		40	10	A1			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		276	6 401	0A1			
	INTERCHANGE CONTROL			_			
ISA	HEADER		1	R		1	00.00
ISA01	Authorization Information Qualifier	ID	2-2	R			00, 03
ISA01	Authorization Information	AN	10-10	R			
15AU2	Authorization information	AIN	10-10	R			00, 01
ISA03	Security Information Qualifier	ID	2-2	R			00, 01
ISA04	Security Information	AN	10-10	R			
10/104	County information	AIN	10-10	11			01, 14, 20, 27, 28,
							29, 30, 33, ZZ
ISA05	Interchange ID Qualifier	ID	2-2	R			
ISA06	Interchange Sender ID	AN	15-15	R			
							01, 14, 20, 27, 28,
							29, 30, 33, ZZ
ISA07	Interchange ID Qualifier	ID	2-2	R			
ISA08	Interchange Receiver ID	AN	15-15	R			
ISA09	Interchange Date	DT	6-6	R			YYMMDD
ISA10	Interchange Time	TM	4-4	R			HHMM
	Interchange Control						U
ISA11	Standards ID	ID	1-1	R			
	Interchange Control Version			_			00401
ISA12	Number	ID	5-5	R			
ISA13	Interchange Control Number	N0	9-9	R			
IOATO	Interchange Control Number	INU	3-3	11			0. 1
ISA14	Acknowledgement Requested	ID	1-1	R			0, .
ISA15	Usage Indicator	ID	1-1	R			P, T
107110	Component Element			• • •			,
ISA16	Separator	AN	1-1	R			
	FUNCTIONAL GROUP						
GS	HEADER		1	R		>1	
GS01	Functional Identifier Code	ID	2-2	R			HR
GS02	Application Sender Code	AN	2-15	R			
GS03	Application Receiver Code	AN	2-15	R			
GS04	Date	DT	8-8	R			CCYYMMDD
GS05	Time	TM	4-8	R			HHMMSSDD
GS06	Group Control Number	N0	1-9	R			
GS07	Responsible Agency Code	ID	1-2	R			Х
GS08	Version Identifier Code	AN	1-12	R			004010X093

		5	501	0			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		_					
		2	76 50	10	1	ı	Ţ
ISA	INTERCHANGE CONTROL HEADER		1	R		1	
ISA01	Authorization Information Qualifier	ID	2-2	R			00, 03
ISA02	Authorization Information	AN	10-10	R			
ISA03	Security Information Qualifier	ID	2-2	R			00, 01
ISA04	Security Information	AN	10-10	R			
ICAGE	Interchange ID Qualifier	ID	2-2	Б			01, 14, 20, 27, 28, 29, 30, 33, ZZ
ISA05	Interchange Sender ID	AN	15-15	R R			
10/100	more lange condends	AIN	13-13	- 11			01, 14, 20, 27, 28, 29, 30, 33, ZZ
ISA07	Interchange ID Qualifier	ID	2-2	R			
ISA08	Interchange Receiver ID	AN	15-15	R			
ISA09	Interchange Date	DT	6-6	R			YYMMDD
ISA10	Interchange Time	TM	4-4	R			ННММ
ISA11	Repetition Seperator	AN	1-1	R			
ISA12	Interchange Control Version Number	ID	5-5	R			00501
ISA13	Interchange Control Number	N0	9-9	R			
ISA14	Acknowledgement Requested	ID	1-1	R			0, 1
ISA15	Usage Indicator	ID	1-1	R			P, T
ISA16	Component Element Separator	AN	1-1	R			
GS	FUNCTIONAL GROUP HEADER		1	R		>1	
GS01	Functional Identifier Code	ID	2-2	R			HR
GS02	Application Sender Code	AN	2-15	R			
GS03	Application Receiver Code	AN	2-15	R			
GS04	Date	DT	8-8	R			CCYYMMDD
GS05	Time	TM	4-8	R			HHMMSSDD
GS06	Group Control Number	N0	1-9	R			
GS07	Responsible Agency Code	ID	1-2	R			X
GS08	Version Identifier Code	AN	1-12	R			005010X212

New usage for element

		40	10	A1			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		276	3 401	0A1			
	TRANSACTION SET						
ST	HEADER		1	R		>1	
	Transaction Set Identifier			_			276
ST01	Code Transaction Set Control	ID	3-3	R			
ST02	Number	AN	4-9	R			
0.02		,					
	BEGINNING OF						
DUT	HIERARCHICAL TRANSACTION			ь			
BHT	INANSACTION	-	1	R		1	0010
BHT01	Hierarchical Structure Code	ID	4-4	R			3310
	Transaction Set Purpose						13
BHT02	Code	ID	2-2	R			
BHT03	Reference Identification	AN	1-30	N/U			
DH 103	Transaction Set Creation	AIN	1-30	IN/U			CCYYMMDD
BHT04	Date	DT	8-8	R			COTTIVINIE
BHT05	Time	TM	4-8	N/U			
BHT06	Transaction Type Code	ID	2-2	N/U			
	INFORMATION SOURCE		_	_			
HL	LEVEL Hierarchical ID Number	4 8 1	1	R	2000A	>1	
HL01	Hierarchical ID Number Hierarchical Parent ID	AN	1-12	R			
HL02	Number	AN	1-12	N/U			
HL03	Hierarchical Level Code	ID	1-2	R			20
HL04	Hierarchical Child Code	ID	1-1	R			1
NM1	PAYER NAME		1	R	2100A	>1	
NM101	Entity Identifier Code	ID	2-3	R			PR
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Payer Name	AN	1-35	R			
NM104	Name First	AN	1-25	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	R			21, AD, FI, NI, PI, PP, XV
NM109	Payer Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		2	76 50	10				-
	TRANSACTION SET	_				1 1		=
ST	HEADER		1	R		>1		_
ST01	Transaction Set Identifier Code	ID	3-3	R			276	
ST02	Transaction Set Control Number	AN	4-9	R				
ST03	Implementation Convention Reference	AN	1-35	R			005010X212	New Element
внт	BEGINNING OF HIERARCHICAL TRANSACTION		1	R		1		
						'	0010	-
BHT01	Hierarchical Structure Code Transaction Set Purpose	ID	4-4	R			13	_
BHT02	Code	ID	2-2	R			10	_
BHT03	Reference Identification	AN	1-50	R				Change from Not used to Required and Increase from 30 - 50
	Transaction Set Creation						CCYYMMDD	
BHT04	Date	DT	8-8	R				Change from Not used to
BHT05	Time	TM	4-8	R				Required
BHT06	Transaction Type Code	ID	2-2	N/U				
HL	INFORMATION SOURCE LEVEL		1	R	2000A	>1		_
HL01	Hierarchical ID Number	AN	1-12	R				
111.00	Hierarchical Parent ID Number	AN	4.40	NIZE				
HL02 HL03	Hierarchical Level Code	ID	1-12 1-2	N/U R			20	1
HL03	Hierarchical Child Code	ID	1-2	R			1	1
NM1	PAYER NAME		1	R	2100A	1		1
NM101	Entity Identifier Code	ID	2-3	R			PR	
NM102	Entity Type Qualifier	ID	1-1	R			2	
NM103	Payer Name	AN	1-60	R				Increase from 35 - 60
NM104	Name First	AN	1-35	N/U				Increase from 25 - 35
NM105	Name Middle	AN	1-25	N/U				
NM106	Name Prefix	AN	1-10	N/U				1
NM107	Name Suffix	AN	1-10	N/U				
NM108	Identification Code Qualifier	ID	1-2	R			PI, XV	Codes Removed
NM109	Payer Identifier	AN	2-80	R				_
NM110	Entity Relationship Code	ID	2-2	N/U				_
NM111	Entity Identifier Code	ID	2-3	N/U				

		40	10	A1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		276	6 401	0A1			
PER	PAYER CONTACT INFORMATION		1	s	2100A		
PER01	Contact Function Code	ID	2-2	R			IC
PER02	Payer Contact Name Communication Number	AN	1-60	S			ED, EM, TE
PER03	Qualifier	ID	2-2	R			
PER04	Communication Number	AN	1-80	R			
PER05	Communication Number Qualifier	ID	2-2	S			EX
PER06	Communication Number	AN	1-80	S			
PER07	Communication Number Qualifier	ID	2-2	S			EX, FX
PER08	Communication Number	AN	1-80	S			
PER09	Contact Inquiry Reference	AN	1-20	N/U			
HL	INFORMATION RECEIVER LEVEL		1	R	2000B	>1	
HL01	Hierarchical ID Number	AN	1-12	R			
	Hierarchical Parent ID						
HL02	Number	AN	1-12	R			
HL03	Hierarchical Level Code	ID	1-2	R			21
HL04	Hierarchical Child Code	ID	1-1	R			1
	INFORMATION RECEIVER						
NM1	NAME		1	R	2100B	>1	
NM101	Entity Identifier Code	ID	2-3	R			41
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Information Receiver Last Name or Organization Name	AN	1-35	R			
	Information Receiver First						
NM104	Name	AN	1-25	S			
NM105	Information Receiver Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Information Receiver Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	R			46, FI, XX
NM109	Information Receiver Identification Number	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U		l l	

		5	01	0				1
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
identinei	Description	עו	wax.	neg.	гоор	переаг	values	<u> </u>
		2	76 50	10				1
NM112	Last Name	ID	1-60	N/U				New Element
								1
					I.			Segment Removed
		l						1
	INFORMATION RECEIVER							
HL	LEVEL		1	R	2000B	>1		
HL01	Hierarchical ID Number	AN	1-12	R				
	Hierarchical Parent ID			_				
HL02	Number	AN	1-12	R			21	_
HL03	Hierarchical Level Code Hierarchical Child Code	ID ID	1-2 1-1	R			1	-
HL04	Hierarchical Child Code	טו	1-1	R				-
	INFORMATION RECEIVER							Repeat Changed
NM1	NAME		1	R	2100B	1		.,
NM101	Entity Identifier Code	ID	2-3	R			41	1
NM102	Entity Type Qualifier	ID	1-1	R			1, 2	
								Increase from 35 - 6
NM103	Information Receiver Last Name or Organization Name	AN	1-60	S				
INIVITUS	Information Receiver First	AIN	1-00	3				Increase from 25 - 3
NM104	Name	AN	1-35	S				
	Information Receiver Middle							1
NM105	Name	AN	1-25	S				4
NM106	Name Prefix	AN	1-10	N/U				Observation Nation
NM107	Information Receiver Name Suffix	AN	1-10	N/U				Changed to Not Use
INIVITU/	Guilla	AIN	1-10	IN/U			46	Codes Removed
NM108	Identification Code Qualifier	ID	1-2	R				
	Information Receiver							1
NM109	Identification Number	AN	2-80	R				4
NM110	Entity Relationship Code	ID	2-2	N/U				4
NM111	Entity Identifier Code Last Name	ID	2-3	N/U				-l., _, .
NM112		ID	1-60	N/U	i	1	i)	New Element

		40	10	A1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		07/		0.4.4			
	1	2/6	3 401	UA1	1	1	
HL	SERVICE PROVIDER LEVEL		1	R	2000C	>1	
HL01	Hierarchical ID Number	AN	1-12	R			
	Hierarchical Parent ID						
HL02	Number Hierarchical Level Code	AN	1-12	R			19
HL03	Hierarchical Child Code	ID ID	1-2	R			1
HL04	Hierarchical Child Code	טו	1-1	R			<u> </u>
NM1	PROVIDER NAME		1	R	2100C	>1	
NM101	Entity Identifier Code	ID	2-3		21000	>1	1P
NM101	Entity Type Qualifier	ID	1-1	R R			1, 2
INIVITU2	Provider Last or Organization	טו	1-1	R			1, 2
NM103	Name	AN	1-35	R			
NM104	Provider First Name	AN	1-25	S			
NM105	Provider Middle Name	AN	1-25	S			
NM106	Provider Name Prefix	AN	1-10	S			
NM107	Provider Name Suffix	AN	1-10	S			
		74					FI, SV, XX
NM108	Identification Code Qualifier	ID	1-2	R			
NM109	Provider Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
HL	SUBSCRIBER LEVEL		1	R	2000D	>1	
HL01	Hierarchical ID Number	AN	1-12	R			
	Hierarchical Parent ID						
HL02	Number	AN	1-12	R			
HL03	Hierarchical Level Code	ID	1-2	R			22
HL04	Hierarchical Child Code	ID	1-1	R			0, 1
	SUBSCRIBER						
DMG	DEMOGRAPHIC INFORMATION		1	s	2000D		
DIVIG	Date Time Period Format		-	3	20000		D8
DMG01	Qualifier	ID	2-3	R			20
DMG02	Subscriber Birth Date	AN	1-35	R			CCYYMMDD
DMG03	Subscriber Gender Code	ID	1-1	R			F, M, U
DMG04	Marital Status Code	ID	1-1	N/U			
DMG05	Race or Ethnicity Code	ID	1-1	N/U			
DMG06	Citizenship Status Code	ID	1-2	N/U			
DMG07	Country Code	ID	2-3	N/U			
DMG08	Basis of Verification Code	ID	1-2	N/U			

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
			70 50	40				4
		- 2	76 50	10		1		4
HL	SERVICE PROVIDER LEVEL		1	R	2000C	>1		
HL01	Hierarchical ID Number	AN	1-12	R				
HL02	Hierarchical Parent ID Number	AN	1-12	R				
HL03	Hierarchical Level Code	ID	1-2	R			19	
HL04	Hierarchical Child Code	ID	1-1	R			1	
NM1	PROVIDER NAME		1	R	2100C	2		Loop repeat change
NM101	Entity Identifier Code	ID	2-3	R			1P	1
NM102	Entity Type Qualifier	ID	1-1	R			1, 2	1
NM103	Provider Last or Organization Name	AN	1-60	S				Increase from 35 - 60
NM104	Provider First Name	AN	1-35	S				Increase from 25 - 35
NM105	Provider Middle Name	AN	1-25	S				
NM106	Provider Name Prefix	AN	1-10	N/U				Changed to Not Use
NM107	Provider Name Suffix	AN	1-10	S				1
NM108	Identification Code Qualifier	ID	1-2	R			FI, SV, XX	
NM109	Provider Identifier	AN	2-80	R				1
NM110	Entity Relationship Code	ID	2-2	N/U				1
NM111	Entity Identifier Code	ID	2-3	N/U				
NM112	Last Name	ID	1-60	N/U				New Element
HL	SUBSCRIBER LEVEL		1	R	2000D	>1		_
HL01	Hierarchical ID Number	AN	1-12	R				
HL02	Hierarchical Parent ID Number	AN	1-12	R				
HL03	Hierarchical Level Code	ID	1-2	R			22	
HL04	Hierarchical Child Code	ID	1-1	R			0, 1	
	SUBSCRIBER DEMOGRAPHIC							
DMG	INFORMATION Date Time Period Format		1	S	2000D		D8	-
DMG01	Qualifier	ID	2-3	R			סט	
DMG02	Subscriber Birth Date	AN	1-35	R			CCYYMMDD	1
DMG03	Subscriber Gender Code	ID	1-1	S			F, M	Codes Removed
DMG04	Marital Status Code	ID	1-1	N/U				
DMG05	Race or Ethnicity Code	ID	1-1	N/U				1
DMG06	Citizenship Status Code	ID	1-2	N/U				1
DMG07	Country Code	ID	2-3	N/U				
DMG08	Basis of Verification Code	ID	1-2	N/U				

