4010A1						
Element Identifier	**Description**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**

Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
276 4010A1							
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			
ISA05	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ
ISA06	Interchange Sender ID	AN	15-15	R			
ISA07	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ
ISA08	Interchange Receiver ID	AN	15-15	R			
ISA09	Interchange Date	DT	6-6	R			YYMMDD
ISA10	Interchange Time	TM	4-4	R			HHMM
ISA11	Interchange Control Standards ID	ID	1-1	R			U
ISA12	Interchange Control Version Number	ID	5-5	R			00401
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			004010X093

5010						
Element Identifier	**Description**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**

Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
276 5010							
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			
ISA05	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ
ISA06	Interchange Sender ID	AN	15-15	R			
ISA07	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ
ISA08	Interchange Receiver ID	AN	15-15	R			
ISA09	Interchange Date	DT	6-6	R			YYMMDD
ISA10	Interchange Time	TM	4-4	R			HHMM
ISA11	Repetition Seperator	AN	1-1	R			*New usage for element*
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

	4010A1								5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
	276 4010A1								**276 5010**							
ST	**TRANSACTION SET HEADER**		1	R		>1		**ST**	**TRANSACTION SET HEADER**		1	R		>1		
ST01	Transaction Set Identifier Code	ID	3-3	R			276	ST01	Transaction Set Identifier Code	ID	3-3	R			276	
ST02	Transaction Set Control Number	AN	4-9	R				ST02	Transaction Set Control Number	AN	4-9	R				
								ST03	Implementation Convention Reference	AN	1-35	R			005010X212	New Element
BHT	**BEGINNING OF HIERARCHICAL TRANSACTION**		1	R		1		**BHT**	**BEGINNING OF HIERARCHICAL TRANSACTION**		1	R		1		
BHT01	Hierarchical Structure Code	ID	4-4	R			0010	BHT01	Hierarchical Structure Code	ID	4-4	R			0010	
BHT02	Transaction Set Purpose Code	ID	2-2	R			13	BHT02	Transaction Set Purpose Code	ID	2-2	R			13	
BHT03	Reference Identification	AN	1-30	N/U				BHT03	Reference Identification	AN	1-50	R				Change from Not used to Required and Increase from 30 - 50
BHT04	Transaction Set Creation Date	DT	8-8	R			CCYYMMDD	BHT04	Transaction Set Creation Date	DT	8-8	R			CCYYMMDD	
BHT05	Time	TM	4-8	N/U				BHT05	Time	TM	4-8	R				Change from Not used to Required
BHT06	Transaction Type Code	ID	2-2	N/U				BHT06	Transaction Type Code	ID	2-2	N/U				
HL	**INFORMATION SOURCE LEVEL**		1	R	2000A	>1		**HL**	**INFORMATION SOURCE LEVEL**		1	R	2000A	>1		
HL01	Hierarchical ID Number	AN	1-12	R				HL01	Hierarchical ID Number	AN	1-12	R				
HL02	Hierarchical Parent ID Number	AN	1-12	N/U				HL02	Hierarchical Parent ID Number	AN	1-12	N/U				
HL03	Hierarchical Level Code	ID	1-2	R			20	HL03	Hierarchical Level Code	ID	1-2	R			20	
HL04	Hierarchical Child Code	ID	1-1	R			1	HL04	Hierarchical Child Code	ID	1-1	R			1	
NM1	**PAYER NAME**		1	R	2100A	>1		**NM1**	**PAYER NAME**		1	R	2100A	1		
NM101	Entity Identifier Code	ID	2-3	R			PR	NM101	Entity Identifier Code	ID	2-3	R			PR	
NM102	Entity Type Qualifier	ID	1-1	R			2	NM102	Entity Type Qualifier	ID	1-1	R			2	
NM103	Payer Name	AN	1-35	R				NM103	Payer Name	AN	1-60	R				Increase from 35 - 60
NM104	Name First	AN	1-25	N/U				NM104	Name First	AN	1-35	N/U				Increase from 25 - 35
NM105	Name Middle	AN	1-25	N/U				NM105	Name Middle	AN	1-25	N/U				
NM106	Name Prefix	AN	1-10	N/U				NM106	Name Prefix	AN	1-10	N/U				
NM107	Name Suffix	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	NM108	Identification Code Qualifier	ID	1-2	R			PI, XV	Codes Removed
NM109	Payer Identifier	AN	2-80	R				NM109	Payer Identifier	AN	2-80	R				
NM110	Entity Relationship Code	ID	2-2	N/U				NM110	Entity Relationship Code	ID	2-2	N/U				
NM111	Entity Identifier Code	ID	2-3	N/U				NM111	Entity Identifier Code	ID	2-3	N/U				

CLAIM STATUS

	4010A1								5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
276 4010A1								**276 5010**								
								NM112	Last Name	ID	1-60	N/U				New Element
PER	**PAYER CONTACT INFORMATION**		1	S	2100A											Segment Removed
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									
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		**HL**	**INFORMATION RECEIVER LEVEL**		1	R	2000B	>1		
HL01	Hierarchical ID Number	AN	1-12	R				HL01	Hierarchical ID Number	AN	1-12	R				
HL02	Hierarchical Parent ID Number	AN	1-12	R				HL02	Hierarchical Parent ID Number	AN	1-12	R				
HL03	Hierarchical Level Code	ID	1-2	R			21	HL03	Hierarchical Level Code	ID	1-2	R			21	
HL04	Hierarchical Child Code	ID	1-1	R			1	HL04	Hierarchical Child Code	ID	1-1	R			1	
NM1	**INFORMATION RECEIVER NAME**		1	R	2100B	>1		**NM1**	**INFORMATION RECEIVER NAME**		1	R	2100B	1		Repeat Changed
NM101	Entity Identifier Code	ID	2-3	R			41	NM101	Entity Identifier Code	ID	2-3	R			41	
NM102	Entity Type Qualifier	ID	1-1	R			1, 2	NM102	Entity Type Qualifier	ID	1-1	R			1, 2	
NM103	Information Receiver Last Name or Organization Name	AN	1-35	R				NM103	Information Receiver Last Name or Organization Name	AN	1-60	S				Increase from 35 - 60
NM104	Information Receiver First Name	AN	1-25	S				NM104	Information Receiver First Name	AN	1-35	S				Increase from 25 - 35
NM105	Information Receiver Middle Name	AN	1-25	S				NM105	Information Receiver Middle Name	AN	1-25	S				
NM106	Name Prefix	AN	1-10	N/U				NM106	Name Prefix	AN	1-10	N/U				
NM107	Information Receiver Name Suffix	AN	1-10	S				NM107	Information Receiver Name Suffix	AN	1-10	N/U				Changed to Not Used
NM108	Identification Code Qualifier	ID	1-2	R			46, FI, XX	NM108	Identification Code Qualifier	ID	1-2	R			46	Codes Removed
NM109	Information Receiver Identification Number	AN	2-80	R				NM109	Information Receiver Identification Number	AN	2-80	R				
NM110	Entity Relationship Code	ID	2-2	N/U				NM110	Entity Relationship Code	ID	2-2	N/U				
NM111	Entity Identifier Code	ID	2-3	N/U				NM111	Entity Identifier Code	ID	2-3	N/U				
								NM112	Last Name	ID	1-60	N/U				New Element

