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Based on Version 5, Release 1

**ASC X12 Standards for Electronic Data Interchange
Technical Report Type 3**

Health Care Services Review — Request for Review and Response (278)

MAY 2006

The Type 2 Errata published in 005010X217E1, April 2008 and 005010X217E2, January 2009, has been incorporated into this document.

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1 Purpose and Business Information

1.1 Implementation Purpose and Scope

For the health care industry to achieve the potential administrative cost savings with Electronic Data Interchange (EDI), standards have been developed and need to be implemented consistently by all organizations. To facilitate a smooth transition into the EDI environment, uniform implementation is critical.

The purpose of this implementation guide is to provide standardized data requirements and content for all users who request authorizations or certifications or who respond to such requests using the ANSI ASC X12, Health Care Services Review Information (278). This implementation guide provides a detailed explanation of the transaction set by defining data content, identifying valid code tables, and specifying values that are applicable for electronic health care service review requests and responses. The intention of the developers of the 278 is represented in this guide.

This implementation guide is designed to assist those who request reviews (specialty care, treatment, admission) and those who respond to those requests using the 278 format.

1.2 Version Information

This implementation guide is based on the October 2003 ASC X12 standards, referred to as Version 5, Release 1, Sub-release 0 (005010).

The unique Version/Release/Industry Identifier Code for transaction sets that are defined by this implementation guide is 005010**X217**.

The two-character Functional Identifier Code for the transaction set included in this implementation guide:

- **HI** **Health Care Services Review Information (278)**

The Version/Release/Industry Identifier Code and the applicable Functional Identifier Code must be transmitted in the Functional Group Header (GS segment) that begins a functional group of these transaction sets. For more information, see the descriptions of GS01 and GS08 in Appendix C.

1.3 Implementation Limitations

1.3.1 Batch and Real-time Usage

There are multiple methods available for sending and receiving business transactions electronically. Two common modes for EDI transactions are batch and real-time.

Batch - In a batch mode the sender does not remain connected while the receiver processes the transactions. Processing is usually completed according to a set schedule. If there is an associated business response transaction (such as

a 271 Response to a 270 Request for Eligibility), the receiver creates the response transaction and stores it for future delivery. The sender of the original transmission reconnects at a later time and picks up the response transaction. This implementation guide does not set specific response time parameters for these activities.

Real Time - In real-time mode the sender remains connected while the receiver processes the transactions and returns a response transaction to the sender. This implementation guide does not set specific response time parameters for implementers.

This implementation guide is intended to support use in batch mode. This implementation guide is intended to support use in real-time mode. A statement that the transaction is not intended to support a specific mode does not preclude its use in that mode between willing trading partners.

1.3.2 Other Usage Limitations

Batch Delivery of the 278

This implementation guide requires the use of a separate transaction set (ST to SE) for each patient event, as defined in 1.5.

This implementation supports the sending and receiving of multiple patient events in one transmission, where each patient event represents a single 278 transaction with multiple transactions in a single GS to GE loop.

If the Utilization Management Organization (UMO) system cannot process each 278 request upon receipt, the UMO system must return a 278 response to indicate that the health care services review request has been pending.

Real Time Delivery of the 278

A 278 real-time request transaction and its associated response must contain only one patient event. A patient event is represented by a single ST to SE loop containing one subscriber loop as follows:

- One subscriber loop (Loop 2000C) if the subscriber is the patient
- One subscriber loop (Loop 2000C) if the dependent is the patient and has a unique member ID
- One subscriber loop and one dependent loop (Loop 2000D) if the dependent is the patient and the dependent does not have a unique (different from the subscriber) member ID

This subscriber/patient information is followed by at least one occurrence each of Loop 2000E and Loop 2000F representing one patient event and the associated services for this patient.

1.4 Business Usage

The 278 has the flexibility to accommodate the exchange of information between providers and review entities. This section introduces the business events and processes associated with the 278.

1.4.1 Business Events Supported in this Guide - Request and Response

This implementation guide covers the following business events:

- Admission certification review request and associated response
- Referral review request and associated response
- Health care services certification review request and associated response
- Extend certification review request and associated response
- Certification appeal review request and associated response
- Reservation of medical services request and associated response
- Cancellations of service reservations request and associated response

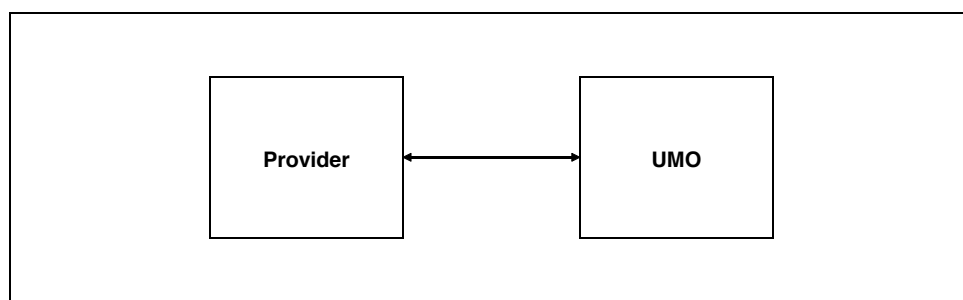


Figure 1.1. Review Request and Response

As illustrated in Figure 1.1., the exchange of information is between the primary parties, the provider and the UMO. Health care entities that use this implementation of the 278 include the following:

- Providers or other requesting entities who request certification for a patient to receive health care services
- Utilization Management Organizations who receive and respond to requests for authorization or certification
- Providers who receive responses from the UMO
- Other trading partners who use the 278 include system vendors, consulting services, and EDI network intermediaries such as clearinghouses, value-added networks, and telecommunication services

NOTE:

This 278 is not intended for use in requests to identify service providers that are in network where no services are identified. This implementation guide requires that the requester include information on the service provider or specialty entity and the services requested. The information source or UMO can return a response to indicate that the specific service provider or specialty entity selected is out-of-network.

Dental Referrals and Certifications

You can also use the 278 Health Care Services Review Request and Response for dental referrals and dental certifications.

NOTE:

The 278 is not intended for use to determine eligibility and benefits for dental related treatment. This is the function of the 270/271 Health Care Eligibility Inquiry and Response. The 278 is not intended for use in predetermination pricing. Use the 837 Health Care Claim: Dental to submit an inquiry for pricing information. This pricing information is returned on the 835 Health Care Claim: Payment/Advice.

Medical Service Reservations and Cancellations

A Medical Service Reservation is a health care service that is limited to a certain number of occurrences within a defined time frame as specified by the Health Plan without authorization. Some Health Plans require that these services be reserved prior to the service being rendered.

For example, a patient may be limited to two chiropractic services per month. A Medical Service Reservation must be on file and the date of service and procedure code on the claim must match that of the reservation in order for the claim to be paid. If the service is not provided, the Medical Service Reservation must be canceled by the provider who reserved the service to allow the patient to obtain another service.

If the provider determines that a patient needs more than the allotted services, authorization is required.

NOTE:

The 278 is not intended for use to determine eligibility and benefits for services. This is the function of the 270/271 Health Care Eligibility Inquiry and Response.

1.4.2

Business Events Supported in Other 278 Implementation Guides

The 278 transaction set accommodates additional health care services review business events that are covered in separate 278 implementation guides. At the time of publication, these guides, and the business events they represent, are not covered under HIPAA.

Notifications

The 278 Health Care Services Review - Notification can be used to send unsolicited information among providers, payers, delegated UMO entities and/or other providers. This information can take the form of copies of health service reviews or notification of scheduled treatment, or the beginning and end of treatment. A participant who is the recipient of the information may acknowledge they received the data, or reject the data due to specific application layer processing, but may not respond with any review decision outcome.

This implementation guide supports the following categories of notifications.

Advance Notification for:

- scheduled inpatient admissions
- scheduled health services events
- scheduled specialty care services

Completion Notification for:

- patient arrival at a facility
- patient discharge from facility
- services completion notice for any specific episode of care

Information Copy for any Health Services Review information sent to primary care provider(s), service provider(s), or other Health Care entities requiring the information for specific purposes.

Change Notification to report changes to the detail of a previously sent notification or information copy.

As illustrated in Figure 1.2., the information is sent unsolicited from the information source. The information source is the entity that knows the outcome of the service review request, and can be either a UMO or a provider. For example, in a situation where the primary care provider can authorize specialty referrals that do not require review for medical necessity, appropriateness, or level of care, the primary care provider is the information source. This provider might have responsibility for notifying both the UMO and the service provider of the specialty referral. In cases where the UMO is the decision maker, the UMO would send a notice of certification to the requesting provider and the service provider.

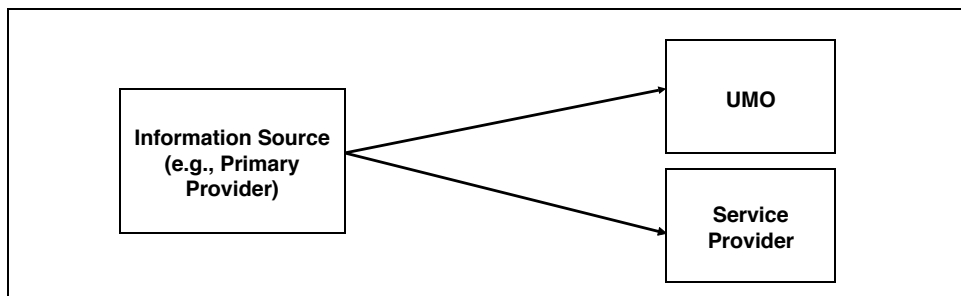


Figure 1.2. Notifications

Inquiries and Responses

The 278 Health Care Services Review - Inquiry and Response implementation guide handles informational inquiries and their related responses. It enables a participant to inquire about existing certifications and authorizations. As illustrated in Figure 1.3., the primary participants are providers and UMOs. The entity initiating the inquiry is either the primary provider or the service provider.

Examples of the types of inquiries supported in this implementation include the following:

- Specialty care referral inquiry
- Admission certification inquiry
- Health care service certification inquiry
- All patient certifications inquiry

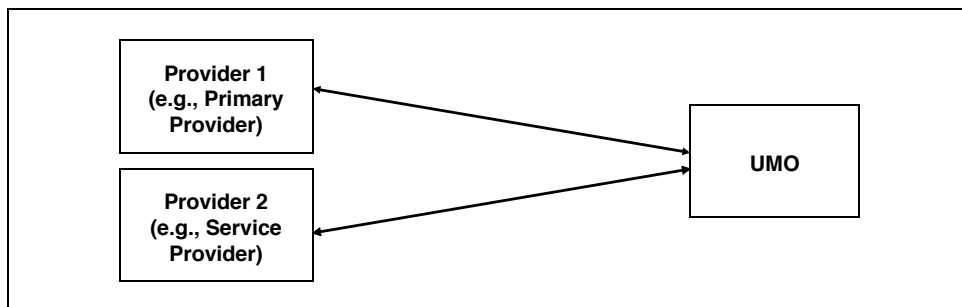


Figure 1.3. Inquiry and Response

1.5 Business Terminology

Authorization

(1) The process by which the provider obtains permission (authorization) from the review entity/Utilization Management Organization (UMO) to:

- Refer the patient to a specialist or specialty entity
- Admit the patient to a facility
- Administer medical services or treatment to the patient

(2) Permission, as determined by the review entity/UMO and defined by the patient's insurance plan or contract and medical condition, to:

- Refer the patient (referral authorization)
- Admit the patient (pre-certification)
- Treat the patient (service authorization or pre-certification)

Certification - see Authorization

Patient event

Patient event in this guide refers to the service or group of services associated with a single episode of care. Examples include the following:

- Admission to a facility for treatment related to a specific patient condition or diagnosis or related group of diagnoses
- Referral to a specialty provider for consultation or testing to determine a specific diagnosis and appropriate treatment
- Services administered during a patient visit such as chiropractic treatment delivered in a single patient visit. The same treatment can be approved for a series of visits.

This implementation guide requires limiting each request to a single patient event.

Pre-admission certification

An assessment, prior to elective inpatient hospital care, to determine if the proposed health care services meet the medical necessity criteria for payment under a health benefits plan.

Pre-certification

An assessment, prior to treatment or medical care, to determine if the proposed health care services meet the medical necessity criteria for payment under a health benefits plan.

Referral

A type of authorization initiated by the patient's primary care provider (PCP) that enables the patient to receive consultation and/or services of a specialist or specialty entity. Under some UMO arrangements, the PCP is authorized to refer the patient without seeking the permission of the UMO/review entity.

Medical Service Reservation

A health care service that is limited to a certain number of occurrences within a defined timeframe as specified by the Health Plan without authorization that is reserved by a specific provider.

Requester

Requester refers to providers (e.g., physicians, medical groups, independent physician associations, facilities) who request information on referrals or certifications for a patient to receive health care services.

Service Provider

Service provider is the referred-to provider, specialist, specialty entity, group, or facility where the medical services are to be performed.

Utilization Management Organization (UMO)

UMO refers to insurance companies, health maintenance organizations, preferred provider organizations, health care purchasers, professional review organizations, third-party administrators, other providers, and other utilization review entities that receive and respond to health care service review requests and inquiries. The UMO may or may not be the organization that makes the medical decision. The UMO might have a relationship with a payer that calls for the payer to make a decision or store information on completed referrals and certifications. It is the role of the UMO to forward that request or inquiry to the payer, receive the response from the payer, and then return the response to the requester. From the requester's perspective, the exchange of information is between the requester and the UMO.

1.6 Transaction Acknowledgments

There are several acknowledgment implementation transactions available for use. The IG developers have noted acknowledgment requirements in this section. Other acknowledgment transactions may be used at the discretion of the trading partners. A statement that the acknowledgment is not required does not preclude its use between willing trading partners.

1.6.1 997 Functional Acknowledgment

The 997 informs the submitter that the functional group arrived at the destination. It may include information about the syntactical quality of the functional group.

The Functional Acknowledgment (997) transaction is not required as a response to receipt of a batch transaction compliant with this implementation guide.

The Functional Acknowledgment (997) transaction is not required as a response to receipt of a real-time transaction compliant with this implementation guide.

A 997 Implementation Guide is being developed for use by the insurance industry and is expected to be available for use with this version of this Implementation Guide.

1.6.2 999 Implementation Acknowledgment

The 999 informs the submitter that the functional group arrived at the destination. It may include information about the syntactical quality of the functional group and the implementation guide compliance.

The Implementation Acknowledgment (999) transaction is required as a response to receipt of a batch transaction compliant with this implementation guide.

The Implementation Acknowledgment (999) transaction is not required as a response to receipt of a real-time transaction compliant with this implementation guide.

A 999 Implementation Guide is being developed for use by the insurance industry and is expected to be available for use with this version of this Implementation Guide.

1.6.3 824 Application Advice

The 824 informs the submitter of the results of the receiving application system's data content edits of transaction sets.

The Application Advice (824) transaction is not required as a response to receipt of a batch transaction compliant with this implementation guide.

The Application Advice (824) transaction is not required as a response to receipt of a real-time transaction compliant with this implementation guide.

An 824 Implementation Guide is being developed for use by the insurance industry and is expected to be available for use with this version of this Implementation Guide.

1.7 Related Transactions

There are no transactions related to the transactions described in this implementation guide.

1.8 Trading Partner Agreements

Trading partner agreements are used to establish and document the relationship between trading partners. A trading partner agreement must not override the specifications in this implementation guide if a transmission is reported in GS08 to be a product of this implementation guide.

1.9 The HIPAA Role in Implementation Guides

Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (PL 104-191 - known as HIPAA) direct the Secretary of Health and Human Services to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

This implementation guide has been developed for use as an insurance industry implementation guide. At the time of publication it has not been adopted as a HIPAA standard. Should the Secretary adopt this implementation guide as a standard, the Secretary will establish compliance dates for its use by HIPAA covered entities.

1.10 National Provider Identifier Usage within the HIPAA 278 Transaction

Background

The final rule for the National Provider Identifier presents challenges that have a direct impact on Health Care Service Reviews. This section describes how to address the following challenges:

- Providers who are not eligible for enumeration
- Implementation migration strategy
- Organization health care provider subpart representation

1.10.1 Providers who are Not Eligible for Enumeration

Only providers who meet the definition of health care provider at 45 CFR 160.103 are eligible to receive NPIs. There are providers within the industry who do not meet the definition of health care provider, but still use the 278 Health Care Services Review mandated by HIPAA. Examples of these providers include taxi drivers, carpenters, personal care providers, etc. The fact that these professions perform services which are authorized by some health plans requires this implementation guide to accommodate both the NPI (to identify health care providers) and proprietary identifiers (to identify atypical/nonhealth care providers).

1.10.2 Implementation Migration Strategy

During the transition period (for example, the period from May 23, 2005 until the NPI compliance dates), it will be necessary to accommodate both the NPI and proprietary identifiers to identify health care providers in the same standard health care services review transaction. This will allow health care providers to demonstrate to their trading partners their NPIs in relation to their proprietary identifier(s). Health plans may attempt a match routine using the National Plan and Provider Enumeration System (NPPES) data. This strategy will enable these health plans to validate the results of their match. There are others who may choose to build table crosswalks on their own. Again, this strategy enables validation of any matches or tables using actual data received from the health care providers.

1.10.3 Organization Health Care Provider Subpart Representation

The NPI Final Rule allows an organization health care provider to designate subparts to identify various components of the organization in standard transactions. A subpart cannot be a person (for example, a subpart cannot be a health care provider who is an individual.) The minimum level of subpart creation is discussed in various federal regulations. The organization health care provider will need to determine whether additional subpart enumeration is necessary or not. In addition, some provider organizations may not have subparts.

If the requesting provider is an organization, the subpart reported **MUST** always represent the most detailed level of enumeration as determined by the organization health care provider and **MUST** be the same identifier sent to any trading partner.

1.11 Data Overview

The 278 can be exchanged between interested participants in a bi-directional request/response mode of operation. In this mode, a participant requests a certification and a review entity responds to that request. This implementation guide addresses that use. This section provides general information on the structure of the transaction set as represented in this implementation guide.

NOTE:

See Appendix B, Nomenclature, for a review of transaction set structure, including descriptions of segments, data elements, levels, and loops.

1.11.1 Overall Data Architecture

The 278 is divided into two levels, or tables. See Section 2, Transaction Set, for a description of the format presented. The Header level, Table 1, contains the purpose code for the transaction set as well as date and time stamps. For this implementation guide, BHT02 is either Cancellation (01), Request (13) or Authority to Deduct (36) on the request transaction, and Response (11) on the response transaction. In addition, a BHT06 value of AT indicates that the response contains a request for additional information.

The Detail level, Table 2, contains all data relating to the requested transaction, including transaction participants, the patient, all providers, and services detail information. Table 2 uses a hierarchical data structure to identify all the information associated with a health care services review for a patient event.

For the types of business transactions that this implementation guide addresses, the following hierarchical levels (loops) apply:

Loop 2000A contains the UMO

Loop 2000B contains the Requester

Loop 2000C contains the Subscriber

Loop 2000D contains the Dependent

Loop 2000E contains the Patient Event and Patient Event Providers

Loop 2000F contains the Services and Services Providers

Service Review Participants

This implementation uses a separate hierarchical level to identify each participant in the service review. Loop 2000A and Loop 2000B represent the UMO (reviewer) and requesting provider respectively. Loop 2000C and Loop 2000D represent the subscriber and dependent. If the subscriber is the patient or if the patient has a unique identification number, only Loop 2000C is required. Loop 2000E carries information about the patient event and the provider(s) (referred-to providers) associated with this patient event. Loop 2000F carries information about specific services and the service provider(s) for those individual services.

Patient Event

Patient event in this guide refers to the service or group of services associated with a single episode of care. Refer to Section 1.5 Business Terminology for examples of patient events. The 278 supports multiple types of service review requests. Due to the multiplicity of uses of the 278, this guide is structured to require that separate transaction sets be used for different patients and events. This can be thought of as a one-to-one style relationship: one transaction set for one patient event. Loop 2000E contains the information associated with the patient event. This includes the diagnosis and condition of the patient, the identification of the category of services associated with this patient event, and the provider (facility or specialist) that will provide the services associated with this patient event.

Services

A health care services review can include a request to authorize a specific service and service provider associated with that service. Loop 2000F identifies the specific services included in this patient event and the providers that will deliver these services.

1.11.2

Sample Table 2 Configurations

The following are sample Table 2 configurations.

The following example represents a request for a category of service, such as ambulance transport, for a dependent of a subscriber.

UMO (Loop 2000A)

Requester (Loop 2000B)

Subscriber (Loop 2000C)

Dependent (Loop 2000D)

Patient Event (Loop 2000E)

The following example represents a response to a request for a category of service, such as ambulance transport, for a dependent of a subscriber.

UMO (Loop 2000A)

Requester (Loop 2000B)

Subscriber (Loop 2000C)

Dependent (Loop 2000D)

Patient Event (Loop 2000E)

The following example represents a request for multiple services for a subscriber who is the patient.

UMO (Loop 2000A)

Requester (Loop 2000B)

Subscriber (Loop 2000C)

Patient Event (Loop 2000E)

Service (Loop 2000F)

Service (Loop 2000F)

The following example represents a response to a request for multiple services for a subscriber who is the patient.

UMO (Loop 2000A)

Requester (Loop 2000B)

Subscriber (Loop 2000C)

Patient Event (with Review Outcome Data)(Loop 2000E)

Service (with Review Outcome Data)(Loop 2000F)

Service (with Review Outcome Data)(Loop 2000F)

NOTE:

The providers associated with the patient event or specific service are identified within the patient event and service loops respectively.

1.11.3

Intended Segment Use

Each hierarchical level (loop) in this implementation consists of multiple segments and is based on the same standard hierarchical structure of segments. An implementation specifies the maximum segments you can include, per hierarchical level, to describe the service review participants, patient event, and services.

Request

For a request transaction, Matrix 1, Intended Segment Use for a Request Transaction, identifies the intended segment use by hierarchical level.

Segment Position	Segment ID	UMO HL	Requester HL	Subscriber HL	Dependent HL	Patient Event HL	Service HL
0100	HL	YES	YES	YES	YES	YES	YES
0200	TRN					YES	YES
0300	AAA						
0400	UM					YES	YES
0500	HCR						
0600	REF					YES	YES
0700	DTP					YES	YES
0800	HI					YES	
0810	SV1						YES
0820	SV2						YES
0830	SV3						YES
0840	TOO						YES
0900	HSD					YES	YES
1000	CRC					YES	
1100	CL1					YES	
1200	CR1					YES	
1300	CR2					YES	
1400	CR5					YES	
1500	CR6					YES	
1520	CR7						
1530	CR8						
1550	PWK					YES	YES
1600	MSG					YES	YES
1700	NM1	YES	YES	YES	YES	YES	YES
1800	REF		YES	YES	YES	YES	YES
1900	N2						
2000	N3		YES	YES	YES	YES	YES
2100	N4		YES	YES	YES	YES	YES
2200	PER		YES			YES	YES
2300	AAA						
2400	PRV		YES			YES	YES
2500	DMG			YES	YES		
2600	INS			YES	YES		
2700	DTP					YES	

Matrix 1. Intended Segment Use for a Request Transaction

Response

Matrix 2, Intended Segment Use for a Response Transaction, identifies the intended segment use by hierarchical level for a response transaction.

Segment Position	Segment ID	UMO HL	Requester HL	Subscriber HL	Dependent HL	Patient Event HL	Service HL
0100	HL	YES	YES	YES	YES	YES	YES
0200	TRN					YES	YES
0300	AAA	YES				YES	YES
0400	UM					YES	YES
0500	HCR					YES	YES
0600	REF					YES	YES

Segment Position	Segment ID	UMO HL	Requester HL	Subscriber HL	Dependent HL	Patient Event HL	Service HL
0700	DTP					YES	YES
0800	HI					YES	YES
0810	SV1						YES
0820	SV2						YES
0830	SV3						YES
0840	TOO						YES
0900	HSD					YES	YES
1000	CRC						
1100	CL1					YES	
1200	CR1					YES	
1300	CR2					YES	
1400	CR5					YES	
1500	CR6					YES	
1520	CR7						
1530	CR8						
1550	PWK					YES	YES
1600	MSG					YES	YES
1700	NM1	YES	YES	YES	YES	YES	YES
1800	REF		YES	YES	YES	YES	YES
1900	N2						
2000	N3			YES	YES	YES	YES
2100	N4			YES	YES	YES	YES
2200	PER	YES				YES	YES
2300	AAA	YES	YES	YES	YES	YES	YES
2400	PRV		YES			YES	YES
2500	DMG			YES	YES		
2600	INS			YES	YES		
2700	DTP						

Matrix 2. Intended Segment Use for a Response Transaction

1.11.4 Matching the Request with Its Response

This implementation guide provides several methods to enable requesters, clearinghouses, and UMOs to trace the transaction or match the response to the original request. This section describes the segments and data elements that carry these identifiers.

BHT03 - Submitter Transaction Identifier

BHT03 identifies the transaction at its highest level. This is particularly useful in reconciling 278 rejection transactions that may not contain all of the HL Loops. The receiver of the 278 request transaction (whether it is a clearinghouse or UMO) must return this identifier in the 278 response BHT03.

TRN Segment

The Patient Event Loop (Loop 2000E) and the Service loop (Loop 2000F) each contain a TRN segment. This segment enables organizations to uniquely identify the request. The TRN at the Patient Event level uniquely identifies the patient event request. The Service level TRN uniquely identifies the request at its lowest logical level, the service. Both the requester (provider) and the clearinghouse can add a TRN segment to the request.

The requester (provider) can use this TRN segment to meet several needs. This enables the requester to accomplish the following:

- Uniquely identify this request within the provider's environment
- Uniquely identify each service requested. A single request transaction can contain requests for multiple services represented by multiple occurrences of Loop 2000F. This can generate more than one 278 response from the UMO. The UMO might certify some of these services immediately and pend others for external review.
- Match the associated response to the request
- Facilitate routing of this response in a large health care environment. For example, it might be necessary for the requester to identify the department within the provider environment that originated the transaction.

Clearinghouses can provide their own trace numbers in a separate TRN segment at the Patient Event level and at the Service level on the request to use for transaction tracking and matching purposes.

If the TRN segment is used on the request, the UMO must return the trace information supplied with the request transaction in the response transaction.

UMOs can add a trace number in their own TRN segment at the Patient Event level (Loop 2000E) and Service level (Loop 2000F) on the response. The UMO cannot use this trace number to identify the certification to the requester.

If the 278 request transaction passes through more than one clearinghouse, the second (and subsequent) clearinghouse may choose one of the following options:

1. If the second or subsequent clearinghouse needs to assign their own TRN segment they may replace the received TRN segment belonging to the sending clearinghouse with their own TRN segment. Upon returning a 278 response to the sending clearinghouse, they must remove their TRN segment and replace it with the sending clearinghouse's TRN segment.
2. If the second or subsequent clearinghouse does not need to assign their own TRN segment, they should merely pass all TRN segments received in the 278 request back in the 278 response transaction. If the 278 request passes through a clearinghouse that adds their own TRN in addition to a requester TRN, the clearinghouse will receive a response from the UMO containing two TRN segments that contain the value "2" (Referenced Transaction Trace Number) in TRN01. If the UMO has assigned a TRN, the UMO's TRN will contain the value "1" (Current Transaction Trace Number) in TRN01. If the clearinghouse chooses to pass their own TRN values to the requester, the clearinghouse must change the value in their TRN01 to "1" because, from the requester's perspective, this is not a referenced transaction trace number.

A TRN segment at the Patient Event level is required if the requester needs to uniquely identify each patient event. A TRN segment at the service level is required if the request contains more than one service level request and the requester needs to uniquely identify each service request.

1.11.5 Transaction Responses

The UMO must respond to each 278 transaction set received. If the UMO can process the service review request, the UMO must return a 278 response that contains an HCR segment at the Patient Event Level (Loop 2000E) in the response to indicate the status of the service review.

Rejected Transactions

Missing or incorrect application data on the 278 request can cause the UMO to reject the transaction. For these requests, the UMO must return a 278 response transaction that contains a AAA Request Validation segment at the appropriate level to indicate why the UMO rejected the transaction. The AAA segments in Loop 2000A (UMO) enable both the clearinghouse and the reviewer to indicate when system availability issues prohibit routing of the request for processing.

1.12 Data Use By Business Use

The segments referenced in Matrix 1 and Matrix 2 carry the data content of the health care services review. This section provides examples of the segments and data element values used in the hierarchical levels. The use of UMO, requester, subscriber, dependent, patient event, and service is consistent across types of health care services reviews. However, the use of the patient event and service levels differ across types of health care services reviews. Therefore, the patient event level and service level discussions in this section contain multiple examples.

Minimum Data Requirements

Factors such as the type of health care services review requested, the condition of the patient, and the individual UMO's rules for processing certifications make it difficult to identify a single set of data elements that are required for all types of certifications. To meet the divergent needs of the UMOs and requesters, this guide includes many data elements and segments marked "situational".

NOTE:

This section provides examples of types of health care service reviews and the minimum data required. Refer to Section 2 of this guide for detailed information on valuing specific data elements within the segments.

1.12.1 Transaction Participants (Loop 2000A, Loop 2000B)

The Loop 2000A and Loop 2000B hierarchical levels are used to convey information about the two primary participants in a health care service review transaction. Figure 1.4 Information Source and Receiver Levels, presents the Loop 2000A and Loop 2000B levels.

Table 2 - Utilization Management Organization (UMO) Detail

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
LOOP ID - 2000A UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL					1
0100	HL	Utilization Management Organization (UMO) Level	R	1	
0300	AAA	Request Validation	S	9	
LOOP ID - 2010A UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME					1
1700	NM1	Utilization Management Organization (UMO) Name	R	1	
2200	PER	Utilization Management Organization (UMO) Contact Information	S	1	
2300	AAA	Utilization Management Organization (UMO) Request Validation	S	9	

Table 2 - Requester Detail

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
LOOP ID - 2000B REQUESTER LEVEL					1
0100	HL	Requester Level	R	1	
LOOP ID - 2010B REQUESTER NAME					1
1700	NM1	Requester Name	R	1	
1800	REF	Requester Supplemental Identification	S	8	
2000	N3	Requester Address	S	1	
2100	N4	Requester City/State/ZIP Code	S	1	
2200	PER	Requester Contact Information	S	1	
2400	PRV	Requester Provider Information	S	1	

Figure 1.4. Information Source and Receiver Levels

Hierarchy Usage Chart for Transaction Participants

Because the various utilization management entities may appear in either the Loop 2000A or Loop 2000B hierarchical levels depending on the transaction usage, Matrix 3, HL Information Sources and Receivers, has been included to better clarify the various possibilities when requesting a service review. This matrix contains some examples where the UMO is one form of an HMO. Other examples can be constructed for other UMO environments. This matrix is by no means exhaustive.

Transaction Use	HL UMO	HL Requestor	Physical Transmitter	Physical Receiver
PCP Request for a Specialty Care Referral	HMO	PCP	PCP	HMO
Response to a Specialty Care Referral Request	HMO	PCP	HMO	PCP
Specialist Request for Admission Review	HMO	SCP	SCP	HMO
Response to a Specialist Request for Admission Review	HMO	SCP	HMO	SCP
Specialist Request for Admission Review	PCP	SCP	SCP	PCP
Response to a Specialist Request for Admission Review	PCP	SCP	PCP	SCP

- * HMO - Health Maintenance Organization
- * UMO - Utilization Management Organization
- * PCP - Primary Care Provider
- * SCP - Specialty Care Provider

Matrix 3. HL Information Sources and Receivers

UMO (Loop 2000A)

The Loop 2000A hierarchical level is used to identify the UMO. The UMO is generally the entity empowered to make a decision regarding the outcome of a health services review or the owner of information.

The following example demonstrates a minimum way of identifying a UMO.

HL*120*1~**

NM1*X3*2***46*123450000~**

Requester (Loop 2000B)

The Loop 2000B hierarchical level is used to designate the requester. The requester is generally the entity who is making the request for review and for whom the response decision is intended.

The following example demonstrates a minimum way of identifying a requester.

HL*2*1*21*1~

NM1*1P*1***24*000012345~**

1.12.2 Patient (Loop 2000C and Loop 2000D)

Subscriber Loop 2000C and Dependent Loop 2000D identify the patient. Loop 2000C is always required on the request and on a response that does not report a reject reason in a AAA segment in Loop 2000A or Loop 2000B. Loop 2000D is used only when necessary to identify a patient who is a dependent. Figure 1.5. Subscriber and Dependent Levels shows the structure of these loops.

Table 2 - Subscriber Detail

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
LOOP ID - 2000C SUBSCRIBER LEVEL					
0100	HL	Subscriber Level	R	1	1
LOOP ID - 2010C SUBSCRIBER NAME					
1700	NM1	Subscriber Name	R	1	1
1800	REF	Subscriber Supplemental Identification	S	9	1
2000	N3	Subscriber Address	S	1	1
2100	N4	Subscriber City/State/Zip Code	S	1	1
2500	DMG	Subscriber Demographic Information	S	1	1
2600	INS	Subscriber Relationship	S	1	1

Table 2 - Dependent Detail

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
LOOP ID - 2000D DEPENDENT LEVEL					
0100	HL	Dependent Level	S	1	1
LOOP ID - 2010D DEPENDENT NAME					
1700	NM1	Dependent Name	R	1	1
1800	REF	Dependent Supplemental Identification	S	3	1
2000	N3	Dependent Address	S	1	1
2100	N4	Dependent City/State/Zip Code	S	1	1
2500	DMG	Dependent Demographic Information	S	1	1
2600	INS	Dependent Relationship	S	1	1

Figure 1.5. Subscriber and Dependent Levels

When the subscriber is the patient or when the patient has a unique identification number (different from the subscriber), only Loop 2000C is used. This situation is common when an insurance company issues a unique insurance identification card to each individual insured. In all other cases, Loop 2000C is used to identify the subscriber. Loop 2000D is used to identify the subscriber's dependent, who is the patient.

The Subscriber Name Loop 2010C and Dependent Name Loop 2010D contain the segments and data elements that hold this patient identification information. The NM1 and DMG segments contain all the data needed for the requester and UMO to identify the patient.

Identifying the Subscriber/Patient

In Subscriber Name Loop 2010C, the member ID (NM108/NM109) is required and may be adequate to identify the subscriber to the UMO. However, the UMO can require additional information. The maximum data elements that the UMO can require to identify the subscriber, in addition to the member ID, are as follows:

Subscriber Last Name (NM103)

Subscriber First Name (NM104)

Subscriber Birth Date (DMG01 and DMG02).

The data requirements are the same for a dependent patient who has a unique identification number (different from the subscriber). In those cases where the subscriber is the patient or the patient has a unique identification number (different from the subscriber), only Loop 2000C is used.

The following example demonstrates a sufficient way of identifying a patient who has a unique identification number.

HL*3*2*22*1~

NM1*IL*1*SMITH*JOE*MI*12345678901~**

Identifying the Dependent

If the dependent has not been issued a unique member ID, the Dependent Loop (2000D) is required in addition to Loop 2000C. Loop 2000C conveys insurance information and Loop 2000D conveys patient-related information. The maximum data elements that can be required by a UMO in loop 2010C and 2010D to identify a patient are as follows:

Loop 2010C

Subscriber's Member ID

Loop 2010D

Dependent Last Name

Dependent First Name

Dependent Birth Date

If all four of these elements are present the UMO must generate a response if the patient is in the UMO's database. All UMOs are required to support the above search option if their system does not have unique Member Identifiers assigned to dependents.

The following example demonstrates a sufficient way of identifying a patient who is the dependent of a subscriber. The example also illustrates the use of other segments.

HL*3*2*22*1~
NM1*IL*1*SMITH*JOE*MI*12345678901~**
HL*4*3*23*1~
NM1*QC*1*SMITH*SEAN~
DMG*D8*19881229*M~
INS*N*19~

The INS segment enables the requester to provide information on the patient's relationship to the insured. The requester can also use this segment to identify a patient in a multiple birth or differentiate dependents with the same name.

Patient Account Number

The requester (provider) can supply the patient account number as a supplemental identifier for the patient on the request. This value is carried in a REF segment where REF01 = "EJ" in Loop 2000C - Subscriber or Loop 2000D - Dependent, whichever is the patient. This information is optional for the requester. However if the UMO receives the patient account number, they must return it in the 278 response transaction.

1.12.3 Patient Event (Loop 2000E)

The Loop 2000E hierarchical level identifies the patient event associated with this health care services review request. It identifies the category of service requested and whether the patient event concerns a referral to a specialist, specialty treatment, or an admission to a facility. Patient event information can include a description of the patient's current health condition, prognosis, and other specific diagnosis indicators. It can also reference electronic or non-EDI attachments that provide additional information related to the patient's condition that is not supported within the 278 transaction set. If the health care services review includes information on specific procedures to be performed, it must provide information on these procedures at the Services Level (Loop 2000F).

Identifying Multiple Providers

Loop 2000E also identifies the health care service provider(s) (facility, specialist or specialty entity) associated with all the services in this patient event. The 278 supports the identification of multiple providers in conjunction with a patient event. The following example represents a single provider associated with a single patient event, for example a referral to a specialist.

Loop 2000E (Patient Event)

Loop 2010EA (Patient Event Provider 1)

The following example represents a single patient event with multiple associated providers, for example physical rehabilitation services to be administered by a specific provider or group practice at a specific facility location.

Table 2 - Patient Event Detail

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
LOOP ID - 2000E PATIENT EVENT LEVEL					1
0100	HL	Patient Event Level	R	1	
0200	TRN	Patient Event Tracking Number	S	2	
0400	UM	Health Care Services Review Information	R	1	
0600	REF	Previous Review Authorization Number	S	1	
0600	REF	Previous Review Administrative Reference Number	S	1	
0700	DTP	Accident Date	S	1	
0700	DTP	Last Menstrual Period Date	S	1	
0700	DTP	Estimated Date of Birth	S	1	
0700	DTP	Onset of Current Symptoms or Illness Date	S	1	
0700	DTP	Event Date	S	1	
0700	DTP	Admission Date	S	1	
0700	DTP	Discharge Date	S	1	
0800	HI	Patient Diagnosis	S	1	
0900	HSD	Health Care Services Delivery	S	1	
1000	CRC	Ambulance Certification Information	S	1	
1000	CRC	Chiropractic Certification Information	S	1	
1000	CRC	Durable Medical Equipment Information	S	1	
1000	CRC	Oxygen Therapy Certification Information	S	1	
1000	CRC	Functional Limitations Information	S	1	
1000	CRC	Activities Permitted Information	S	1	
1000	CRC	Mental Status Information	S	1	
1100	CL1	Institutional Claim Code	S	1	
1200	CR1	Ambulance Transport Information	S	1	
1300	CR2	Spinal Manipulation Service Information	S	1	
1400	CR5	Home Oxygen Therapy Information	S	1	
1500	CR6	Home Health Care Information	S	1	
1550	PWK	Additional Patient Information	S	10	
1600	MSG	Message Text	S	1	
LOOP ID - 2010EA PATIENT EVENT PROVIDER NAME					14
1700	NM1	Patient Event Provider Name	S	1	
1800	REF	Patient Event Provider Supplemental Information	S	7	
2000	N3	Patient Event Provider Address	S	1	
2100	N4	Patient Event Provider City/State/Zip Code	S	1	
2200	PER	Patient Event Provider Contact Information	S	1	
2400	PRV	Patient Event Provider Information	S	1	
LOOP ID - 2010EB PATIENT EVENT TRANSPORT INFORMATION					5
1700	NM1	Patient Event Transport Information	S	1	
2000	N3	Patient Event Transport Location Address	R	1	
2100	N4	Patient Event Transport Location City/State/ZIP Code	R	1	

Figure 1.6. Patient Event Level

Loop 2000E (Patient Event)

Loop 2010EA (Patient Event Provider 1) - Group Practice

Loop 2010EA (Patient Event Provider 2) - Facility

If the patient event has multiple services/procedures and requires different providers for these procedures, use the Service Level to associate each provider with the respective service.

1.12.3.1

Specialty Care Referrals

Specialty care referrals encompass those transactions where a provider requests permission to refer or send a patient to another provider, generally a specialist. These types of transactions generally are shared between a primary care physician and a UMO. However, they may just as easily be shared between any two providers or UMOs. In the following example, the initial service requested is for a single office visit for a consultation at the provider's office.

Initial Request

HL*4*3*EV*0~
UM*SC*I*3*11:B***Y~**
HSD*VS*1~

The UM segment is used to identify the type of health care services request.

UM01 = SC (Specialty Care Review)

UM02 = I (Initial Request)

UM03 = 3 (Consultation)

UM04 = 11:B (Physician's Office)

UM09 = Y (Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim)

The HSD segment identifies the number of visits requested where HSD01 = VS (Visits) and HSD02 indicates the number of visits requested.

Response to Initial Request

A response transaction is used to indicate approval, approval with modification, or denial of a previous request. The UMO must respond to each 278 transaction set received. If the UMO can process the service review request, the UMO must return a 278 response that contains an HCR segment at the Patient Event level (Loop 2000E) to indicate the status of the patient event service review.

Approval

To approve the specialty care referral request as described previously, the following service level would be returned:

HL*4*3*EV*0~
UM*SC*I*3*11:B~
HCR*A1*0081096G~
HSD*VS*1~

The HCR segment provides the results of the review as well as an associated reference number. This set of values indicates approval of the request in full. The response includes the original service level details respecting the services requested to eliminate confusion concerning what the UMO has approved. A reference number 0081096G is supplied and is critical if the provider wishes to initiate further transactions concerning this service.

HCR01 = A1 (Certified in Total)

HCR02 = 0081096G (Certification Number)

Approval with Modification of Services

If the review entity wished to approve the specialist visits but decided to increase the number of visits to four, the following would be returned:

HCR*A6*0081096G~
HSD*VS*4~

Denial of Services

To completely deny the service request the following would be returned:

HL*4*3*EV*0~
UM*SC*I*3*11:B~
HCR*A30Y~**
HSD*VS*1~

The A3 value indicates “not certified”. Depending on UMO policy, the UMO might not return an authorization or reference number. Some organizations prefer to give no number because a number may imply approval. However, the failure to provide such a number restricts reference to the transaction at a later date. In this case, the UMO has also supplied a Decision Reason Code (0Y), “Service Inconsistent with Patient’s Age”.

Pended Response

Refer to “HCR Segment” in Section 2.6 for information on valuing the HCR segment when the response is pended.

Request for Extension

After a certification has been approved, a requester may need to extend the number of services originally requested based upon the patient’s health status. The 278 supports a request to extend a service.

HL*4*3*EV*0~
UM*SC*4***Y~**
REF*BB*0081096G~
HSD*VS*6~

In a request for an extension to an existing certification (UM02 = 4), HSD02 represents the number of visits by which the certification is extended. In this case, the requester is using the REF segment to refer to a prior certification number. This is the certification number returned by the UMO in HCR02 of the original response. “UM02 = 4” indicates that this is an extension request to a prior approved service. The HSD segment is used to extend the service by six visits.

Request for Reconsideration

The requester can specify a UM02 value of N (Reconsideration) to request the UMO to reconsider a previously denied referral or certification request.

HL*4*3*EV*0~
UM*SC*N***Y~**
REF*NT*REJ00001~

Normally, a request for reconsideration precedes an appeal. As in the “Request for Appeal” example, if the UMO returned an administrative reference number

(REF01 = "NT") in the original response, the requester can use the REF segment to reference the UMO's response in this request for reconsideration.

Request for Appeal

The requester can use the 278 request to initiate the appeal of a denied or modified request for review.

HL*4*3*EV*0~
UM*SC*1***Y~**
REF*NT*REJ00001~

In this case, the requester is requesting an immediate appeal of a previously denied request by using the REF segment to refer to an administrative reference number. "UM02 = 1" indicates that this is an immediate appeal request. Although the provider has the ability to initiate an appeal request, this does not change the appeals process already established between the provider and the UMO. Typically, the provider must submit additional documentation that will require review by an appeal review board. The type of information required to return a decision can vary based upon the specific appeal request. In addition, the protocols for responding to an appeal request can vary by state. Therefore, the UMO and provider should establish protocols for communicating required information and ultimately rendering the final appeal decision.

Request for Renewal

Various services, such as physical therapy, spinal manipulation, and allergy treatment, have both a delivery pattern and a time span of authorization. Many UMOs place time limits on the period of treatment authorized and the UMO will authorize treatment for a limited period. For example, blanket authorization for allergy treatments as required for 30 days. At the end of the 30 days, the provider must request to renew the certification, not extend it, because the UMO authorizes for 30 day intervals, one interval at a time. For a renewal, the requester references the previous certification identifier and assigns UM02 the value "R", as follows:

HL*4*3*EV*0~
UM*SC*R~
REF*BB*REJ00001~

Request for Revision

In a request to revise a certification (UM02 = S), the requester is revising the specifics of a certification for services that have not been rendered. For example, the requester may be requesting additional procedures or other procedures for the same patient event. In a request to revise an existing certification (UM02 = S), if HSD is used, the value in HSD02 represents the new total.

HL*4*3*EV*0~
UM*SC*S~
REF*BB*0081096G~
HSD*VS*2~

To revise a specific procedure code that was previously approved, UM02 in Loop 2000E will equal S (Revised) and the authorization number being revised will appear in the REF Previous Review Authorization Number if the authorization was

granted at the Event Level. In the 2000F loop, UM02 will equal 3 (Cancel) in the first iteration of the service loop and the procedure code that is being modified from the original request is reported. If the authorization was granted at the Service Level, the previous review authorization number is reported in the REF Previous Review Authorization Number in this loop. In a second iteration of the 2000F loop, the new procedure code is reported. UM02 will equal S (Revised) to indicate that this loop will contain the revised procedure.

2000E Loop

UM*SC*S*3~

REF*BB*20051109ABCD~

First iteration of 2000F Loop

UM*SC*3~

SV1*HC:99211~

Second iteration of 2000F Loop

UM*SC*S~

SV1*HC:99212~

The response will acknowledge the cancellation of the old procedure and the action on the new procedure.

1.12.3.2

Health Services Reviews

The term “health services review” identifies requests for specific treatments or more extended care. Extended care refers to treatment for a condition requiring prolonged rehabilitation therapy. This transaction set supports a request for certification of services related to specific treatment or extended care associated with a single patient event. Complex treatment plans represent multiple patient events. Use a separate transaction for each patient event requested.

Initial Request

The UM segment is used to identify the type of health care services requested.

UM*HS*I*6***Y~**

UM01 = HS (Health Services Review)

UM02 = I (Initial Request)

UM03 = 6 (Radiation Therapy)

UM09 = Y (Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim)

Other data elements in this segment carry additional information about the type of request and the condition of the patient. Value these additional data elements only if they provide information that is relevant to the medical decision on this service review request.

Response

Health services review response uses are identical to those defined in the specialty care referrals response section of this implementation guide.

Segments Frequently Used in Association with Health Service Review Patient Events

The CRC segments enables the requester to provide additional patient condition information that the UMO can use to determine the medical necessity of the services requested. Because these segments do not contain information on the services or treatment requested, they are not used in the response. The CR1, CR2, CR5, and CR6 segments enable providers and UMOs to exchange more detailed information when requests are made regarding ambulance, spinal manipulation, and oxygen therapy respectively.

Example - Request for Spinal Manipulation Treatment

This is an example of a request for spinal manipulation services of the thoracic and lumbar section of the spine. It provides an example of the use of the CR2 segment. In this scenario, the chiropractor diagnosed the patient with a primary diagnosis of 847.2 (Lumbar sprain and strain) and two secondary diagnoses 728.85 (Muscle spasm) and 847.1 (Thoracic sprain and strain). The chiropractor is requesting 2 visits per week over a 3 month period. In addition, the chiropractor specifies that subluxation is necessary for Thoracic Eleven and Lumbar Five, of the spine. The chiropractor requests authorization for the following procedures: 98941 (Chiropractic manipulative treatment, spinal, 3-4 areas), 98943 (Chiropractic manipulative treatment, extraspinal, 1-2 regions) and 97124 (Therapeutic massage to one or more areas).

HI*BF:8472:D8:20020901*BF:72885:D8:20020901*
BF:8471:D8:20020901~
HSD*VS*2*WK34*3~**
CR2*T11*L5****A*N***Y~**

The HI segment provides the associated diagnosis information.

HI01-1 = BF (Diagnosis)
 HI01-2 = 8472 (Lumbar sprain and strain)
 HI01-3 = D8 (Date expressed as CCYYMMDD)
 HI01-4 = 20020901 (Date diagnosed)
 HI02-1 = BF (Diagnosis)
 HI02-2 = 72885 (Muscle spasm)
 HI02-3 = D8 (Date expressed as CCYYMMDD)
 HI02-4 = 20020901 (Date diagnosed)
 HI03-1 = BF (Diagnosis)
 HI03-2 = 8471 (Thoracic sprain and strain)
 HI03-3 = D8 (Date expressed as CCYYMMDD)
 HI03-4 = 20020901 (Date diagnosed)

The HSD Segment specifies the pattern of delivery for the requested services. The request for spinal manipulation services will include 2 visits per week over a 3 month period.

HSD01 = VS (Visits - Type of service count)
 HSD02 = 2 (Number for quantity of services to be rendered in the interval specified in HSD03)
 HSD03 = WK (Week - Timeframe for which the quantity of services will be rendered)
 HSD05 = 34 (Month - Time period for which services will be continued)
 HSD06 = 3 (Number of time periods requested in HSD05)

1.12.3.3

The CR2 Segment is used to express the subluxation levels.

CR203 = T11 (Subluxation level code)

CR204 = L5 (Subluxation level code)

CR208 = A (Acute condition)

CR209 = No (Uncomplicated condition)

CR212 = Y (X-rays are available and maintained for carrier review)

NOTE:

The full request includes three occurrences of the Service level (Loop 2000F), each containing an SV1 segment to request authorization for each of the three procedures. Refer to Section 1.12.4 Services for examples.

Admission Review

The term “admission review” identifies requests for admission to a facility for treatment (pre-certification). The transaction set enables the requester to specify both the facility and associated physicians within the same transaction.

Initial Request

The following example demonstrates a service request for the facility portion of an admission review.

HL*4*3*EV*0~

TRN*1*211099*9012345678~

UM*AR*I*2*21:B***Y~**

DTP*435*RD8:20020820-20020826~

HI*BJ:41090~

CL1*2~

NM1*FA*2*ABC MEMORIAL HOSPITAL***24*765432100~**

The UM segment identifies the type of health care services request.

UM01 = AR (Admission Review)

UM02 = I (Initial Request)

UM03 = 2 (Surgical)

UM04 = 21:B (Hospital - Inpatient)

UM09 = Y (Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim)

Other segments in this loop carry additional information about the type of request and the condition of the patient. Value these additional data elements only if they provide information that is necessary for processing this request. For example, the request includes an admitting diagnosis of myocardial infarction (HI*BJ:41090~).

In this example, the additional elements clarify that the admission is for surgery that will take place in an inpatient setting. It also specifies a specific facility as the provider of services for this patient event.

NOTE:

Use the Service Level (Loop 2000F) to identify specific surgical procedures associated with this admission. If you are requesting a procedure or multiple procedures and are requesting that the same provider or providers perform all of these procedures, identify the providers in Loop 2010E. If you need to associate differ-

ent providers with different procedures, use the Loop 2010F associated with the specific service.

Response

Admission review response uses are identical to those defined in the specialty care referrals response section.

1.12.4 Services (Loop 2000F)

The Service level (Loop 2000F) is not required on the 278 request. The requester should value this loop only if the health care services review includes specific services or procedures for which authorization is required. If the 278 request does not include this loop, it must specify all the information pertaining to the category of services requested at the Patient Event level (Loop 2000E). As illustrated in Matrix 1 and Matrix 2, many of the segments used in Loop 2000F are the same as those available in Loop 2000E. For a detailed explanation of their use, refer to Section 1.12.3 Patient Event Level.

Table 2 - Service Detail

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
LOOP ID - 2000F SERVICE LEVEL					>1
0100	HL	Service Level	S	1	
0200	TRN	Service Trace Number	S	2	
0400	UM	Health Care Services Review Information	S	1	
0600	REF	Previous Review Authorization Number	S	1	
0600	REF	Previous Review Administrative Reference Number	S	1	
0700	DTP	Service Date	S	1	
0810	SV1	Professional Service	S	1	
0820	SV2	Institutional Service Line	S	1	
0830	SV3	Dental Service	S	1	
0840	TOO	Tooth Information	S	32	
0900	HSD	Health Care Services Delivery	S	1	
1550	PWK	Additional Service Information	S	10	
1600	MSG	Message Text	S	1	
LOOP ID - 2010F SERVICE PROVIDER NAME					10
1700	NM1	Service Provider Name	S	1	
1800	REF	Service Provider Supplemental Identification	S	8	
2000	N3	Service Provider Address	S	1	
2100	N4	Service Provider City/State/ZIP Code	S	1	
2200	PER	Service Provider Contact Information	S	1	
2400	PRV	Service Provider Information	S	1	
2800	SE	Transaction Set Trailer	R	1	

Figure 1.7. Services Level

Guidelines for Using the Service Level

1. Use only if the services or procedures requested are for the same patient event identified in Loop 2000E.
2. Use only if at least one of the following situations exists.

- You are requesting a type of service (UM03) in addition to the category or type of service specified in the patient event, or
 - You are requesting a specific service or procedure code or a range of service or procedure codes.
3. If this loop is valued, one of the following must be valued.
 - UM segment where UM03 is valued
 - SV1 where SV101 is valued
 - SV2 where either SV201 or SV202 is valued
 - SV3 where SV301 is valued
 4. Specify only one procedure or procedure code range in an occurrence of Loop 2000F. If you are requesting multiple procedures or procedure code ranges, use a separate occurrence of Loop 2000F for each procedure code or code range.
 5. Data values at the Service level override data values provided at the Patient Event level for the same data element for this service only.
 6. If this patient event includes requests for multiple services (more than on Loop 2000F), use the TRN segment in each Loop 2000F of the request to assign a unique trace number to each service. This enables you to trace the transaction or match the response to the request. In situations where the request contains multiple service loops, the UMO might return a medical decision on some services immediately and pend others for review. In this case, the final decisions on each service may be returned by the UMO at different times. Use of trace numbers at this level can facilitate matching these different responses to the original request.

Request for a Range of Procedures

Use the SV1 Professional Service, SV2 Institutional Service Line, or SV3 Dental Service segments to request authorization for a range of procedure codes that represent a single service. Typically, procedure ranges are used during the utilization review/management process. For example, the requesting provider knows the service to be provided but cannot be certain of the intensity or complexity of the service. Examples of common procedure ranges include the “Evaluation and Management” codes in the 99xxx range of the CPT-4 code set. A provider who is requesting authorization for specific office consultations might submit the range 99241-99245 in an authorization request. Submitting a range allows the provider to request authorization for visits in cases where the intensity of service cannot be known ahead of time (e.g., a patient undergoing specialist care for a recurring condition).

Response to Request Containing Service Level Information

Both the Patient level (Loop 2000E) and the Service level (Loop 2000F) have an HCR segment. If the UMO was unable to review the request due to missing or invalid application data at this level, the UMO must return a 278 response containing a AAA segment at this level. If the UMO has reviewed the request at this level the UMO may respond in one of the following ways, depending on the UMO’s business rules.

- If the UMO makes determinations at the Patient Event level only, then the decision returned in HCR01 for the HCR segment in Loop 2000E applies to all of the services associated with this patient event. If a certification number is returned (HCR02), this number applies to all the services associated with that patient event. The UMO is not required to render and return separate health care service review decision information in the HCR segment for each Loop 2000F returned.
- In addition to valuing the HCR segment in Loop 2000E, the UMO may use the HCR segment in Loop 2000F to provide service review decision information specific to the service identified in that Service Loop 2000F. Values provided in the HCR segment in Loop 2000F override the values specified in the HCR segment of Loop 2000E for that service only. This enables the UMO to
 - evaluate and report a determination on each service request separately (HCR01);
 - assign a separate certification number to each service (HCR02); and
 - identify a separate review decision reason to each service (HCR03).

Example - Request for Spinal Manipulation Treatment and Associated Services

This is an example of a request for spinal manipulation services of the cervical section of the spine. In this scenario, the chiropractor diagnosed the patient with a primary diagnosis of 722.0 (Displacement of cervical intervertebral disc) and a secondary diagnosis of 723.2 (Cervicocranial syndrome). The chiropractor is requesting visits to occur twice a week over a 3-month period. In addition, the chiropractor specifies that subluxation is necessary for Cervical One and Cervical Seven of the spine. The chiropractor requests authorization for the following procedures: 98941 (chiropractic manipulative treatment, spinal, 3-4 areas), 98943 (chiropractic manipulative treatment, extraspinal, 1-2 regions) and 97124 (therapeutic massage to one or more areas). The provider also faxes progress notes to substantiate the services requested.

Patient Event - Loop 2000E

Based on this example, the Patient Event Loop 2000E is valued as follows:

```
HL*4*3*EV*1~
UM*HS*I**11:B*****A~
HI*BK:7220*BF:7232~
HSD*VS*2*WK**34*3~
CR2***C1*C7*****A*N***Y~
PWK*09*FX***AC*20020901001*Cervical x-ray
demonstrates subluxation of cervical disc~
NM1*SJ*1*****24*123456789~
```

Loop 2000E provides information on the patient event associated with the health care request. Information provided at this level applies to all the services included in the health care request. The UM segment specifies that this is a health service request for spinal manipulation treatment. Other data elements in this segment carry additional information about the type of request and the condition of the patient. In this example, the provider specified procedures; therefore, there is no need to value UM03 (Type of service). The requested procedures appear in the 2000F Service Loop.

The PWK segment is required if the requester has additional documentation associated with the health services review that applies to the patient event and/or all the services requested. The PWK segment provides the following identification information about the attachment.

PWK01 = 09 (Progress Report)

PWK02 = FX (Fax)

PWK05 = AC (Indicates that the value in PWK06 is the attachment control number assigned to the fax)

PWK06 = 20020901001 (this is the attachment control number)

PWK07 = Cervical x-ray demonstrates subluxation of cervical disc

In this example, the Loop 2010EA NM1 segment identifies the service provider or specialty entity requested.

NM101 = SJ (Service Provider)

NM102 = 1 (Person)

NM108 = 24 (Employer's Identification Number)

NM109 = 123456789

Refer to Section 1.12.3 Patient Event (Loop 2000E) for a detailed description of the other segments in this loop.

Service - Loop 2000F

This loop allows the provider to request authorization for specific procedure codes. In this example, the request includes 3 procedure codes. Therefore, the request includes 3 occurrences of Loop 2000F. In each loop, the SV1 segment identifies the service requested with a CPT code.

HL*5*4*SS*0~

SV1*HC:98941~ (HCPCS/CPT for Chiropractic manipulative treatment, spinal, 3-4 areas)

HL*6*4*SS*0~

SV1*HC:98943~ (HCPCS/CPT for Chiropractic manipulative treatment, extraspinal, 1-2 regions)

HL*7*4*SS*0~

SV1*HC:97124~ (HCPCS/CPT for Therapeutic massage to one or more areas)

Refer to Section 3 Examples for additional examples of uses of the Patient Event and Service levels.

1.12.5

Additional Service Review Information (Loops 2000E and 2000F)

Under some circumstances, UMOs may require additional patient information to determine the medical necessity of the services requested. This additional information concerns patient condition or service detail data not supported in the 278 (ST to SE). Depending on the type of health care services review, the requester might know of additional information required by the UMO at the time the request is initiated. Or, when the UMO receives the health care services review request, the UMO may determine that additional information is required to complete the review. This section provides guidelines for using these segments and data elements.

1.12.5.1

Referencing Additional Information on the 278 Request

The 278 request contains a PWK segment that the requester can use to reference an attachment (paper, electronic, or other medium) associated with the current health care services review. The attachment may be transmitted in a separate X12 functional group (e.g.: 275 Attachment).

TRN Segments

The 278 supports a TRN segment at the Patient Event level and at the Service level. The Patient Event level TRN segment (Patient Event Tracking Number) enables the requester to assign a unique trace number to the patient event request. The Service level TRN Segment (Service Trace Number) enables the requester to assign a unique identifier to a service when multiple services are requested. The UMO can reference these numbers when requesting additional information pertaining to the patient event or to the services requested.

PWK Segments

The 278 request supports 10 occurrences of the PWK segment at the Patient Event level (Loop 2000E) and at each Service level (Loop 2000F). This enables the requester to attach up to 10 items pertaining to the patient's condition and/or up to 10 items pertaining to each occurrence of Loop 2000F of the request.

Guidelines for Using the PWK Segment on the Request

1. The PWK segment is required if the requester has additional documentation (electronic, paper, or other medium) associated with this health care services review that applies to the patient event and/or the services requested and the 278 request (ST to SE) does not support this information.
2. Use the PWK segment at the Patient Event level if the attachment pertains to this patient event and/or all the services requested.
3. Use the PWK segment at the Service level if the information pertains to a specific service identified in Loop 2000F.
4. The PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group (e.g., 275) rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 should be referenced in the electronic attachment.

Please note that, at the time of publication, the 275 Patient Information Transaction Set has not been adopted as a HIPAA standard transaction and its use must be mutually agreed to by trading partners.

5. The requester can also use the PWK segment to identify paperwork that is held at the provider's office and is available upon request by the UMO (or appropriate entity).

1.12.5.2

Requesting Additional Information on the 278 Response

When responding to a 278 request, the UMO might determine that additional information is required to complete the health care services review. The 278 response enables the UMO to

- indicate that the review outcome is pended for additional medical necessity information;
- request this additional information by referencing paperwork that the requester must complete or by specifying codified information that the requester must provide; and
- identify a specific contact or destination for the response to this request for additional information.

BHT Segment

In the BHT segment, BHT02 identifies the purpose of the 278 transaction and BHT06 identifies the type. A 278 response that contains a request for additional information must specify the following values:

BHT02 = 11 (Response)

BHT06 = AT (Administrative Action)

TRN Segment

If the TRN segment is used on the request, the UMO must return the trace information supplied with the request transaction in the response transaction. The UMO must return the Patient Event Tracking Number and, if used, the Service Trace Number in the appropriate location on the response. If the UMO has requested additional information at the Patient Event level or at the Service level, the UMO must retain the Patient Event Tracking Number or Service Trace Number from the request to reference on the request for additional information. In addition, UMOs can add a trace number in their own TRN segment at the Patient Event level or at the Service level on the response.

HCR Segment

If the UMO system can process the service review request, the UMO must return a 278 response that contains an HCR segment at the Patient Event level (Loop 2000E) in the response to indicate the status of the service review. The UMO must value the HCR segment to indicate that the review outcome has been pended for additional medical necessity information. If the UMO uses the 278 response to request this additional information, the UMO system must value the HCR segment as follows:

HCR*A4OU~**

Where:

HCR01 = "A4" (pended)

HCR03 = "OU" (Additional Information Required)

If the Service Level (Loop 2000F) was also valued on the request, the UMO can value the associated HCR segment in Loop 2000F of the response.

If the response contains the outcome of the review for some services but pends others for additional information, the UMO system can value the Loop 2000E HCR with HCR01 = A2 (Certified - partial) to indicate that the event is only partially certified. The HCR segments in Loop 2000F identify why the UMO has partially certified the patient event. For each service with a review outcome, the UMO system can value the Loop 2000F HCR01 to indicate the status of the review outcome. The UMO system can value the HCR segment for each service pended for additional information with HCR01 = "A4" and HCR03 = "OU".

PWK Segment

The UMO can use the PWK segment on a pended response to identify additional documentation required to complete the health care services review. The UMO can request information about the patient using the PWK segment at the Patient Event level (Loop 2000E) and/or about a specific service using the PWK segment at the Service level (Loop 2000F). This implementation supports 10 occurrences of the PWK at the Patient Event level and at each Service level to enable the UMO to request multiple attachments.

The UMO can use this segment to identify the type of documentation needed such as forms that the provider must complete. The UMO can also indicate what medium it has used to send these forms.

Guidelines for Using the PWK Segments on the Response

1. The PWK segment is required if the UMO is requesting additional documentation (electronic, paper, or other medium) associated with this health care services review that applies to the patient event and/or the services requested and the UMO does not use LOINC® in the HI segments to request this information.

LOINC is a registered trademark of Regenstrief Institute and the Logical Observation Identifier Names and Codes (LOINC) Committee. The LOINC lists identify high-level health care information groupings, specific data elements, and associated modifiers.

2. Paperwork requested at the patient level should apply to the patient event and/or all the services requested.
3. Use the PWK segment in the appropriate Service loop if requesting medical necessity information for a specific service.
4. This PWK segment is required to identify requests for specific data that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or using LOINC in the HI segments of the response. PWK06 is used to identify the attached electronic questionnaire. The number in PWK06 should be referenced in the corresponding electronic attachment.

NOTE:

At the time of this writing, there is no published standard implementation or draft implementation of another X12 functional group (such as the 275) for use with the 278.

5. This PWK segment should not be used if the requester should have provided the information within the 278 request (ST-SE) but failed to do so. In

this case the UMO should use the AAA segments in the 278 response to indicate the data that is missing or invalid.