		40	10	A1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		276	6 401	0A1			
DMG09	Quantity	R	1-15	N/U			
NINE	SUBSCRIBER NAME				04000		
NM1 NM101	Entity Identifier Code	ID	1 2-3	R R	2100D	1	IL, QC
NM101	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Subscriber Last Name	AN	1-35	R			1, 2
NM104	Subscriber First Name	AN	1-25	S			
NM105	Subscriber Middle Name	AN	1-25	S			
. 4141100	2222.22.33.33.33.33.33.33.33.33.33.33.33	, (I V	1 20	<u> </u>			
NM106	Subscriber Name Prefix	AN	1-10	S			
NM107	Subscriber Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	R			24, MI, ZZ
NM109	Subscriber Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
	CLAIM SUBMITTER TRACE			_			
TRN	NUMBER		1	R	2200D	>1	1
TRN01	Trace Type Code Trace Number	ID AN	1-2	R			<u>'</u>
TRN02	Originating Company	AIN	1-30	R			
TRN03	Identifier	AN	10-10	N/U			
TRN04	Reference Identification	AN	1-30	N/U			
	PAYER CLAIM			_			
REF	Reference Identification		1	S	2200D		1K
REF01	Qualifier	ID	2-3	R			IIX
01		٠.,	- 0				
REF02	Payer Claim Control Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	INSTITUTIONAL BILL TYPE IDENTIFICATION		1	s	2200D		
MEF	Reference Identification		-	o	22000		BLT
REF01	Qualifier	ID	2-3	R			DET
REF02	Bill Type Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

		5	501	0				7
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		2	76 50	110				┥
DMC00	Quantity	R	1-15	N/U	1	1		
DMG09 DMG10	Code List Qualifier Code	ID	1-15	N/U				New Element
DMG10 DMG11	Industry Code	AN	1-30	N/U				New Element
DIVIGIT	industry Code	AN	1-30	IN/U				Trew Element
NM1	SUBSCRIBER NAME		1	R	2100D	1		
NM101	Entity Identifier Code	ID	2-3	R	21002		IL	Code Removed
NM102	Entity Type Qualifier	ID	1-1	R			1, 2	
NM103	Subscriber Last Name	AN	1-60	R			*	Increase from 35 - 60
NM104	Subscriber First Name	AN	1-35	S				Increase from 25 - 35
NM105	Subscriber Middle Name	AN	1-25	S				
								Change from Situational t
NM106	Subscriber Name Prefix	AN	1-10	N/U				Not Used
NM107	Subscriber Name Suffix	AN	1-10	S				
NM108	Identification Code Qualifier	ID	1-2	R			24, II, MI	Code Changes
NM109	Subscriber Identifier	AN	2-80	R				
NM110	Entity Relationship Code	ID	2-2	N/U				
NM111	Entity Identifier Code	ID	2-3	N/U				
NM112	Last Name	ID	1-60	N/U				New Element
	CLAIM STATUS TRACKING							Name Change
TRN	NUMBER		1	S	2200D	>1	1	
TRN01	Trace Type Code	ID	1-2	R			ı	Increase from 30 - 50
TRN02	Trace Number Originating Company	AN	1-50	R				increase from 30 - 50
TRN03	Identifier	AN	10-10	N/U				
TRN04	Reference Identifier	AN	1-50	N/U				Increase from 30 - 50
				.,,				
REF	PAYER CLAIM CONTROL NUMBER		1	s	2200D			Name Change
115	Reference Identification		<u> </u>			+	1K	
REF01	Qualifier	ID	2-3	R				
REF02	Payer Claim Control Number	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				
	INSTITUTIONAL BILL TYPE				205			
REF	IDENTIFICATION Reference Identification		1	S	2200D		BLT	
REF01	Qualifier	ID	2-3	R			DLI	
REF02	Bill Type Identifier	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				

		40	10	A 1			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
	•						
		276	6 401	0A1			
	•						
	MEDICAL RECORD						
REF	IDENTIFICATION		1	S	2200D		
	IDENTIFICATION Reference Identification				2200D		EA
REF	IDENTIFICATION Reference Identification Qualifier	ID	1 2-3	S	2200D		EA
	IDENTIFICATION Reference Identification	ID AN			2200D		EA
REF01	IDENTIFICATION Reference Identification Qualifier	_	2-3	R	2200D		EA
REF01 REF02	IDENTIFICATION Reference Identification Qualifier Medical Record Number	AN	2-3	R R	2200D		EA
REF01 REF02 REF03	IDENTIFICATION Reference Identification Qualifier Medical Record Number Description	AN	2-3	R R N/U	2200D		EA
REF01 REF02 REF03	IDENTIFICATION Reference Identification Qualifier Medical Record Number Description	AN	2-3	R R N/U	2200D		EA Addenda
REF01 REF02 REF03	IDENTIFICATION Reference Identification Qualifier Medical Record Number Description	AN	2-3	R R N/U	2200D		
REF01 REF02 REF03 REF04	IDENTIFICATION Reference Identification Qualifier Medical Record Number Description REFERENCE IDENTIFIER	AN	2-3 1-30 1-80	R R N/U N/U			
REF01 REF02 REF03 REF04	IDENTIFICATION Reference Identification Qualifier Medical Record Number Description REFERENCE IDENTIFIER GROUP NUMBER	AN	2-3 1-30 1-80	R R N/U N/U			Addenda
REF01 REF02 REF03 REF04	IDENTIFICATION Reference Identification Qualifier Medical Record Number Description REFERENCE IDENTIFIER GROUP NUMBER Reference Identification	AN AN	2-3 1-30 1-80	R R N/U N/U			Addenda
REF01 REF02 REF03 REF04 REF REF01 REF01	IDENTIFICATION Reference Identification Qualifier Medical Record Number Description REFERENCE IDENTIFIER GROUP NUMBER Reference Identification Qualifier Group Number	AN AN ID AN	2-3 1-30 1-80 1 1 2-3 1-30	R R N/U N/U S R			Addenda
REF01 REF02 REF03 REF04 REF REF01 REF02 REF03	IDENTIFICATION Reference Identification Qualifier Medical Record Number Description REFERENCE IDENTIFIER GROUP NUMBER Reference Identification Qualifier Group Number Description	AN AN ID	2-3 1-30 1-80 1	R R N/U N/U S R R			Addenda
REF01 REF02 REF03 REF04 REF REF01 REF02	IDENTIFICATION Reference Identification Qualifier Medical Record Number Description REFERENCE IDENTIFIER GROUP NUMBER Reference Identification Qualifier Group Number	AN AN ID AN	2-3 1-30 1-80 1 1 2-3 1-30	R R N/U N/U S R			Addenda

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
			•					
	1	2	76 50	10		T		_
REF	APPLICATION OR LOCATION SYSTEM IDENTIFIER		1	s	2200D			New Segment
DEE04	Reference Identification Qualifier	ID		Б			LU	
REF01	Application or Location System Identifier	AN	2-3 1-50	R R				1
REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				1
REF	GROUP NUMBER		1	S	2200D		GD.	Code Change
REF	GROUP NUMBER Reference Identification Qualifier	ID	1 2-3	S	2200D		6P	Code Change
	Reference Identification	ID AN			2200D		6P	
REF01	Reference Identification Qualifier Group Number Description		2-3	R R N/U	2200D		6P	
REF01 REF02	Reference Identification Qualifier Group Number	AN	2-3 1-50	R R	2200D		6P	
REF01 REF02 REF03	Reference Identification Qualifier Group Number Description Reference Identifier PATIENT CONTROL NUMBER	AN	2-3 1-50	R R N/U	2200D			
REF01 REF02 REF03 REF04	Reference Identification Qualifier Group Number Description Reference Identifier PATIENT CONTROL NUMBER Reference Identification	AN	2-3 1-50 1-80	R R N/U N/U			6P EJ	Increase from 30 - 5i
REF01 REF02 REF03 REF04 REF REF01	Reference Identification Qualifier Group Number Description Reference Identifier PATIENT CONTROL NUMBER	AN	2-3 1-50 1-80	R R N/U N/U				Increase from 30 - 5i
REF01 REF02 REF03 REF04	Reference Identification Qualifier Group Number Description Reference Identifier PATIENT CONTROL NUMBER Reference Identification Qualifier	AN AN ID	2-3 1-50 1-80 1	R R N/U N/U S				Increase from 30 - 50
REF01 REF02 REF03 REF04 REF REF01 REF02	Reference Identification Qualifier Group Number Description Reference Identifier PATIENT CONTROL NUMBER Reference Identification Qualifier Patient Control Number	AN AN ID AN	2-3 1-50 1-80 1 1 2-3 1-50	R R N/U N/U S R				Increase from 30 - 5
REF01 REF02 REF03 REF04 REF REF01 REF02 REF03	Reference Identification Qualifier Group Number Description Reference Identifier PATIENT CONTROL NUMBER Reference Identification Qualifier Patient Control Number Description Reference Identifier	ID AN	2-3 1-50 1-80 1 1 2-3 1-50	R R N/U N/U S R R R N/U			EJ	Increase from 30 - 5
REF01 REF02 REF03 REF04 REF REF01 REF02 REF03 REF04	Reference Identification Qualifier Group Number Description Reference Identifier PATIENT CONTROL NUMBER Reference Identification Qualifier Patient Control Number Description Reference Identifier	ID AN	2-3 1-50 1-80 1 2-3 1-50 1-80	R R N/U N/U S R R R N/U N/U	2200D			Increase from 30 - 5 New Segment
REF01 REF02 REF03 REF04 REF REF01 REF02 REF03 REF04 REF REF01	Reference Identification Qualifier Group Number Description Reference Identifier PATIENT CONTROL NUMBER Reference Identification Qualifier Patient Control Number Description Reference Identifier PHARMACY PRESCRIPTION NUMBER Reference Identification	ID AN AN ID	2-3 1-50 1-80 1 2-3 1-50 1-80	R R N/U N/U S S R R N/U N/U S S	2200D		EJ	Increase from 30 - 50
REF01 REF02 REF03 REF04 REF REF01 REF02 REF03 REF04 REF	Reference Identification Qualifier Group Number Description Reference Identifier PATIENT CONTROL NUMBER Reference Identification Qualifier Patient Control Number Description Reference Identification Qualifier Patient Control Number Description Reference Identification NUMBER Reference Identification Qualifier Pharmacy Prescription	ID AN AN	2-3 1-50 1-80 1 2-3 1-50 1-80	R R N/U N/U S R R R N/U N/U	2200D		EJ	Increase from 30 - 50 New Segment

	4010A1											
Element			Min.	Usage		Loop						
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values					
		07/	. 404	0.4.1								
		2/(3 401	UAI								
	1		1	1			1					
	CLAIM SUBMITTED											
AMT	CHARGES		1	s	2200D							
AMT01	Amount Qualifier Code	ID	1-3	R			T3					
	Total Claim Charge Amount											
AMT02	S9(7)V99	R	1-18	R								
AMT03	Credit/Debit Flag Code	ID	1-1	N/U								
DTP	CLAIM SERVICE DATE Date Time Qualifier	2	1	S	2200D		232					
DTP01	Date Time Qualifier Date Time Period Format	ID	3-3	R			RD8					
DTP02	Qualifier	ID	2-3	R			TIDO					
							CCYYMMDD-					
							CCYYMMDD					
DTP03	Claim Service Period	AN	1-35	R								
	SERVICE LINE											
SVC	INFORMATION		1	s	2210D	>1						
	Composite Medical Procedure											
SVC01	Identifier			R								
							AD, CI, HC, ID, IV, N1, N2, N3, N4,					
							ND,NH, NU, RB					
SVC01-1	Product/Service ID Qualifier	ID	2-2	R								
SVC01-2	Service Identification Code	AN	1-48	R								
SVC01-3	Procedure Modifier	AN	2-2	S								
SVC01-4	Procedure Modifier	AN	2-2	S								
SVC01-5	Procedure Modifier	AN	2-2	S								
SVC01-6	Procedure Modifier	AN	2-2	S								
SVC01-7	Description	AN	1-80	N/U								
	1: 1: 0:											
SVC02	Line Item Charge Amount S9(7)V99	R	1-18	R								
SVC02 SVC03	Monetary Amount	R	1-18	N/U								
SVC03	Revenue Code	AN	1-18	S S								
SVC05	Quanity	R	1-15	N/U								
0,000		- ' '	. 15	14/0	1		1					

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
								_
		2	76 50	10				
	CLAIM ID FOR							New Segment
	CLEARINGHOUSES AND OTHER TRANSMISSION							
REF	INTERMEDIARIES		1	s	2200D			
	Reference Identification						D9	1
REF01	Qualifier	ID	2-3	R				
REF02	Clearinghouse Trace Number	AN	1-50	R				
REF02	Description	AN	1-80	N/U				
REF04	Reference Identifier	AIN	1-00	N/U				-
TILIOT	Tiererioe identifier			14/0				1
	CLAIM SUBMITTED							1
AMT	CHARGES		1	S	2200D			
AMT01	Amount Qualifier Code	ID	1-3	R			T3	
414700	Total Claim Charge Amount			-				
AMT02 AMT03	S9(7)V99 Credit/Debit Flag Code	R ID	1-18 1-1	R N/U				-
AIVITU3	Credit/Debit Flag Code	טו	1-1	IN/U				1
DTP	CLAIM SERVICE DATE		1	s	2200D			1
DTP01	Date Time Qualifier	ID	3-3	R	LLOOD		472	1
	Date Time Period Format						D8, RD8	Codes Added
DTP02	Qualifier	ID	2-3	R				
							CCYYMMDD,	New format allowed
DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD- CCYYMMDD	
D11 00	Gigini Gervice i ened	AIN	1-00	- ' '				1
	SERVICE LINE							1
SVC	INFORMATION		1	S	2210D	>1		
01/004	Composite Medical Procedure Identifier			-				
SVC01	identiller			R			AD, ER, HC, HP,	Codes Removed
							IV, N4, NU, WK	Codes Hemoved
SVC01-1	Product Service ID	ID	2-2	R				
SVC01-2	Service Identification Code	AN	1-48	R				
SVC01-3	Procedure Modifier	AN	2-2	S				
SVC01-4	Procedure Modifier	AN	2-2	S				-
SVC01-5	Procedure Modifier Procedure Modifier	AN	2-2	S S				1
SVC01-6 SVC01-7	Description	AN AN	2-2 1-80	N/U				1
SVC01-7 SVC01-8	Product Service ID	AN	1-80	N/U N/U				New Element
37001-8	Line Item Charge Amount	AIN	1-40	IN/U				Lion Lioniont
SVC02	S9(7)V99	R	1-18	R				
SVC03	Monetary Amount	R	1-18	N/U]
SVC04	Revenue Code	AN	1-48	S				
SVC05	Quanity	R	1-15	N/U				

