodeList</b>						
<b>Name:</b> 507						
<b>Description:</b> Health Care Claim Status Category Code						
STC01-02	1271	<b>Industry Code</b>	M	AN	1/30	Required
<b>Description:</b> Code indicating a code from a specific industry code list						
<b>Industry:</b> <i>Health Care Claim Status Code</i> <i>This is the Status code. Use code source 508.</i>						
<b>ExternalCodeList</b>						
<b>Name:</b> 508						
<b>Description:</b> Health Care Claim Status Code						
STC01-03	98	<b>Entity Identifier Code</b>	O	ID	2/3	Situational
<b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual						
<i>STC01-3 further modifies the value in STC01-2.</i>						
		<b>Code</b>	<b>Name</b>			
		13	Contracted Service Provider			
		17	Consultant's Office			
		1E	Health Maintenance Organization (HMO)			
		1G	Oncology Center			
		1H	Kidney Dialysis Unit			
		1I	Preferred Provider Organization (PPO)			
		1O	Acute Care Hospital			
		1P	Provider			
		1Q	Military Facility			
		1R	University, College or School			
		1S	Outpatient Surgicenter			
		1T	Physician, Clinic or Group Practice			
		1U	Long Term Care Facility			
		1V	Extended Care Facility			
		1W	Psychiatric Health Facility			
		1X	Laboratory			
		1Y	Retail Pharmacy			
		1Z	Home Health Care			



28	Subcontractor
2A	Federal, State, County or City Facility
2B	Third-Party Administrator
2E	Non-Health Care Miscellaneous Facility
2I	Church Operated Facility
2K	Partnership
2P	Public Health Service Facility
2Q	Veterans Administration Facility
2S	Public Health Service Indian Service Facility
2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
30	Service Supplier
36	Employer
3A	Hospital Unit Within an Institution for the Mentally Retarded
3C	Tuberculosis and Other Respiratory Diseases Facility
3D	Obstetrics and Gynecology Facility
3E	Eye, Ear, Nose and Throat Facility
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
3I	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility
3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
3O	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services

4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services

6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
72	Operating Physician
73	Other Physician
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab
LR	Legal Representative

MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility
P0	Patient Facility
P2	Primary Insured or Subscriber
P3	Primary Care Provider
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy
QB	Purchase Service Provider
QC	Patient
QD	Responsible Party
QE	Policyholder
QH	Physician
QK	Managed Care
QL	Chiropractor
QN	Dentist
QO	Doctor of Osteopathy
QS	Podiatrist
QV	Group Practice
QY	Medical Doctor
RC	Receiving Location
RW	Rural Health Clinic
S4	Skilled Nursing Facility
SJ	Service Provider
SU	Supplier/Manufacturer
T4	Transfer Point
	<i>Used to identify the geographic location where a patient is transferred or diverted.</i>
TQ	Third Party Reviewing Organization (TPO)
TT	Transfer To
TU	Third Party Repricing Organization (TPO)
UH	Nursing Home
X3	Utilization Management Organization
X4	Spouse
X5	Durable Medical Equipment Supplier
ZZ	Mutually Defined

STC02	373	<b>Date</b>	O	DT	8/8	Required
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**Description:** Date expressed as CCYYMMDD  
**Industry:** *Status Information Effective Date*  
*Use this date for the effective date of status.*

STC04	782	<b>Monetary Amount</b>	O	R	1/18	Situational
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**Description:** Monetary amount  
**Industry:** *Line Item Charge Amount*  
*This is the submitted line charge amount.*

STC05	782	<b>Monetary Amount</b>	O	R	1/18	Situational
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**Description:** Monetary amount  
**Industry:** Line Item Provider Payment Amount  
*Use this element for the line item paid amount.*

STC10 C043 **Health Care Claim Status** O Comp Situational

**Description:** Used to convey status of the entire claim or a specific service line  
*Use this element if a second claim status is needed.*

STC10-01 1271 **Industry Code** M AN 1/30 Required

**Description:** Code indicating a code from a specific industry code list  
**Industry:** Health Care Claim Status Category Code  
*This is the Category code. Use code source 507.  
 Required if STC10 is used.*