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
276 4010A1							
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			
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			
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
DMG	**SUBSCRIBER DEMOGRAPHIC INFORMATION**		1	S	2000D		
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8
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			

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
276 5010								
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 changed
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	1-60	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				
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	
DMG	**SUBSCRIBER DEMOGRAPHIC INFORMATION**		1	S	2000D			
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8	
DMG02	Subscriber Birth Date	AN	1-35	R			CCYYMMDD	
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				
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				

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Element Identifier	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Values	Notes
276 4010A1								**276 5010**								
DMG09	Quantity	R	1-15	N/U				DMG09	Quantity	R	1-15	N/U				
								DMG10	Code List Qualifier Code	ID	1-3	N/U				New Element
								DMG11	Industry Code	AN	1-30	N/U				New Element
NM1	**SUBSCRIBER NAME**		1	R	2100D	1		**NM1**	**SUBSCRIBER NAME**		1	R	2100D	1		
NM101	Entity Identifier Code	ID	2-3	R			IL, QC	NM101	Entity Identifier Code	ID	2-3	R			IL	Code Removed
NM102	Entity Type Qualifier	ID	1-1	R			1, 2	NM102	Entity Type Qualifier	ID	1-1	R			1, 2	
NM103	Subscriber Last Name	AN	1-35	R				NM103	Subscriber Last Name	AN	1-60	R				Increase from 35 - 60
NM104	Subscriber First Name	AN	1-25	S				NM104	Subscriber First Name	AN	1-35	S				Increase from 25 - 35
NM105	Subscriber Middle Name	AN	1-25	S				NM105	Subscriber Middle Name	AN	1-25	S				
NM106	Subscriber Name Prefix	AN	1-10	S				NM106	Subscriber Name Prefix	AN	1-10	N/U				Change from Situational to Not Used
NM107	Subscriber Name Suffix	AN	1-10	S				NM107	Subscriber Name Suffix	AN	1-10	S				
NM108	Identification Code Qualifier	ID	1-2	R			24, MI, ZZ	NM108	Identification Code Qualifier	ID	1-2	R			24, II, MI	Code Changes
NM109	Subscriber Identifier	AN	2-80	R				NM109	Subscriber Identifier	AN	2-80	R				
NM110	Entity Relationship Code	ID	2-2	N/U				NM110	Entity Relationship Code	ID	2-2	N/U				
NM111	Entity Identifier Code	ID	2-3	N/U				NM111	Entity Identifier Code	ID	2-3	N/U				
								NM112	Last Name	ID	1-60	N/U				New Element
TRN	**CLAIM SUBMITTER TRACE NUMBER**		1	R	2200D	>1		**TRN**	**CLAIM STATUS TRACKING NUMBER**		1	S	2200D	>1		Name Change
TRN01	Trace Type Code	ID	1-2	R			1	TRN01	Trace Type Code	ID	1-2	R			1	
TRN02	Trace Number	AN	1-30	R				TRN02	Trace Number	AN	1-50	R				Increase from 30 - 50
TRN03	Originating Company Identifier	AN	10-10	N/U				TRN03	Originating Company Identifier	AN	10-10	N/U				
TRN04	Reference Identification	AN	1-30	N/U				TRN04	Reference Identifier	AN	1-50	N/U				Increase from 30 - 50
REF	**PAYER CLAIM IDENTIFICATION NUMBER**		1	S	2200D			**REF**	**PAYER CLAIM CONTROL NUMBER**		1	S	2200D			Name Change
REF01	Reference Identification Qualifier	ID	2-3	R			1K	REF01	Reference Identification Qualifier	ID	2-3	R			1K	
REF02	Payer Claim Control Number	AN	1-30	R				REF02	Payer Claim Control Number	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				REF04	Reference Identifier			N/U				
REF	**INSTITUTIONAL BILL TYPE IDENTIFICATION**		1	S	2200D			**REF**	**INSTITUTIONAL BILL TYPE IDENTIFICATION**		1	S	2200D			
REF01	Reference Identification Qualifier	ID	2-3	R			BLT	REF01	Reference Identification Qualifier	ID	2-3	R			BLT	
REF02	Bill Type Identifier	AN	1-30	R				REF02	Bill Type Identifier	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				REF04	Reference Identifier			N/U				

4010A1 Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	5010 Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
276 4010A1								**276 5010**								
								REF	**APPLICATION OR LOCATION SYSTEM IDENTIFIER**		1	S	2200D			New Segment
								REF01	Reference Identification Qualifier	ID	2-3	R			LU	
								REF02	Application or Location System Identifier	AN	1-50	R				
								REF03	Description	AN	1-80	N/U				
								REF04	Reference Identifier			N/U				
REF	**MEDICAL RECORD IDENTIFICATION**		1	S	2200D											Segment Deleted
REF01	Reference Identification Qualifier	ID	2-3	R			EA									
REF02	Medical Record Number	AN	1-30	R												
REF03	Description	AN	1-80	N/U												
REF04	REFERENCE IDENTIFIER			N/U												
REF	**GROUP NUMBER**		1	S	2200D		Addenda	REF	**GROUP NUMBER**		1	S	2200D			
REF01	Reference Identification Qualifier	ID	2-3	R			LU	REF01	Reference Identification Qualifier	ID	2-3	R			6P	Code Change
REF02	Group Number	AN	1-30	R				REF02	Group Number	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				REF04	Reference Identifier			N/U				
								REF	**PATIENT CONTROL NUMBER**		1	S	2200D			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				
								REF	**PHARMACY PRESCRIPTION NUMBER**		1	S	2200D			New Segment
								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				

Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
	4010A1									**5010**								
	276 4010A1									**276 5010**								
									REF	CLAIM ID 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				
AMT	CLAIM SUBMITTED CHARGES		1	S	2200D				AMT	CLAIM SUBMITTED CHARGES		1	S	2200D			
AMT01	Amount Qualifier Code	ID	1-3	R			T3		AMT01	Amount Qualifier Code	ID	1-3	R			T3	
AMT02	Total Claim Charge Amount S9(7)V99	R	1-18	R					AMT02	Total Claim Charge Amount S9(7)V99	R	1-18	R				
AMT03	Credit/Debit Flag Code	ID	1-1	N/U					AMT03	Credit/Debit Flag Code	ID	1-1	N/U				
DTP	CLAIM SERVICE DATE		1	S	2200D				DTP	CLAIM SERVICE DATE		1	S	2200D			
DTP01	Date Time Qualifier	ID	3-3	R			232		DTP01	Date Time Qualifier	ID	3-3	R			472	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			RD8		DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8	Codes Added
DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD-CCYYMMDD		DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD	New format allowed
SVC	SERVICE LINE INFORMATION		1	S	2210D	>1			SVC	SERVICE LINE INFORMATION		1	S	2210D	>1		
SVC01	Composite Medical Procedure Identifier			R					SVC01	Composite Medical Procedure Identifier			R				
SVC01-1	Product/Service ID Qualifier	ID	2-2	R			AD, CI, HC, ID, IV, N1, N2, N3, N4, ND,NH, NU, RB		SVC01-1	Product Service ID	ID	2-2	R			AD, ER, HC, HP, IV, N4, NU, WK	Codes Removed
SVC01-2	Service Identification Code	AN	1-48	R					SVC01-2	Service Identification Code	AN	1-48	R				
SVC01-3	Procedure Modifier	AN	2-2	S					SVC01-3	Procedure Modifier	AN	2-2	S				
SVC01-4	Procedure Modifier	AN	2-2	S					SVC01-4	Procedure Modifier	AN	2-2	S				
SVC01-5	Procedure Modifier	AN	2-2	S					SVC01-5	Procedure Modifier	AN	2-2	S				
SVC01-6	Procedure Modifier	AN	2-2	S					SVC01-6	Procedure Modifier	AN	2-2	S				
SVC01-7	Description	AN	1-80	N/U					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					SVC02	Line Item Charge Amount S9(7)V99	R	1-18	R				
SVC03	Monetary Amount	R	1-18	N/U					SVC03	Monetary Amount	R	1-18	N/U				
SVC04	Revenue Code	AN	1-48	S					SVC04	Revenue Code	AN	1-48	S				
SVC05	Quanity	R	1-15	N/U					SVC05	Quanity	R	1-15	N/U				

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
276 4010A1							
SVC06	Composite Medical Procedure Identifier			N/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			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	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			
DMG	**DEPENDENT DEMOGRAPHIC INFORMATION**		**1**	**R**	**2000E**		
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8
DMG02	Patient Birth Date	AN	1-35	R			CCYYMMDD
DMG03	Patient 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			
DMG09	Quantity	R	1-15	N/U			

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
276 5010								
SVC06	Composite Medical Procedure Identifier			N/U				
SVC07	Quantity	R	1-15	R				Usage changed to required
REF	**SERVICE LINE ITEM IDENTIFICATION**		**1**	**S**	**2210D**			
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**	**2210D**			
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
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	1-2	R			23	
HL04	Hierarchical Child Code	ID	1-1	N/U				
DMG	**DEPENDENT DEMOGRAPHIC INFORMATION**		**1**	**R**	**2000E**			
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8	
DMG02	Patient Birth Date	AN	1-35	R			CCYYMMDD	
DMG03	Patient Gender Code	ID	1-1	S			F, M	
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				
DMG09	Quantity	R	1-15	N/U				
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

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
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			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			
REF	**PAYER CLAIM IDENTIFICATION NUMBER**		**1**	**S**	**2200E**		
REF01	Reference Identification Qualifier	ID	2-3	R			1K
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**	**2200E**		
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			

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276 5010

Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Notes
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	1-60	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
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			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

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

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
	276 5010							
REF01	Reference Identification Qualifier	ID	2-3	R			LU	
REF02	Application or Location System Identifier	AN	1-50	R				
REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				
								Segment Deleted
REF	**GROUP NUMBER**		**1**	**S**	**2200E**			New Segment
REF01	Reference Identification Qualifier	ID	2-3	R			6P	
REF02	Group Number	AN	1-50	R				
REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				
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				
REF	**PHARMACY PRESCRIPTION NUMBER**		**1**	**S**	**2200E**			New Segment
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				
REF	**CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES**		**1**	**S**	**2200E**			New Segment
REF01	Reference Identification Qualifier	ID	2-3	R			D9	

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
	276 4010A1						
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		
DTP01	Date/Time Qualifier	ID	3-3	R			232
DTP02	Date Time Period Format Qualifier	ID	2-3	R			RD8
DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD-CCYYMMDD
SVC	**SERVICE LINE INFORMATION**		1	S	2210E	>1	
SVC01	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			R			
SVC01-1	Product or Service ID Qualifier	ID	2-2	R			AD, CI, HC, ID, IV, N1, N2, N3, N4, ND, NH, NU, RB
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			
SVC02	Line Item Charge Amount 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			
SVC06	Composite Medical Procedure Identifier			N/U			
SVC07	Quantity	R	1-15	S			

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
	276 5010							
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			
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 allowed
SVC	**SERVICE LINE INFORMATION**		1	S	2210E	>1		
SVC01	Composite Medical Procedure Identifier			R				
SVC01-1	Product Service ID Qualifier	ID	2-2	R			AD, ER, HC, HP, IV, N4, NU, WK	Code Changes
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				
SVC04	Revenue Code	AN	1-48	S				
SVC05	Quanity	R	1-15	N/U				
SVC06	Composite Medical Procedure Identifier			N/U				
SVC07	Quantity	R	1-15	R				Usage Changed to Required

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
276 4010A1							
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			

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
276 5010								
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				

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
	277 4010A1						
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			
ISA05	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ
ISA06	Interchange Sender ID	AN	15-15	R			
ISA07	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ
ISA08	Interchange Receiver ID	AN	15-15	R			
ISA09	Interchange Date	DT	6-6	R			YYMMDD
ISA10	Interchange Time	TM	4-4	R			HHMM
ISA11	Interchange Control Standards ID	ID	1-1	R			U
ISA12	Interchange Control Version Number	ID	5-5	R			00401
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			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

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
	277 5010						
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			
ISA05	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ
ISA06	Interchange Sender ID	AN	15-15	R			
ISA07	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ
ISA08	Interchange Receiver ID	AN	15-15	R			
ISA09	Interchange Date	DT	6-6	R			YYMMDD
ISA10	Interchange Time	TM	4-4	R			HHMM
ISA11	Repetition Seperator	AN	1-1	R			New usage for element
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