4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
		276	6 401	0A1							
SVC06	Composite Medical Procedure Identifier			N/U							
5VC06	identiner			IN/U							
SVC07	Quantity	R	1-15	S							
REF	SERVICE LINE ITEM IDENTIFICATION		1	s	2210D						
REF01	Reference Identification Qualifier	ID	2-3	R			FJ				
REF02	Line Item Control Number	AN	1-30	R							
REF03	Description	AN	1-80	N/U							
REF04	Reference Identifier	7.11	1 00	N/U							
DTP	SERVICE LINE DATE		1	R	2210D						
DTP01	Date Time Qualifier	ID	3-3	R			472				
DTP02	Date Time Period Format Qualifier	ID	2-3	R			RD8				
DTP03	Service Line Date	AN	1-35	R			CCYYMMDD- CCYYMMDD				
HL	DEPENDENT LEVEL		1	S	2000E	>1					
HL01	Hierarchical ID Number Hierarchical Parent ID	AN	1-12	R							
HL02	Number	AN	1-12	R							
HL03	Hierarchical Level Code	ID	1-2	R			23				
HL04	Hierarchical Child Code	ID	1-1	N/U							
DMG	DEPENDENT DEMOGRAPHIC INFORMATION		1	R	2000E						
	Date Time Period Format						D8				
DMG01	Qualifier	ID	2-3	R			CCYYMMDD				
DMG02 DMG03	Patient Birth Date Patient Gender Code	AN ID	1-35 1-1	R R			F, M, U				
DMG03 DMG04	Marital Status Code	ID	1-1	N/U			1 , IVI, O				
DMG04	Race or Ethnicity Code	ID	1-1	N/U							
DMG06	Citizenship Status Code	ID	1-2	N/U							
DMG07	Country Code	ID	2-3	N/U							
DMG08	Basis of Verification Code	ID	1-2	N/U							
DMG09	Quantity	R	1-15	N/U							

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	1
	-					•		
		2	76 50	10				
	Composite Medical Procedure	9						1
SVC06	Identifier	-		N/U				Usage changed to required
SVC07	Quantity	R	1-15	R				Osage changed to required
	SERVICE LINE ITEM			_				1
REF	IDENTIFICATION Reference Identification		1	S	2210D		FJ	4
REF01	Qualifier	ID	2-3	R			10	
REF02	Line Item Control Number	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U]
REF04	Reference Identifier			N/U				
								4
DTP	SERVICE LINE DATE		1	R	2210D		472	4
DTP01	Date Time Qualifier Date Time Period Format	ID	3-3	R			D8, RD8	Codes Added
DTP02	Qualifier	ID	2-3	R			Do, NDo	Codes Added
-							CCYYMMDD, CCYYMMDD-	New format allowed
DTP03	Service Line Date	AN	1-35	R			CCYYMMDD	4
HL	DEPENDENT LEVEL		1		00005			4
HL01	Hierarchical ID Number	AN	1-12	S R	2000E	>1		╡
TILOT	Hierarchical Parent ID	AIN	1-12	- 11				†
HL02	Number	AN	1-12	R				
HL03	Hierarchical Level Code	ID	1-2	R			23	
HL04	Hierarchical Child Code	ID	1-1	N/U				4
	DEPENDENT DEMOGRAPHIC							_
DMG	INFORMATION		1	R	2000E			1
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8	
DMG02	Patient Birth Date	AN	1-35	R			CCYYMMDD	1
DMG03	Patient Gender Code	ID	1-1	S			F, M	4
DMG04	Marital Status Code	ID	1-1	N/U				4
DMG05 DMG06	Race or Ethnicity Code Citizenship Status Code	ID ID	1-1	N/U N/U				-
DMG06 DMG07	Country Code	ID	1-2 2-3	N/U N/U	1			1
DMG08	Basis of Verification Code	ID	1-2	N/U				1
DMG09	Quantity	R	1-15	N/U				1
DMG09	Quantity	R	1-15	N/U				New Element
DMG10	Code List Qualifier Code	ID	1-3	N/U				New Element
DMG11	Industry Code	AN	1-30	N/U				New Element
	1	1	I	1	1	i		

Element			Min.	Usage		Loop	
dentifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
				0.1.4			
	DEDENDENT NAME	2/6	3 401				
NM1	DEPENDENT NAME		1	R	2100E	1	QC
NM101	Entity Identifier Code	ID	2-3	R			
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Patient Last Name	AN	1-35	R			
NM104	Patient First Name	AN	1-25	S			
NM105	Patient Middle Name	AN	1-25	S			
NM106	Patient Name Prefix	AN	1-10	S			
NM107	Patient Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			MI, ZZ
NM109	Patient Primary Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
	CLAIM SUBMITTER TRACE						
TRN	NUMBER		1	R	2200E	>1	
TRN01	Trace Type Code	ID	1-2	R			1
TRN02	Trace Number	AN	1-30	R			
TRN03	Originating Company Identifier	AN	10-10	N/U			
TRN04	Reference Identification	AN	1-30	N/U			
11110-1		7.11	1 00	14/0			
	DAVED OLAMA						
REF	PAYER CLAIM IDENTIFICATION NUMBER		1	s	2200E		
NEF	Reference Identification			3	2200E		1K
REF01	Qualifier	ID	2-3	R			IIX
	434	יוו		- 11			
REF02	Payer Claim Control Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
	INSTITUTIONAL BILL TYPE						
REF	IDENTIFICATION		1	S	2200E		DI T
REF01	Reference Identification Qualifier	ID	2-3	R			BLT
REF02	Bill Type Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

		5	01	0]
Element Identifier	D		Min.	Usage		Loop	Values	
identiller	Description	ID	Max.	Reg.	Loop	Repeat	values	
		2	76 50	10				7
NM1	DEPENDENT NAME		1	R	2100E	1		1
NM101	Entity Identifier Code	ID	2-3	R			QC	
NM102	Entity Type Qualifier	ID	1-1	R			1	
NM103	Patient Last Name	AN	1-60	R				
NM104	Patient First Name	AN	1-35	S				
NM105	Patient Middle Name	AN	1-25	S				
NM106	Patient Name Prefix	AN	1-10	N/U				Changed to Not Used
NM107	Patient Name Suffix	AN	1-10	S				
NM108	Identification Code Qualifier	ID	1-2	N/U				Changed to Not Used
NM109	Patient Primary Identifier	AN	2-80	N/U				Changed to Not Used
NM110	Entity Relationship Code	ID	2-2	N/U				
NM111	Entity Identifier Code	ID	2-3	N/U				
NM112	Last Name	ID	1-60	N/U				New Element
TRN	CLAIM STATUS TRACKING NUMBER		1	R	2200E	>1		Name Change
TRN01	Trace Type Code	ID	1-2	R			1	
TRN02	Trace Number	AN	1-50	R				Increase from 30 - 50
TRN03	Originating Company Identifier	AN	10-10	N/U				
TRN04	Reference Identification	AN	1-50	N/U				Increase from 30 - 50
REF	PAYER CLAIM CONTROL NUMBER		1	s	2200E			Name Change
	Reference Identification						1K	
REF01	Qualifier	ID	2-3	R				
REF02	Payer Claim Control Number	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				
REF	INSTITUTIONAL BILL TYPE IDENTIFICATION		1	s	2200E			_
REF01	Reference Identification Qualifier	ID	2-3	R			BLT	
REF02	Bill Type Identifier	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				
REF	APPLICATION OR LOCATION SYSTEM IDENTIFIER		1	s	2200E			New Segment

4010A1											
Element			Min.	Usage		Loop					
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values				
		276	6 401	0A1							
	MEDICAL RECORD										
REF	IDENTIFICATION		1	s	2200E						
	Reference Identification						EA				
REF01	Qualifier	ID	2-3	R							
REF02	Medical Record Number	AN	1-30	R							
REF03	Description	AN	1-80	N/U							
REF04	REFERENCE IDENTIFIER			N/U							
	•		•		•						

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
	2000.19.10.1		····	og.	Соор	Hopout	14.400	
		2	76 50	10				
	Reference Identification						LU	
REF01	Qualifier	ID	2-3	R				
DEEGO	Application or Location		4.50	Б				
REF02	System Identifier Description	AN	1-50	R N/U				-
REF03 REF04	Reference Identifier	AIN	1-80	N/U				-
NEFU4	Treference identifier			IN/U				_
								Segment Delet
REF	GROUP NUMBER		1	s	2200E			New Segment
DEFO	Reference Identification			_			6P	
REF01	Qualifier Group Number	ID	2-3	R				4
REF02	· '	AN	1-50	R				4
REF03	Description Reference Identifier	AN	1-80	N/U N/U				4
REF04	Reference identifier			N/U				_
REF	PATIENT CONTROL NUMBER		1	s	2200E			New Segment
	Reference Identification						EJ	
REF01	Qualifier	ID	2-3	R				
REF02	Patient Control Number	AN	1-50	R				
REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				
REF	PHARMACY PRESCRIPTION NUMBER		1	s	2200E			New Segment
REF01	Reference Identification Qualifier	ID	2-3	R			XZ	
	Pharmacy Prescription					T		1
REF02	Number	AN	1-50	R				4
REF03	Description	AN	1-80	N/U				4
REF04	Reference Identifier			N/U				_
TILI 04								New Segment
	CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION			-				New Segment
REF	CLEARINGHOUSES AND		1	s	2200E		D9	New Segment

	4010A1												
Element			Min.	Usage		Loop							
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values						
		276	6 401	0A1									
			1				1						
	CLAIM SUBMITTED												
AMT	CHARGES		1	s	2200E								
AMT01	Amount Qualifier Code	ID	1-3	R			T3						
	Total Claim Charge Amount	_		_									
AMT02	S9(7)V99	R	1-18	R									
AMT03	Credit/Debit Flag Code	ID	1-1	N/U									
	01 4114 05 10 10 10 10 10 10 10 10 10 10 10 10 10												
DTP	CLAIM SERVICE DATE		1	S	2200E		232						
DTP01	Date/Time Qualifier	ID	3-3	R									
DTP02	Date Time Period Format Qualifier	ID	2-3	R			RD8						
							CCYYMMDD-						
							CCYYMMDD						
DTP03	Claim Service Period	AN	1-35	R									
	SERVICE LINE			_									
SVC	INFORMATION COMPOSITE MEDICAL		1	S	2210E	>1							
SVC01	PROCEDURE INDENTIFIER			R									
37001	TROCEDONE INDENTIFIER			n			AD, CI, HC, ID, IV,						
							N1, N2, N3, N4,						
	Product or Service ID						ND, NH, NU, RB						
SVC01-1	Qualifier	ID	2-2	R									
SVC01-2	Service Identification Code	AN	1-48	R									
SVC01-3	Procedure Modifier	AN	2-2	S									
SVC01-4	Procedure Modifier	AN	2-2	S									
SVC01-5	Procedure Modifier	AN	2-2	S									
SVC01-6	Procedure Modifier	AN	2-2	S									
SVC01-7	Description	AN	1-80	N/U									
-													
	Line Item Charge Amount												
SVC02	S9(7)V99	R	1-18	R									
SVC03	Monetary Amount	R	1-18	N/U									
SVC04	Revenue Code	AN	1-48	S									
SVC05	Quanity	R	1-15	N/U									
	Composite Medical Procedure												
SVC06	Identifier			N/U									
01/007	Quantity	R	1-15	S									
SVC07													

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	1
					-006		10.000	
		2	76 50	10				<u> </u>
REF02	Clearinghouse Trace Number	AN	1-50	R				
REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				
AMT	CLAIM SUBMITTED CHARGES		1	s	2200E			
AMT01	Amount Qualifier Code	ID	1-3	R			T3	
AMT02	Total Claim Charge Amount S9(7)V99	R	1-18	R				
AMT03	Credit/Debit Flag Code	ID	1-1	N/U				
								_
DTP	CLAIM SERVICE DATE		1	S	2200E		472	Cada Channad
DTP01	Date Time Qualifier Date Time Period Format	ID	3-3	R				Code Changed
DTP02	Qualifier	ID	2-3	R			D8, RD8	Codes Added
DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD, CCYYMMDD- CCYYMMDD	New format allowed
	SERVICE LINE							4
svc	INFORMATION		1	s	2210E	>1		
	Composite Medical Procedure							1
SVC01	Identifier			R				
							AD, ER, HC, HP, IV, N4, NU, WK	Code Changes
SVC01-1	Product Service ID	ID	2-2	R				
SVC01-2	Service Identification Code	AN	1-48	R				
SVC01-3	Procedure Modifier	AN	2-2	S				
SVC01-4	Procedure Modifier	AN	2-2	S				
SVC01-5	Procedure Modifier	AN	2-2	S				
SVC01-6	Procedure Modifier	AN	2-2	S				
SVC01-7	Description	AN	1-80	N/U				
SVC01-8	Product Service ID	AN	1-48	N/U				New Element
SVC02	Line Item Charge Amount S9(7)V99	R	1-18	R				
SVC03	Monetary Amount	R	1-18	N/U				1
SVC04	Revenue Code	AN	1-48	S				1
SVC05	Quanity	R	1-15	N/U				1
SVC06	Composite Medical Procedure Identifier		5	N/U				1
SVC07	Quantity	R	1-15	R				Usage Changed to Required
		l			1	l	1	1

	4010A1											
Element			Min.	Usage		Loop						
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values					
		276	3 401	0A1								
REF	SERVICE LINE ITEM IDENTIFICATION		1	S	2210E							
REF01	Reference Identification Qualifier	ID	2-3	R			FJ					
REF02	Line Item Control Number	AN	1-30	R								
REF03	Description	AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER			N/U								
DTP	SERVICE LINE DATE		1	s	2210E							
DTP01	Date Time Qualifier	ID	3-3	R			472					
DTP02	Date Time Period Format Qualifier	ID	2-3	R			RD8					
DTP03	Service Date	AN	1-35	R			CCYYMMDD- CCYYMMDD					
SE	TRANSACTION SET TRAILER		1	R								
SE01	Transaction Segment Count	N0	1-10	R								
SE02	Transaction Set Control Number	AN	4-9	R								
GE	FUNCTIONAL GROUP TRAILER		1	R		1						
GE01	Number of Transaction Sets Included	N0	1-6	R								
GE02	Group Control Number	N0	1-9	R			Must=GS06					
IEA	INTERCHANGE CONTROL TRAILER		1	R		1						
IEA01	Number of Included Functional Groups	N0	1-5	R								
IEA02	Interchange Control Number	N0	9-9	R								