HI Segments

In addition to or in place of the PWK segment, the UMO can use the HI Diagnosis segment at the Patient Event level and/or the HI Request for Additional Information segment at the Service level of the pended response to specify codes identifying the specific information that the UMO requires from the provider to complete the medical review. On the response, the HI segment supports the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINC) List. These codes identify high-level health care information groupings, specific data elements, and associated modifiers.

LOINC codes are used to request specific information. LOINC modifier codes are used to qualify the scope of the request for information. For example, LOINC code 18657-7 requests the Rehabilitation treatment plan, plan of treatment (narrative). A LOINC modifier code of 18803-7 would qualify the requested information to include all data of the selected type that represents observations made 30 days or less before the starting date of service.

The LOINC lists are external to ASC X12 standards. See Appendix A, External Code Sources, for instructions about how to obtain these lists.

The following provides an example of how to value the HI segment to request additional information using LOINC.

HI*LOI:18657-7*LOI:18803-7~

“LOI” indicates that the code list used is Logical Observation Identifier Names and Codes and 18657-7 is the high-level grouping and 18803-7 is the modifier.

Guidelines for Using HI Segments to Request Additional Information

1. The LOINC code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.
2. Even if the trading partners can accommodate the use of LOINC on the 278 response request for additional information, the UMO cannot require that the original requester respond to this request using LOINC in the follow-up response.
3. LOINC specified in the HI Diagnosis segment at the Patient Event level should apply to the patient event and/or all the services requested. Use the HI Request for Additional Information segment in the appropriate Service loop if using LOINC to request medical necessity information for a specific service or procedure.
4. If the LOINC request pertains to a specific diagnosis code, place the specific diagnosis or procedure code in the HI C022 composite that precedes the HI C022 composite(s) containing the LOINC. For example:

HI*BF:41090*LOI:18657-7*LOI:18803-7~

Where BF:41090 identifies the diagnosis for which additional information is required.

5. LOINC should not be used if the requester should have provided the information in the 278 request (ST-SE) but failed to do so. In this case the UMO should use the AAA segments in the 278 response to indicate the data that is missing or invalid.

Use of LOINC codes for requesting additional documentation for Diagnoses

The Patient Event level supports only one occurrence of the HI Diagnosis segment. This segment enables the requester to specify up to 12 diagnosis codes associated with the patient event. If the original request contained more than six diagnosis codes and you are using LOINC to request additional information for each diagnosis code or if you need to specify multiple questions/LOINC codes you cannot exceed the limit of 12 occurrences of the C022 composite. For example, if the provider identified 3 diagnoses and the UMO requires additional documentation regarding diagnosis one utilizing the LOINC code, the UMO can return the following response.

1. Indicate the code list qualifier in HI01-1. For example, "BF" - Diagnosis.
2. Specify the first diagnosis code in HI01-2.
3. Specify the "LOINC" code list qualifier in HI02-1. For example, "LOI" - LOINC to request additional information on the first diagnosis.
4. Specify the LOINC code in HI02-2 to identify the specific documentation required.
5. Specify the code list qualifier in HI03-1 for the second diagnosis requested. For example, "BF" - Diagnosis.
6. Specify the second diagnosis code in HI03-2.
7. Specify the code list qualifier in HI04-1 for the third diagnosis requested. For example, "BF" - Diagnosis.
8. Specify the diagnosis code in HI04-2.

This allows the UMO to return the requested diagnoses on the response and provides a suggested format for identifying which diagnosis requires the additional information.

Use of LOINC codes for requesting additional documentation for a Procedure code range

On the 278 request, the requester can use the SV1, SV2 or SV3 segment at the Service Level (Loop 2000F) to request authorization for a range of procedure codes that represent a single service. On the 278 response transaction, the HI segment at the Service Detail (Loop 2000F) provides the facility for the UMO to request additional information regarding a procedure using the LOINC code. This mechanism applies to a provider who has submitted a request for procedure code ranges using the SV1, SV2 or SV3 segment. For example, if the provider submitted a request for a procedure code range using the SV1 segment that included four procedures and the UMO requires additional documentation regarding two of the requested procedures, the UMO can return the following response.

Loop 2000F - First Service Loop

HI segment

1. Specify the "LOINC" code list qualifier in HI01-1. For example, "LOI" - LOINC to request additional information on the first procedure.
2. Specify the LOINC code in HI01-2 to request additional information on the first procedure.

SV1 segment

1. Specify the procedure code list qualifier in SV101-1. For example, "HC" - HCPCS CPT code.
2. Specify the first specific procedure code for which additional information is being requested from the procedure range in SV101-2.

Loop 2000F - Second Service Loop

HI segment

1. Specify the "LOINC" code list qualifier in HI01-1. For example, "LOI" - LOINC to request additional information on the second procedure.
2. Specify the code list qualifier in HI01-2. For example, "LOI" - LOINC to request additional information on the second procedure.

SV1 segment

1. Specify the procedure code list qualifier in SV101-1. For example, "HC" - HCPCS CPT code.
2. Specify the second specific procedure code for which additional information is being requested for the procedure range in SV101-2.

When the UMO requests additional information for all procedures in the procedure range, structure the response as follows:

HI Segment

1. Specify the "LOINC" code list qualifier in HI01-1. For example, "LOI" - LOINC to request additional information on the first procedure in the range.
2. Specify the LOINC code in HI01-2 to request additional information on the first procedure.
3. Specify the "LOINC" code list qualifier in HI02-1. For example, "LOI" - LOINC to request additional information on the second procedure in the range.
4. Specify the LOINC code in HI02-2 to request additional information on the second procedure.
5. Specify the "LOINC" code list qualifier in HI03-1. For example, "LOI" - LOINC to request additional information on the third procedure in the range.
6. Specify the LOINC code in HI03-2 to request additional information on the third procedure.
7. Specify the "LOINC" code list qualifier in HI04-1. For example, "LOI" - LOINC to request additional information on the fourth procedure in the range.

8. Specify the LOINC code in HI04-2 to request additional information on the fourth procedure.

SV1 segment

1. Specify the procedure code list qualifier in SV101-1. For example, "HC" - HCPCS CPT code.
2. Specify the beginning procedure code in SV101-2.
3. Specify the ending procedure code in SV101-8.

Use of LOINC codes for requesting additional documentation for a service (SV1, SV2, or SV3 segment)

On the 278 transaction, the requester can use the Service level (Loop 2000F) to request a specific service or procedure using the SV1, SV2 or SV3 segment. Each occurrence of Loop 2000F represents the information related to a single service or procedure. In the response, the UMO returns an occurrence of Loop 2000F for each occurrence of Loop 2000F on the request. For example, if the provider submitted a request for three specific procedure codes using the SV1 segment, the request would contain three service loops. If the UMO requires additional documentation regarding two of the requested procedures, the UMO can return the following response.

Loop 2000F - First Service Loop

HI segment

1. Specify the "LOINC" code list qualifier in HI01-1. For example, "LOI" - LOINC to request additional information on the first procedure.
2. Specify the LOINC code in HI01-2 to request additional information on the first procedure.

SV1 segment

1. Specify the procedure code list qualifier in SV101-1. For example, "HC" - HCPCS CPT code.
2. Specify the first procedure code in SV101-2.

Loop 2000F - Second Service Loop

HI segment

1. Specify the "LOINC" code list qualifier in HI01-1. For example, "LOI" - LOINC to request additional information on the second procedure.
2. Specify the code list qualifier in HI01-2. For example, "LOI" - LOINC to request additional information on the second procedure.

SV1 segment

1. Specify the procedure code list qualifier in SV101-1. For example, "HC" - HCPCS CPT code.
2. Specify the second procedure code in SV101-2.

Loop 2000F - Third Service Loop

If the UMO does not require additional information concerning the procedure specified in the third SV1 segment, the UMO may respond as follows:

- The UMO may render a decision concerning this procedure and return the procedure specified (SV1) along with the service review decision in the HCR segment of the same loop.
- The UMO may pend the response on all the services requested until the requested information is returned.

NM1 Loops - Additional Information Contact Name

The 278 response includes NM1 loops to identify the person, office location, or other destination to route the response to the UMO request for additional information. NM1 Loop 2010EB identifies additional patient event information contact name, address, and communication number information for use with requests for additional information contained in the PWK or HI segments at the Patient Event level. NM1 Loop 2010FB identifies additional service information contact name, address, and communication number information for use with requests for additional information contained in the PWK or HI segments at the Service level.

Guidelines for Use of NM1 Loops

1. Information in this loop overrides information supplied in the UMO Name NM1 loop (Loop 2010A).
2. Use this NM1 loop only if
 - a. the destination for the response to the request for additional patient information differs from the information specified in the UMO Name NM1 loop (Loop 2010A);
 - b. either the PWK segment or HI segment in the associated loop contain a request for additional information; and
 - c. the request for additional information is not transmitted in another X12 functional group where PWK02 = EL.
3. This NM1 segment is required if this loop is used.

2 Transaction Set

NOTE

See Appendix B, Nomenclature, to review the transaction set structure, including descriptions of segments, data elements, levels, and loops.

2.1 Presentation Examples

The ASC X12 standards are generic. For example, multiple trading communities use the same PER segment to specify administrative communication contacts. Each community decides which elements to use and which code values in those elements are applicable.

This implementation guide uses a format that depicts both the generalized standard and the insurance industry-specific implementation. In this implementation guide, **IMPLEMENTATION** specifies the requirements for this implementation. **X12 STANDARD** is included as a reference only.

The transaction set presentation is comprised of two main sections with subsections within the main sections:

2.3 Transaction Set Listing

There are two sub-sections under this general title. The first sub-section concerns this implementation of a generic X12 transaction set. The second sub-section concerns the generic X12 standard itself.

IMPLEMENTATION

This section lists the levels, loops, and segments contained in this implementation. It also serves as an index to the segment detail.

STANDARD

This section is included as a reference.

2.4 Segment Detail

There are three sub-sections under this general title. This section repeats once for each segment used in this implementation providing segment specific detail and X12 standard detail.

SEGMENT DETAIL

This section is included as a reference.

DIAGRAM

This section is included as a reference. It provides a pictorial view of the standard and shows which elements are used in this implementation.

ELEMENT DETAIL

This section specifies the implementation details of each data element.

These illustrations (Figures 2.1 through 2.5) are examples and are not extracted from the Section 2 detail in this implementation guide. Annotated illustrations, presented below in the same order they appear in this implementation guide, describe the format of the transaction set that follows.

IMPLEMENTATION

Indicates that this section is the implementation and not the standard

8XX Insurance Transaction Set

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
53	0100	ST	Transaction Set Header	R	1	Segment repeats and loop repeats reflect actual usage
54	0200	BPR	Financial Information	R	1	
60	0400	TRN	Reassociation Key	R	1	
62	0500	CUR	Non-US Dollars Currency	S	1	
65	0600	REF	Receiver ID	S	1	
66	0600	REF	Version Number	S	1	Each loop is assigned an industry specific name
68	0700	DTM	Production Date	S	1	
PAYER NAME						1
70	0800	N1	Payer Name	R	1	R=Required S=Situational
72	1000	N3	Payer Address	S	1	
75	1100	N4	Payer City, State, Zip	S	1	
76	1200	REF	Additional Payer Reference Number	S	1	
78	1300	PER	Payer Contact	S	1	
PAYEE NAME						1
79	0800	N1	Payee Name	R	1	Individual segments and entire loops are repeated
81	1000	N3	Payee Address	S	1	
82	1100	N4	Payee City, State, Zip	S	1	
84	1200	REF	Payee Additional Reference Number	S	>1	

Position Numbers and Segment IDs retain their X12 values

Individual segments and entire loops are repeated

Figure 2.1. Transaction Set Key – Implementation

STANDARD						
Indicates that this section is identical to the ASC X12 standard						
8XX Insurance Transaction Set						
Functional Group ID: XX						
See Appendix B.1, ASC X12 Nomenclature for a complete description of the standard						
This Draft Standard for Trial Use contains the format and establishes the data contents of the Insurance Transaction Set (8XX) within the context of the Electronic Data Interchange (EDI) environment.						
Table 1 - Header						
POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT	
0100	ST	Transaction Set Header	M	1		
0200	BPR	Beginning Segment	M	1		
0300	NTE	Note/Special Instruction	O	>1		
0400	TRN	Trace	O	1		

Figure 2.2. Transaction Set Key – Standard

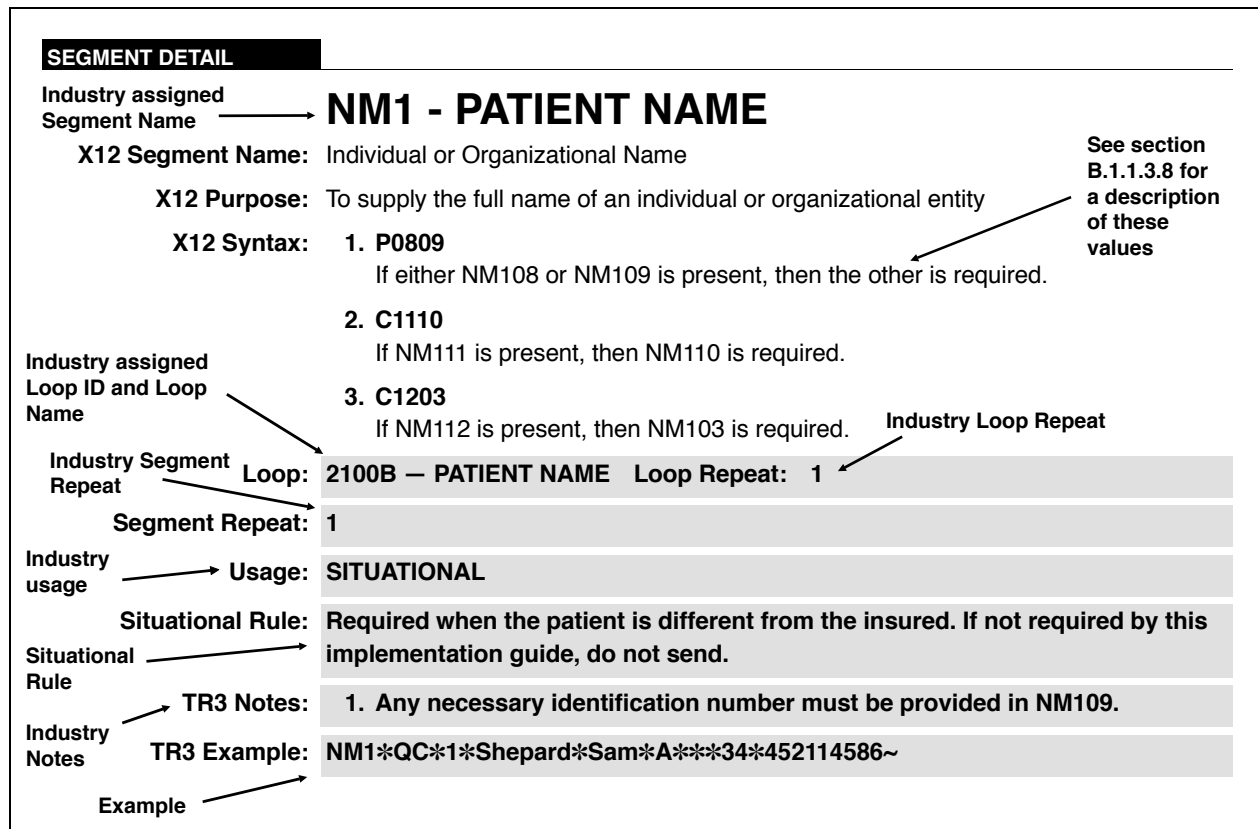


Figure 2.3. Segment Key – Implementation

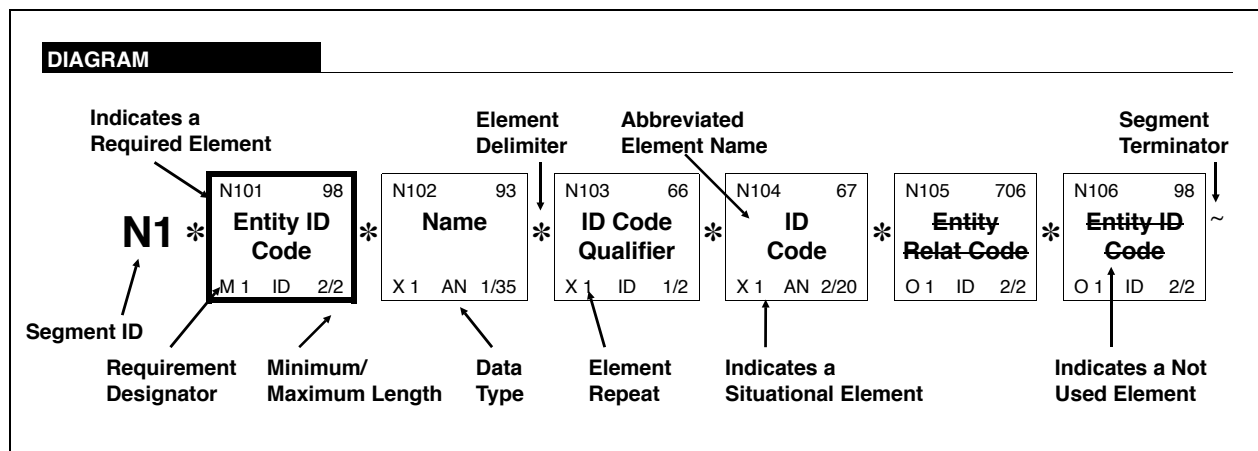


Figure 2.4. Segment Key – Diagram

ELEMENT DETAIL						
USAGE	REF. DES.	DATA ELEMENT	NAME	Element Repeat	ATTRIBUTES	
REQUIRED	SVC01	C003	COMPOSITE MEDICAL PROCEDURE IDENTIFIER To identify a medical procedure by its standardized codes and applicable modifiers Use the Primary Payer's adjudicated Medical Procedure Code.	M 1		
Reference Designator						
Composite Number						
REQUIRED	SVC01 - 1	235	Product/Service ID Qualifier Code identifying the type/source of the descriptive number used in Product/Service ID (234) IMPLEMENTATION NAME: Product or Service ID Qualifier The value in SVC01-1 qualifies the values in SVC01-2, SVC01-3, SVC01-4, SVC01-5, and SVC01-6.	M	ID	2/2
Industry Usage: See the following page for complete descriptions						
Industry Note						
Selected Code Values			AD	American Dental Association Codes CODE SOURCE 135: American Dental Association		
See Appendix A for external code source reference			HP	Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code CODE SOURCE 716: Health Insurance Prospective Payment System (HIPPS) Rate Code for Skilled Nursing Facilities		
REQUIRED	SVC01 - 2	234	Product/Service ID Identifying number for a product or service	M	AN	1/48
NOT USED	SVC01 - 3	1339	Procedure Modifier	O	AN	2/2
NOT USED	SVC01 - 4	1339	Procedure Modifier	O	AN	2/2
NOT USED	SVC01 - 5	1339	Procedure Modifier	O	AN	2/2
NOT USED	SVC01 - 6	1339	Procedure Modifier	O	AN	2/2
NOT USED	SVC01 - 7	352	Description	O	AN	1/80
REQUIRED	SVC02	782	Monetary Amount Monetary amount SEMANTIC: SVC02 is the submitted service charge. This value can not be negative.	M 1	R	1/18
Data Element Number						
NOT USED	SVC03	782	Monetary Amount	O 1	R	1/18
SITUATIONAL	SVC04	234	Product/Service ID Identifying number for a product or service SEMANTIC: SVC04 is the National Uniform Billing Committee Revenue Code. SITUATIONAL RULE: Required when an NUBC revenue code was considered during adjudication in addition to a procedure code already identified in SVC01. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: National Uniform Billing Committee Revenue Code	O 1	AN	1/48
X12 Semantic Note						
Situational Rule						
Implementation Name See Appendix E for definition						

Figure 2.5. Segment Key – Element Summary

2.2 Implementation Usage

2.2.1 Industry Usage

Industry Usage describes when loops, segments, and elements are to be sent when complying with this implementation guide. The three choices for Usage are required, not used, and situational. To avoid confusion, these are named differently than the X12 standard Condition Designators (mandatory, optional, and relational).

Required This loop/segment/element must always be sent.

Required segments in Situational loops only occur when the loop is used.

Required elements in Situational segments only occur when the segment is used.

Required component elements in Situational composite elements only occur when the composite element is used.

Not Used This element must never be sent.

Situational Use of this loop/segment/element varies, depending on data content and business context as described in the defining rule. The defining rule is documented in a Situational Rule attached to the item.

There are two forms of Situational Rules.

The first form is “Required when <explicit condition statement>. If not required by this implementation guide, may be provided at the sender’s discretion, but cannot be required by the receiver.” The data qualified by such a situational rule cannot be required or requested by the receiver, transmission of this data is solely at the sender’s discretion.

The alternative form is “Required when <explicit condition statement>. If not required by this implementation guide, do not send.” The data qualified by such a situational rule cannot be sent except as described in the explicit condition statement.

2.2.1.1 Transaction Compliance Related to Industry Usage

A transmitted transaction complies with an implementation guide when it satisfies the requirements as defined within the implementation guide. The presence or absence of an item (loop, segment, or element) complies with the industry usage specified by this implementation guide according to the following table.

Industry Usage	Business Condition is	Item is	Transaction Complies with Implementation Guide?
Required	N/A	Sent	Yes
		Not Sent	No
Not Used	N/A	Sent	No
		Not Sent	Yes
Situational (Required when <explicit condition statement>. If not required by this implementation guide, may be provided at the sender's discretion, but cannot be required by the receiver.)	True	Sent	Yes
		Not Sent	No
	Not True	Sent	Yes
		Not Sent	Yes
Situational (Required when <explicit condition statement>. If not required by this implementation guide, do not send.)	True	Sent	Yes
		Not Sent	No
	Not True	Sent	No
		Not Sent	Yes

This table specifies how an entity is to evaluate a transmitted transaction for compliance with industry usage. It is not intended to require or imply that the receiver must reject non-compliant transactions. The receiver will handle non-compliant transactions based on its business process and any applicable regulations.

2.2.2 Loops

Loop requirements depend on the context or location of the loop within the transaction. See Appendix B for more information on loops.

- A nested loop can be used only when the associated higher level loop is used.
- The usage of a loop is the same as the usage of its beginning segment.
 - If a loop's beginning segment is Required, the loop is Required and must occur at least once unless it is nested in a loop that is not being used.
 - If a loop's beginning segment is Situational, the loop is Situational.
- Subsequent segments within a loop can be sent only when the beginning segment is used.
- Required segments in Situational loops occur only when the loop is used.

2.3 Transaction Set Listing

2.3.1 Implementation

This section lists the levels, loops, and segments contained in this implementation. It also serves as an index to the segment detail. Refer to Section 2.1 Presentation Examples for detailed information on the components of the Implementation section.

IMPLEMENTATION

278 Health Care Services Review Information

It is required that separate transaction sets be used for different patients.

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
65	0100	ST	Transaction Set Header	R	1	
67	0200	BHT	Beginning of Hierarchical Transaction	R	1	

Table 2 - Utilization Management Organization (UMO) Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL			1
69	0100	HL	Utilization Management Organization (UMO) Level	R	1	
			LOOP ID - 2010A UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME			1
71	1700	NM1	Utilization Management Organization (UMO) Name	R	1	

Table 2 - Requester Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B REQUESTER LEVEL			1
74	0100	HL	Requester Level	R	1	
			LOOP ID - 2010B REQUESTER NAME			1
76	1700	NM1	Requester Name	R	1	
79	1800	REF	Requester Supplemental Identification	S	8	
81	2000	N3	Requester Address	S	1	
82	2100	N4	Requester City, State, ZIP Code	S	1	
84	2200	PER	Requester Contact Information	S	1	
87	2400	PRV	Requester Provider Information	S	1	

Table 2 - Subscriber Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000C SUBSCRIBER LEVEL			1
89	0100	HL	Subscriber Level	R	1	
			LOOP ID - 2010C SUBSCRIBER NAME			1
91	1700	NM1	Subscriber Name	R	1	
94	1800	REF	Subscriber Supplemental Identification	S	9	
96	2000	N3	Subscriber Address	S	1	
97	2100	N4	Subscriber City, State, ZIP Code	S	1	

99	2500	DMG	Subscriber Demographic Information	S	1	
101	2600	INS	Subscriber Relationship	S	1	

Table 2 - Dependent Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000D DEPENDENT LEVEL			1
103	0100	HL	Dependent Level	S	1	
			LOOP ID - 2010D DEPENDENT NAME			1
105	1700	NM1	Dependent Name	R	1	
107	1800	REF	Dependent Supplemental Identification	S	3	
109	2000	N3	Dependent Address	S	1	
110	2100	N4	Dependent City, State, ZIP Code	S	1	
112	2500	DMG	Dependent Demographic Information	S	1	
114	2600	INS	Dependent Relationship	S	1	

Table 2 - Patient Event Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000E PATIENT EVENT LEVEL			1
116	0100	HL	Patient Event Level	R	1	
118	0200	TRN	Patient Event Tracking Number	S	2	
120	0400	UM	Health Care Services Review Information	R	1	
128	0600	REF	Previous Review Authorization Number	S	1	
129	0600	REF	Previous Review Administrative Reference Number	S	1	
130	0700	DTP	Accident Date	S	1	
131	0700	DTP	Last Menstrual Period Date	S	1	
132	0700	DTP	Estimated Date of Birth	S	1	
133	0700	DTP	Onset of Current Symptoms or Illness Date	S	1	
134	0700	DTP	Event Date	S	1	
135	0700	DTP	Admission Date	S	1	
136	0700	DTP	Discharge Date	S	1	
137	0800	HI	Patient Diagnosis	S	1	
155	0900	HSD	Health Care Services Delivery	S	1	
160	1000	CRC	Ambulance Certification Information	S	1	
163	1000	CRC	Chiropractic Certification Information	S	1	
166	1000	CRC	Durable Medical Equipment Information	S	1	
170	1000	CRC	Oxygen Therapy Certification Information	S	1	
173	1000	CRC	Functional Limitations Information	S	1	
177	1000	CRC	Activities Permitted Information	S	1	
180	1000	CRC	Mental Status Information	S	1	
183	1100	CL1	Institutional Claim Code	S	1	
185	1200	CR1	Ambulance Transport Information	S	1	
188	1300	CR2	Spinal Manipulation Service Information	S	1	
192	1400	CR5	Home Oxygen Therapy Information	S	1	
197	1500	CR6	Home Health Care Information	S	1	
203	1550	PWK	Additional Patient Information	S	10	
208	1600	MSG	Message Text	S	1	
			LOOP ID - 2010EA PATIENT EVENT PROVIDER NAME			14
209	1700	NM1	Patient Event Provider Name	S	1	
213	1800	REF	Patient Event Provider Supplemental Information	S	7	

215	2000	N3	Patient Event Provider Address	S	1
216	2100	N4	Patient Event Provider City, State, ZIP Code	S	1
218	2200	PER	Patient Event Provider Contact Information	S	1
221	2400	PRV	Patient Event Provider Information	S	1
LOOP ID - 2010EB PATIENT EVENT TRANSPORT INFORMATION					5
223	1700	NM1	Patient Event Transport Information	S	1
225	2000	N3	Patient Event Transport Location Address	R	1
226	2100	N4	Patient Event Transport Location City/State/ZIP Code	R	1
LOOP ID - 2010EC PATIENT EVENT OTHER UMO NAME					3
228	1700	NM1	Patient Event Other UMO Name	S	1
230	1800	REF	Other UMO Denial Reason	R	1
233	2700	DTP	Other UMO Denial Date	R	1

Table 2 - Service Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
LOOP ID - 2000F SERVICE LEVEL						>1
234	0100	HL	Service Level	S	1	
236	0200	TRN	Service Trace Number	S	2	
238	0400	UM	Health Care Services Review Information	S	1	
244	0600	REF	Previous Review Authorization Number	S	1	
245	0600	REF	Previous Review Administrative Reference Number	S	1	
246	0700	DTP	Service Date	S	1	
247	0810	SV1	Professional Service	S	1	
253	0820	SV2	Institutional Service Line	S	1	
259	0830	SV3	Dental Service	S	1	
264	0840	TOO	Tooth Information	S	32	
266	0900	HSD	Health Care Services Delivery	S	1	
271	1550	PWK	Additional Service Information	S	10	
276	1600	MSG	Message Text	S	1	
LOOP ID - 2010F SERVICE PROVIDER NAME						10
277	1700	NM1	Service Provider Name	S	1	
281	1800	REF	Service Provider Supplemental Identification	S	8	
283	2000	N3	Service Provider Address	S	1	
284	2100	N4	Service Provider City, State, ZIP Code	S	1	
286	2200	PER	Service Provider Contact Information	S	1	
289	2400	PRV	Service Provider Information	S	1	
291	2800	SE	Transaction Set Trailer	R	1	

2.3.2 X12 Standard

This section is included as a reference. The implementation guide reference clarifies actual usage. Refer to Section 2.1 Presentation Examples for detailed information on the components of the X12 Standard section.

STANDARD

278 Health Care Services Review Information

Functional Group ID: **HI**

This X12 Transaction Set contains the format and establishes the data contents of the Health Care Services Review Information Transaction Set (278) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to transmit health care service information, such as subscriber, patient, demographic, diagnosis or treatment data for the purpose of request for review, certification, notification or reporting the outcome of a health care services review.

Expected users of this transaction set are payors, plan sponsors, providers, utilization management and other entities involved in health care services review.

Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
0100	ST	Transaction Set Header	M	1	
0200	BHT	Beginning of Hierarchical Transaction	M	1	

Table 2 - Detail

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
		LOOP ID - HL			>1
0100	HL	Hierarchical Level	M	1	
0200	TRN	Trace	O	9	
0300	AAA	Request Validation	O	9	
0400	UM	Health Care Services Review Information	O	1	
0500	HCR	Health Care Services Review	O	1	
0600	REF	Reference Information	O	9	
0700	DTP	Date or Time or Period	O	9	
0800	HI	Health Care Information Codes	O	1	
0810	SV1	Professional Service	O	1	
0820	SV2	Institutional Service	O	1	
0830	SV3	Dental Service	O	1	
0840	TOO	Tooth Identification	O	32	
0900	HSD	Health Care Services Delivery	O	1	
1000	CRC	Conditions Indicator	O	9	
1100	CL1	Claim Codes	O	1	
1200	CR1	Ambulance Certification	O	1	
1300	CR2	Chiropractic Certification	O	1	
1350	CR4	Enteral or Parenteral Therapy Certification	O	1	
1400	CR5	Oxygen Therapy Certification	O	1	
1500	CR6	Home Health Care Certification	O	1	
1520	CR7	Home Health Treatment Plan Certification	O	1	
1530	CR8	Pacemaker Certification	O	1	
1550	PWK	Paperwork	O	>1	
1600	MSG	Message Text	O	1	
		LOOP ID - HL/NM1			>1
1700	NM1	Individual or Organizational Name	O	1	

1800	REF	Reference Information	O	9	
1900	N2	Additional Name Information	O	1	
2000	N3	Party Location	O	1	
2100	N4	Geographic Location	O	1	
2200	PER	Administrative Communications Contact	O	3	
2300	AAA	Request Validation	O	9	
2400	PRV	Provider Information	O	1	
2500	DMG	Demographic Information	O	1	
2600	INS	Insured Benefit	O	1	
2700	DTP	Date or Time or Period	O	9	
2800	SE	Transaction Set Trailer	M	1	

2.4 278 Health Care Services Review — Request for Review Segment Detail

This section specifies the segments, data elements, and codes for this implementation. Refer to Section 2.1 Presentation Examples for detailed information on the components of the Segment Detail section.

SEGMENT DETAIL

ST - TRANSACTION SET HEADER

X12 Segment Name: Transaction Set Header

X12 Purpose: To indicate the start of a transaction set and to assign a control number

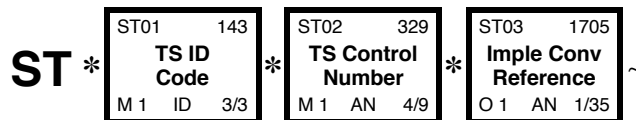
Segment Repeat: 1

Usage: REQUIRED

TR3 Notes: 1. Use this segment to indicate the start of a health care services review request transaction set with all of the supporting detail information. This transaction set is the electronic equivalent of a phone, fax, or paper-based utilization management request.

TR3 Example: ST*278*0001*005010X217~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	ST01	143	Transaction Set Identifier Code Code uniquely identifying a Transaction Set SEMANTIC: The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).	M 1	ID	3/3				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>278</td><td>Health Care Services Review Information</td></tr></table>	CODE	DEFINITION	278	Health Care Services Review Information			
CODE	DEFINITION									
278	Health Care Services Review Information									
REQUIRED	ST02	329	Transaction Set Control Number Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research. Use the corresponding value in SE02 for this transaction set.	M 1	AN	4/9				

REQUIRED	ST03	1705	Implementation Convention Reference	O 1 AN	1/35
-----------------	-------------	-------------	--	---------------	-------------

Reference assigned to identify Implementation Convention

SEMANTIC: The implementation convention reference (ST03) is used by the translation routines of the interchange partners to select the appropriate implementation convention to match the transaction set definition. When used, this implementation convention reference takes precedence over the implementation reference specified in the GS08.

IMPLEMENTATION NAME: Implementation Guide Version Name

This element must be populated with the guide identifier named in Section 1.2.

This field contains the same value as GS08. Some translator products strip off the ISA and GS segments prior to application (STSE) processing. Providing the information from the GS08 at this level will ensure that the appropriate application mapping is utilized at translation time.

SEGMENT DETAIL

BHT - BEGINNING OF HIERARCHICAL TRANSACTION

X12 Segment Name: Beginning of Hierarchical Transaction

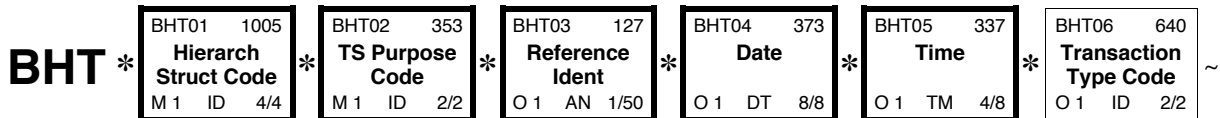
X12 Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: BHT*0007*13*200300114000001*20030101*1400~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	BHT01	1005	Hierarchical Structure Code	M 1 ID 4/4
Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set				
		CODE	DEFINITION	
		0007	Information Source, Information Receiver, Subscriber, Dependent, Event, Services	
REQUIRED	BHT02	353	Transaction Set Purpose Code	M 1 ID 2/2
Code identifying purpose of transaction set				
		CODE	DEFINITION	
		01	Cancellation	
		Use this code to cancel a previously submitted 278 transaction. Only 278 transactions that used a BHT06 code of "RU" can be canceled. The cancellation 278 transaction must contain the same BHT06 code as the previously submitted 278 transaction.		
		13	Request	
		36	Authority to Deduct (Reply)	
		Use this code for medical services reservations to reserve or deduct a service with the health plan. BHT06 must be equal to "RU".		

REQUIRED	BHT03	127	Reference Identification O 1 AN 1/50 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SEMANTIC: BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system. IMPLEMENTATION NAME: Submitter Transaction Identifier Use this element to trace the transaction from one point to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse. This identifier must be returned in the corresponding 278 response transaction's BHT03. This identifier will only be returned by the last entity to handle the 278. This identifier will not be passed through the complete life of the transaction. All recipients of 278 request transactions are required to return the Submitter Transaction Identifier in their 278 response if one is submitted.
REQUIRED	BHT04	373	Date O 1 DT 8/8 Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year SEMANTIC: BHT04 is the date the transaction was created within the business application system. IMPLEMENTATION NAME: Transaction Set Creation Date
REQUIRED	BHT05	337	Time O 1 TM 4/8 Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) SEMANTIC: BHT05 is the time the transaction was created within the business application system. IMPLEMENTATION NAME: Transaction Set Creation Time
SITUATIONAL	BHT06	640	Transaction Type Code O 1 ID 2/2 Code specifying the type of transaction SITUATIONAL RULE: <i>Required when requesting Medical Services Reservation. If not required by this implementation guide, do not send.</i>

CODE	DEFINITION
RU	Medical Services Reservation

SEGMENT DETAIL

HL - UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL

X12 Segment Name: Hierarchical Level

X12 Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

X12 Comments: 1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.

2. The HL segment defines a top-down/left-right ordered structure.

Loop: 2000A — UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL
Loop Repeat: 1

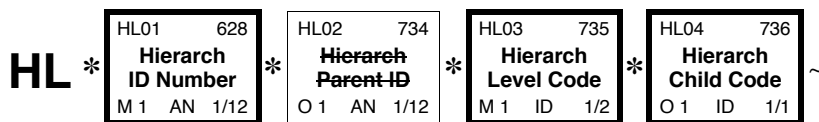
Segment Repeat: 1

Usage: REQUIRED

TR3 Notes: 1. This segment indicates the information source hierarchical level. For a request transaction, this segment corresponds to the identification of the payer, HMO, or other utilization management organization who will be the source of the decision/response.

TR3 Example: HL*1**20*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	M 1 AN 1/12
NOT USED	HL02	734	Hierarchical Parent ID Number	O 1 AN 1/12

REQUIRED	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	M 1 ID 1/2				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>20</td><td>Information Source</td></tr></table>					CODE	DEFINITION	20	Information Source
CODE	DEFINITION							
20	Information Source							
REQUIRED	HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segments subordinate to the level being described COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.	O 1 ID 1/1				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Additional Subordinate HL Data Segment in This Hierarchical Structure.</td></tr></table>					CODE	DEFINITION	1	Additional Subordinate HL Data Segment in This Hierarchical Structure.
CODE	DEFINITION							
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.							

SEGMENT DETAIL

NM1 - UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME

X12 Segment Name: Individual or Organizational Name

X12 Purpose: To supply the full name of an individual or organizational entity

X12 Syntax: 1. **P0809**

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

2. **C1110**

If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

Loop: 2010A — UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME

Loop Repeat: 1

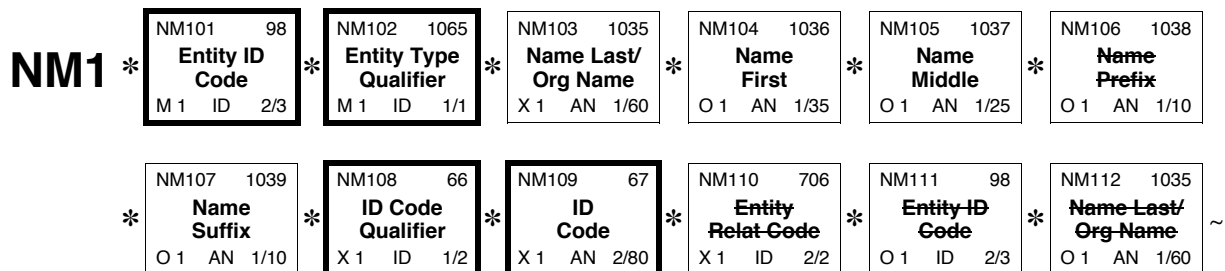
Segment Repeat: 1

Usage: REQUIRED

TR3 Notes: 1. This segment identifies the source of information. In the case of a request transaction, the source of information would normally be the payer or utilization review organization making the decision on the request.

TR3 Example: NM1*X3*2*ABC PAYER*****46*123450000~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			CODE	DEFINITION
			2B	Third-Party Administrator
			36	Employer

			PR	Payer			
				Use only when the organization receiving the request is a health plan but is not the entity rendering the medical decision, as in plan to plan communication or communication from the health plan to the medical review organization.			
			X3	Utilization Management Organization			
REQUIRED	NM102	1065	Entity Type Qualifier	M 1 ID 1/1			
			Code qualifying the type of entity				
			SEMANTIC: NM102 qualifies NM103.				
			CODE	DEFINITION			
			1	Person			
				Use this code only if the reviewing entity is an individual, such as an individual primary care physician.			
			2	Non-Person Entity			
SITUATIONAL	NM103	1035	Name Last or Organization Name	X 1 AN 1/60			
			Individual last name or organizational name				
			SYNTAX: C1203				
			SITUATIONAL RULE: <i>Required when name information is needed to identify the UMO. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Utilization Management Organization (UMO) Last or Organization Name				
SITUATIONAL	NM104	1036	Name First	O 1 AN 1/35			
			Individual first name				
			SITUATIONAL RULE: <i>Required when NM103 is valued and the reviewing entity is an individual (NM102 = 1), such as a primary care provider. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Utilization Management Organization (UMO) First Name				
SITUATIONAL	NM105	1037	Name Middle	O 1 AN 1/25			
			Individual middle name or initial				
			SITUATIONAL RULE: <i>Required when NM104 is present and the middle name/initial of the person is known. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Utilization Management Organization (UMO) Middle Name				
NOT USED	NM106	1038	Name Prefix	O 1 AN 1/10			
SITUATIONAL	NM107	1039	Name Suffix	O 1 AN 1/10			
			Suffix to individual name				
			SITUATIONAL RULE: <i>Required when NM104 is present and the suffix of the individual's name is known; e.g. Sr., Jr., or III. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Utilization Management Organization (UMO) Name Suffix				

REQUIRED	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809	X 1	ID	1/2																		
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>24</td><td>Employer's Identification Number</td></tr><tr><td>34</td><td>Social Security Number</td></tr><tr><td>46</td><td>Electronic Transmitter Identification Number (ETIN)</td></tr><tr><td>PI</td><td>Payor Identification</td></tr><tr><td></td><td>Use until the National Plan ID is mandated if the UMO is a payer.</td></tr><tr><td>XV</td><td>Centers for Medicare and Medicaid Services PlanID</td></tr><tr><td></td><td>Required on or after the mandated HIPAA National Plan ID implementation date when the UMO is the payer.</td></tr><tr><td></td><td>CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID</td></tr></tbody></table>	CODE	DEFINITION	24	Employer's Identification Number	34	Social Security Number	46	Electronic Transmitter Identification Number (ETIN)	PI	Payor Identification		Use until the National Plan ID is mandated if the UMO is a payer.	XV	Centers for Medicare and Medicaid Services PlanID		Required on or after the mandated HIPAA National Plan ID implementation date when the UMO is the payer.		CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID			
CODE	DEFINITION																							
24	Employer's Identification Number																							
34	Social Security Number																							
46	Electronic Transmitter Identification Number (ETIN)																							
PI	Payor Identification																							
	Use until the National Plan ID is mandated if the UMO is a payer.																							
XV	Centers for Medicare and Medicaid Services PlanID																							
	Required on or after the mandated HIPAA National Plan ID implementation date when the UMO is the payer.																							
	CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID																							
REQUIRED	NM109	67	Identification Code Code identifying a party or other code SYNTAX: P0809	X 1	AN	2/80																		
			IMPLEMENTATION NAME: Utilization Management Organization (UMO) Identifier																					
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2																		
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3																		
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60																		

SEGMENT DETAIL

HL - REQUESTER LEVEL

X12 Segment Name: Hierarchical Level

X12 Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

- X12 Comments:**
1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
 2. The HL segment defines a top-down/left-right ordered structure.

Loop: 2000B — REQUESTER LEVEL **Loop Repeat:** 1

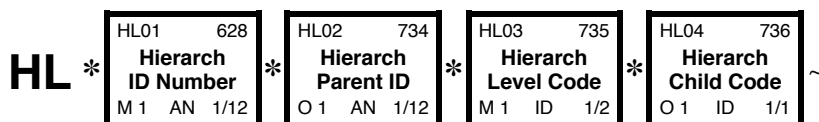
Segment Repeat: 1

Usage: REQUIRED

TR3 Notes: 1. This segment indicates the health care services review information receiver. For request transactions, this segment corresponds to the identification of the entity initiating the request for review.

TR3 Example: HL*2*1*21*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	M 1 AN 1/12
REQUIRED	HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	O 1 AN 1/12

REQUIRED	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	M 1	ID	1/2				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>21</td><td>Information Receiver</td></tr></table>							CODE	DEFINITION	21	Information Receiver
CODE	DEFINITION									
21	Information Receiver									
REQUIRED	HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segments subordinate to the level being described COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.	O 1	ID	1/1				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Additional Subordinate HL Data Segment in This Hierarchical Structure.</td></tr></table>							CODE	DEFINITION	1	Additional Subordinate HL Data Segment in This Hierarchical Structure.
CODE	DEFINITION									
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.									

SEGMENT DETAIL

NM1 - REQUESTER NAME

X12 Segment Name: Individual or Organizational Name**X12 Purpose:** To supply the full name of an individual or organizational entity**X12 Syntax:** 1. **P0809**

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

2. **C1110**

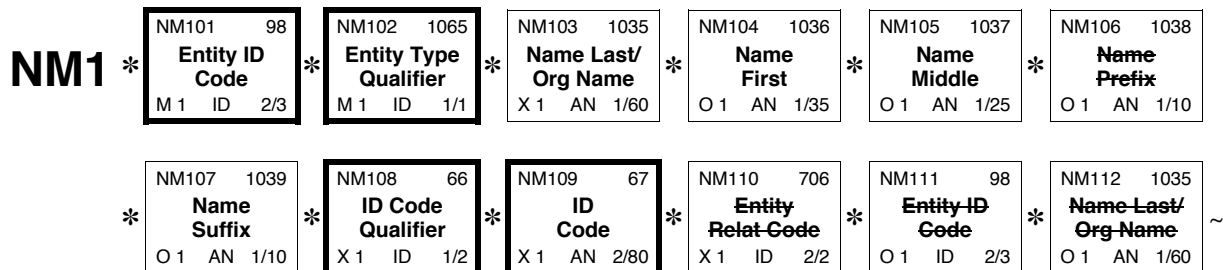
If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

Loop: 2010B — REQUESTER NAME **Loop Repeat:** 1**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Notes:** 1. This segment identifies the receiver of information. In the case of a request transaction, the receiver would normally be the entity who will ultimately be receiving the decision.**TR3 Example:** NM1*1P*1*GARDENER*JAMES*****24*000012345~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			CODE	DEFINITION
			1P	Provider Use when the requester is an individual provider.
			2B	Third-Party Administrator
			36	Employer
			FA	Facility Use when the requester is a facility, such as a clinic or hospital.

			PR	Payer				
			Use only when the organization sending the request is a health plan, as in plan to plan communication or communication from the health plan to the medical review organization.					
REQUIRED	NM102	1065	Entity Type Qualifier	M 1	ID	1/1		
			Code qualifying the type of entity					
			SEMANTIC: NM102 qualifies NM103.					
			CODE	DEFINITION				
			1	Person				
			2	Non-Person Entity				
SITUATIONAL	NM103	1035	Name Last or Organization Name	X 1	AN	1/60		
			Individual last name or organizational name					
			SYNTAX: C1203					
			SITUATIONAL RULE: <i>Required when name information is needed by the UMO to identify the requester. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.</i>					
			IMPLEMENTATION NAME: Requester Last or Organization Name					
SITUATIONAL	NM104	1036	Name First	O 1	AN	1/35		
			Individual first name					
			SITUATIONAL RULE: <i>Required when NM103 is present and NM102=1. If not required by this implementation guide, do not send.</i>					
			IMPLEMENTATION NAME: Requester First Name					
SITUATIONAL	NM105	1037	Name Middle	O 1	AN	1/25		
			Individual middle name or initial					
			SITUATIONAL RULE: <i>Required when NM104 is present and the middle name/initial of the person is known. If not required by this implementation guide, do not send.</i>					
			IMPLEMENTATION NAME: Requester Middle Name					
NOT USED	NM106	1038	Name Prefix	O 1	AN	1/10		
SITUATIONAL	NM107	1039	Name Suffix	O 1	AN	1/10		
			Suffix to individual name					
			SITUATIONAL RULE: <i>Required when NM104 is present and the suffix of the individual's name is known; e.g. Sr., Jr., or III. If not required by this implementation guide, do not send.</i>					
			IMPLEMENTATION NAME: Requester Name Suffix					
REQUIRED	NM108	66	Identification Code Qualifier	X 1	ID	1/2		
			Code designating the system/method of code structure used for Identification Code (67)					
			SYNTAX: P0809					
			CODE	DEFINITION				
			24	Employer's Identification Number				
			34	Social Security Number				

			46	Electronic Transmitter Identification Number (ETIN)			
			XV	Centers for Medicare and Medicaid Services PlanID			
				CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID			
			XX	Centers for Medicare and Medicaid Services National Provider Identifier			
				Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI; OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI; OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it; If not required by this implementation guide, do not send.			
				CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier			
REQUIRED	NM109	67	Identification Code		X 1	AN	2/80
			Code identifying a party or other code				
			SYNTAX: P0809				
			IMPLEMENTATION NAME: Requester Identifier				
NOT USED	NM110	706	Entity Relationship Code		X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code		O 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name		O 1	AN	1/60

SEGMENT DETAIL

REF - REQUESTER SUPPLEMENTAL IDENTIFICATION

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2010B — REQUESTER NAME

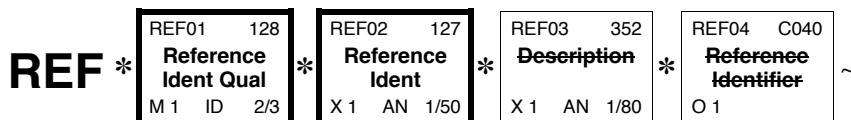
Segment Repeat: 8

Usage: SITUATIONAL

Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the UMO to identify the provider;
OR
Required after the mandated NPI implementation date, when the entity is a non-health care provider, and an identifier is necessary for the UMO to identify the entity.
If not required by this implementation guide, do not send.

TR3 Example: REF*1G*123456~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			1G	Provider UPIN Number
			1J	Facility ID Number
			EI	Employer's Identification Number
				Not used if NM108 = 24.
			G5	Provider Site Number
				Required when needed to identify the physician, clinic, or group practice associated with the requester identified in this NM1 loop. If not required, do not send.
			N5	Provider Plan Network Identification Number
			N7	Facility Network Identification Number

			SY	Social Security Number			
				The social security number may not be used for Medicare. Not used if NM108 = 34.			
			ZH	Carrier Assigned Reference Number			
				Required when necessary to provide the requester/provider ID as assigned by the UMO identified in Loop 2000A. If not required, do not send.			
REQUIRED	REF02	127	Reference Identification		X 1	AN	1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
			SYNTAX: R0203				
			IMPLEMENTATION NAME: Requester Supplemental Identifier				
NOT USED	REF03	352	Description		X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER		O 1		

SEGMENT DETAIL

N3 - REQUESTER ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2010B — REQUESTER NAME

Segment Repeat: 1

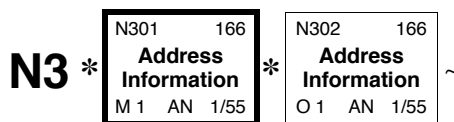
Usage: SITUATIONAL

Situational Rule: Required when necessary to identify the requester by location. If not required by this implementation guide, do not send.

TR3 Notes: 1. Use to identify a specific location when the requester has multiple locations and authority varies based on location.

TR3 Example: N3*43 SUNRISE BLVD*SUITE 234~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Requester Address Line				
Use this element for the first line of the requester's address.				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required when a second address line exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Requester Address Line				

SEGMENT DETAIL

N4 - REQUESTER CITY, STATE, ZIP CODE**X12 Segment Name:** Geographic Location**X12 Purpose:** To specify the geographic place of the named party**X12 Syntax:** 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

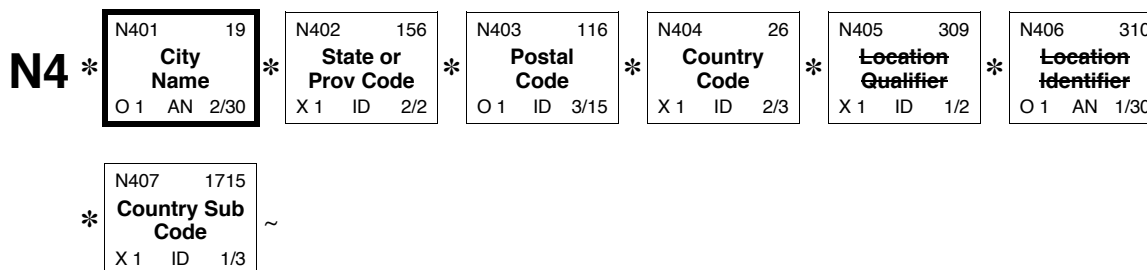
If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

Loop: 2010B — REQUESTER NAME**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when necessary to identify the requester by location. If not required by this implementation guide, do not send.**TR3 Example:** N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	O 1 AN 2/30
IMPLEMENTATION NAME: Requester City Name				

SITUATIONAL	N402	156	State or Province Code X 1 ID 2/2 Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Requester State or Province Code CODE SOURCE 22: States and Provinces
SITUATIONAL	N403	116	Postal Code O 1 ID 3/15 Code defining international postal zone code excluding punctuation and blanks (zip code for United States) SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Requester Postal Zone or ZIP Code CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes
SITUATIONAL	N404	26	Country Code X 1 ID 2/3 Code identifying the country SYNTAX: C0704 SITUATIONAL RULE: <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the alpha-2 country codes from Part 1 of ISO 3166.
NOT USED	N405	309	Location Qualifier X 1 ID 1/2
NOT USED	N406	310	Location Identifier O 1 AN 1/30
SITUATIONAL	N407	1715	Country Subdivision Code X 1 ID 1/3 Code identifying the country subdivision SYNTAX: E0207, C0704 SITUATIONAL RULE: <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the country subdivision codes from Part 2 of ISO 3166.

SEGMENT DETAIL

PER - REQUESTER CONTACT INFORMATION**X12 Segment Name:** Administrative Communications Contact**X12 Purpose:** To identify a person or office to whom administrative communications should be directed**X12 Syntax:** 1. **P0304**

If either PER03 or PER04 is present, then the other is required.

2. **P0506**

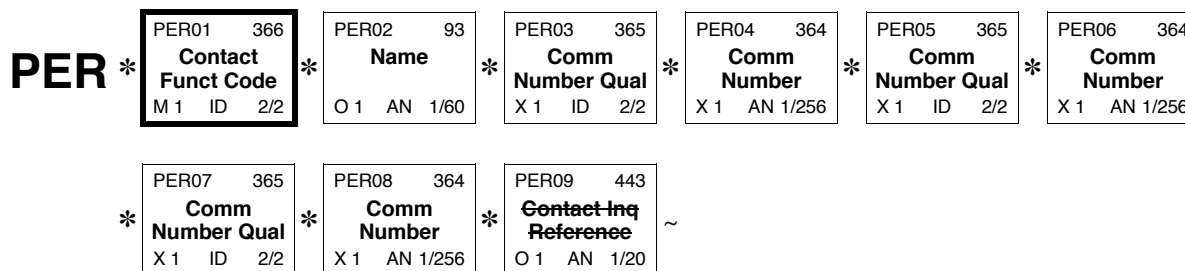
If either PER05 or PER06 is present, then the other is required.

3. **P0708**

If either PER07 or PER08 is present, then the other is required.

Loop: 2010B — REQUESTER NAME**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the UMO must direct requests for additional information to a specific requester contact, electronic mail, facsimile, or telephone number. If not required by this implementation guide, do not send.**TR3 Notes:** 1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and telephone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.**TR3 Example:** PER*IC*WILBER*TE*8189991234*FX*8188769304~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PER01	366	Contact Function Code Code identifying the major duty or responsibility of the person or group named	M 1 ID 2/2
			CODE	DEFINITION
			IC	Information Contact
SITUATIONAL	PER02	93	Name Free-form name	O 1 AN 1/60
			SITUATIONAL RULE: <i>Required when the response must be directed to a particular contact and the name of the entity to contact is not already defined or is different than the name supplied in the NM1 segment of this loop. If not required by this implementation guide, do not send.</i>	
			IMPLEMENTATION NAME: Requester Contact Name	
SITUATIONAL	PER03	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0304	X 1 ID 2/2
			SITUATIONAL RULE: <i>Required when PER02 is not valued to transmit a contact communication number. If not required by this implementation guide, do not send.</i>	
			CODE	DEFINITION
			EM	Electronic Mail
			FX	Facsimile
			TE	Telephone
			UR	Uniform Resource Locator (URL)
			Must not contain any characters used as delimiters in this transaction.	
SITUATIONAL	PER04	364	Communication Number Complete communications number including country or area code when applicable SYNTAX: P0304	X 1 AN 1/256
			SITUATIONAL RULE: <i>Required when PER02 is not valued to transmit a contact communication number. If not required by this implementation guide, do not send.</i>	
			IMPLEMENTATION NAME: Requester Contact Communication Number	
SITUATIONAL	PER05	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0506	X 1 ID 2/2
			SITUATIONAL RULE: <i>Required when the telephone extension or multiple communication numbers are available. If not required by this implementation guide, do not send.</i>	
			CODE	DEFINITION
			EM	Electronic Mail

			EX	Telephone Extension			
			FX	Facsimile			
			TE	Telephone			
			UR	Uniform Resource Locator (URL)			
				Must not contain any characters used as delimiters in this transaction.			
SITUATIONAL	PER06	364	Communication Number		X 1	AN	1/256
			Complete communications number including country or area code when applicable				
			SYNTAX: P0506				
			SITUATIONAL RULE: <i>Required when the telephone extension or multiple communication numbers are available. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Requester Contact Communication Number				
SITUATIONAL	PER07	365	Communication Number Qualifier		X 1	ID	2/2
			Code identifying the type of communication number				
			SYNTAX: P0708				
			SITUATIONAL RULE: <i>Required when the telephone extension or multiple communication numbers are available. If not required by this implementation guide, do not send.</i>				
			CODE	DEFINITION			
			EM	Electronic Mail			
			EX	Telephone Extension			
			FX	Facsimile			
			TE	Telephone			
			UR	Uniform Resource Locator (URL)			
				Must not contain any characters used as delimiters in this transaction.			
SITUATIONAL	PER08	364	Communication Number		X 1	AN	1/256
			Complete communications number including country or area code when applicable				
			SYNTAX: P0708				
			SITUATIONAL RULE: <i>Required when the telephone extension or multiple communication numbers are available. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Requester Contact Communication Number				
NOT USED	PER09	443	Contact Inquiry Reference		O 1	AN	1/20

SEGMENT DETAIL

PRV - REQUESTER PROVIDER INFORMATION

X12 Segment Name: Provider Information

X12 Purpose: To specify the identifying characteristics of a provider

X12 Syntax: 1. P0203

If either PRV02 or PRV03 is present, then the other is required.

Loop: 2010B — REQUESTER NAME

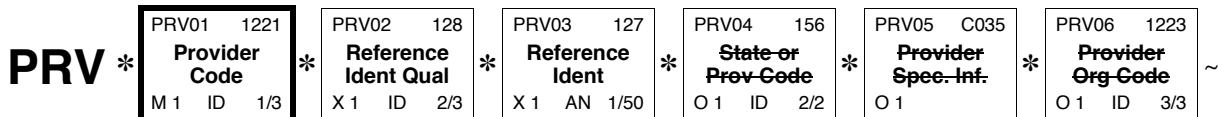
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when needed to indicate the requester's role in the care of the patient and the requesting provider's specialty. If not required by this implementation guide, do not send.

TR3 Example: PRV*CO*PXC*203BS0133X~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																										
REQUIRED	PRV01	1221	Provider Code Code identifying the type of provider	M 1	ID	1/3																								
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>AD</td><td>Admitting</td></tr><tr><td>AS</td><td>Assistant Surgeon</td></tr><tr><td>AT</td><td>Attending</td></tr><tr><td>CO</td><td>Consulting</td></tr><tr><td>CV</td><td>Covering</td></tr><tr><td>OP</td><td>Operating</td></tr><tr><td>OR</td><td>Ordering</td></tr><tr><td>OT</td><td>Other Physician</td></tr><tr><td>PC</td><td>Primary Care Physician</td></tr><tr><td>PE</td><td>Performing</td></tr><tr><td>RF</td><td>Referring</td></tr></tbody></table>	CODE	DEFINITION	AD	Admitting	AS	Assistant Surgeon	AT	Attending	CO	Consulting	CV	Covering	OP	Operating	OR	Ordering	OT	Other Physician	PC	Primary Care Physician	PE	Performing	RF	Referring			
CODE	DEFINITION																													
AD	Admitting																													
AS	Assistant Surgeon																													
AT	Attending																													
CO	Consulting																													
CV	Covering																													
OP	Operating																													
OR	Ordering																													
OT	Other Physician																													
PC	Primary Care Physician																													
PE	Performing																													
RF	Referring																													

SITUATIONAL	PRV02	128	Reference Identification Qualifier Code qualifying the Reference Identification SYNTAX: P0203 SITUATIONAL RULE: <i>Required when necessary to identify the requesting provider's specialty. If not required by this implementation guide, do not send.</i>	X 1	ID	2/3				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>PXC</td><td>Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy</td></tr></table>							CODE	DEFINITION	PXC	Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy
CODE	DEFINITION									
PXC	Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy									
SITUATIONAL	PRV03	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: P0203 SITUATIONAL RULE: <i>Required when necessary to identify the requesting provider's specialty. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Provider Taxonomy Code ALIAS: Provider Specialty Code	X 1	AN	1/50				
NOT USED	PRV04	156	State or Province Code	O 1	ID	2/2				
NOT USED	PRV05	C035	PROVIDER SPECIALTY INFORMATION	O 1						
NOT USED	PRV06	1223	Provider Organization Code	O 1	ID	3/3				

SEGMENT DETAIL

HL - SUBSCRIBER LEVEL

X12 Segment Name: Hierarchical Level

X12 Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

- X12 Comments:**
1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
 2. The HL segment defines a top-down/left-right ordered structure.

Loop: 2000C — SUBSCRIBER LEVEL **Loop Repeat:** 1

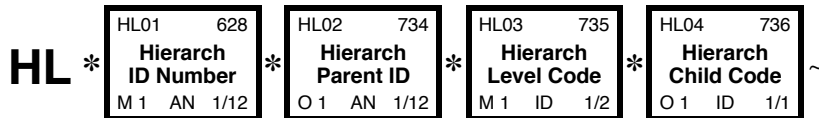
Segment Repeat: 1

Usage: REQUIRED

TR3 Notes: 1. This segment indicates the subscriber hierarchical level. This segment corresponds to the identification of the subscriber or individual insured member. The subscriber could also be the patient. If the subscriber is the patient or the patient has a unique insurance identifier, the dependent hierarchical level (Loop 2000D) is not used.

TR3 Example: HL*3*2*22*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	M 1 AN 1/12
REQUIRED	HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	O 1 AN 1/12

REQUIRED	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	M 1 ID 1/2				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>22</td><td>Subscriber</td></tr></table>					CODE	DEFINITION	22	Subscriber
CODE	DEFINITION							
22	Subscriber							
REQUIRED	HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segments subordinate to the level being described COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.	O 1 ID 1/1				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Additional Subordinate HL Data Segment in This Hierarchical Structure.</td></tr></table>					CODE	DEFINITION	1	Additional Subordinate HL Data Segment in This Hierarchical Structure.
CODE	DEFINITION							
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.							

SEGMENT DETAIL

NM1 - SUBSCRIBER NAME

X12 Segment Name: Individual or Organizational Name

X12 Purpose: To supply the full name of an individual or organizational entity

X12 Syntax: 1. **P0809**

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

2. **C1110**

If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

Loop: 2010C — SUBSCRIBER NAME **Loop Repeat:** 1

Segment Repeat: 1

Usage: REQUIRED

TR3 Notes: 1. This segment conveys the name and identification number of the subscriber (who may also be the patient).

2. The Member Identification Number (NM108/NM109) is required and may be adequate to identify the subscriber to the UMO. However, the UMO can require additional information. The maximum data elements that the UMO can require to identify the subscriber, in addition to the member ID are as follows:

Subscriber Last Name (NM103)

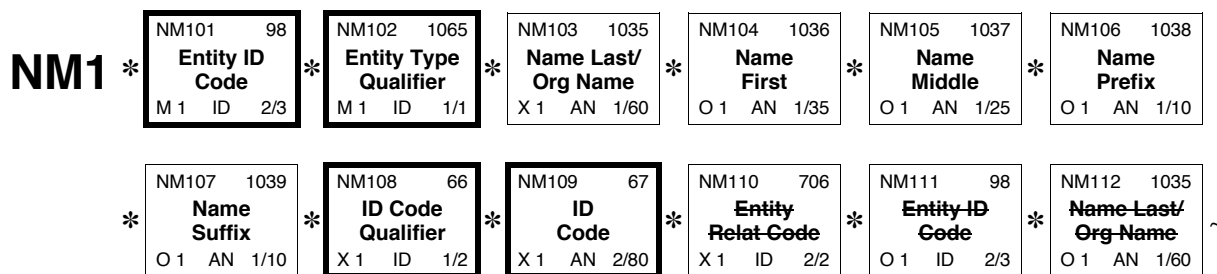
Subscriber First Name (NM104)

Subscriber Birth Date (DMG01 and DMG02)

3. Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.