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Element Identifier	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Values
277 4010A1							
ST	**TRANSACTION SET HEADER**		1	R		>1	
ST01	Transaction Set Identifier Code	ID	3-3	R			277
ST02	Transaction Set Control Number	AN	4-9	R			
BHT	**BEGINNING OF 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			
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**		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			

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Element Identifier	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Values	
277 5010								
ST	**TRANSACTION SET HEADER**		1	R		>1		
ST01	Transaction Set Identifier Code	ID	3-3	R			277	
ST02	Transaction Set Control Number	AN	4-9	R				
ST03	Implementation Convention Reference	AN	1-35	R			005010X212	New Element
BHT	**BEGINNING OF 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	1-50	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		
HL01	Hierarchical ID Number	AN	1-12	R				
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**		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	1-60	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

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
277 4010A1								**277 5010**								
PER	**PAYER CONTACT INFORMATION**		1	S	2100A			**PER**	**PAYER CONTACT INFORMATION**		1	S	2100A			
PER01	Contact Function Code	ID	2-2	R			IC	PER01	Contact Function Code	ID	2-2	R			IC	
PER02	Payer Contact Name	AN	1-60	S				PER02	Payer Contact Name	AN	1-60	S				
PER03	Communication Number Qualifier	ID	2-2	R			ED, EM, TE	PER03	Communication Number Qualifier	ID	2-2	R			ED, EM, TE, FX	Code Added
PER04	Communication Number	AN	1-80	R				PER04	Communication Number	AN	1-256	R				Increase from 80 - 256
PER05	Communication Number Qualifier	ID	2-2	S			EX	PER05	Communication Number Qualifier	ID	2-2	S			ED, EM, TE, FX, EX	Code Changes
PER06	Communication Number	AN	1-80	S				PER06	Communication Number	AN	1-256	S				Increase from 80 - 256
PER07	Communication Number Qualifier	ID	2-2	S			EX, FX	PER07	Communication Number Qualifier	ID	2-2	S			ED, EM, TE, FX, EX	Code Changes
PER08	Communication Number	AN	1-80	S				PER08	Communication Number	AN	1-256	S				Increase from 80 - 256
PER09	Contact Inquiry Reference	AN	1-20	N/U				PER09	Contact Inquiry Reference	AN	1-20	N/U				
HL	**INFORMATION RECEIVER LEVEL**		1	R	2000B	>1		**HL**	**INFORMATION RECEIVER LEVEL**		1	R	2000B	>1		
HL01	Hierarchical ID Number	AN	1-12	R				HL01	Hierarchical ID Number	AN	1-12	R				
HL02	Hierarchical Parent ID Number	AN	1-12	R				HL02	Hierarchical Parent ID Number	AN	1-12	R				
HL03	Hierarchical Level Code	ID	1-2	R			21	HL03	Hierarchical Level Code	ID	1-2	R			21	
HL04	Hierarchical Child Code	ID	1-1	R			1	HL04	Hierarchical Child Code	ID	1-1	R			0, 1	Code Added
NM1	**INFORMATION RECEIVER NAME**		1	R	2100B	>1		**NM1**	**INFORMATION RECEIVER NAME**		1	R	2100B	1		
NM101	Entity Identifier Code	ID	2-3	R			41	NM101	Entity Identifier Code	ID	2-3	R			41	
NM102	Entity Type Qualifier	ID	1-1	R			1, 2	NM102	Entity Type Qualifier	ID	1-1	R			1, 2	
NM103	Information Receiver Last or Organization Name	AN	1-35	R				NM103	Information Receiver Last or Organization Name	AN	1-60	S				Increase from 35 - 60
NM104	Information Receiver First Name	AN	1-25	S				NM104	Information Receiver First Name	AN	1-35	S				Increase from 25 - 35
NM105	Information Receiver Middle Name	AN	1-25	S				NM105	Information Receiver Middle Name	AN	1-25	S				
NM106	Information Receiver Name Prefix	AN	1-10	S				NM106	Information Receiver Name Prefix	AN	1-10	N/U				
NM107	Information Receiver Name Suffix	AN	1-10	S				NM107	Information Receiver Name Suffix	AN	1-10	N/U				Changed to Not Used
NM108	Identification Code Qualifier	ID	1-2	R			46, FI, XX	NM108	Identification Code Qualifier	ID	1-2	R			46	Codes Removed
NM109	Information Receiver Identification Number	AN	2-80	R				NM109	Information Receiver Identification Number	AN	2-80	R				
NM110	Entity Relationship Code	ID	2-2	N/U				NM110	Entity Relationship Code	ID	2-2	N/U				
NM111	Entity Identifier Code	ID	2-3	N/U				NM111	Entity Identifier Code	ID	2-3	N/U				
								NM112	Last Name	ID	1-60	N/U				New Element

4010A1								5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
	277 4010A1								**277 5010**						
								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			
								STC	**INFORMATION RECEIVER STATUS INFORMATION**		> 1	R	2200B		New Segment
								STC01	HEALTH CARE CLAIM STATUS			R			
								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
								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			41, AY, PR
								STC11-4	Code List Qualifier Code	ID	1-3	N/U			
								STC12	Free-Form Message Text	AN	1-264	N/U			

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
	277 4010A1						
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			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Notes
	277 5010							
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			0, 1	New Code
NM1	**PROVIDER NAME**		1	R	2100C	2		Loop repeat changed
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	1-60	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				
NM112	Last Name	ID	1-60	N/U				New Element
TRN	**PROVIDER OF SERVICE TRACE IDENTIFIER**		1	S	2200C	1		New Loop and new segment
TRN01	Current Transaction Trace Number	ID	1-2	R			1	
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				
STC	**PROVIDER STATUS INFORMATION**		> 1	R	2200C			New Segment
STC01	HEALTH CARE CLAIM STATUS			R				
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	
STC01-4	Code List Qualifier Code	ID	1-3	N/U				

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
277 4010A1							
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
DMG	**SUBSCRIBER DEMOGRAPHIC INFORMATION**		**1**	**R**	**2000D**		
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8
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			

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
277 5010							
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