		5	501	0				
Element			Min.	Usage		Loop		1
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values	1
		2	76 50	10				†
REF	SERVICE LINE ITEM IDENTIFICATION		1	s	2210E			
REF01	Reference Identification Qualifier	ID	2-3	R			FJ	
REF02	Line Item Control Number	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				
DTP	SERVICE LINE DATE		1	R	2210E			-
DTP01	Date Time Qualifier	ID	3-3	R			472	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8	Codes Added
DTP03	Service Line Date	AN	1-35	R			CCYYMMDD, CCYYMMDD- CCYYMMDD	New format allowed
SE	TRANSACTION SET TRAILER		1	R]
SE01	Transaction Segment Count	N0	1-10	R				
SE02	Transaction Set Control Number	AN	4-9	R				
GE	FUNCTIONAL GROUP TRAILER		1	R		1		
GE01	Number of Transaction Sets Included	N0	1-6	R				
GE02	Group Control Number	N0	1-9	R			-	
IEA	INTERCHANGE CONTROL TRAILER		1	R		1		
IEA01	Number of Included Functional Groups	N0	1-5	R				
IEA02	Interchange Control Number	N0	9-9	R				

	•	40	10	A1			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		27	7 401	0A1			
	INTERCHANGE CONTROL						
ISA	HEADER		1	R		1	
ISA01	Authorization Information Qualifier	ID	2-2	R			00, 03
ISA02	Authorization Information	AN	10-10	R			
13AU2	Authorization information	AIN	10-10	n			00. 01
ISA03	Security Information Qualifier	ID	2-2	R			00, 01
ISA04	Security Information	AN	10-10	R			
							01, 14, 20, 27, 28,
							29, 30, 33, ZZ
ISA05	Interchange ID Qualifier	ID	2-2	R			
ISA06	Interchange Sender ID	AN	15-15	R			
							01, 14, 20, 27, 28, 29, 30, 33, ZZ
ISA07	Interchange ID Qualifier	ID	2-2	R			29, 30, 33, 22
ISA07	Interchange Receiver ID	AN	15-15	R			
ISA09	Interchange Date	DT	6-6	R			YYMMDD
ISA10	Interchange Time	TM	4-4	R			HHMM
IOATO	Interchange Control	1 101	7.7	- ''			U
ISA11	Standards ID	ID	1-1	R			
	Interchange Control Version						00401
ISA12	Number	ID	5-5	R			
10440	Interchange Control Number	No		-			
ISA13	Interchange Control Number	N0	9-9	R			0, 1
ISA14	Acknowledgement Requested	ID	1-1	R			0, 1
ISA15	Usage Indicator	ID	1-1	R			P, T
10/110	Component Element						1
ISA16	Separator	AN	1-1	R			
	FUNCTIONAL GROUP						
GS	HEADER		1	R		>1	
GS01	Functional Identifier Code	ID	2-2	R			HN
GS02	Application Sender Code	AN	2-15	R			
GS03	Application Receiver Code	AN	2-15	R			
GS04	Date	DT	8-8	R			CCYYMMDD
GS05	Time	TM	4-8	R			HHMMSSDD
GS06	Group Control Number	N0	1-9	R			
GS07	Responsible Agency Code	ID	1-2	R			X
GS08	Version Identifier Code	AN	1-12	R			004010X093A1

		5	501	0			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		2	77 50	10			
	INTERCHANGE CONTROL						
ISA	HEADER		1	R		1	
10.404	Authorization Information						00, 03
ISA01	Qualifier	ID	2-2	R			
ISA02	Authorization Information	AN	10-10	R			00, 01
ISA03	Security Information Qualifier	ID	2-2	R			00, 01
ISA04	Security Information	AN	10-10	R			
10/104	Security information	AIN	10-10	11			01, 14, 20, 27, 28
							29, 30, 33, ZZ
ISA05	Interchange ID Qualifier	ID	2-2	R			
ISA06	Interchange Sender ID	AN	15-15	R			
							01, 14, 20, 27, 28
							29, 30, 33, ZZ
ISA07	Interchange ID Qualifier	ID	2-2	R			
ISA08	Interchange Receiver ID	AN	15-15	R			
ISA09	Interchange Date	DT	6-6	R			YYMMDD
ISA10	Interchange Time	TM	4-4	R			HHMM
	D 1111 O 1			_			
ISA11	Repetition Seperator	AN	1-1	R			00504
ISA12	Interchange Control Version Number	ID	5-5	R			00501
13A12	Number	טו	5-5	n			
ISA13	Interchange Control Number	N0	9-9	R			
10/110	3		- 0 0				0, 1
ISA14	Acknowledgement Requested	ID	1-1	R			,
ISA15	Usage Indicator	ID	1-1	R			P, T
	Component Element						
ISA16	Separator	AN	1-1	R			
	FUNCTIONAL GROUP						
GS	HEADER	-	1	R		>1	HR
GS01	Functional Identifier Code	ID	2-2	R			пп
GS02	Application Sender Code	AN	2-15	R			
GS03	Application Receiver Code	AN	2-15	R			CCYYMMDD
GS04	Date	DT	8-8	R			HHMMSSDD
GS05	Time	TM	4-8	R			HHIVINISSDD
GS06	Group Control Number	N0	1-9	R			
GS07	Responsible Agency Code	ID	1-2	R			X
GS08	Version Identifier Code	AN	1-12	R			005010X212

New usage for element

		40	10	A1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		27	7 401	0Λ1			
	TRANSACTION SET	211	401	UAI	1		
ST	HEADER		1	R		>1	
ST01	Transaction Set Identifier Code	ID	3-3	R			277
ST02	Transaction Set Control Number	AN	4-9	R			
	BEGINNING OF						
внт	HIERARCHICAL TRANSACTION		1	R			
BHT01	Hierarchical Structure Code	ID	4-4	R			0010
BHT02	Transaction Set Purpose Code	ID	2-2	R			08
BHT03	Originator Application Transaction Identifier	AN	1-30	R			
BHT04	Transaction Set Creation Date	DT	8-8	R			CCYYMMDD
BHT05	Time	TM	4-8	N/U			
BHT06	Transaction Type Code	ID	2-2	R			DG
HL	INFORMATION SOURCE LEVEL		1	R	2000A	>1	
HL01	Hierarchical ID Number	AN	1-12	R	200071		
HL02	Hierarchical Parent ID Number	AN	1-12	N/U			
HL03	Hierarchical Level Code	ID	1-2	R			20
HL04	Hierarchical Child Code	ID	1-1	R			1
NM1	PAYER NAME		-	R	01004		
NM101	Entity Identifier Code	ID	1 2-3	R	2100A	>1	PR
NM101	Entity Type Qualifier	ID	1-1	R			2
NM102	Payer Name	AN	1-35	R			-
NM104	Name First	AN	1-25	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	R			21, AD, FI, NI, PI, PP, XV
NM109	Payer Identifier	AN	2-80	R			,
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			

		5	501	0				7
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		2	77 50	10				-
	TRANSACTION SET		77 50	10				
ST	HEADER		1	R		>1		
<u> </u>	Transaction Set Identifier						277	
ST01	Code	ID	3-3	R				
ST02	Transaction Set Control Number	AN	4-9	R				1
ST03	Implementation Convention Reference	AN	1-35	R			005010X212	New Element
0100	Tielerense	AIN	1-00	- ''				
внт	BEGINNING OF HIERARCHICAL TRANSACTION		1	R				
	11: 1: 10: 1			_			0010	
BHT01	Hierarchical Structure Code Transaction Set Purpose	ID	4-4	R			08	
BHT02	Code	ID	2-2	R			00	
BHT03	Originator Application Transaction Identifier	AN	1-50	R				Increase from 30 - 50
BHT04	Transaction Set Creation Date	DT	8-8	R			CCYYMMDD	
BHT05	Time	TM	4-8	R				Change from Not used to Required
BHT06	Transaction Type Code	ID	2-2	R			DG	
HL	INFORMATION SOURCE LEVEL		1	R	2000A	>1		1
HL01	Hierarchical ID Number	AN	1-12	R				
	Hierarchical Parent ID							
HL02	Number	AN	1-12	N/U				
HL03	Hierarchical Level Code	ID	1-2	R			20	
HL04	Hierarchical Child Code	ID	1-1	R			1	4
NM1	PAYER NAME		1	R	2100A	1		=
NM101	Entity Identifier Code	ID	2-3	R	2.007.		PR	
NM102	Entity Type Qualifier	ID	1-1	R			2	
NM103	Payer Name	AN	1-60	R				Increase from 35 - 60
NM104	Name First	AN	1-35	N/U				Increase from 25 - 35
NM105	Name Middle	AN	1-25	N/U				
NM106	Name Prefix	AN	1-10	N/U				
NM107	Name Suffix	AN	1-10	N/U				
NM108	Identification Code Qualifier	ID	1-2	R			PI, XV	Codes Removed
NM109	Payer Identifier	AN	2-80	R				
NM110	Entity Relationship Code	ID	2-2	N/U				
NM111	Entity Identifier Code	ID	2-3	N/U				
NM112	Last Name	ID	1-60	N/U				New Element
		٠.٠		. ,				

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values			
		27	7 401	0A1						
	PAYER CONTACT									
PER	INFORMATION		1	s	2100A					
PER01	Contact Function Code	ID	2-2	R			IC			
PER02	Payer Contact Name	AN	1-60	S						
	Communication Number						ED, EM, TE			
PER03	Qualifier	ID	2-2	R						
PER04	Communication Number	AN	1-80	R						
	Communication Number			_			EX			
PER05	Qualifier	ID	2-2	S						
PER06	Communication Number	AN	1-80	S			EV EV			
PER07	Communication Number Qualifier	ID	2-2	C			EX, FX			
PER07 PER08	Communication Number	AN	1-80	S S						
		AN								
PER09	Contact Inquiry Reference	AIN	1-20	N/U						
HL	INFORMATION RECEIVER LEVEL		1	R	2000B	>1				
HL01	Hierarchical ID Number	AN	1-12	R						
	Hierarchical Parent ID									
HL02	Number	AN	1-12	R						
HL03	Hierarchical Level Code	ID	1-2	R			21			
HL04	Hierarchical Child Code	ID	1-1	R			1			
	INFORMATION RECEIVER			_						
NM1	NAME		1	R	2100B	>1	41			
NM101	Entity Identifier Code	ID	2-3	R			1, 2			
NM102	Entity Type Qualifier	ID	1-1	R			1, 2			
NM103	Information Receiver Last or Organization Name	AN	1-35	R						
INIVI 1U3	Information Receiver First	AIN	1-33	п						
NM104	Name	AN	1-25	S						
	Information Receiver Middle									
NM105	Name	AN	1-25	S						
	Information Receiver Name									
NM106	Prefix	AN	1-10	S						
NM107	Information Receiver Name Suffix	AN	1-10	S						
							46, FI, XX			
NM108	Identification Code Qualifier	ID	1-2	R						
	Information Receiver			_						
NM109	Identification Number	AN	2-80	R						
NM110	Entity Relationship Code	ID	2-2	N/U						
NM111	Entity Identifier Code	ID	2-3	N/U						
		L								

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		2.	77 50	10				4
	1		77 50	10	l	l	1	4
PER	PAYER CONTACT INFORMATION		1	s	2100A			
PER01	Contact Function Code	ID	2-2	R			IC	
PER02	Payer Contact Name	AN	1-60	S				
PER03	Communication Number Qualifier	ID	2-2	R			ED, EM, TE, FX	Code Added
PER04	Communication Number	AN	1-256	R				Increase from 80 - 256
PER05	Communication Number Qualifier	ID	2-2	S			ED, EM, TE, FX, EX	Code Changes
PER06	Communication Number	AN	1-256	S				Increase from 80 - 256
PER07	Communication Number Qualifier	ID	2-2	S			ED, EM, TE, FX, EX	Code Changes
PER08	Communication Number	AN	1-256	S				Increase from 80 - 256
PER09	Contact Inquiry Reference	AN	1-20	N/U				
HL	INFORMATION RECEIVER LEVEL		1	R	2000B			
HL01	Hierarchical ID Number	AN	1-12	R	2000B	>1		1
HL02	Hierarchical Parent ID Number	AN	1-12	R				1
HL03	Hierarchical Level Code	ID	1-12	R			21	†
HL04	Hierarchical Child Code	ID	1-1	R			0, 1	Code Added
								1
NM1	INFORMATION RECEIVER NAME		1	R	2100B	1		
NM101	Entity Identifier Code	ID	2-3	R			41	
NM102	Entity Type Qualifier	ID	1-1	R			1, 2	
NM103	Information Receiver Last or Organization Name	AN	1-60	S				Increase from 35 - 60
NM104	Information Receiver First Name	AN	1-35	S				Increase from 25 - 35
NM105	Information Receiver Middle Name	AN	1-25	S				
NM106	Information Receiver Name Prefix	AN	1-10	N/U				
NM107	Information Receiver Name Suffix	AN	1-10	N/U				Changed to Not Used
NM108	Identification Code Qualifier	ID	1-2	R			46	Codes Removed
NM109	Information Receiver Identification Number	AN	2-80	R				
NM110	Entity Relationship Code	ID	2-2	N/U				1
NM111 NM112	Entity Identifier Code Last Name	ID ID	2-3 1-60	N/U N/U				New Element

		40	10	A1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
•		27	7 401	0A1			

Element Identifier								
	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
				10				4
		2	77 50	10				
TRN	INFORMATION RECEIVER TRACE IDENTIFIER		1	s	2200B	1		New Loop and new segment
TRN01	Referenced Transaction Trace Number	ID	1-2	R			2	
TRN02	Claim Transaction Batch Number	AN	1-50	R				
TRN03	Originating Company Identifier	AN	10-10	N/U				
TRN04	Reference Identifier	AN	1-50	N/U				
	INFORMATION DESCRIVED							
STC	INFORMATION RECEIVER STATUS INFORMATION		> 1	R	2200B			New Segment
STC01	HEALTH CARE CLAIM STATUS		-1	R	22000			_
STC01-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E	
STC01-2	Health Care Claim Status Code	AN	1-30	R				
STC01-3	Entity Identifier Code	ID	2-3	S			41, AY, PR	
STC01-4	Code List Qualifier Code	ID	1-3	N/U				
STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD	
STC03	Action Code	ID	1-2	N/U				
STC04	Monetary Amount	R	1-18	N/U				
STC05	Monetary Amount	R	1-18	N/U				
STC06	Date	DT	8-8	N/U				
STC07	Payment Method Code	ID	3-3	N/U				
STC08	Date	DT	8-8	N/U				
STC09	Check Number	AN	1-16	N/U				
STC10	HEALTH CARE CLAIM STATUS			S				_
STC10-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E	
STC10-2	Health Care Claim Status Code	AN	1-30	R				
STC10-3	Entity Identifier Code	ID	2-3	S			41, AY, PR	4
STC10-4	Code List Qualifier Code	ID	1-3	N/U				4
STC11	HEALTH CARE CLAIM STATUS			S				
STC11-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E	_
STC11-2	Health Care Claim Status Code	AN	1-30	R			44.42.55	_
STC11-3	Entity Identifier Code	ID	2-3	S			41, AY, PR	4
STC11-4 STC12	Code List Qualifier Code Free-Form Message Text	ID AN	1-3 1-264	N/U N/U				4

Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		27	7 401	0A1			
HL	SERVICE PROVIDER LEVEL		1	R	2000C	>1	
HL01	Hierarchical ID Number	AN	1-12	R			
HL02	Hierarchical Parent ID Number	AN	1-12	R			
HL03	Hierarchical Level Code	ID	1-2	R			19
HL04	Hierarchical Child Code	ID	1-1	R			1
NM1	PROVIDER NAME		1	R	2100C	>1	
NM101	Entity Identifier Code	ID	2-3	R			1P
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Provider Last or Organization Name	AN	1-35	R			
NM104	Provider First Name	AN	1-25	S			
NM105	Provider Middle Name	AN	1-25	S			
NM106	Provider Name Prefix	AN	1-10	S			
NM107	Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	R			FI, SV, XX
NM109	Provider Identifier	AN	2-80	R			
NIN 4440	Entity Relationship Code	ID	2-2	N/U			
NM110							

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		2	77 50	10				1
								1
HL	SERVICE PROVIDER LEVEL		1	R	2000C	>1		
HL01	Hierarchical ID Number Hierarchical Parent ID	AN	1-12	R				_
HL02	Number	AN	1-12	R				
HL03	Hierarchical Level Code	ID	1-2	R			19	New Code
HL04	Hierarchical Child Code	ID	1-1	R			0, 1	New Code
NM1	PROVIDER NAME		1	R	2100C	2		Loop repeat changed
NM101	Entity Identifier Code	ID	2-3	R			1P	1
NM102	Entity Type Qualifier	ID	1-1	R			1, 2	
NM103	Provider Last or Organization Name	AN	1-60	S				Increase from 35 - 60
NM104	Provider First Name	AN	1-35	S				Increase from 25 - 35
NM105	Provider Middle Name	AN	1-25	S				
NM106	Provider Name Prefix	AN	1-10	N/U				Changed to Not Used
NM107	Provider Name Suffix	AN	1-10	S				
NM108	Identification Code Qualifier	ID	1-2	R			FI, SV, XX	
NM109	Provider Identifier	AN	2-80	R				
NM110	Entity Relationship Code	ID	2-2	N/U				_
NM111	Entity Identifier Code	ID	2-3	N/U				4
NM112	Last Name	ID	1-60	N/U				New Element
TRN	PROVIDER OF SERVICE TRACE IDENTIFIER Current Transaction Trace		1	s	2200C	1	1	New Loop and new segment
TRN01	Number	ID	1-2	R			'	
TRN02	Provider of Service Information Trace Identifier	AN	1-50	R				
TRN03	Originating Company Identifier	AN	10-10	N/U				
TRN04	Reference Identifier	AN	1-50	N/U				
	DDG///DED GTATUG							
STC	PROVIDER STATUS INFORMATION		> 1	R	2200C			New Segment
STC01	HEALTH CARE CLAIM STATUS			R				1
STC01-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E	
STC01-2	Health Care Claim Status Code	AN	1-30	R				
STC01-3	Entity Identifier Code	ID	2-3	S			1P	1
STC01-4	Code List Qualifier Code	ID	1-3	N/U				7

		40	10	A1			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		277	7 401	0A1			
Ĭ							
Ĭ							
Ĭ							
HL	SUBSCRIBER LEVEL		1	R	2000D	>1	
HL01	Hierarchical ID Number	AN	1-12	R			
	Hierarchical Parent ID						
HL02	Number	AN	1-12	R			00
HL03	Hierarchical Level Code	ID	1-2	R			22
HL04	Hierarchical Child Code	ID	1-1	R	1		0, 1
1							
ļ	CHROOPING						·
	SUBSCRIBER						
DMG	DEMOGRAPHIC		1	R	2000D		
DMG	DEMOGRAPHIC INFORMATION		1	R	2000D		D8
DMG	DEMOGRAPHIC	ID	1 2-3	R	2000D		D8
	DEMOGRAPHIC INFORMATION Date Time Period Format	ID AN			2000D		D8 CCYYMMDD
DMG01	DEMOGRAPHIC INFORMATION Date Time Period Format Qualifier	_	2-3	R	2000D		
DMG01 DMG02	DEMOGRAPHIC INFORMATION Date Time Period Format Qualifier Subscriber Birth Date	AN	2-3 1-35	R R	2000D		CCYYMMDD
DMG01 DMG02 DMG03	DEMOGRAPHIC INFORMATION Date Time Period Format Qualifier Subscriber Birth Date Subscriber Gender Code	AN ID	2-3 1-35 1-1	R R R	2000D		CCYYMMDD
DMG01 DMG02 DMG03 DMG04	DEMOGRAPHIC INFORMATION Date Time Period Format Qualifier Subscriber Birth Date Subscriber Gender Code Marital Status Code	AN ID ID	2-3 1-35 1-1 1-1	R R R N/U	2000D		CCYYMMDD

		5	501	0			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		2	77 50	10			
STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD
STC03	Action Code	ID	1-2	N/U			
STC04	Monetary Amount	R	1-18	N/U			
STC05	Monetary Amount	R	1-18	N/U			
STC06	Date	DT	8-8	N/U			
STC07	Payment Method Code	ID	3-3	N/U			
STC08	Date	DT	8-8	N/U			
STC09	Check Number	AN	1-16	N/U			
STC10	HEALTH CARE CLAIM STATUS			S			
STC10-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E
STC10-2	Health Care Claim Status Code	AN	1-30	R			
STC10-3	Entity Identifier Code	ID	2-3	S			1P
STC10-4	Code List Qualifier Code	ID	1-3	N/U	,		
STC11	HEALTH CARE CLAIM STATUS			S			
STC11-1	Health Care Claim Status Category Code	AN	1-30	R			D0, E
STC11-2	Health Care Claim Status Code	AN	1-30	R			
STC11-3	Entity Identifier Code	ID	2-3	S			1P
STC11-4	Code List Qualifier Code	ID	1-3	N/U			
STC12	Free-Form Message Text	AN	1-264	N/U			
HL	SUBSCRIBER LEVEL		1	S	2000D	>1	
HL01	Hierarchical ID Number	AN	1-12	R			
HL02	Hierarchical Parent ID Number	AN	1-12	R			
HL03	Hierarchical Level Code	ID	1-2	R			22
HL04	Hierarchical Child Code	ID	1-1	R			0, 1

Segment Deleted

	40	10	A1			
Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
	277	7 401	0A1			
Basis of Verification Code	ID	1-2	N/U			
Quantity	R	1-15	N/U			
SUBSCRIBER NAME		1	R	2100D	1	
Entity Identifier Code	ID	2-3	R			IL, QC
Entity Type Qualifier	ID	1-1	R			1, 2
Subscriber Last Name	AN	1-35	R			
Subscriber First Name	AN	1-25	S			
Subscriber Middle Name	AN	1-25	S			
Subscriber Name Prefix	AN	1-10	S			
Subscriber Name Suffix	AN	1-10	S			
						24, MI, ZZ
Identification Code Qualifier	ID	1-2	R			
Subscriber Identifier	AN	2-80	R			
Entity Relationship Code	ID	2-2	N/U			
Entity Identifier Code	ID	2-3	N/U			
CLAIM SUBMITTER TRACE						
NUMBER		1	S	2200D	>1	
Trace Type Code	ın	10	В			2
	AN	1-30	н			
Identifier	AN	10-10	N/U			
Reference Identification	AN	1-30				
	<u> </u>	. 55				
CLAIM LEVEL STATUS						
INFORMATION		1	R	2200D		
HEALTH CARE CLAIM						
STATUS			R			
			_			
	AN	1-30	R			
Health Care Claim Status Code	AN	1-30	R			
	Basis of Verification Code Quantity SUBSCRIBER NAME Entity Identifier Code Entity Type Qualifier Subscriber Last Name Subscriber First Name Subscriber Middle Name Prefix Subscriber Name Prefix Subscriber Name Prefix Subscriber Name Suffix Identification Code Qualifier Subscriber Identifier Entity Relationship Code Entity Identifier Code CLAIM SUBMITTER TRACE NUMBER Trace Type Code Trace Number Originating Company Identifier Reference Identification CLAIM LEVEL STATUS INFORMATION HEALTH CARE CLAIM STATUS Health Care Claim Status Category Code Health Care Claim Status	Basis of Verification Code ID Quantity R SUBSCRIBER NAME Entity Identifier Code ID Entity Type Qualifier ID Subscriber Last Name AN Subscriber First Name AN Subscriber Middle Name AN Subscriber Middle Name AN Subscriber Name Prefix AN Subscriber Name Prefix AN Identification Code Qualifier ID Subscriber Identifier AN Entity Relationship Code ID Entity Identifier Code ID Entity Identifier Code ID CLAIM SUBMITTER TRACE NUMBER Trace Type Code ID Trace Number AN Originating Company Identifier AN Reference Identification AN CLAIM LEVEL STATUS INFORMATION HEALTH CARE CLAIM STATUS Health Care Claim Status Category Code AN Health Care Claim Status	Description ID Min. Max. 277 401 Basis of Verification Code ID 1-2 Quantity R 1-15 SUBSCRIBER NAME 1 Entity Identifier Code ID 2-3 Entity Type Qualifier ID 1-1 Subscriber Last Name AN 1-35 Subscriber First Name AN 1-25 Subscriber Middle Name AN 1-25 Subscriber Mame Prefix AN 1-10 Subscriber Name Prefix AN 1-10 Subscriber Name Prefix AN 1-10 Identification Code Qualifier ID 1-2 Subscriber Identifier AN 2-80 Entity Relationship Code ID 2-3 Entity Identifier Code ID 2-3 CLAIM SUBMITTER TRACE NUMBER 1 Trace Type Code ID 1-2 Trace Number AN 1-30 Originating Company Identifier AN 1-30 Criginating Company Identifier AN 1-30 CLAIM LEVEL STATUS INFORMATION 1 HEALTH CARE CLAIM STATUS Health Care Claim Status Category Code AN 1-30 Health Care Claim Status Category Code AN 1-30 Health Care Claim Status	Description ID Max. Reg.	Description ID Min. Usage Reg. Loop	Description ID Min. Usage Loop Repeat

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		2	77 50	10				_
NM1	SUBSCRIBER NAME		1	R	2100D	1		_
NM101	Entity Identifier Code	ID	2-3	R	21002		IL	Code change
NM102	Entity Type Qualifier	ID	1-1	R			1. 2	
NM103	Subscriber Last Name	AN	1-60	R			,	Increase from 35 - 60
NM104	Subscriber First Name	AN	1-35	S				Increase from 25 - 35
NM105	Subscriber Middle Name	AN	1-25	S				
NM106	Subscriber Name Prefix	AN	1-10	N/U				Changed to Not Used
NM107	Subscriber Name Suffix	AN	1-10	S				
NM108	Identification Code Qualifier	ID	1-2	R			24, II, MI	
NM109	Subscriber Identifier	AN	2-80	R				
NM110	Entity Relationship Code	ID	2-2	N/U				
NM111	Entity Identifier Code	ID	2-3	N/U				
NM112	Last Name	ID	1-60	N/U				New Element
TRN	CLAIM STATUS TRACKING NUMBER		1	s	2200D	>1		Loop and segment nam change
TRN01	Referenced Transaction Trace Number	ID	1-2	R			2	
TRN02	Trace Number	AN	1-50	R				Increase from 30 - 50
TRN03	Originating Company Identifier	AN	10-10	N/U				
TRN04	Reference Identification	AN	1-50	N/U				Increase from 30 - 50
STC	CLAIM LEVEL STATUS INFORMATION		> 1	R	2200D			
STC01	HEALTH CARE CLAIM STATUS			R				
STC01-1	Health Care Claim Status Category Code	AN	1-30	R				
STC01-2	Health Care Claim Status Code	AN	1-30	R				

				0	501	5				4010A1						
		Loop		Usage	Min.	T		Element		Loop		Usage	Min.	l		Element
s	Values	Repeat	Loop	Reg.	Max.	ID	Description	Identifier	Values	Repeat	Loop	Reg.	Max.	ID	Description	Identifier
				10	77 50	2						0.4.1	7 401	27		
10 111 0 1 1	140 47 45 40 41					_	- · · · · · · · · · · · · · · · · · · ·	07004.0							T 5 11 11 11 0 1	07004.0
I.Q., 1R, J., 1V, 11Z, 28, 21, 2K, 2Z, 30, 5, 3D, 3H, 3I, 3M, 3N, Q., 3R, J., 3V, Y, 3Z, 4A, 4B, E, 4F, 4J, 4L, D., 4P, 5, 4U, 4L, D., 5F, 5G, 5K, 5L, D., 5P, S., 5T, V, 5X, 6A, 6B, E, 6F, 6J, 6K, J., 6OS, V, 6X, 73, 74, 882, 84, 995,	13, 17, 1E, 1G, 1H 11, 10, 1P, 1Q, 1R 11, 10, 1P, 1Q, 1R 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28 2A, 2B, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30 36, 3A, 3C, 3D, 31, 3K, 3L, 3M, 3N 30, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4Q, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J, 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, continued on			10 s	77 50 2-3		Entity Identifier Code	STC01-3	13, 17, 1E, 1G, 1H, 11, 10, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28, 2A, 2B, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3O, 3P, 3O, 3R, 3S, 3T, 3U, 3Y, 3Y, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4Q, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5O, 5E, 5F, 5G, 5G, 5F, 5G, 5G, 5F, 5F, 5F, 5F, 5F, 5F, 5F, 5F, 5F, 5F			<u>0A1</u> s	7 401	277	Entity Identifier Code	STC01-3
	next row								6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95,							
									continued on							
	1	1				1			next row	1	1					

	•	40	10	A1			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
							•
		277	7 401	0Δ1			
			701	<u> </u>			
							continued CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, ILI, IN, LI, LR, MR, OB, OD, OX, P0, P2, P3, P4, P6, P7, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SJ, SU, T4, TQ, TT, TU, UH, X3,
							X4, X5, ZZ end of list
	Status Information Effective						CCYYMMDD
STC02	Date	DT	8-8	R			OOTTIVIIVIDD
STC03	Action Code	ID	1-2	N/U			
	Total Claim Charge Amount						
STC04	S9(7)V99	R	1-18	R			
	Claim payment Amount						
STC05	S9(7)V99	R	1-18	R			
STC06	Adjudication or Payment Date	DT	8-8	S			CCYYMMDD
STC07	Payment Method Code	ın	2.2	c			ACH, BOP, CHK,
STC07	Payment Method Code Check Issue or EFT Effective	ID	3-3	S			FWT, NON CCYYMMDD
STC08	Date	DT	8-8	S			OCT TWINIDD
STC09	Check or EFT Trace Number	AN	1-16	s			
STC10	HEALTH CARE CLAIM STATUS			S			
STC10-1	Health Care Claim Status Category Code	AN	1-30	R			
STC10-2	Health Care Claim Status Code	AN	1-30	R			
STC10-3	Entity Identifier Code	AN	2-3	S			
						·	