**ExternalCodeList**

**Name:** 507

**Description:** Health Care Claim Status Category Code

STC10-02 1271 **Industry Code** M AN 1/30 Required

**Description:** Code indicating a code from a specific industry code list  
**Industry:** Health Care Claim Status Code  
*This is the Status code. Use code source 508.  
 Required if STC10 is used.*

**ExternalCodeList**

**Name:** 508

**Description:** Health Care Claim Status Code

STC10-03 98 **Entity Identifier Code** O ID 2/3 Situational

**Description:** Code identifying an organizational entity, a physical location, property or an individual  
*STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3.*

<b><u>Code</u></b>	<b><u>Name</u></b>
13	Contracted Service Provider
17	Consultant's Office
1E	Health Maintenance Organization (HMO)
1G	Oncology Center
1H	Kidney Dialysis Unit
1I	Preferred Provider Organization (PPO)
1O	Acute Care Hospital
1P	Provider
1Q	Military Facility
1R	University, College or School
1S	Outpatient Surgicenter
1T	Physician, Clinic or Group Practice
1U	Long Term Care Facility
1V	Extended Care Facility
1W	Psychiatric Health Facility
1X	Laboratory
1Y	Retail Pharmacy
1Z	Home Health Care
28	Subcontractor
2A	Federal, State, County or City Facility
2B	Third-Party Administrator
2E	Non-Health Care Miscellaneous Facility
2I	Church Operated Facility

2K	Partnership
2P	Public Health Service Facility
2Q	Veterans Administration Facility
2S	Public Health Service Indian Service Facility
2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
30	Service Supplier
36	Employer
3A	Hospital Unit Within an Institution for the Mentally Retarded
3C	Tuberculosis and Other Respiratory Diseases Facility
3D	Obstetrics and Gynecology Facility
3E	Eye, Ear, Nose and Throat Facility
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
3I	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility
3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
3O	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility

4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility

6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
72	Operating Physician
73	Other Physician
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab
LR	Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility

- P0 Patient Facility
- P2 Primary Insured or Subscriber
- P3 Primary Care Provider
- P4 Prior Insurance Carrier
- P6 Third Party Reviewing Preferred Provider Organization (PPO)
- P7 Third Party Repricing Preferred Provider Organization (PPO)
- PT Party to Receive Test Report
- PV Party performing certification
- PW Pick Up Address
- QA Pharmacy
- QB Purchase Service Provider
- QC Patient
- QD Responsible Party
- QE Policyholder
- QH Physician
- QK Managed Care
- QL Chiropractor
- QN Dentist
- QO Doctor of Osteopathy
- QS Podiatrist
- QV Group Practice
- QY Medical Doctor
- RC Receiving Location
- RW Rural Health Clinic
- S4 Skilled Nursing Facility
- SJ Service Provider
- SU Supplier/Manufacturer
- T4 Transfer Point  
*Used to identify the geographic location where a patient is transferred or diverted.*
- TQ Third Party Reviewing Organization (TPO)
- TT Transfer To
- TU Third Party Repricing Organization (TPO)
- UH Nursing Home
- X3 Utilization Management Organization
- X4 Spouse
- X5 Durable Medical Equipment Supplier
- ZZ Mutually Defined

STC11 C043 **Health Care Claim Status** O Comp Situational

**Description:** Used to convey status of the entire claim or a specific service line  
*Use this element if a third claim status is needed.*

STC11-01 1271 **Industry Code** M AN 1/30 Required

**Description:** Code indicating a code from a specific industry code list  
**Industry:** Health Care Claim Status Category Code  
*Required if STC11 is used.  
This is the Category Code. Use code source 507.*

**ExternalCodeList**

**Name:** 507

**Description:** Health Care Claim Status Category Code

STC11-02 1271 **Industry Code** M AN 1/30 Required

**Description:** Code indicating a code from a specific industry code list



**Industry:** Health Care Claim Status Code  
 Required if STC11 is used.  
 This is the Status Code. Use code source 508.