	4010A1								5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
	277 4010A1								**277 5010**							
DMG08	Basis of Verification Code	ID	1-2	N/U												
DMG09	Quantity	R	1-15	N/U												
NM1	**SUBSCRIBER NAME**		1	R	2100D	1		**NM1**	**SUBSCRIBER NAME**		1	R	2100D	1		
NM101	Entity Identifier Code	ID	2-3	R			IL, QC	NM101	Entity Identifier Code	ID	2-3	R			IL	Code change
NM102	Entity Type Qualifier	ID	1-1	R			1, 2	NM102	Entity Type Qualifier	ID	1-1	R			1, 2	
NM103	Subscriber Last Name	AN	1-35	R				NM103	Subscriber Last Name	AN	1-60	R				Increase from 35 - 60
NM104	Subscriber First Name	AN	1-25	S				NM104	Subscriber First Name	AN	1-35	S				Increase from 25 - 35
NM105	Subscriber Middle Name	AN	1-25	S				NM105	Subscriber Middle Name	AN	1-25	S				
NM106	Subscriber Name Prefix	AN	1-10	S				NM106	Subscriber Name Prefix	AN	1-10	N/U				Changed to Not Used
NM107	Subscriber Name Suffix	AN	1-10	S				NM107	Subscriber Name Suffix	AN	1-10	S				
NM108	Identification Code Qualifier	ID	1-2	R			24, MI, ZZ	NM108	Identification Code Qualifier	ID	1-2	R			24, II, MI	
NM109	Subscriber Identifier	AN	2-80	R				NM109	Subscriber Identifier	AN	2-80	R				
NM110	Entity Relationship Code	ID	2-2	N/U				NM110	Entity Relationship Code	ID	2-2	N/U				
NM111	Entity Identifier Code	ID	2-3	N/U				NM111	Entity Identifier Code	ID	2-3	N/U				
								NM112	Last Name	ID	1-60	N/U				New Element
TRN	**CLAIM SUBMITTER TRACE NUMBER**		1	S	2200D	>1		**TRN**	**CLAIM STATUS TRACKING NUMBER**		1	S	2200D	>1		Loop and segment name change
TRN01	Trace Type Code	ID	1-2	R			2	TRN01	Referenced Transaction Trace Number	ID	1-2	R			2	
TRN02	Trace Number	AN	1-30	R				TRN02	Trace Number	AN	1-50	R				Increase from 30 - 50
TRN03	Originating Company Identifier	AN	10-10	N/U				TRN03	Originating Company Identifier	AN	10-10	N/U				
TRN04	Reference Identification	AN	1-30	N/U				TRN04	Reference Identification	AN	1-50	N/U				Increase from 30 - 50
STC	**CLAIM LEVEL STATUS INFORMATION**		1	R	2200D			**STC**	**CLAIM LEVEL STATUS INFORMATION**		> 1	R	2200D			
STC01	HEALTH CARE CLAIM STATUS			R				STC01	HEALTH CARE CLAIM STATUS			R				
STC01-1	Health Care Claim Status Category Code	AN	1-30	R				STC01-1	Health Care Claim Status Category Code	AN	1-30	R				
STC01-2	Health Care Claim Status Code	AN	1-30	R				STC01-2	Health Care Claim Status Code	AN	1-30	R				

	4010A1								5010						
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
277 4010A1								**277 5010**							
STC01-3	Entity Identifier Code	ID	2-3	S			13, 17, 1E, 1G, 1H, 1I, 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, 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, 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, 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	STC01-3	Entity Identifier Code	ID	2-3	S			13, 17, 1E, 1G, 1H, 1I, 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, 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, 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, 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

Code changes

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Element Identifier	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Values
							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 end of list
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	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
STC08	Check Issue or EFT Effective Date	DT	8-8	S			CCYYMMDD
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			

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Element Identifier	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Values	Notes
							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
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	S				
STC05	Claim payment Amount 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
STC08	Remittance Date	DT	8-8	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

Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Notes
4010A1								**5010**								
				277 4010A1								277 5010				
STC11	HEALTH CARE CLAIM STATUS			S				STC11	HEALTH CARE CLAIM STATUS			S				
STC11-1	Health Care Claim Status Category Code	AN	1-30	R				STC11-1	Health Care Claim Status Category Code	AN	1-30	R				
STC11-2	Health Care Claim Status Code	AN	1-30	R				STC11-2	Health Care Claim Status Code	AN	1-30	R				
STC11-3	Entity Identifier Code	ID	2-3	S				STC11-3	Entity Identifier Code	ID	2-3	S				
								STC11-4	Code List Qualifier Code	ID	1-3	S			RX	New element
STC12	Free-Form Message Text	AN	1-264	N/U				STC12	Free-Form Message Text	AN	1-264	N/U				
REF	**PAYER CLAIM IDENTIFICATION NUMBER**		1	S	2200D			**REF**	**PAYER CLAIM CONTROL NUMBER**		1	S	2200D			Loop and segment name change
REF01	Reference Identification Qualifier	ID	2-3	R			1K	REF01	Reference Identification Qualifier	ID	2-3	R			1K	
REF02	Payer Claim Control Number	AN	1-30	R				REF02	Payer Claim Control Number	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				REF04	REFERENCE IDENTIFIER			N/U				
REF	**INSTITUTIONAL BILL TYPE IDENTIFICATION**		1	S	2200D			**REF**	**INSTITUTIONAL BILL TYPE IDENTIFICATION**		1	S	2200D			
REF01	Reference Identification Qualifier	ID	2-3	R			BLT	REF01	Reference Identification Qualifier	ID	2-3	R			BLT	
REF02	Bill Type Identifier	AN	1-30	R				REF02	Bill Type Identifier	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				REF04	REFERENCE IDENTIFIER			N/U				
REF	**MEDICAL RECORD IDENTIFICATION**		1	S	2200D											Segment Deleted
REF01	Reference Identification Qualifier	ID	2-3	R			EA									
REF02	Medical Record Number	AN	1-30	R												
REF03	Description	AN	1-80	N/U												
REF04	REFERENCE IDENTIFIER			N/U												
								REF	**PATIENT CONTROL NUMBER**		1	S	2200D			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				
								REF	**PHARMACY PRESCRIPTION NUMBER**		1	S	2200D			New Segment

4010A1						
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	

277 4010A1 | **277 5010**

4010A1								5010								Notes
								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				
								REF	**VOUCHER IDENTIFIER**		1	S	2200D			New Segment
								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			**DTP**	**CLAIM SERVICE DATE**		1	S	2200D			
DTP01	Date Time Qualifier	ID	3-3	R			232	DTP01	Date Time Qualifier	ID	3-3	R			472	Code Changed
DTP02	Date Time Period Format Qualifier	ID	2-3	R			RD8	DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8	Codes Added
DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD-CCYYMMDD	DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD	New format allowed
SVC	**SERVICE LINE INFORMATION**		1	S	2220D	>1		**SVC**	**SERVICE LINE INFORMATION**		1	S	2220D	>1		
SVC01	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			R				SVC01	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			R				
SVC01-1	Product/Service ID Qualifier	ID	2-2	R			AD, CI, HC, ID, IV, N1, N2, N3, N4, ND,NH, NU, RB	SVC01-1	Product/Service ID Qualifier	ID	2-2	R			AD, ER, HC, HP, IV, N4, NU, WK	Codes changed
SVC01-2	Service Identification Code	AN	1-48	R				SVC01-2	Service Identification Code	AN	1-48	R				
SVC01-3	Procedure Modifier	AN	2-2	S				SVC01-3	Procedure Modifier	AN	2-2	S				
SVC01-4	Procedure Modifier	AN	2-2	S				SVC01-4	Procedure Modifier	AN	2-2	S				

Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
	4010A1								**5010**						
	277 4010A1								**277 5010**						
SVC01-5	Procedure Modifier	AN	2-2	S				SVC01-5	Procedure Modifier	AN	2-2	S			
SVC01-6	Procedure Modifier	AN	2-2	S				SVC01-6	Procedure Modifier	AN	2-2	S			
SVC01-7	Description	AN	1-80	N/U				SVC01-7	Description	AN	1-80	N/U			
SVC02	Line Item Charge Amount S9(7)V99	R	1-18	R				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				SVC03	Line Item Payment Amount S9(7)V99	R	1-18	R			
SVC04	Revenue Code	AN	1-48	S				SVC04	Revenue Code	AN	1-48	S			
SVC05	Quantity	R	1-15	N/U				SVC05	Quantity	R	1-15	N/U			
SVC06	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			N/U				SVC06	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			N/U			
SVC07	Original Units of Service Count S9(3)V9	R	1-15	S				SVC07	Units of Service Count S9(3)V9	R	1-15	S			
STC	**SERVICE LINE STATUS INFORMATION**		1	S	2220D			**STC**	**CLAIM LEVEL STATUS INFORMATION**		>1	R	2220D		Usage changed and repeat changed
STC01	HEALTH CARE CLAIM STATUS			R				STC01	HEALTH CARE CLAIM STATUS			R			
STC01-1	Health Care Claim Status Category Code	AN	1-30	R				STC01-1	Health Care Claim Status Category Code	AN	1-30	R			
STC01-2	Health Care Claim Status Code	AN	1-30	R				STC01-2	Health Care Claim Status Code	AN	1-30	R			

4010A1								5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
277 4010A1								**277 5010**							
STC01-3	Entity Identifier Code	ID	2-3	S			13, 17, 1E, 1G, 1H, 1I, 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, 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, 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, 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	STC01-3	Entity Identifier Code	ID	2-3	S			13, 17, 1E, 1G, 1H, 1I, 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, 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, 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, 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

Code changes

4010A1 — 277 4010A1 / 5010 — 277 5010

4010A1 Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	5010 Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Notes
							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								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	STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD	
STC03	Action Code	ID	1-2	N/U				STC03	Action Code	ID	1-2	N/U				
STC04	Line Item Charge Amount S9(7)V99	R	1-18	S				STC04	Total Claim Charge Amount S9(7)V99	R	1-18	N/U				Usage changed
STC05	Line Item Provider Payment Amount S9(7)V99	R	1-18	S				STC05	Claim payment Amount S9(7)V99	R	1-18	N/U				Usage changed
STC06	Date	DT	8-8	N/U				STC06	Adjudication or Payment Date	DT	8-8	N/U				
STC07	Payment Method Code	ID	3-3	N/U				STC07	Payment Method Code	ID	3-3	N/U				
STC08	Date	DT	8-8	N/U				STC08	Remittance Date	DT	8-8	N/U				
STC09	Check Number	AN	1-16	N/U				STC09	Remittance Trace Number	AN	1-16	N/U				
STC10	HEALTH CARE CLAIM STATUS			S				STC10	HEALTH CARE CLAIM STATUS			S				
STC10-1	Health Care Claim Status Category Code	AN	1-30	R				STC10-1	Health Care Claim Status Category Code	AN	1-30	R				
STC10-2	Health Care Claim Status 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				STC10-3	Entity Identifier Code	AN	2-3	S				
								STC10-4	Code List Qualifier Code	ID	1-3	N/U				New element
STC11	HEALTH CARE CLAIM STATUS			S				STC11	HEALTH CARE CLAIM STATUS			S				

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	4010A1								5010						
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
	277 4010A1								**277 5010**							
STC11-1	Health Care Claim Status Category Code	AN	1-30	R				STC11-1	Health Care Claim Status Category Code	AN	1-30	R				
STC11-2	Health Care Claim Status Code	AN	1-30	R				STC11-2	Health Care Claim Status Code	AN	1-30	R				
STC11-3	Entity Identifier Code	ID	2-3	S				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				STC12	Free-Form Message Text	AN	1-264	N/U				
REF	**SERVICE LINE ITEM IDENTIFICATION**		**1**	**S**	**2220D**			**REF**	**SERVICE LINE ITEM IDENTIFICATION**		**1**	**S**	**2220D**			
REF01	Reference Identification Qualifier	ID	2-3	R			FJ	REF01	Reference Identification Qualifier	ID	2-3	R			FJ	
REF02	Line Item Control Number	AN	1-30	R				REF02	Line Item Control Number	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				REF04	REFERENCE IDENTIFIER			N/U				
DTP	**SERVICE LINE DATE**		**1**	**S**	**2220D**			**DTP**	**SERVICE LINE DATE**		**1**	**R**	**2220D**			
DTP01	Date Time Qualifier	ID	3-3	R			472	DTP01	Date Time Qualifier	ID	3-3	R			472	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			RD8	DTP02	Date Time Period Format Qualifier	ID	2-3	R			R8, RD8	Codes Added
DTP03	Service Line Date	AN	1-35	R			CCYYMMDD-CCYYMMDD	DTP03	Service Line Date	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD	New format allowed
HL	**DEPENDENT LEVEL**		**1**	**S**	**2000E**	**>1**		**HL**	**DEPENDENT LEVEL**		**1**	**S**	**2000E**	**>1**		
HL01	Hierarchical ID Number	AN	1-12	R				HL01	Hierarchical ID Number	AN	1-12	R				
HL02	Hierarchical Parent ID Number	AN	1-12	R				HL02	Hierarchical Parent ID Number	AN	1-12	R				
HL03	Hierarchical Level Code	ID	1-2	R			23	HL03	Hierarchical Level Code	ID	1-2	R			23	
HL04	Hierarchical Child Code	ID	1-1	N/U				HL04	Hierarchical Child Code	ID	1-1	N/U				
DMG	**DEPENDENT DEMOGRAPHIC INFORMATION**		**1**	**R**	**2000E**											Segment Deleted
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8									
DMG02	Patient Birth Date	AN	1-35	R			CCYYMMDD									
DMG03	Patient 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												
DMG09	Quantity	R	1-15	N/U												