TR3 Example: NM1*IL*1*SMITH*JOE*****MI*12345678901~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1	ID	2/3				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>IL</td><td>Insured or Subscriber</td></tr></table>	CODE	DEFINITION	IL	Insured or Subscriber			
CODE	DEFINITION									
IL	Insured or Subscriber									
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M 1	ID	1/1				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Person</td></tr></table>	CODE	DEFINITION	1	Person			
CODE	DEFINITION									
1	Person									
SITUATIONAL	NM103	1035	Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203 SITUATIONAL RULE: <i>Required when name information is needed by the UMO to identify the Subscriber. If not required by this implementation guide, do not send.</i>	X 1	AN	1/60				
			IMPLEMENTATION NAME: Subscriber Last Name							
SITUATIONAL	NM104	1036	Name First Individual first name SITUATIONAL RULE: <i>Required when name information is needed by the UMO to identify the Subscriber. If not required by this implementation guide, do not send.</i>	O 1	AN	1/35				
			IMPLEMENTATION NAME: Subscriber First Name							
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial SITUATIONAL RULE: <i>Required when name information is needed by the UMO to identify the Subscriber and the middle name/initial of the person is known. If not required by this implementation guide, do not send.</i>	O 1	AN	1/25				
			IMPLEMENTATION NAME: Subscriber Middle Name or Initial							
SITUATIONAL	NM106	1038	Name Prefix Prefix to individual name SITUATIONAL RULE: <i>Required when military title or rank is needed by the UMO to determine the appropriate benefit/level of care. If not required by this implementation guide, do not send.</i>	O 1	AN	1/10				
			IMPLEMENTATION NAME: Subscriber Name Prefix							

SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	O 1	AN	1/10						
SITUATIONAL RULE: <i>Required when the suffix is needed to further identify the patient; e.g. Sr., Jr., or III. If not required by this implementation guide, do not send.</i>												
IMPLEMENTATION NAME: Subscriber Name Suffix												
REQUIRED	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809	X 1	ID	1/2						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>II</td><td>Standard Unique Health Identifier for each Individual in the United States The value “II” when used in this data element, shall be defined as “HIPAA Individual Identifier” if this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of Health and Human Services must adopt a standard individual identifier for use in this transaction.</td></tr><tr><td>MI</td><td>Member Identification Number The code MI is intended to be the subscriber’s identification number as assigned by the payer. Payers use different terminology to convey the same number. Use MI - Member Identification Number to convey the following terms: Insured’s ID, Subscriber’s ID, Health Insurance Claim Number (HIC), etc.</td></tr></table>	CODE	DEFINITION	II	Standard Unique Health Identifier for each Individual in the United States The value “II” when used in this data element, shall be defined as “HIPAA Individual Identifier” if this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of Health and Human Services must adopt a standard individual identifier for use in this transaction.	MI	Member Identification Number The code MI is intended to be the subscriber’s identification number as assigned by the payer. Payers use different terminology to convey the same number. Use MI - Member Identification Number to convey the following terms: Insured’s ID, Subscriber’s ID, Health Insurance Claim Number (HIC), etc.			
CODE	DEFINITION											
II	Standard Unique Health Identifier for each Individual in the United States The value “II” when used in this data element, shall be defined as “HIPAA Individual Identifier” if this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of Health and Human Services must adopt a standard individual identifier for use in this transaction.											
MI	Member Identification Number The code MI is intended to be the subscriber’s identification number as assigned by the payer. Payers use different terminology to convey the same number. Use MI - Member Identification Number to convey the following terms: Insured’s ID, Subscriber’s ID, Health Insurance Claim Number (HIC), etc.											
REQUIRED	NM109	67	Identification Code Code identifying a party or other code SYNTAX: P0809	X 1	AN	2/80						
IMPLEMENTATION NAME: Subscriber Primary Identifier												
ALIAS: Subscriber Member Number												
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2						
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3						
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60						

SEGMENT DETAIL

REF - SUBSCRIBER SUPPLEMENTAL IDENTIFICATION

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2010C — SUBSCRIBER NAME

Segment Repeat: 9

Usage: SITUATIONAL

Situational Rule: Required when needed to provide a supplemental identifier for the subscriber. If not required by this implementation guide, do not send.

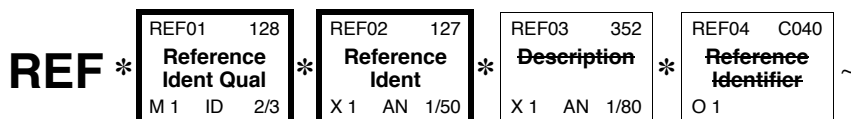
TR3 Notes: 1. The primary identifier is the Member Identification Number in the NM1 segment.

2. Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number are to be provided in the NM1 segment as a Member Identification Number when it is the primary number a UMO knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.

3. If the requester values this segment with the Patient Account Number (REF01="EJ") on the request, the UMO is required to return the same value in this segment on the response.

TR3 Example: REF*SY*123456789~

DIAGRAM



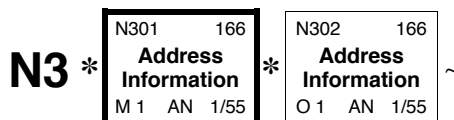
ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																										
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1	ID	2/3																								
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1L</td><td>Group or Policy Number Use this code only if you cannot determine if the number is a Group Number (6P) or a Policy Number (IG).</td></tr><tr><td>3L</td><td>Branch Identifier</td></tr><tr><td>6P</td><td>Group Number</td></tr><tr><td>DP</td><td>Department Number</td></tr><tr><td>EJ</td><td>Patient Account Number The maximum number of characters to be supported for this qualifier is '20'. Characters beyond the maximum are not required to be stored nor returned by any receiving system. Use this code only if the subscriber is the patient.</td></tr><tr><td>F6</td><td>Health Insurance Claim (HIC) Number Use the NM1 (Subscriber Name) segment if the subscriber's HIC number is the primary identifier for his or her coverage. Use this code only in a REF segment when the payer has a different member number, and there is also a need to pass the subscriber's HIC number. This might occur in a Medicare HMO situation.</td></tr><tr><td>HJ</td><td>Identity Card Number Use this code when the Identity Card Number differs from the Member Identification Number. This is particularly prevalent in the Medicaid environment.</td></tr><tr><td>IG</td><td>Insurance Policy Number</td></tr><tr><td>N6</td><td>Plan Network Identification Number</td></tr><tr><td>NQ</td><td>Medicaid Recipient Identification Number</td></tr><tr><td>SY</td><td>Social Security Number Use this code only if the Social Security Number was not used by the payer as its primary method of identifying the subscriber. The social security number may not be used for Medicare.</td></tr></table>	CODE	DEFINITION	1L	Group or Policy Number Use this code only if you cannot determine if the number is a Group Number (6P) or a Policy Number (IG).	3L	Branch Identifier	6P	Group Number	DP	Department Number	EJ	Patient Account Number The maximum number of characters to be supported for this qualifier is '20'. Characters beyond the maximum are not required to be stored nor returned by any receiving system. Use this code only if the subscriber is the patient.	F6	Health Insurance Claim (HIC) Number Use the NM1 (Subscriber Name) segment if the subscriber's HIC number is the primary identifier for his or her coverage. Use this code only in a REF segment when the payer has a different member number, and there is also a need to pass the subscriber's HIC number. This might occur in a Medicare HMO situation.	HJ	Identity Card Number Use this code when the Identity Card Number differs from the Member Identification Number. This is particularly prevalent in the Medicaid environment.	IG	Insurance Policy Number	N6	Plan Network Identification Number	NQ	Medicaid Recipient Identification Number	SY	Social Security Number Use this code only if the Social Security Number was not used by the payer as its primary method of identifying the subscriber. The social security number may not be used for Medicare.			
CODE	DEFINITION																													
1L	Group or Policy Number Use this code only if you cannot determine if the number is a Group Number (6P) or a Policy Number (IG).																													
3L	Branch Identifier																													
6P	Group Number																													
DP	Department Number																													
EJ	Patient Account Number The maximum number of characters to be supported for this qualifier is '20'. Characters beyond the maximum are not required to be stored nor returned by any receiving system. Use this code only if the subscriber is the patient.																													
F6	Health Insurance Claim (HIC) Number Use the NM1 (Subscriber Name) segment if the subscriber's HIC number is the primary identifier for his or her coverage. Use this code only in a REF segment when the payer has a different member number, and there is also a need to pass the subscriber's HIC number. This might occur in a Medicare HMO situation.																													
HJ	Identity Card Number Use this code when the Identity Card Number differs from the Member Identification Number. This is particularly prevalent in the Medicaid environment.																													
IG	Insurance Policy Number																													
N6	Plan Network Identification Number																													
NQ	Medicaid Recipient Identification Number																													
SY	Social Security Number Use this code only if the Social Security Number was not used by the payer as its primary method of identifying the subscriber. The social security number may not be used for Medicare.																													
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Subscriber Supplemental Identifier	X 1	AN	1/50																								
NOT USED	REF03	352	Description	X 1	AN	1/80																								
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1																										

SEGMENT DETAIL

N3 - SUBSCRIBER ADDRESS**X12 Segment Name:** Party Location**X12 Purpose:** To specify the location of the named party**Loop:** 2010C — SUBSCRIBER NAME**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the subscriber is the patient and the current address of the patient is used to determine the appropriate location or network of service. If not required by this implementation guide, do not send.**TR3 Example:** N3*PO Box 171021~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Subscriber Address Line				
Use this element for the first line of the Subscriber mailing address.				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required when a second address line exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Subscriber Address Line				

SEGMENT DETAIL

N4 - SUBSCRIBER CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

X12 Syntax: 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

Loop: 2010C — SUBSCRIBER NAME

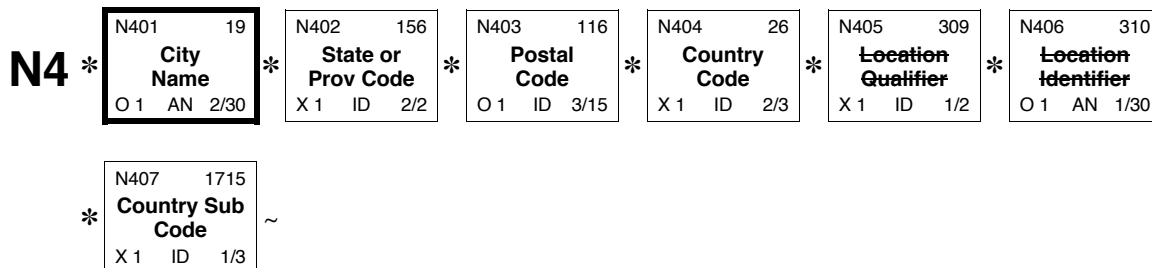
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the subscriber is the patient and the current address of the patient is used to determine the appropriate location or network of service. If not required by this implementation guide, do not send.

TR3 Example: N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	O 1 AN 2/30
IMPLEMENTATION NAME: Subscriber City Name				

SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Subscriber State Code CODE SOURCE 22: States and Provinces	X 1	ID	2/2
SITUATIONAL	N403	116	Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Subscriber Postal Zone or ZIP Code CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes	O 1	ID	3/15
SITUATIONAL	N404	26	Country Code Code identifying the country SYNTAX: C0704 SITUATIONAL RULE: <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the alpha-2 country codes from Part 1 of ISO 3166.	X 1	ID	2/3
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2
NOT USED	N406	310	Location Identifier	O 1	AN	1/30
SITUATIONAL	N407	1715	Country Subdivision Code Code identifying the country subdivision SYNTAX: E0207, C0704 SITUATIONAL RULE: <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the country subdivision codes from Part 2 of ISO 3166.	X 1	ID	1/3

SEGMENT DETAIL

DMG - SUBSCRIBER DEMOGRAPHIC INFORMATION

X12 Segment Name: Demographic Information

X12 Purpose: To supply demographic information

X12 Syntax: 1. **P0102**

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

2. **P1011**

If either DMG10 or DMG11 is present, then the other is required.

3. **C1105**

If DMG11 is present, then DMG05 is required.

Loop: 2010C — SUBSCRIBER NAME

Segment Repeat: 1

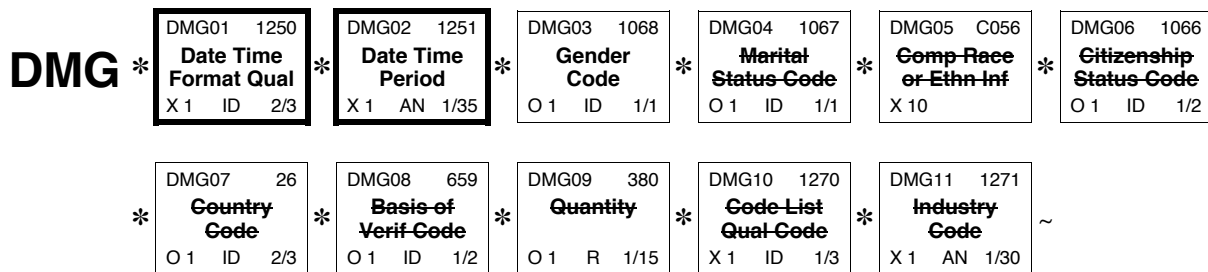
Usage: SITUATIONAL

Situational Rule: Required when birth date is needed to identify the patient or when gender information is required to determine medical necessity. If not required by this implementation guide, do not send.

TR3 Notes: 1. Refer to Section 1.12.2 Identifying the Patient for specific information on how to identify an individual to a UMO.

TR3 Example: DMG*D8*19580322*M~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	DMG01	1250	Date Time Period Format Qualifier			X 1 ID 2/3
Code indicating the date format, time format, or date and time format						
SYNTAX: P0102						
			CODE	DEFINITION		
			D8	Date Expressed in Format CCYYMMDD		

REQUIRED	DMG02	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times SYNTAX: P0102 SEMANTIC: DMG02 is the date of birth. IMPLEMENTATION NAME: Subscriber Birth Date	X 1	AN	1/35								
SITUATIONAL	DMG03	1068	Gender Code Code indicating the sex of the individual SITUATIONAL RULE: <i>Required when gender code (DMG03) is needed to determine medical necessity. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Subscriber Gender Code <table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>F</td><td>Female</td></tr><tr><td>M</td><td>Male</td></tr><tr><td>U</td><td>Unknown</td></tr></table>	CODE	DEFINITION	F	Female	M	Male	U	Unknown	O 1	ID	1/1
CODE	DEFINITION													
F	Female													
M	Male													
U	Unknown													
NOT USED	DMG04	1067	Marital Status Code	O 1	ID	1/1								
NOT USED	DMG05	C056	COMPOSITE RACE OR ETHNICITY INFORMATION	X 10										
NOT USED	DMG06	1066	Citizenship Status Code	O 1	ID	1/2								
NOT USED	DMG07	26	Country Code	O 1	ID	2/3								
NOT USED	DMG08	659	Basis of Verification Code	O 1	ID	1/2								
NOT USED	DMG09	380	Quantity	O 1	R	1/15								
NOT USED	DMG10	1270	Code List Qualifier Code	X 1	ID	1/3								
NOT USED	DMG11	1271	Industry Code	X 1	AN	1/30								

SEGMENT DETAIL

INS - SUBSCRIBER RELATIONSHIP

X12 Segment Name: Insured Benefit

X12 Purpose: To provide benefit information on insured entities

X12 Syntax: 1. P1112

If either INS11 or INS12 is present, then the other is required.

Loop: 2010C — SUBSCRIBER NAME

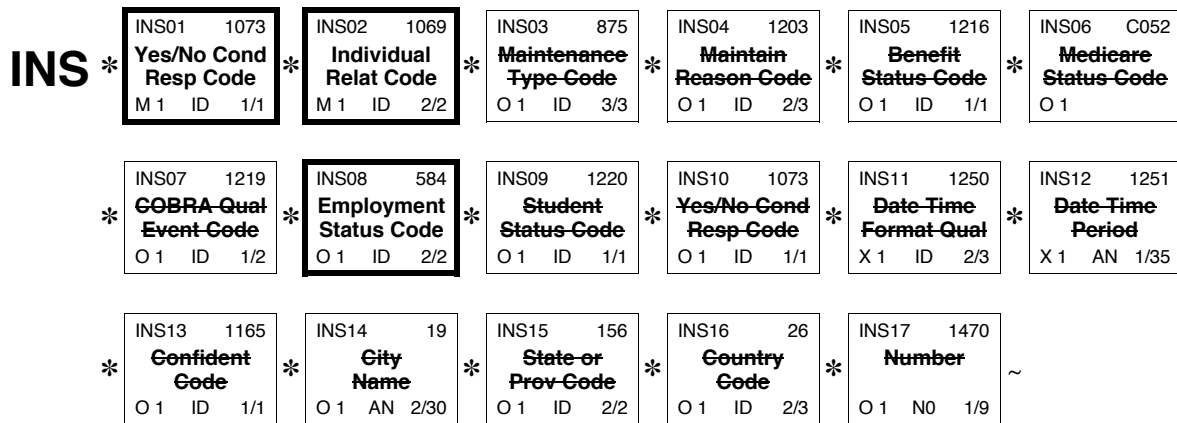
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the subscriber's role in the military is necessary to determine the appropriate benefit/level of care. If not required by this implementation guide, do not send.

TR3 Example: INS*Y*18*****AO~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	INS01	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber; an "N" value indicates the insured is a dependent.	M 1 ID 1/1
IMPLEMENTATION NAME: Insured Indicator				
		CODE	DEFINITION	
		Y	Yes	

REQUIRED	INS02	1069	Individual Relationship Code Code indicating the relationship between two individuals or entities	M 1	ID	2/2
ALIAS: Relationship to Insured Code						
			CODE	DEFINITION		
			18	Self		
NOT USED	INS03	875	Maintenance Type Code	O 1	ID	3/3
NOT USED	INS04	1203	Maintenance Reason Code	O 1	ID	2/3
NOT USED	INS05	1216	Benefit Status Code	O 1	ID	1/1
NOT USED	INS06	C052	MEDICARE STATUS CODE	O 1		
NOT USED	INS07	1219	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying	O 1	ID	1/2
REQUIRED	INS08	584	Employment Status Code Code showing the general employment status of an employee/claimant	O 1	ID	2/2
Use to qualify the patient's relationship to the military.						
			CODE	DEFINITION		
			AO	Active Military - Overseas		
			AU	Active Military - USA		
			DI	Deceased		
			PV	Previous		
			RU	Retired Military - USA		
NOT USED	INS09	1220	Student Status Code	O 1	ID	1/1
NOT USED	INS10	1073	Yes/No Condition or Response Code	O 1	ID	1/1
NOT USED	INS11	1250	Date Time Period Format Qualifier	X 1	ID	2/3
NOT USED	INS12	1251	Date Time Period	X 1	AN	1/35
NOT USED	INS13	1165	Confidentiality Code	O 1	ID	1/1
NOT USED	INS14	19	City Name	O 1	AN	2/30
NOT USED	INS15	156	State or Province Code	O 1	ID	2/2
NOT USED	INS16	26	Country Code	O 1	ID	2/3
NOT USED	INS17	1470	Number	O 1	N0	1/9

SEGMENT DETAIL

HL - DEPENDENT LEVEL

X12 Segment Name: Hierarchical Level**X12 Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

- X12 Comments:**
1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
 2. The HL segment defines a top-down/left-right ordered structure.

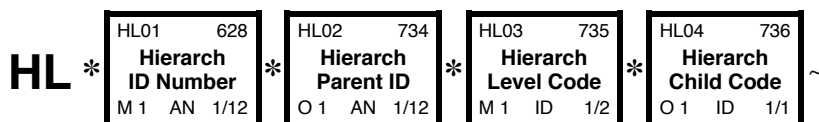
Loop: 2000D — DEPENDENT LEVEL **Loop Repeat:** 1**Segment Repeat:** 1**Usage:** SITUATIONAL

Situational Rule: Required when the patient is someone other than the subscriber and the patient does not have a unique (different from the subscriber) member ID. If not required by this implementation guide, do not send.

- TR3 Notes:**
1. If the patient has a unique member ID, use Loop 2000C to identify the patient.
 2. Required segments in this loop are required only when this loop is used.

TR3 Example: HL*4*3*23*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	M 1 AN 1/12
REQUIRED	HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	O 1 AN 1/12

REQUIRED	HL03	735	Hierarchical Level Code	M 1	ID	1/2
			Code defining the characteristic of a level in a hierarchical structure			
			COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.			
			CODE	DEFINITION		
			23	Dependent		
REQUIRED	HL04	736	Hierarchical Child Code	O 1	ID	1/1
			Code indicating if there are hierarchical child data segments subordinate to the level being described			
			COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.			
			CODE	DEFINITION		
			1	Additional Subordinate HL Data Segment in This Hierarchical Structure.		

SEGMENT DETAIL

NM1 - DEPENDENT NAME

X12 Segment Name: Individual or Organizational Name**X12 Purpose:** To supply the full name of an individual or organizational entity**X12 Syntax:** 1. **P0809**

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

2. **C1110**

If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

Loop: 2010D — DEPENDENT NAME **Loop Repeat:** 1**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Notes:** 1. This segment conveys the name of the dependent who is the patient.

2. The maximum data elements in Loop 2010D that can be required by a UMO to identify a dependent are as follows:

Dependent Last Name (NM103)

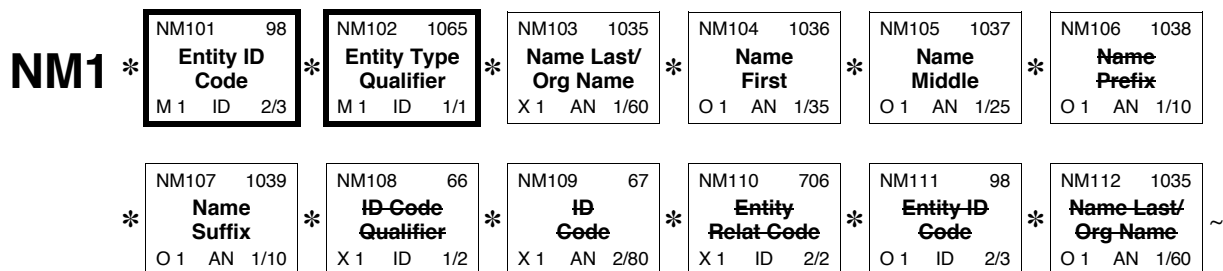
Dependent First Name (NM104)

Dependent Birth Date (DMG01 and DMG02)

3. Refer to Section 1.12.2 Identifying the Patient for specific information on how to identify an individual to a UMO.

TR3 Example: NM1*QC*1*SMITH*MARY~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			CODE	DEFINITION
			QC	Patient

REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. <table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Person</td></tr></table>	CODE	DEFINITION	1	Person	M 1	ID	1/1
CODE	DEFINITION									
1	Person									
SITUATIONAL	NM103	1035	Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203 SITUATIONAL RULE: <i>Required when name information is needed by the UMO to identify the Dependent. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Dependent Last Name	X 1	AN	1/60				
SITUATIONAL	NM104	1036	Name First Individual first name SITUATIONAL RULE: <i>Required when name information is needed by the UMO to identify the Dependent. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Dependent First Name	O 1	AN	1/35				
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial SITUATIONAL RULE: <i>Required when name information is needed by the UMO to identify the Dependent and the middle name/initial of the dependent is known. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Dependent Middle Name	O 1	AN	1/25				
NOT USED	NM106	1038	Name Prefix	O 1	AN	1/10				
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name SITUATIONAL RULE: <i>Required when name information is needed to identify the Dependent and the suffix of an individual's name; e.g. Sr., Jr., or III of the dependent is known. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Dependent Name Suffix	O 1	AN	1/10				
NOT USED	NM108	66	Identification Code Qualifier	X 1	ID	1/2				
NOT USED	NM109	67	Identification Code	X 1	AN	2/80				
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2				
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3				
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60				

SEGMENT DETAIL

REF - DEPENDENT SUPPLEMENTAL IDENTIFICATION

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2010D — DEPENDENT NAME

Segment Repeat: 3

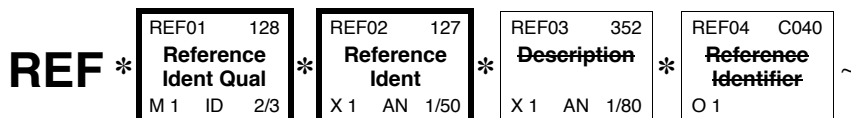
Usage: SITUATIONAL

Situational Rule: Required when needed to provide a supplemental identifier for the dependent. If not required by this implementation guide, do not send.

- TR3 Notes:**
1. Use the Subscriber Supplemental Identifier (REF) segment in Loop 2010C for supplemental identifiers related to the subscriber's policy or group number.
 2. If the requester values this segment with the Patient Account Number (REF01 = "EJ") on the request, the UMO is required to return the same value in this segment on the response.

TR3 Example: REF*SY*123456789~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			EJ	Patient Account Number The maximum number of characters to be supported for this qualifier is '20'. Characters beyond the maximum are not required to be stored nor returned by any receiving system.
			SY	Social Security Number The social security number may not be used for Medicare.

REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Dependent Supplemental Identifier	X 1 AN 1/50
NOT USED	REF03	352	Description	X 1 AN 1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1

SEGMENT DETAIL

N3 - DEPENDENT ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2010D — DEPENDENT NAME

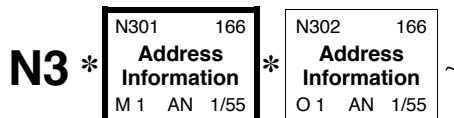
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the current address of the patient is used to determine the appropriate location or network of service. If not required by this implementation guide, do not send.

TR3 Example: N3*PO Box 171021~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Dependent Address Line				
Use this element for the first line of the Dependent address.				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required when a second address line exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Dependent Address Line				

SEGMENT DETAIL

N4 - DEPENDENT CITY, STATE, ZIP CODE**X12 Segment Name:** Geographic Location**X12 Purpose:** To specify the geographic place of the named party**X12 Syntax:** 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

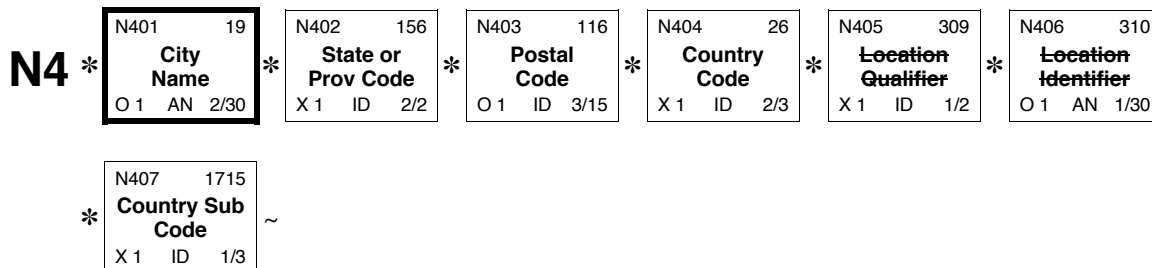
If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

Loop: 2010D — DEPENDENT NAME**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the current address of the patient is used to determine the appropriate location or network of service. If not required by this implementation guide, do not send.**TR3 Example:** N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	O 1 AN 2/30
IMPLEMENTATION NAME: Dependent City Name				

SITUATIONAL	N402	156	State or Province Code X 1 ID 2/2 Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Dependent State Code CODE SOURCE 22: States and Provinces
SITUATIONAL	N403	116	Postal Code O 1 ID 3/15 Code defining international postal zone code excluding punctuation and blanks (zip code for United States) SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Dependent Postal Zone or ZIP Code CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes
SITUATIONAL	N404	26	Country Code X 1 ID 2/3 Code identifying the country SYNTAX: C0704 SITUATIONAL RULE: <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the alpha-2 country codes from Part 1 of ISO 3166.
NOT USED	N405	309	Location Qualifier X 1 ID 1/2
NOT USED	N406	310	Location Identifier O 1 AN 1/30
SITUATIONAL	N407	1715	Country Subdivision Code X 1 ID 1/3 Code identifying the country subdivision SYNTAX: E0207, C0704 SITUATIONAL RULE: <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the country subdivision codes from Part 2 of ISO 3166.

SEGMENT DETAIL

**DMG - DEPENDENT DEMOGRAPHIC
INFORMATION****X12 Segment Name:** Demographic Information**X12 Purpose:** To supply demographic information**X12 Syntax:** 1. **P0102**

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

2. **P1011**

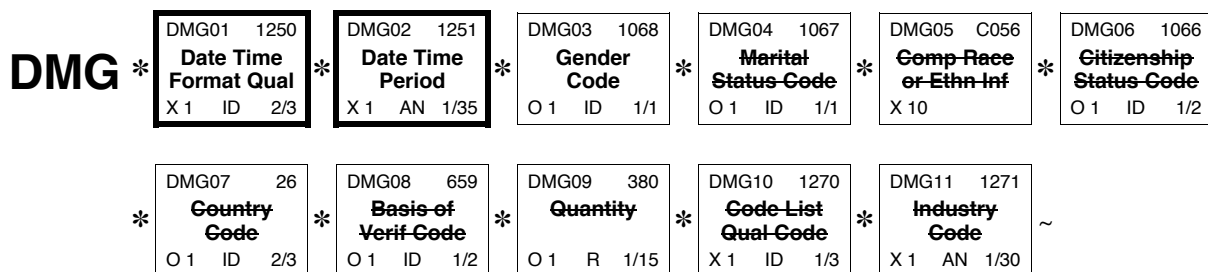
If either DMG10 or DMG11 is present, then the other is required.

3. **C1105**

If DMG11 is present, then DMG05 is required.

Loop: 2010D — DEPENDENT NAME**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when birth date is needed to identify the patient or when gender information is required to determine medical necessity. If not required by this implementation guide, do not send.**TR3 Notes:** 1. Refer to Section 1.12.2 Identifying the Patient for specific information on how to identify an individual to a UMO.**TR3 Example:** DMG*D8*19580322*M~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DMG01	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format SYNTAX: P0102	X 1 ID 2/3
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD

REQUIRED	DMG02	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times SYNTAX: P0102 SEMANTIC: DMG02 is the date of birth. IMPLEMENTATION NAME: Dependent Birth Date	X 1	AN	1/35								
SITUATIONAL	DMG03	1068	Gender Code Code indicating the sex of the individual SITUATIONAL RULE: <i>Required when gender code (DMG03) is needed to determine medical necessity. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Dependent Gender Code <table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>F</td><td>Female</td></tr><tr><td>M</td><td>Male</td></tr><tr><td>U</td><td>Unknown</td></tr></table>	CODE	DEFINITION	F	Female	M	Male	U	Unknown	O 1	ID	1/1
CODE	DEFINITION													
F	Female													
M	Male													
U	Unknown													
NOT USED	DMG04	1067	Marital Status Code	O 1	ID	1/1								
NOT USED	DMG05	C056	COMPOSITE RACE OR ETHNICITY INFORMATION	X 10										
NOT USED	DMG06	1066	Citizenship Status Code	O 1	ID	1/2								
NOT USED	DMG07	26	Country Code	O 1	ID	2/3								
NOT USED	DMG08	659	Basis of Verification Code	O 1	ID	1/2								
NOT USED	DMG09	380	Quantity	O 1	R	1/15								
NOT USED	DMG10	1270	Code List Qualifier Code	X 1	ID	1/3								
NOT USED	DMG11	1271	Industry Code	X 1	AN	1/30								

SEGMENT DETAIL

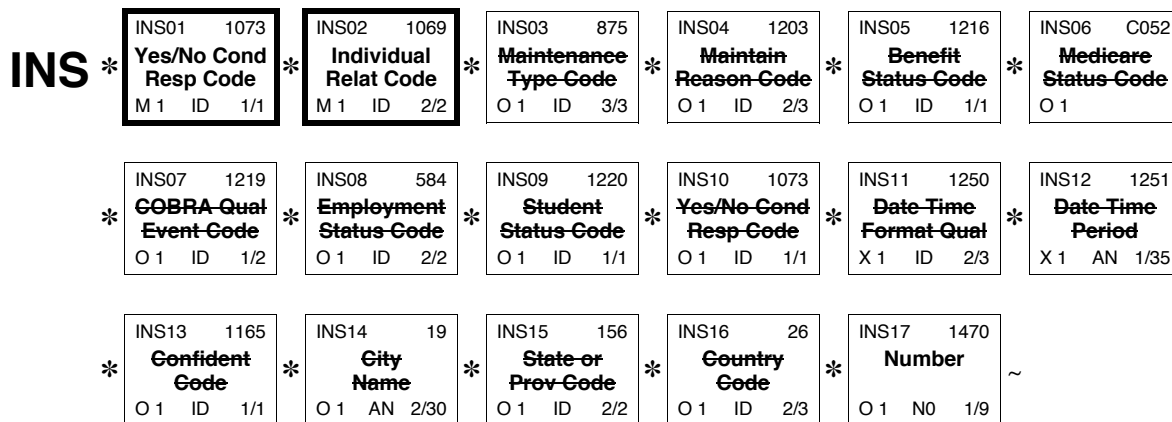
INS - DEPENDENT RELATIONSHIP

X12 Segment Name: Insured Benefit**X12 Purpose:** To provide benefit information on insured entities**X12 Syntax:** 1. P1112

If either INS11 or INS12 is present, then the other is required.

Loop: 2010D — DEPENDENT NAME**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when patient relationship to insured or birth sequence is needed by the UMO to determine the appropriate benefit/level of care. If not required by this implementation guide, do not send.**TR3 Notes:** 1. This segment may be used to further identify the patient. Examples include identifying a patient in a multiple birth or differentiating dependents with the same name.**TR3 Example:** INS*N*19~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	INS01	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber; an "N" value indicates the insured is a dependent. IMPLEMENTATION NAME: Insured Indicator	M 1 ID 1/1
			CODE	DEFINITION
			N	No

REQUIRED	INS02	1069	Individual Relationship Code		M 1	ID	2/2
			Code indicating the relationship between two individuals or entities				
			ALIAS: Relationship to Insured Code				
			CODE	DEFINITION			
			01	Spouse			
			19	Child			
			G8	Other Relationship			
NOT USED	INS03	875	Maintenance Type Code		O 1	ID	3/3
NOT USED	INS04	1203	Maintenance Reason Code		O 1	ID	2/3
NOT USED	INS05	1216	Benefit Status Code		O 1	ID	1/1
NOT USED	INS06	C052	MEDICARE STATUS CODE		O 1		
NOT USED	INS07	1219	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying		O 1	ID	1/2
NOT USED	INS08	584	Employment Status Code		O 1	ID	2/2
NOT USED	INS09	1220	Student Status Code		O 1	ID	1/1
NOT USED	INS10	1073	Yes/No Condition or Response Code		O 1	ID	1/1
NOT USED	INS11	1250	Date Time Period Format Qualifier		X 1	ID	2/3
NOT USED	INS12	1251	Date Time Period		X 1	AN	1/35
NOT USED	INS13	1165	Confidentiality Code		O 1	ID	1/1
NOT USED	INS14	19	City Name		O 1	AN	2/30
NOT USED	INS15	156	State or Province Code		O 1	ID	2/2
NOT USED	INS16	26	Country Code		O 1	ID	2/3
SITUATIONAL	INS17	1470	Number		O 1	N0	1/9
			A generic number				

SEMANTIC: INS17 is the number assigned to each family member born with the same birth date. This number identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.).

SITUATIONAL RULE: *Required when the dependent is a child from a multiple birth. If not required, do not send.*

IMPLEMENTATION NAME: Birth Sequence Number

SEGMENT DETAIL

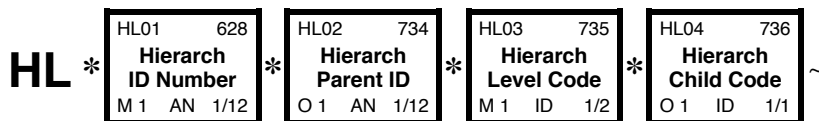
HL - PATIENT EVENT LEVEL

X12 Segment Name: Hierarchical Level**X12 Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

- X12 Comments:**
1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
 2. The HL segment defines a top-down/left-right ordered structure.

Loop: 2000E — PATIENT EVENT LEVEL **Loop Repeat:** 1**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Notes:** 1. Loop 2000E to provide information on the patient event associated with this health care services review.**TR3 Example:** HL*5*4*EV*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	M 1 AN 1/12
REQUIRED	HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	O 1 AN 1/12

REQUIRED	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	M 1	ID	1/2						
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>EV</td><td>Event</td></tr></table>							CODE	DEFINITION	EV	Event		
CODE	DEFINITION											
EV	Event											
REQUIRED	HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segments subordinate to the level being described COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.	O 1	ID	1/1						
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>0</td><td>No Subordinate HL Segment in This Hierarchical Structure.</td></tr><tr><td>1</td><td>Additional Subordinate HL Data Segment in This Hierarchical Structure.</td></tr></table>							CODE	DEFINITION	0	No Subordinate HL Segment in This Hierarchical Structure.	1	Additional Subordinate HL Data Segment in This Hierarchical Structure.
CODE	DEFINITION											
0	No Subordinate HL Segment in This Hierarchical Structure.											
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.											

SEGMENT DETAIL

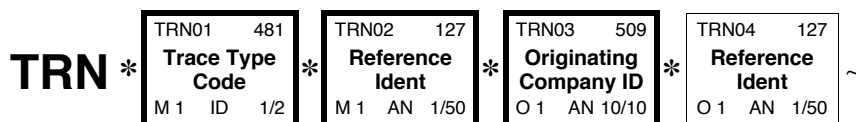
TRN - PATIENT EVENT TRACKING NUMBER

X12 Segment Name: Trace**X12 Purpose:** To uniquely identify a transaction to an application**Loop:** 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 2**Usage:** SITUATIONAL**Situational Rule:** Required when the requester needs to assign a unique trace number to the patient event request. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.

- TR3 Notes:**
1. This enables the requester to
 - uniquely identify this patient event request
 - trace the request
 - match the response to the request
 - reference this request in any associated attachments containing additional patient information related to this patient event request.
 2. If the transaction is routed through a clearinghouse, the clearinghouse may add their own TRN segment. If the transaction passes through multiple clearinghouses, and the second clearinghouse needs to assign their own TRN segment, they must replace the TRN from the first clearinghouse and retain it to be returned in the 278 response. If the second clearinghouse does not need to assign a TRN segment, they should pass all received TRN segments.
 3. Each trace number provided in the TRN segment at this level on the request must be returned by the UMO in the TRN segment at the corresponding level of the response.

TR3 Example: TRN*1*2001042801*9012345678*CARDIOLOGY~

DIAGRAM



ELEMENT DETAIL

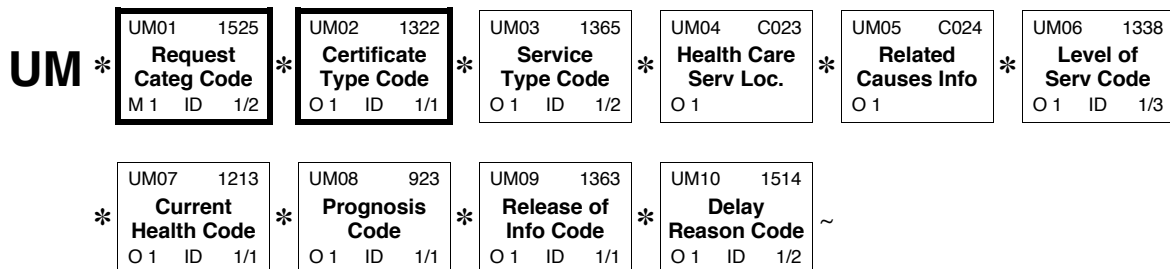
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	TRN01	481	Trace Type Code Code identifying which transaction is being referenced	M 1	ID	1/2
			CODE	DEFINITION		
			1	Current Transaction Trace Numbers		

REQUIRED	TRN02	127	<p>Reference Identification M 1 AN 1/50</p> <p>Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier</p> <p>SEMANTIC: TRN02 provides unique identification for the transaction.</p> <p>IMPLEMENTATION NAME: Patient Event Trace Number</p>
REQUIRED	TRN03	509	<p>Originating Company Identifier O 1 AN 10/10</p> <p>A unique identifier designating the company initiating the funds transfer instructions, business transaction or assigning tracking reference identification.</p> <p>SEMANTIC: TRN03 identifies an organization.</p> <p>IMPLEMENTATION NAME: Trace Assigning Entity Identifier</p> <p>Use this element to identify the organization that assigned this trace number. TRN03 must be completed to aid requesters and clearinghouses in identifying their TRN in the 278 response.</p> <p>The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.</p>
SITUATIONAL	TRN04	127	<p>Reference Identification O 1 AN 1/50</p> <p>Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier</p> <p>SEMANTIC: TRN04 identifies a further subdivision within the organization.</p> <p>SITUATIONAL RULE: <i>Required when a specific division or group, of the company identified in the previous data element (TRN03) is needed by the requester to further identify a specific component of the entity. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.</i></p> <p>IMPLEMENTATION NAME: Trace Assigning Entity Additional Identifier</p>

SEGMENT DETAIL

UM - HEALTH CARE SERVICES REVIEW
INFORMATION**X12 Segment Name:** Health Care Services Review Information**X12 Purpose:** To specify health care services review information**Loop:** 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Notes:** 1. This segment identifies the type of health care services review request.**TR3 Example:** UM*SC*I*3*****Y~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES												
REQUIRED	UM01	1525	Request Category Code Code indicating a type of request	M 1	ID	1/2										
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>AR</td><td>Admission Review Required if requesting an admission to a facility.</td></tr><tr><td>HS</td><td>Health Services Review Required if requesting a review of services related to an episode of care.</td></tr><tr><td>IN</td><td>Individual Required when BHT06 is equal to “RU”.</td></tr><tr><td>SC</td><td>Specialty Care Review Required if requesting a referral to a specialty provider.</td></tr></table>	CODE	DEFINITION	AR	Admission Review Required if requesting an admission to a facility.	HS	Health Services Review Required if requesting a review of services related to an episode of care.	IN	Individual Required when BHT06 is equal to “RU”.	SC	Specialty Care Review Required if requesting a referral to a specialty provider.			
CODE	DEFINITION															
AR	Admission Review Required if requesting an admission to a facility.															
HS	Health Services Review Required if requesting a review of services related to an episode of care.															
IN	Individual Required when BHT06 is equal to “RU”.															
SC	Specialty Care Review Required if requesting a referral to a specialty provider.															

REQUIRED	UM02	1322	Certification Type Code			O 1	ID	1/1
			Code indicating the type of certification					
			CODE	DEFINITION				
			1	Appeal - Immediate				
				Use this value only for appeals of review decisions where the level of service required is emergency or urgent. If UM02 = 1 then UM06 must be valued.				
			2	Appeal - Standard				
				Use this value for appeals of review decisions where the level of service required is not emergency or urgent.				
			3	Cancel				
			4	Extension				
				Indicates that this is an extension request to a prior approved service.				
	I	Initial						
	N	Reconsideration						
	R	Renewal						
		Various services, such as physical therapy, spinal manipulation, and allergy treatment, have both a delivery pattern and a time span of authorization. Many UMOs place time limits - as in will not authorize anything for more than 30 days at a time. For example, blanket authorization for allergy treatments as required for 30 days. At the end of the 30 days, the provider must request to renew the certification - not extend it - because the UMO authorizes for 30 day intervals, one interval at a time.						
	S	Revised						
		Use if the requester is revising the specifics of a certification for which services have not been rendered. For example, the requester may be requesting additional procedures or other procedures for the same patient event.						
SITUATIONAL	UM03	1365	Service Type Code			O 1	ID	1/2
			Code identifying the classification of service					
			SITUATIONAL RULE: <i>Required when Loop 2000F is not valued. If not required by this implementation guide, may be provided at sender's discretion but cannot be required by the receiver.</i>					
			CODE	DEFINITION				
			1	Medical Care				
			2	Surgical				
			3	Consultation				
			4	Diagnostic X-Ray				
			5	Diagnostic Lab				
			6	Radiation Therapy				
	7	Anesthesia						
	8	Surgical Assistance						

11	Used Durable Medical Equipment
12	Durable Medical Equipment Purchase
14	Renal Supplies in the Home
15	Alternate Method Dialysis
16	Chronic Renal Disease (CRD) Equipment
17	Pre-Admission Testing
18	Durable Medical Equipment Rental
20	Second Surgical Opinion
21	Third Surgical Opinion
23	Diagnostic Dental
24	Periodontics
25	Restorative
	Use for restorative dental.
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
33	Chiropractic
35	Dental Care
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
42	Home Health Care
44	Home Health Visits
45	Hospice
46	Respite Care
54	Long Term Care
56	Medically Related Transportation
61	In-vitro Fertilization
62	MRI/CAT Scan
63	Donor Procedures
64	Acupuncture
65	Newborn Care
66	Pathology
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device

76	Dialysis
77	Otological Exam
78	Chemotherapy
79	Allergy Testing
80	Immunizations
82	Family Planning
83	Infertility
84	Abortion
85	AIDS
86	Emergency Services
87	Cancer
88	Pharmacy
93	Podiatry
A4	Psychiatric
A6	Psychotherapy
A9	Rehabilitation
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision (Optometry)
AR	Experimental Drug Therapy
B1	Burn Care
BB	Partial Hospitalization (Psychiatric)
BC	Day Care (Psychiatric)
BD	Cognitive Therapy
BE	Massage Therapy
BF	Pulmonary Rehabilitation
BG	Cardiac Rehabilitation
BL	Cardiac
BN	Gastrointestinal
BP	Endocrine
BQ	Neurology
BS	Invasive Procedures
BY	Physician Visit - Office: Sick
BZ	Physician Visit - Office: Well
C1	Coronary Care
CQ	Case Management
GY	Allergy
IC	Intensive Care
MH	Mental Health

			NI	Neonatal Intensive Care	
			ON	Oncology	
			PT	Physical Therapy	
			PU	Pulmonary	
			RN	Renal	
			RT	Residential Psychiatric Treatment	
			TC	Transitional Care	
			TN	Transitional Nursery Care	
SITUATIONAL	UM04	C023	HEALTH CARE SERVICE LOCATION	O 1	
			INFORMATION		
			To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered		
			SITUATIONAL RULE: <i>Required when UM04 is not valued at 2000F. If not required by this implementation guide, may be provided at the sender's discretion, but cannot be required by the receiver.</i>		
			Value at 2000F, Service Level, overrides the patient event for that service only.		
REQUIRED	UM04 - 1	1331	Facility Code Value	M AN 1/2	
			Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.		
			IMPLEMENTATION NAME: Facility Type Code		
			Use to indicate a facility code value from the code source referenced in UM04-2.		
REQUIRED	UM04 - 2	1332	Facility Code Qualifier	O ID 1/2	
			Code identifying the type of facility referenced		
			SEMANTIC: C023-02 qualifies C023-01 and C023-03.		
			CODE	DEFINITION	
		A	Uniform Billing Claim Form Bill Type		
			CODE SOURCE 236: Uniform Billing Claim Form Bill Type		
		B	Place of Service Codes for Professional or Dental Services		
			CODE SOURCE 237: Place of Service Codes for Professional Claims		
NOT USED	UM04 - 3	1325	Claim Frequency Type Code	O ID 1/1	
			CODE SOURCE 235: Claim Frequency Type Code		
SITUATIONAL	UM05	C024	RELATED CAUSES INFORMATION	O 1	
			To identify one or more related causes and associated state or country information		
			SITUATIONAL RULE: <i>Required when the patient's condition is accident or employment related. If not required by this implementation guide, do not send.</i>		
REQUIRED	UM05 - 1	1362	Related-Causes Code	M ID 2/3	
			Code identifying an accompanying cause of an illness, injury or an accident		
			IMPLEMENTATION NAME: Related Causes Code		

Always use this data element if the related cause is an auto accident.

		CODE	DEFINITION		
SITUATIONAL	UM05 - 2	AA	Auto Accident		
		AP	Another Party Responsible		
		EM	Employment		
		1362	Related-Causes Code	O	ID 2/3

Code identifying an accompanying cause of an illness, injury or an accident

SITUATIONAL RULE: *Required when there is greater than 1 related cause for this certification. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Related Causes Code

		CODE	DEFINITION		
SITUATIONAL	UM05 - 3	AP	Another Party Responsible		
		EM	Employment		
		1362	Related-Causes Code	O	ID 2/3
			Code identifying an accompanying cause of an illness, injury or an accident		

SITUATIONAL RULE: *Required when UM05 -1 and UM05-2 are not equal "AP" and "AP" applies to this patient event. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Related Causes Code

		CODE	DEFINITION		
SITUATIONAL	UM05 - 4	AP	Another Party Responsible		
		156	State or Province Code	O	ID 2/2
			Code (Standard State/Province) as defined by appropriate government agency		

COMMENTS:
C024-04 and C024-05 apply only to auto accidents when C024-01, C024-02, or C024-03 is equal to "AA".

SITUATIONAL RULE: *Required when UM05-1 = "AA" and the accident occurred out of the services provider's state. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.*

CODE SOURCE 22: States and Provinces

SITUATIONAL	UM05 - 5	26	Country Code	O	ID 2/3
			Code identifying the country		

SITUATIONAL RULE: *Required when the automobile accident occurred out of the United States to identify the country in which the accident occurred. If not required by this implementation guide, do not send.*

CODE SOURCE 5: Countries, Currencies and Funds

SITUATIONAL	UM06	1338	Level of Service Code Code specifying the level of service rendered	O 1	ID	1/3
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SITUATIONAL RULE: *Required when UM02=1 or if the patient event requires a level of service for care other than routine. If not required by this implementation guide do not send.*

CODE	DEFINITION
03	Emergency
E	Elective
U	Urgent

SITUATIONAL	UM07	1213	Current Health Condition Code Code indicating current health condition of the individual	O 1	ID	1/1
--------------------	-------------	-------------	--	------------	-----------	------------

SITUATIONAL RULE: *Required when the patient's condition, as expressed by the codes in this data element, is a factor in the provider's determination of services to be performed that are not typically requested for the patient's diagnosis and proposed treatment. If not required by this implementation guide, do not send.*

CODE	DEFINITION
1	Acute
2	Stable
3	Chronic
4	Systemic
5	Localized
6	Mild Disease
7	Normal, Healthy
8	Severe Systemic disease
9	Severe Systemic Disease that is a Constant Threat to Life
E	Excellent
F	Fair
G	Good
P	Poor

SITUATIONAL	UM08	923	Prognosis Code Code indicating physician's prognosis for the patient	O 1	ID	1/1
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SITUATIONAL RULE: *Required when the patient's prognosis, as expressed by the codes in this data element, is a factor in the provider's determination of services to be performed that are not typically requested for the patient's diagnosis and proposed treatment. If not required by this implementation guide, do not send.*

CODE	DEFINITION
1	Poor
2	Guarded
3	Fair
4	Good
5	Very Good
6	Excellent
7	Less than 6 Months to Live

8Terminal

SITUATIONAL	UM09	1363	Release of Information Code	O 1	ID	1/1						
Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations												
SITUATIONAL RULE: <i>Required when applicable legislation requires that a signature be collected and reported on this Health Care Services Review. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.</i>												
The Release of Information response is limited to the information carried in this service review.												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>M</td><td>The Provider has Limited or Restricted Ability to Release Data Related to a Claim For professional service, this value is only used when state or federal laws supersede the HIPAA privacy rule by requiring that the provider collect a signature and the patient is either not present or physically unable to sign at the time the provider submits the request.</td></tr><tr><td>Y</td><td>Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim</td></tr></table>							CODE	DEFINITION	M	The Provider has Limited or Restricted Ability to Release Data Related to a Claim For professional service, this value is only used when state or federal laws supersede the HIPAA privacy rule by requiring that the provider collect a signature and the patient is either not present or physically unable to sign at the time the provider submits the request.	Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
CODE	DEFINITION											
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Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim											

SITUATIONAL	UM10	1514	Delay Reason Code	O 1	ID	1/2																								
Code indicating the reason why a request was delayed																														
SITUATIONAL RULE: <i>Required when the request is not submitted within the normal timeframe of the UMO. If not required by this implementation guide, do not send.</i>																														
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Proof of Eligibility Unknown or Unavailable</td></tr><tr><td>2</td><td>Litigation</td></tr><tr><td>3</td><td>Authorization Delays</td></tr><tr><td>4</td><td>Delay in Certifying Provider</td></tr><tr><td>7</td><td>Third Party Processing Delay</td></tr><tr><td>8</td><td>Delay in Eligibility Determination</td></tr><tr><td>10</td><td>Administration Delay in the Prior Approval Process</td></tr><tr><td>11</td><td>Other</td></tr><tr><td>15</td><td>Natural Disaster</td></tr><tr><td>16</td><td>Lack of Information</td></tr><tr><td>17</td><td>No response to initial request</td></tr></table>							CODE	DEFINITION	1	Proof of Eligibility Unknown or Unavailable	2	Litigation	3	Authorization Delays	4	Delay in Certifying Provider	7	Third Party Processing Delay	8	Delay in Eligibility Determination	10	Administration Delay in the Prior Approval Process	11	Other	15	Natural Disaster	16	Lack of Information	17	No response to initial request
CODE	DEFINITION																													
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2	Litigation																													
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11	Other																													
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16	Lack of Information																													
17	No response to initial request																													

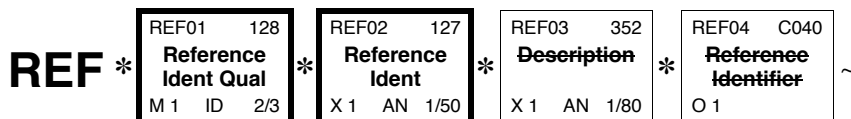
SEGMENT DETAIL

REF - PREVIOUS REVIEW AUTHORIZATION
NUMBER**X12 Segment Name:** Reference Information**X12 Purpose:** To specify identifying information**X12 Syntax:** 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when submitting an additional health care services review request associated with a request already processed by the UMO. If not required by this implementation guide, do not send.**TR3 Notes:** 1. This is the authorization number assigned by the UMO to the original service review outcome associated with this service review. This is not the trace number assigned by the requester.**TR3 Example:** REF*BB*A123~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			BB	Authorization Number
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Previous Review Authorization Number	X 1 AN 1/50
NOT USED	REF03	352	Description	X 1 AN 1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1

SEGMENT DETAIL

REF - PREVIOUS REVIEW ADMINISTRATIVE REFERENCE NUMBER

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2000E — PATIENT EVENT LEVEL

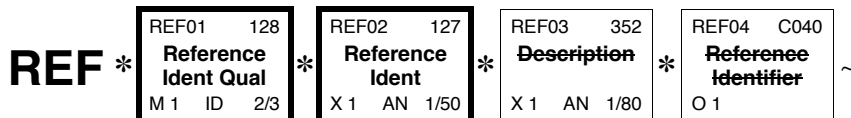
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when submitting a follow-up to a previous health care services review request for which the UMO has returned a response that contained an administrative reference number in the REF segment where REF01 = NT and did not return a certification number in HCR02. If not required by this implementation guide, do not send.

TR3 Example: REF*NT*Z123~

DIAGRAM



ELEMENT DETAIL

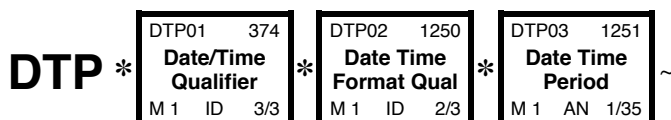
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			NT	Administrator's Reference Number
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1 AN 1/50
			SYNTAX: R0203	
			IMPLEMENTATION NAME: Previous Administrative Reference Number	
NOT USED	REF03	352	Description	X 1 AN 1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1

SEGMENT DETAIL

DTP - ACCIDENT DATE

X12 Segment Name: Date or Time or Period**X12 Purpose:** To specify any or all of a date, a time, or a time period**Loop:** 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the patient's condition is accident related and the date of the accident is known. If not required by this implementation guide, do not send.**TR3 Example:** DTP*439*D8*20050430~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION
			439	Accident
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Accident Date				

SEGMENT DETAIL

DTP - LAST MENSTRUAL PERIOD DATE

X12 Segment Name: Date or Time or Period

X12 Purpose: To specify any or all of a date, a time, or a time period

Loop: 2000E — PATIENT EVENT LEVEL

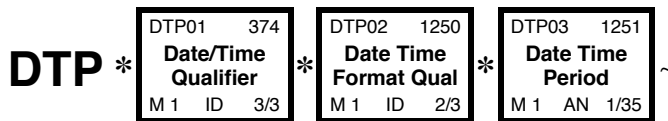
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the certification is pregnancy related. If not required by this implementation guide, do not send.

TR3 Example: DTP*484*D8*20050312~

DIAGRAM



ELEMENT DETAIL

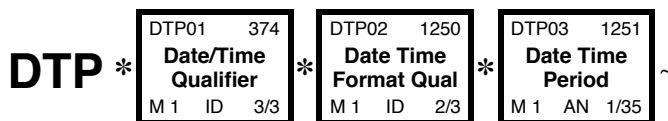
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION
			484	Last Menstrual Period
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Last Menstrual Period Date				

SEGMENT DETAIL

DTP - ESTIMATED DATE OF BIRTH

X12 Segment Name: Date or Time or Period**X12 Purpose:** To specify any or all of a date, a time, or a time period**Loop:** 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the certification is related to the estimated date of delivery.
If not required by this implementation guide, do not send.**TR3 Example:** DTP*ABC*D8*20051130~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION
			ABC	Estimated Date of Birth
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Estimated Birth Date				

SEGMENT DETAIL

DTP - ONSET OF CURRENT SYMPTOMS OR ILLNESS DATE

X12 Segment Name: Date or Time or Period

X12 Purpose: To specify any or all of a date, a time, or a time period

Loop: 2000E — PATIENT EVENT LEVEL

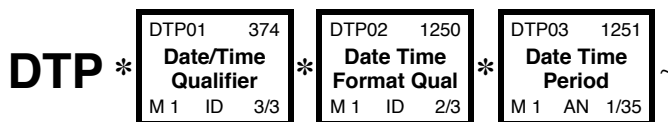
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the date of onset of the patient's condition is different from the diagnosis date, and not accident or pregnancy related. If not required by this implementation guide, do not send.

TR3 Example: DTP*431*D8*20050415~

DIAGRAM



ELEMENT DETAIL

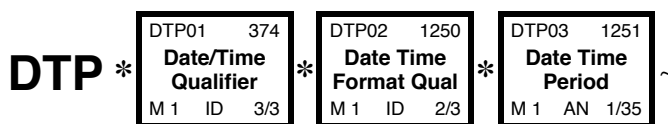
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION
			431	Onset of Current Symptoms or Illness
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Onset Date				

SEGMENT DETAIL

DTP - EVENT DATE

X12 Segment Name: Date or Time or Period**X12 Purpose:** To specify any or all of a date, a time, or a time period**Loop:** 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the proposed or actual date or range of dates of this patient event are known and UM01 does not equal AR. If not required by this implementation guide, do not send.**TR3 Notes:** 1. If UM01 = AR use Admit Date.**TR3 Example:** DTP*AAH*D8*20050516~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION
			AAH	Event
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
			RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Proposed or Actual Event Date				

SEGMENT DETAIL

DTP - ADMISSION DATE

X12 Segment Name: Date or Time or Period

X12 Purpose: To specify any or all of a date, a time, or a time period

Loop: 2000E — PATIENT EVENT LEVEL

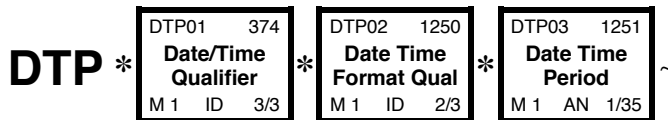
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when requesting an admission review (UM01 = “AR”) to identify the proposed or actual date of admission. If not required by this implementation guide, do not send.

TR3 Example: DTP*435*D8*20050505~

DIAGRAM



ELEMENT DETAIL

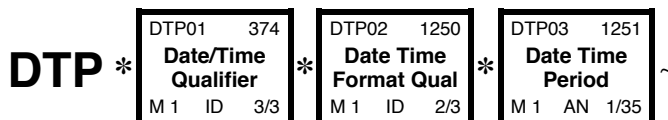
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
		CODE	DEFINITION	
		435	Admission	
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
		CODE	DEFINITION	
		D8	Date Expressed in Format CCYYMMDD	
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
Use this for the range of dates when admission can occur. Use the HSD segment for the length of stay.				
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Proposed or Actual Admission Date				

SEGMENT DETAIL

DTP - DISCHARGE DATE

X12 Segment Name: Date or Time or Period**X12 Purpose:** To specify any or all of a date, a time, or a time period**Loop:** 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when requesting an admission review (UM01 = “AR”) and the proposed or actual date of discharge from a facility is known. If not required by this implementation guide, do not send.**TR3 Example:** DTP*096*D8*20050509~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION
			096	Discharge
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Proposed or Actual Discharge Date				

SEGMENT DETAIL

HI - PATIENT DIAGNOSIS

X12 Segment Name: Health Care Information Codes

X12 Purpose: To supply information related to the delivery of health care

Loop: 2000E — PATIENT EVENT LEVEL

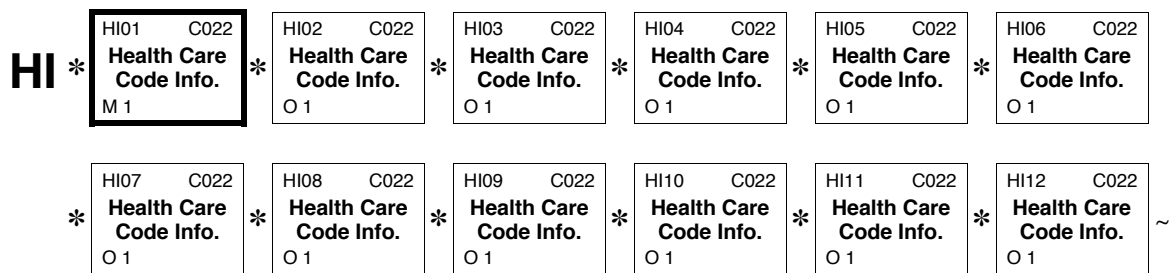
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when known by the requester to convey diagnosis information.
If not required by this implementation guide, do not send.

TR3 Example: HI*BF:41090:D8:20050415~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HI01	C022	HEALTH CARE CODE INFORMATION	M 1
To send health care codes and their associated dates, amounts and quantities				
SYNTAX:				
P0304				
If either C02203 or C02204 is present, then the other is required.				
E0809				
Only one of C02208 or C02209 may be present.				
ALIAS: Diagnosis 1				
REQUIRED	HI01 - 1	1270	Code List Qualifier Code	M ID 1/3
Code identifying a specific industry code list				
SEMANTIC:				
C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.				
IMPLEMENTATION NAME: Diagnosis Type Code				
		CODE	DEFINITION	
		ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis	
		CODE SOURCE 897 : International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		

		ABJ	International Classification of Diseases Clinical Modification (ICD-10-CM) Admitting Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
		ABK	International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
		APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
		BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
		BJ	International Classification of Diseases Clinical Modification (ICD-9-CM) Admitting Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
		BK	International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
		DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)
		PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
REQUIRED	HI01 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes. IMPLEMENTATION NAME: Diagnosis Code
SITUATIONAL	HI01 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format SYNTAX: P0304 SEMANTIC: C022-03 is the date format that will appear in C022-04. SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i>
		D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI01 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times SYNTAX: P0304 SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Diagnosis Date

NOT USED	HI01 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI01 - 6	380	Quantity	O	R	1/15
NOT USED	HI01 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI01 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI01 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI02	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

SYNTAX:

P0304

If either C02203 or C02204 is present, then the other is required.

E0809

Only one of C02208 or C02209 may be present.

SITUATIONAL RULE: *Required when there are additional diagnoses to communicate. If not required by this implementation guide, do not send.*

ALIAS: Diagnosis 2

REQUIRED	HI02 - 1	1270	Code List Qualifier Code	M	ID	1/3
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Code identifying a specific industry code list

SEMANTIC:

C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.

IMPLEMENTATION NAME: Diagnosis Type Code

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
ABJ	International Classification of Diseases Clinical Modification (ICD-10-CM) Admitting Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
BJ	International Classification of Diseases Clinical Modification (ICD-9-CM) Admitting Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)
PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

REQUIRED	HI02 - 2	1271	Industry Code	M	AN	1/30		
Code indicating a code from a specific industry code list								
SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.								
IMPLEMENTATION NAME: Diagnosis Code								
SITUATIONAL	HI02 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3		
Code indicating the date format, time format, or date and time format								
SYNTAX: P0304								
SEMANTIC: C022-03 is the date format that will appear in C022-04.								
SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i>								
<table><tr><th>CODE</th><th>DEFINITION</th></tr></table>							CODE	DEFINITION
CODE	DEFINITION							
SITUATIONAL	HI02 - 4	D8	Date Expressed in Format CCYYMMDD					
		1251	Date Time Period	X	AN	1/35		
Expression of a date, a time, or range of dates, times or dates and times								
SYNTAX: P0304								
SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i>								
IMPLEMENTATION NAME: Diagnosis Date								
NOT USED	HI02 - 5	782	Monetary Amount	O	R	1/18		
NOT USED	HI02 - 6	380	Quantity	O	R	1/15		
NOT USED	HI02 - 7	799	Version Identifier	O	AN	1/30		
NOT USED	HI02 - 8	1271	Industry Code	X	AN	1/30		
NOT USED	HI02 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1		
SITUATIONAL	HI03	C022	HEALTH CARE CODE INFORMATION	O	1			
To send health care codes and their associated dates, amounts and quantities								
SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present.								
SITUATIONAL RULE: <i>Required when there are additional diagnoses to communicate. If not required by this implementation guide, do not send.</i>								
ALIAS: Diagnosis 3								

REQUIRED	HI03 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.						