**ExternalCodeList**

**Name:** 508

**Description:** Health Care Claim Status Code

STC11-03 98 **Entity Identifier Code** O ID 2/3 Situational

**Description:** Code identifying an organizational entity, a physical location, property or an individual  
 STC11-3 further modifies the status code in STC11-2. See code value list in STC01-3.

<u>Code</u>	<u>Name</u>
13	Contracted Service Provider
17	Consultant's Office
1E	Health Maintenance Organization (HMO)
1G	Oncology Center
1H	Kidney Dialysis Unit
1I	Preferred Provider Organization (PPO)
1O	Acute Care Hospital
1P	Provider
1Q	Military Facility
1R	University, College or School
1S	Outpatient Surgicenter
1T	Physician, Clinic or Group Practice
1U	Long Term Care Facility
1V	Extended Care Facility
1W	Psychiatric Health Facility
1X	Laboratory
1Y	Retail Pharmacy
1Z	Home Health Care
28	Subcontractor
2A	Federal, State, County or City Facility
2B	Third-Party Administrator
2E	Non-Health Care Miscellaneous Facility
2I	Church Operated Facility
2K	Partnership
2P	Public Health Service Facility
2Q	Veterans Administration Facility
2S	Public Health Service Indian Service Facility
2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
30	Service Supplier
36	Employer
3A	Hospital Unit Within an Institution for the Mentally Retarded
3C	Tuberculosis and Other Respiratory Diseases Facility
3D	Obstetrics and Gynecology Facility
3E	Eye, Ear, Nose and Throat Facility
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
3I	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility



3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
3O	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services

5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
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5U	CT Scanner Unit
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6A	Reproductive Health Services
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6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
72	Operating Physician
73	Other Physician
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon

D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab
LR	Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility
P0	Patient Facility
P2	Primary Insured or Subscriber
P3	Primary Care Provider
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy
QB	Purchase Service Provider
QC	Patient
QD	Responsible Party
QE	Policyholder
QH	Physician
QK	Managed Care
QL	Chiropractor
QN	Dentist

QO	Doctor of Osteopathy
QS	Podiatrist
QV	Group Practice
QY	Medical Doctor
RC	Receiving Location
RW	Rural Health Clinic
S4	Skilled Nursing Facility
SJ	Service Provider
SU	Supplier/Manufacturer
T4	Transfer Point
	<i>Used to identify the geographic location where a patient is transferred or diverted.</i>
TQ	Third Party Reviewing Organization (TPO)
TT	Transfer To
TU	Third Party Repricing Organization (TPO)
UH	Nursing Home
X3	Utilization Management Organization
X4	Spouse
X5	Durable Medical Equipment Supplier
ZZ	Mutually Defined

**Semantics:**

1. STC02 is the effective date of the status information.
2. STC04 is the amount of original submitted charges.
3. STC05 is the amount paid.
4. STC06 is the paid date.
5. STC08 is the check issue date.
6. STC12 allows additional free-form status information.

**Notes:**

1. Use this segment if the subscriber is the patient.
2. This segment is used when an information source system has the capability to provide line item information.

**Example:**

STC\*A3:110\*19960501\*\*\*65~ or STC\*FI:65\*19960501\*\*\*\*\*A3:400~

# REF Service Line Item Identification

<b>Pos: 200</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2220D</b>	<b>Elements: 2</b>

**User Option (Usage):** Situational  
**Purpose:** To specify identifying information

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required
<b>Description:</b> Code qualifying the Reference Identification						
		<u>Code</u>	<u>Name</u>			
		FJ	Line Item Control Number			
REF02	127	Reference Identification	C	AN	1/30	Required
<b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier						
<b>Industry:</b> Line Item Control Number						
Line Item control Number (REF02, 2400 for 837P)						
or						
Line Item Sequence Number (LX01, 2400)						

**Syntax Rules:**

1. R0203 - At least one of REF02 or REF03 is required.

**Notes:**

1. Required when available from the original claim. When the Information Receiver is the Provider, this is required when the number was assigned by the provider on the original claim.