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
277 4010A1							
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	2
TRN01	Trace Type Code	ID	1-2	R			
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			

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Comments
277 5010								
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	Dependent Last Name	AN	1-60	R				Increase from 35 - 60
NM104	Dependent First Name	AN	1-35	S				Increase from 25 - 35
NM105	Dependent Middle Name	AN	1-25	S				
NM106	Dependent Name Prefix	AN	1-10	N/U				Changed to Not Used
NM107	Dependent Name Suffix	AN	1-10	S				
NM108	Identification Code Qualifier	ID	1-2	N/U				Changed to Not Used
NM109	Dependent 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	2	Name Change
TRN01	Referenced Transaction Trace Number	ID	1-2	R				
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**	2200E			
STC01	HEALTH CARE CLAIM STATUS			R				
STC01-1	Health Care Claim Status Category Code	AN	1-30	R			<> R	
STC01-2	Health Care Claim Status Code	AN	1-30	R				

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
277 4010A1							
STC01-3	Entity Identifier Code	ID	2-3	S			13, 17, 1E, 1G, 1H, 1I, 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, 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, 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

5010

Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
277 5010							
STC01-3	Entity Identifier Code	ID	2-3	S			13, 17, 1E, 1G, 1H, 1I, 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, 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, 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, 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   5010

Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Notes
							277 4010A1								**277 5010**	
							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 end of list								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
STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD	STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD	
STC03	Action Code	ID	1-2	N/U				STC03	Action Code	ID	1-2	N/U				
STC04	Total Claim Charge Amount S9(7)V99	R	1-18	R				STC04	Total Claim Charge Amount S9(7)V99	R	1-18	S				
STC05	Claim Payment Amount S9(7)V99	R	1-18	R				STC05	Claim payment Amount S9(7)V99	R	1-18	S				
STC06	Adjudication or Payment Date	DT	8-8	S			CCYYMMDD	STC06	Adjudication or Payment Date	DT	8-8	S			CCYYMMDD	
STC07	Payment Method Code	ID	3-3	S			ACH, BOP, CHK, FWT, NON	STC07	Payment Method Code	ID	3-3	N/U				Usage changed to not used
STC08	Check Issue or EFT Effective Date	DT	8-8	S			CCYYMMDD	STC08	Remittance Date	DT	8-8	S			CCYYMMDD	
STC09	Check or EFT TraceNumber	AN	1-16	S				STC09	Remittance Trace Number	AN	1-16	S				
STC10	HEALTH CARE CLAIM STATUS			S				STC10	HEALTH CARE CLAIM STATUS			S				
STC10-1	Health Care Claim Status Category Code	AN	1-30	R				STC10-1	Health Care Claim Status Category Code	AN	1-30	R				
STC10-2	Health Care Claim Status 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				STC10-3	Entity Identifier Code	AN	2-3	S				
								STC10-4	Code List Qualifier Code	ID	1-3	N/U				New element

4010A1								5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
277 4010A1								**277 5010**								
STC11	HEALTH CARE CLAIM STATUS			S				STC11	HEALTH CARE CLAIM STATUS			S				
STC11-1	Health Care Claim Status Category Code	AN	1-30	R				STC11-1	Health Care Claim Status Category Code	AN	1-30	R				
STC11-2	Health Care Claim Status Code	AN	1-30	R				STC11-2	Health Care Claim Status Code	AN	1-30	R				
STC11-3	Entity Identifier Code	ID	2-3	S				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				STC12	Free-Form Message Text	AN	1-264	N/U				
REF	**PAYER CLAIM IDENTIFICATION NUMBER**		**1**	**R**	2200E			**REF**	**PAYER CLAIM CONTROL NUMBER**		**1**	**S**	2200E			Usage changed to situational and name change
REF01	Reference Identification Qualifier	ID	2-3	R			1K	REF01	Reference Identification Qualifier	ID	2-3	R			1K	
REF02	Payer Claim Control Number	AN	1-30	R				REF02	Payer Claim Control Number	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				REF04	REFERENCE IDENTIFIER			N/U				
REF	**INSTITUTIONAL BILL TYPE IDENTIFICATION**		**1**	**S**	2200E			**REF**	**INSTITUTIONAL BILL TYPE IDENTIFICATION**		**1**	**S**	2200E			
REF01	Reference Identification Qualifier	ID	2-3	R			BLT	REF01	Reference Identification Qualifier	ID	2-3	R			BLT	
REF02	Bill Type Identifier	AN	1-30	R				REF02	Bill Type Identifier	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				REF04	REFERENCE IDENTIFIER			N/U				
REF	**MEDICAL RECORD IDENTIFICATION**		**1**	**S**	2200E											Segment deleted
REF01	Reference Identification Qualifier	ID	2-3	R			EA									
REF02	Medical Record Number	AN	1-30	R												
REF03	Description	AN	1-80	N/U												
REF04	REFERENCE IDENTIFIER			N/U												
								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				
								REF	**PHARMACY PRESCRIPTION NUMBER**		**1**	**S**	2200E			New segment

CLAIM STATUS

4010A1 — 277 4010A1 | 5010 — 277 5010

4010A1 Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	5010 Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Notes
								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				
								REF	**VOUCHER IDENTIFIER**		**1**	**S**	2200E			New segment
								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**	2200E			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**	2200E			**DTP**	**CLAIM SERVICE DATE**		**1**	**S**	2200E			
DTP01	Date/Time Qualifier	ID	3-3	R			232	DTP01	Date Time Qualifier	ID	3-3	R			472	Code Changed
DTP02	Date Time Period Format Qualifier	ID	2-3	R			RD8	DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8	Code Changed
DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD-CCYYMMDD	DTP03	Claim Service Period	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD	New format allowed
SVC	**SERVICE LINE INFORMATION**		1	S	2220E	>1		**SVC**	**SERVICE LINE INFORMATION**		1	S	2200E	>1		
SVC01	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			R				SVC01	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			R				
SVC01-1	Product/Service ID Qualifier	ID	2-2	R			AD, CI, HC, ID, IV, N1, N2, N3, N4, ND, NH, NU, RB	SVC01-1	Product/Service ID Qualifier	ID	2-2	R			AD, ER, HC, HP, IV, N4, NU, WK	Code changes
SVC01-2	Service Identification Code	AN	1-48	R				SVC01-2	Service Identification Code	AN	1-48	R				
SVC01-3	Procedure Modifier	AN	2-2	S				SVC01-3	Procedure Modifier	AN	2-2	S				
SVC01-4	Procedure Modifier	AN	2-2	S				SVC01-4	Procedure Modifier	AN	2-2	S				
SVC01-5	Procedure Modifier	AN	2-2	S				SVC01-5	Procedure Modifier	AN	2-2	S				

Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
	4010A1									**5010**								
	277 4010A1									**277 5010**								
SVC01-6	Procedure Modifier	AN	2-2	S					SVC01-6	Procedure Modifier	AN	2-2	S				
SVC01-7	Description	AN	1-80	N/U					SVC01-7	Description	AN	1-80	N/U				
									SVC01-8	Product Service ID	AN	1-80	N/U				New element
SVC02	Line Item Charge Amount S9(7)V99	R	1-18	R					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					SVC03	Line Item Payment Amount S9(7)V99	R	1-18	R				
SVC04	Revenue Code	AN	1-48	S					SVC04	Revenue Code	AN	1-48	S				
SVC05	Quantity	R	1-15	N/U					SVC05	Quantity	R	1-15	N/U				
SVC06	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			N/U					SVC06	COMPOSITE MEDICAL PROCEDURE INDENTIFIER			N/U				
SVC07	Original Units of Service Count S9(3)V9	R	1-15	S					SVC07	Units of Service Count S9(3)V9	R	1-15	S				
STC	**SERVICE LINE STATUS INFORMATION**		1	S	**2220E**				**STC**	**CLAIM LEVEL STATUS INFORMATION**		>1	R	**2200E**			Repeat and usage changed
STC01	HEALTH CARE CLAIM STATUS			R					STC01	HEALTH CARE CLAIM STATUS			R				
STC01-1	Health Care Claim Status Category Code	AN	1-30	R					STC01-1	Health Care Claim Status Category Code	AN	1-30	R				
STC01-2	Health Care Claim Status Code	AN	1-30	R					STC01-2	Health Care Claim Status Code	AN	1-30	R				

	4010A1								5010						
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
277 4010A1								**277 5010**							
STC01-3	Entity Identifier Code	ID	2-3	S			13, 17, 1E, 1G, 1H, 1I, 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, 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, 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	STC01-3	Entity Identifier Code	ID	2-3	S			13, 17, 1E, 1G, 1H, 1I, 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, 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, 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, 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										5010								
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values			Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
							277 4010A1										**277 5010**	
							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 end of list										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
STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD			STC02	Status Information Effective Date	DT	8-8	R			CCYYMMDD	
STC03	Action Code	ID	1-2	N/U						STC03	Action Code	ID	1-2	N/U				
STC04	Line Item Charge Amount S9(7)V99	R	1-18	S						STC04	Total Claim Charge Amount S9(7)V99	R	1-18	N/U				Usage changed
STC05	Line Item Provider Payment Amount S9(7)V99	R	1-18	S						STC05	Claim payment Amount S9(7)V99	R	1-18	N/U				Usage changed
STC06	Date	DT	8-8	N/U						STC06	Adjudication or Payment Date	DT	8-8	N/U				
STC07	Payment Method Code	ID	3-3	N/U						STC07	Payment Method Code	ID	3-3	N/U				
STC08	Date	DT	8-8	N/U						STC08	Remittance Date	DT	8-8	N/U				
STC09	Check Number	AN	1-16	N/U						STC09	Remittance Trace Number	AN	1-16	N/U				
STC10	HEALTH CARE CLAIM STATUS			S						STC10	HEALTH CARE CLAIM STATUS			S				
STC10-1	Health Care Claim Status Category Code	AN	1-30	R						STC10-1	Health Care Claim Status Category Code	AN	1-30	R				
STC10-2	Health Care Claim Status 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						STC10-3	Entity Identifier Code	AN	2-3	S				
										STC10-4	Code List Qualifier Code	ID	1-3	N/U				New element
STC11	HEALTH CARE CLAIM STATUS			S						STC11	HEALTH CARE CLAIM STATUS			S				

4010A1								5010							
Element Identifier	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Values
277 4010A1								**277 5010**							
STC11-1	Health Care Claim Status Category Code	AN	1-30	R				STC11-1	Health Care Claim Status Category Code	AN	1-30	R			
STC11-2	Health Care Claim Status Code	AN	1-30	R				STC11-2	Health Care Claim Status Code	AN	1-30	R			
STC11-3	Entity Identifier Code	ID	2-3	S				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				STC12	Free-Form Message Text	AN	1-264	N/U			
REF	**SERVICE LINE ITEM IDENTIFICATION**		1	S	2220E			**REF**	**SERVICE LINE ITEM IDENTIFICATION**		1	S	2200E		
REF01	Reference Identification Qualifier	ID	2-3	R			FJ	REF01	Reference Identification Qualifier	ID	2-3	R			FJ
REF02	Line Item Control Number	AN	1-30	R				REF02	Line Item Control Number	AN	1-50	R			Increase from 30 - 50
REF03	Description	AN	1-80	N/U				REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U				REF04	REFERENCE IDENTIFIER			N/U			
DTP	**SERVICE LINE DATE**		1	S	2220E			**DTP**	**SERVICE LINE DATE**		1	R	2200E		
DTP01	Date Time Qualifier	ID	3-3	R			472	DTP01	Date Time Qualifier	ID	3-3	R			472
DTP02	Date Time Period Format Qualifier	ID	2-3	R			RD8	DTP02	Date Time Period Format Qualifier	ID	2-3	R			R8, RD8	Codes Added
DTP03	Service Date	AN	1-35	R			CCYYMMDD-CCYYMMDD	DTP03	Service Line Date	AN	1-35	R			CCYYMMDD, CCYYMMDD-CCYYMMDD	New format allowed
SE	**TRANSACTION SET TRAILER**		1	R				**SE**	**TRANSACTION SET TRAILER**		1	R			
SE01	Transaction Segment Count	N0	1-10	R				SE01	Transaction Segment Count	N0	1-10	R			
SE02	Transaction Set Control Number	AN	4-9	R				SE02	Transaction Set Control Number	AN	4-9	R			
GE	**FUNCTIONAL GROUP TRAILER**		1	R		1		**GE**	**FUNCTIONAL GROUP TRAILER**		1	R		1	
GE01	Number of Transaction Sets Included	N0	1-6	R				GE01	Number of Transaction Sets Included	N0	1-6	R			
GE02	Group Control Number	N0	1-9	R				GE02	Group Control Number	N0	1-9	R			
IEA	**INTERCHANGE CONTROL TRAILER**		1	R		1		**IEA**	**INTERCHANGE CONTROL TRAILER**		1	R		1	
IEA01	Number of Included Functional Groups	N0	1-5	R				IEA01	Number of Included Functional Groups	N0	1-5	R			
IEA02	Interchange Control Number	N0	9-9	R				IEA02	Interchange Control Number	N0	9-9	R			