IMPLEMENTATION NAME: Diagnosis Type Code

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)
PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

REQUIRED	HI03 - 2	1271	Industry Code	M	AN	1/30
Code indicating a code from a specific industry code list						
SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.						

IMPLEMENTATION NAME: Diagnosis Code

SITUATIONAL	HI03 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
Code indicating the date format, time format, or date and time format						
SYNTAX: P0304 SEMANTIC: C022-03 is the date format that will appear in C022-04.						

SITUATIONAL RULE: *Required when the date diagnosed is known. If not required by this implementation guide, do not send.*

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD
1251	Date Time Period
Expression of a date, a time, or range of dates, times or dates and times	
SYNTAX: P0304	

SITUATIONAL RULE: *Required when the date diagnosed is known. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Diagnosis Date

NOT USED	HI03 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI03 - 6	380	Quantity	O	R	1/15

NOT USED	HI03 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI03 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI03 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI04	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

SYNTAX:

P0304

If either C02203 or C02204 is present, then the other is required.

E0809

Only one of C02208 or C02209 may be present.

SITUATIONAL RULE: *Required when there are additional diagnoses to communicate. If not required by this implementation guide, do not send.*

ALIAS: Diagnosis 4

REQUIRED	HI04 - 1	1270	Code List Qualifier Code	M	ID	1/3
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Code identifying a specific industry code list

SEMANTIC:

C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.

IMPLEMENTATION NAME: Diagnosis Type Code

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)
PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

REQUIRED	HI04 - 2	1271	Industry Code	M	AN	1/30
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Code indicating a code from a specific industry code list

SEMANTIC:

If C022-08 is used, then C022-02 represents the beginning value in a range of codes.

IMPLEMENTATION NAME: Diagnosis Code

SITUATIONAL	HI04 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3						
Code indicating the date format, time format, or date and time format												
SYNTAX: P0304												
SEMANTIC: C022-03 is the date format that will appear in C022-04.												
SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i>												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>D8</td><td>Date Expressed in Format CCYYMMDD</td></tr></table>							CODE	DEFINITION	D8	Date Expressed in Format CCYYMMDD		
CODE	DEFINITION											
D8	Date Expressed in Format CCYYMMDD											
SITUATIONAL	HI04 - 4	1251	Date Time Period	X	AN	1/35						
Expression of a date, a time, or range of dates, times or dates and times												
SYNTAX: P0304												
SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i>												
IMPLEMENTATION NAME: Diagnosis Date												
NOT USED	HI04 - 5	782	Monetary Amount	O	R	1/18						
NOT USED	HI04 - 6	380	Quantity	O	R	1/15						
NOT USED	HI04 - 7	799	Version Identifier	O	AN	1/30						
NOT USED	HI04 - 8	1271	Industry Code	X	AN	1/30						
NOT USED	HI04 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1						
SITUATIONAL	HI05	C022	HEALTH CARE CODE INFORMATION	O	1							
To send health care codes and their associated dates, amounts and quantities												
SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present.												
SITUATIONAL RULE: <i>Required when there are additional diagnoses to communicate. If not required by this implementation guide, do not send.</i>												
ALIAS: Diagnosis 5												
REQUIRED	HI05 - 1	1270	Code List Qualifier Code	M	ID	1/3						
Code identifying a specific industry code list												
SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.												
IMPLEMENTATION NAME: Diagnosis Type Code												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>ABF</td><td>International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)</td></tr><tr><td>APR</td><td>International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)</td></tr></table>							CODE	DEFINITION	ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)	APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
CODE	DEFINITION											
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)											
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)											

		BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis		
			CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
		DR	Diagnosis Related Group (DRG)		
			CODE SOURCE 229: Diagnosis Related Group Number (DRG)		
		PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit		
			CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
REQUIRED	HI05 - 2	1271	Industry Code	M AN 1/30	
			Code indicating a code from a specific industry code list		
			SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.		
			IMPLEMENTATION NAME: Diagnosis Code		
SITUATIONAL	HI05 - 3	1250	Date Time Period Format Qualifier	X ID 2/3	
			Code indicating the date format, time format, or date and time format		
			SYNTAX: P0304		
			SEMANTIC: C022-03 is the date format that will appear in C022-04.		
			SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i>		
			CODE DEFINITION		
		D8	Date Expressed in Format CCYYMMDD		
SITUATIONAL	HI05 - 4	1251	Date Time Period	X AN 1/35	
			Expression of a date, a time, or range of dates, times or dates and times		
			SYNTAX: P0304		
			SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i>		
			IMPLEMENTATION NAME: Diagnosis Date		
NOT USED	HI05 - 5	782	Monetary Amount	O R 1/18	
NOT USED	HI05 - 6	380	Quantity	O R 1/15	
NOT USED	HI05 - 7	799	Version Identifier	O AN 1/30	
NOT USED	HI05 - 8	1271	Industry Code	X AN 1/30	
NOT USED	HI05 - 9	1073	Yes/No Condition or Response Code	X ID 1/1	
SITUATIONAL	HI06	C022	HEALTH CARE CODE INFORMATION	O 1	
			To send health care codes and their associated dates, amounts and quantities		
			SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required.		
			E0809 Only one of C02208 or C02209 may be present.		
			SITUATIONAL RULE: <i>Required when there are additional diagnoses to communicate. If not required by this implementation guide, do not send.</i>		

ALIAS: **Diagnosis 6**

REQUIRED HI06 - 1

1270 Code List Qualifier Code M ID 1/3
Code identifying a specific industry code list

SEMANTIC:
C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.

IMPLEMENTATION NAME: **Diagnosis Type Code**

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)
PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

REQUIRED HI06 - 2

1271 Industry Code M AN 1/30
Code indicating a code from a specific industry code list

SEMANTIC:
If C022-08 is used, then C022-02 represents the beginning value in a range of codes.

IMPLEMENTATION NAME: **Diagnosis Code**

SITUATIONAL HI06 - 3

1250 Date Time Period Format Qualifier X ID 2/3
Code indicating the date format, time format, or date and time format

SYNTAX:
P0304

SEMANTIC:
C022-03 is the date format that will appear in C022-04.

SITUATIONAL RULE: ***Required when the date diagnosed is known. If not required by this implementation guide, do not send.***

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD
1251 Date Time Period	X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times SYNTAX: P0304 SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Diagnosis Date

NOT USED HI06 - 5

782 Monetary Amount O R 1/18

NOT USED	HI06 - 6	380	Quantity	O	R	1/15
NOT USED	HI06 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI06 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI06 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI07	C022	HEALTH CARE CODE INFORMATION	O	1	

SYNTAX:

P0304

If either C02203 or C02204 is present, then the other is required.

E0809

Only one of C02208 or C02209 may be present.

SITUATIONAL RULE: *Required when there are additional diagnoses to communicate. If not required by this implementation guide, do not send.*

ALIAS: **Diagnosis 7**

REQUIRED	HI07 - 1	1270	Code List Qualifier Code	M	ID	1/3
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Code identifying a specific industry code list

SEMANTIC:

C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.

IMPLEMENTATION NAME: **Diagnosis Type Code**

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)
PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

REQUIRED	HI07 - 2	1271	Industry Code	M	AN	1/30
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Code indicating a code from a specific industry code list

SEMANTIC:

If C022-08 is used, then C022-02 represents the beginning value in a range of codes.

IMPLEMENTATION NAME: **Diagnosis Code**

SITUATIONAL	HI07 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
Code indicating the date format, time format, or date and time format						
SYNTAX: P0304						
SEMANTIC: C022-03 is the date format that will appear in C022-04.						
SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i>						

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI07 - 4
1251	Date Time Period
	X AN 1/35
Expression of a date, a time, or range of dates, times or dates and times	
SYNTAX: P0304	
SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i>	

IMPLEMENTATION NAME: **Diagnosis Date**

NOT USED	HI07 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI07 - 6	380	Quantity	O	R	1/15
NOT USED	HI07 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI07 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI07 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1

SITUATIONAL	HI08	C022	HEALTH CARE CODE INFORMATION	O 1
To send health care codes and their associated dates, amounts and quantities				
SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required.				
E0809 Only one of C02208 or C02209 may be present.				

SITUATIONAL RULE: *Required when there are additional diagnoses to communicate. If not required by this implementation guide, do not send.*

ALIAS: **Diagnosis 8**

REQUIRED	HI08 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.						
IMPLEMENTATION NAME: Diagnosis Type Code						

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis
CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)	
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit
CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)	

			BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis		
				CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
			DR	Diagnosis Related Group (DRG)		
				CODE SOURCE 229: Diagnosis Related Group Number (DRG)		
			PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit		
				CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
REQUIRED	HI08 - 2	1271	Industry Code	M	AN	1/30
			Code indicating a code from a specific industry code list			
			SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.			
			IMPLEMENTATION NAME: Diagnosis Code			
SITUATIONAL	HI08 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
			Code indicating the date format, time format, or date and time format			
			SYNTAX: P0304			
			SEMANTIC: C022-03 is the date format that will appear in C022-04.			
			SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i>			
			CODE	DEFINITION		
		D8	Date Expressed in Format CCYYMMDD			
SITUATIONAL	HI08 - 4	1251	Date Time Period	X	AN	1/35
			Expression of a date, a time, or range of dates, times or dates and times			
			SYNTAX: P0304			
			SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i>			
			IMPLEMENTATION NAME: Diagnosis Date			
NOT USED	HI08 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI08 - 6	380	Quantity	O	R	1/15
NOT USED	HI08 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI08 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI08 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI09	C022	HEALTH CARE CODE INFORMATION	O	1	
			To send health care codes and their associated dates, amounts and quantities			
			SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present.			
			SITUATIONAL RULE: <i>Required when there are additional diagnoses to communicate. If not required by this implementation guide, do not send.</i>			

ALIAS: **Diagnosis 9**

REQUIRED HI09 - 1

1270 Code List Qualifier Code M ID 1/3
Code identifying a specific industry code list

SEMANTIC:
C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.

IMPLEMENTATION NAME: **Diagnosis Type Code**

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)
PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

REQUIRED HI09 - 2

1271 Industry Code M AN 1/30
Code indicating a code from a specific industry code list

SEMANTIC:
If C022-08 is used, then C022-02 represents the beginning value in a range of codes.

IMPLEMENTATION NAME: **Diagnosis Code**

SITUATIONAL HI09 - 3

1250 Date Time Period Format Qualifier X ID 2/3
Code indicating the date format, time format, or date and time format

SYNTAX:
P0304

SEMANTIC:
C022-03 is the date format that will appear in C022-04.

SITUATIONAL RULE: ***Required when the date diagnosed is known. If not required by this implementation guide, do not send.***

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD
1251 Date Time Period	X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times SYNTAX: P0304 SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Diagnosis Date

NOT USED HI09 - 5

782 Monetary Amount O R 1/18

NOT USED	HI09 - 6	380	Quantity	O	R	1/15
NOT USED	HI09 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI09 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI09 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI10	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

SYNTAX:

P0304

If either C02203 or C02204 is present, then the other is required.

E0809

Only one of C02208 or C02209 may be present.

SITUATIONAL RULE: *Required when there are additional diagnoses to communicate. If not required by this implementation guide, do not send.*

ALIAS: Diagnosis 10

REQUIRED	HI10 - 1	1270	Code List Qualifier Code	M	ID	1/3
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Code identifying a specific industry code list

SEMANTIC:

C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.

IMPLEMENTATION NAME: Diagnosis Type Code

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)
PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list

Code indicating a code from a specific industry code list

SEMANTIC:

If C022-08 is used, then C022-02 represents the beginning value in a range of codes.

IMPLEMENTATION NAME: Diagnosis Code

SITUATIONAL	HI10 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
Code indicating the date format, time format, or date and time format						
SYNTAX: P0304						
SEMANTIC: C022-03 is the date format that will appear in C022-04.						
SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i>						

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI10 - 4
1251	Date Time Period
	X AN 1/35
Expression of a date, a time, or range of dates, times or dates and times	
SYNTAX: P0304	
SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i>	

IMPLEMENTATION NAME: **Diagnosis Date**

NOT USED	HI10 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI10 - 6	380	Quantity	O	R	1/15
NOT USED	HI10 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI10 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI10 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1

SITUATIONAL	HI11	C022	HEALTH CARE CODE INFORMATION	O 1
To send health care codes and their associated dates, amounts and quantities				
SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required.				
E0809 Only one of C02208 or C02209 may be present.				

SITUATIONAL RULE: *Required when there are additional diagnoses to communicate. If not required by this implementation guide, do not send.*

ALIAS: **Diagnosis 11**

REQUIRED	HI11 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.						
IMPLEMENTATION NAME: Diagnosis Type Code						

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis
CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)	
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit
CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)	

		BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis		
			CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
		DR	Diagnosis Related Group (DRG)		
			CODE SOURCE 229: Diagnosis Related Group Number (DRG)		
		PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit		
			CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
REQUIRED	HI11 - 2	1271	Industry Code	M AN 1/30	
			Code indicating a code from a specific industry code list		
			SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.		
			IMPLEMENTATION NAME: Diagnosis Code		
SITUATIONAL	HI11 - 3	1250	Date Time Period Format Qualifier	X ID 2/3	
			Code indicating the date format, time format, or date and time format		
			SYNTAX: P0304		
			SEMANTIC: C022-03 is the date format that will appear in C022-04.		
			SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i>		
			CODE DEFINITION		
		D8	Date Expressed in Format CCYYMMDD		
SITUATIONAL	HI11 - 4	1251	Date Time Period	X AN 1/35	
			Expression of a date, a time, or range of dates, times or dates and times		
			SYNTAX: P0304		
			SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i>		
			IMPLEMENTATION NAME: Diagnosis Date		
NOT USED	HI11 - 5	782	Monetary Amount	O R 1/18	
NOT USED	HI11 - 6	380	Quantity	O R 1/15	
NOT USED	HI11 - 7	799	Version Identifier	O AN 1/30	
NOT USED	HI11 - 8	1271	Industry Code	X AN 1/30	
NOT USED	HI11 - 9	1073	Yes/No Condition or Response Code	X ID 1/1	
SITUATIONAL	HI12	C022	HEALTH CARE CODE INFORMATION	O 1	
			To send health care codes and their associated dates, amounts and quantities		
			SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required.		
			E0809 Only one of C02208 or C02209 may be present.		
			SITUATIONAL RULE: <i>Required when there are additional diagnoses to communicate. If not required by this implementation guide, do not send.</i>		

ALIAS: **Diagnosis 12**

REQUIRED HI12 - 1

1270 Code List Qualifier Code M ID 1/3
Code identifying a specific industry code list

SEMANTIC:
C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.

IMPLEMENTATION NAME: **Diagnosis Type Code**

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)
PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

REQUIRED HI12 - 2

1271 Industry Code M AN 1/30
Code indicating a code from a specific industry code list

SEMANTIC:
If C022-08 is used, then C022-02 represents the beginning value in a range of codes.

IMPLEMENTATION NAME: **Diagnosis Code**

SITUATIONAL HI12 - 3

1250 Date Time Period Format Qualifier X ID 2/3
Code indicating the date format, time format, or date and time format

SYNTAX:
P0304

SEMANTIC:
C022-03 is the date format that will appear in C022-04.

SITUATIONAL RULE: ***Required when the date diagnosed is known. If not required by this implementation guide, do not send.***

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD
1251 Date Time Period	X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times SYNTAX: P0304 SITUATIONAL RULE: <i>Required when the date diagnosed is known. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Diagnosis Date

NOT USED HI12 - 5

782 Monetary Amount O R 1/18

NOT USED	HI12 - 6	380	Quantity	O	R	1/15
NOT USED	HI12 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI12 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI12 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1

SEGMENT DETAIL

HSD - HEALTH CARE SERVICES DELIVERY

X12 Segment Name: Health Care Services Delivery

X12 Purpose: To specify the delivery pattern of health care services

X12 Syntax: 1. **P0102**

If either HSD01 or HSD02 is present, then the other is required.

2. **C0605**

If HSD06 is present, then HSD05 is required.

Loop: 2000E — PATIENT EVENT LEVEL

Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when requesting services that have a specific pattern of delivery or usage. If not required by this implementation guide, do not send.

TR3 Notes: 1. An explanation of the uses of this segment follows.

HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means “one visit”.

Between HSD02 and HSD03 verbally insert a “per every”.

HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means “three days”. Between HSD04 and HSD05 verbally insert a “for”. HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means “21 days”.

The total message reads:

HSD*VS*1*DA*3*7*21~ = “One visit per every three days for 21 days”.

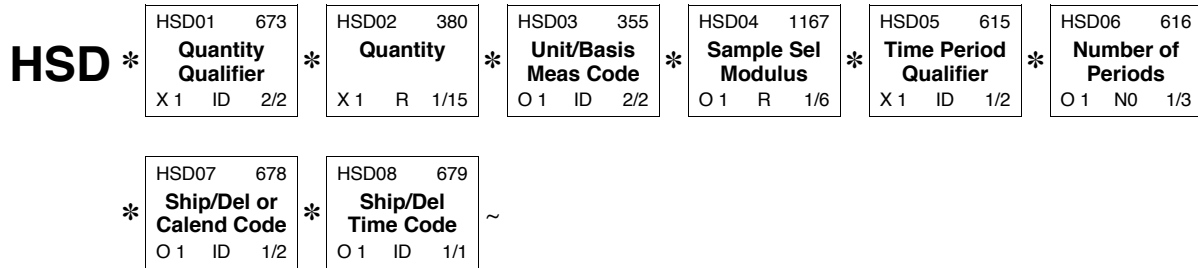
Another similar data string of HSD*VS*2*DA*4*7*20~ = “Two visits per every four days for 20 days”.

An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD*VS*1*****SX*D~ means “1 visit on Wednesday and Thursday morning”.

TR3 Example: HSD*VS*1*DA*1*7*10~ (This indicates “1 visit every (per) 1 day (daily) for 10 days”.)

TR3 Example: HSD*VS*1*DA*****W~ (This indicates “1 visit per day whenever necessary”.)

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES														
SITUATIONAL	HSD01	673	Quantity Qualifier Code specifying the type of quantity SYNTAX: P0102 SITUATIONAL RULE: <i>Required when HSD02 is valued to qualify the type of service count for this patient event. If not required by this implementation guide, do not send.</i>	X 1	ID	2/2												
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>DY</td><td>Days</td></tr><tr><td>FL</td><td>Units</td></tr><tr><td>HS</td><td>Hours</td></tr><tr><td>MN</td><td>Month</td></tr><tr><td>VS</td><td>Visits</td></tr></tbody></table>	CODE	DEFINITION	DY	Days	FL	Units	HS	Hours	MN	Month	VS	Visits			
CODE	DEFINITION																	
DY	Days																	
FL	Units																	
HS	Hours																	
MN	Month																	
VS	Visits																	
SITUATIONAL	HSD02	380	Quantity Numeric value of quantity SYNTAX: P0102 SITUATIONAL RULE: <i>Required when HSD01 is valued to indicate the service quantity. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Service Unit Count ALIAS: Service Quantity If this is a request for an extension to an existing certification (UM02 = 4), then HSD02 represents the number of visits by which the certification is extended. If this is a request to revise an existing certification (UM02 = S), then HSD02 represents the new total.	X 1	R	1/15												

SITUATIONAL	HSD03	355	Unit or Basis for Measurement Code	O 1	ID	2/2																
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken																						
SITUATIONAL RULE: <i>Required when HSD04 is valued to qualify the time frame in which the quantity of services (HSD02) will be rendered. If not required by this implementation guide, do not send.</i>																						
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>DA</td><td>Days</td></tr><tr><td>MO</td><td>Months</td></tr><tr><td>WK</td><td>Week</td></tr></table>							CODE	DEFINITION	DA	Days	MO	Months	WK	Week								
CODE	DEFINITION																					
DA	Days																					
MO	Months																					
WK	Week																					
SITUATIONAL	HSD04	1167	Sample Selection Modulus	O 1	R	1/6																
To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes																						
SITUATIONAL RULE: <i>Required when needed to indicate the frequency for the service. If not required by this implementation guide, do not send.</i>																						
SITUATIONAL	HSD05	615	Time Period Qualifier	X 1	ID	1/2																
Code defining periods																						
SYNTAX: C0605																						
SITUATIONAL RULE: <i>Required when patient events must be rendered within a specific timeframe. If not required by this implementation guide, do not send.</i>																						
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>6</td><td>Hour</td></tr><tr><td>7</td><td>Day</td></tr><tr><td>21</td><td>Years</td></tr><tr><td>26</td><td>Episode</td></tr><tr><td>27</td><td>Visit</td></tr><tr><td>34</td><td>Month</td></tr><tr><td>35</td><td>Week</td></tr></table>							CODE	DEFINITION	6	Hour	7	Day	21	Years	26	Episode	27	Visit	34	Month	35	Week
CODE	DEFINITION																					
6	Hour																					
7	Day																					
21	Years																					
26	Episode																					
27	Visit																					
34	Month																					
35	Week																					
SITUATIONAL	HSD06	616	Number of Periods	O 1	N0	1/3																
Total number of periods																						
SYNTAX: C0605																						
SITUATIONAL RULE: <i>Required when patient events must be rendered within a specific timeframe. If not required by this implementation guide, do not send.</i>																						
IMPLEMENTATION NAME: Period Count																						
SITUATIONAL	HSD07	678	Ship/Delivery or Calendar Pattern Code	O 1	ID	1/2																
Code which specifies the routine shipments, deliveries, or calendar pattern																						
SITUATIONAL RULE: <i>Required when the patient event must be rendered within a specific calendar delivery pattern. If not required by this implementation guide, do not send.</i>																						
IMPLEMENTATION NAME: Delivery Frequency Code																						
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>1st Week of the Month</td></tr></table>							CODE	DEFINITION	1	1st Week of the Month												
CODE	DEFINITION																					
1	1st Week of the Month																					

2	2nd Week of the Month
3	3rd Week of the Month
4	4th Week of the Month
5	5th Week of the Month
6	1st & 3rd Weeks of the Month
7	2nd & 4th Weeks of the Month
8	1st Working Day of Period
9	Last Working Day of Period
A	Monday through Friday
B	Monday through Saturday
C	Monday through Sunday
D	Monday
E	Tuesday
F	Wednesday
G	Thursday
H	Friday
J	Saturday
K	Sunday
L	Monday through Thursday
M	Immediately
N	As Directed
O	Daily Mon. through Fri.
P	1/2 Mon. & 1/2 Thurs.
Q	1/2 Tues. & 1/2 Thurs.
R	1/2 Wed. & 1/2 Fri.
S	Once Anytime Mon. through Fri.
SA	Sunday, Monday, Thursday, Friday, Saturday
SB	Tuesday through Saturday
SC	Sunday, Wednesday, Thursday, Friday, Saturday
SD	Monday, Wednesday, Thursday, Friday, Saturday
SG	Tuesday through Friday
SL	Monday, Tuesday and Thursday
SP	Monday, Tuesday and Friday
SX	Wednesday and Thursday
SY	Monday, Wednesday and Thursday
SZ	Tuesday, Thursday and Friday
T	1/2 Tue. & 1/2 Fri.
U	1/2 Mon. & 1/2 Wed.
V	1/3 Mon., 1/3 Wed., 1/3 Fri.
W	Whenever Necessary
X	1/2 By Wed., Bal. By Fri.
Y	None (Also Used to Cancel or Override a Previous Pattern)

SITUATIONAL

HSD08

679

Ship/Delivery Pattern Time Code

O 1 ID 1/1

Code which specifies the time for routine shipments or deliveries

SITUATIONAL RULE: *Required when a specific time delivery pattern for the services in this patient event must be identified. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Delivery Pattern Time Code

CODE	DEFINITION
A	1st Shift (Normal Working Hours)
B	2nd Shift
C	3rd Shift
D	A.M.
E	P.M.
F	As Directed
G	Any Shift
Y	None (Also Used to Cancel or Override a Previous Pattern)

SEGMENT DETAIL

CRC - AMBULANCE CERTIFICATION
INFORMATION

X12 Segment Name: Conditions Indicator

X12 Purpose: To supply information on conditions

Loop: 2000E — PATIENT EVENT LEVEL

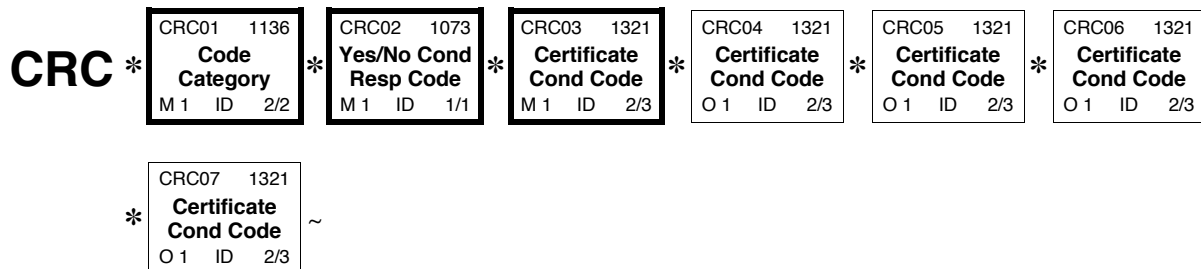
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when health care services review is requesting ambulance certification. If not required by this implementation guide, do not send.

TR3 Example: CRC*07*Y*01~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	CRC01	1136	Code Category Specifies the situation or category to which the code applies SEMANTIC: CRC01 qualifies CRC03 through CRC07. ALIAS: Condition Code Category	M 1	ID	2/2						
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>07</td><td>Ambulance Certification</td></tr></tbody></table>	CODE	DEFINITION	07	Ambulance Certification					
CODE	DEFINITION											
07	Ambulance Certification											
REQUIRED	CRC02	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: CRC02 is a Certification Condition Code applies indicator. A “Y” value indicates the condition codes in CRC03 through CRC07 apply; an “N” value indicates the condition codes in CRC03 through CRC07 do not apply. IMPLEMENTATION NAME: Certification Condition Indicator	M 1	ID	1/1						
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>N</td><td>No</td></tr><tr><td>Y</td><td>Yes</td></tr></tbody></table>	CODE	DEFINITION	N	No	Y	Yes			
CODE	DEFINITION											
N	No											
Y	Yes											

REQUIRED	CRC03	1321	Condition Indicator Code indicating a condition	M 1	ID	2/3
IMPLEMENTATION NAME: Condition Code						
		CODE	DEFINITION			
		01	Patient was admitted to a hospital			
		02	Patient was bed confined before the ambulance service			
		03	Patient was bed confined after the ambulance service			
		04	Patient was moved by stretcher			
		05	Patient was unconscious or in shock			
		06	Patient was transported in an emergency situation			
		07	Patient had to be physically restrained			
		08	Patient had visible hemorrhaging			
		09	Ambulance service was medically necessary			
		41	Patient or Caregiver is Unable to Propel or Lift a Standard Weight Wheelchair			
		43	Patient Weight or Usage Needs Necessitate a Heavy Duty Wheelchair			
		5A	Treatment is rendered related to the terminal illness			
		60	Transportation Was To the Nearest Facility			
		9D	Lack of Appropriate Facility within Reasonable Distance to Treat Patient in the Event of Complications			

SITUATIONAL	CRC04	1321	Condition Indicator Code indicating a condition	O 1	ID	2/3
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SITUATIONAL RULE: *Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Condition Code

Use codes listed in CRC03.

SITUATIONAL	CRC05	1321	Condition Indicator Code indicating a condition	O 1	ID	2/3
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SITUATIONAL RULE: *Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Condition Code

Use codes listed in CRC03.

SITUATIONAL	CRC06	1321	Condition Indicator	O 1	ID	2/3
			Code indicating a condition			

SITUATIONAL RULE: *Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Condition Code

Use codes listed in CRC03.

SITUATIONAL	CRC07	1321	Condition Indicator	O 1	ID	2/3
			Code indicating a condition			

SITUATIONAL RULE: *Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Condition Code

Use codes listed in CRC03.

SEGMENT DETAIL

CRC - CHIROPRACTIC CERTIFICATION INFORMATION

X12 Segment Name: Conditions Indicator

X12 Purpose: To supply information on conditions

Loop: 2000E — PATIENT EVENT LEVEL

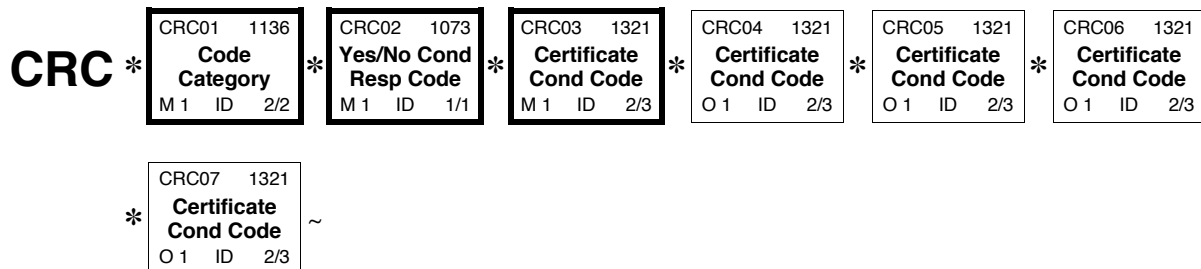
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when health care services review is requesting chiropractic certification. If not required by this implementation guide, do not send.

TR3 Example: CRC*08*Y*14~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	CRC01	1136	Code Category Specifies the situation or category to which the code applies SEMANTIC: CRC01 qualifies CRC03 through CRC07. ALIAS: Condition Code Category	M 1	ID	2/2

REQUIRED	CRC03	1321	Condition Indicator Code indicating a condition	M 1	ID	2/3																
IMPLEMENTATION NAME: Condition Code																						
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>11</td><td>Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility</td></tr><tr><td>12</td><td>Patient is confined to a bed or chair</td></tr><tr><td>14</td><td>Ambulation is Impaired and Walking Aid is Used for Mobility</td></tr><tr><td>24</td><td>Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use</td></tr><tr><td>25</td><td>Item has been prescribed as part of a planned regimen of treatment in patient home</td></tr><tr><td>27</td><td>Patient or a care-giver has been instructed in use of equipment</td></tr><tr><td>30</td><td>Without the equipment, the patient would require surgery</td></tr></table>							CODE	DEFINITION	11	Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility	12	Patient is confined to a bed or chair	14	Ambulation is Impaired and Walking Aid is Used for Mobility	24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use	25	Item has been prescribed as part of a planned regimen of treatment in patient home	27	Patient or a care-giver has been instructed in use of equipment	30	Without the equipment, the patient would require surgery
CODE	DEFINITION																					
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27	Patient or a care-giver has been instructed in use of equipment																					
30	Without the equipment, the patient would require surgery																					
SITUATIONAL	CRC04	1321	Condition Indicator Code indicating a condition	O 1	ID	2/3																
SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i>																						
IMPLEMENTATION NAME: Condition Code																						
Use codes listed in CRC03.																						
SITUATIONAL	CRC05	1321	Condition Indicator Code indicating a condition	O 1	ID	2/3																
SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i>																						
IMPLEMENTATION NAME: Condition Code																						
Use codes listed in CRC03.																						
SITUATIONAL	CRC06	1321	Condition Indicator Code indicating a condition	O 1	ID	2/3																
SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i>																						
IMPLEMENTATION NAME: Condition Code																						
Use codes listed in CRC03.																						

SITUATIONAL	CRC07	1321	Condition Indicator	O 1	ID	2/3
			Code indicating a condition			

SITUATIONAL RULE: *Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: **Condition Code**

Use codes listed in CRC03.

SEGMENT DETAIL

CRC - DURABLE MEDICAL EQUIPMENT
INFORMATION

X12 Segment Name: Conditions Indicator

X12 Purpose: To supply information on conditions

Loop: 2000E — PATIENT EVENT LEVEL

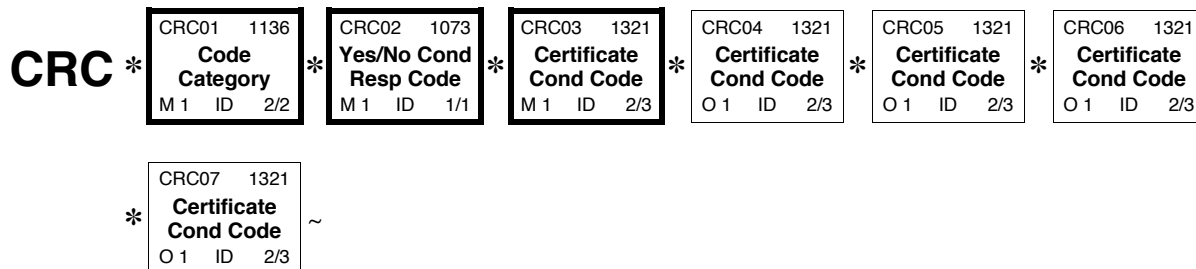
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when health care services is requesting durable medical equipment. If not required by this implementation guide, do not send.

TR3 Example: CRC*09*Y*29~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	CRC01	1136	Code Category Specifies the situation or category to which the code applies SEMANTIC: CRC01 qualifies CRC03 through CRC07. ALIAS: Condition Code Category	M 1	ID	2/2						
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>09</td><td>Durable Medical Equipment Certification</td></tr></tbody></table>	CODE	DEFINITION	09	Durable Medical Equipment Certification					
CODE	DEFINITION											
09	Durable Medical Equipment Certification											
REQUIRED	CRC02	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: CRC02 is a Certification Condition Code applies indicator. A “Y” value indicates the condition codes in CRC03 through CRC07 apply; an “N” value indicates the condition codes in CRC03 through CRC07 do not apply. IMPLEMENTATION NAME: Certification Condition Indicator	M 1	ID	1/1						
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>N</td><td>No</td></tr><tr><td>Y</td><td>Yes</td></tr></tbody></table>	CODE	DEFINITION	N	No	Y	Yes			
CODE	DEFINITION											
N	No											
Y	Yes											

REQUIRED	CRC03	1321	Condition Indicator Code indicating a condition	M 1	ID	2/3
IMPLEMENTATION NAME: Condition Code						
CODE	DEFINITION					
01	Patient was admitted to a hospital					
02	Patient was bed confined before the ambulance service					
03	Patient was bed confined after the ambulance service					
04	Patient was moved by stretcher					
05	Patient was unconscious or in shock					
06	Patient was transported in an emergency situation					
07	Patient had to be physically restrained					
08	Patient had visible hemorrhaging					
09	Ambulance service was medically necessary					
10	Patient is ambulatory					
11	Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility					
12	Patient is confined to a bed or chair					
13	Patient is Confined to a Room or an Area Without Bathroom Facilities					
14	Ambulation is Impaired and Walking Aid is Used for Mobility					
15	Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed					
16	Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons					
17	Patient's Ability to Breathe is Severely Impaired					
18	Patient condition requires frequent and/or immediate changes in body positions					
19	Patient can operate controls					
20	Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary					
21	Patient owns equipment					
22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary					
23	Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair					
24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use					
25	Item has been prescribed as part of a planned regimen of treatment in patient home					
26	Patient is highly susceptible to decubitus ulcers					

27	Patient or a care-giver has been instructed in use of equipment
29	A 6-7 hour nocturnal study documents 30 episodes of apnea each lasting more than 10 seconds
30	Without the equipment, the patient would require surgery
31	Patient has had a total knee replacement
32	Patient has intractable lymphedema of the extremities
33	Patient is in a nursing home
35	This Feeding is the Only Form of Nutritional Intake for This Patient
37	Oxygen delivery equipment is stationary
38	Certification signed by the physician is on file at the supplier's office
40	Patient or Caregiver is Capable of Using the Equipment Without Technical or Professional Supervision
41	Patient or Caregiver is Unable to Propel or Lift a Standard Weight Wheelchair
42	Patient Requires Leg Elevation for Edema or Body Alignment
43	Patient Weight or Usage Needs Necessitate a Heavy Duty Wheelchair
44	Patient Requires Reclining Function of a Wheelchair
45	Patient is Unable to Operate a Wheelchair Manually
46	Patient or Caregiver Requires Side Transfer into Wheelchair, Commode or Other
58	Durable Medical Equipment (DME) Purchased New
59	Durable Medical Equipment (DME) Is Under Warranty
60	Transportation Was To the Nearest Facility
9D	Lack of Appropriate Facility within Reasonable Distance to Treat Patient in the Event of Complications
9H	Patient Requires Intensive IV Therapy
9J	Patient Requires Protective Isolation
9K	Patient Requires Frequent Monitoring
IH	Independent at Home
LB	Legally Blind
SL	Speech Limitations

SITUATIONAL	CRC04	1321	Condition Indicator Code indicating a condition O 1 ID 2/3 SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Condition Code Use codes listed in CRC03.
SITUATIONAL	CRC05	1321	Condition Indicator Code indicating a condition O 1 ID 2/3 SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Condition Code Use codes listed in CRC03.
SITUATIONAL	CRC06	1321	Condition Indicator Code indicating a condition O 1 ID 2/3 SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Condition Code Use codes listed in CRC03.
SITUATIONAL	CRC07	1321	Condition Indicator Code indicating a condition O 1 ID 2/3 SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Condition Code Use codes listed in CRC03.

SEGMENT DETAIL

CRC - OXYGEN THERAPY CERTIFICATION
INFORMATION

X12 Segment Name: Conditions Indicator

X12 Purpose: To supply information on conditions

Loop: 2000E — PATIENT EVENT LEVEL

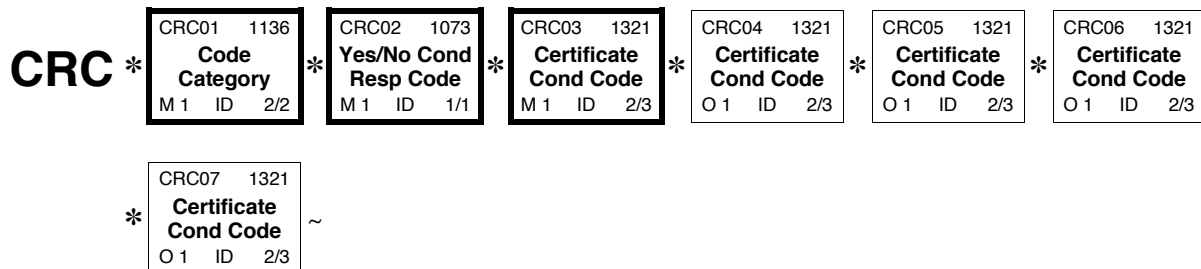
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when health care services review is requesting oxygen therapy certification. If not required by this implementation guide, do not send.

TR3 Example: CRC*11*Y*25~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	CRC01	1136	Code Category Specifies the situation or category to which the code applies SEMANTIC: CRC01 qualifies CRC03 through CRC07. ALIAS: Condition Code Category	M 1	ID	2/2						
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>11</td><td>Oxygen Therapy Certification</td></tr></tbody></table>	CODE	DEFINITION	11	Oxygen Therapy Certification					
CODE	DEFINITION											
11	Oxygen Therapy Certification											
REQUIRED	CRC02	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: CRC02 is a Certification Condition Code applies indicator. A “Y” value indicates the condition codes in CRC03 through CRC07 apply; an “N” value indicates the condition codes in CRC03 through CRC07 do not apply. IMPLEMENTATION NAME: Certification Condition Indicator	M 1	ID	1/1						
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>N</td><td>No</td></tr><tr><td>Y</td><td>Yes</td></tr></tbody></table>	CODE	DEFINITION	N	No	Y	Yes			
CODE	DEFINITION											
N	No											
Y	Yes											

REQUIRED	CRC03	1321	Condition Indicator	M 1	ID	2/3
			Code indicating a condition			
IMPLEMENTATION NAME: Condition Code						
			CODE	DEFINITION		
			06	Patient was transported in an emergency situation		
			16	Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons		
			17	Patient's Ability to Breathe is Severely Impaired		
			25	Item has been prescribed as part of a planned regimen of treatment in patient home		
			33	Patient is in a nursing home		
			37	Oxygen delivery equipment is stationary		
			39	Patient Has Mobilizing Respiratory Tract Secretions		
			5A	Treatment is rendered related to the terminal illness		
			9J	Patient Requires Protective Isolation		
			9K	Patient Requires Frequent Monitoring		
			DY	Dyspnea with Minimal Exertion		

SITUATIONAL	CRC04	1321	Condition Indicator Code indicating a condition	O 1 ID 2/3
SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Condition Code				
Use codes listed in CRC03.				

SITUATIONAL	CRC05	1321	Condition Indicator Code indicating a condition	O 1 ID 2/3
SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Condition Code				
Use codes listed in CRC03.				

SITUATIONAL	CRC06	1321	Condition Indicator Code indicating a condition	O 1 ID 2/3
SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Condition Code				
Use codes listed in CRC03.				

SITUATIONAL	CRC07	1321	Condition Indicator	O 1	ID	2/3
			Code indicating a condition			

SITUATIONAL RULE: *Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: **Condition Code**

Use codes listed in CRC03.

SEGMENT DETAIL

CRC - FUNCTIONAL LIMITATIONS INFORMATION

X12 Segment Name: Conditions Indicator

X12 Purpose: To supply information on conditions

Loop: 2000E — PATIENT EVENT LEVEL

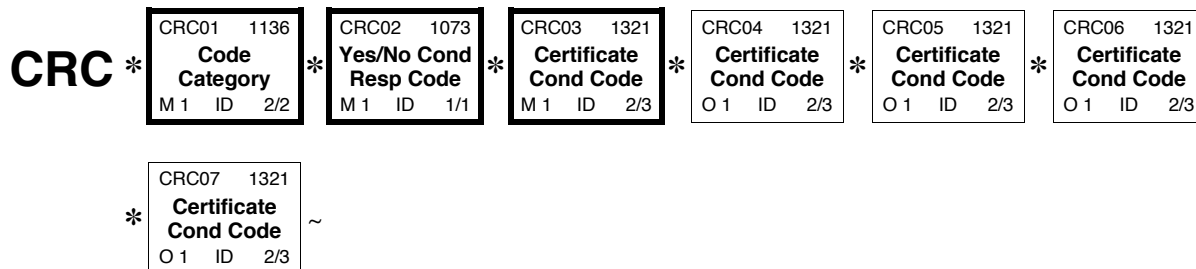
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the assessing provider has defined function limitation for the patient. If not required by this implementation guide, do not send.

TR3 Example: CRC*75*Y*02~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	CRC01	1136	Code Category Specifies the situation or category to which the code applies SEMANTIC: CRC01 qualifies CRC03 through CRC07. ALIAS: Condition Code Category	M 1	ID	2/2						
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead></table>	CODE	DEFINITION							
CODE	DEFINITION											
		75	Functional Limitations									
REQUIRED	CRC02	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: CRC02 is a Certification Condition Code applies indicator. A “Y” value indicates the condition codes in CRC03 through CRC07 apply; an “N” value indicates the condition codes in CRC03 through CRC07 do not apply. IMPLEMENTATION NAME: Certification Condition Indicator	M 1	ID	1/1						
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>N</td><td>No</td></tr><tr><td>Y</td><td>Yes</td></tr></tbody></table>	CODE	DEFINITION	N	No	Y	Yes			
CODE	DEFINITION											
N	No											
Y	Yes											

REQUIRED	CRC03	1321	Condition Indicator Code indicating a condition	M 1	ID	2/3
IMPLEMENTATION NAME: Condition Code						
		CODE	DEFINITION			
		02	Patient was bed confined before the ambulance service			
		03	Patient was bed confined after the ambulance service			
		04	Patient was moved by stretcher			
		05	Patient was unconscious or in shock			
		06	Patient was transported in an emergency situation			
		11	Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility			
		12	Patient is confined to a bed or chair			
		14	Ambulation is Impaired and Walking Aid is Used for Mobility			
		15	Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed			
		16	Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons			
		17	Patient's Ability to Breathe is Severely Impaired			
		18	Patient condition requires frequent and/or immediate changes in body positions			
		19	Patient can operate controls			
		20	Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary			
		21	Patient owns equipment			
		22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary			
		23	Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair			
		24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use			
		25	Item has been prescribed as part of a planned regimen of treatment in patient home			
		26	Patient is highly susceptible to decubitus ulcers			
		27	Patient or a care-giver has been instructed in use of equipment			
		28	Patient has poor diabetic control			
		30	Without the equipment, the patient would require surgery			
		31	Patient has had a total knee replacement			
		32	Patient has intractable lymphedema of the extremities			

35	This Feeding is the Only Form of Nutritional Intake for This Patient
37	Oxygen delivery equipment is stationary
39	Patient Has Mobilizing Respiratory Tract Secretions
40	Patient or Caregiver is Capable of Using the Equipment Without Technical or Professional Supervision
41	Patient or Caregiver is Unable to Propel or Lift a Standard Weight Wheelchair
42	Patient Requires Leg Elevation for Edema or Body Alignment
43	Patient Weight or Usage Needs Necessitate a Heavy Duty Wheelchair
44	Patient Requires Reclining Function of a Wheelchair
45	Patient is Unable to Operate a Wheelchair Manually
46	Patient or Caregiver Requires Side Transfer into Wheelchair, Commode or Other
5A	Treatment is rendered related to the terminal illness
68	Severe
69	Moderate
9E	Sudden Onset of Disorientation
9F	Sudden Onset of Severe, Incapacitating Pain
9H	Patient Requires Intensive IV Therapy
AA	Amputation
AL	Ambulation Limitations
BL	Bowel Limitations, Bladder Limitations, or both (Incontinence)
BPD	Beneficiary is Partially Dependent
BDT	Beneficiary is Totally Dependent
CA	Cane Required
CB	Complete Bedrest
CNJ	Cumulative Injury
CO	Contracture
DY	Dyspnea with Minimal Exertion
EL	Endurance Limitations
EP	Exercises Prescribed
HL	Hearing Limitations
LB	Legally Blind
LE	Lethargic
OL	Other Limitation
PA	Paralysis
PW	Partial Weight Bearing
SL	Speech Limitations
TNJ	Traumatic Injury
WA	Walker Required
WR	Wheelchair Required

SITUATIONAL	CRC04	1321	Condition Indicator Code indicating a condition	O 1	ID	2/3
SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Condition Code						
Use codes listed in CRC03.						
SITUATIONAL	CRC05	1321	Condition Indicator Code indicating a condition	O 1	ID	2/3
SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Condition Code						
Use codes listed in CRC03.						
SITUATIONAL	CRC06	1321	Condition Indicator Code indicating a condition	O 1	ID	2/3
SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Condition Code						
Use codes listed in CRC03.						
SITUATIONAL	CRC07	1321	Condition Indicator Code indicating a condition	O 1	ID	2/3
SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Condition Code						
Use codes listed in CRC03.						

SEGMENT DETAIL

CRC - ACTIVITIES PERMITTED INFORMATION

X12 Segment Name: Conditions Indicator

X12 Purpose: To supply information on conditions

Loop: 2000E — PATIENT EVENT LEVEL

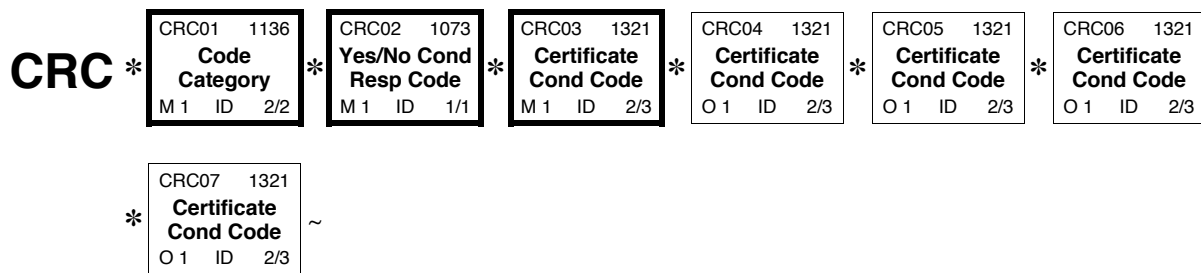
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the assessing provider has defined activities permitted for the patient. If not required by this implementation guide, do not send.

TR3 Example: CRC*76*Y*10~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	CRC01	1136	Code Category Specifies the situation or category to which the code applies SEMANTIC: CRC01 qualifies CRC03 through CRC07. ALIAS: Condition Code Category	M 1	ID	2/2						
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead></table>	CODE	DEFINITION							
CODE	DEFINITION											
			76 Activities Permitted									
REQUIRED	CRC02	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: CRC02 is a Certification Condition Code applies indicator. A “Y” value indicates the condition codes in CRC03 through CRC07 apply; an “N” value indicates the condition codes in CRC03 through CRC07 do not apply. IMPLEMENTATION NAME: Certification Condition Indicator	M 1	ID	1/1						
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>N</td><td>No</td></tr><tr><td>Y</td><td>Yes</td></tr></tbody></table>	CODE	DEFINITION	N	No	Y	Yes			
CODE	DEFINITION											
N	No											
Y	Yes											

REQUIRED	CRC03	1321	Condition Indicator Code indicating a condition	M 1	ID	2/3
IMPLEMENTATION NAME: Condition Code						
		CODE	DEFINITION			
		10	Patient is ambulatory			
		13	Patient is Confined to a Room or an Area Without Bathroom Facilities			
		19	Patient can operate controls			
		21	Patient owns equipment			
		22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary			
		27	Patient or a care-giver has been instructed in use of equipment			
		31	Patient has had a total knee replacement			
		40	Patient or Caregiver is Capable of Using the Equipment Without Technical or Professional Supervision			
		BR	Bedrest BRP (Bathroom Privileges)			
		CA	Cane Required			
		CB	Complete Bedrest			
		CR	Crutches Required			
		EL	Endurance Limitations			
		EP	Exercises Prescribed			
		IH	Independent at Home			
		NR	No Restrictions			
		PA	Paralysis			
		PW	Partial Weight Bearing			
		TR	Transfer to Bed, or Chair, or Both			
		UT	Up as Tolerated			
		WA	Walker Required			
		WR	Wheelchair Required			

SITUATIONAL	CRC04	1321	Condition Indicator Code indicating a condition	O 1	ID	2/3
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SITUATIONAL RULE: *Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Condition Code

Use codes listed in CRC03.

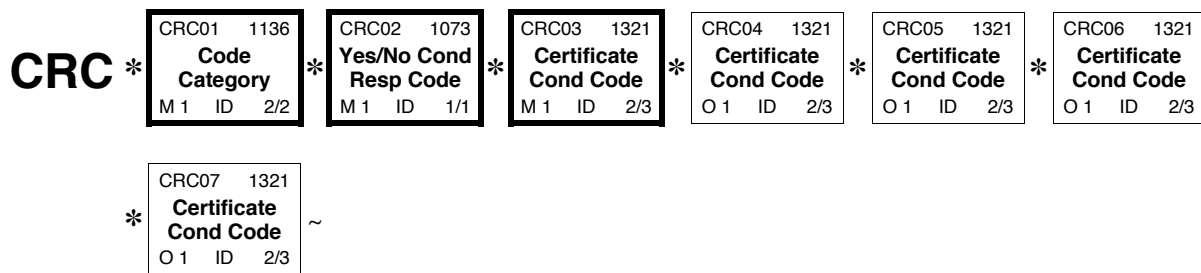
SITUATIONAL	CRC05	1321	Condition Indicator Code indicating a condition O 1 ID 2/3 SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Condition Code Use codes listed in CRC03.
SITUATIONAL	CRC06	1321	Condition Indicator Code indicating a condition O 1 ID 2/3 SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Condition Code Use codes listed in CRC03.
SITUATIONAL	CRC07	1321	Condition Indicator Code indicating a condition O 1 ID 2/3 SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Condition Code Use codes listed in CRC03.

SEGMENT DETAIL

CRC - MENTAL STATUS INFORMATION

X12 Segment Name: Conditions Indicator**X12 Purpose:** To supply information on conditions**Loop:** 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the patient mental status is relevant to the health care services review. If not required by this implementation guide, do not send.**TR3 Example:** CRC*77*Y*07~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	CRC01	1136	Code Category Specifies the situation or category to which the code applies SEMANTIC: CRC01 qualifies CRC03 through CRC07. ALIAS: Condition Code Category	M 1	ID	2/2						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>77</td><td>Mental Status</td></tr></table>	CODE	DEFINITION	77	Mental Status					
CODE	DEFINITION											
77	Mental Status											
REQUIRED	CRC02	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: CRC02 is a Certification Condition Code applies indicator. A “Y” value indicates the condition codes in CRC03 through CRC07 apply; an “N” value indicates the condition codes in CRC03 through CRC07 do not apply. IMPLEMENTATION NAME: Certification Condition Indicator	M 1	ID	1/1						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>N</td><td>No</td></tr><tr><td>Y</td><td>Yes</td></tr></table>	CODE	DEFINITION	N	No	Y	Yes			
CODE	DEFINITION											
N	No											
Y	Yes											

REQUIRED **CRC03** **1321** **Condition Indicator** **M 1** **ID** **2/3**

Code indicating a condition

IMPLEMENTATION NAME: **Condition Code**

CODE	DEFINITION
01	Patient was admitted to a hospital
05	Patient was unconscious or in shock
07	Patient had to be physically restrained
13	Patient is Confined to a Room or an Area Without Bathroom Facilities
20	Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
23	Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
26	Patient is highly susceptible to decubitus ulcers
33	Patient is in a nursing home
34	Patient is conscious
5A	Treatment is rendered related to the terminal illness
68	Severe
69	Moderate
9E	Sudden Onset of Disorientation
9F	Sudden Onset of Severe, Incapacitating Pain
9J	Patient Requires Protective Isolation
9K	Patient Requires Frequent Monitoring
AG	Agitated
BPD	Beneficiary is Partially Dependent
BTD	Beneficiary is Totally Dependent
CB	Complete Bedrest
CM	Comatose
DI	Disoriented
DP	Depressed
FO	Forgetful
HO	Hostile
LE	Lethargic
MC	Other Mental Condition
OT	Oriented
UN	Uncooperative

SITUATIONAL	CRC04	1321	Condition Indicator Code indicating a condition	O 1	ID	2/3
SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Condition Code						
Use codes listed in CRC03.						
SITUATIONAL	CRC05	1321	Condition Indicator Code indicating a condition	O 1	ID	2/3
SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Condition Code						
Use codes listed in CRC03.						
SITUATIONAL	CRC06	1321	Condition Indicator Code indicating a condition	O 1	ID	2/3
SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Condition Code						
Use codes listed in CRC03.						
SITUATIONAL	CRC07	1321	Condition Indicator Code indicating a condition	O 1	ID	2/3
SITUATIONAL RULE: <i>Required when multiple conditions apply to the certification. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Condition Code						
Use codes listed in CRC03.						

SEGMENT DETAIL

CL1 - INSTITUTIONAL CLAIM CODE

X12 Segment Name: Claim Codes

X12 Purpose: To supply information specific to hospital claims

Loop: 2000E — PATIENT EVENT LEVEL

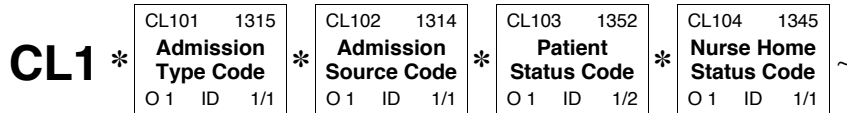
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when requesting certification for admission (UM01 = AR) to a facility. If not required by this implementation guide, do not send.

TR3 Example: CL1*3**1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	CL101	1315	Admission Type Code Code indicating the priority of this admission	O 1 ID 1/1
SITUATIONAL RULE: <i>Required when requesting admission to a hospital for inpatient services. If not required by this implementation guide, do not send.</i>				
CODE SOURCE 231: Admission Type Code				
SITUATIONAL	CL102	1314	Admission Source Code Code indicating the source of this admission	O 1 ID 1/1
SITUATIONAL RULE: <i>Required when certification requires information on the admission source that is not provided in the Requester Loop 2000B. If not required by this implementation guide, do not send.</i>				
CODE SOURCE 230: Admission Source Code				
SITUATIONAL	CL103	1352	Patient Status Code Code indicating patient status as of the "statement covers through date"	O 1 ID 1/2
SITUATIONAL RULE: <i>Required when health care services review is for inpatient services. If not required by this implementation guide, do not send.</i>				
CODE SOURCE 239: Patient Status Code				

SITUATIONAL

CL104

1345

Nursing Home Residential Status Code

O 1 ID

1/1

Code specifying the status of a nursing home resident at the time of service

SITUATIONAL RULE: *Required when certification involves a nursing home resident. If not required by this implementation guide, do not send.*

CODE	DEFINITION
1	Transferred to Intermediate Care Facility - Mentally Retarded (ICF-MR)
2	Newly Admitted
3	Newly Eligible
4	No Longer Eligible
5	Still a Resident
6	Temporary Absence - Hospital
7	Temporary Absence - Other
8	Transferred to Intermediate Care Facility - Level II (ICF II)
9	Other

SEGMENT DETAIL

CR1 - AMBULANCE TRANSPORT INFORMATION

X12 Segment Name: Ambulance Certification

X12 Purpose: To supply information related to the ambulance service rendered to a patient

X12 Syntax: 1. **P0102**

If either CR101 or CR102 is present, then the other is required.

2. **P0506**

If either CR105 or CR106 is present, then the other is required.

Loop: 2000E — PATIENT EVENT LEVEL

Segment Repeat: 1

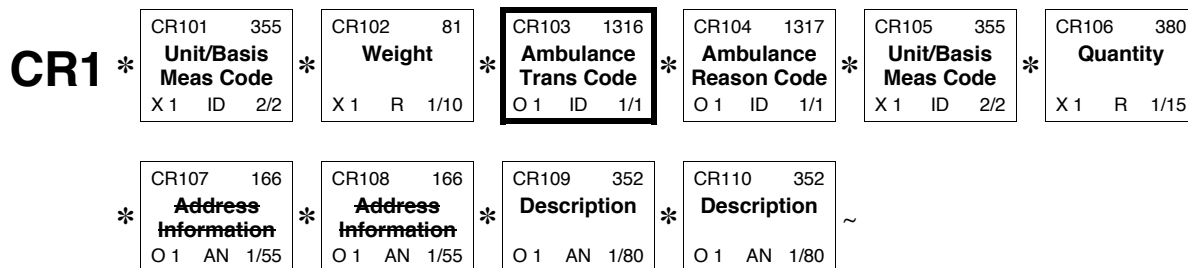
Usage: SITUATIONAL

Situational Rule: Required when health care services review is for non-emergency transportation services. If not required by this implementation guide, do not send.

TR3 Notes: 1. When the CR1 segment is used, then Loop 2010EB is required.

TR3 Example: CR1*LB*155*T*A~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	CR101	355	Unit or Basis for Measurement Code	X 1 ID 2/2
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
SYNTAX: P0102				
SITUATIONAL RULE: <i>Required when CR102 is present. If not required by this implementation guide, do not send.</i>				
CODE	DEFINITION			
KG	Kilogram			
LB	Pound			

SITUATIONAL	CR102	81	Weight	X 1	R	1/10
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Numeric value of weight

SYNTAX: P0102

SEMANTIC: CR102 is the weight of the patient at time of transport.

SITUATIONAL RULE: *Required when patient weight information is needed to justify the medical necessity of the level of ambulance services. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Patient Weight

REQUIRED	CR103	1316	Ambulance Transport Code	O 1	ID	1/1
-----------------	-------	------	---------------------------------	-----	----	-----

Code indicating the type of ambulance transport

CODE	DEFINITION
I	Initial Trip
R	Return Trip
T	Transfer Trip
X	Round Trip

SITUATIONAL	CR104	1317	Ambulance Transport Reason Code	O 1	ID	1/1
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Code indicating the reason for ambulance transport

SITUATIONAL RULE: *Required when ambulance transport reason is required to determine medical necessity. If not required by this implementation guide, do not send.*

CODE	DEFINITION
A	Patient was transported to nearest facility for care of symptoms, complaints, or both
B	Patient was transported for the benefit of a preferred physician
C	Patient was transported for the nearness of family members
D	Patient was transported for the care of a specialist or for availability of specialized equipment
E	Patient Transferred to Rehabilitation Facility
F	Patient Transferred to Residential Facility

SITUATIONAL	CR105	355	Unit or Basis for Measurement Code	X 1	ID	2/2
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Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

SYNTAX: P0506

SITUATIONAL RULE: *Required when distance of transportation is known. If not required by this implementation guide, do not send.*

CODE	DEFINITION
DH	Miles
DK	Kilometers

SITUATIONAL	CR106	380	Quantity Numeric value of quantity SYNTAX: P0506 SEMANTIC: CR106 is the distance traveled during transport. SITUATIONAL RULE: <i>Required when distance of transportation is known. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Transport Distance	X 1	R	1/15
NOT USED	CR107	166	Address Information	O 1	AN	1/55
NOT USED	CR108	166	Address Information	O 1	AN	1/55
SITUATIONAL	CR109	352	Description A free-form description to clarify the related data elements and their content SEMANTIC: CR109 is the purpose for the round trip ambulance service. SITUATIONAL RULE: <i>Required when CR103 (Ambulance Transport Code) = "X Round Trip". If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Round Trip Purpose Description	O 1	AN	1/80
SITUATIONAL	CR110	352	Description A free-form description to clarify the related data elements and their content SEMANTIC: CR110 is the purpose for the usage of a stretcher during ambulance service. SITUATIONAL RULE: <i>Required when a stretcher is requested for transportation. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Stretcher Purpose Description	O 1	AN	1/80

SEGMENT DETAIL

CR2 - SPINAL MANIPULATION SERVICE INFORMATION**X12 Segment Name:** Chiropractic Certification**X12 Purpose:** To supply information related to the chiropractic service rendered to a patient**X12 Syntax:** 1. **P0102**

If either CR201 or CR202 is present, then the other is required.

2. **C0403**

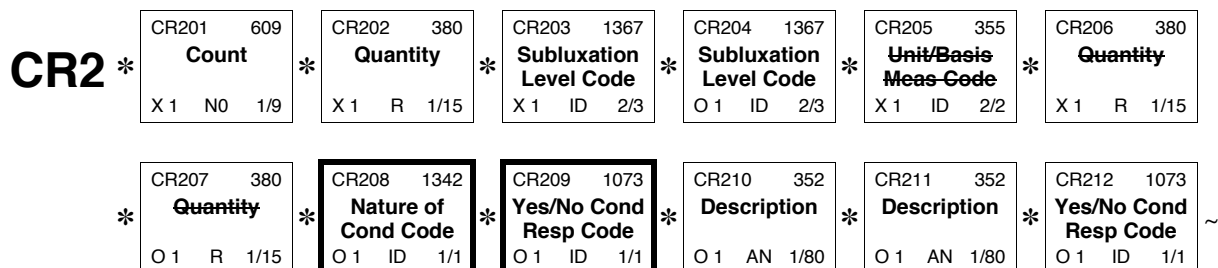
If CR204 is present, then CR203 is required.

3. **P0506**

If either CR205 or CR206 is present, then the other is required.

Loop: 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when requesting certification for spinal manipulation services (UM01=HS) when the patient's condition or treatment involves subluxation. If not required by this implementation guide, do not send.**TR3 Example:** CR2*1*5*****A*Y***Y~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	CR201	609	Count Occurrence counter SYNTAX: P0102 SEMANTIC: CR201 is the number this treatment is in the series. SITUATIONAL RULE: <i>Required when requesting certification for a specific treatment number in a series of treatments. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Treatment Series Number	X 1 NO 1/9

SITUATIONAL	CR202	380	Quantity	X 1	R	1/15
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Numeric value of quantity

SYNTAX: P0102

SEMANTIC: CR202 is the total number of treatments in the series.

SITUATIONAL RULE: *Required when requesting certification for a specific treatment number in a series of treatments. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Treatment Count

SITUATIONAL	CR203	1367	Subluxation Level Code	X 1	ID	2/3
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Code identifying the specific level of subluxation

SYNTAX: C0403

COMMENT: When both CR203 and CR204 are present, CR203 is the beginning level of subluxation and CR204 is the ending level of subluxation.