		5	01	0				
Element			Min.	Usage		Loop		
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values	
		2	77 50	10				
							Continued CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, OB, OD, OX, P0, P2, P3, P4, P6, P7, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SJ, SU, T4, TQ, TT, TU, UH, X3, X4, X5, ZZ, 03, 2D, MSC, PRP, SEP, TL, TTP end of list	
STC01-4	Code List Qualifier Code	ID	1-3	S			RX	New element
01001-4	Status Information Effective	ID	1-5	0			CCYYMMDD	
STC02	Date	DT	8-8	R				
STC03	Action Code	ID	1-2	N/U				
STC04	Total Claim Charge Amount S9(7)V99	R	1-18	S				
STC05	Claim payment Amount S9(7)V99	R	1 10	S				
STC05	Adjudication or Payment Date	DT	1-18 8-8	S			CCYYMMDD	
								Usage changed to not used
STC07 STC08	Payment Method Code Remittance Date	ID DT	3-3 8-8	N/U S			CCYYMMDD	
STC09	Remittance Trace Number	AN	1-16	S				
STC10	HEALTH CARE CLAIM STATUS			S				
STC10-1	Health Care Claim Status Category Code	AN	1-30	R				
STC10-2	Health Care Claim Status Code	AN	1-30	R				
STC10-3	Entity Identifier Code	AN	2-3	S				.
STC10-4	Code List Qualifier Code	ID	1-3	S			RX	New element

	•	40	10	A 1			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		277	7 401	0A1			
	HEALTH CARE CLAIM						
STC11	STATUS			S			
0.70444	Health Care Claim Status		4 00				
STC11-1	Category Code	AN	1-30	R			
STC11-2	Health Care Claim Status Code	AN	1-30	R			
		ID		S			
STC11-3	Entity Identifier Code	טו	2-3	5			
STC12	Free-Form Message Text	AN	1-264	N/U			
01012		7.11	1 204	14/0			
	PAYER CLAIM						
REF	IDENTIFICATION NUMBER		1	S	2200D		
	Reference Identification			_			1K
REF01	Qualifier	ID	2-3	R			
REF02	Payer Claim Control Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER	7	. 00	N/U			
TILLIOT	112.2.12.102.132.11.11.12.1			14/0			
	INSTITUTIONAL BILL TYPE						
REF	IDENTIFICATION		1	s	2200D		
	Reference Identification						BLT
REF01	Qualifier	ID	2-3	R			
REF02	Bill Type Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
	-						
	MEDICAL RECORD						
REF	IDENTIFICATION		1	s	2200D		
	Reference Identification						EA
REF01	Qualifier	ID	2-3	R			
REF02	Medical Record Number	AN	1-30	R			
REFU2	Description	AN	1-80	N/U			
REF02	Description	,					

		5	01	0				
ement entifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		2	77 50	10				1
TC11	HEALTH CARE CLAIM STATUS			S				
C11-1	Health Care Claim Status Category Code	AN	1-30	R				
C11-2	Health Care Claim Status Code	AN	1-30	R				
C11-3	Entity Identifier Code	ID	2-3	S				
C11-4 TC12	Code List Qualifier Code Free-Form Message Text	ID AN	1-3	S N/U			RX	New element
1012	Free-Form Wessage Text	AN	1-264	N/U				ł
REF	PAYER CLAIM CONTROL NUMBER		1	s	2200D			Loop and segment name change
	Reference Identification				22000		1K	
EF01	Qualifier	ID	2-3	R				
EF02	Payer Claim Control Number	AN	1-50	R				Increase from 30 - 50
EF03	Description	AN	1-80	N/U				
EF04	REFERENCE IDENTIFIER			N/U				
REF	INSTITUTIONAL BILL TYPE IDENTIFICATION Reference Identification		1	s	2200D		BLT	
EF01	Qualifier	ID	2-3	R			DET	
EF02	Bill Type Identifier	AN	1-50	R				Increase from 30 - 50
EF03	Description	AN	1-80	N/U				
EF04	REFERENCE IDENTIFIER			N/U]
								Segment Deleted
					Π	· · · · · · · · · · · · · · · · · · ·		
DEE .	PATIENT CONTROL NUMBER		_		00000			New Segment
REF	Reference Identification		1	S	2200D		EJ	
EF01	Qualifier	ID	2-3	R				
EF02	Patient Control Number	AN	1-50	R				-
EF03	Description	AN	1-80	N/U				
EF04	REFERENCE IDENTIFIER			N/U				1
REF	PHARMACY PRESCRIPTION NUMBER		1	s	2200D			New Segment

4010A1													
Element			Min.	Usage		Loop							
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values						
		277	7 401	0A1									
DTP	CLAIM SERVICE DATE		1	S	2200D								
DTP DTP01	Date Time Qualifier	ID	1 3-3	S R	2200D		232						
DTP01	Date Time Qualifier Date Time Period Format		3-3	R	2200D		232 RD8						
	Date Time Qualifier	ID			2200D								
DTP01	Date Time Qualifier Date Time Period Format		3-3	R	2200D		RD8						
DTP01	Date Time Qualifier Date Time Period Format		3-3	R	2200D		RD8 CCYYMMDD-						
DTP01	Date Time Qualifier Date Time Period Format Qualifier Claim Service Period	ID	3-3	R R	2200D		RD8 CCYYMMDD-						
DTP01 DTP02 DTP03	Date Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE	ID	3-3 2-3 1-35	R R R			RD8 CCYYMMDD-						
DTP01	Date Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE INFORMATION	ID	3-3	R R	2200D 2200D	>1	RD8 CCYYMMDD-						
DTP01 DTP02 DTP03 SVC	Date Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE INFORMATION COMPOSITE MEDICAL	ID	3-3 2-3 1-35	R R R		>1	RD8 CCYYMMDD-						
DTP01 DTP02 DTP03	Date Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE INFORMATION	ID	3-3 2-3 1-35	R R R		>1	RD8 CCYYMMDD-						
DTP01 DTP02 DTP03 SVC	Date Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE INFORMATION COMPOSITE MEDICAL	ID	3-3 2-3 1-35	R R R		>1	RD8 CCYYMMDD- CCYYMMDD AD, CI, HC, ID, IV, N1, N2, N3, N4,						
DTP01 DTP02 DTP03 SVC SVC01	Date Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE INFORMATION COMPOSITE MEDICAL PROCEDURE INDENTIFIER	AN	3-3 2-3 1-35	R R R		>1	RD8 CCYYMMDD-CCYYMMDD AD, CI, HC, ID, IV,						
DTP01 DTP02 DTP03 SVC SVC01	Date Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE INFORMATION COMPOSITE MEDICAL PROCEDURE INDENTIFIER Product/Service ID Qualifier	AN ID	3-3 2-3 1-35	R R R S		>1	RD8 CCYYMMDD- CCYYMMDD AD, CI, HC, ID, IV, N1, N2, N3, N4,						
DTP01 DTP02 DTP03 SVC SVC01 SVC01-1 SVC01-2	Date Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE INFORMATION COMPOSITE MEDICAL PROCEDURE INDENTIFIER Product/Service ID Qualifier Service Identification Code	ID AN ID AN	3-3 2-3 1-35 1 2-2 1-48	R R R S R		>1	RD8 CCYYMMDD- CCYYMMDD AD, CI, HC, ID, IV, N1, N2, N3, N4,						
DTP01 DTP02 DTP03 SVC SVC01	Date Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE INFORMATION COMPOSITE MEDICAL PROCEDURE INDENTIFIER Product/Service ID Qualifier	AN ID	3-3 2-3 1-35	R R R S		>1	RD8 CCYYMMDD- CCYYMMDD AD, CI, HC, ID, IV, N1, N2, N3, N4,						

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
								.
		2	77 50	10				
REF01	Reference Identification Qualifier	ID	2-3	R			XZ	
REF02	Pharmacy Prescription Number	AN	1-50	R				
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				
								New Segment
REF	VOUCHER IDENTIFIER		1	S	2200D			
REF01	Reference Identification Qualifier	ID	2-3	R			VV]
REF02	Voucher Identifier	AN	1-50	R				
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				
REF	CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES		1	s	2200D			New Segment
REF01	Reference Identification Qualifier	ID	2-3	R			D9	
REF02	Clearinghouse Trace Number	AN	1-50	R				
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				
DTP	CLAIM SERVICE DATE		1	s	2200D			1
DTP01	Date Time Qualifier	ID	3-3	R			472	Code Changed
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8	Codes Added
DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD, CCYYMMDD- CCYYMMDD	New format allowe
svc	SERVICE LINE INFORMATION		1	S	2220D	>1		
SVC01	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			R	22202	71		1
							AD, ER, HC, HP, IV, N4, NU, WK	Codes changed
SVC01-1	Product/Service ID Qualifier	ID	2-2	R				
SVC01-2	Service Identification Code	AN	1-48	R]
SVC01-3	Procedure Modifier	AN	2-2	S				1
SVC01-4	Procedure Modifier	AN	2-2	S				

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values								
277 4010A1															
SVC01-5 Procedure Modifier AN 2-2 S															
SVC01-6	Procedure Modifier	AN	2-2	S											
SVC01-7	Description	AN	1-80	N/U											
SVC02	Line Item Charge Amount S9(7)V99	R	1-18	R											
SVC03	Line Item Provider Payment Amount S9(7)V99	R	1-18	R											
SVC04	Revenue Code	AN	1-48	S											
SVC05	Quantity	R	1-15	N/U											
SVC06	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			N/U											
SVC07	Original Units of Service Count S9(3)V9	R	1-15	S											
STC	SERVICE LINE STATUS INFORMATION		1	s	2220D										
STC01	HEALTH CARE CLAIM STATUS			R											
STC01-1	Health Care Claim Status Category Code	AN	1-30	R											
STC01-2	Health Care Claim Status Code	AN	1-30	R											

		5	01	0]
Element			Min.	Usage		Loop		
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values	
		2	77 50	10				+
SVC01-5	Procedure Modifier	AN	2-2	S				
SVC01-6	Procedure Modifier	AN	2-2	S				
SVC01-7	Description	AN	1-80	N/U				
SVC02	Line Item Charge Amount S9(7)V99	R	1-18	R]
SVC03	Line Item Payment Amount S9(7)V99	R	1-18	R]
SVC04	Revenue Code	AN	1-48	S				
SVC05	Quantity	R	1-15	N/U				
SVC06	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			N/U				
SVC07	Units of Service Count S9(3)V9	R	1-15	S]
	•				•			
STC	CLAIM LEVEL STATUS INFORMATION		>1	R	2220D			Usage changed and repeat changed
STC01	HEALTH CARE CLAIM STATUS			R]
STC01-1	Health Care Claim Status Category Code	AN	1-30	R				1
STC01-2	Health Care Claim Status Code	AN	1-30	R				1

	4010A1										5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier		Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
identinei	Description	1.0	wax.	neg.	Боор	порси	Values	identifici		Description	1	wax.	neg.	гоор	Порош	values	1
		27	7 401	0A1							2	77 50	10				
STC01-3	Entity Identifier Code	ID	2-3	S			13, 17, 1E, 1G, 1H, 11, 10, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28, 2A, 2B, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3Q, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4Q, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J, 6K, 6L, 6M, 6N, 6Q, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, continued on next row	STC01-3	Enti	ty Identifier Code	ID	2-3	S			13, 17, 1E, 1G, 1H, 11, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28, 2A, 2B, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J, 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6Y, 71, 72, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, continued on next row	

4010A1											
Element			Min.	Usage		Loop					
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values				
		277	7 401	0A1							
							continued CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, OB, OD, OX, P0, P2, P3, P4, P6, P7, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SJ, SU, T4, TQ, TT, TU, UH, X3, X4, X5, ZZ end of list				
STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD				
STC03	Action Code	ID	1-2	N/U							
STC04	Line Item Charge Amount S9(7)V99	R	1-18	S							
STC05	Line Item Provider Payment Amount S9(7)V99	R	1-18	S							
STC06	Date	DT	8-8	N/U							
STC07	Payment Method Code	ID	3-3	N/U							
STC08	Date	DT	8-8	N/U							
STC09	Check Number	AN	1-16	N/U							
STC10	HEALTH CARE CLAIM STATUS			S							
STC10-1	Health Care Claim Status Category Code	AN	1-30	R							
STC10-2	Health Care Claim Status Code	AN	1-30	R							
STC10-3	Entity Identifier Code	ID	2-3	S							
310100		-10)							
STC11	HEALTH CARE CLAIM STATUS			S							

	5010										
Element			Min.	Usage		Loop					
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values				
			77.50	10							
		2	77 50	10		1	I e				
							continued CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, OB, OD, OX, P0, P2, P3, P4, P6, P7, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SJ, SU, T4, TQ, TT, TU, UH, X3, X4, X5, ZZ, 03, 2D, MSC, PRP, SEP, TL, TTP end of list				
STC01-4	Code List Qualifier Code	ID	1-3	N/U				Newe element			
STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD				
STC03	Action Code	ID	1-2	N/U							
STC04	Total Claim Charge Amount S9(7)V99	R	1-18	N/U				Usage changed			
STC05	Claim payment Amount S9(7)V99	R	1-18	N/U				Usage changed			
STC06	Adjudication or Payment Date	DT	8-8	N/U							
STC07	Payment Method Code	ID	3-3	N/U							
STC08	Remittance Date	DT	8-8	N/U							
STC09	Remittance Trace Number	AN	1-16	N/U							
STC10	HEALTH CARE CLAIM STATUS			S							
STC10-1	Health Care Claim Status Category Code	AN	1-30	R							
STC10-2	Health Care Claim Status Code	AN	1-30	R							
STC10-3	Entity Identifier Code	AN	2-3	S				1			
STC10-4	Code List Qualifier Code	ID	1-3	N/U				New element			
STC11	HEALTH CARE CLAIM STATUS			S							