**Example:**

REF\*FJ\*96042201~



# DTP Service Line Date

<b>Pos: 210</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2220D</b>	<b>Elements: 3</b>

**User Option (Usage):** Situational  
**Purpose:** To specify any or all of a date, a time, or a time period

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
DTP01	374	<b>Date/Time Qualifier</b>	M	ID	3/3	Required				
<p><b>Description:</b> Code specifying type of date or time, or both date and time  <b>Industry:</b> <i>Date Time Qualifier</i></p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>472</td> <td>Service</td> </tr> </tbody> </table>							<u>Code</u>	<u>Name</u>	472	Service
<u>Code</u>	<u>Name</u>									
472	Service									
DTP02	1250	<b>Date Time Period Format Qualifier</b>	M	ID	2/3	Required				
<p><b>Description:</b> Code indicating the date format, time format, or date and time format</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>RD8</td> <td>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD  <i>If there is a single date of service, the begin date equals the end date.</i></td> </tr> </tbody> </table>							<u>Code</u>	<u>Name</u>	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD <i>If there is a single date of service, the begin date equals the end date.</i>
<u>Code</u>	<u>Name</u>									
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD <i>If there is a single date of service, the begin date equals the end date.</i>									
DTP03	1251	<b>Date Time Period</b>	M	AN	1/35	Required				
<p><b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times  <b>Industry:</b> <i>Service Line Date</i></p>										

**Semantics:**

1. DTP02 is the date or time or period format that will appear in DTP03.

**Notes:**

1. This is the date of service from the original submitted claim for a specific line item.
2. Whenever the 2220D loop is used this segment must be present, unless reported in the claim level, Loop 2200D (Claim Service Dates).

**Example:**

DTP\*472\*RD8\*19960401-19960402~

# SE Transaction Set Trailer

Pos: 270	Max: 1
Detail - Mandatory	
Loop: N/A	Elements: 2

**User Option (Usage):** Required  
**Purpose:** To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SE01	96	<b>Number of Included Segments</b>	M	NO	1/10	Required
<p><b>Description:</b> Total number of segments included in a transaction set including ST and SE segments  <b>Industry:</b> <i>Transaction Segment Count</i></p>						
SE02	329	<b>Transaction Set Control Number</b>	M	AN	4/9	Required
<p><b>Description:</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set  <i>Data value in SE02 must be identical to ST02.</i></p>						

**Comments:**

- SE is the last segment of each transaction set.

**Example:**  
 SE\*34\*0001~



# GE Functional Group Trailer

<b>Pos:</b> Not Defined - Mandatory	<b>Max:</b> 1
<b>Loop:</b> N/A	<b>Elements:</b> 2

**User Option (Usage):** Required  
**Purpose:** To indicate the end of a functional group and to provide control information

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GE01	97	<b>Number of Transaction Sets Included</b>	M	N0	1/6	Required
<b>Description:</b> Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element						
GE02	28	<b>Group Control Number</b>	M	N0	1/9	Required
<b>Description:</b> Assigned number originated and maintained by the sender						

**Semantics:**

1. The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

**Comments:**

1. The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.

**Example:**

GE\*1\*1~

# IEA Interchange Control Trailer

<b>Pos:</b> Not Defined - Mandatory	<b>Max:</b> 1
<b>Loop:</b> N/A	<b>Elements:</b> 2

**User Option (Usage):** Required  
**Purpose:** To define the end of an interchange of zero or more functional groups and interchange-related control segments

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
IEA01	I16	<b>Number of Included Functional Groups</b>	M	N0	1/5	Required
<b>Description:</b> A count of the number of functional groups included in an interchange <i>Number of functional groups included in this interchange envelope</i>						
IEA02	I12	<b>Interchange Control Number</b>	M	N0	9/9	Required
<b>Description:</b> A control number assigned by the interchange sender <i>A control number assigned by the interchange sender. Control number should be same as ISA13</i>						

**Example:**  
 IEA\*1\*000000905~