SITUATIONAL RULE: *Required when the patient's condition or treatment involves subluxation. If not required by this implementation guide, do not send.*

CODE	DEFINITION
C1	Cervical 1
C2	Cervical 2
C3	Cervical 3
C4	Cervical 4
C5	Cervical 5
C6	Cervical 6
C7	Cervical 7
CO	Coccyx
IL	Ilium
L1	Lumbar 1
L2	Lumbar 2
L3	Lumbar 3
L4	Lumbar 4
L5	Lumbar 5
OC	Occiput
SA	Sacrum
T1	Thoracic 1
T10	Thoracic 10
T11	Thoracic 11
T12	Thoracic 12
T2	Thoracic 2
T3	Thoracic 3
T4	Thoracic 4
T5	Thoracic 5
T6	Thoracic 6
T7	Thoracic 7
T8	Thoracic 8

			T9	Thoracic 9			
SITUATIONAL	CR204	1367	Subluxation Level Code		O 1	ID	2/3
			Code identifying the specific level of subluxation				
			SYNTAX: C0403				
			SITUATIONAL RULE: <i>Required when the patient's condition or treatment involves subluxation to express the ending level of subluxation. If not required by this implementation guide, do not send.</i>				
			CODE	DEFINITION			
			C1	Cervical 1			
			C2	Cervical 2			
			C3	Cervical 3			
			C4	Cervical 4			
			C5	Cervical 5			
			C6	Cervical 6			
			C7	Cervical 7			
			CO	Coccyx			
			IL	Ilium			
			L1	Lumbar 1			
			L2	Lumbar 2			
			L3	Lumbar 3			
			L4	Lumbar 4			
			L5	Lumbar 5			
			OC	Occiput			
			SA	Sacrum			
			T1	Thoracic 1			
			T10	Thoracic 10			
			T11	Thoracic 11			
			T12	Thoracic 12			
			T2	Thoracic 2			
			T3	Thoracic 3			
			T4	Thoracic 4			
			T5	Thoracic 5			
			T6	Thoracic 6			
			T7	Thoracic 7			
			T8	Thoracic 8			
			T9	Thoracic 9			
NOT USED	CR205	355	Unit or Basis for Measurement Code		X 1	ID	2/2
NOT USED	CR206	380	Quantity		X 1	R	1/15
NOT USED	CR207	380	Quantity		O 1	R	1/15
REQUIRED	CR208	1342	Nature of Condition Code		O 1	ID	1/1
			Code indicating the nature of a patient's condition				

IMPLEMENTATION NAME: Patient Condition Code

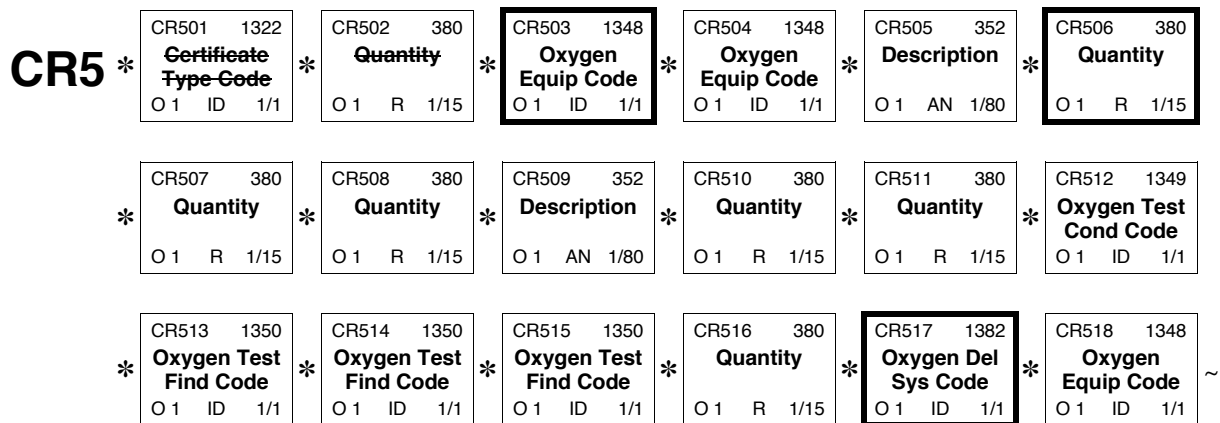
CODE	DEFINITION
A	Acute Condition

			C	Chronic Condition				
			D	Non-acute				
			E	Non-Life Threatening				
			F	Routine				
			G	Symptomatic				
			M	Acute Manifestation of a Chronic Condition				
REQUIRED	CR209	1073	Yes/No Condition or Response Code			O 1	ID	1/1
Code indicating a Yes or No condition or response								
SEMANTIC: CR209 is complication indicator. A “Y” value indicates a complicated condition; an “N” value indicates an uncomplicated condition.								
IMPLEMENTATION NAME: Complication Indicator								
			CODE	DEFINITION				
			N	No				
			Y	Yes				
SITUATIONAL	CR210	352	Description			O 1	AN	1/80
A free-form description to clarify the related data elements and their content								
SEMANTIC: CR210 is a description of the patient's condition.								
SITUATIONAL RULE: Required when necessary to clarify patient condition. If not required by this implementation guide, do not send.								
IMPLEMENTATION NAME: Patient Condition Description								
SITUATIONAL	CR211	352	Description			O 1	AN	1/80
A free-form description to clarify the related data elements and their content								
SEMANTIC: CR211 is an additional description of the patient's condition.								
SITUATIONAL RULE: Required when necessary to clarify patient condition. If not required by this implementation guide, do not send.								
IMPLEMENTATION NAME: Patient Condition Description								
SITUATIONAL	CR212	1073	Yes/No Condition or Response Code			O 1	ID	1/1
Code indicating a Yes or No condition or response								
SEMANTIC: CR212 is X-rays availability indicator. A “Y” value indicates X-rays are maintained and available for carrier review; an “N” value indicates X-rays are not maintained and available for carrier review.								
SITUATIONAL RULE: Required when X-rays are available. If not required by this implementation guide, do not send.								
IMPLEMENTATION NAME: X-ray Availability Indicator								
			CODE	DEFINITION				
			N	No				
			Y	Yes				

SEGMENT DETAIL

**CR5 - HOME OXYGEN THERAPY
INFORMATION****X12 Segment Name:** Oxygen Therapy Certification**X12 Purpose:** To supply information regarding certification of medical necessity for home oxygen therapy**Loop:** 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when requesting initial, extended, or revised certification of home oxygen therapy. If not required by this implementation guide, do not send.**TR3 Notes:**
1. Use the UM segment data element UM02 instead of CR501 to specify the Certification Type Code.
2. Use the HSD segment instead of CR502 to specify the treatment period.**TR3 Example:** CR5***D***1*****87*N*****A~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
NOT USED	CR501	1322	Certification Type Code	O 1 ID 1/1
NOT USED	CR502	380	Quantity	O 1 R 1/15

REQUIRED	CR503	1348	<div>Oxygen Equipment Type Code</div> <div>O 1 ID 1/1</div> <div>Code indicating the specific type of equipment being prescribed for the delivery of oxygen</div> <table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>A</td><td>Concentrator</td></tr><tr><td>B</td><td>Liquid Stationary</td></tr><tr><td>C</td><td>Gaseous Stationary</td></tr><tr><td>D</td><td>Liquid Portable</td></tr><tr><td>E</td><td>Gaseous Portable</td></tr><tr><td>O</td><td>Other</td></tr></tbody></table>	CODE	DEFINITION	A	Concentrator	B	Liquid Stationary	C	Gaseous Stationary	D	Liquid Portable	E	Gaseous Portable	O	Other
CODE	DEFINITION																
A	Concentrator																
B	Liquid Stationary																
C	Gaseous Stationary																
D	Liquid Portable																
E	Gaseous Portable																
O	Other																
SITUATIONAL	CR504	1348	<div>Oxygen Equipment Type Code</div> <div>O 1 ID 1/1</div> <div>Code indicating the specific type of equipment being prescribed for the delivery of oxygen</div> <div>SITUATIONAL RULE: <i>Required when CR503 is present and more than one type of equipment is required to administer the oxygen therapy. If not required by this implementation guide, do not send.</i></div> <table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>A</td><td>Concentrator</td></tr><tr><td>B</td><td>Liquid Stationary</td></tr><tr><td>C</td><td>Gaseous Stationary</td></tr><tr><td>D</td><td>Liquid Portable</td></tr><tr><td>E</td><td>Gaseous Portable</td></tr><tr><td>O</td><td>Other</td></tr></tbody></table>	CODE	DEFINITION	A	Concentrator	B	Liquid Stationary	C	Gaseous Stationary	D	Liquid Portable	E	Gaseous Portable	O	Other
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C	Gaseous Stationary																
D	Liquid Portable																
E	Gaseous Portable																
O	Other																
SITUATIONAL	CR505	352	<div>Description</div> <div>O 1 AN 1/80</div> <div>A free-form description to clarify the related data elements and their content</div> <div>SEMANTIC: CR505 is the reason for equipment.</div> <div>SITUATIONAL RULE: <i>Required when needed to provide additional information that could impact the medical decision. If not required by this implementation guide, do not send.</i></div> <div>IMPLEMENTATION NAME: Equipment Reason Description</div>														
REQUIRED	CR506	380	<div>Quantity</div> <div>O 1 R 1/15</div> <div>Numeric value of quantity</div> <div>SEMANTIC: CR506 is the oxygen flow rate in liters per minute.</div> <div>IMPLEMENTATION NAME: Oxygen Flow Rate</div>														
SITUATIONAL	CR507	380	<div>Quantity</div> <div>O 1 R 1/15</div> <div>Numeric value of quantity</div> <div>SEMANTIC: CR507 is the number of times per day the patient must use oxygen.</div> <div>SITUATIONAL RULE: <i>Required when daily oxygen use count is relevant to the type of home oxygen therapy requested. If not required by this implementation guide, do not send.</i></div> <div>IMPLEMENTATION NAME: Daily Oxygen Use Count</div>														

SITUATIONAL	CR508	380	Quantity Numeric value of quantity SEMANTIC: CR508 is the number of hours per period of oxygen use. SITUATIONAL RULE: <i>Required when daily oxygen use count is relevant to the type of home oxygen therapy requested. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Oxygen Use Period Hour Count	O 1 R	1/15																
SITUATIONAL	CR509	352	Description A free-form description to clarify the related data elements and their content SEMANTIC: CR509 is the special orders for the respiratory therapist. SITUATIONAL RULE: <i>Required when necessary to convey special orders for the respiratory therapist. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Respiratory Therapist Order Text	O 1 AN	1/80																
SITUATIONAL	CR510	380	Quantity Numeric value of quantity SEMANTIC: CR510 is the arterial blood gas. SITUATIONAL RULE: <i>Required when arterial blood gas quantity is relevant to the type of home oxygen therapy requested. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Arterial Blood Gas Quantity Either CR510 or CR511 is required.	O 1 R	1/15																
SITUATIONAL	CR511	380	Quantity Numeric value of quantity SEMANTIC: CR511 is the oxygen saturation. SITUATIONAL RULE: <i>Required when arterial blood gas quantity is relevant to the type of home oxygen therapy requested. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Oxygen Saturation Quantity Either CR510 or CR511 is required.	O 1 R	1/15																
SITUATIONAL	CR512	1349	Oxygen Test Condition Code Code indicating the conditions under which a patient was tested SITUATIONAL RULE: <i>Required when reporting oxygen test results. If not required by this implementation guide, do not send.</i> <table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>E</td><td>Exercising</td></tr><tr><td>N</td><td>No special conditions for test</td></tr><tr><td>O</td><td>On oxygen</td></tr><tr><td>R</td><td>At rest on room air</td></tr><tr><td>S</td><td>Sleeping</td></tr><tr><td>W</td><td>Walking</td></tr><tr><td>X</td><td>Other</td></tr></tbody></table>	CODE	DEFINITION	E	Exercising	N	No special conditions for test	O	On oxygen	R	At rest on room air	S	Sleeping	W	Walking	X	Other	O 1 ID	1/1
CODE	DEFINITION																				
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N	No special conditions for test																				
O	On oxygen																				
R	At rest on room air																				
S	Sleeping																				
W	Walking																				
X	Other																				

SITUATIONAL	CR513	1350	Oxygen Test Findings Code Code indicating the findings of oxygen tests performed on a patient	O 1	ID	1/1								
SITUATIONAL RULE: <i>Required when patient's arterial PO₂ is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. If not required by this implementation guide, do not send.</i>														
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Dependent edema suggesting congestive heart failure</td></tr><tr><td>2</td><td>"P" Pulmonale on Electrocardiogram (EKG)</td></tr><tr><td>3</td><td>Erythrocythemia with a hematocrit greater than 56 percent</td></tr></table>	CODE	DEFINITION	1	Dependent edema suggesting congestive heart failure	2	"P" Pulmonale on Electrocardiogram (EKG)	3	Erythrocythemia with a hematocrit greater than 56 percent			
CODE	DEFINITION													
1	Dependent edema suggesting congestive heart failure													
2	"P" Pulmonale on Electrocardiogram (EKG)													
3	Erythrocythemia with a hematocrit greater than 56 percent													
SITUATIONAL	CR514	1350	Oxygen Test Findings Code Code indicating the findings of oxygen tests performed on a patient	O 1	ID	1/1								
SITUATIONAL RULE: <i>Required when patient's arterial PO₂ is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%, and more than one finding is applicable. If not required by this implementation guide, do not send.</i>														
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Dependent edema suggesting congestive heart failure</td></tr><tr><td>2</td><td>"P" Pulmonale on Electrocardiogram (EKG)</td></tr><tr><td>3</td><td>Erythrocythemia with a hematocrit greater than 56 percent</td></tr></table>	CODE	DEFINITION	1	Dependent edema suggesting congestive heart failure	2	"P" Pulmonale on Electrocardiogram (EKG)	3	Erythrocythemia with a hematocrit greater than 56 percent			
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2	"P" Pulmonale on Electrocardiogram (EKG)													
3	Erythrocythemia with a hematocrit greater than 56 percent													
SITUATIONAL	CR515	1350	Oxygen Test Findings Code Code indicating the findings of oxygen tests performed on a patient	O 1	ID	1/1								
SITUATIONAL RULE: <i>Required when patient's arterial PO₂ is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%, and more than two findings are applicable. If not required by this implementation guide, do not send.</i>														
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Dependent edema suggesting congestive heart failure</td></tr><tr><td>2</td><td>"P" Pulmonale on Electrocardiogram (EKG)</td></tr><tr><td>3</td><td>Erythrocythemia with a hematocrit greater than 56 percent</td></tr></table>	CODE	DEFINITION	1	Dependent edema suggesting congestive heart failure	2	"P" Pulmonale on Electrocardiogram (EKG)	3	Erythrocythemia with a hematocrit greater than 56 percent			
CODE	DEFINITION													
1	Dependent edema suggesting congestive heart failure													
2	"P" Pulmonale on Electrocardiogram (EKG)													
3	Erythrocythemia with a hematocrit greater than 56 percent													
SITUATIONAL	CR516	380	Quantity Numeric value of quantity	O 1	R	1/15								
SEMANTIC: CR516 is the oxygen flow rate for a portable oxygen system in liters per minute.														
SITUATIONAL RULE: <i>Required when either CR503, CR504 or CR518 = "D" (Liquid Portable) or "E" (Gaseous Portable). If not required by this implementation guide, do not send.</i>														
IMPLEMENTATION NAME: Portable Oxygen System Flow Rate														
REQUIRED	CR517	1382	Oxygen Delivery System Code Code to indicate if a particular form of delivery was prescribed	O 1	ID	1/1								
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>A</td><td>Nasal Cannula</td></tr></table>	CODE	DEFINITION	A	Nasal Cannula							
CODE	DEFINITION													
A	Nasal Cannula													

SITUATIONAL RULE: *Required when CR503 and CR504 are present and more than two types of equipment are required to administer the oxygen therapy. If not required by this implementation guide, do not send.*

SEGMENT DETAIL

CR6 - HOME HEALTH CARE INFORMATION

X12 Segment Name: Home Health Care Certification

X12 Purpose: To supply information related to the certification of a home health care patient

X12 Syntax: 1. **P0304**

If either CR603 or CR604 is present, then the other is required.

2. **P091011**

If either CR609, CR610 or CR611 are present, then the others are required.

3. **P151617**

If either CR615, CR616 or CR617 are present, then the others are required.

Loop: 2000E — PATIENT EVENT LEVEL

Segment Repeat: 1

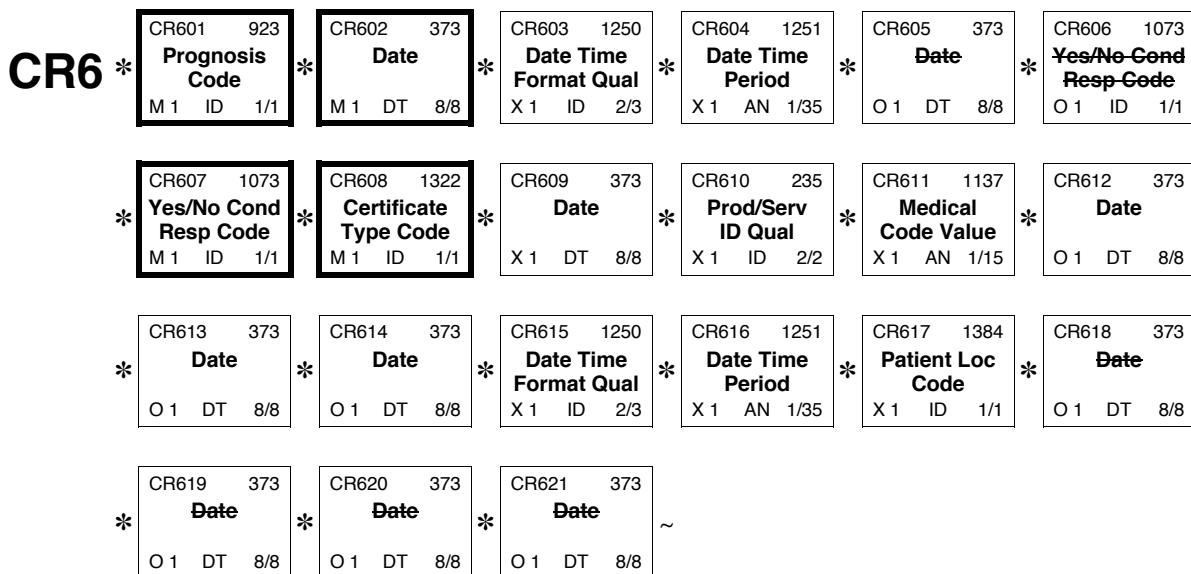
Usage: SITUATIONAL

Situational Rule: Required when requesting for certification of home health care, private duty nursing, or services by a nurses' agency. If not required by this implementation guide, do not send.

TR3 Notes: 1. Requests for home health care must include a principal diagnosis (HI01=BK) and principal diagnosis date in the HI segment in Loop 2000E, Patient Event.

TR3 Example: CR6*7*20050429*****N*|~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																				
REQUIRED	CR601	923	Prognosis Code Code indicating physician’s prognosis for the patient	M 1	ID	1/1																		
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Poor</td></tr><tr><td>2</td><td>Guarded</td></tr><tr><td>3</td><td>Fair</td></tr><tr><td>4</td><td>Good</td></tr><tr><td>5</td><td>Very Good</td></tr><tr><td>6</td><td>Excellent</td></tr><tr><td>7</td><td>Less than 6 Months to Live</td></tr><tr><td>8</td><td>Terminal</td></tr></table>	CODE	DEFINITION	1	Poor	2	Guarded	3	Fair	4	Good	5	Very Good	6	Excellent	7	Less than 6 Months to Live	8	Terminal			
CODE	DEFINITION																							
1	Poor																							
2	Guarded																							
3	Fair																							
4	Good																							
5	Very Good																							
6	Excellent																							
7	Less than 6 Months to Live																							
8	Terminal																							
REQUIRED	CR602	373	Date Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year SEMANTIC: CR602 is the date covered home health services began.	M 1	DT	8/8																		
			IMPLEMENTATION NAME: Home Health Start Date																					
SITUATIONAL	CR603	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format SYNTAX: P0304 SITUATIONAL RULE: <i>Required when the event date has not been identified in DTP, Event Date in this loop and the duration of this plan of treatment is known. If not required by this implementation guide, do not send.</i>	X 1	ID	2/3																		
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>RD8</td><td>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</td></tr></table>	CODE	DEFINITION	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD																	
CODE	DEFINITION																							
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD																							
SITUATIONAL	CR604	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times SYNTAX: P0304 SEMANTIC: CR604 is the certification period covered by this plan of treatment.	X 1	AN	1/35																		
			SITUATIONAL RULE: <i>Required when the event date has not been identified in DTP, Event Date in this loop and the duration of this plan of treatment is known. If not required by this implementation guide, do not send.</i>																					
			IMPLEMENTATION NAME: Home Health Certification Period																					
NOT USED	CR605	373	Date	O 1	DT	8/8																		
NOT USED	CR606	1073	Yes/No Condition or Response Code	O 1	ID	1/1																		

REQUIRED	CR607	1073	Yes/No Condition or Response Code	M 1	ID	1/1																														
Code indicating a Yes or No condition or response																																				
SEMANTIC: CR607 indicates if the patient is covered by Medicare. A “Y” value indicates the patient is covered by Medicare; an “N” value indicates patient is not covered by Medicare.																																				
IMPLEMENTATION NAME: Medicare Coverage Indicator																																				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>W</td><td>Not Applicable</td></tr></table>							CODE	DEFINITION	W	Not Applicable																										
CODE	DEFINITION																																			
W	Not Applicable																																			
REQUIRED	CR608	1322	Certification Type Code	M 1	ID	1/1																														
Code indicating the type of certification																																				
This element must have the same value as UM02.																																				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Appeal - Immediate</td></tr><tr><td colspan="2">Use this value only for appeals of review decisions where the level of service required is emergency or urgent.</td></tr><tr><td>2</td><td>Appeal - Standard</td></tr><tr><td colspan="2">Use this value for appeals of review decisions where the level of service required is not emergency or urgent.</td></tr><tr><td>3</td><td>Cancel</td></tr><tr><td>4</td><td>Extension</td></tr><tr><td colspan="2">Indicates that this is an extension request to a prior approved service.</td></tr><tr><td>6</td><td>Verification</td></tr><tr><td colspan="2">This code is used to request the UMO to reconsider a previously denied referral or certification request.</td></tr><tr><td>I</td><td>Initial</td></tr><tr><td>R</td><td>Renewal</td></tr><tr><td colspan="2">Indicates that this is a request to renew a prior approved service.</td></tr><tr><td>S</td><td>Revised</td></tr><tr><td colspan="2">Use if the requester is revising the specifics of a certification for which services have not been rendered.</td></tr></table>							CODE	DEFINITION	1	Appeal - Immediate	Use this value only for appeals of review decisions where the level of service required is emergency or urgent.		2	Appeal - Standard	Use this value for appeals of review decisions where the level of service required is not emergency or urgent.		3	Cancel	4	Extension	Indicates that this is an extension request to a prior approved service.		6	Verification	This code is used to request the UMO to reconsider a previously denied referral or certification request.		I	Initial	R	Renewal	Indicates that this is a request to renew a prior approved service.		S	Revised	Use if the requester is revising the specifics of a certification for which services have not been rendered.	
CODE	DEFINITION																																			
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S	Revised																																			
Use if the requester is revising the specifics of a certification for which services have not been rendered.																																				
SITUATIONAL	CR609	373	Date	X 1	DT	8/8																														
Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year																																				
SYNTAX: P091011																																				
SEMANTIC: CR609 is the date that the surgery identified in CR611 was performed.																																				
SITUATIONAL RULE: Required when home health care is related to a specific surgical procedure, the surgery date is known, and the surgical procedure code is known. If not required by this implementation guide, do not send.																																				
IMPLEMENTATION NAME: Surgery Date																																				

SITUATIONAL	CR610	235	Product/Service ID Qualifier		X 1	ID	2/2									
			Code identifying the type/source of the descriptive number used in Product/Service ID (234)													
			SYNTAX: P091011													
			SEMANTIC: CR610 qualifies CR611.													
			SITUATIONAL RULE: <i>Required when home health care is related to a specific surgical procedure, the surgery date is known, and the surgical procedure code is known. If not required by this implementation guide, do not send.</i>													
			IMPLEMENTATION NAME: Product or Service ID Qualifier													
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>HC</td><td>Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes</td></tr><tr><td></td><td>Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.</td></tr><tr><td></td><td>CODE SOURCE 130: Healthcare Common Procedural Coding System</td></tr><tr><td>ID</td><td>International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) - Procedure</td></tr><tr><td></td><td>CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)</td></tr></table>					CODE	DEFINITION	HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.		CODE SOURCE 130: Healthcare Common Procedural Coding System	ID
CODE	DEFINITION															
HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes															
	Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.															
	CODE SOURCE 130: Healthcare Common Procedural Coding System															
ID	International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) - Procedure															
	CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)															
SITUATIONAL	CR611	1137	Medical Code Value		X 1	AN	1/15									
			Code value for describing a medical condition or procedure													
			SYNTAX: P091011													
			SEMANTIC: CR611 is the surgical procedure most relevant to the care being rendered.													
			SITUATIONAL RULE: <i>Required when home health care is related to a specific surgical procedure, the surgery date is known, and the surgical procedure code is known. If not required by this implementation guide, do not send.</i>													
			IMPLEMENTATION NAME: Surgical Procedure Code													
SITUATIONAL	CR612	373	Date		O 1	DT	8/8									
			Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year													
			SEMANTIC: CR612 is the date the agency received the verbal orders from the physician for start of care.													
			SITUATIONAL RULE: <i>Required when the requester received verbal orders from the physician for the start of home health care and the date when the order was received is known. If not required by this implementation guide, do not send.</i>													
			IMPLEMENTATION NAME: Physician Order Date													

SITUATIONAL	CR613	373	Date	O 1 DT 8/8
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Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year

SEMANTIC: CR613 is the date that the patient was last seen by the physician.

SITUATIONAL RULE: *Required when the date the patient was last seen by the physician is known. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Last Visit Date

SITUATIONAL	CR614	373	Date	O 1 DT 8/8
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Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year

SEMANTIC: CR614 is the date of the home health agency's most recent contact with the physician.

SITUATIONAL RULE: *Required when the physician has been contacted by the home health service provider. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Physician Contact Date

SITUATIONAL	CR615	1250	Date Time Period Format Qualifier	X 1 ID 2/3
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Code indicating the date format, time format, or date and time format

SYNTAX: P151617

SITUATIONAL RULE: *Required when home health care is associated with a recent inpatient stay, the admission stay date is known, and the facility type is known. If not required by this implementation guide, do not send.*

CODE	DEFINITION
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RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
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SITUATIONAL	CR616	1251	Date Time Period	X 1 AN 1/35
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Expression of a date, a time, or range of dates, times or dates and times

SYNTAX: P151617

SEMANTIC: CR616 is the date range of the most recent inpatient stay.

SITUATIONAL RULE: *Required when home health care is associated with a recent inpatient stay, the admission stay date is known, and the facility type is known. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Last Admission Period

SITUATIONAL	CR617	1384	Patient Location Code	X 1	ID	1/1
Code identifying the location where patient is receiving medical treatment						

SYNTAX: P151617

SEMANTIC: CR617 indicates the type of facility from which the patient was most recently discharged.

SITUATIONAL RULE: *Required when home health care is associated with a recent inpatient stay, the admission stay date is known, and the facility type is known. If not required by this implementation guide, do not send.*

			CODE	DEFINITION			
			A	Acute Care Facility			
			B	Boarding Home			
			C	Hospice			
			D	Intermediate Care Facility			
			E	Long-term or Extended Care Facility			
			F	Not Specified			
			G	Nursing Home			
			H	Sub-acute Care Facility			
			L	Other Location			
			M	Rehabilitation Facility			
			O	Outpatient Facility			
			P	Private Home			
			R	Residential Treatment Facility			
			S	Skilled Nursing Home			
			T	Rest Home			
NOT USED	CR618	373	Date		O 1	DT	8/8
NOT USED	CR619	373	Date		O 1	DT	8/8
NOT USED	CR620	373	Date		O 1	DT	8/8
NOT USED	CR621	373	Date		O 1	DT	8/8

SEGMENT DETAIL

PWK - ADDITIONAL PATIENT INFORMATION

X12 Segment Name: Paperwork

X12 Purpose: To identify the type or transmission or both of paperwork or supporting information

X12 Syntax: 1. P0506

If either PWK05 or PWK06 is present, then the other is required.

Loop: 2000E — PATIENT EVENT LEVEL

Segment Repeat: 10

Usage: SITUATIONAL

Situational Rule: Required when needed to report missing teeth on requests for dental services, or if the requester has additional documentation (electronic, paper, or other medium) associated with this health care services review that applies to the patient event and/or all the services requested and the 278 request (ST-SE) does not support this information in its segments and data elements. If not required by this implementation guide, do not send.

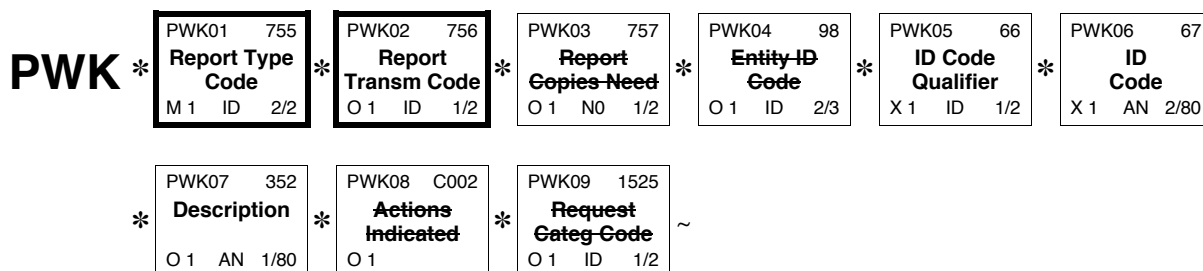
TR3 Notes: 1. This PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or other medium. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be referenced in the electronic attachment.

2. The requester can also use this PWK segment to identify paperwork that is held at the provider's office and is available upon request by the UMO (or appropriate entity). Use code AA in PWK02 to convey this specific use of the PWK segment. See code note under PWK02, code AA.

Refer to Section 2.5 for more information on using this PWK segment.

TR3 Example: PWK*OB*BM***AC*DMN0012~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PWK01	755	Report Type Code Code indicating the title or contents of a document, report or supporting item	M 1 ID 2/2
IMPLEMENTATION NAME: Attachment Report Type Code				
			CODE	DEFINITION
			03	Report Justifying Treatment Beyond Utilization Guidelines
			04	Drugs Administered
			05	Treatment Diagnosis
			06	Initial Assessment
			07	Functional Goals
				Expected outcomes of rehabilitative services.
			08	Plan of Treatment
			09	Progress Report
			10	Continued Treatment
			11	Chemical Analysis
			13	Certified Test Report
			15	Justification for Admission
			21	Recovery Plan
			48	Social Security Benefit Letter
			55	Rental Agreement
				Use for medical or dental equipment rental.
			59	Benefit Letter
			77	Support Data for Verification
			A3	Allergies/Sensitivities Document
			A4	Autopsy Report
			AM	Ambulance Certification
				Information to support necessity of ambulance trip.
			AS	Admission Summary
				A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital.
			AT	Purchase Order Attachment
				Use for purchase of medical or dental equipment.
			B2	Prescription
			B3	Physician Order
			BR	Benchmark Testing Results
			BS	Baseline
			BT	Blanket Test Results
			CB	Chiropractic Justification
				Lists the reasons chiropractic is just and appropriate treatment.
			CK	Consent Form(s)

D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes
OB	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
Required when using the PWK segment to provide missing teeth information.	
P7	Periodontal Reports
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
QC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

REQUIRED	PWK02	756	Report Transmission Code	O 1	ID	1/2
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Code defining timing, transmission method or format by which reports are to be sent

CODE	DEFINITION
AA	Available on Request at Provider Site
	Required when using the PWK segment to provide missing teeth information.
	This means that the paperwork is not being sent with the request at this time. Instead, it is available to the UMO (or appropriate entity) on request.
BM	By Mail
EL	Electronically Only
	Use to indicate that the attachment is being transmitted in a separate X12 functional group.
EM	E-Mail
FX	By Fax
VO	Voice
	Use this for voicemail or phone communication.

NOT USED	PWK03	757	Report Copies Needed	O 1	N0	1/2
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NOT USED	PWK04	98	Entity Identifier Code	O 1	ID	2/3
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SITUATIONAL	PWK05	66	Identification Code Qualifier	X 1	ID	1/2
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Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0506

COMMENT: PWK05 and PWK06 may be used to identify the addressee by a code number.

SITUATIONAL RULE: *Required when PWK02 equals BM, EL, EM or FX. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.*

CODE	DEFINITION
AC	Attachment Control Number
	Identification Code
	Code identifying a party or other code

SITUATIONAL	PWK06	67		X 1	AN	2/80
-------------	-------	----	--	-----	----	------

SYNTAX: P0506

SITUATIONAL RULE: *Required when PWK02 equals BM, EL, EM or FX. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.*

IMPLEMENTATION NAME: Attachment Control Number

The requester can use it when PWK02 equals "AA" if the requester wants to send a document control number for an attachment remaining at the Provider's office.

SITUATIONAL	PWK07	352	Description A free-form description to clarify the related data elements and their content COMMENT: PWK07 may be used to indicate special information to be shown on the specified report. SITUATIONAL RULE: <i>Required when needed to report tooth number(s) of missing teeth or if needed to add any additional information about the attachment described in this segment. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Attachment Description To report tooth number(s) for missing teeth, use a variable length format. Allocate two (2) bytes for each missing tooth. When reporting tooth numbers 1 through 9, zero fill the first byte so the field will be 01, 02, etc. When reporting primary dentition (A through P), pad the second byte with a space.	O 1 AN 1/80
NOT USED	PWK08	C002	ACTIONS INDICATED	O 1
NOT USED	PWK09	1525	Request Category Code	O 1 ID 1/2

SEGMENT DETAIL

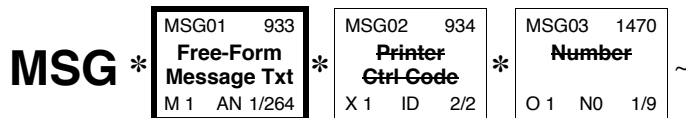
MSG - MESSAGE TEXT

X12 Segment Name: Message Text**X12 Purpose:** To provide a free-form format that allows the transmission of text information**X12 Syntax:** 1. C0302

If MSG03 is present, then MSG02 is required.

Loop: 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when needed to transmit a text message to the UMO about the patient event. If not required by this implementation guide, do not send.**TR3 Notes:** 1. Do not use the MSG segment to relay information that you can send using codified information in existing data elements. If you need to use the MSG segment, you should approach X12N with data maintenance to solve the business need without the use of the MSG segment.**TR3 Example:** MSG*This is a free-form text message~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	MSG01	933	Free-form Message Text Free-form message text	M 1	AN	1/264
IMPLEMENTATION NAME: Free Form Message Text						
NOT USED	MSG02	934	Printer Carriage Control Code	X 1	ID	2/2
NOT USED	MSG03	1470	Number	O 1	NO	1/9

SEGMENT DETAIL

NM1 - PATIENT EVENT PROVIDER NAME

X12 Segment Name: Individual or Organizational Name

X12 Purpose: To supply the full name of an individual or organizational entity

X12 Syntax: 1. **P0809**

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

2. **C1110**

If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

Loop: 2010EA — PATIENT EVENT PROVIDER NAME **Loop Repeat:** 14

Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when loop 2000E UM01 = AR (Admission Review) or when loop 2000F is not valued or when loop 2000F is valued and at least one occurrence of loop 2000F does not contain a 2010F loop. If not required by this implementation guide, do not send.

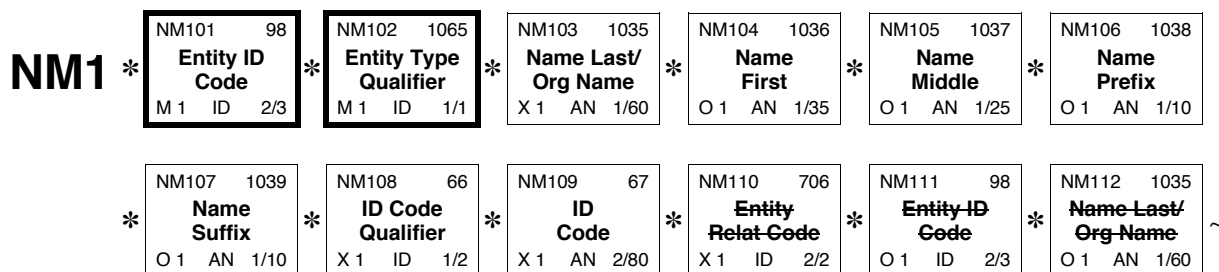
TR3 Notes:

1. If Loop 2000F is not valued, this segment conveys the name and identification number of the service provider (person, group, or facility) specialist, or specialty entity to provide services to the patient for this patient event.

2. If Loop 2000F is valued, the providers identified in this Loop 2010EA apply to all the services identified in Loop 2000F unless Loop 2010F is valued. Providers identified in Loop 2010F override the providers identified in Loop 2010EA for that service only.

TR3 Example: NM1*SJ*1*WATSON*SUSAN****34*987654321~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																																		
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1	ID	2/3																																
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>71</td><td>Attending Physician</td></tr><tr><td>72</td><td>Operating Physician</td></tr><tr><td>73</td><td>Other Physician</td></tr><tr><td>77</td><td>Service Location</td></tr><tr><td>AAJ</td><td>Admitting Services</td></tr><tr><td>DD</td><td>Assistant Surgeon</td></tr><tr><td>DK</td><td>Ordering Physician</td></tr><tr><td>DN</td><td>Referring Provider</td></tr><tr><td colspan="2">Do not use if the entity identified in 2010B is the referring provider.</td></tr><tr><td>FA</td><td>Facility</td></tr><tr><td>G3</td><td>Clinic</td></tr><tr><td>P3</td><td>Primary Care Provider</td></tr><tr><td>QB</td><td>Purchase Service Provider</td></tr><tr><td>QV</td><td>Group Practice</td></tr><tr><td>SJ</td><td>Service Provider</td></tr></tbody></table>	CODE	DEFINITION	71	Attending Physician	72	Operating Physician	73	Other Physician	77	Service Location	AAJ	Admitting Services	DD	Assistant Surgeon	DK	Ordering Physician	DN	Referring Provider	Do not use if the entity identified in 2010B is the referring provider.		FA	Facility	G3	Clinic	P3	Primary Care Provider	QB	Purchase Service Provider	QV	Group Practice	SJ	Service Provider			
CODE	DEFINITION																																					
71	Attending Physician																																					
72	Operating Physician																																					
73	Other Physician																																					
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AAJ	Admitting Services																																					
DD	Assistant Surgeon																																					
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P3	Primary Care Provider																																					
QB	Purchase Service Provider																																					
QV	Group Practice																																					
SJ	Service Provider																																					
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M 1	ID	1/1																																
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>1</td><td>Person</td></tr><tr><td>2</td><td>Non-Person Entity</td></tr></tbody></table>	CODE	DEFINITION	1	Person	2	Non-Person Entity																													
CODE	DEFINITION																																					
1	Person																																					
2	Non-Person Entity																																					
SITUATIONAL	NM103	1035	Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203 SITUATIONAL RULE: <i>Required when identifying a specialty person, facility, group practice, or clinic and NM108/NM109 are not present. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.</i>	X 1	AN	1/60																																
			IMPLEMENTATION NAME: Patient Event Provider Last or Organization Name																																			
SITUATIONAL	NM104	1036	Name First Individual first name SITUATIONAL RULE: <i>Required when the service provider is a specific person (NM102 = 1) and NM103 is present. If not required by this implementation guide, do not send.</i>	O 1	AN	1/35																																
			IMPLEMENTATION NAME: Patient Event Provider First Name																																			

SITUATIONAL	NM105	1037	Name Middle	O 1 AN 1/25
			Individual middle name or initial	

SITUATIONAL RULE: *Required when NM104 is present and the middle name/initial of the person is known. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Patient Event Provider Middle Name

SITUATIONAL	NM106	1038	Name Prefix	O 1 AN 1/10
			Prefix to individual name	

SITUATIONAL RULE: *Required when military title or rank further identifies the provider. If not required by this implementation, may be provided at the sender's discretion, but cannot be required by the receiver.*

IMPLEMENTATION NAME: Patient Event Provider Name Prefix

SITUATIONAL	NM107	1039	Name Suffix	O 1 AN 1/10
			Suffix to individual name	

SITUATIONAL RULE: *Required when NM104 is present and the suffix of the individual's name is known; e.g. Sr., Jr., or III. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Patient Event Provider Name Suffix

SITUATIONAL	NM108	66	Identification Code Qualifier	X 1 ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)	

SYNTAX: P0809

SITUATIONAL RULE: *Required when requesting the services of a specific person, facility, group practice, or clinic and the provider ID is known by the requester. If not required by this implementation guide, do not send.*

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
46	Electronic Transmitter Identification Number (ETIN)
XX	Centers for Medicare and Medicaid Services National Provider Identifier

Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has an NPI and it is available to the submitter.
OR
Required for providers before the mandated HIPAA NPI implementation date when the provider has an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.

CODE SOURCE 537: Centers for Medicare and Medicaid Services
National Provider Identifier

SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code SYNTAX: P0809 SITUATIONAL RULE: <i>Required when requesting the services of a specific person, facility, group practice, or clinic and the provider ID is known by the requester. If not required by this implementation guide, do not send.</i>	X 1	AN	2/80
IMPLEMENTATION NAME: Patient Event Provider Identifier						
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60

SEGMENT DETAIL

REF - PATIENT EVENT PROVIDER SUPPLEMENTAL INFORMATION

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2010EA — PATIENT EVENT PROVIDER NAME

Segment Repeat: 7

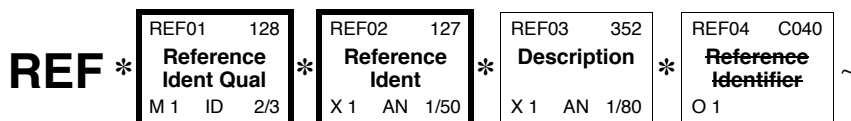
Usage: SITUATIONAL

Situational Rule: Required on or after the mandated implementation date for the HIPAA National Provider Identifier (NPI) when the provider is not a specialty entity and the NPI is not reported in NM109 of this loop and another identifier is available to the submitter.
OR
Required prior to the mandated NPI implementation date when an additional identification number to the NPI provided in NM109 of this loop is necessary for the UMO to identify the patient event provider.
OR
Required prior to the mandated NPI implementation date when necessary for the UMO to identify the patient event provider.
If not required by this implementation guide, do not send.

TR3 Notes: 1. Use the NM1 Segment for the primary identifier.

TR3 Example: REF*1G*12345~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			0B	State License Number
			1G	Provider UPIN Number
			1J	Facility ID Number
			EI	Employer's Identification Number
			Not used if NM108 = 24.	

			N5	Provider Plan Network Identification Number			
			N7	Facility Network Identification Number			
			SY	Social Security Number			
				The social security number may not be used for Medicare. Not used if NM108 = 34.			
			ZH	Carrier Assigned Reference Number			
				Use when the requestor has not been assigned an NPI, or NPI is not mandated for use and the UMO identified in loop 2010A has assigned its own identifier for this provider.			
REQUIRED	REF02	127	Reference Identification		X 1	AN	1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
			SYNTAX: R0203				
			IMPLEMENTATION NAME: Patient Event Provider Supplemental Identifier				
SITUATIONAL	REF03	352	Description		X 1	AN	1/80
			A free-form description to clarify the related data elements and their content				
			SYNTAX: R0203				
			SITUATIONAL RULE: <i>Required when REF01 = 0B to report the two character state ID of the state assigning the State License Number. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: License Number State Code				
NOT USED	REF04	C040	REFERENCE IDENTIFIER		O 1		

SEGMENT DETAIL

N3 - PATIENT EVENT PROVIDER ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2010EA — PATIENT EVENT PROVIDER NAME

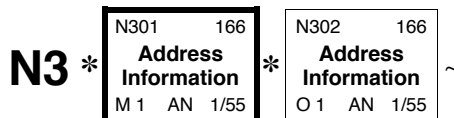
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the provider has multiple locations to identify the specific location for this patient event. If not required by this implementation guide, do not send.

TR3 Example: N3*77 HOLLY BLVD~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Patient Event Provider Address Line				
Use this element for the first line of the provider's address.				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required when a second address line exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Patient Event Provider Address Line				

SEGMENT DETAIL

N4 - PATIENT EVENT PROVIDER CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

X12 Syntax: 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

Loop: 2010EA — PATIENT EVENT PROVIDER NAME

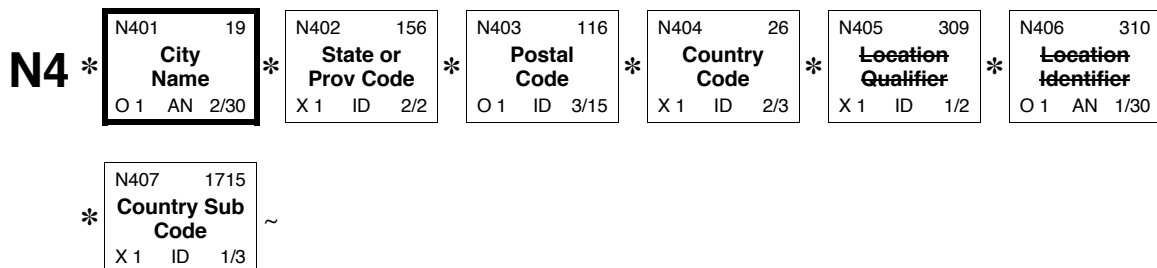
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the provider has multiple locations to identify the specific location for this patient event. If not required by this implementation guide, do not send.

TR3 Example: N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name	O 1 AN 2/30
COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.				
IMPLEMENTATION NAME: Patient Event Provider City Name				

SITUATIONAL	N402	156	State or Province Code X 1 ID 2/2 Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Patient Event Provider State Code CODE SOURCE 22: States and Provinces
SITUATIONAL	N403	116	Postal Code O 1 ID 3/15 Code defining international postal zone code excluding punctuation and blanks (zip code for United States) SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Patient Event Provider Postal Zone or ZIP Code CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes
SITUATIONAL	N404	26	Country Code X 1 ID 2/3 Code identifying the country SYNTAX: C0704 SITUATIONAL RULE: <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the alpha-2 country codes from Part 1 of ISO 3166.
NOT USED	N405	309	Location Qualifier X 1 ID 1/2
NOT USED	N406	310	Location Identifier O 1 AN 1/30
SITUATIONAL	N407	1715	Country Subdivision Code X 1 ID 1/3 Code identifying the country subdivision SYNTAX: E0207, C0704 SITUATIONAL RULE: <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the country subdivision codes from Part 2 of ISO 3166.

SEGMENT DETAIL

PER - PATIENT EVENT PROVIDER CONTACT INFORMATION

X12 Segment Name: Administrative Communications Contact

X12 Purpose: To identify a person or office to whom administrative communications should be directed

- X12 Syntax:**
- P0304**
If either PER03 or PER04 is present, then the other is required.
 - P0506**
If either PER05 or PER06 is present, then the other is required.
 - P0708**
If either PER07 or PER08 is present, then the other is required.

Loop: 2010EA — PATIENT EVENT PROVIDER NAME

Segment Repeat: 1

Usage: SITUATIONAL

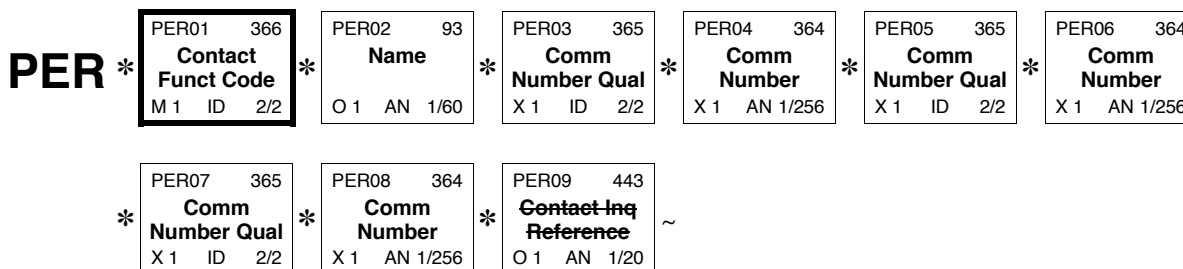
Situational Rule: Required when needed to identify a contact name and/or communications number for the provider. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.

TR3 Notes:

- When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and telephone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

TR3 Example: PER*IC*M TUCKER*TE*8189993456*FX*8188769304~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES												
REQUIRED	PER01	366	Contact Function Code Code identifying the major duty or responsibility of the person or group named	M 1	ID	2/2										
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>IC</td><td>Information Contact</td></tr></table>	CODE	DEFINITION	IC	Information Contact									
CODE	DEFINITION															
IC	Information Contact															
SITUATIONAL	PER02	93	Name Free-form name	O 1	AN	1/60										
			SITUATIONAL RULE: <i>Required when the requester needs to indicate a particular contact. If not required by this implementation guide, do not send.</i>													
			IMPLEMENTATION NAME: Patient Event Provider Contact Name													
			Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1). If not required, do not send.													
SITUATIONAL	PER03	365	Communication Number Qualifier Code identifying the type of communication number	X 1	ID	2/2										
			SYNTAX: P0304													
			SITUATIONAL RULE: <i>Required when PER02 is not valued or when the provider needs to transmit a contact communication number. If not required by this implementation guide, do not send.</i>													
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>EM</td><td>Electronic Mail</td></tr><tr><td>FX</td><td>Facsimile</td></tr><tr><td>TE</td><td>Telephone</td></tr><tr><td>UR</td><td>Uniform Resource Locator (URL)</td></tr></table>	CODE	DEFINITION	EM	Electronic Mail	FX	Facsimile	TE	Telephone	UR	Uniform Resource Locator (URL)			
CODE	DEFINITION															
EM	Electronic Mail															
FX	Facsimile															
TE	Telephone															
UR	Uniform Resource Locator (URL)															
SITUATIONAL	PER04	364	Communication Number Complete communications number including country or area code when applicable	X 1	AN	1/256										
			SYNTAX: P0304													
			SITUATIONAL RULE: <i>Required when PER02 is not valued or when the provider needs to transmit a contact communication number. If not required by this implementation guide, do not send.</i>													
			IMPLEMENTATION NAME: Patient Event Provider Contact Communications Number													
SITUATIONAL	PER05	365	Communication Number Qualifier Code identifying the type of communication number	X 1	ID	2/2										
			SYNTAX: P0506													
			SITUATIONAL RULE: <i>Required when the telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>													
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>EM</td><td>Electronic Mail</td></tr></table>	CODE	DEFINITION	EM	Electronic Mail									
CODE	DEFINITION															
EM	Electronic Mail															

SITUATIONAL	PER06	364	EX	Telephone Extension						
			When used, the value following this code is the extension for the preceding communications contact number.							
			FX	Facsimile						
			TE	Telephone						
			UR	Uniform Resource Locator (URL)						
			Communication Number	X 1	AN	1/256				
			Complete communications number including country or area code when applicable							
			SYNTAX: P0506							
			SITUATIONAL RULE: <i>Required when the telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>							
			IMPLEMENTATION NAME: Patient Event Provider Contact Communications Number							
SITUATIONAL	PER07	365	Communication Number Qualifier	X 1	ID	2/2				
			Code identifying the type of communication number							
			SYNTAX: P0708							
			SITUATIONAL RULE: <i>Required when the telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>							
			CODE	DEFINITION						
			EM	Electronic Mail						
			EX	Telephone Extension						
			When used, the value following this code is the extension for the preceding communications contact number.							
			FX	Facsimile						
TE	Telephone									
SITUATIONAL	PER08	364	UR	Uniform Resource Locator (URL)						
			Communication Number	X 1	AN	1/256				
			Complete communications number including country or area code when applicable							
			SYNTAX: P0708							
			SITUATIONAL RULE: <i>Required when the telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>							
			IMPLEMENTATION NAME: Patient Event Provider Contact Communications Number							
			NOT USED	PER09	443	Contact Inquiry Reference	O 1	AN	1/20	

SEGMENT DETAIL

PRV - PATIENT EVENT PROVIDER INFORMATION

X12 Segment Name: Provider Information

X12 Purpose: To specify the identifying characteristics of a provider

X12 Syntax: 1. P0203

If either PRV02 or PRV03 is present, then the other is required.

Loop: 2010EA — PATIENT EVENT PROVIDER NAME

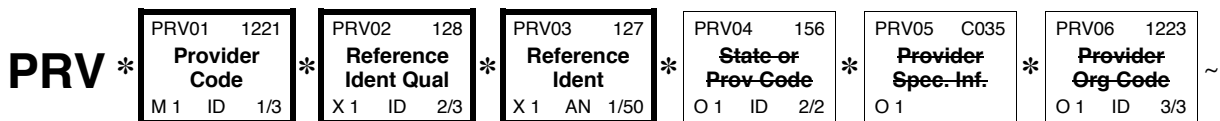
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when request is for services of a specialist or specialty entity to indicate the provider's specialty. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.

TR3 Example: PRV*PE*PXC*203BS0133X~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PRV01	1221	Provider Code Code identifying the type of provider	M 1 ID 1/3
			CODE	DEFINITION
			AD	Admitting Use only when NM101 = AAJ.
			AS	Assistant Surgeon Use only when NM101 = DD.
			AT	Attending Use only when NM101 = 71.
			OP	Operating Use only when NM101 = 72.
			OR	Ordering Use only when NM101 = DK.
			OT	Other Physician Use only when NM101 = 73.
			PC	Primary Care Physician Use only when NM101 = P3.

			PE	Performing			
				Use only when NM101 = SJ.			
			RF	Referring			
				Use only when NM101 = DN.			
REQUIRED	PRV02	128	Reference Identification Qualifier	X 1	ID	2/3	
			Code qualifying the Reference Identification				
			SYNTAX: P0203				
			CODE	DEFINITION			
			PXC	Health Care Provider Taxonomy Code			
				CODE SOURCE 682: Health Care Provider Taxonomy			
REQUIRED	PRV03	127	Reference Identification	X 1	AN	1/50	
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
			SYNTAX: P0203				
			IMPLEMENTATION NAME: Provider Taxonomy Code				
NOT USED	PRV04	156	State or Province Code	O 1	ID	2/2	
NOT USED	PRV05	C035	PROVIDER SPECIALTY INFORMATION	O 1			
NOT USED	PRV06	1223	Provider Organization Code	O 1	ID	3/3	

SEGMENT DETAIL

NM1 - PATIENT EVENT TRANSPORT INFORMATION

X12 Segment Name: Individual or Organizational Name

X12 Purpose: To supply the full name of an individual or organizational entity

- X12 Syntax:**
1. **P0809**
If either NM108 or NM109 is present, then the other is required.
 2. **C1110**
If NM111 is present, then NM110 is required.
 3. **C1203**
If NM112 is present, then NM103 is required.

Loop: 2010EB — PATIENT EVENT TRANSPORT INFORMATION **Loop Repeat:** 5

Segment Repeat: 1

Usage: SITUATIONAL

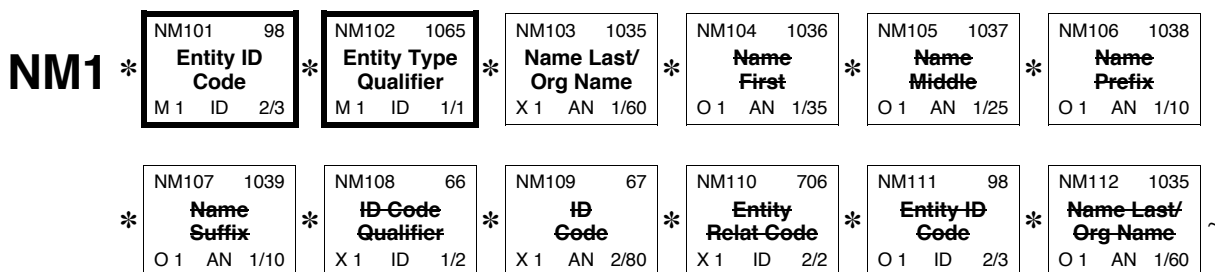
Situational Rule: Required when Health Care Service Review is requesting transport of the patient. If not required by this implementation guide, do not send.

- TR3 Notes:**
1. At least two iterations of this loop are necessary to indicate the pick up address, NM101 = PW, and the final scheduled destination, NM101 = FS.
 2. When the transport includes more than one destination, the following NM101 values are used to determine the sequence of stops:
 - a. ND is used to indicate the first stop
 - b. R3 is used to indicate the second stop
 - c. 45 is used to indicate the third stop

TR3 Example: NM1*PW*2*PATIENT DIALYSIS CENT~

TR3 Example: NM1*FS*2~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES														
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1	ID	2/3												
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>45</td><td>Drop-off Location</td></tr><tr><td>FS</td><td>Final Scheduled Destination</td></tr><tr><td>ND</td><td>Next Destination</td></tr><tr><td>PW</td><td>Pickup Address</td></tr><tr><td>R3</td><td>Next Scheduled Destination</td></tr></table>	CODE	DEFINITION	45	Drop-off Location	FS	Final Scheduled Destination	ND	Next Destination	PW	Pickup Address	R3	Next Scheduled Destination			
CODE	DEFINITION																	
45	Drop-off Location																	
FS	Final Scheduled Destination																	
ND	Next Destination																	
PW	Pickup Address																	
R3	Next Scheduled Destination																	
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M 1	ID	1/1												
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table>	CODE	DEFINITION	2	Non-Person Entity											
CODE	DEFINITION																	
2	Non-Person Entity																	
SITUATIONAL	NM103	1035	Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203 SITUATIONAL RULE: <i>Required when the name of the location for which the patient is being transported is known. If not required by this implementation, do not send.</i>	X 1	AN	1/60												
			IMPLEMENTATION NAME: Patient Event Transport Location Name															
NOT USED	NM104	1036	Name First	O 1	AN	1/35												
NOT USED	NM105	1037	Name Middle	O 1	AN	1/25												
NOT USED	NM106	1038	Name Prefix	O 1	AN	1/10												
NOT USED	NM107	1039	Name Suffix	O 1	AN	1/10												
NOT USED	NM108	66	Identification Code Qualifier	X 1	ID	1/2												
NOT USED	NM109	67	Identification Code	X 1	AN	2/80												
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2												
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3												
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60												

SEGMENT DETAIL

N3 - PATIENT EVENT TRANSPORT LOCATION ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

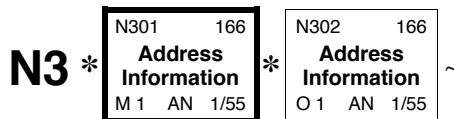
Loop: 2010EB — PATIENT EVENT TRANSPORT INFORMATION

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: N3*77 HOLLY BLVD~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Patient Event Transport Location Address Line				
Use this element for the first line of the Transport Location address.				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required when a second address line exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Patient Event Transport Location Address Line				

SEGMENT DETAIL

N4 - PATIENT EVENT TRANSPORT LOCATION CITY/STATE/ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

- X12 Syntax:**
- E0207**
Only one of N402 or N407 may be present.
 - C0605**
If N406 is present, then N405 is required.
 - C0704**
If N407 is present, then N404 is required.

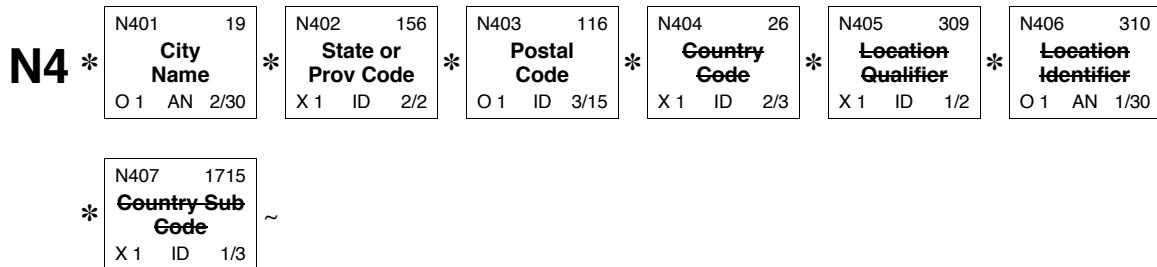
Loop: 2010EB — PATIENT EVENT TRANSPORT INFORMATION

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: N4*HOLLYWOOD*CA*90214~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	N401	19	City Name Free-form text for city name	O 1 AN 2/30
COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.				
SITUATIONAL RULE: <i>Required when N403 is not valued. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.</i>				
IMPLEMENTATION NAME: Patient Event Transport Location City Name				

SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: <i>Required when N403 is not valued. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.</i> IMPLEMENTATION NAME: Patient Event Transport Location State or Province Code CODE SOURCE 22: States and Provinces	X 1	ID	2/2
SITUATIONAL	N403	116	Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) SITUATIONAL RULE: <i>Required when N401 and N402 are not valued. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.</i> IMPLEMENTATION NAME: Patient Event Transport Location Postal Zone or ZIP Code CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes	O 1	ID	3/15
NOT USED	N404	26	Country Code	X 1	ID	2/3
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2
NOT USED	N406	310	Location Identifier	O 1	AN	1/30
NOT USED	N407	1715	Country Subdivision Code	X 1	ID	1/3

SEGMENT DETAIL

NM1 - PATIENT EVENT OTHER UMO NAME

X12 Segment Name: Individual or Organizational Name**X12 Purpose:** To supply the full name of an individual or organizational entity**X12 Syntax:** 1. **P0809**

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

2. **C1110**

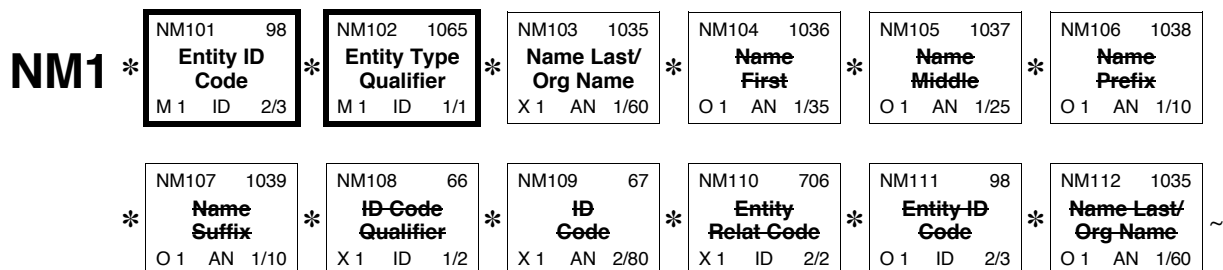
If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

Loop: 2010EC — PATIENT EVENT OTHER UMO NAME **Loop Repeat:** 3**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when Health Care Services Review has been denied by another UMO. If not required by this implementation guide, do not send.**TR3 Example:** NM1*CA~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1	ID	2/3						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>00</td><td>Alternate Insurer Use this code to indicate that the other UMO is commercial insurance.</td></tr><tr><td>CA</td><td>Carrier Use this code to indicate that the other UMO is Medicare Part B.</td></tr></table>	CODE	DEFINITION	00	Alternate Insurer Use this code to indicate that the other UMO is commercial insurance.	CA	Carrier Use this code to indicate that the other UMO is Medicare Part B.			
CODE	DEFINITION											
00	Alternate Insurer Use this code to indicate that the other UMO is commercial insurance.											
CA	Carrier Use this code to indicate that the other UMO is Medicare Part B.											