4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
	•	•				•					
		27	7 401	0A1							
	Health Care Claim Status										
STC11-1	Category Code	AN	1-30	R							
0.014.0	Health Care Claim Status Code	AN	4 00	-							
STC11-2	Entity Identifier Code	-	1-30	R							
STC11-3	Entity Identifier Code	ID	2-3	S							
STC12	Free-Form Message Text	AN	1-264	N/U							
31012	Tree-Form Wessage Text	AIN	1-204	N/O							
	SERVICE LINE ITEM										
REF	IDENTIFICATION		1	s	2220D						
	Reference Identification						FJ				
REF01	Qualifier	ID	2-3	R							
REF02	Line Item Control Number	AN	1-30	R							
REF03	Description	AN	1-80	N/U							
REF04	REFERENCE IDENTIFIER			N/U							
DTP	SERVICE LINE DATE		1	S	2220D		472				
DTP01	Date Time Qualifier Date Time Period Format	ID	3-3	R			472 RD8				
DTP02	Qualifier	ID	2-3	R			HD8				
D11 02	Quanio.	ID	2-0	- 11			CCYYMMDD-				
							CCYYMMDD				
DTP03	Service Line Date	AN	1-35	R							
HL	DEPENDENT LEVEL		1	S	2000E	>1					
HL01	Hierarchical ID Number	AN	1-12	R							
HL02	Hierarchical Parent ID Number	AN	1-12	R							
HL03	Hierarchical Level Code	ID	1-12	R			23				
HL04	Hierarchical Child Code	ID	1-1	N/U							
		Ť									
	DEPENDENT										
	DEMOGRAPHIC										
DMG	INFORMATION	<u> </u>	1	R	2000E						
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8				
DMG01 DMG02	Patient Birth Date	AN	1-35	R			CCYYMMDD				
DMG02	Patient Gender Code	ID	1-35	R			F, M, U				
DMG03	Marital Status Code	ID	1-1	N/U			. ,, -				
DMG05	Race or Ethnicity Code	ID	1-1	N/U							
DMG06	Citizenship Status Code	ID	1-2	N/U							
DMG07	Country Code	ID	2-3	N/U							
DMG08	Basis of Verification Code	ID	1-2	N/U							
DMG09	Quantity	R	1-15	N/U							
	† 	 	<u> </u>		1						

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
	•		•		•	•]
		2	77 50	10				
STC11-1	Health Care Claim Status Category Code	AN	1-30	R				
51011-1	Health Care Claim Status	AIN	1-30	R				+
STC11-2	Code	AN	1-30	R				
STC11-3	Entity Identifier Code	ID	2-3	S				
STC11-4	Code List Qualifier Code	ID	1-3	N/U				New element
STC12	Free-Form Message Text	AN	1-264	N/U				4
REF	SERVICE LINE ITEM IDENTIFICATION		1	s	2220D			-
REF01	Reference Identification Qualifier	ID	2-3	R			FJ	
REF02	Line Item Control Number	AN	1-50	R				Increase from 30 - 5
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				
DTP	SERVICE LINE DATE	L	1	R	2220D		472	4
DTP01	Date Time Qualifier Date Time Period Format	ID	3-3	R			R8, RD8	Codes Added
DTP02	Qualifier	ID	2-3	R			110, 1100	Oddes Added
DTDoo	Our in Line Date		4.05				CCYYMMDD, CCYYMMDD- CCYYMMDD	New format allowed
DTP03	Service Line Date	AN	1-35	R			CCTTWWDD	-
HL	DEPENDENT LEVEL		1	s	2000E	>1		1
HL01	Hierarchical ID Number	AN	1-12	R				
HL02	Hierarchical Parent ID Number	AN	1-12	R				
HL03	Hierarchical Level Code	ID	1-2	R			23	
HL04	Hierarchical Child Code	ID	1-1	N/U				4
								Segment Deleted
								Segment Deleted
	1		1	1	1	ı	Γ	4

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values			
		27	7 401	0A1						
NM1	DEPENDENT NAME		1	R	2100E	1				
NM101	Entity Identifier Code	ID	2-3	R			QC			
NM102	Entity Type Qualifier	ID	1-1	R			1			
NM103	Patient Last Name	AN	1-35	R						
NM104	Patient First Name	AN	1-25	S						
NM105	Patient Middle Name	AN	1-25	S						
NM106	Patient Name Prefix	AN	1-10	S						
NM107	Patient Name Suffix	AN	1-10	S						
NM108	Identification Code Qualifier	ID	1-2	S			MI, ZZ			
NM109	Patient Primary Identifier	AN	2-80	S						
NM110	Entity Relationship Code	ID	2-2	N/U						
NM111	Entity Identifier Code	ID	2-3	N/U						
TRN	CLAIM SUBMITTER TRACE NUMBER		1	R	2200E	>1				
TRN01	Trace Type Code	ID	1-2	R			2			
TRN02	Trace Number	AN	1-30	R						
TRN03	Originating Company Identifier	AN	10-10	N/U						
TRN04	Reference Identification	AN	1-30	N/U						
STC	CLAIM LEVEL STATUS INFORMATION		1	R	2200E					
STC01	HEALTH CARE CLAIM STATUS			R						
STC01-1	Health Care Claim Status Category Code	AN	1-30	R						
STC01-2	Health Care Claim Status Code	AN	1-30	R						

1						5	501	0				7
age eg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	1
1						2	77 50	10				†
R	2100E	1		NM1	DEPENDENT NAME		1	R	2100E	1		1
R			QC	NM101	Entity Identifier Code	ID	2-3	R			QC	
R			1	NM102	Entity Type Qualifier	ID	1-1	R			1	1
R				NM103	Dependent Last Name	AN	1-60	R				Increase from 35 -
S				NM104	Dependent First Name	AN	1-35	S				Increase from 25 -
R R S S				NM105	Dependent Middle Name	AN	1-25	S				
<u>s</u>				NM106	Dependent Name Prefix	AN	1-10	N/U				Changed to Not Us
S				NM107	Dependent Name Suffix	AN	1-10	S				
			MI, ZZ	14101107	openses,	7.11	1 10					Changed to Not Us
S			,	NM108	Identification Code Qualifier	ID	1-2	N/U				3
S S				NM109	Dependent Identifier	AN	2-80	N/U				Changed to Not Us
/U				NM110	Entity Relationship Code	ID	2-2	N/U				
/U				NM111	Entity Identifier Code	ID	2-3	N/U				
				NM112	Last Name	ID	1-60	N/U				New element
					CLAIM STATUS TRACKING							Name Change
R	2200E	>1		TRN	NUMBER		1	R	2200E	>1		_
			2		Referenced Transaction						2	
R				TRN01	Trace Number	ID	1-2	R				
R				TRN02	Trace Number	AN	1-50	R				Increase from 30 -
				TDMS	Originating Company		40.45					
/U				TRN03	Identifier	AN		N/U				Increase from 20
/U				TRN04	Reference Identification	AN	1-50	N/U				Increase from 30 -
					01 4114 1 51/51 0745::0	-						_
R	2200E			STC	CLAIM LEVEL STATUS INFORMATION		>1	R	2200E			
R				STC01	HEALTH CARE CLAIM STATUS			R				
					Health Care Claim Status						<> R	
R				STC01-1	Category Code	AN	1-30	R				
					Health Care Claim Status			_				
R				STC01-2	Code	AN	1-30	R				

		40	10	A 1					
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	El-	em
								l	_
			7 401						
STC01-3	Entity Identifier Code		2-3	S			13, 17, 1E, 1G, 1H, 11, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28, 2A, 2B, 2D, 2E, 2I, 2K, 2P, 2Q, 2S, 2Z, 30, 36, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4P, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5X, 5Y, 5Z, 61, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J, 6K, 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 7T, 7Z, 73, 74, 77, 7C, 80, 82, 84, 85, 87, 95, continued on next row		

5010												
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values					
identifier	Безоприон	1.0	mux.	ricg.	СООР	порош	Values					
		2	77 50	10								
STC01-3	Entity Identifier Code	ID.	2-3	S			13, 17, 1E, 1G, 1H 11, 10, 1P, 1Q, 1F 1S, 1T, 1U, 1V 1W, 1X, 1Y, 1Z, 2I 2A, 2B, 2E, 2I, 2k 2P, 2Q, 2S, 2Z, 3I 36, 3A, 3C, 3D, 3S, 3S, 3S, 3S, 3S, 3S, 3S, 3S, 3S, 3S					

	4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values					
		27	7 401	0A1								
							Continued CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, ILI, IN, LI, LR, MR, OB, OD, OX, P0, P2, P3, P4, P6, P7, PT, PV, PW, QA, OB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SJ, SU, T4, TQ, TT, TU, UH, X3, X4, X5, ZZ end of list					
	Status Information Effective						CCYYMMDD					
STC02	Date	DT	8-8	R			CCTTIVIIVIDD					
STC03	Action Code	ID	1-2	N/U								
STC04	Total Claim Charge Amount S9(7)V99	R	1-18	R								
STC05	Claim Payment Amount S9(7)V99	R	1-18	R								
STC06	Adjudication or Payment Date	DT	8-8	S			CCYYMMDD					
STC07	Payment Method Code	ID	3-3	S			ACH, BOP, CHK, FWT, NON					
STC07	Check Issue or EFT Effective Date	DT	8-8	S			CCYYMMDD					
STC09	Check or EFT TraceNumber	AN	1-16	S								
STC10	HEALTH CARE CLAIM STATUS			S								
STC10-1	Health Care Claim Status Category Code	AN	1-30	R								
STC10-2	Health Care Claim Status Code	AN	1-30	R								
STC10-3	Entity Identifier Code	ID	2-3	S								

	5010												
Element			Min.	Usage		Loop							
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values						
		2	77 50	10									
							Continued CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, OB, OD, OX, P0, P2, P3, P4, P6, P7, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SJ, SU, T4, TQ, TT, TU, UH, X3, X4, X5, ZZ, 03, 2D, MSC, PRP, SEP, TL, TTP end of list						
STC01-4	Code List Qualifier Code	ID	1-3	N/U				New element					
0.00	Status Information Effective			14/0			CCYYMMDD						
STC02	Date	DT	8-8	R									
STC03	Action Code	ID	1-2	N/U									
07004	Total Claim Charge Amount	_											
STC04	S9(7)V99 Claim payment Amount	R	1-18	S									
STC05	S9(7)V99	R	1-18	S									
STC06	Adjudication or Payment Date	DT	8-8	S			CCYYMMDD						
STC07	Payment Method Code	ID	3-3	N/U				Usage changed to not used					
01007	1 dymone woulded code	טו	0-0	14/0			CCYYMMDD						
STC08	Remittance Date	DT	8-8	S									
STC09	Remittance Trace Number	AN	1-16	S									
STC10	HEALTH CARE CLAIM STATUS			S									
STC10-1	Health Care Claim Status Category Code	AN	1-30	R									
	Health Care Claim Status												
STC10-2	Code	AN	1-30	R									
STC10-3	Entity Identifier Code	AN	2-3	S									
STC10-4	Code List Qualifier Code	ID	1-3	N/U				New element					

	•	40	10	A 1			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		277	7 401	0A1			
	HEALTH CARE CLAIM						
STC11	STATUS			S			
0.70444	Health Care Claim Status		4 00				
STC11-1	Category Code	AN	1-30	R			
STC11-2	Health Care Claim Status Code	AN	1-30	R			
STC11-2	Entity Identifier Code	ID	2-3	S		+	
S1C11-3	Entity Identifier Code	טו	2-3	5			
STC12	Free-Form Message Text	AN	1-264	N/U			
0.0.2		7	. 20.	, 0			
	PAYER CLAIM						
REF	IDENTIFICATION NUMBER		1	R	2200E		
DEEnd	Reference Identification						1K
REF01	Qualifier	ID	2-3	R			
REF02	Payer Claim Control Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER	7	. 00	N/U			
				14/0		+	
	INSTITUTIONAL BILL TYPE					+	
REF	IDENTIFICATION		1 1	s	2200E		
	Reference Identification						BLT
REF01	Qualifier	ID	2-3	R			
REF02	Bill Type Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
	MEDICAL RECORD						
REF	IDENTIFICATION		1	S	2200E		
	Reference Identification						EA
REF01	Qualifier	ID	2-3	R			
REF02	Medical Record Number	AN	1-30	R			
	Description	AN	1-80	N/U			
REF03	D coonplion						

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		2	77 50	10				†
STC11	HEALTH CARE CLAIM STATUS			s				
STC11-1	Health Care Claim Status Category Code	AN	1-30	R				
STC11-2	Health Care Claim Status Code	AN	1-30	R				-
STC11-3 STC11-4	Entity Identifier Code Code List Qualifier Code	ID ID	2-3 1-3	S N/U				New element
STC11-4	Free-Form Message Text	AN	1-264	N/U				New element
	Ů			.,,]
REF	PAYER CLAIM CONTROL NUMBER		1	s	2200E			Usage changed to situational and name change
REF01	Reference Identification Qualifier	ID	2-3	R			1K	
REF02	Payer Claim Control Number	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				
REF	INSTITUTIONAL BILL TYPE IDENTIFICATION		1	s	2200E			
REF01	Reference Identification Qualifier	ID	2-3	R	22002		BLT	1
REF02	Bill Type Identifier	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				
								Segment deleted
			T		Ī			
REF	PATIENT CONTROL NUMBER		1	s	2200E			New segment
REF01	Reference Identification Qualifier	ID	2-3	R			EJ	
REF02	Patient Control Number	AN	1-50	R	_		-	
REF03	Description	AN	1-80	N/U			-]
REF04	REFERENCE IDENTIFIER			N/U				4
REF	PHARMACY PRESCRIPTION NUMBER		1	s	2200E			New segment