			GG	Intermediary		
			Use this code to indicate that the other UMO is Medicare Part A.			
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M 1	ID	1/1
			CODE	DEFINITION		
			2	Non-Person Entity		
SITUATIONAL	NM103	1035	Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203 SITUATIONAL RULE: <i>Required when NM101 is equal to “00” to indicate the name name of the other UMO. If not required by this implementation guide, do not send.</i>	X 1	AN	1/60
			IMPLEMENTATION NAME: Other UMO Name			
NOT USED	NM104	1036	Name First	O 1	AN	1/35
NOT USED	NM105	1037	Name Middle	O 1	AN	1/25
NOT USED	NM106	1038	Name Prefix	O 1	AN	1/10
NOT USED	NM107	1039	Name Suffix	O 1	AN	1/10
NOT USED	NM108	66	Identification Code Qualifier	X 1	ID	1/2
NOT USED	NM109	67	Identification Code	X 1	AN	2/80
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60

SEGMENT DETAIL

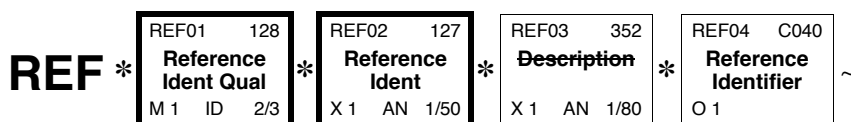
REF - OTHER UMO DENIAL REASON

X12 Segment Name: Reference Information**X12 Purpose:** To specify identifying information**X12 Syntax:** 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2010EC — PATIENT EVENT OTHER UMO NAME**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Example:** REF*ZZ*0M~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			ZZ	Mutually Defined Use ZZ to indicate Health Care Service Review Decision Reason Code from Code Source 886.
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203	X 1 AN 1/50
			IMPLEMENTATION NAME: Other UMO Denial Reason	
NOT USED	REF03	352	Description	X 1 AN 1/80
SITUATIONAL	REF04	C040	REFERENCE IDENTIFIER To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier SYNTAX: P0304 If either C04003 or C04004 is present, then the other is required. P0506 If either C04005 or C04006 is present, then the other is required.	O 1
			SITUATIONAL RULE: <i>Required when the Health Care Services Review was denied by other UMO for more than one reason. If not required by this implementation guide, do not send.</i>	

REQUIRED	REF04 - 1	128	Reference Identification Qualifier Code qualifying the Reference Identification	M	ID	2/3
-----------------	-----------	-----	---	---	----	-----

CODE	DEFINITION
------	------------

ZZ **Mutually Defined**

**Use ZZ to indicate Health Care Service Review
Decision Reason Code from Code Source 886.**

REQUIRED	REF04 - 2	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M	AN	1/50
-----------------	-----------	-----	--	---	----	------

IMPLEMENTATION NAME: Other UMO Denial Reason

SITUATIONAL	REF04 - 3	128	Reference Identification Qualifier Code qualifying the Reference Identification	X	ID	2/3
--------------------	-----------	-----	---	---	----	-----

SYNTAX:
P0304

SITUATIONAL RULE: *Required when the other UMO denied the request for more than two reasons. If not required by this implementation guide, do not send.*

CODE	DEFINITION
------	------------

ZZ **Mutually Defined**

**Use ZZ to indicate Health Care Service Review
Decision Reason Code from Code Source 886.**

SITUATIONAL	REF04 - 4	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X	AN	1/50
--------------------	-----------	-----	--	---	----	------

SYNTAX:
P0304

SITUATIONAL RULE: *Required when the other UMO denied the request for more than two reasons. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Other UMO Denial Reason

SITUATIONAL	REF04 - 5	128	Reference Identification Qualifier Code qualifying the Reference Identification	X	ID	2/3
--------------------	-----------	-----	---	---	----	-----

SYNTAX:
P0506

SITUATIONAL RULE: *Required when the other UMO denied the request for more than three reasons. If not required by this implementation guide, do not send.*

CODE	DEFINITION
------	------------

ZZ **Mutually Defined**

**Use ZZ to indicate Health Care Service Review
Decision Reason Code from Code Source 886.**

SITUATIONAL	REF04 - 6	127	Reference Identification	X	AN	1/50
--------------------	------------------	------------	---------------------------------	----------	-----------	-------------

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

SYNTAX:
P0506

SITUATIONAL RULE: *Required when the other UMO denied the request for more than three reasons. If not required by this implementation guide, do not send.*

SEGMENT DETAIL

DTP - OTHER UMO DENIAL DATE

X12 Segment Name: Date or Time or Period

X12 Purpose: To specify any or all of a date, a time, or a time period

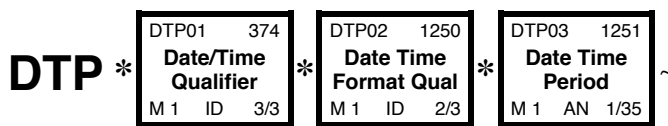
Loop: 2010EC — PATIENT EVENT OTHER UMO NAME

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: DTP*598*D8*20050516~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
		CODE	DEFINITION	
		598	Rejected	
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
		CODE	DEFINITION	
		D8	Date Expressed in Format CCYYMMDD	
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Other UMO Denial Date				

SEGMENT DETAIL

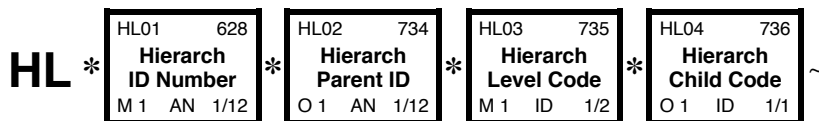
HL - SERVICE LEVEL

X12 Segment Name: Hierarchical Level**X12 Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

- X12 Comments:**
1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
 2. The HL segment defines a top-down/left-right ordered structure.

Loop: 2000F — SERVICE LEVEL **Loop Repeat:** >1**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when specific services are associated with this patient event. If not required by this implementation guide, do not send.**TR3 Example:** HL*6*5*SS*0~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	M 1 AN 1/12
REQUIRED	HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	O 1 AN 1/12

REQUIRED	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	M 1	ID	1/2				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>SS</td><td>Services</td></tr></table>							CODE	DEFINITION	SS	Services
CODE	DEFINITION									
SS	Services									
REQUIRED	HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segments subordinate to the level being described COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.	O 1	ID	1/1				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>0</td><td>No Subordinate HL Segment in This Hierarchical Structure.</td></tr></table>							CODE	DEFINITION	0	No Subordinate HL Segment in This Hierarchical Structure.
CODE	DEFINITION									
0	No Subordinate HL Segment in This Hierarchical Structure.									

SEGMENT DETAIL

TRN - SERVICE TRACE NUMBER

X12 Segment Name: Trace**X12 Purpose:** To uniquely identify a transaction to an application**Loop:** 2000F — SERVICE LEVEL**Segment Repeat:** 2**Usage:** SITUATIONAL**Situational Rule:** Required when the requester needs to assign a unique trace number to the service line request. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.**TR3 Notes:**

1. This enables the requester to
 - uniquely identify this service line request
 - trace the request
 - match the response to the request
 - reference this request in any associated attachments containing additional service information related to this service line request.

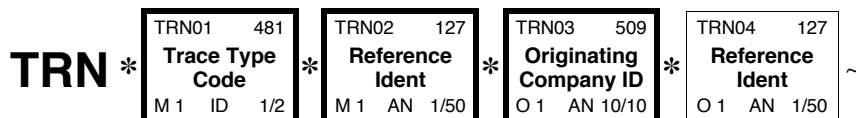
2. If the transaction is routed through a clearinghouse, the clearinghouse may add their own TRN segment. If the transaction passes through multiple clearinghouses, and the second clearinghouse needs to assign their own TRN segment, they must replace the TRN from the first clearinghouse and retain it to be returned in the 278 response. If the second clearinghouse does not need to assign a TRN segment, they should pass all received TRN segments.

3. Each trace number provided in the TRN segment at this level on the request must be returned by the UMO in the TRN segment at the corresponding level of the response.

4. If the request contains more than one occurrence of Loop 2000F and the requester needs to uniquely identify each service level request this TRN segment is required in each Service loop.

TR3 Example: TRN*1*111099*9012345678*RADIOLOGY~

DIAGRAM



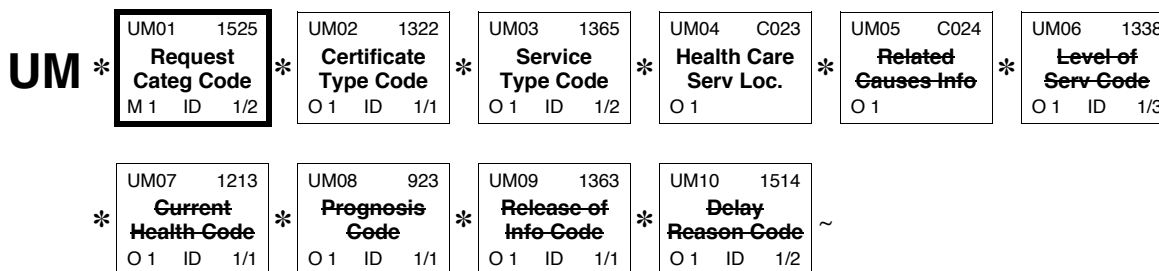
ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	TRN01	481	Trace Type Code Code identifying which transaction is being referenced	M 1 ID 1/2
			CODE	DEFINITION
			1	Current Transaction Trace Numbers
REQUIRED	TRN02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SEMANTIC: TRN02 provides unique identification for the transaction.	M 1 AN 1/50
			IMPLEMENTATION NAME: Service Trace Number	
REQUIRED	TRN03	509	Originating Company Identifier A unique identifier designating the company initiating the funds transfer instructions, business transaction or assigning tracking reference identification. SEMANTIC: TRN03 identifies an organization.	O 1 AN 10/10
			IMPLEMENTATION NAME: Trace Assigning Entity Identifier	
			Use this element to identify the organization that assigned this trace number. TRN03 must be completed to aid requesters and clearinghouses in identifying their TRN in the 278 response.	
			The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.	
SITUATIONAL	TRN04	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SEMANTIC: TRN04 identifies a further subdivision within the organization.	O 1 AN 1/50
			SITUATIONAL RULE: <i>Required when a specific division or group, of the company identified in the previous data element (TRN03) is needed by the requester to further identify a specific component of the entity. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.</i>	
			IMPLEMENTATION NAME: Trace Assigning Entity Additional Identifier	

SEGMENT DETAIL

UM - HEALTH CARE SERVICES REVIEW
INFORMATION**X12 Segment Name:** Health Care Services Review Information**X12 Purpose:** To specify health care services review information**Loop:** 2000F — SERVICE LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the health care services review information for this service differs from the health care services review information specified in the UM segment at the Patient Event level (Loop 2000E). If not required by this implementation guide, do not send.**TR3 Example:** UM*SC*I*3~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES										
REQUIRED	UM01	1525	Request Category Code Code indicating a type of request	M 1 ID 1/2										
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>HS</td><td>Health Services Review</td></tr><tr><td></td><td>Required if requesting a review of services related to an episode of care.</td></tr><tr><td>SC</td><td>Specialty Care Review</td></tr><tr><td></td><td>Required if requesting a referral to a specialty provider.</td></tr></table>	CODE	DEFINITION	HS	Health Services Review		Required if requesting a review of services related to an episode of care.	SC	Specialty Care Review		Required if requesting a referral to a specialty provider.	
CODE	DEFINITION													
HS	Health Services Review													
	Required if requesting a review of services related to an episode of care.													
SC	Specialty Care Review													
	Required if requesting a referral to a specialty provider.													

SITUATIONAL **UM02** **1322** **Certification Type Code** **O 1** **ID** **1/1**

Code indicating the type of certification

SITUATIONAL RULE: *Required when different from the UM02 value at the Patient Event level (Loop 2000E). If not required by this implementation guide, do not send.*

CODE	DEFINITION
1	Appeal - Immediate Use this value only for appeals of review decisions where the level of service required is emergency or urgent.
2	Appeal - Standard Use this value for appeals of review decisions where the level of service is not emergency or urgent.
3	Cancel
4	Extension A "UM02 = 4" indicates that this is an extension request to a prior approved service.
I	Initial
N	Reconsideration
R	Renewal
	Various services, such as physical therapy, spinal manipulation, and allergy treatment, have both a delivery pattern and a time span of authorization. Many UMOs place time limits - as in will not authorize anything for more than 30 days at a time. For example, blanket authorization for allergy treatments as required for 30 days. At the end of the 30 days, the provider must request to renew the certification - not extend it - because the UMO authorizes for 30 day intervals, one interval at a time.
S	Revised Use if the requester is revising the specifics of a certification for which services have not been rendered. For example, the requester may be requesting additional procedures or other procedures for the same patient event.

SITUATIONAL **UM03** **1365** **Service Type Code** **O 1** **ID** **1/2**

Code identifying the classification of service

SITUATIONAL RULE: *Required when different from the UM03 value at the Patient Event level (Loop 2000E) or when SV1, SV2, or SV3 is not valued in this Service loop. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.*

Values at the Service Level override the values entered at the Patient Event Level for this service.

CODE	DEFINITION
1	Medical Care
2	Surgical
3	Consultation

4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
11	Used Durable Medical Equipment
12	Durable Medical Equipment Purchase
14	Renal Supplies in the Home
15	Alternate Method Dialysis
16	Chronic Renal Disease (CRD) Equipment
17	Pre-Admission Testing
18	Durable Medical Equipment Rental
20	Second Surgical Opinion
21	Third Surgical Opinion
23	Diagnostic Dental
24	Periodontics
25	Restorative
	Use for restorative dental services.
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
33	Chiropractic
35	Dental Care
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
42	Home Health Care
44	Home Health Visits
45	Hospice
46	Respite Care
54	Long Term Care
56	Medically Related Transportation
61	In-vitro Fertilization
62	MRI/CAT Scan
63	Donor Procedures
64	Acupuncture
65	Newborn Care
66	Pathology
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants

71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
77	Otological Exam
78	Chemotherapy
79	Allergy Testing
80	Immunizations
82	Family Planning
83	Infertility
84	Abortion
85	AIDS
86	Emergency Services
87	Cancer
88	Pharmacy
93	Podiatry
A4	Psychiatric
A6	Psychotherapy
A9	Rehabilitation
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision (Optometry)
AR	Experimental Drug Therapy
B1	Burn Care
BB	Partial Hospitalization (Psychiatric)
BC	Day Care (Psychiatric)
BD	Cognitive Therapy
BE	Massage Therapy
BF	Pulmonary Rehabilitation
BG	Cardiac Rehabilitation
BL	Cardiac
BN	Gastrointestinal
BP	Endocrine
BQ	Neurology
BS	Invasive Procedures
BY	Physician Visit - Office: Sick
BZ	Physician Visit - Office: Well

			C1	Coronary Care										
			GY	Allergy										
			IC	Intensive Care										
			MH	Mental Health										
			NI	Neonatal Intensive Care										
			ON	Oncology										
			PT	Physical Therapy										
			PU	Pulmonary										
			RN	Renal										
			RT	Residential Psychiatric Treatment										
			TC	Transitional Care										
			TN	Transitional Nursery Care										
SITUATIONAL	UM04	C023	HEALTH CARE SERVICE LOCATION INFORMATION				O	1						
To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered														
SITUATIONAL RULE: <i>Required when different from the UM04 value at the Patient Event level (Loop 2000E). If not required by this implementation guide, do not send.</i>														
Values entered at the Service Level overrides the value at the Patient Event Level for this service.														
REQUIRED	UM04 - 1	1331	Facility Code Value				M	AN	1/2					
Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.														
IMPLEMENTATION NAME: Facility Type Code														
Use to indicate a facility code value from the code source referenced in UM04-2.														
REQUIRED	UM04 - 2	1332	Facility Code Qualifier				O	ID	1/2					
Code identifying the type of facility referenced														
SEMANTIC: C023-02 qualifies C023-01 and C023-03.														
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>A</td><td>Uniform Billing Claim Form Bill Type</td></tr><tr><td>B</td><td>CODE SOURCE 236: Uniform Billing Claim Form Bill Type Place of Service Codes for Professional or Dental Services CODE SOURCE 237: Place of Service Codes for Professional Claims</td></tr></table>									CODE	DEFINITION	A	Uniform Billing Claim Form Bill Type	B	CODE SOURCE 236: Uniform Billing Claim Form Bill Type Place of Service Codes for Professional or Dental Services CODE SOURCE 237: Place of Service Codes for Professional Claims
CODE	DEFINITION													
A	Uniform Billing Claim Form Bill Type													
B	CODE SOURCE 236: Uniform Billing Claim Form Bill Type Place of Service Codes for Professional or Dental Services CODE SOURCE 237: Place of Service Codes for Professional Claims													
NOT USED	UM04 - 3	1325	Claim Frequency Type Code				O	ID	1/1					
CODE SOURCE 235: Claim Frequency Type Code														
NOT USED	UM05	C024	RELATED CAUSES INFORMATION				O	1						
NOT USED	UM06	1338	Level of Service Code				O	1	ID 1/3					
NOT USED	UM07	1213	Current Health Condition Code				O	1	ID 1/1					
NOT USED	UM08	923	Prognosis Code				O	1	ID 1/1					

NOT USED	UM09	1363	Release of Information Code	O 1	ID	1/1
NOT USED	UM10	1514	Delay Reason Code	O 1	ID	1/2

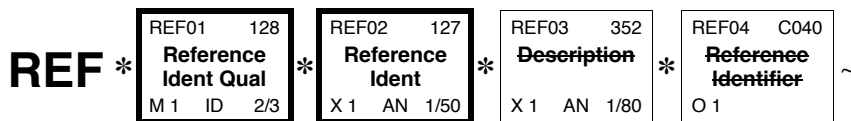
SEGMENT DETAIL

REF - PREVIOUS REVIEW AUTHORIZATION
NUMBER**X12 Segment Name:** Reference Information**X12 Purpose:** To specify identifying information**X12 Syntax:** 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2000F — SERVICE LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when different from the Previous Review Authorization Number specified at the Patient Event Level (Loop 2000E). If not required by this implementation guide, do not send.**TR3 Notes:** 1. This is the authorization number assigned by the UMO to the original review outcome associated with this service. This is not the trace number assigned by the requester.**TR3 Example:** REF*BB*A123~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			BB	Authorization Number
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203	X 1 AN 1/50
			IMPLEMENTATION NAME: Previous Review Authorization Number	
NOT USED	REF03	352	Description	X 1 AN 1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1

SEGMENT DETAIL

REF - PREVIOUS REVIEW ADMINISTRATIVE REFERENCE NUMBER

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2000F — SERVICE LEVEL

Segment Repeat: 1

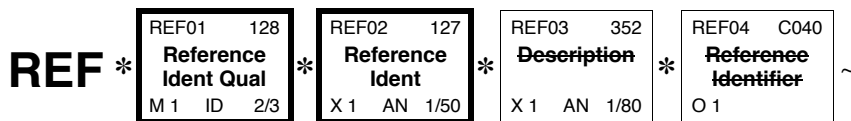
Usage: SITUATIONAL

Situational Rule: Required when different from the Previous Review Administrative Reference Number specified at the Patient Event Level (Loop 2000E). If not required by this implementation guide, do not send.

TR3 Notes: 1. This is the administrative number assigned by the UMO to the original service review outcome associated with this service review. This is not the trace number assigned by the requester.

TR3 Example: REF*NT*123Z~

DIAGRAM



ELEMENT DETAIL

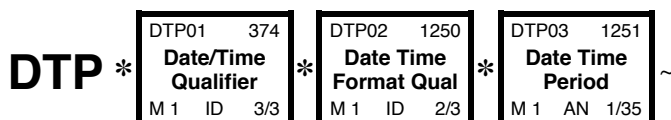
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			NT	Administrator's Reference Number
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1 AN 1/50
			SYNTAX: R0203	
			IMPLEMENTATION NAME: Previous Administrative Reference Number	
NOT USED	REF03	352	Description	X 1 AN 1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1

SEGMENT DETAIL

DTP - SERVICE DATE

X12 Segment Name: Date or Time or Period**X12 Purpose:** To specify any or all of a date, a time, or a time period**Loop:** 2000F — SERVICE LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when proposed or actual date or range of dates of service is different from the Patient Event Date in Loop 2000E. If not required by this implementation guide, do not send.**TR3 Example:** DTP*472*D8*20050516~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION
			472	Service
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
			RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Proposed or Actual Service Date				

SEGMENT DETAIL

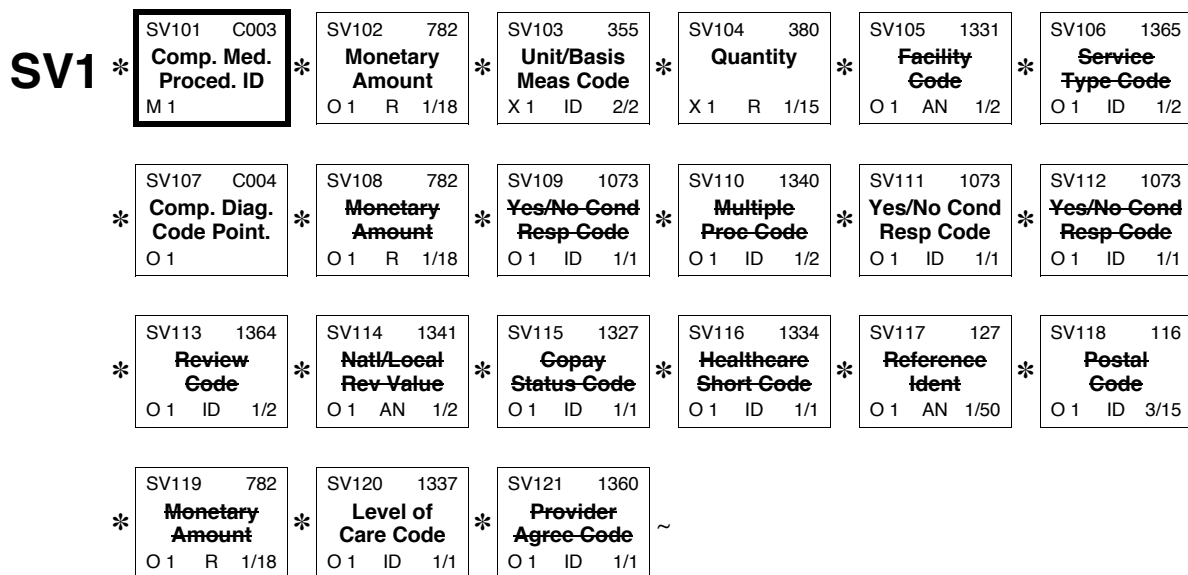
SV1 - PROFESSIONAL SERVICE

X12 Segment Name: Professional Service**X12 Purpose:** To specify the service line item detail for a health care professional**X12 Syntax:** 1. P0304

If either SV103 or SV104 is present, then the other is required.

Loop: 2000F — SERVICE LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when requesting a specific Professional Service. If not required by this implementation guide, do not send.**TR3 Example:** SV1*HC:99211:25*12.25*UN*1***1:2:3***N~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SV101	C003	COMPOSITE MEDICAL PROCEDURE IDENTIFIER To identify a medical procedure by its standardized codes and applicable modifiers	M 1
REQUIRED	SV101 - 1	235	Product/Service ID Qualifier Code identifying the type/source of the descriptive number used in Product/Service ID (234) SEMANTIC: C003-01 qualifies C003-02 and C003-08.	M ID 2/2
IMPLEMENTATION NAME: Product or Service ID Qualifier				

CODE		DEFINITION	
HC		Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes	
		This code is required when reporting CPT codes and Level 1 HCPCS codes. Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.	
		CODE SOURCE 130: Healthcare Common Procedural Coding System	
IV		Home Infusion EDI Coalition (HIEC) Product/Service Code	
		This code set is not allowed for use under HIPAA at the time of this writing. Use only in non-HIPAA implementations.	
		CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List	
N4		National Drug Code in 5-4-2 Format	
		CODE SOURCE 240: National Drug Code by Format	
WK		Advanced Billing Concepts (ABC) Codes	
		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the Complimentary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For service reviews which are not covered under HIPAA.	
		CODE SOURCE 843: Advanced Billing Concepts (ABC) Codes	
REQUIRED	SV101 - 2	234 Product/Service ID	M AN 1/48
		Identifying number for a product or service	
		SEMANTIC: If C003-08 is used, then C003-02 represents the beginning value in the range in which the code occurs.	
		IMPLEMENTATION NAME: Procedure Code	
SITUATIONAL	SV101 - 3	1339 Procedure Modifier	O AN 2/2
		This identifies special circumstances related to the performance of the service, as defined by trading partners	
		SEMANTIC: C003-03 modifies the value in C003-02 and C003-08.	
		SITUATIONAL RULE: <i>Required when additional clarification to the associated procedure code for which authorization is being requested. If not required by this implementation guide, do not send.</i>	
		Use this modifier for the first procedure code modifier.	

SITUATIONAL	SV101 - 4	1339	Procedure Modifier	O	AN	2/2
This identifies special circumstances related to the performance of the service, as defined by trading partners						
SEMANTIC: C003-04 modifies the value in C003-02 and C003-08.						
SITUATIONAL RULE: <i>Required when additional clarification to the associated procedure code for which authorization is being requested. If not required by this implementation guide, do not send.</i>						
Use this modifier for the second procedure code modifier.						
SITUATIONAL	SV101 - 5	1339	Procedure Modifier	O	AN	2/2
This identifies special circumstances related to the performance of the service, as defined by trading partners						
SEMANTIC: C003-05 modifies the value in C003-02 and C003-08.						
SITUATIONAL RULE: <i>Required when additional clarification to the associated procedure code for which authorization is being requested. If not required by this implementation guide, do not send.</i>						
Use this modifier for the third procedure code modifier.						
SITUATIONAL	SV101 - 6	1339	Procedure Modifier	O	AN	2/2
This identifies special circumstances related to the performance of the service, as defined by trading partners						
SEMANTIC: C003-06 modifies the value in C003-02 and C003-08.						
SITUATIONAL RULE: <i>Required when additional clarification to the associated procedure code for which authorization is being requested. If not required by this implementation guide, do not send.</i>						
Use this modifier for the fourth procedure code modifier.						
SITUATIONAL	SV101 - 7	352	Description	O	AN	1/80
A free-form description to clarify the related data elements and their content						
SEMANTIC: C003-07 is the description of the procedure identified in C003-02.						
SITUATIONAL RULE: <i>Required when the provider needs to convey additional clarification to miscellaneous, unspecified, or non descriptive procedures or modifiers. If not required by this implementation guide, may be provider at the sender's discretion but cannot be required by the receiver.</i>						
IMPLEMENTATION NAME: Procedure Code Description						

SITUATIONAL	SV101 - 8	234	Product/Service ID	O	AN	1/48										
Identifying number for a product or service																
SEMANTIC: C003-08 represents the ending value in the range in which the code occurs.																
SITUATIONAL RULE: <i>Required when the requester cannot determine the intensity or complexity of the service to be performed and therefore requires authorization for a range of procedures. If not required by this implementation guide, do not send.</i>																
IMPLEMENTATION NAME: Procedure Code																
Use SV101-2 to represent the beginning value in a procedure range and this data element to represent the ending value in a range of codes.																
SITUATIONAL	SV102	782	Monetary Amount	O	1	R 1/18										
Monetary amount																
SEMANTIC: SV102 is the submitted service line item amount.																
SITUATIONAL RULE: <i>Required when the procedure charge amount is necessary to approve a monetary limitation for the health care services requests. If not required by this implementation guide, do not send.</i>																
IMPLEMENTATION NAME: Service Line Amount																
SITUATIONAL	SV103	355	Unit or Basis for Measurement Code	X	1	ID 2/2										
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken																
SYNTAX: P0304																
SITUATIONAL RULE: <i>Required when service units were not provided in the HSD segment and a specific number of services are being requested for this procedure. If not required by this implementation guide, do not send.</i>																
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>F2</td><td>International Unit</td></tr><tr><td></td><td>International Unit is used to indicate dosage amount. Dosage amount is only used for drug claims when the dosage of the drug is variable within a single NDC number (e.g., blood factors).</td></tr><tr><td>MJ</td><td>Minutes</td></tr><tr><td>UN</td><td>Unit</td></tr></table>							CODE	DEFINITION	F2	International Unit		International Unit is used to indicate dosage amount. Dosage amount is only used for drug claims when the dosage of the drug is variable within a single NDC number (e.g., blood factors).	MJ	Minutes	UN	Unit
CODE	DEFINITION															
F2	International Unit															
	International Unit is used to indicate dosage amount. Dosage amount is only used for drug claims when the dosage of the drug is variable within a single NDC number (e.g., blood factors).															
MJ	Minutes															
UN	Unit															
SITUATIONAL	SV104	380	Quantity	X	1	R 1/15										
Numeric value of quantity																
SYNTAX: P0304																
SITUATIONAL RULE: <i>Required when service units were not provided in the HSD segment and a specific number of services are being requested for this procedure. If not required by this implementation guide, do not send.</i>																
IMPLEMENTATION NAME: Service Unit Count																

NOT USED	SV105	1331	Facility Code Value	O 1	AN	1/2
NOT USED	SV106	1365	Service Type Code	O 1	ID	1/2
SITUATIONAL	SV107	C004	COMPOSITE DIAGNOSIS CODE POINTER	O 1		
To identify one or more diagnosis code pointers						
SITUATIONAL RULE: <i>Required when this procedure relates to a specific diagnosis reported in HI Loop 2000E to point to the specific diagnosis. If not required by the implementation, do not send.</i>						
ALIAS: Diagnosis Code Pointer						
Acceptable values are 1 through 12.						
If no diagnosis pointer is provided, then this procedure applies to all diagnosis.						
REQUIRED	SV107 - 1	1328	Diagnosis Code Pointer	M	N0	1/2
A pointer to the diagnosis code in the order of importance to this service						
SEMANTIC: C004-01 identifies the primary diagnosis code for this service line.						
SITUATIONAL	SV107 - 2	1328	Diagnosis Code Pointer	O	N0	1/2
A pointer to the diagnosis code in the order of importance to this service						
SEMANTIC: C004-02 identifies the second diagnosis code for this service line.						
SITUATIONAL RULE: <i>Required when procedure is related to more than one diagnosis. If not required by this implementation guide, do not send.</i>						
Use this pointer for the second diagnosis code pointer.						
SITUATIONAL	SV107 - 3	1328	Diagnosis Code Pointer	O	N0	1/2
A pointer to the diagnosis code in the order of importance to this service						
SEMANTIC: C004-03 identifies the third diagnosis code for this service line.						
SITUATIONAL RULE: <i>Required when procedure is related to more than two diagnoses. If not required by this implementation guide, do not send.</i>						
Use this pointer for the third diagnosis code pointer.						
SITUATIONAL	SV107 - 4	1328	Diagnosis Code Pointer	O	N0	1/2
A pointer to the diagnosis code in the order of importance to this service						
SEMANTIC: C004-04 identifies the fourth diagnosis code for this service line.						
SITUATIONAL RULE: <i>Required when procedure is related to more than three diagnoses. If not required by this implementation guide, do not send.</i>						
Use this pointer for the fourth diagnosis code pointer.						
NOT USED	SV108	782	Monetary Amount	O 1	R	1/18
NOT USED	SV109	1073	Yes/No Condition or Response Code	O 1	ID	1/1
NOT USED	SV110	1340	Multiple Procedure Code	O 1	ID	1/2

SITUATIONAL	SV111	1073	Yes/No Condition or Response Code	O 1	ID	1/1
Code indicating a Yes or No condition or response						
SEMANTIC: SV111 is early and periodic screen for diagnosis and treatment of children (EPSDT) involvement; a “Y” value indicates EPSDT involvement; an “N” value indicates no EPSDT involvement.						
SITUATIONAL RULE: <i>Required when the requested service is based on EPSDT. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: EPSDT Indicator						
		CODE	DEFINITION			
		N	No			
		Y	Yes			
NOT USED	SV112	1073	Yes/No Condition or Response Code	O 1	ID	1/1
NOT USED	SV113	1364	Review Code	O 1	ID	1/2
NOT USED	SV114	1341	National or Local Assigned Review Value	O 1	AN	1/2
NOT USED	SV115	1327	Copay Status Code	O 1	ID	1/1
NOT USED	SV116	1334	Health Care Professional Shortage Area Code	O 1	ID	1/1
NOT USED	SV117	127	Reference Identification	O 1	AN	1/50
NOT USED	SV118	116	Postal Code	O 1	ID	3/15
NOT USED	SV119	782	Monetary Amount	O 1	R	1/18
SITUATIONAL	SV120	1337	Level of Care Code	O 1	ID	1/1
Code specifying the level of care provided by a nursing home facility						
SITUATIONAL RULE: <i>Required when needed to further clarify the level of care in which a patient resides. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Nursing Home Level of Care						
		CODE	DEFINITION			
		1	Skilled Nursing Facility (SNF)			
		2	Intermediate Care Facility (ICF)			
		3	Intermediate Care Facility - Mentally Retarded (ICF-MR)			
		4	Chronic Disease Hospital (CD)			
		5	Intermediate Care Facility (ICF) Level II			
		6	Special Skilled Nursing Facility (SNF)			
		7	Nursing Facility (NF)			
		8	Hospice			
NOT USED	SV121	1360	Provider Agreement Code	O 1	ID	1/1

SEGMENT DETAIL

SV2 - INSTITUTIONAL SERVICE LINE

X12 Segment Name: Institutional Service**X12 Purpose:** To specify the service line item detail for a health care institution**X12 Syntax:** 1. R0102

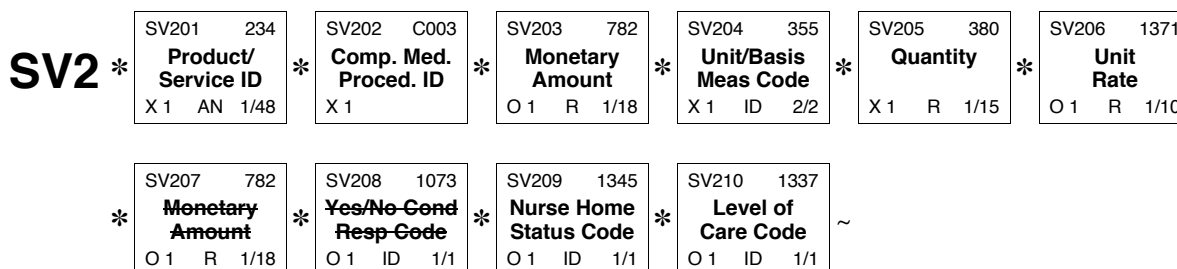
At least one of SV201 or SV202 is required.

2. P0405

If either SV204 or SV205 is present, then the other is required.

Loop: 2000F — SERVICE LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when requesting a specific Institutional Service or requesting a specific Revenue Code for the Institutional Service. If not required by this implementation guide, do not send.**TR3 Example:** SV2*300*HC:80019*73.42*UN*1~**TR3 Example:** SV2*120**1500*DA*5*300~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	SV201	234	Product/Service ID Identifying number for a product or service SYNTAX: R0102 SEMANTIC: SV201 is the revenue code. SITUATIONAL RULE: <i>Required when requesting approval on a revenue code. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Service Line Revenue Code See Code Source 132: National Uniform Billing Committee (NUBC) Codes.	X 1 AN 1/48

SITUATIONAL

SV202

C003

COMPOSITE MEDICAL PROCEDURE
IDENTIFIER

X 1

To identify a medical procedure by its standardized codes and applicable modifiers

SITUATIONAL RULE: *Required when requesting approval for a specific procedure code. If not required by this implementation guide, do not send.*

REQUIRED

SV202 - 1

235 Product/Service ID Qualifier M ID 2/2

Code identifying the type/source of the descriptive number used in Product/Service ID (234)

SEMANTIC:

C003-01 qualifies C003-02 and C003-08.

IMPLEMENTATION NAME: **Product or Service ID Qualifier**

CODE	DEFINITION
HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes This code is required when reporting CPT codes and Level 1 HCPCS codes. Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC. CODE SOURCE 130: Healthcare Common Procedural Coding System
ID	International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) - Procedure CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
IV	Home Infusion EDI Coalition (HIEC) Product/Service Code This code set is not allowed for use under HIPAA at the time of this writing. Use only in non-HIPAA implementations. CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List
N4	National Drug Code in 5-4-2 Format CODE SOURCE 240: National Drug Code by Format
WK	Advanced Billing Concepts (ABC) Codes This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the Complimentary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For service reviews which are not covered under HIPAA. CODE SOURCE 843: Advanced Billing Concepts (ABC) Codes

		ZZ	Mutually Defined			
		Use this code when reporting ICD-10-PCS. This code can only be used if mandated by HIPAA or for services not covered under HIPAA.				
		CODE SOURCE: 896 International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)				
REQUIRED	SV202 - 2	234	Product/Service ID	M	AN	1/48
		Identifying number for a product or service				
		SEMANTIC: If C003-08 is used, then C003-02 represents the beginning value in the range in which the code occurs.				
		IMPLEMENTATION NAME: Procedure Code				
SITUATIONAL	SV202 - 3	1339	Procedure Modifier	O	AN	2/2
		This identifies special circumstances related to the performance of the service, as defined by trading partners				
		SEMANTIC: C003-03 modifies the value in C003-02 and C003-08.				
		SITUATIONAL RULE: <i>Required when additional clarification to the associated procedure code for which authorization is being requested. If not required by this implementation guide, do not send.</i>				
		Use this data element for the first procedure code modifier.				
SITUATIONAL	SV202 - 4	1339	Procedure Modifier	O	AN	2/2
		This identifies special circumstances related to the performance of the service, as defined by trading partners				
		SEMANTIC: C003-04 modifies the value in C003-02 and C003-08.				
		SITUATIONAL RULE: <i>Required when additional clarification to the associated procedure code for which authorization is being requested. If not required by this implementation guide, do not send.</i>				
		Use this data element for the second procedure code modifier.				
SITUATIONAL	SV202 - 5	1339	Procedure Modifier	O	AN	2/2
		This identifies special circumstances related to the performance of the service, as defined by trading partners				
		SEMANTIC: C003-05 modifies the value in C003-02 and C003-08.				
		SITUATIONAL RULE: <i>Required when additional clarification to the associated procedure code for which authorization is being requested. If not required by this implementation guide, do not send.</i>				
		Use this data element for the third procedure code modifier.				

SITUATIONAL	SV202 - 6	1339	Procedure Modifier	O AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners	
			SEMANTIC: C003-06 modifies the value in C003-02 and C003-08.	
			SITUATIONAL RULE: <i>Required when additional clarification to the associated procedure code for which authorization is being requested. If not required by this implementation guide, do not send.</i>	
			Use this data element for the fourth procedure code modifier.	
SITUATIONAL	SV202 - 7	352	Description	O AN 1/80
			A free-form description to clarify the related data elements and their content	
			SEMANTIC: C003-07 is the description of the procedure identified in C003-02.	
			SITUATIONAL RULE: <i>Required when the provider needs to convey additional clarification to miscellaneous, unspecified, or non descriptive procedures or modifiers. If not required by this implementation guide, may be provider at the sender's discretion but cannot be required by the receiver.</i>	
			IMPLEMENTATION NAME: Procedure Code Description	
SITUATIONAL	SV202 - 8	234	Product/Service ID	O AN 1/48
			Identifying number for a product or service	
			SEMANTIC: C003-08 represents the ending value in the range in which the code occurs.	
			SITUATIONAL RULE: <i>Required when the requester cannot determine the intensity or complexity of the service to be performed and therefore requires authorization for a range of procedures. If not required by this implementation guide, do not send.</i>	
			IMPLEMENTATION NAME: Procedure Code	
			Use SV202-2 to represent the beginning value in the procedure range and this data element to represent the ending value in a range of codes.	
SITUATIONAL	SV203	782	Monetary Amount	O 1 R 1/18
			Monetary amount	
			SEMANTIC: SV203 is the submitted service line item amount.	
			SITUATIONAL RULE: <i>Required when the procedure charge amount is necessary to approve a monetary limitation for the health care services requests. If not required by this implementation guide, do not send.</i>	
			IMPLEMENTATION NAME: Service Line Amount	

SITUATIONAL	SV204	355	Unit or Basis for Measurement Code Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken SYNTAX: P0405 SITUATIONAL RULE: <i>Required when service units were not provided in the HSD segment and a specific number of services are being requested for this procedure. If not required by this implementation guide, do not send.</i>			
			CODE	DEFINITION		
			DA	Days		
			F2	International Unit Dosage amount is only used for drug claims when the dosage of the drug is variable within a single NDC number (e.g. blood factors).		
			UN	Unit		
SITUATIONAL	SV205	380	Quantity Numeric value of quantity SYNTAX: P0405 SITUATIONAL RULE: <i>Required when service units were not provided in the HSD segment and a specific number of services are being requested for this procedure. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Service Unit Count	X 1	R	1/15
SITUATIONAL	SV206	1371	Unit Rate The rate per unit of associate revenue for hospital accommodation SITUATIONAL RULE: <i>Required when SV201 is valued and accommodation rate is necessary to approve a monetary limitation for the health care services requests. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Service Line Rate	O 1	R	1/10
NOT USED	SV207	782	Monetary Amount	O 1	R	1/18
NOT USED	SV208	1073	Yes/No Condition or Response Code	O 1	ID	1/1
SITUATIONAL	SV209	1345	Nursing Home Residential Status Code Code specifying the status of a nursing home resident at the time of service SITUATIONAL RULE: <i>Required when the Health Care Services Review Request is for Long Term Care. If not required by this implementation guide, do not send.</i>	O 1	ID	1/1
			CODE	DEFINITION		
			1	Transferred to Intermediate Care Facility - Mentally Retarded (ICF-MR)		
			2	Newly Admitted		
			3	Newly Eligible		
			4	No Longer Eligible		
			5	Still a Resident		
			6	Temporary Absence - Hospital		

7 Temporary Absence - Other

8 Transferred to Intermediate Care Facility - Level II
(ICF II)

SITUATIONAL

SV210

1337

Level of Care Code

O 1 ID 1/1

Code specifying the level of care provided by a nursing home facility

SITUATIONAL RULE: *Required when needed to further clarify the level of care being requested for admission to a nursing facility, or when the request is for non-nursing facility and the level of care in which the patient resides is needed. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Nursing Home Level of Care

CODE	DEFINITION
1	Skilled Nursing Facility (SNF)
2	Intermediate Care Facility (ICF)
3	Intermediate Care Facility - Mentally Retarded (ICF-MR)
4	Chronic Disease Hospital (CD)
5	Intermediate Care Facility (ICF) Level II
6	Special Skilled Nursing Facility (SNF)
7	Nursing Facility (NF)
8	Hospice

SEGMENT DETAIL

SV3 - DENTAL SERVICE

X12 Segment Name: Dental Service

X12 Purpose: To specify the service line item detail for dental work

Loop: 2000F — SERVICE LEVEL

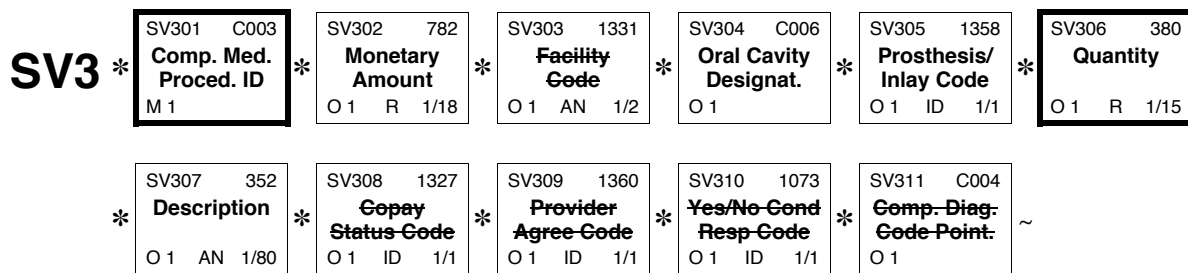
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when requesting a specific Dental Service. If not required by this implementation guide, do not send.

TR3 Example: SV3*AD:D2150*80****1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SV301	C003	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	M 1
To identify a medical procedure by its standardized codes and applicable modifiers				
REQUIRED	SV301 - 1	235	Product/Service ID Qualifier	M ID 2/2
Code identifying the type/source of the descriptive number used in Product/Service ID (234)				
SEMANTIC: C003-01 qualifies C003-02 and C003-08.				
IMPLEMENTATION NAME: Product or Service ID Qualifier				
		CODE	DEFINITION	
		AD	American Dental Association Codes	
			CDT = Current Dental Terminology	
CODE SOURCE 135: American Dental Association				
REQUIRED	SV301 - 2	234	Product/Service ID	M AN 1/48
Identifying number for a product or service				
SEMANTIC: If C003-08 is used, then C003-02 represents the beginning value in the range in which the code occurs.				
IMPLEMENTATION NAME: Procedure Code				

SITUATIONAL	SV301 - 3	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners SEMANTIC: C003-03 modifies the value in C003-02 and C003-08. SITUATIONAL RULE: <i>Required when additional clarification to the associated procedure code for which authorization is being requested. If not required by this implementation guide, do not send.</i> Use this data element for the first procedure code modifier. A modifier must be from code source 135 (American Dental Association) found in the 'Code on Dental Procedures and Nomenclature', if such modifier is available.	O AN 2/2
SITUATIONAL	SV301 - 4	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners SEMANTIC: C003-04 modifies the value in C003-02 and C003-08. SITUATIONAL RULE: <i>Required when additional clarification to the associated procedure code for which authorization is being requested. If not required by this implementation guide, do not send.</i> Use this data element for the second procedure code modifier. A modifier must be from code source 135 (American Dental Association) found in the 'Code on Dental Procedures and Nomenclature', if such modifier is available.	O AN 2/2
SITUATIONAL	SV301 - 5	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners SEMANTIC: C003-05 modifies the value in C003-02 and C003-08. SITUATIONAL RULE: <i>Required when additional clarification to the associated procedure code for which authorization is being requested. If not required by this implementation guide, do not send.</i> Use this data element for the third procedure code modifier. A modifier must be from code source 135 (American Dental Association) found in the 'Code on Dental Procedures and Nomenclature', if such modifier is available.	O AN 2/2
SITUATIONAL	SV301 - 6	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners SEMANTIC: C003-06 modifies the value in C003-02 and C003-08. SITUATIONAL RULE: <i>Required when additional clarification to the associated procedure code for which authorization is being requested. If not required by this implementation guide, do not send.</i>	O AN 2/2

Use this data element for the fourth procedure code modifier.

A modifier must be from code source 135 (American Dental Association) found in the 'Code on Dental Procedures and Nomenclature', if such modifier is available.

SITUATIONAL SV301 - 7

352 Description O AN 1/80

A free-form description to clarify the related data elements and their content

SEMANTIC:

C003-07 is the description of the procedure identified in C003-02.

SITUATIONAL RULE: *Required when the service request is for a "Not Otherwise Classified" (NOC) or "By Report" procedure code or to report the following information on this service line: Date of Initial Impression, Date of Initial Preparation Crown, Initial Preparation Crown Tooth Number, or Initial Endodontic Treatment. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Procedure Code Description

SITUATIONAL SV301 - 8

234 Product/Service ID O AN 1/48

Identifying number for a product or service

SEMANTIC:

C003-08 represents the ending value in the range in which the code occurs.

SITUATIONAL RULE: *Required when the requester cannot determine the intensity or complexity of the service to be performed and therefore requires authorization for a range of procedures. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Procedure Code

Use SV301-2 to represent the beginning value in the procedure range and this data element to represent the ending value in a range of codes.

SITUATIONAL SV302 782

Monetary Amount O 1 R 1/18

Monetary amount

SEMANTIC: SV302 is the submitted service line item amount.

SITUATIONAL RULE: *Required when the usual and customary cost is necessary to approve a monetary limitation for the health care services requests. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Service Line Amount

NOT USED SV303 1331

Facility Code Value O 1 AN 1/2

SITUATIONAL SV304 C006

ORAL CAVITY DESIGNATION O 1

To identify one or more areas of the oral cavity

SITUATIONAL RULE: *Required when necessary to report areas of the mouth that are being treated. If not required by this implementation guide, do not send.*

REQUIRED SV304 - 1

1361 Oral Cavity Designation Code M ID 1/3
Code Identifying the area of the oral cavity in which service is rendered
CODE SOURCE **135:** American Dental Association

Code source 135: American Dental Association Codes**SITUATIONAL** SV304 - 2

1361 Oral Cavity Designation Code O ID 1/3
Code Identifying the area of the oral cavity in which service is rendered

SITUATIONAL RULE: *Required when needed to identify additional oral cavity designation codes. If not required by this implementation guide, do not send.*

CODE SOURCE **135:** American Dental Association

Code source 135: American Dental Association Codes**SITUATIONAL** SV304 - 3

1361 Oral Cavity Designation Code O ID 1/3
Code Identifying the area of the oral cavity in which service is rendered

SITUATIONAL RULE: *Required when needed to identify additional oral cavity designation codes. If not required by this implementation guide, do not send.*

CODE SOURCE **135:** American Dental Association

Code source 135: American Dental Association Codes**SITUATIONAL** SV304 - 4

1361 Oral Cavity Designation Code O ID 1/3
Code Identifying the area of the oral cavity in which service is rendered

SITUATIONAL RULE: *Required when needed to identify additional oral cavity designation codes. If not required by this implementation guide, do not send.*

CODE SOURCE **135:** American Dental Association

Code source 135: American Dental Association Codes**SITUATIONAL** SV304 - 5

1361 Oral Cavity Designation Code O ID 1/3
Code Identifying the area of the oral cavity in which service is rendered

SITUATIONAL RULE: *Required when needed to identify additional oral cavity designation codes. If not required by this implementation guide, do not send.*

CODE SOURCE **135:** American Dental Association

Code source 135: American Dental Association Codes**SITUATIONAL** SV305 1358

Prosthesis, Crown or Inlay Code O 1 ID 1/1
Code specifying the placement status for the dental work

SITUATIONAL RULE: *Required when needed to indicate the placement status of the prosthetic for this service. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Prosthesis, Crown, or Inlay Code

CODE	DEFINITION
I	Initial Placement
R	Replacement

REQUIRED	SV306	380	Quantity Numeric value of quantity SEMANTIC: SV306 is the number of procedures. IMPLEMENTATION NAME: Service Unit Count Number of procedures	O 1 R	1/15
SITUATIONAL	SV307	352	Description A free-form description to clarify the related data elements and their content SEMANTIC: SV307 is the reason for replacement. SITUATIONAL RULE: <i>Required when necessary to describe the reason for replacement. If not required by this implementation guide, do not send.</i>	O 1 AN	1/80
NOT USED	SV308	1327	Copay Status Code	O 1 ID	1/1
NOT USED	SV309	1360	Provider Agreement Code	O 1 ID	1/1
NOT USED	SV310	1073	Yes/No Condition or Response Code	O 1 ID	1/1
NOT USED	SV311	C004	COMPOSITE DIAGNOSIS CODE POINTER	O 1	

SEGMENT DETAIL

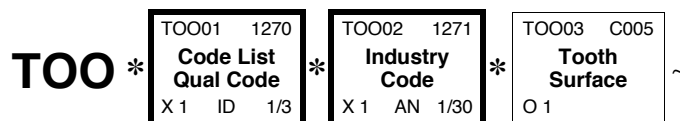
TOO - TOOTH INFORMATION

X12 Segment Name: Tooth Identification**X12 Purpose:** To identify a tooth by number and, if applicable, one or more tooth surfaces**X12 Syntax:** 1. P0102

If either TOO01 or TOO02 is present, then the other is required.

Loop: 2000F — SERVICE LEVEL**Segment Repeat:** 32**Usage:** SITUATIONAL**Situational Rule:** Required when SV3 is valued and it is necessary to report tooth number and/or tooth surface. If not required by this implementation guide, do not send.**TR3 Example:** TOO*JP*12*L:O~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	TOO01	1270	Code List Qualifier Code Code identifying a specific industry code list SYNTAX: P0102	X 1	ID	1/3				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>JP</td><td>Universal National Tooth Designation System CODE SOURCE 135: American Dental Association</td></tr></table>	CODE	DEFINITION	JP	Universal National Tooth Designation System CODE SOURCE 135: American Dental Association			
CODE	DEFINITION									
JP	Universal National Tooth Designation System CODE SOURCE 135: American Dental Association									
REQUIRED	TOO02	1271	Industry Code Code indicating a code from a specific industry code list SYNTAX: P0102	X 1	AN	1/30				
			IMPLEMENTATION NAME: Tooth Code							
			Code source 135: American Dental Association Codes							
SITUATIONAL	TOO03	C005	TOOTH SURFACE To identify one or more tooth surface codes SITUATIONAL RULE: <i>Required when reporting tooth surface as defined by the procedure code. If not required by this implementation guide, do not send.</i>	O 1						

REQUIRED	TOO03 - 1	1369	Tooth Surface Code	M	ID	1/2
			Code identifying the area of the tooth that was treated			
			CODE	DEFINITION		
		B	Buccal			
		D	Distal			
		F	Facial			
		I	Incisal			
		L	Lingual			
		M	Mesial			
		O	Occlusal			
SITUATIONAL	TOO03 - 2	1369	Tooth Surface Code	O	ID	1/2
			Code identifying the area of the tooth that was treated			
			SITUATIONAL RULE: <i>Required when necessary to report a second tooth surface. If not required by this implementation guide, do not send.</i>			
			Use code values from TOO03-1.			
SITUATIONAL	TOO03 - 3	1369	Tooth Surface Code	O	ID	1/2
			Code identifying the area of the tooth that was treated			
			SITUATIONAL RULE: <i>Required when necessary to report a third tooth surface. If not required by this implementation guide, do not send.</i>			
			Use code values from TOO03-1.			
SITUATIONAL	TOO03 - 4	1369	Tooth Surface Code	O	ID	1/2
			Code identifying the area of the tooth that was treated			
			SITUATIONAL RULE: <i>Required when necessary to report a fourth tooth surface. If not required by this implementation guide, do not send.</i>			
			Use code values from TOO03-1.			
SITUATIONAL	TOO03 - 5	1369	Tooth Surface Code	O	ID	1/2
			Code identifying the area of the tooth that was treated			
			SITUATIONAL RULE: <i>Required when necessary to report a fifth tooth surface. If not required by this implementation guide, do not send.</i>			
			Use code values from TOO03-1.			

SEGMENT DETAIL

HSD - HEALTH CARE SERVICES DELIVERY

X12 Segment Name: Health Care Services Delivery

X12 Purpose: To specify the delivery pattern of health care services

X12 Syntax: 1. **P0102**

If either HSD01 or HSD02 is present, then the other is required.

2. **C0605**

If HSD06 is present, then HSD05 is required.

Loop: 2000F — SERVICE LEVEL

Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when requesting services that have a specific pattern of delivery and the pattern of delivery or usage for this service is different from the pattern of delivery or usage (HSD) in the Patient Event (Loop 2000E). If not required by this implementation guide, do not send.

TR3 Notes: 1. An explanation of the uses of this segment follows.

HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means “one visit”.

Between HSD02 and HSD03 verbally insert a “per every”.

HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means “three days”. Between HSD04 and HSD05 verbally insert a “for”. HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means “21 days”.

The total message reads:

HSD*VS*1*DA*3*7*21~ = “One visit per every three days for 21 days”.

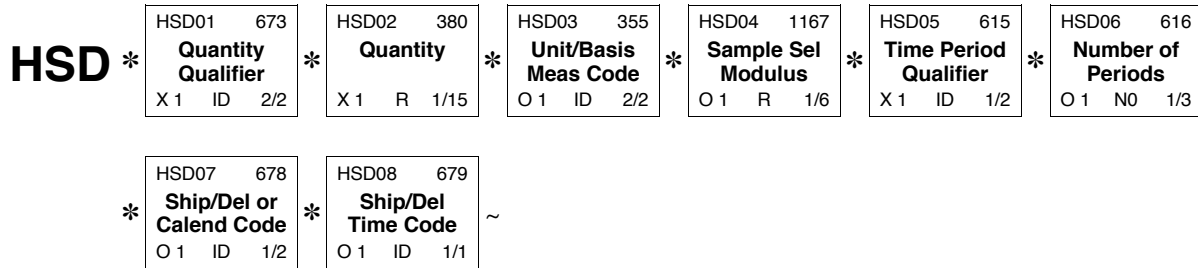
Another similar data string of HSD*VS*2*DA*4*7*20~ = “Two visits per every four days for 20 days”.

An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD*VS*1*****SX*D~ means “1 visit on Wednesday and Thursday morning”.

TR3 Example: HSD*VS*1*DA*1*7*10~ (This indicates “1 visit every (per) 1 day (daily) for 10 days”.)

TR3 Example: HSD*VS*1*DA*****W~ (This indicates “1 visit per day whenever necessary”.)

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES														
SITUATIONAL	HSD01	673	Quantity Qualifier Code specifying the type of quantity SYNTAX: P0102 SITUATIONAL RULE: <i>Required when needed to indicate the type of service count quantified in HSD02. If not required by this implementation guide, do not send.</i>	X 1	ID	2/2												
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>DY</td><td>Days</td></tr><tr><td>FL</td><td>Units</td></tr><tr><td>HS</td><td>Hours</td></tr><tr><td>MN</td><td>Month</td></tr><tr><td>VS</td><td>Visits</td></tr></tbody></table>	CODE	DEFINITION	DY	Days	FL	Units	HS	Hours	MN	Month	VS	Visits			
CODE	DEFINITION																	
DY	Days																	
FL	Units																	
HS	Hours																	
MN	Month																	
VS	Visits																	
SITUATIONAL	HSD02	380	Quantity Numeric value of quantity SYNTAX: P0102 SITUATIONAL RULE: <i>Required when HSD01 is valued to indicate the service quantity. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Service Unit Count ALIAS: Service Quantity If this is a request for an extension to an existing certification (UM02 = 4), then HSD02 represents the number of visits by which the certification is extended. If this is a request to revise an existing certification (UM02 = S), then HSD02 represents the new total.	X 1	R	1/15												

SITUATIONAL	HSD03	355	Unit or Basis for Measurement Code Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	O 1 ID 2/2																
SITUATIONAL RULE: <i>Required when needed to indicate the timeframe in which the quantity of services in HSD02 will be rendered. If not required by this implementation guide, do not send.</i>																				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>DA</td><td>Days</td></tr><tr><td>MO</td><td>Months</td></tr><tr><td>WK</td><td>Week</td></tr></table>					CODE	DEFINITION	DA	Days	MO	Months	WK	Week								
CODE	DEFINITION																			
DA	Days																			
MO	Months																			
WK	Week																			
SITUATIONAL	HSD04	1167	Sample Selection Modulus To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes	O 1 R 1/6																
SITUATIONAL RULE: <i>Required when needed to indicate sampling frequency for this service. If not required by this implementation guide, do not send.</i>																				
SITUATIONAL	HSD05	615	Time Period Qualifier Code defining periods SYNTAX: C0605	X 1 ID 1/2																
SITUATIONAL RULE: <i>Required when needed to indicate the time period for which the services will be continued. If not required by this implementation guide, do not send.</i>																				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>6</td><td>Hour</td></tr><tr><td>7</td><td>Day</td></tr><tr><td>21</td><td>Years</td></tr><tr><td>26</td><td>Episode</td></tr><tr><td>27</td><td>Visit</td></tr><tr><td>34</td><td>Month</td></tr><tr><td>35</td><td>Week</td></tr></table>					CODE	DEFINITION	6	Hour	7	Day	21	Years	26	Episode	27	Visit	34	Month	35	Week
CODE	DEFINITION																			
6	Hour																			
7	Day																			
21	Years																			
26	Episode																			
27	Visit																			
34	Month																			
35	Week																			
SITUATIONAL	HSD06	616	Number of Periods Total number of periods SYNTAX: C0605	O 1 N0 1/3																
SITUATIONAL RULE: <i>Required when needed to indicate the number of time periods in HSD05 that are requested. If not required by this implementation guide, do not send.</i>																				
IMPLEMENTATION NAME: Period Count																				
SITUATIONAL	HSD07	678	Ship/Delivery or Calendar Pattern Code Code which specifies the routine shipments, deliveries, or calendar pattern	O 1 ID 1/2																
SITUATIONAL RULE: <i>Required when the patient event must be rendered within a specific calendar delivery pattern. If not required by this implementation guide, do not send.</i>																				
IMPLEMENTATION NAME: Delivery Frequency Code																				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>1st Week of the Month</td></tr></table>					CODE	DEFINITION	1	1st Week of the Month												
CODE	DEFINITION																			
1	1st Week of the Month																			

2	2nd Week of the Month
3	3rd Week of the Month
4	4th Week of the Month
5	5th Week of the Month
6	1st & 3rd Weeks of the Month
7	2nd & 4th Weeks of the Month
8	1st Working Day of Period
9	Last Working Day of Period
A	Monday through Friday
B	Monday through Saturday
C	Monday through Sunday
D	Monday
E	Tuesday
F	Wednesday
G	Thursday
H	Friday
J	Saturday
K	Sunday
L	Monday through Thursday
M	Immediately
N	As Directed
O	Daily Mon. through Fri.
P	1/2 Mon. & 1/2 Thurs.
Q	1/2 Tues. & 1/2 Thurs.
R	1/2 Wed. & 1/2 Fri.
S	Once Anytime Mon. through Fri.
SA	Sunday, Monday, Thursday, Friday, Saturday
SB	Tuesday through Saturday
SC	Sunday, Wednesday, Thursday, Friday, Saturday
SD	Monday, Wednesday, Thursday, Friday, Saturday
SG	Tuesday through Friday
SL	Monday, Tuesday and Thursday
SP	Monday, Tuesday and Friday
SX	Wednesday and Thursday
SY	Monday, Wednesday and Thursday
SZ	Tuesday, Thursday and Friday
T	1/2 Tue. & 1/2 Fri.
U	1/2 Mon. & 1/2 Wed.
V	1/3 Mon., 1/3 Wed., 1/3 Fri.
W	Whenever Necessary
X	1/2 By Wed., Bal. By Fri.
Y	None (Also Used to Cancel or Override a Previous Pattern)

SITUATIONAL **HSD08** **679** **Ship/Delivery Pattern Time Code** **O 1** **ID** **1/1**
Code which specifies the time for routine shipments or deliveries

SITUATIONAL RULE: *Required when needed to indicate the time delivery pattern for the services. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Delivery Pattern Time Code

CODE	DEFINITION
A	1st Shift (Normal Working Hours)
B	2nd Shift
C	3rd Shift
D	A.M.
E	P.M.
F	As Directed
G	Any Shift
Y	None (Also Used to Cancel or Override a Previous Pattern)

SEGMENT DETAIL

PWK - ADDITIONAL SERVICE INFORMATION

X12 Segment Name: Paperwork

X12 Purpose: To identify the type or transmission or both of paperwork or supporting information

X12 Syntax: 1. P0506

If either PWK05 or PWK06 is present, then the other is required.

Loop: 2000F — SERVICE LEVEL

Segment Repeat: 10

Usage: SITUATIONAL

Situational Rule: Required when the requester has additional documentation (electronic, paper, or other medium) associated with this health care services review that applies to the service(s) requested in this Service loop, and the 278 request (ST-SE) does not support this information in its segments and data elements. If not required by this implementation guide, do not send.

TR3 Notes: 1. Additional documentation at the service level should apply to a specific service and/or all the services requested in this service loop.

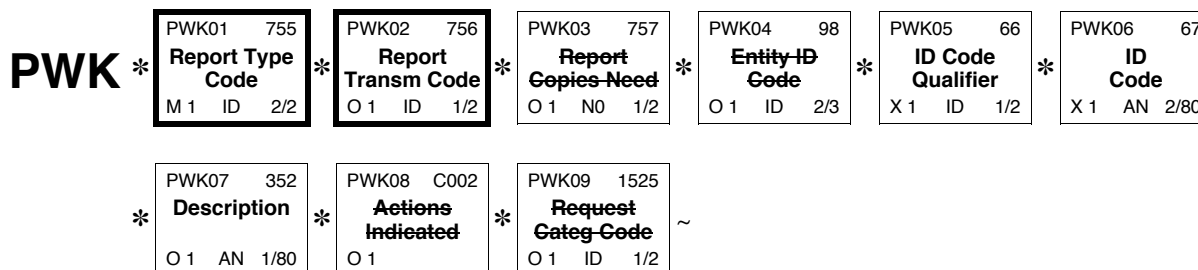
2. This PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or other medium. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be referenced in the electronic attachment.

3. The requester can also use this PWK segment to identify paperwork that is held at the provider's office and is available upon request by the UMO (or appropriate entity). Use code AA in PWK02 to convey this specific use of the PWK segment. See code note under PWK02, code AA.

Refer to Section 2.5 for more information on using this PWK segment.

TR3 Example: PWK*OB*BM***AC*DMN0012~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PWK01	755	Report Type Code Code indicating the title or contents of a document, report or supporting item	M 1 ID 2/2
IMPLEMENTATION NAME: Attachment Report Type Code				
			CODE	DEFINITION
			03	Report Justifying Treatment Beyond Utilization Guidelines
			04	Drugs Administered
			05	Treatment Diagnosis
			06	Initial Assessment
			07	Functional Goals
				Expected outcomes of rehabilitative services.
			08	Plan of Treatment
			09	Progress Report
			10	Continued Treatment
			11	Chemical Analysis
			13	Certified Test Report
			15	Justification for Admission
			21	Recovery Plan
			48	Social Security Benefit Letter
			55	Rental Agreement
				Use for medical or dental equipment rental.
			59	Benefit Letter
			77	Support Data for Verification
			A3	Allergies/Sensitivities Document
			A4	Autopsy Report
			AM	Ambulance Certification
				Information to support necessity of ambulance trip.
			AS	Admission Summary
				A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital.
			AT	Purchase Order Attachment
				Use for purchase of medical or dental equipment.
			B2	Prescription
			B3	Physician Order
			BR	Benchmark Testing Results
			BS	Baseline
			BT	Blanket Test Results
			CB	Chiropractic Justification
				Lists the reasons chiropractic is just and appropriate treatment.
			CK	Consent Form(s)

D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes
OB	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
P7	Periodontal Reports
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
QC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

REQUIRED	PWK02	756	Report Transmission Code Code defining timing, transmission method or format by which reports are to be sent	O 1	ID	1/2																				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>AA</td><td>Available on Request at Provider Site</td></tr><tr><td></td><td>This means that the paperwork is not being sent with the request at this time. Instead, it is available to the UMO (or appropriate entity) on request.</td></tr><tr><td>BM</td><td>By Mail</td></tr><tr><td>EL</td><td>Electronically Only</td></tr><tr><td></td><td>Use to indicate that the attachment is being transmitted in a separate X12 functional group.</td></tr><tr><td>EM</td><td>E-Mail</td></tr><tr><td>FX</td><td>By Fax</td></tr><tr><td>VO</td><td>Voice</td></tr><tr><td></td><td>Use this for voicemail or phone communication.</td></tr></table>	CODE	DEFINITION	AA	Available on Request at Provider Site		This means that the paperwork is not being sent with the request at this time. Instead, it is available to the UMO (or appropriate entity) on request.	BM	By Mail	EL	Electronically Only		Use to indicate that the attachment is being transmitted in a separate X12 functional group.	EM	E-Mail	FX	By Fax	VO	Voice		Use this for voicemail or phone communication.			
CODE	DEFINITION																									
AA	Available on Request at Provider Site																									
	This means that the paperwork is not being sent with the request at this time. Instead, it is available to the UMO (or appropriate entity) on request.																									
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	Use to indicate that the attachment is being transmitted in a separate X12 functional group.																									
EM	E-Mail																									
FX	By Fax																									
VO	Voice																									
	Use this for voicemail or phone communication.																									
NOT USED	PWK03	757	Report Copies Needed	O 1	N0	1/2																				
NOT USED	PWK04	98	Entity Identifier Code	O 1	ID	2/3																				
SITUATIONAL	PWK05	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0506 COMMENT: PWK05 and PWK06 may be used to identify the addressee by a code number. SITUATIONAL RULE: <i>Required when PWK02 equals BM, EL, EM or FX. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.</i>	X 1	ID	1/2																				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>AC</td><td>Attachment Control Number</td></tr></table>	CODE	DEFINITION	AC	Attachment Control Number																			
CODE	DEFINITION																									
AC	Attachment Control Number																									
SITUATIONAL	PWK06	67	Identification Code Code identifying a party or other code SYNTAX: P0506 SITUATIONAL RULE: <i>Required when PWK02 equals BM, EL, EM or FX. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.</i> IMPLEMENTATION NAME: Attachment Control Number The requester can use it when PWK02 equals "AA" if the requester wants to send a document control number for an attachment remaining at the Provider's office.	X 1	AN	2/80																				

SITUATIONAL	PWK07	352	Description A free-form description to clarify the related data elements and their content COMMENT: PWK07 may be used to indicate special information to be shown on the specified report. SITUATIONAL RULE: <i>Required when needed to add any additional information about the attachment described in this segment. If not required by this implementation guide, do not send.</i>	O 1 AN 1/80
IMPLEMENTATION NAME: Attachment Description				
NOT USED	PWK08	C002	ACTIONS INDICATED	O 1
NOT USED	PWK09	1525	Request Category Code	O 1 ID 1/2

SEGMENT DETAIL

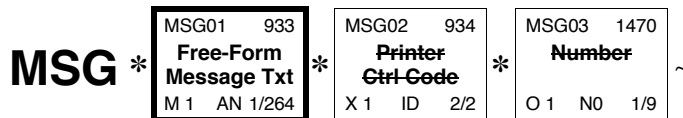
MSG - MESSAGE TEXT

X12 Segment Name: Message Text**X12 Purpose:** To provide a free-form format that allows the transmission of text information**X12 Syntax:** 1. C0302

If MSG03 is present, then MSG02 is required.

Loop: 2000F — SERVICE LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when needed to transmit a message to the UMO about the service. If not required by this implementation guide, do not send.**TR3 Notes:** 1. Do not use the MSG segment to relay information that you can send using codified information in existing data elements. If you need to use the MSG segment, you should approach X12N with data maintenance to solve the business need without the use of the MSG segment.**TR3 Example:** MSG*This is a free-form text message~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	MSG01	933	Free-form Message Text Free-form message text	M 1	AN	1/264
IMPLEMENTATION NAME: Free Form Message Text						
NOT USED	MSG02	934	Printer Carriage Control Code	X 1	ID	2/2
NOT USED	MSG03	1470	Number	O 1	NO	1/9

SEGMENT DETAIL

NM1 - SERVICE PROVIDER NAME

X12 Segment Name: Individual or Organizational Name

X12 Purpose: To supply the full name of an individual or organizational entity

X12 Syntax: 1. **P0809**

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

2. **C1110**

If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

Loop: 2010F — SERVICE PROVIDER NAME **Loop Repeat:** 10

Segment Repeat: 1

Usage: SITUATIONAL

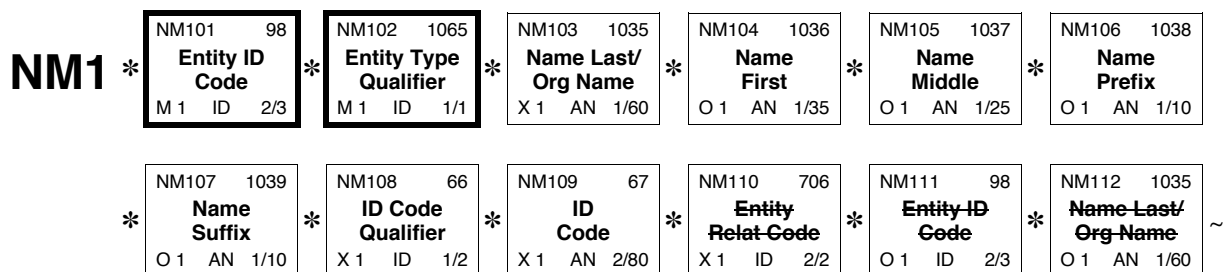
Situational Rule: Required when requesting a service provider, specialist, or specialty entity for this service that is different from the provider, specialist, or specialty entity identified in Loop 2010EA (Patient Event Provider Name). If Loop 2010EA is not valued, Loop 2010F must be valued for each service associated with this patient event. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.

TR3 Notes: 1. Use this segment to convey the name and identification number of the service provider (person, group, or facility) specialist, or specialty entity to provide services to the patient.

2. If this loop is not valued, loop 2010E is required to identify the service provider, specialist, or speciality entity to provide services.

TR3 Example: NM1*SJ*1*WATSON*SUSAN****34*987654321~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																														
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1	ID	2/3																												
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>1T</td><td>Physician, Clinic or Group Practice</td></tr><tr><td>72</td><td>Operating Physician</td></tr><tr><td>73</td><td>Other Physician</td></tr><tr><td>77</td><td>Service Location</td></tr><tr><td>DD</td><td>Assistant Surgeon</td></tr><tr><td>DK</td><td>Ordering Physician</td></tr><tr><td>DQ</td><td>Supervising Physician</td></tr><tr><td>FA</td><td>Facility</td></tr><tr><td>G3</td><td>Clinic</td></tr><tr><td>P3</td><td>Primary Care Provider</td></tr><tr><td>QB</td><td>Purchase Service Provider</td></tr><tr><td>QV</td><td>Group Practice</td></tr><tr><td>SJ</td><td>Service Provider</td></tr></tbody></table>	CODE	DEFINITION	1T	Physician, Clinic or Group Practice	72	Operating Physician	73	Other Physician	77	Service Location	DD	Assistant Surgeon	DK	Ordering Physician	DQ	Supervising Physician	FA	Facility	G3	Clinic	P3	Primary Care Provider	QB	Purchase Service Provider	QV	Group Practice	SJ	Service Provider			
CODE	DEFINITION																																	
1T	Physician, Clinic or Group Practice																																	
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FA	Facility																																	
G3	Clinic																																	
P3	Primary Care Provider																																	
QB	Purchase Service Provider																																	
QV	Group Practice																																	
SJ	Service Provider																																	
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M 1	ID	1/1																												
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>1</td><td>Person</td></tr><tr><td>2</td><td>Non-Person Entity</td></tr></tbody></table>	CODE	DEFINITION	1	Person	2	Non-Person Entity																									
CODE	DEFINITION																																	
1	Person																																	
2	Non-Person Entity																																	
SITUATIONAL	NM103	1035	Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203 SITUATIONAL RULE: <i>Required when identifying a specialty person, facility, group practice, or clinic and NM108/NM109 are not present. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.</i> IMPLEMENTATION NAME: Service Provider Last or Organization Name	X 1	AN	1/60																												
SITUATIONAL	NM104	1036	Name First Individual first name SITUATIONAL RULE: <i>Required when the service provider is a specific person (NM102 = 1) and NM103 is present. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Service Provider First Name	O 1	AN	1/35																												

SITUATIONAL	NM105	1037	Name Middle	O 1 AN 1/25
			Individual middle name or initial	

SITUATIONAL RULE: *Required when NM104 is present and the middle name/initial of the person is known. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Service Provider Middle Name

SITUATIONAL	NM106	1038	Name Prefix	O 1 AN 1/10
			Prefix to individual name	

SITUATIONAL RULE: *Required when military title or rank further identifies the provider. If not required by this implementation, may be provided at the sender's discretion, but cannot be required by the receiver.*

IMPLEMENTATION NAME: Service Provider Name Prefix

SITUATIONAL	NM107	1039	Name Suffix	O 1 AN 1/10
			Suffix to individual name	

SITUATIONAL RULE: *Required when NM104 is present and the suffix of the individual's name is known; e.g. Sr., Jr., or III. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Service Provider Name Suffix

SITUATIONAL	NM108	66	Identification Code Qualifier	X 1 ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)	

SYNTAX: P0809

SITUATIONAL RULE: *Required when requesting the services of a specific person, facility, group practice, or clinic and the provider ID is known by the requester. If not required by this implementation guide, do not send.*

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
46	Electronic Transmitter Identification Number (ETIN)
XX	Centers for Medicare and Medicaid Services National Provider Identifier

Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has an NPI and it is available to the submitter.
OR
Required for providers before the mandated HIPAA NPI implementation date when the provider has an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.

CODE SOURCE 537: Centers for Medicare and Medicaid Services
National Provider Identifier

SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code SYNTAX: P0809 SITUATIONAL RULE: <i>Required when requesting the services of a specific person, facility, group practice, or clinic and the provider ID is known by the requester. If not required by this implementation guide, do not send.</i>	X 1	AN	2/80
IMPLEMENTATION NAME: Service Provider Identifier						
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60

SEGMENT DETAIL

REF - SERVICE PROVIDER SUPPLEMENTAL IDENTIFICATION

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2010F — SERVICE PROVIDER NAME

Segment Repeat: 8

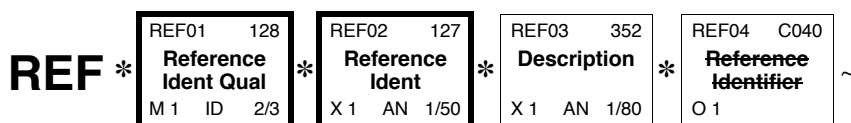
Usage: SITUATIONAL

Situational Rule: Required on or after the mandated implementation date for the HIPAA National Provider Identifier (NPI) when the provider is not a specialty entity and the NPI is not reported in NM109 of this loop and another identifier is available to the submitter.
OR
Required prior to the mandated NPI implementation date when an additional identification number to the NPI provided in NM109 of this loop is necessary for the UMO to identify the service provider.
OR
Required prior to the mandated NPI implementation date when necessary for the UMO to identify the service provider.
If not required by this implementation guide, do not send.

TR3 Notes: 1. Use the NM1 Segment for the primary identifier.

TR3 Example: REF*1G*12345~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			0B	State License Number
			1G	Provider UPIN Number
			1J	Facility ID Number
			EI	Employer's Identification Number
			Not used if NM108 = 24.	

			N5	Provider Plan Network Identification Number	
			N7	Facility Network Identification Number	
			SY	Social Security Number	
				The social security number may not be used for Medicare. Not used if NM108 = 34.	
			ZH	Carrier Assigned Reference Number	
				Required when necessary to provide the provider ID as assigned by the UMO identified in Loop 2000A.	
REQUIRED	REF02	127	Reference Identification	X 1 AN 1/50	
				Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
				SYNTAX: R0203	
				IMPLEMENTATION NAME: Service Provider Supplemental Identifier	
SITUATIONAL	REF03	352	Description	X 1 AN 1/80	
				A free-form description to clarify the related data elements and their content	
				SYNTAX: R0203	
				SITUATIONAL RULE: <i>Required when REF01 = 0B to report the two character state ID of the state assigning the State License Number. If not required by this implementation guide, do not send.</i>	
				IMPLEMENTATION NAME: License Number State Code	
				See code source 22: State and Outlying Areas of the US.	
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1	

SEGMENT DETAIL

N3 - SERVICE PROVIDER ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2010F — SERVICE PROVIDER NAME

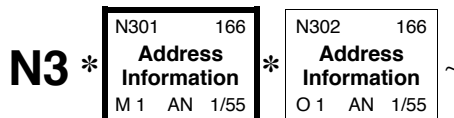
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the provider has multiple locations to identify the specific location for this patient event. If not required by this implementation guide, do not send.

TR3 Example: N3*77 HOLLY BLVD~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Service Provider Address Line				
Use this element for the first line of the provider's address.				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required when a second address line exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Service Provider Address Line				

SEGMENT DETAIL

N4 - SERVICE PROVIDER CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

X12 Syntax: 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

Loop: 2010F — SERVICE PROVIDER NAME

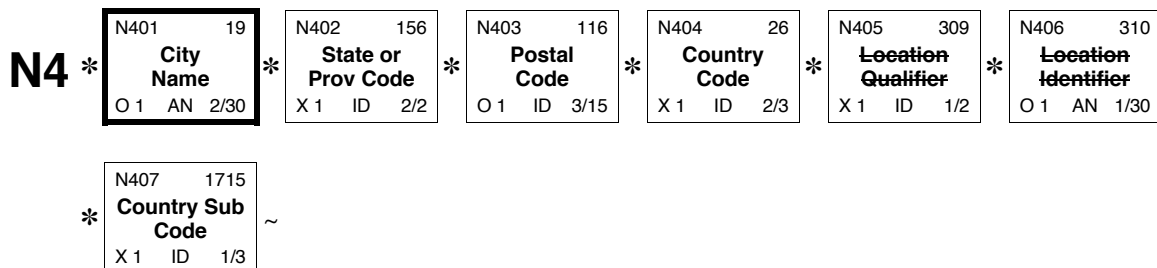
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the provider has multiple locations to identify the specific location for this patient event. If not required by this implementation guide, do not send.

TR3 Example: N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name	O 1 AN 2/30
COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.				
IMPLEMENTATION NAME: Service Provider City Name				

SITUATIONAL	N402	156	State or Province Code X 1 ID 2/2 Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Service Provider State or Province Code CODE SOURCE 22: States and Provinces
SITUATIONAL	N403	116	Postal Code O 1 ID 3/15 Code defining international postal zone code excluding punctuation and blanks (zip code for United States) SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Service Provider Postal Zone or ZIP Code CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes
SITUATIONAL	N404	26	Country Code X 1 ID 2/3 Code identifying the country SYNTAX: C0704 SITUATIONAL RULE: <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the alpha-2 country codes from Part 1 of ISO 3166.
NOT USED	N405	309	Location Qualifier X 1 ID 1/2
NOT USED	N406	310	Location Identifier O 1 AN 1/30
SITUATIONAL	N407	1715	Country Subdivision Code X 1 ID 1/3 Code identifying the country subdivision SYNTAX: E0207, C0704 SITUATIONAL RULE: <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the country subdivision codes from Part 2 of ISO 3166.

SEGMENT DETAIL

**PER - SERVICE PROVIDER CONTACT
INFORMATION****X12 Segment Name:** Administrative Communications Contact**X12 Purpose:** To identify a person or office to whom administrative communications should be directed**X12 Syntax:** 1. **P0304**

If either PER03 or PER04 is present, then the other is required.

2. **P0506**

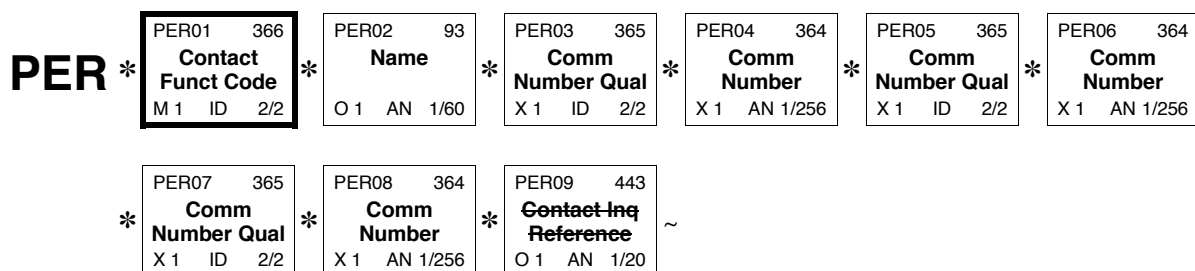
If either PER05 or PER06 is present, then the other is required.

3. **P0708**

If either PER07 or PER08 is present, then the other is required.

Loop: 2010F — SERVICE PROVIDER NAME**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when needed to identify a contact name and/or communications number for the provider. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.**TR3 Notes:** 1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and telephone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.**TR3 Example:** PER*IC*M TUCKER*TE*8185551212*FX*8185551212~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PER01	366	Contact Function Code Code identifying the major duty or responsibility of the person or group named	M 1 ID 2/2
			CODE	DEFINITION
			IC	Information Contact
SITUATIONAL	PER02	93	Name Free-form name	O 1 AN 1/60
			SITUATIONAL RULE: <i>Required when the Information Source needs to indicate a particular contact and the name of the entity to contact is not already defined or is different than the name within the prior name segment (NM1). If not required by this implementation guide, do not send.</i>	
			IMPLEMENTATION NAME: Service Provider Contact Name	
SITUATIONAL	PER03	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0304	X 1 ID 2/2
			SITUATIONAL RULE: <i>Required when PER02 is not valued or when the provider needs to transmit a contact communication number. If not required by this implementation guide, do not send.</i>	
			CODE	DEFINITION
			EM	Electronic Mail
			FX	Facsimile
			TE	Telephone
			UR	Uniform Resource Locator (URL)
SITUATIONAL	PER04	364	Communication Number Complete communications number including country or area code when applicable SYNTAX: P0304	X 1 AN 1/256
			SITUATIONAL RULE: <i>Required when PER02 is not valued or when the provider needs to transmit a contact communication number. If not required by this implementation guide, do not send.</i>	
			IMPLEMENTATION NAME: Service Provider Contact Communication Number	
SITUATIONAL	PER05	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0506	X 1 ID 2/2
			SITUATIONAL RULE: <i>Required when the telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>	
			CODE	DEFINITION
			EM	Electronic Mail

			EX	Telephone Extension			
				When used, the value following this code is the extension for the preceding communications contact number.			
			FX	Facsimile			
			TE	Telephone			
			UR	Uniform Resource Locator (URL)			
SITUATIONAL	PER06	364	Communication Number		X 1	AN	1/256
			Complete communications number including country or area code when applicable				
			SYNTAX: P0506				
			SITUATIONAL RULE: <i>Required when the telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Service Provider Contact Communication Number				
SITUATIONAL	PER07	365	Communication Number Qualifier		X 1	ID	2/2
			Code identifying the type of communication number				
			SYNTAX: P0708				
			SITUATIONAL RULE: <i>Required when the telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>				
			CODE	DEFINITION			
			EM	Electronic Mail			
			EX	Telephone Extension			
				When used, the value following this code is the extension for the preceding communications contact number.			
			FX	Facsimile			
			TE	Telephone			
			UR	Uniform Resource Locator (URL)			
SITUATIONAL	PER08	364	Communication Number		X 1	AN	1/256
			Complete communications number including country or area code when applicable				
			SYNTAX: P0708				
			SITUATIONAL RULE: <i>Required when the telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Service Provider Contact Communication Number				
NOT USED	PER09	443	Contact Inquiry Reference		O 1	AN	1/20

SEGMENT DETAIL

PRV - SERVICE PROVIDER INFORMATION

X12 Segment Name: Provider Information

X12 Purpose: To specify the identifying characteristics of a provider

X12 Syntax: 1. P0203

If either PRV02 or PRV03 is present, then the other is required.

Loop: 2010F — SERVICE PROVIDER NAME

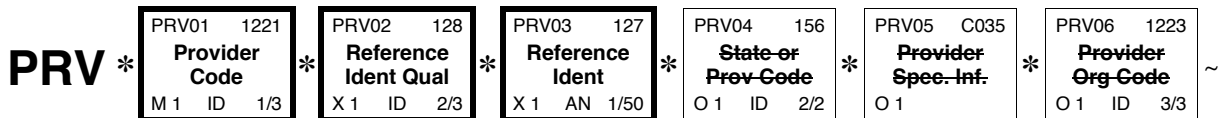
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when request is for services of a specialist or specialty entity to indicate the provider's specialty. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.

TR3 Example: PRV*PE*PXC*203BS0133X~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																												
REQUIRED	PRV01	1221	Provider Code Code identifying the type of provider	M 1	ID	1/3																										
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>AS</td><td>Assistant Surgeon</td></tr><tr><td></td><td>Use only when NM101 = DD.</td></tr><tr><td>OP</td><td>Operating</td></tr><tr><td></td><td>Use only when NM101 = 72.</td></tr><tr><td>OR</td><td>Ordering</td></tr><tr><td></td><td>Use only when NM101 = DK.</td></tr><tr><td>OT</td><td>Other Physician</td></tr><tr><td></td><td>Use only when NM101 = 73.</td></tr><tr><td>PC</td><td>Primary Care Physician</td></tr><tr><td></td><td>Use only when NM101 = P3.</td></tr><tr><td>PE</td><td>Performing</td></tr><tr><td></td><td>Use only when NM101 = SJ.</td></tr></table>	CODE	DEFINITION	AS	Assistant Surgeon		Use only when NM101 = DD.	OP	Operating		Use only when NM101 = 72.	OR	Ordering		Use only when NM101 = DK.	OT	Other Physician		Use only when NM101 = 73.	PC	Primary Care Physician		Use only when NM101 = P3.	PE	Performing		Use only when NM101 = SJ.			
CODE	DEFINITION																															
AS	Assistant Surgeon																															
	Use only when NM101 = DD.																															
OP	Operating																															
	Use only when NM101 = 72.																															
OR	Ordering																															
	Use only when NM101 = DK.																															
OT	Other Physician																															
	Use only when NM101 = 73.																															
PC	Primary Care Physician																															
	Use only when NM101 = P3.																															
PE	Performing																															
	Use only when NM101 = SJ.																															

REQUIRED	PRV02	128	Reference Identification Qualifier Code qualifying the Reference Identification SYNTAX: P0203	X 1	ID	2/3				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>PXC</td><td>Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy</td></tr></table>							CODE	DEFINITION	PXC	Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy
CODE	DEFINITION									
PXC	Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy									
REQUIRED	PRV03	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: P0203	X 1	AN	1/50				
IMPLEMENTATION NAME: Provider Taxonomy Code										
ALIAS: Provider Specialty Code										
NOT USED	PRV04	156	State or Province Code	O 1	ID	2/2				
NOT USED	PRV05	C035	PROVIDER SPECIALTY INFORMATION	O 1						
NOT USED	PRV06	1223	Provider Organization Code	O 1	ID	3/3				

SEGMENT DETAIL

SE - TRANSACTION SET TRAILER

X12 Segment Name: Transaction Set Trailer

X12 Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

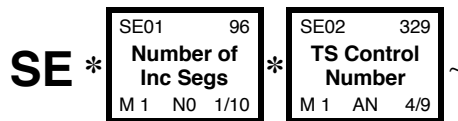
X12 Comments: 1. SE is the last segment of each transaction set.

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: SE*24*0001~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SE01	96	Number of Included Segments Total number of segments included in a transaction set including ST and SE segments	M 1 NO 1/10
IMPLEMENTATION NAME: Transaction Segment Count				
REQUIRED	SE02	329	Transaction Set Control Number Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M 1 AN 4/9
The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research.				

2.5 Transaction Set Listing

2.5.1 Implementation

This section lists the levels, loops, and segments contained in this implementation. It also serves as an index to the segment detail. Refer to Section 2.1 Presentation Examples for detailed information on the components of the Implementation section.

IMPLEMENTATION

278 Health Care Services Review Information

It is required that separate transaction sets be used for different patients.

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
302	0100	ST	Transaction Set Header	R	1	
304	0200	BHT	Beginning of Hierarchical Transaction	R	1	

Table 2 - Utilization Management Organization (UMO) Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL			1
306	0100	HL	Utilization Management Organization (UMO) Level	R	1	
308	0300	AAA	Request Validation	S	9	
			LOOP ID - 2010A UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME			1
310	1700	NM1	Utilization Management Organization (UMO) Name	R	1	
313	2200	PER	Utilization Management Organization (UMO) Contact Information	S	1	
316	2300	AAA	Utilization Management Organization (UMO) Request Validation	S	9	

Table 2 - Requester Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B REQUESTER LEVEL			1
318	0100	HL	Requester Level	S	1	
			LOOP ID - 2010B REQUESTER NAME			2
320	1700	NM1	Requester Name	R	1	
323	1800	REF	Requester Supplemental Identification	S	8	
325	2300	AAA	Requester Request Validation	S	9	
327	2400	PRV	Requester Provider Information	S	1	

Table 2 - Subscriber Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000C SUBSCRIBER LEVEL			1
329	0100	HL	Subscriber Level	S	1	
			LOOP ID - 2010C SUBSCRIBER NAME			1
331	1700	NM1	Subscriber Name	R	1	
334	1800	REF	Subscriber Supplemental Identification	S	9	
336	2000	N3	Subscriber Mailing Address	S	1	
337	2100	N4	Subscriber City, State, ZIP Code	S	1	
339	2300	AAA	Subscriber Request Validation	S	9	
341	2500	DMG	Subscriber Demographic Information	S	1	
343	2600	INS	Subscriber Relationship	S	1	

Table 2 - Dependent Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000D DEPENDENT LEVEL			1
345	0100	HL	Dependent Level	S	1	
			LOOP ID - 2010D DEPENDENT NAME			1
347	1700	NM1	Dependent Name	R	1	
350	1800	REF	Dependent Supplemental Identification	S	3	
352	2000	N3	Dependent Address	S	1	
353	2100	N4	Dependent City, State, ZIP Code	S	1	
355	2300	AAA	Dependent Request Validation	S	9	
357	2500	DMG	Dependent Demographic Information	S	1	
359	2600	INS	Dependent Relationship	S	1	

Table 2 - Patient Event Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000E PATIENT EVENT LEVEL			>1
361	0100	HL	Patient Event Level	S	1	
363	0200	TRN	Patient Event Tracking Number	S	3	
365	0300	AAA	Patient Event Request Validation	S	9	
367	0400	UM	Health Care Services Review Information	R	1	
373	0500	HCR	Health Care Services Review	S	1	
376	0600	REF	Administrative Reference Number	S	1	
377	0600	REF	Previous Review Authorization Number	S	1	
378	0700	DTP	Accident Date	S	1	
379	0700	DTP	Last Menstrual Period Date	S	1	
380	0700	DTP	Estimated Date of Birth	S	1	
381	0700	DTP	Onset of Current Symptoms or Illness Date	S	1	
382	0700	DTP	Event Date	S	1	
383	0700	DTP	Admission Date	S	1	
384	0700	DTP	Discharge Date	S	1	
385	0700	DTP	Certification Issue Date	S	1	
386	0700	DTP	Certification Expiration Date	S	1	
387	0700	DTP	Certification Effective Date	S	1	
388	0800	HI	Patient Diagnosis	S	1	

408	0900	HSD	Health Care Services Delivery	S	1
413	1100	CL1	Institutional Claim Code	S	1
414	1200	CR1	Ambulance Transport Information	S	1
416	1300	CR2	Spinal Manipulation Service Information	S	1
420	1400	CR5	Home Oxygen Therapy Information	S	1
423	1500	CR6	Home Health Care Information	S	1
426	1550	PWK	Additional Patient Information	S	10
431	1600	MSG	Message Text	S	1
LOOP ID - 2010EA PATIENT EVENT PROVIDER NAME					14
432	1700	NM1	Patient Event Provider Name	S	1
435	1800	REF	Patient Event Provider Supplemental Identification	S	7
437	2000	N3	Patient Event Provider Address	S	1
438	2100	N4	Patient Event Provider City, State, ZIP Code	S	1
440	2200	PER	Provider Contact Information	S	1
443	2300	AAA	Patient Event Provider Request Validation	S	9
445	2400	PRV	Patient Event Provider Information	S	1
LOOP ID - 2010EB ADDITIONAL PATIENT INFORMATION CONTACT NAME					1
447	1700	NM1	Additional Patient Information Contact Name	S	1
450	2000	N3	Additional Patient Information Contact Address	S	1
451	2100	N4	Additional Patient Information Contact City, State, ZIP Code	S	1
453	2200	PER	Additional Patient Information Contact Information	S	1
LOOP ID - 2010EC PATIENT EVENT TRANSPORT INFORMATION					5
456	1700	NM1	Patient Event Transport Information	S	1
458	2000	N3	Patient Event Transport Location Address	R	1
459	2100	N4	Patient Event Transport Location City/State/ZIP Code	R	1
461	2300	AAA	Patient Event Transport Location Request Validation	S	9

Table 2 - Service Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
LOOP ID - 2000F SERVICE LEVEL						>1
463	0100	HL	Service Level	S	1	
465	0200	TRN	Service Trace Number	S	3	
467	0300	AAA	Service Request Validation	S	9	
469	0400	UM	Health Care Services Review Information	S	1	
474	0500	HCR	Health Care Services Review	S	1	
477	0600	REF	Administrative Reference Number	S	1	
478	0600	REF	Previous Review Authorization Number	S	1	
479	0700	DTP	Service Date	S	1	
480	0700	DTP	Certification Issue Date	S	1	
481	0700	DTP	Certification Expiration Date	S	1	
482	0700	DTP	Certification Effective Date	S	1	
483	0800	HI	Request For Additional Information	S	1	
493	0810	SV1	Professional Service	S	1	
498	0820	SV2	Institutional Service Line	S	1	
503	0830	SV3	Dental Service	S	1	
508	0840	TOO	Tooth Information	S	32	
510	0900	HSD	Health Care Services Delivery	S	1	
515	1550	PWK	Additional Service Information	S	10	

520	1600	MSG	Message Text	S	1
LOOP ID - 2010FA SERVICE PROVIDER NAME					12
521	1700	NM1	Service Provider Name	S	1
524	1800	REF	Service Provider Supplemental Identification	S	8
526	2000	N3	Service Provider Address	S	1
527	2100	N4	Service Provider City, State, ZIP Code	S	1
529	2200	PER	Service Provider Contact Information	S	1
532	2300	AAA	Service Provider Request Validation	S	9
534	2400	PRV	Service Provider Information	S	1
LOOP ID - 2010FB ADDITIONAL SERVICE INFORMATION CONTACT NAME					1
536	1700	NM1	Additional Service Information Contact Name	S	1
539	2000	N3	Additional Service Information Contact Address	S	1
540	2100	N4	Additional Service Information Contact City, State, ZIP Code	S	1
542	2200	PER	Additional Service Information Contact Information	S	1
545	2800	SE	Transaction Set Trailer	R	1

2.5.2 X12 Standard

This section is included as a reference. The implementation guide reference clarifies actual usage. Refer to Section 2.1 Presentation Examples for detailed information on the components of the X12 Standard section.

STANDARD

278 Health Care Services Review Information

Functional Group ID: **HI**

This X12 Transaction Set contains the format and establishes the data contents of the Health Care Services Review Information Transaction Set (278) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to transmit health care service information, such as subscriber, patient, demographic, diagnosis or treatment data for the purpose of request for review, certification, notification or reporting the outcome of a health care services review.

Expected users of this transaction set are payors, plan sponsors, providers, utilization management and other entities involved in health care services review.

Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
0100	ST	Transaction Set Header	M	1	
0200	BHT	Beginning of Hierarchical Transaction	M	1	

Table 2 - Detail

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
		LOOP ID - HL			>1
0100	HL	Hierarchical Level	M	1	
0200	TRN	Trace	O	9	
0300	AAA	Request Validation	O	9	
0400	UM	Health Care Services Review Information	O	1	
0500	HCR	Health Care Services Review	O	1	
0600	REF	Reference Information	O	9	
0700	DTP	Date or Time or Period	O	9	
0800	HI	Health Care Information Codes	O	1	
0810	SV1	Professional Service	O	1	
0820	SV2	Institutional Service	O	1	
0830	SV3	Dental Service	O	1	
0840	TOO	Tooth Identification	O	32	
0900	HSD	Health Care Services Delivery	O	1	
1000	CRC	Conditions Indicator	O	9	
1100	CL1	Claim Codes	O	1	
1200	CR1	Ambulance Certification	O	1	
1300	CR2	Chiropractic Certification	O	1	
1350	CR4	Enteral or Parenteral Therapy Certification	O	1	
1400	CR5	Oxygen Therapy Certification	O	1	
1500	CR6	Home Health Care Certification	O	1	
1520	CR7	Home Health Treatment Plan Certification	O	1	
1530	CR8	Pacemaker Certification	O	1	
1550	PWK	Paperwork	O	>1	
1600	MSG	Message Text	O	1	
		LOOP ID - HL/NM1			>1
1700	NM1	Individual or Organizational Name	O	1	

1800	REF	Reference Information	O	9	
1900	N2	Additional Name Information	O	1	
2000	N3	Party Location	O	1	
2100	N4	Geographic Location	O	1	
2200	PER	Administrative Communications Contact	O	3	
2300	AAA	Request Validation	O	9	
2400	PRV	Provider Information	O	1	
2500	DMG	Demographic Information	O	1	
2600	INS	Insured Benefit	O	1	
2700	DTP	Date or Time or Period	O	9	
2800	SE	Transaction Set Trailer	M	1	

2.6 278 Health Care Services Review — Response to Review Segment Detail

This section specifies the segments, data elements, and codes for this implementation. Refer to Section 2.1 Presentation Examples for detailed information on the components of the Segment Detail section.

SEGMENT DETAIL

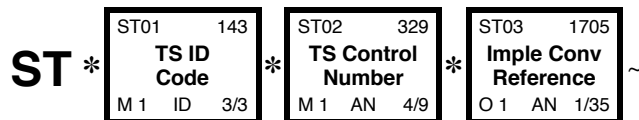
ST - TRANSACTION SET HEADER

X12 Segment Name: Transaction Set Header**X12 Purpose:** To indicate the start of a transaction set and to assign a control number**Segment Repeat:** 1**Usage:** REQUIRED

TR3 Notes: 1. This segment indicates the start of a health care services review information response transaction set with all the supporting detail information. This transaction set is the electronic equivalent of a phone, fax, or paper-based utilization management response.

TR3 Example: ST*278*0001*005010X217~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES				
REQUIRED	ST01	143	Transaction Set Identifier Code Code uniquely identifying a Transaction Set SEMANTIC: The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).	M 1	ID	3/3		
			<table><tr><th>CODE</th><th>DEFINITION</th></tr></table>	CODE	DEFINITION			
CODE	DEFINITION							
		278	Health Care Services Review Information					
REQUIRED	ST02	329	Transaction Set Control Number Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research. Use the corresponding value in SE02 for this transaction set.	M 1	AN	4/9		

REQUIRED	ST03	1705	Implementation Convention Reference	O 1 AN	1/35
-----------------	-------------	-------------	--	---------------	-------------

Reference assigned to identify Implementation Convention

SEMANTIC: The implementation convention reference (ST03) is used by the translation routines of the interchange partners to select the appropriate implementation convention to match the transaction set definition. When used, this implementation convention reference takes precedence over the implementation reference specified in the GS08.

IMPLEMENTATION NAME: Implementation Guide Version Name

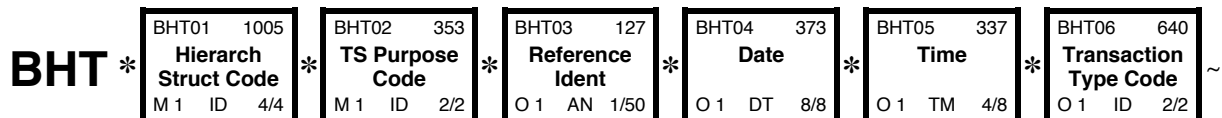
This element must be populated with the guide identifier named in Section 1.2.

This field contains the same value as GS08. Some translator products strip off the ISA and GS segments prior to application (STSE) processing. Providing the information from the GS08 at this level will ensure that the appropriate application mapping is utilized at translation time.

SEGMENT DETAIL

BHT - BEGINNING OF HIERARCHICAL TRANSACTION**X12 Segment Name:** Beginning of Hierarchical Transaction**X12 Purpose:** To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Example:** BHT*0007*11*200300114000001*20050501*1400*18~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	BHT01	1005	Hierarchical Structure Code	M 1 ID 4/4
			Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	
			CODE	DEFINITION
			0007	Information Source, Information Receiver, Subscriber, Dependent, Event, Services
REQUIRED	BHT02	353	Transaction Set Purpose Code	M 1 ID 2/2
			Code identifying purpose of transaction set	
			CODE	DEFINITION
			11	Response
REQUIRED	BHT03	127	Reference Identification	O 1 AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			SEMANTIC: BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.	
			IMPLEMENTATION NAME: Submitter Transaction Identifier	
			Return the transaction identifier entered in BHT03 on the 278 request.	
REQUIRED	BHT04	373	Date	O 1 DT 8/8
			Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year	
			SEMANTIC: BHT04 is the date the transaction was created within the business application system.	
			IMPLEMENTATION NAME: Transaction Set Creation Date	

REQUIRED	BHT05	337	Time	O 1 TM 4/8
Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)				
SEMANTIC: BHT05 is the time the transaction was created within the business application system.				

IMPLEMENTATION NAME: Transaction Set Creation Time

REQUIRED	BHT06	640	Transaction Type Code	O 1 ID 2/2
Code specifying the type of transaction				

CODE	DEFINITION
18	Response - No Further Updates to Follow
	Use this code to indicate that this is a final response. This indicates that no additional EDI responses are necessary or forthcoming from the UMO in relation to the original request.
19	Response - Further Updates to Follow
	Use this code to indicate that one or more of the services requested are pending further review and an EDI response will be delivered later.
AT	Administrative Action
	BHT06 must be valued with "AT" if this 278 response contains a request for additional information.
	Delivery of follow-up response(s) is as mutually agreed by trading partners.
RU	Medical Services Reservation
	Use this code to respond to a request for medical services reservations.

SEGMENT DETAIL

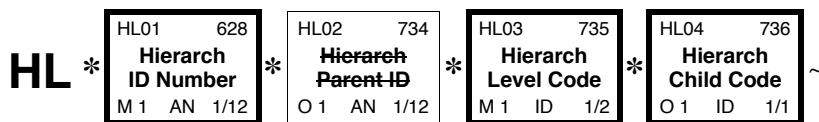
HL - UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL

X12 Segment Name: Hierarchical Level**X12 Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments**X12 Comments:** 1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.

2. The HL segment defines a top-down/left-right ordered structure.

Loop: 2000A — UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL
Loop Repeat: 1**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Notes:** 1. This segment indicates the information source hierarchical level. The information source corresponds to the payer, HMO, or other utilization management organization that is the source of the health care services review decision/response.**TR3 Example:** HL*1**20*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	M 1 AN 1/12
NOT USED	HL02	734	Hierarchical Parent ID Number	O 1 AN 1/12

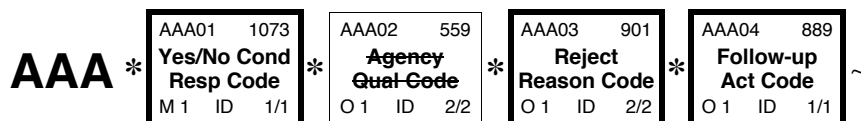
REQUIRED	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	M 1	ID	1/2						
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>20</td><td>Information Source</td></tr></table>							CODE	DEFINITION	20	Information Source		
CODE	DEFINITION											
20	Information Source											
REQUIRED	HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segments subordinate to the level being described COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.	O 1	ID	1/1						
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>0</td><td>No Subordinate HL Segment in This Hierarchical Structure.</td></tr><tr><td>1</td><td>Additional Subordinate HL Data Segment in This Hierarchical Structure.</td></tr></table>							CODE	DEFINITION	0	No Subordinate HL Segment in This Hierarchical Structure.	1	Additional Subordinate HL Data Segment in This Hierarchical Structure.
CODE	DEFINITION											
0	No Subordinate HL Segment in This Hierarchical Structure.											
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.											

SEGMENT DETAIL

AAA - REQUEST VALIDATION

X12 Segment Name: Request Validation**X12 Purpose:** To specify the validity of the request and indicate follow-up action authorized**Loop:** 2000A — UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL**Segment Repeat:** 9**Usage:** SITUATIONAL**Situational Rule:** Required when the request cannot be processed at a system or application level based on the trading partner information contained in the Functional Group Header (GS). If not required by this implementation guide, do not send.**TR3 Example:** AAA*Y**42*Y~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	AAA01	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: AAA01 designates whether the request is valid or invalid. Code “Y” indicates that the code is valid; code “N” indicates that the code is invalid. IMPLEMENTATION NAME: Valid Request Indicator	M 1 ID 1/1						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>N</td><td>No Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.</td></tr><tr><td>Y</td><td>Yes Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.</td></tr></table>	CODE	DEFINITION	N	No Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.	Y	Yes Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	
CODE	DEFINITION									
N	No Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.									
Y	Yes Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.									
NOT USED	AAA02	559	Agency Qualifier Code	O 1 ID 2/2						

REQUIRED	AAA03	901	Reject Reason Code	O 1	ID	2/2
			Code assigned by issuer to identify reason for rejection			
			CODE	DEFINITION		
			04	Authorized Quantity Exceeded		
				Use this code to indicate that the functional group exceeds the maximum number of transactions as specified by agreement between the application sender GS02 and application receiver GS03.		
			41	Authorization/Access Restrictions		
				Use this code to indicate that the application sender (GS02) and application receiver (GS03) do not have a trading partner agreement for the transaction sets identified in GS01 or transaction sets with the purpose identified in BHT02. The 278 transaction set has three different implementations. The transaction set purpose, as identified in BHT02, specifies the implementation.		
			42	Unable to Respond at Current Time		
				Use this code to indicate that the entity responsible for forwarding the request to the information source (Loop 2010A) is unable to process the transaction at the current time. This indicates a problem in the system forwarding the request and not in the information source's (UMO) system.		
			79	Invalid Participant Identification		
				Use this code to indicate that the identifier used in GS02 or GS03 is invalid or unknown.		
REQUIRED	AAA04	889	Follow-up Action Code	O 1	ID	1/1
			Code identifying follow-up actions allowed			
			CODE	DEFINITION		
			C	Please Correct and Resubmit		
			N	Resubmission Not Allowed		
			P	Please Resubmit Original Transaction		
			Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly		

SEGMENT DETAIL

NM1 - UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME

X12 Segment Name: Individual or Organizational Name

X12 Purpose: To supply the full name of an individual or organizational entity

- X12 Syntax:**
- P0809**
If either NM108 or NM109 is present, then the other is required.
 - C1110**
If NM111 is present, then NM110 is required.
 - C1203**
If NM112 is present, then NM103 is required.

Loop: 2010A — UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME
Loop Repeat: 1

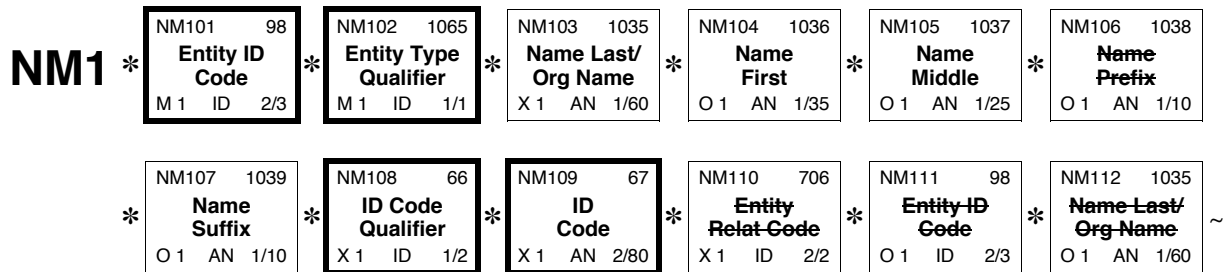
Segment Repeat: 1

Usage: REQUIRED

TR3 Notes: 1. This segment identifies the source of information. In the case of a response to a request transaction, the information source would normally be the payer or utilization review organization who is the source of the decision regarding the request.

TR3 Example: NM1*X3*2*ABC PAYER*****46*123450000~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			CODE	DEFINITION
			2B	Third-Party Administrator
			36	Employer
			PR	Payer
			X3	Utilization Management Organization

REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. <table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Person</td></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table>				CODE	DEFINITION	1	Person	2	Non-Person Entity	M 1	ID	1/1		
CODE	DEFINITION																
1	Person																
2	Non-Person Entity																
SITUATIONAL	NM103	1035	Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203 SITUATIONAL RULE: <i>Required when the responder needs to identify the UMO by name. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Utilization Management Organization (UMO) Last or Organization Name				X 1	AN	1/60								
SITUATIONAL	NM104	1036	Name First Individual first name SITUATIONAL RULE: <i>Required when NM103 is valued and the reviewing entity is an individual (NM102 = 1), such as a primary care provider. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Utilization Management Organization (UMO) First Name				O 1	AN	1/35								
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial SITUATIONAL RULE: <i>Required when NM104 is present and the middle name/initial of the person is known. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Utilization Management Organization (UMO) Middle Name				O 1	AN	1/25								
NOT USED	NM106	1038	Name Prefix				O 1	AN	1/10								
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name SITUATIONAL RULE: <i>Required when NM104 is valued and the suffix of the individual's name is known; e.g. Sr., Jr., or III. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Utilization Management Organization (UMO) Name Suffix				O 1	AN	1/10								
REQUIRED	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 <table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>24</td><td>Employer's Identification Number</td></tr><tr><td>34</td><td>Social Security Number</td></tr><tr><td>46</td><td>Electronic Transmitter Identification Number (ETIN)</td></tr></table>				CODE	DEFINITION	24	Employer's Identification Number	34	Social Security Number	46	Electronic Transmitter Identification Number (ETIN)	X 1	ID	1/2
CODE	DEFINITION																
24	Employer's Identification Number																
34	Social Security Number																
46	Electronic Transmitter Identification Number (ETIN)																

			PI	Payor Identification		
				Use until the National Plan ID is mandated if the UMO is a payer.		
			XV	Centers for Medicare and Medicaid Services PlanID		
				CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID		
REQUIRED	NM109	67	Identification Code		X 1 AN	2/80
			Code identifying a party or other code			
			SYNTAX: P0809			
			IMPLEMENTATION NAME: Utilization Management Organization (UMO) Identifier			
NOT USED	NM110	706	Entity Relationship Code		X 1 ID	2/2
NOT USED	NM111	98	Entity Identifier Code		O 1 ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name		O 1 AN	1/60

SEGMENT DETAIL

PER - UTILIZATION MANAGEMENT ORGANIZATION (UMO) CONTACT INFORMATION

X12 Segment Name: Administrative Communications Contact

X12 Purpose: To identify a person or office to whom administrative communications should be directed

X12 Syntax: 1. **P0304**

If either PER03 or PER04 is present, then the other is required.

2. **P0506**

If either PER05 or PER06 is present, then the other is required.

3. **P0708**

If either PER07 or PER08 is present, then the other is required.

Loop: 2010A — UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME

Segment Repeat: 1

Usage: SITUATIONAL

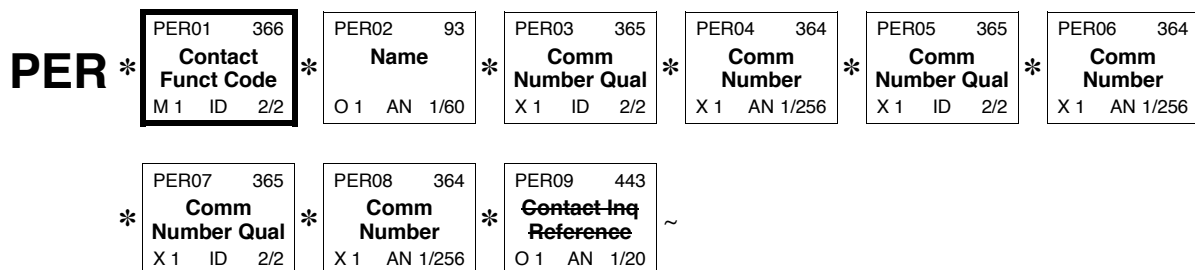
Situational Rule: Required when the requester must direct requests for follow-up to a specific UMO contact, email, facsimile, or telephone. If not required by this implementation guide, do not send.

TR3 Notes: 1. Use this segment to identify a contact name and/or communications number for the UMO.

2. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc), the communication number should always include the area code and telephone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

TR3 Example: PER*IC*ORCUTT*TE*8189991234*FX*8188769304~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES													
REQUIRED	PER01	366	Contact Function Code Code identifying the major duty or responsibility of the person or group named	M 1	ID	2/2											
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>IC</td><td>Information Contact</td></tr></table>	CODE	DEFINITION	IC	Information Contact										
CODE	DEFINITION																
IC	Information Contact																
SITUATIONAL	PER02	93	Name Free-form name	O 1	AN	1/60											
			SITUATIONAL RULE: <i>Required when a particular contact is assigned and the name of the entity to contact is not already defined in the NM1 segment in this loop (2010A NM1 Segment). If not required by this implementation guide, do not send.</i>														
			IMPLEMENTATION NAME: Utilization Management Organization (UMO) Contact Name														
SITUATIONAL	PER03	365	Communication Number Qualifier Code identifying the type of communication number	X 1	ID	2/2											
			SYNTAX: P0304														
			SITUATIONAL RULE: <i>Required when PER02 is not valued in order to transmit a contact communication number. If not required by this implementation guide, do not send.</i>														
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>EM</td><td>Electronic Mail</td></tr><tr><td>FX</td><td>Facsimile</td></tr><tr><td>TE</td><td>Telephone</td></tr><tr><td>UR</td><td>Uniform Resource Locator (URL)</td></tr></table>	CODE	DEFINITION	EM	Electronic Mail	FX	Facsimile	TE	Telephone	UR	Uniform Resource Locator (URL)				
CODE	DEFINITION																
EM	Electronic Mail																
FX	Facsimile																
TE	Telephone																
UR	Uniform Resource Locator (URL)																
			Must not contain any characters used as delimiters in this transaction.														
SITUATIONAL	PER04	364	Communication Number Complete communications number including country or area code when applicable	X 1	AN	1/256											
			SYNTAX: P0304														
			SITUATIONAL RULE: <i>Required when PER02 is not valued in order to transmit a contact communication number. If not required by this implementation guide, do not send.</i>														
			IMPLEMENTATION NAME: Utilization Management Organization (UMO) Contact Communication Number														
SITUATIONAL	PER05	365	Communication Number Qualifier Code identifying the type of communication number	X 1	ID	2/2											
			SYNTAX: P0506														
			SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>														
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>EM</td><td>Electronic Mail</td></tr></table>	CODE	DEFINITION	EM	Electronic Mail										
CODE	DEFINITION																
EM	Electronic Mail																

			EX	Telephone Extension		
				When used, the value following this code is the extension for the preceding communications contact number.		
			FX	Facsimile		
			TE	Telephone		
			UR	Uniform Resource Locator (URL)		
				Must not contain any characters used as delimiters in this transaction.		
SITUATIONAL	PER06	364	Communication Number	X 1	AN	1/256
Complete communications number including country or area code when applicable						
SYNTAX: P0506						
SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Utilization Management Organization (UMO) Contact Communication Number						
SITUATIONAL	PER07	365	Communication Number Qualifier	X 1	ID	2/2
Code identifying the type of communication number						
SYNTAX: P0708						
SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>						
			CODE	DEFINITION		
			EM	Electronic Mail		
			EX	Telephone Extension		
				When used, the value following this code is the extension for the preceding communications contact number.		
			FX	Facsimile		
			TE	Telephone		
			UR	Uniform Resource Locator (URL)		
				Must not contain any characters used as delimiters in this transaction.		
SITUATIONAL	PER08	364	Communication Number	X 1	AN	1/256
Complete communications number including country or area code when applicable						
SYNTAX: P0708						
SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Utilization Management Organization (UMO) Contact Communication Number						
NOT USED	PER09	443	Contact Inquiry Reference	O 1	AN	1/20

SEGMENT DETAIL

AAA - UTILIZATION MANAGEMENT ORGANIZATION (UMO) REQUEST VALIDATION

X12 Segment Name: Request Validation

X12 Purpose: To specify the validity of the request and indicate follow-up action authorized

Loop: 2010A — UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME

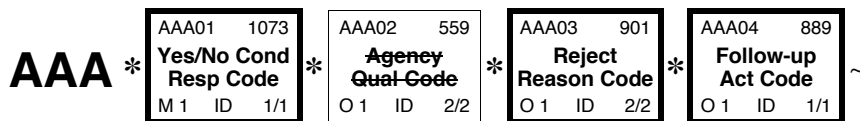
Segment Repeat: 9

Usage: SITUATIONAL

Situational Rule: Required when the request cannot be processed at the system or application level based on the Utilization Management Organization (information source) identified in Loop 2010A. If not required by this implementation guide, do not send.

TR3 Example: AAA*N**42*Y~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	AAA01	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid. IMPLEMENTATION NAME: Valid Request Indicator	M 1	ID	1/1				
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>N</td><td>No</td></tr></tbody></table>	CODE	DEFINITION	N	No			
CODE	DEFINITION									
N	No									
NOT USED	AAA02	559	Agency Qualifier Code 							

REQUIRED	AAA04	889	80	No Response received - Transaction Terminated			
				Use this code to indicate that the trading partner/application system responsible for sending the request to the information source (UMO) has not received a response in the expected timeframe and therefore has terminated the request.			
			T4	Payer Name or Identifier Missing			
				Use this code to indicate that either the name or identifier for the information source (UMO) identified in Loop 2010A is missing.			
			Follow-up Action Code		O 1	ID	1/1
			Code identifying follow-up actions allowed				
			CODE	DEFINITION			
			N	Resubmission Not Allowed			
			P	Please Resubmit Original Transaction			
			Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly			

SEGMENT DETAIL

HL - REQUESTER LEVEL

X12 Segment Name: Hierarchical Level**X12 Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

- X12 Comments:**
1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
 2. The HL segment defines a top-down/left-right ordered structure.

Loop: 2000B — REQUESTER LEVEL **Loop Repeat:** 1**Segment Repeat:** 1**Usage:** SITUATIONAL

Situational Rule: Required when the UMO system processed any of the information contained in Loop 2000B. If not required by this implementation guide, do not send.

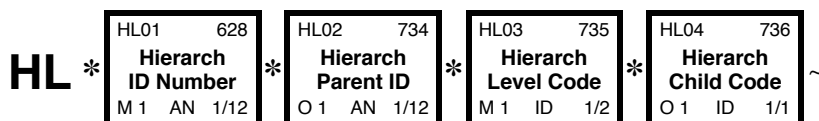
TR3 Notes:

1. If the UMO system was unable to process any data beyond Loop 2000A, Loop 2000B is not used.

2. This segment indicates the health care services review information receiver. For responses to request transactions, this segment corresponds to the identification of the provider who initiated the request for review.

TR3 Example: HL*2*1*21*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	M 1 AN 1/12

REQUIRED	HL02	734	Hierarchical Parent ID Number O 1 AN 1/12 Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.						
REQUIRED	HL03	735	Hierarchical Level Code M 1 ID 1/2 Code defining the characteristic of a level in a hierarchical structure COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>21</td><td>Information Receiver</td></tr></table>	CODE	DEFINITION	21	Information Receiver		
CODE	DEFINITION								
21	Information Receiver								
REQUIRED	HL04	736	Hierarchical Child Code O 1 ID 1/1 Code indicating if there are hierarchical child data segments subordinate to the level being described COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>0</td><td>No Subordinate HL Segment in This Hierarchical Structure.</td></tr><tr><td>1</td><td>Additional Subordinate HL Data Segment in This Hierarchical Structure.</td></tr></table>	CODE	DEFINITION	0	No Subordinate HL Segment in This Hierarchical Structure.	1	Additional Subordinate HL Data Segment in This Hierarchical Structure.
CODE	DEFINITION								
0	No Subordinate HL Segment in This Hierarchical Structure.								
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.								

SEGMENT DETAIL

NM1 - REQUESTER NAME

X12 Segment Name: Individual or Organizational Name**X12 Purpose:** To supply the full name of an individual or organizational entity**X12 Syntax:** 1. **P0809**

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

2. **C1110**

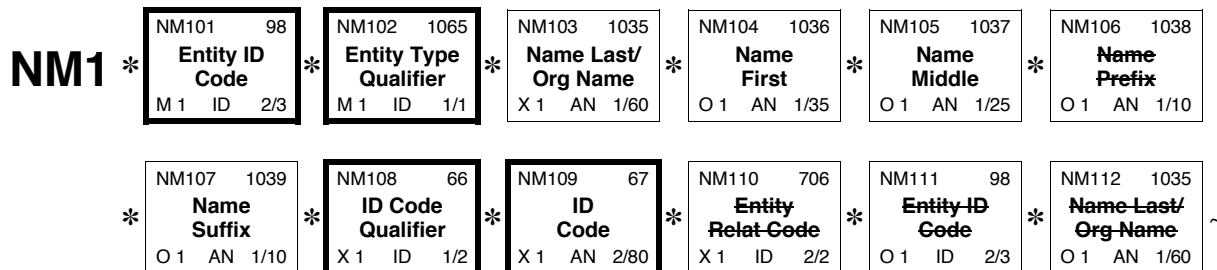
If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

Loop: 2010B — REQUESTER NAME **Loop Repeat:** 2**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Notes:** 1. This loop identifies the receiver of information. In the case of a response to a request transaction, the receiver would normally be the provider who is receiving the decision.**TR3 Example:** NM1*1P*1*GARDNER*JAMES*****24*000012345~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			CODE	DEFINITION
			1P	Provider
			FA	Facility
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M 1 ID 1/1
			CODE	DEFINITION
			1	Person

			2	Non-Person Entity			
SITUATIONAL	NM103	1035	Name Last or Organization Name		X 1	AN	1/60
			Individual last name or organizational name				
			SYNTAX: C1203				
			SITUATIONAL RULE: <i>Required when name information is used by the UMO to identify the requester. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Requester Last or Organization Name				
SITUATIONAL	NM104	1036	Name First		O 1	AN	1/35
			Individual first name				
			SITUATIONAL RULE: <i>Required when name information is used by the UMO to identify the requester and the requester is a person. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Requester First Name				
SITUATIONAL	NM105	1037	Name Middle		O 1	AN	1/25
			Individual middle name or initial				
			SITUATIONAL RULE: <i>Required when NM104 is present and the middle name/initial of the person is known. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Requester Middle Name				
NOT USED	NM106	1038	Name Prefix		O 1	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix		O 1	AN	1/10
			Suffix to individual name				
			SITUATIONAL RULE: <i>Required when NM104 is valued and the suffix of the individual's name is known; e.g. Sr., Jr., or III. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Requester Name Suffix				
REQUIRED	NM108	66	Identification Code Qualifier		X 1	ID	1/2
			Code designating the system/method of code structure used for Identification Code (67)				
			SYNTAX: P0809				
			CODE	DEFINITION			
			24	Employer's Identification Number			
			34	Social Security Number			
			46	Electronic Transmitter Identification Number (ETIN)			
			XX	Centers for Medicare and Medicaid Services National Provider Identifier			
			CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier				
REQUIRED	NM109	67	Identification Code		X 1	AN	2/80
			Code identifying a party or other code				
			SYNTAX: P0809				
			IMPLEMENTATION NAME: Requester Identifier				
NOT USED	NM110	706	Entity Relationship Code		X 1	ID	2/2

NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60

SEGMENT DETAIL

REF - REQUESTER SUPPLEMENTAL IDENTIFICATION

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2010B — REQUESTER NAME

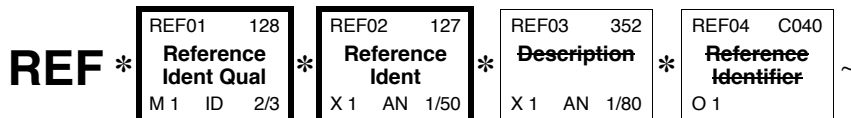
Segment Repeat: 8

Usage: SITUATIONAL

Situational Rule: Required when used by the UMO to identify the requester. If not required by this implementation guide, do not send.

TR3 Example: REF*1G*123456~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1	ID	2/3
			CODE	DEFINITION		
			1G	Provider UPIN Number		
			1J	Facility ID Number		
			EI	Employer's Identification Number		
				Not used if NM108 = 24.		
			G5	Provider Site Number		
				Use to identify the physician, clinic, or group practice associated with the requester identified in this NM1 loop.		
			N5	Provider Plan Network Identification Number		
			N7	Facility Network Identification Number		
			SY	Social Security Number		
				The social security number must not be used for Medicare. Not used if NM108 = 34.		
			ZH	Carrier Assigned Reference Number		
				Use for the requester/provider ID as assigned by the UMO identified in Loop 2000A.		

REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Requester Supplemental Identifier	X 1 AN 1/50
NOT USED	REF03	352	Description	X 1 AN 1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1

SEGMENT DETAIL

AAA - REQUESTER REQUEST VALIDATION

X12 Segment Name: Request Validation

X12 Purpose: To specify the validity of the request and indicate follow-up action authorized

Loop: 2010B — REQUESTER NAME

Segment Repeat: 9

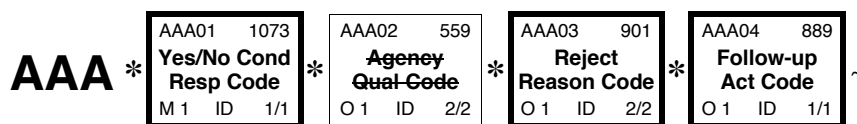
Usage: SITUATIONAL

Situational Rule: Required when the request is not valid at this level. If not required by this implementation guide, do not send.

TR3 Notes: 1. Use this segment to convey rejection information regarding the entity that initiated a request transaction.

TR3 Example: AAA*N**46*C~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																		
REQUIRED	AAA01	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: AAA01 designates whether the request is valid or invalid. Code “Y” indicates that the code is valid; code “N” indicates that the code is invalid. IMPLEMENTATION NAME: Valid Request Indicator	M 1	ID	1/1																
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>N</td><td>No</td></tr></tbody></table>	CODE	DEFINITION	N	No															
CODE	DEFINITION																					
N	No																					
NOT USED	AAA02	559	Agency Qualifier Code Code assigned by issuer to identify reason for rejection	O 1	ID	2/2																
REQUIRED	AAA03	901	Reject Reason Code Code assigned by issuer to identify reason for rejection	O 1	ID	2/2																
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>15</td><td>Required application data missing</td></tr><tr><td></td><td>Use for missing contact information (PER Segment) other than phone number.</td></tr><tr><td>35</td><td>Out of Network</td></tr><tr><td>41</td><td>Authorization/Access Restrictions</td></tr><tr><td></td><td>Use if the provider is not authorized for requests.</td></tr><tr><td>43</td><td>Invalid/Missing Provider Identification</td></tr><tr><td>44</td><td>Invalid/Missing Provider Name</td></tr></tbody></table>	CODE	DEFINITION	15	Required application data missing		Use for missing contact information (PER Segment) other than phone number.	35	Out of Network	41	Authorization/Access Restrictions		Use if the provider is not authorized for requests.	43	Invalid/Missing Provider Identification	44	Invalid/Missing Provider Name			
CODE	DEFINITION																					
15	Required application data missing																					
	Use for missing contact information (PER Segment) other than phone number.																					
35	Out of Network																					
41	Authorization/Access Restrictions																					
	Use if the provider is not authorized for requests.																					
43	Invalid/Missing Provider Identification																					
44	Invalid/Missing Provider Name																					

			45	Invalid/Missing Provider Specialty			
			46	Invalid/Missing Provider Phone Number			
			47	Invalid/Missing Provider State			
			49	Provider is Not Primary Care Physician			
			51	Provider Not on File			
			79	Invalid Participant Identification			
				Use for invalid/missing requester supplemental identifier.			
			97	Invalid or Missing Provider Address			
REQUIRED	AAA04	889	Follow-up Action Code		O 1	ID	1/1
			Code identifying follow-up actions allowed				
			CODE	DEFINITION			
			C	Please Correct and Resubmit			
			N	Resubmission Not Allowed			
			R	Resubmission Allowed			

SEGMENT DETAIL

PRV - REQUESTER PROVIDER INFORMATION

X12 Segment Name: Provider Information

X12 Purpose: To specify the identifying characteristics of a provider

X12 Syntax: 1. P0203

If either PRV02 or PRV03 is present, then the other is required.

Loop: 2010B — REQUESTER NAME

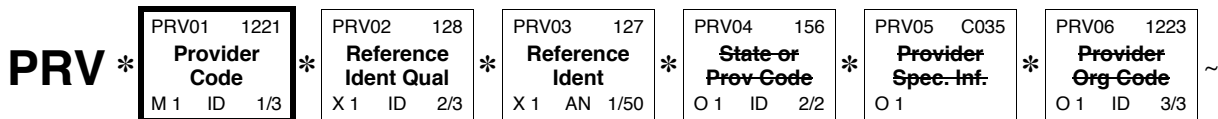
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when used by the UMO to identify the requester. If not required by this implementation guide, do not send.