		4010A1										
Element Min. Usage Loop												
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values					
		•										
		277	7 401	0A1								
		ı										
ntp	CI AIM SERVICE DATE		1	8	2200F							
DTP DTP01	CLAIM SERVICE DATE Date/Time Qualifier	ID	1 3-3	S B	2200E		232					
DTP DTP01		ID	1 3-3	S R	2200E		232 RD8					
	Date/Time Qualifier	ID			2200E		RD8					
DTP01	Date/Time Qualifier Date Time Period Format		3-3	R	2200E		RD8 CCYYMMDD-					
DTP01	Date/Time Qualifier Date Time Period Format		3-3	R	2200E		RD8					
DTP01	Date/Time Qualifier Date Time Period Format Qualifier	ID	3-3 2-3	R R	2200E		RD8 CCYYMMDD-					
DTP01 DTP02 DTP03	Date/Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE	ID	3-3 2-3 1-35	R R R			RD8 CCYYMMDD-					
DTP01	Date/Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE INFORMATION	ID	3-3 2-3	R R	2200E	>1	RD8 CCYYMMDD-					
DTP01 DTP02 DTP03	Date/Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE INFORMATION COMPOSITE MEDICAL	ID	3-3 2-3 1-35	R R R		>1	RD8 CCYYMMDD-					
DTP01 DTP02 DTP03	Date/Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE INFORMATION	ID	3-3 2-3 1-35	R R R		>1	RD8 CCYYMMDD-					
DTP01 DTP02 DTP03	Date/Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE INFORMATION COMPOSITE MEDICAL	ID	3-3 2-3 1-35	R R R		>1	RD8 CCYYMMDD-CCYYMMDD AD, CI, HC, ID, IV, N1, N2, N3, N4,					
DTP01 DTP02 DTP03 SVC SVC01	Date/Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE INFORMATION COMPOSITE MEDICAL PROCEDURE INDENTIFIER	AN	3-3 2-3 1-35	R R R		>1	RD8 CCYYMMDD-CCYYMMDD AD, CI, HC, ID, IV,					
DTP01 DTP02 DTP03 SVC SVC01	Date/Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE INFORMATION COMPOSITE MEDICAL PROCEDURE INDENTIFIER Product/Service ID Qualifier	AN ID	3-3 2-3 1-35 1	R R R S		>1	RD8 CCYYMMDD-CCYYMMDD AD, CI, HC, ID, IV, N1, N2, N3, N4,					
DTP01 DTP02 DTP03 SVC SVC01 SVC01-1 SVC01-2	Date/Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE INFORMATION COMPOSITE MEDICAL PROCEDURE INDENTIFIER Product/Service ID Qualifier Service Identification Code	ID AN ID AN	3-3 2-3 1-35 1 2-2 1-48	R R R R R R		>1	RD8 CCYYMMDD- CCYYMMDD AD, CI, HC, ID, IV, N1, N2, N3, N4,					
DTP01 DTP02 DTP03 SVC SVC01	Date/Time Qualifier Date Time Period Format Qualifier Claim Service Period SERVICE LINE INFORMATION COMPOSITE MEDICAL PROCEDURE INDENTIFIER Product/Service ID Qualifier	AN ID	3-3 2-3 1-35 1	R R R S		>1	RD8 CCYYMMDD- CCYYMMDD AD, CI, HC, ID, IV, N1, N2, N3, N4,					

			0	_	_		
	Loop Repeat	Loop	Usage Reg.	Min. Max.	ID	Description	Element Identifier
			10	77 50			
V7			10	7 50			
XZ			R	2-3	ID	Qualifier	REF01
			R	1-50	AN	Pharmacy Prescription Number	REF02
			N/U	1-80	AN	Description	REF03
			N/U			REFERENCE IDENTIFIER	REF04
		2200E	s	1		VOUCHER IDENTIFIER	REF
VV			R	2-3	ID	Reference Identification Qualifier	REF01
			R	1-50	AN	Voucher Identifier	REF02
1			N/U	1-80	AN	Description	REF03
			N/U			REFERENCE IDENTIFIER	REF04
						CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION	
		2200E	s	1		INTERMEDIARIES	REF
D9			R	2-3	ID	Reference Identification Qualifier	REF01
			R	1-50	AN	Clearinghouse Trace Number	REF02
			N/U	1-80	AN	Description	REF03
			N/U			REFERENCE IDENTIFIER	REF04
		2200E	S	1		CLAIM SERVICE DATE	DTP
472				3-3	ID	Date Time Qualifier	DTP01
D8, RD8						Date Time Period Format Qualifier	DTP02
CCYYMMDD CCYYMMDD CCYYMMDE			R	1-35	AN	Claim Service Period	DTP03
						0557/105 1715	
	>1	2200E	s	1		INFORMATION	svc
			R			COMPOSITE MEDICAL PROCEDURE INDENTIFIER	SVC01
AD, ER, HC, H IV, N4, NU, W							
			R	2-2	ID	Product/Service ID Qualifier	SVC01-1
			R	1-48	AN	Service Identification Code	SVC01-2
			S	2-2	AN	Procedure Modifier	SVC01-3
			S	2-2	AN	Procedure Modifier	SVC01-4
			S	2-2	AN	Procedure Modifier	SVC01-5
TOTAL CONTRACT OF THE CONTRACT	Repeat	2200E 2200E	Reg. 10 R R N/U N/U S R R N/U N/U S R R N/U N/U S R R R R R R R R R R R R	1 -50	ID AN AN ID ID AN	te Identification dualifier py Prescription lumber scription CE IDENTIFIER et Identification dualifier der Identifier scription CE IDENTIFIER et Identifier scription CE IDENTIFIER et Identifier scription CE IDENTIFIER ENTIFICATION IBER FOR GHOUSES AND RANSMISSION MEDIARIES et Identification dualifier dualifier scription CE IDENTIFIER ERVICE DATE ime Qualifier et Period Format dualifier et Period EURE REMATION ETE MEDICAL RE INDENTIFIER entification Code dure Modifier dure dure dure dure dure dure dure du	Reference O Pharmace N N Dee REFEREN VOUCHE Reference O Vouch Dee REFEREN CLAIM ID NUM CLEARING OTHER TINTER Reference O Clearinghout Dee REFEREN Date Time O CLAIM SI DATE TIME O COMPOS PROCEDUR

4010A1										
Element			Min.	Usage		Loop				
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values			
277 4010A1										
SVC01-6	Procedure Modifier	AN	2-2	S						
SVC01-7	Description	AN	1-80	N/U						
SVC02	Line Item Charge Amount S9(7)V99	R	1-18	R						
SVC03	Line Item Provider Payment Amount S9(7)V99	R	1-18	R						
SVC04	Revenue Code	AN	1-48	S						
SVC05	Quantity	R	1-15	N/U						
SVC06	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			N/U						
SVC07	Original Units of Service Count S9(3)V9	R	1-15	S						
STC	SERVICE LINE STATUS INFORMATION		1	S	2220E					
STC01	HEALTH CARE CLAIM STATUS			R						
STC01-1	Health Care Claim Status Category Code	AN	1-30	R						
STC01-2	Health Care Claim Status Code	AN	1-30	R						

Element			Min.	Usage		Loop		1
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values	_
		2	77 50	10				†
SVC01-6	Procedure Modifier	AN	2-2	S				1
SVC01-7	Description	AN	1-80	N/U				1
SVC01-8	Product Service ID	AN	1-80	N/U				New element
SVC02	Line Item Charge Amount S9(7)V99	R	1-18	R				
SVC03	Line Item Payment Amount S9(7)V99	R	1-18	R				
SVC04	Revenue Code	AN	1-48	S				1
SVC05	Quantity	R	1-15	N/U				
SVC06	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			N/U				
SVC07	Units of Service Count S9(3)V9	R	1-15	S				
STC	CLAIM LEVEL STATUS INFORMATION		>1	R	2200E			Repeat and usage changed
STC01	HEALTH CARE CLAIM STATUS			R				
STC01-1	Health Care Claim Status Category Code	AN	1-30	R				
STC01-2	Health Care Claim Status Code	AN	1-30	R				

4010A1										
Element			Min.	Usage		Loop		Eleme		
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values	Identif		
		27	7 401	0Δ1						
STC01-3	Entity Identifier Code	ID	23	S			13, 17, 1E, 1G, 1H, 11, 10, 1P, 10, 1P, 10, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 28, 2A, 2B, 2D, 2E, 2I, 2K, 2P, 2O, 2S, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3O, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4L, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P, 5O, 5P, 5O, 5P, 5C, 5B, 6C, 6B, 6C	STC01		

5010										
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values			
identillei	Description	טו	IVIAA.	neg.	гоор	переаг	values			
277 5010										
STC01-3	Entity Identifier Code	ID	2-3	S			13, 17, 1E, 1G, 1H 11, 10, 1P, 1Q, 1F 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 2E 2A, 2B, 2E, 2I, 2K 2P, 2Q, 2S, 2Z, 3G 36, 3A, 3C, 3D, 3S, 3G, 3H, 3I 3J, 3K, 3L, 3M, 3I 3O, 3P, 3Q, 3R, 3S, 3T, 3U, 3V, 3W, 3X, 3Y, 3Z, 40, 43, 44, 4A, 4B 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4I, 4M, 4N, 4O, 4P, 4Q, 4R, 4S, 4U, 4V, 4W, 4X, 4Y, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5K, 5L 5M, 5N, 5O, 5P, 5Q, 5R, 5S, 5T, 5U, 5V, 5W, 5S, 5Y, 5Z, 61, 6A, 6E 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J, 6K 6L, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 71, 72, 73, 74 77, 7C, 80, 82, 84 85, 87, 95, continued on next row			

4010A1											
Element	Element Min. Usage Loop										
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values				
277 4010A1											
							continued CK, CZ, D2, DD, DJ, DK, DN, DO, DO, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, JJ, IL, IN, LI, LR, MR, OB, OD, OX, P0, P2, P3, P4, P6, P7, PT, PV, PW, QA, QB, QC, QD, QE, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SJ, SU, T4, TQ, TT, TU, UH, X3, X4, X5, ZZ end of list				
	Status Information Effective						CCYYMMDD				
STC02	Date	DT	8-8	R			OOTTMINDD				
STC03	Action Code	ID	1-2	N/U							
STC04	Line Item Charge Amount S9(7)V99	R	1-18	S							
STC05	Line Item Provider Payment Amount S9(7)V99	R	1-18	S							
STC06	Date	DT	8-8	N/U							
STC07	Payment Method Code	ID	3-3	N/U							
STC08	Date	DT	8-8	N/U							
STC09	Check Number	AN	1-16	N/U							
STC10	HEALTH CARE CLAIM STATUS			S							
STC10-1	Health Care Claim Status Category Code	AN	1-30	R							
STC10.0	Health Care Claim Status Code	AN	1-30	R							
STC10-2 STC10-3	Entity Identifier Code	ID	2-3	S							
31010-3	Littity identifier Code	יוט	2-3	3							
STC11	HEALTH CARE CLAIM STATUS			S							

5010										
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values			
		2	77 50	10				l		
		2	77 30				Continued CK, CZ, D2, DD, DJ, DK, DN, DO, DQ, E1, E2, E7, E9, FA, FD, FE, G0, G3, GB, GD, GI, GJ, GK, GM, GY, HF, HH, I3, IJ, IL, IN, LI, LR, MR, OB, OD, OX, P0, P2, P3, P4, P6, P7, PT, PV, PW, QA, QB, QC, QD, QC, QH, QK, QL, QN, QO, QS, QV, QY, RC, RW, S4, SJ, SU, T4, TQ, TT, TU, UH, X3, X4, X5, ZZ, 03, 2D, MSC, PRP, SEP, TL, TTP end of list			
STC01-4	Code List Qualifier Code	ID	1-3	N/U				New element		
STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD			
STC03	Action Code	ID	1-2	N/U						
STC04	Total Claim Charge Amount S9(7)V99	R	1-18	N/U				Usage changed		
STC05	Claim payment Amount S9(7)V99	R	1-18	N/U				Usage changed		
STC06	Adjudication or Payment Date	DT	8-8	N/U						
STC07	Payment Method Code	ID	3-3	N/U						
STC08	Remittance Date	DT	8-8	N/U						
STC10	Remittance Trace Number HEALTH CARE CLAIM STATUS	AN	1-16	N/U						
STC10 STC10-1	Health Care Claim Status Category Code	AN	1-30	S R						
STC10-2	Health Care Claim Status Code	AN	1-30	R						
STC10-3	Entity Identifier Code	AN	2-3	S				J		
STC10-4	Code List Qualifier Code	ID	1-3	N/U				New element		
STC11	HEALTH CARE CLAIM STATUS			S						

4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
			- 404								
277 4010A1											
STC11-1	Health Care Claim Status Category Code	AN	1-30	R							
0.0	Health Care Claim Status	7	. 00								
STC11-2	Code	AN	1-30	R							
STC11-3	Entity Identifier Code	ID	2-3	S							
STC12	Free-Form Message Text	AN	1-264	N/U							
	SERVICE LINE ITEM										
REF	IDENTIFICATION		1	s	2220E						
	Reference Identification						FJ				
REF01	Qualifier	ID	2-3	R							
REF02	Line Item Control Number	AN	1-30	R							
REF03	Description	AN	1-80	N/U							
REF04	REFERENCE IDENTIFIER			N/U							
DTP	SERVICE LINE DATE		1	s	2220E						
DTP01	Date Time Qualifier	ID	3-3	R			472				
	Date Time Period Format						RD8				
DTP02	Qualifier	ID	2-3	R							
							CCYYMMDD- CCYYMMDD				
DTP03	Service Date	AN	1-35	R			CCTTIVIIVIDD				
D11 03	Gervice Date	AIN	1-00	11							
	TRANSACTION SET										
SE	TRAILER		1	R							
SE01	Transaction Segment Count	N0	1-10	R							
SE02	Transaction Set Control Number	A 8.1	4-9	R							
SE02	Number	AN	4-9	н							
	FUNCTIONAL GROUP										
GE	TRAILER		1	R		1					
-	Number of Transaction Sets										
GE01	Included	N0	1-6	R							
GE02	Group Control Number	N0	1-9	R							
	INTERCHANGE CONTROL			_							
IEA	TRAILER		1	R		1					
IEA01	Number of Included Functional Groups	N0	1-5	R							
ILAUI	i unotional Groups	INU	1-0	11							
IEA02	Interchange Control Number	N0	9-9	R							

		5	501	0]
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
identinei	Description	10	wax.	neg.	гоор	Порош	values	
		2	77 50	10				1
	Health Care Claim Status							
STC11-1	Category Code	AN	1-30	R				
	Health Care Claim Status							
STC11-2	Code	AN	1-30	R				_
STC11-3	Entity Identifier Code	ID	2-3	S				New element
STC11-4	Code List Qualifier Code	ID	1-3	N/U				New element
STC12	Free-Form Message Text	AN	1-264	N/U				-
REF	SERVICE LINE ITEM IDENTIFICATION		1	s	2200E			
	Reference Identification						FJ	
REF01	Qualifier	ID	2-3	R				Increase from 30 - 50
REF02	Line Item Control Number	AN	1-50	R				increase from 30 - 50
REF03	Description	AN	1-80	N/U				_
REF04	REFERENCE IDENTIFIER			N/U				-
DTD	SERVICE LINE DATE		_	_	00005			4
DTP DTP01	Date Time Qualifier	ID	1 3-3	R R	2200E		472	-
DIPUI	Date Time Qualifier Date Time Period Format	טו	3-3	n			R8, RD8	Codes Added
DTP02	Qualifier	ID	2-3	R			110,1120	00000710000
							CCYYMMDD, CCYYMMDD-	New format allowed
DTP03	Service Line Date	AN	1-35	R			CCYYMMDD	
	TRANSACTION SET							
SE	TRAILER		1	R				
SE01	Transaction Segment Count Transaction Set Control	N0	1-10	R				_
SE02	Number	AN	4-9	R				_
GE	FUNCTIONAL GROUP TRAILER		1	R		1		
	Number of Transaction Sets							1
GE01	Included	N0	1-6	R				
GE02	Group Control Number	N0	1-9	R				
	INTERCHANGE CONTROL							
IEA	TRAILER		1	R		1		4
IEA01	Number of Included Functional Groups	N0	1-5	R				_
IEA02	Interchange Control Number	N0	9-9	R				