TR3 Example: PRV*CO*PXC*203BS0133X~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																										
REQUIRED	PRV01	1221	Provider Code Code identifying the type of provider	M 1	ID	1/3																								
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>AD</td><td>Admitting</td></tr><tr><td>AS</td><td>Assistant Surgeon</td></tr><tr><td>AT</td><td>Attending</td></tr><tr><td>CO</td><td>Consulting</td></tr><tr><td>CV</td><td>Covering</td></tr><tr><td>OP</td><td>Operating</td></tr><tr><td>OR</td><td>Ordering</td></tr><tr><td>OT</td><td>Other Physician</td></tr><tr><td>PC</td><td>Primary Care Physician</td></tr><tr><td>PE</td><td>Performing</td></tr><tr><td>RF</td><td>Referring</td></tr></table>	CODE	DEFINITION	AD	Admitting	AS	Assistant Surgeon	AT	Attending	CO	Consulting	CV	Covering	OP	Operating	OR	Ordering	OT	Other Physician	PC	Primary Care Physician	PE	Performing	RF	Referring			
CODE	DEFINITION																													
AD	Admitting																													
AS	Assistant Surgeon																													
AT	Attending																													
CO	Consulting																													
CV	Covering																													
OP	Operating																													
OR	Ordering																													
OT	Other Physician																													
PC	Primary Care Physician																													
PE	Performing																													
RF	Referring																													

SITUATIONAL	PRV02	128	Reference Identification Qualifier Code qualifying the Reference Identification SYNTAX: P0203 SITUATIONAL RULE: <i>Required when used by the UMO to identify the requester. If not required by this implementation guide, do not send.</i>	X 1	ID	2/3				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>PXC</td><td>Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy</td></tr></table>							CODE	DEFINITION	PXC	Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy
CODE	DEFINITION									
PXC	Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy									
SITUATIONAL	PRV03	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: P0203 SITUATIONAL RULE: <i>Required when used by the UMO to identify the requester. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Provider Taxonomy Code ALIAS: Provider Specialty Code	X 1	AN	1/50				
NOT USED	PRV04	156	State or Province Code	O 1	ID	2/2				
NOT USED	PRV05	C035	PROVIDER SPECIALTY INFORMATION	O 1						
NOT USED	PRV06	1223	Provider Organization Code	O 1	ID	3/3				

SEGMENT DETAIL

HL - SUBSCRIBER LEVEL

X12 Segment Name: Hierarchical Level

X12 Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

- X12 Comments:**
1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
 2. The HL segment defines a top-down/left-right ordered structure.

Loop: 2000C — SUBSCRIBER LEVEL **Loop Repeat:** 1

Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the UMO system processed any of the information contained in Loop 2000C of the request. If not required by this implementation guide, do not send.

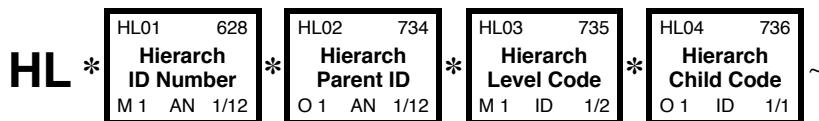
TR3 Notes:

1. If the UMO system was unable to process any data beyond Loop 2000B of the request, Loop 2000C is not required.

2. This segment corresponds to the identification of the subscriber or individual insured member. The subscriber could also be the patient. If the subscriber is the patient, the dependent hierarchical level (Loop 2000D) is not used.

TR3 Example: HL*3*2*22*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M 1 AN 1/12
COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.				

REQUIRED	HL02	734	Hierarchical Parent ID Number	O 1 AN 1/12
			Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	
			COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	
REQUIRED	HL03	735	Hierarchical Level Code	M 1 ID 1/2
			Code defining the characteristic of a level in a hierarchical structure	
			COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	
			CODE	DEFINITION
			22	Subscriber
REQUIRED	HL04	736	Hierarchical Child Code	O 1 ID 1/1
			Code indicating if there are hierarchical child data segments subordinate to the level being described	
			COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.	
			CODE	DEFINITION
			0	No Subordinate HL Segment in This Hierarchical Structure.
			1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

SEGMENT DETAIL

NM1 - SUBSCRIBER NAME

X12 Segment Name: Individual or Organizational Name

X12 Purpose: To supply the full name of an individual or organizational entity

X12 Syntax: 1. **P0809**

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

2. **C1110**

If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

Loop: 2010C — SUBSCRIBER NAME **Loop Repeat:** 1

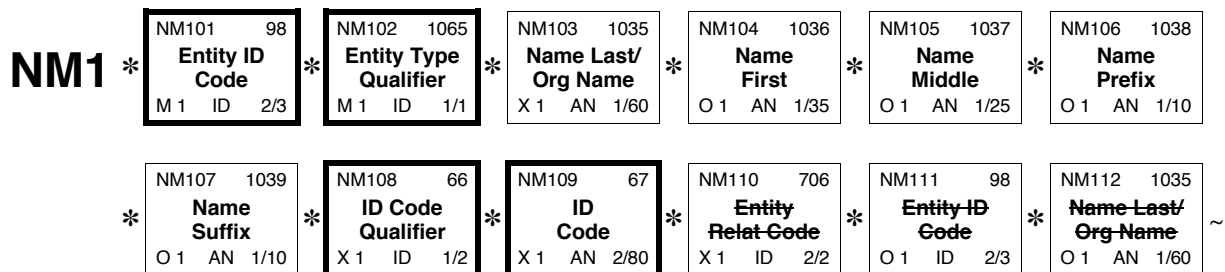
Segment Repeat: 1

Usage: REQUIRED

TR3 Notes: 1. This segment identifies the subscriber.

TR3 Example: NM1*IL*1*SMITH*JOE*****MI*12345678901~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			CODE	DEFINITION
			IL	Insured or Subscriber
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M 1 ID 1/1
			CODE	DEFINITION
			1	Person

SITUATIONAL	NM103	1035	Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203 SITUATIONAL RULE: <i>Required when valued on the request. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Subscriber Last Name	X 1	AN	1/60				
SITUATIONAL	NM104	1036	Name First Individual first name SITUATIONAL RULE: <i>Required when valued on the request. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Subscriber First Name	O 1	AN	1/35				
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial SITUATIONAL RULE: <i>Required when valued on the request. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Subscriber Middle Name or Initial	O 1	AN	1/25				
SITUATIONAL	NM106	1038	Name Prefix Prefix to individual name SITUATIONAL RULE: <i>Required when valued on the request. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Subscriber Name Prefix	O 1	AN	1/10				
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name SITUATIONAL RULE: <i>Required when valued on the request. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Subscriber Name Suffix	O 1	AN	1/10				
REQUIRED	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 <table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>II</td><td>Standard Unique Health Identifier for each Individual in the United States The value “II” when used in this data element, shall be defined as “HIPAA Individual Identifier” if this identifier has been adopted, under the Health Insurance Portability and Accountability Act of 1996, for use in this transaction.</td></tr></tbody></table>	CODE	DEFINITION	II	Standard Unique Health Identifier for each Individual in the United States The value “II” when used in this data element, shall be defined as “HIPAA Individual Identifier” if this identifier has been adopted, under the Health Insurance Portability and Accountability Act of 1996, for use in this transaction.	X 1	ID	1/2
CODE	DEFINITION									
II	Standard Unique Health Identifier for each Individual in the United States The value “II” when used in this data element, shall be defined as “HIPAA Individual Identifier” if this identifier has been adopted, under the Health Insurance Portability and Accountability Act of 1996, for use in this transaction.									

			MI	Member Identification Number			
				The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Use MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.			
REQUIRED	NM109	67	Identification Code		X 1	AN	2/80
			Code identifying a party or other code				
			SYNTAX: P0809				
			IMPLEMENTATION NAME: Subscriber Primary Identifier				
			ALIAS: Subscriber Member Number				
NOT USED	NM110	706	Entity Relationship Code		X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code		O 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name		O 1	AN	1/60

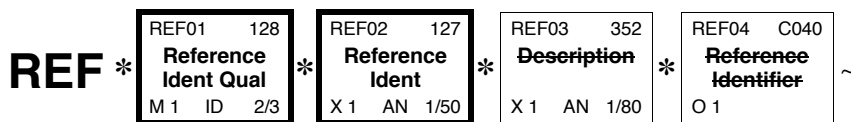
SEGMENT DETAIL

REF - SUBSCRIBER SUPPLEMENTAL
IDENTIFICATION**X12 Segment Name:** Reference Information**X12 Purpose:** To specify identifying information**X12 Syntax:** 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2010C — SUBSCRIBER NAME**Segment Repeat:** 9**Usage:** SITUATIONAL**Situational Rule:** Required when used by the UMO to identify the Subscriber or when REF01 = "EJ" (Patient Account Number) is valued on the request. If not required by this implementation guide, do not send.**TR3 Notes:** 1. Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number are to be provided in the NM1 segment as a Member Identification Number when it is the primary number a UMO knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.**TR3 Example:** REF*SY*123456789~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1	ID	2/3
			CODE	DEFINITION		
			1L	Group or Policy Number Use this code only if you cannot determine if the number is a Group Number (6P) or a Policy Number (IG).		
			3L	Branch Identifier		
			6P	Group Number		
			DP	Department Number		

			EJ	Patient Account Number			
				The maximum number of characters to be supported for this qualifier is '20'. Characters beyond the maximum are not required to be stored nor returned by any receiving system.			
			F6	Health Insurance Claim (HIC) Number			
				Use the NM1 (Subscriber Name) segment if the subscriber's HIC number is the primary identifier for his or her coverage. Use this code only in a REF segment when the payer has a different member number, and there also is a need to pass the dependent's HIC number. This might occur in a Medicare HMO situation.			
			HJ	Identity Card Number			
				Use this code when the Identity Card Number differs from the Member Identification Number. This is particularly prevalent in the Medicaid environment.			
			IG	Insurance Policy Number			
			N6	Plan Network Identification Number			
			NQ	Medicaid Recipient Identification Number			
			SY	Social Security Number			
				Use this code only if the Social Security Number is not the primary identifier for the subscriber. The social security number may not be used for Medicare.			
REQUIRED	REF02	127	Reference Identification		X 1	AN	1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
			SYNTAX: R0203				
			IMPLEMENTATION NAME: Subscriber Supplemental Identifier				
NOT USED	REF03	352	Description		X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER		O 1		

SEGMENT DETAIL

N3 - SUBSCRIBER MAILING ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2010C — SUBSCRIBER NAME

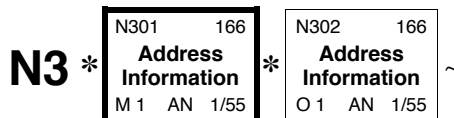
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when used by the UMO to determine the appropriate location or network for service. If not required by this implementation guide, do not send.

TR3 Example: N3*PO Box 171021~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Subscriber Address Line				
Use this element for the first line of the Subscriber address.				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required when a second address lines exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Subscriber Address Line				

SEGMENT DETAIL

N4 - SUBSCRIBER CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

X12 Syntax: 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

Loop: 2010C — SUBSCRIBER NAME

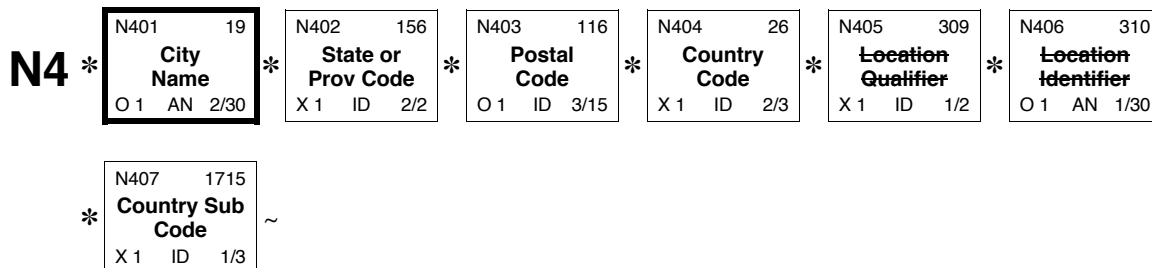
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when used by the UMO to determine the appropriate location or network for service. If not required by this implementation guide, do not send.

TR3 Example: N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. IMPLEMENTATION NAME: Subscriber City Name	O 1 AN 2/30

SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Subscriber State Code CODE SOURCE 22: States and Provinces	X 1	ID	2/2
SITUATIONAL	N403	116	Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Subscriber Postal Zone or ZIP Code CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes	O 1	ID	3/15
SITUATIONAL	N404	26	Country Code Code identifying the country SYNTAX: C0704 SITUATIONAL RULE: <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the alpha-2 country codes from Part 1 of ISO 3166.	X 1	ID	2/3
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2
NOT USED	N406	310	Location Identifier	O 1	AN	1/30
SITUATIONAL	N407	1715	Country Subdivision Code Code identifying the country subdivision SYNTAX: E0207, C0704 SITUATIONAL RULE: <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the country subdivision codes from Part 2 of ISO 3166.	X 1	ID	1/3

SEGMENT DETAIL

AAA - SUBSCRIBER REQUEST VALIDATION

X12 Segment Name: Request Validation

X12 Purpose: To specify the validity of the request and indicate follow-up action authorized

Loop: 2010C — SUBSCRIBER NAME

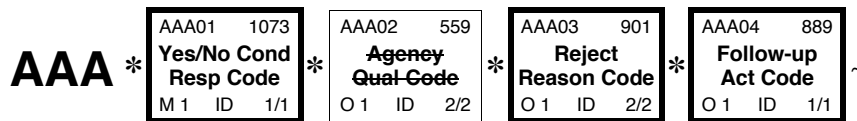
Segment Repeat: 9

Usage: SITUATIONAL

Situational Rule: Required when the request is not valid at this level. If not required by this implementation guide, do not send.

TR3 Example: AAA*N**67*N~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																								
REQUIRED	AAA01	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: AAA01 designates whether the request is valid or invalid. Code “Y” indicates that the code is valid; code “N” indicates that the code is invalid. IMPLEMENTATION NAME: Valid Request Indicator	M 1	ID	1/1																						
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>N</td><td>No</td></tr></tbody></table>	CODE	DEFINITION	N	No																					
CODE	DEFINITION																											
N	No																											
NOT USED	AAA02	559	Agency Qualifier Code	O 1	ID	2/2																						
REQUIRED	AAA03	901	Reject Reason Code Code assigned by issuer to identify reason for rejection	O 1	ID	2/2																						
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>58</td><td>Invalid/Missing Date-of-Birth</td></tr><tr><td>64</td><td>Invalid/Missing Patient ID</td></tr><tr><td>65</td><td>Invalid/Missing Patient Name</td></tr><tr><td>66</td><td>Invalid/Missing Patient Gender Code</td></tr><tr><td>67</td><td>Patient Not Found</td></tr><tr><td>68</td><td>Duplicate Patient ID Number</td></tr><tr><td>71</td><td>Patient Birth Date Does Not Match That for the Patient on the Database</td></tr><tr><td>72</td><td>Invalid/Missing Subscriber/Insured ID</td></tr><tr><td>73</td><td>Invalid/Missing Subscriber/Insured Name</td></tr><tr><td>74</td><td>Invalid/Missing Subscriber/Insured Gender Code</td></tr></tbody></table>	CODE	DEFINITION	58	Invalid/Missing Date-of-Birth	64	Invalid/Missing Patient ID	65	Invalid/Missing Patient Name	66	Invalid/Missing Patient Gender Code	67	Patient Not Found	68	Duplicate Patient ID Number	71	Patient Birth Date Does Not Match That for the Patient on the Database	72	Invalid/Missing Subscriber/Insured ID	73	Invalid/Missing Subscriber/Insured Name	74	Invalid/Missing Subscriber/Insured Gender Code			
CODE	DEFINITION																											
58	Invalid/Missing Date-of-Birth																											
64	Invalid/Missing Patient ID																											
65	Invalid/Missing Patient Name																											
66	Invalid/Missing Patient Gender Code																											
67	Patient Not Found																											
68	Duplicate Patient ID Number																											
71	Patient Birth Date Does Not Match That for the Patient on the Database																											
72	Invalid/Missing Subscriber/Insured ID																											
73	Invalid/Missing Subscriber/Insured Name																											
74	Invalid/Missing Subscriber/Insured Gender Code																											

			75	Subscriber/Insured Not Found			
			76	Duplicate Subscriber/Insured ID Number			
			77	Subscriber Found, Patient Not Found			
			78	Subscriber/Insured Not in Group/Plan Identified			
			79	Invalid Participant Identification			
				Use for invalid subscriber supplemental identifier.			
			95	Patient Not Eligible			
REQUIRED	AAA04	889		Follow-up Action Code	O 1	ID	1/1
				Code identifying follow-up actions allowed			
				CODE	DEFINITION		
			C	Please Correct and Resubmit			
			N	Resubmission Not Allowed			

SEGMENT DETAIL

DMG - SUBSCRIBER DEMOGRAPHIC INFORMATION

X12 Segment Name: Demographic Information

X12 Purpose: To supply demographic information

X12 Syntax: 1. **P0102**

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

2. **P0111**

If either DMG10 or DMG11 is present, then the other is required.

3. **C1105**

If DMG11 is present, then DMG05 is required.

Loop: 2010C — SUBSCRIBER NAME

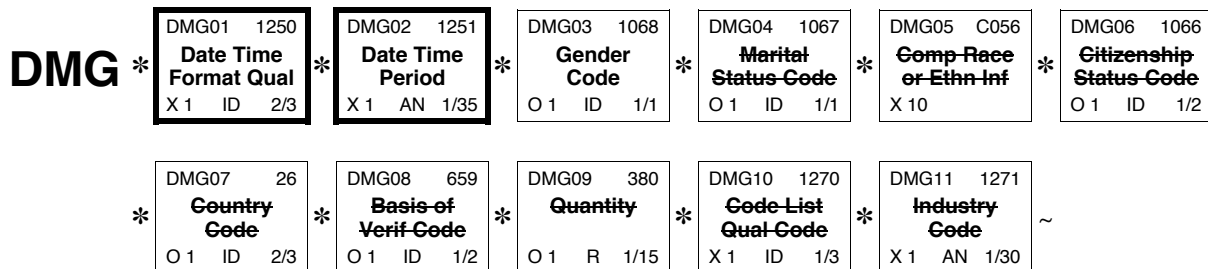
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when used by the UMO to determine medical necessity. If not required by this implementation guide, do not send.

TR3 Example: DMG*D8*19580322*M~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DMG01	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format SYNTAX: P0102	X 1 ID 2/3
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
REQUIRED	DMG02	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times SYNTAX: P0102 SEMANTIC: DMG02 is the date of birth.	X 1 AN 1/35
			IMPLEMENTATION NAME: Subscriber Birth Date	

SITUATIONAL	DMG03	1068	Gender Code Code indicating the sex of the individual	O 1	ID	1/1
SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Subscriber Gender Code						
			CODE	DEFINITION		
			F	Female		
			M	Male		
			U	Unknown		
NOT USED	DMG04	1067	Marital Status Code	O 1	ID	1/1
NOT USED	DMG05	C056	COMPOSITE RACE OR ETHNICITY INFORMATION	X 10		
NOT USED	DMG06	1066	Citizenship Status Code	O 1	ID	1/2
NOT USED	DMG07	26	Country Code	O 1	ID	2/3
NOT USED	DMG08	659	Basis of Verification Code	O 1	ID	1/2
NOT USED	DMG09	380	Quantity	O 1	R	1/15
NOT USED	DMG10	1270	Code List Qualifier Code	X 1	ID	1/3
NOT USED	DMG11	1271	Industry Code	X 1	AN	1/30

SEGMENT DETAIL

INS - SUBSCRIBER RELATIONSHIP

X12 Segment Name: Insured Benefit

X12 Purpose: To provide benefit information on insured entities

X12 Syntax: 1. P1112

If either INS11 or INS12 is present, then the other is required.

Loop: 2010C — SUBSCRIBER NAME

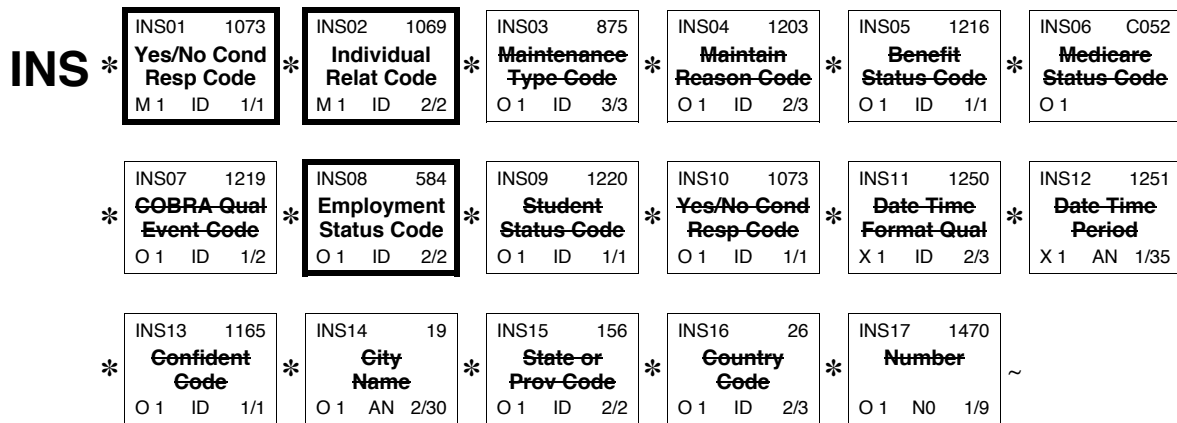
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when used by the UMO to determine the appropriate benefit/level of care. If not required by this implementation guide, do not send.

TR3 Example: INS*Y*18*****AO~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	INS01	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber; an "N" value indicates the insured is a dependent.	M 1 ID 1/1
IMPLEMENTATION NAME: Insured Indicator				
		CODE	DEFINITION	
		Y	Yes	

REQUIRED	INS02	1069	Individual Relationship Code Code indicating the relationship between two individuals or entities	M 1	ID	2/2
ALIAS: Relationship to Insured Code						
			CODE	DEFINITION		
			18	Self		
NOT USED	INS03	875	Maintenance Type Code	O 1	ID	3/3
NOT USED	INS04	1203	Maintenance Reason Code	O 1	ID	2/3
NOT USED	INS05	1216	Benefit Status Code	O 1	ID	1/1
NOT USED	INS06	C052	MEDICARE STATUS CODE	O 1		
NOT USED	INS07	1219	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying	O 1	ID	1/2
REQUIRED	INS08	584	Employment Status Code Code showing the general employment status of an employee/claimant	O 1	ID	2/2
Use to qualify the patient's relationship to the military.						
			CODE	DEFINITION		
			AO	Active Military - Overseas		
			AU	Active Military - USA		
			DI	Deceased		
			PV	Previous		
			RU	Retired Military - USA		
NOT USED	INS09	1220	Student Status Code	O 1	ID	1/1
NOT USED	INS10	1073	Yes/No Condition or Response Code	O 1	ID	1/1
NOT USED	INS11	1250	Date Time Period Format Qualifier	X 1	ID	2/3
NOT USED	INS12	1251	Date Time Period	X 1	AN	1/35
NOT USED	INS13	1165	Confidentiality Code	O 1	ID	1/1
NOT USED	INS14	19	City Name	O 1	AN	2/30
NOT USED	INS15	156	State or Province Code	O 1	ID	2/2
NOT USED	INS16	26	Country Code	O 1	ID	2/3
NOT USED	INS17	1470	Number	O 1	N0	1/9

SEGMENT DETAIL

HL - DEPENDENT LEVEL

X12 Segment Name: Hierarchical Level

X12 Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

X12 Comments: 1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.

2. The HL segment defines a top-down/left-right ordered structure.

Loop: 2000D — DEPENDENT LEVEL **Loop Repeat:** 1

Segment Repeat: 1

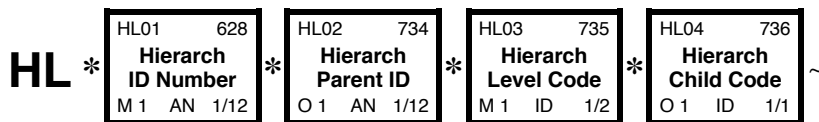
Usage: SITUATIONAL

Situational Rule: Required when the UMO system processed any of the information contained in Loop 2000D of the request. If not required by this implementation guide, do not send.

TR3 Notes: 1. If the UMO system was unable to process any data beyond Loop 2000C of the request, Loop 2000D is not required.

TR3 Example: HL*4*3*23*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	M 1 AN 1/12
REQUIRED	HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	O 1 AN 1/12

REQUIRED	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	M 1 ID 1/2						
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>23</td><td>Dependent</td></tr></table>					CODE	DEFINITION	23	Dependent		
CODE	DEFINITION									
23	Dependent									
REQUIRED	HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segments subordinate to the level being described COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.	O 1 ID 1/1						
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>0</td><td>No Subordinate HL Segment in This Hierarchical Structure.</td></tr><tr><td>1</td><td>Additional Subordinate HL Data Segment in This Hierarchical Structure.</td></tr></table>					CODE	DEFINITION	0	No Subordinate HL Segment in This Hierarchical Structure.	1	Additional Subordinate HL Data Segment in This Hierarchical Structure.
CODE	DEFINITION									
0	No Subordinate HL Segment in This Hierarchical Structure.									
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.									

SEGMENT DETAIL

NM1 - DEPENDENT NAME

X12 Segment Name: Individual or Organizational Name**X12 Purpose:** To supply the full name of an individual or organizational entity**X12 Syntax:** 1. **P0809**

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

2. **C1110**

If NM111 is present, then NM110 is required.

3. **C1203**

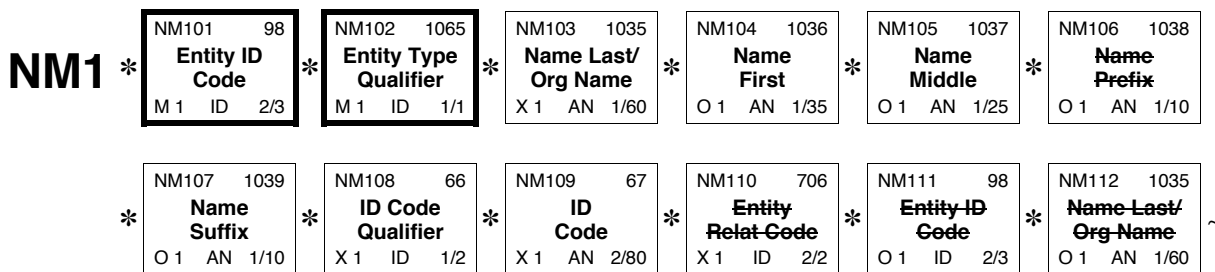
If NM112 is present, then NM103 is required.

Loop: 2010D — DEPENDENT NAME **Loop Repeat:** 1**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Notes:** 1. This segment conveys the name of the dependent who is the patient.

2. NM108 and NM109 are situational on the response but Not Used on the request. This enables the UMO to return a unique member ID for the dependent that was not known to the requester at the time of the request. When the dependent has a unique member ID, Loop 2000D is not used.

TR3 Example: NM1*QC*1*SMITH*MARY~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			CODE	DEFINITION
			QC	Patient

REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. <table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Person</td></tr></table>	CODE	DEFINITION	1	Person	M 1	ID	1/1
CODE	DEFINITION									
1	Person									
SITUATIONAL	NM103	1035	Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203 SITUATIONAL RULE: <i>Required when valued on the request. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Dependent Last Name	X 1	AN	1/60				
SITUATIONAL	NM104	1036	Name First Individual first name SITUATIONAL RULE: <i>Required when valued on the request. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Dependent First Name	O 1	AN	1/35				
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial SITUATIONAL RULE: <i>Required when valued on the request. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Dependent Middle Name	O 1	AN	1/25				
NOT USED	NM106	1038	Name Prefix	O 1	AN	1/10				
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name SITUATIONAL RULE: <i>Required when valued on the request. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Dependent Name Suffix	O 1	AN	1/10				
SITUATIONAL	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 SITUATIONAL RULE: <i>Required when the dependent has a unique member ID assigned by the UMO that was not known or provided by the requester at the time of the request. If not required by this implementation guide, do not send.</i> <table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>II</td><td>Standard Unique Health Identifier for each Individual in the United States The value “II” when used in this data element, shall be defined as “HIPAA Individual Identifier” if this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of Health and Human Services must adopt a standard individual identifier for use in this transaction.</td></tr></table>	CODE	DEFINITION	II	Standard Unique Health Identifier for each Individual in the United States The value “II” when used in this data element, shall be defined as “HIPAA Individual Identifier” if this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of Health and Human Services must adopt a standard individual identifier for use in this transaction.	X 1	ID	1/2
CODE	DEFINITION									
II	Standard Unique Health Identifier for each Individual in the United States The value “II” when used in this data element, shall be defined as “HIPAA Individual Identifier” if this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of Health and Human Services must adopt a standard individual identifier for use in this transaction.									

			MI	Member Identification Number			
				The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Use MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.			
SITUATIONAL	NM109	67	Identification Code		X 1	AN	2/80
			Code identifying a party or other code				
			SYNTAX: P0809				
			SITUATIONAL RULE: <i>Required when the dependent has a unique member ID assigned by the UMO that was not known or provided by the requester at the time of the request. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Dependent Primary Identifier				
			ALIAS: Dependent Member Number				
NOT USED	NM110	706	Entity Relationship Code		X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code		O 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name		O 1	AN	1/60

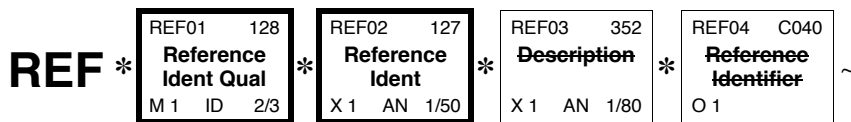
SEGMENT DETAIL

REF - DEPENDENT SUPPLEMENTAL
IDENTIFICATION**X12 Segment Name:** Reference Information**X12 Purpose:** To specify identifying information**X12 Syntax:** 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2010D — DEPENDENT NAME**Segment Repeat:** 3**Usage:** SITUATIONAL**Situational Rule:** Required when used by the UMO to identify the Dependent or when REF01 = "EJ" (Patient Account Number) is valued on the request. If not required by this implementation guide, do not send.**TR3 Example:** REF*SY*123456789~

DIAGRAM



ELEMENT DETAIL

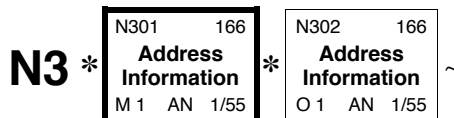
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1	ID	2/3						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>EJ</td><td>Patient Account Number The maximum number of characters to be supported for this qualifier is ‘20’. Characters beyond the maximum are not required to be stored nor returned by any receiving system.</td></tr><tr><td>SY</td><td>Social Security Number The social security number may not be used for Medicare.</td></tr></table>	CODE	DEFINITION	EJ	Patient Account Number The maximum number of characters to be supported for this qualifier is ‘20’. Characters beyond the maximum are not required to be stored nor returned by any receiving system.	SY	Social Security Number The social security number may not be used for Medicare.			
CODE	DEFINITION											
EJ	Patient Account Number The maximum number of characters to be supported for this qualifier is ‘20’. Characters beyond the maximum are not required to be stored nor returned by any receiving system.											
SY	Social Security Number The social security number may not be used for Medicare.											
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1	AN	1/50						
			SYNTAX: R0203									
			IMPLEMENTATION NAME: Dependent Supplemental Identifier									

NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1		

SEGMENT DETAIL

N3 - DEPENDENT ADDRESS**X12 Segment Name:** Party Location**X12 Purpose:** To specify the location of the named party**Loop:** 2010D — DEPENDENT NAME**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when used by the UMO to determine the appropriate location or network for service. If not required by this implementation guide, do not send.**TR3 Example:** N3*PO Box 171021~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Dependent Address Line				
Use this element for the first line of the Dependent address.				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required when a second address lines exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Dependent Address Line				

SEGMENT DETAIL

N4 - DEPENDENT CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

X12 Syntax: 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

Loop: 2010D — DEPENDENT NAME

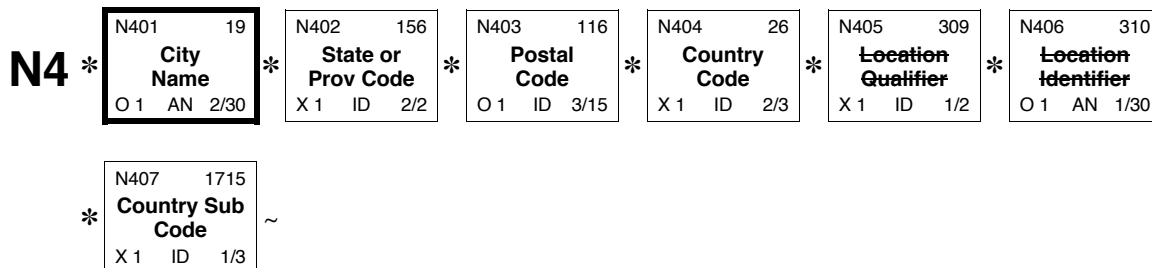
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when used by the UMO to determine the appropriate location or network for service. If not required by this implementation guide, do not send.

TR3 Example: N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	O 1 AN 2/30
IMPLEMENTATION NAME: Dependent City Name				

SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Dependent State Code CODE SOURCE 22: States and Provinces	X 1	ID	2/2
SITUATIONAL	N403	116	Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Dependent Postal Zone or ZIP Code CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes	O 1	ID	3/15
SITUATIONAL	N404	26	Country Code Code identifying the country SYNTAX: C0704 SITUATIONAL RULE: <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the alpha-2 country codes from Part 1 of ISO 3166.	X 1	ID	2/3
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2
NOT USED	N406	310	Location Identifier	O 1	AN	1/30
SITUATIONAL	N407	1715	Country Subdivision Code Code identifying the country subdivision SYNTAX: E0207, C0704 SITUATIONAL RULE: <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the country subdivision codes from Part 2 of ISO 3166.	X 1	ID	1/3

SEGMENT DETAIL

AAA - DEPENDENT REQUEST VALIDATION

X12 Segment Name: Request Validation

X12 Purpose: To specify the validity of the request and indicate follow-up action authorized

Loop: 2010D — DEPENDENT NAME

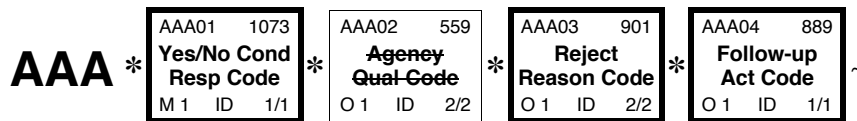
Segment Repeat: 9

Usage: SITUATIONAL

Situational Rule: Required when the request is not valid at this level. If not required by this implementation guide, do not send.

TR3 Example: AAA*N**67*N~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	AAA01	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid. IMPLEMENTATION NAME: Valid Request Indicator	M 1 ID 1/1
			CODE	DEFINITION
			N	No
NOT USED	AAA02	559	Agency Qualifier Code	O 1 ID 2/2
REQUIRED	AAA03	901	Reject Reason Code Code assigned by issuer to identify reason for rejection	O 1 ID 2/2
			CODE	DEFINITION
			15	Required application data missing
				Use this code to indicate missing dependent relationship information.
			33	Input Errors
				Use this code to indicate invalid dependent relationship information.
			58	Invalid/Missing Date-of-Birth
			64	Invalid/Missing Patient ID
			65	Invalid/Missing Patient Name
			66	Invalid/Missing Patient Gender Code
			67	Patient Not Found

			68	Duplicate Patient ID Number				
			71	Patient Birth Date Does Not Match That for the Patient on the Database				
			77	Subscriber Found, Patient Not Found				
			95	Patient Not Eligible				
REQUIRED	AAA04	889	Follow-up Action Code			O 1	ID	1/1
Code identifying follow-up actions allowed								
			CODE	DEFINITION				
			C	Please Correct and Resubmit				
			N	Resubmission Not Allowed				

SEGMENT DETAIL

DMG - DEPENDENT DEMOGRAPHIC INFORMATION

X12 Segment Name: Demographic Information

X12 Purpose: To supply demographic information

X12 Syntax: 1. **P0102**

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

2. **P0111**

If either DMG10 or DMG11 is present, then the other is required.

3. **C1105**

If DMG11 is present, then DMG05 is required.

Loop: 2010D — DEPENDENT NAME

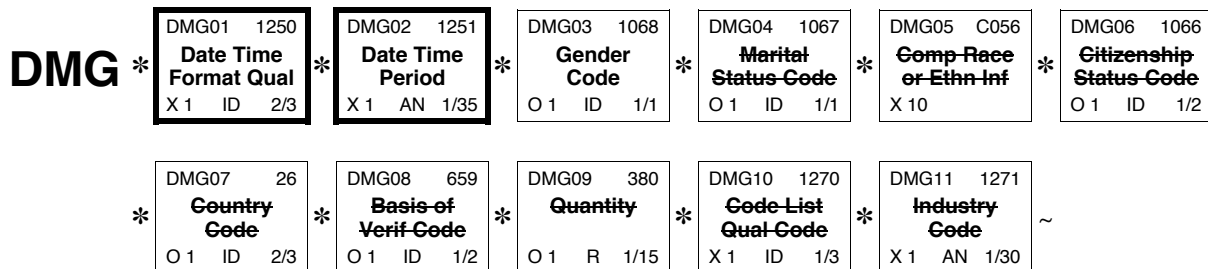
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when used by the UMO to determine medical necessity. If not required by this implementation guide, do not send.

TR3 Example: DMG*D8*19580322*M~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DMG01	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format SYNTAX: P0102	X 1 ID 2/3
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
REQUIRED	DMG02	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times SYNTAX: P0102 SEMANTIC: DMG02 is the date of birth.	X 1 AN 1/35
			IMPLEMENTATION NAME: Dependent Birth Date	

SITUATIONAL	DMG03	1068	Gender Code Code indicating the sex of the individual	O 1	ID	1/1								
SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>														
IMPLEMENTATION NAME: Dependent Gender Code														
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>F</td><td>Female</td></tr><tr><td>M</td><td>Male</td></tr><tr><td>U</td><td>Unknown</td></tr></table>							CODE	DEFINITION	F	Female	M	Male	U	Unknown
CODE	DEFINITION													
F	Female													
M	Male													
U	Unknown													
NOT USED	DMG04	1067	Marital Status Code	O 1	ID	1/1								
NOT USED	DMG05	C056	COMPOSITE RACE OR ETHNICITY INFORMATION	X 10										
NOT USED	DMG06	1066	Citizenship Status Code	O 1	ID	1/2								
NOT USED	DMG07	26	Country Code	O 1	ID	2/3								
NOT USED	DMG08	659	Basis of Verification Code	O 1	ID	1/2								
NOT USED	DMG09	380	Quantity	O 1	R	1/15								
NOT USED	DMG10	1270	Code List Qualifier Code	X 1	ID	1/3								
NOT USED	DMG11	1271	Industry Code	X 1	AN	1/30								

SEGMENT DETAIL

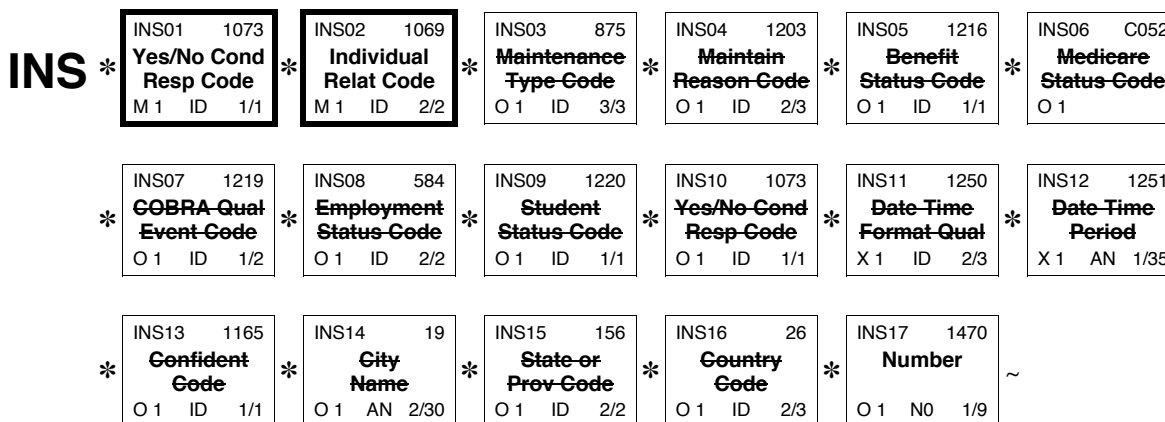
INS - DEPENDENT RELATIONSHIP

X12 Segment Name: Insured Benefit**X12 Purpose:** To provide benefit information on insured entities**X12 Syntax:** 1. P1112

If either INS11 or INS12 is present, then the other is required.

Loop: 2010D — DEPENDENT NAME**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when used by the UMO to determine the benefit/level of service for this patient. If not required by this implementation guide, do not send.**TR3 Example:** INS*N*19~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	INS01	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	M 1 ID 1/1
SEMANTIC: INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber; an "N" value indicates the insured is a dependent.				
IMPLEMENTATION NAME: Insured Indicator				
CODE	DEFINITION			
N	No			

REQUIRED	INS02	1069	Individual Relationship Code Code indicating the relationship between two individuals or entities	M 1	ID	2/2								
ALIAS: Relationship to Insured														
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>01</td><td>Spouse</td></tr><tr><td>19</td><td>Child</td></tr><tr><td>G8</td><td>Other Relationship</td></tr></table>							CODE	DEFINITION	01	Spouse	19	Child	G8	Other Relationship
CODE	DEFINITION													
01	Spouse													
19	Child													
G8	Other Relationship													
NOT USED	INS03	875	Maintenance Type Code	O 1	ID	3/3								
NOT USED	INS04	1203	Maintenance Reason Code	O 1	ID	2/3								
NOT USED	INS05	1216	Benefit Status Code	O 1	ID	1/1								
NOT USED	INS06	C052	MEDICARE STATUS CODE	O 1										
NOT USED	INS07	1219	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying	O 1	ID	1/2								
NOT USED	INS08	584	Employment Status Code	O 1	ID	2/2								
NOT USED	INS09	1220	Student Status Code	O 1	ID	1/1								
NOT USED	INS10	1073	Yes/No Condition or Response Code	O 1	ID	1/1								
NOT USED	INS11	1250	Date Time Period Format Qualifier	X 1	ID	2/3								
NOT USED	INS12	1251	Date Time Period	X 1	AN	1/35								
NOT USED	INS13	1165	Confidentiality Code	O 1	ID	1/1								
NOT USED	INS14	19	City Name	O 1	AN	2/30								
NOT USED	INS15	156	State or Province Code	O 1	ID	2/2								
NOT USED	INS16	26	Country Code	O 1	ID	2/3								
SITUATIONAL	INS17	1470	Number A generic number	O 1	N0	1/9								

SEMANTIC: INS17 is the number assigned to each family member born with the same birth date. This number identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.).

SITUATIONAL RULE: *Required when used by the UMO to identify a dependent child from a multiple birth. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Birth Sequence Number

SEGMENT DETAIL

HL - PATIENT EVENT LEVEL

X12 Segment Name: Hierarchical Level**X12 Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

- X12 Comments:**
1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
 2. The HL segment defines a top-down/left-right ordered structure.

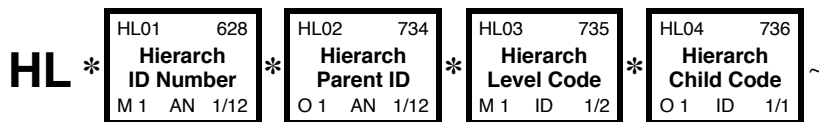
Loop: 2000E — PATIENT EVENT LEVEL **Loop Repeat:** >1**Segment Repeat:** 1**Usage:** SITUATIONAL

Situational Rule: Required when the UMO system processed any of the information contained in Loop 2000E of the request. If not required by this implementation guide, do not send.

TR3 Notes: 1. If the UMO was unable to process any data beyond Loop 2000C or Loop 2000D of the request, this loop and any subordinate loops are not required.

TR3 Example: HL*5*4*EV*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	M 1 AN 1/12
REQUIRED	HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	O 1 AN 1/12

REQUIRED	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	M 1 ID 1/2		
<hr/>						
<table><tr><th>CODE</th><th>DEFINITION</th></tr></table>					CODE	DEFINITION
CODE	DEFINITION					
<hr/>						
		EV	Event			
REQUIRED	HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segments subordinate to the level being described COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.	O 1 ID 1/1		
<hr/>						
<table><tr><th>CODE</th><th>DEFINITION</th></tr></table>					CODE	DEFINITION
CODE	DEFINITION					
<hr/>						
0						
No Subordinate HL Segment in This Hierarchical Structure.						
1						
Additional Subordinate HL Data Segment in This Hierarchical Structure.						

SEGMENT DETAIL

TRN - PATIENT EVENT TRACKING NUMBER

X12 Segment Name: Trace

X12 Purpose: To uniquely identify a transaction to an application

Loop: 2000E — PATIENT EVENT LEVEL

Segment Repeat: 3

Usage: SITUATIONAL

Situational Rule: Required when this loop is returned and the request contained a tracking number at this level on the request, or when the UMO or clearinghouse assigns a trace number to this patient event in the response for tracking purposes. If not required by this implementation guide, do not send.

TR3 Notes: 1. Any trace numbers provided at this level on the request must be returned by the UMO at this level of the 278 response.

2. If the 278 request transaction passes through more than one clearinghouse, the second (and subsequent) clearinghouse may choose one of the following options:

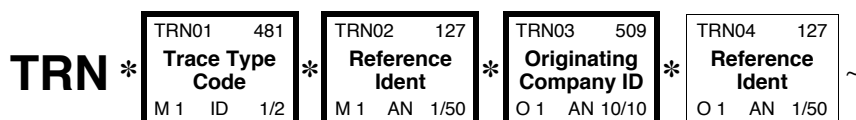
If the second or subsequent clearinghouse needs to assign their own TRN segment they may replace the received TRN segment belonging to the sending clearinghouse with their own TRN segment. Upon returning a 278 response to the sending clearinghouse, they must remove their TRN segment and replace it with the sending clearinghouse's TRN segment.

If the second or subsequent clearinghouse does not need to assign their own TRN segment, they should merely pass all TRN segments received in the 278 response transaction.

3. If the 278 request passes through a clearinghouse that adds their own TRN in addition to a requester TRN, the clearinghouse will receive a response from the UMO containing two TRN segments that contain the value "2" (Referenced Transaction Trace Number) in TRN01. If the UMO has assigned a TRN, the UMO's TRN will contain the value "1" (Current Transaction Trace Number) in TRN01. If the clearinghouse chooses to pass their own TRN values to the requester, the clearinghouse must change the value in their TRN01 to "1" because, from the requester's perspective, this is not a referenced transaction trace number.

TR3 Example: TRN*1*2001042801*9012345678*CARDIOLOGY~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	TRN01	481	Trace Type Code Code identifying which transaction is being referenced	M 1	ID	1/2						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Current Transaction Trace Numbers The term “Current Transaction Trace Number” refers to the trace number assigned by the creator of the 278 response transaction (the UMO).</td></tr><tr><td>2</td><td>Referenced Transaction Trace Numbers The term “Referenced Transaction Trace Number” refers to the trace number originally sent in the 278 request transaction.</td></tr></table>	CODE	DEFINITION	1	Current Transaction Trace Numbers The term “Current Transaction Trace Number” refers to the trace number assigned by the creator of the 278 response transaction (the UMO).	2	Referenced Transaction Trace Numbers The term “Referenced Transaction Trace Number” refers to the trace number originally sent in the 278 request transaction.			
CODE	DEFINITION											
1	Current Transaction Trace Numbers The term “Current Transaction Trace Number” refers to the trace number assigned by the creator of the 278 response transaction (the UMO).											
2	Referenced Transaction Trace Numbers The term “Referenced Transaction Trace Number” refers to the trace number originally sent in the 278 request transaction.											
REQUIRED	TRN02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SEMANTIC: TRN02 provides unique identification for the transaction. IMPLEMENTATION NAME: Patient Event Trace Number	M 1	AN	1/50						
REQUIRED	TRN03	509	Originating Company Identifier A unique identifier designating the company initiating the funds transfer instructions, business transaction or assigning tracking reference identification. SEMANTIC: TRN03 identifies an organization. IMPLEMENTATION NAME: Trace Assigning Entity Identifier Use this element to identify the organization that assigned this trace number. If TRN01 is “2”, this is the value received in the original 278 request transaction. If TRN01 is ”1”, use this information to identify the UMO organization that assigned this trace number. The first position must be either a “1” if an EIN is used, a ”3” if a DUNS is used or a “9” if a user assigned identifier is used.	O 1	AN	10/10						
SITUATIONAL	TRN04	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SEMANTIC: TRN04 identifies a further subdivision within the organization. SITUATIONAL RULE: <i>Required when TRN01 = 2 and TRN04 was valued on the request or when TRN01 = 1 and a specific division or group, of the company identified in the previous data element (TRN03) is needed by the sender to further identify a specific component of the entity. If not required by this implementation guide, may be provided at the sender’s discretion, but cannot be required by the receiver.</i> IMPLEMENTATION NAME: Trace Assigning Entity Additional Identifier	O 1	AN	1/50						

SEGMENT DETAIL

AAA - PATIENT EVENT REQUEST VALIDATION

X12 Segment Name: Request Validation

X12 Purpose: To specify the validity of the request and indicate follow-up action authorized

Loop: 2000E — PATIENT EVENT LEVEL

Segment Repeat: 9

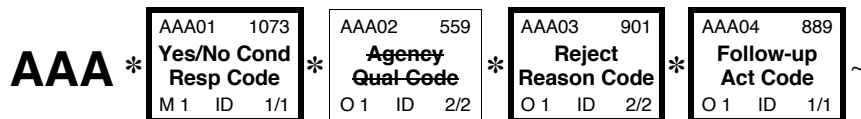
Usage: SITUATIONAL

Situational Rule: Required when the request is not valid at this level. If not required by this implementation guide, do not send.

TR3 Notes: 1. Use this AAA segment to identify the reasons why a request could not be processed based on the data at this level of the request.

TR3 Example: AAA*N**15*C~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	AAA01	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: AAA01 designates whether the request is valid or invalid. Code “Y” indicates that the code is valid; code “N” indicates that the code is invalid. IMPLEMENTATION NAME: Valid Request Indicator	M 1	ID	1/1				
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>N</td><td>No</td></tr></tbody></table>	CODE	DEFINITION	N	No			
CODE	DEFINITION									
N	No									
NOT USED	AAA02	559	Agency Qualifier Code Code assigned by issuer to identify reason for rejection	O 1	ID	2/2				
REQUIRED	AAA03	901	Reject Reason Code Code assigned by issuer to identify reason for rejection 15 Required application data missing Use when data is missing that is not covered by another Reject Reason Code. For example, use for missing procedure codes and procedure dates.	O 1	ID	2/2				

			33	Input Errors			
				Use for input errors in the service data not covered by the other reject reason codes listed. For example, use for invalid place of service codes and invalid diagnosis codes and diagnosis dates.			
			52	Service Dates Not Within Provider Plan Enrollment			
				Use for Event Date(s).			
			56	Inappropriate Date			
				Use when the type of date (Accident, Last Menstrual Period, Estimated Date of Birth, Onset of Current Symptoms or Illness) used on the request is inconsistent with the patient condition or services requested.			
			57	Invalid/Missing Date(s) of Service			
				Use for invalid/missing event date.			
			60	Date of Birth Follows Date(s) of Service			
				Use for Date(s) of Event.			
			61	Date of Death Precedes Date(s) of Service			
				Use for Date(s) of Event.			
			62	Date of Service Not Within Allowable Inquiry Period			
				Use for Date of Event.			
			AA	Authorization Number Not Found			
			AF	Invalid/Missing Diagnosis Code(s)			
			AH	Invalid/Missing Onset of Current Condition or Illness Date			
			AI	Invalid/Missing Accident Date			
			AJ	Invalid/Missing Last Menstrual Period Date			
			AK	Invalid/Missing Expected Date of Birth			
			AM	Invalid/Missing Admission Date			
			AN	Invalid/Missing Discharge Date			
			T5	Certification Information Missing			
				Use to indicate missing previous certification number information.			
REQUIRED	AAA04	889	Follow-up Action Code		O 1	ID	1/1
			Code identifying follow-up actions allowed				
			CODE	DEFINITION			
			C	Please Correct and Resubmit			
			N	Resubmission Not Allowed			

SEGMENT DETAIL

UM - HEALTH CARE SERVICES REVIEW INFORMATION

X12 Segment Name: Health Care Services Review Information

X12 Purpose: To specify health care services review information

Loop: 2000E — PATIENT EVENT LEVEL

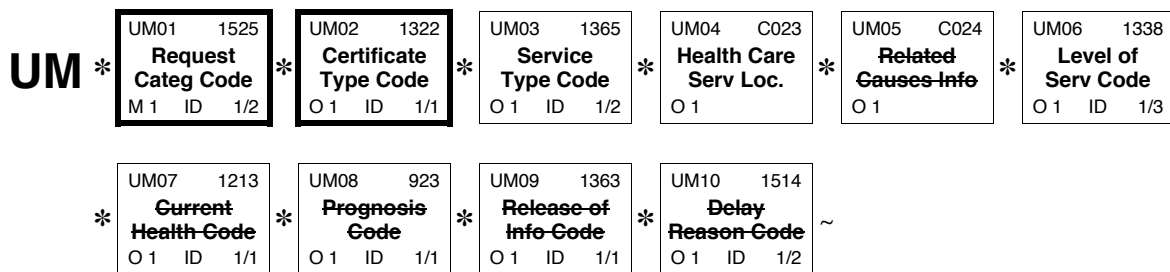
Segment Repeat: 1

Usage: REQUIRED

TR3 Notes: 1. Identifies the type of health care services review.

TR3 Example: UM*SC*I*3~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	UM01	1525	Request Category Code Code indicating a type of request	M 1 ID 1/2
			CODE	DEFINITION
			AR	Admission Review Required when this is a response to a request regarding admission to a facility.
			HS	Health Services Review Required when this is a response to a request for review of services related to an episode of care.
			IN	Individual Required when BHT06 is equal to "RU".
			SC	Specialty Care Review Required when this is a response to a request for a referral to a specialty provider.

REQUIRED	UM02	1322	Certification Type Code		O 1	ID	1/1				
			Code indicating the type of certification								
					CODE			DEFINITION			
					1			Appeal - Immediate			
								Use this value only for appeals of review decisions where the level of service required is emergency or urgent. If UM02 = 1 then UM06 must be valued.			
					2			Appeal - Standard			
								Use this value for appeals of review decisions where the level of service required is not emergency or urgent.			
					3			Cancel			
					4			Extension			
								Use this value to indicate that this is an extension request to a prior approved service.			
					I			Initial			
					N			Reconsideration			
					R			Renewal			
								Various services, such as physical therapy, spinal manipulation, and allergy treatment, have both a delivery pattern and a time span of authorization. Many UMOs place time limits - as in will not authorize anything for more than 30 days at a time. For example, blanket authorization for allergy treatments as required for 30 days. At the end of the 30 days, the provider must request to renew the certification - not extend it - because the UMO authorizes for 30 day intervals, one interval at a time.			
					S			Revised			
								Use if the requester is revising the specifics of a certification for which services have not been rendered. For example, the requester may be requesting additional procedures or other procedures for the same patient event.			
SITUATIONAL	UM03	1365	Service Type Code		O 1	ID	1/2				
			Code identifying the classification of service								
					SITUATIONAL RULE: <i>Required when valued on the request and used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>						
					CODE			DEFINITION			
					1			Medical Care			
					2			Surgical			
					3			Consultation			
					4			Diagnostic X-Ray			
					5			Diagnostic Lab			
					6			Radiation Therapy			
					7			Anesthesia			
					8			Surgical Assistance			

11	Used Durable Medical Equipment
12	Durable Medical Equipment Purchase
14	Renal Supplies in the Home
15	Alternate Method Dialysis
16	Chronic Renal Disease (CRD) Equipment
17	Pre-Admission Testing
18	Durable Medical Equipment Rental
20	Second Surgical Opinion
21	Third Surgical Opinion
23	Diagnostic Dental
24	Periodontics
25	Restorative
	Use for restorative dental.
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
33	Chiropractic
35	Dental Care
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
42	Home Health Care
44	Home Health Visits
45	Hospice
46	Respite Care
54	Long Term Care
56	Medically Related Transportation
61	In-vitro Fertilization
62	MRI/CAT Scan
63	Donor Procedures
64	Acupuncture
65	Newborn Care
66	Pathology
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device

76	Dialysis
77	Otological Exam
78	Chemotherapy
79	Allergy Testing
80	Immunizations
82	Family Planning
83	Infertility
84	Abortion
85	AIDS
86	Emergency Services
87	Cancer
88	Pharmacy
93	Podiatry
A4	Psychiatric
A6	Psychotherapy
A9	Rehabilitation
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AH	Skilled Nursing Care - Room and Board
AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision (Optometry)
AR	Experimental Drug Therapy
B1	Burn Care
BB	Partial Hospitalization (Psychiatric)
BC	Day Care (Psychiatric)
BD	Cognitive Therapy
BE	Massage Therapy
BF	Pulmonary Rehabilitation
BG	Cardiac Rehabilitation
BL	Cardiac
BN	Gastrointestinal
BP	Endocrine
BQ	Neurology
BS	Invasive Procedures
BY	Physician Visit - Office: Sick
BZ	Physician Visit - Office: Well
C1	Coronary Care
CQ	Case Management
GY	Allergy
IC	Intensive Care

			MH	Mental Health				
			NI	Neonatal Intensive Care				
			ON	Oncology				
			PT	Physical Therapy				
			PU	Pulmonary				
			RN	Renal				
			RT	Residential Psychiatric Treatment				
			TC	Transitional Care				
			TN	Transitional Nursery Care				
SITUATIONAL	UM04	C023	HEALTH CARE SERVICE LOCATION INFORMATION					
			To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered					
			SITUATIONAL RULE: <i>Required when valued on the request and used by the UMO to render a medical decision. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.</i>					
			Values entered at the Service Level for this data element override values at the Patient Event Level for that service only.					
REQUIRED	UM04 - 1	1331	Facility Code Value		M	AN	1/2	
			Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.					
			IMPLEMENTATION NAME: Facility Type Code					
			Use to indicate a facility code value from the code source referenced in UM04-2.					
REQUIRED	UM04 - 2	1332	Facility Code Qualifier		O	ID	1/2	
			Code identifying the type of facility referenced					
			SEMANTIC: C023-02 qualifies C023-01 and C023-03.					
			CODE	DEFINITION				
			A	Uniform Billing Claim Form Bill Type				
				CODE SOURCE 236: Uniform Billing Claim Form Bill Type				
			B	Place of Service Codes for Professional or Dental Services				
				CODE SOURCE 237: Place of Service Codes for Professional Claims				
NOT USED	UM04 - 3	1325	Claim Frequency Type Code		O	ID	1/1	
			CODE SOURCE 235: Claim Frequency Type Code					
NOT USED	UM05	C024	RELATED CAUSES INFORMATION					
					O	1		
SITUATIONAL	UM06	1338	Level of Service Code		O	1	ID	1/3
			Code specifying the level of service rendered					
			SITUATIONAL RULE: <i>Required when used by the UMO in rendering a decision. If not required by this implementation guide, do not send.</i>					
			CODE	DEFINITION				
			03	Emergency				

			E U	Elective Urgent			
NOT USED	UM07	1213		Current Health Condition Code	O 1	ID	1/1
NOT USED	UM08	923		Prognosis Code	O 1	ID	1/1
NOT USED	UM09	1363		Release of Information Code	O 1	ID	1/1
NOT USED	UM10	1514		Delay Reason Code	O 1	ID	1/2

SEGMENT DETAIL

HCR - HEALTH CARE SERVICES REVIEW

X12 Segment Name: Health Care Services Review

X12 Purpose: To specify the outcome of a health care services review

Loop: 2000E — PATIENT EVENT LEVEL

Segment Repeat: 1

Usage: SITUATIONAL

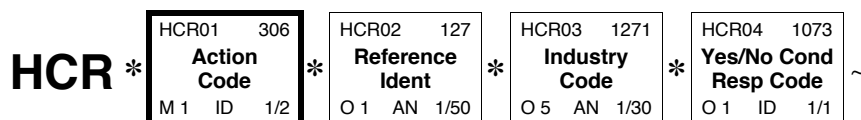
Situational Rule: Required when the UMO has reviewed the request at this level to provide patient event review outcome information or to indicate that the final decision is pending. If not required by this implementation guide, do not send.

- TR3 Notes:**
1. If the UMO for this service was unable to review the request due to missing or invalid application data at this level, the UMO must return a 278 response containing a AAA segment at this level.
 2. If Loop 2000E is present in the response, either the AAA segment or the HCR segment must be returned in loop 2000E.
 3. If the review outcome is pending additional medical information and the 278 response includes a request for additional information using either a PWK segment or an HI segment that specifies LOINC values, then the associated HCR segment must be valued with HCR01 = A4 (pending) and HCR03 must be valued with the appropriate health care services review decision reason code to indicate that additional information is required.

Refer to Section 2.5 for more information.
 4. If the response contains Service level information (Loop 2000F) where the HCR segment is valued, the HCR values at the Service level override the HCR values at the Patient Event level for that service only.

TR3 Example: HCR*A1*19950713~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	HCR01	306	Action Code Code indicating type of action	M 1	ID	1/2
ALIAS: Certification Action Code						
			CODE	DEFINITION		
			A1	Certified in total		
			A2	Certified - partial		
				Use to identify that the event is only partially certified. Consult HCR01, Loop 2000F for approved, denied or pended services.		
			A3	Not Certified		
			A4	Pended		
			A6	Modified		
			C	Cancelled		
			CT	Contact Payer		
			NA	No Action Required		
				Use only if certification is not required.		
SITUATIONAL	HCR02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	O 1	AN	1/50
SEMANTIC: HCR02 is the number assigned by the information source to this review outcome.						
SITUATIONAL RULE: <i>Required when HCR01 = A1, A2 or A6. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Review Identification Number						
SITUATIONAL	HCR03	1271	Industry Code Code indicating a code from a specific industry code list	O 5	AN	1/30
SEMANTIC: HCR03 is the code assigned by the information source to identify the reason for the health care service review outcome indicated in HCR01. See Code Source 886						
SITUATIONAL RULE: <i>Required when HCR01=A3 or A4. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.</i>						
IMPLEMENTATION NAME: Review Decision Reason Code						
This data element is a repeating data element and can be repeated the maximum number allowed by the standard in this implementation guide.						

SITUATIONAL **HCR04** **1073** **Yes/No Condition or Response Code** **O 1** **ID** **1/1**

Code indicating a Yes or No condition or response

SEMANTIC: HCR04 is the second surgical opinion indicator. A “Y” value indicates a second surgical opinion is required; an “N” value indicates a second surgical opinion is not required for this request.

SITUATIONAL RULE: *Required when certification pertains to a surgical procedure and the contract under which the patient is covered has provisions regarding a second surgical opinion. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Second Surgical Opinion Indicator

CODE	DEFINITION
N	No
Y	Yes

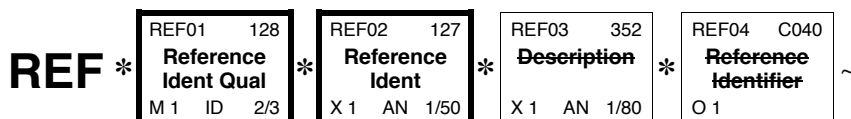
SEGMENT DETAIL

REF - ADMINISTRATIVE REFERENCE
NUMBER**X12 Segment Name:** Reference Information**X12 Purpose:** To specify identifying information**X12 Syntax:** 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the HCR segment is valued in this loop, HCR01 = A3, A4 or CT and the UMO has assigned an administrative reference number associated with this service review. If not required by this implementation guide, do not send.**TR3 Notes:** 1. This number can be used by the requester on a follow up request, such as an appeal (UM02=1) or request for reconsideration (UM02=6), to reference this UMO response.**TR3 Example:** REF*NT*Y456~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			NT	Administrator's Reference Number
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1 AN 1/50
			SYNTAX: R0203	
			IMPLEMENTATION NAME: Administrative Reference Number	
NOT USED	REF03	352	Description	X 1 AN 1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1

SEGMENT DETAIL

REF - PREVIOUS REVIEW AUTHORIZATION NUMBER

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2000E — PATIENT EVENT LEVEL

Segment Repeat: 1

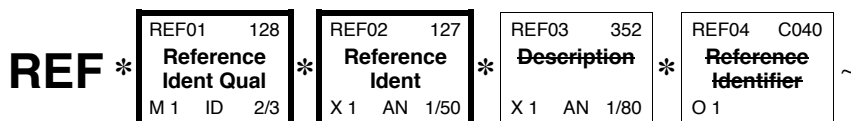
Usage: SITUATIONAL

Situational Rule: Required when the certification number assigned by the UMO to the original service review outcome was used by the UMO to determine the outcome of this service review at the event level. If not required by this implementation guide, do not send.

TR3 Notes: 1. This is the authorization number assigned by the UMO to the original review outcome associated with this event. This is not the trace number assigned by the requester.

TR3 Example: REF*BB*A123~

DIAGRAM



ELEMENT DETAIL

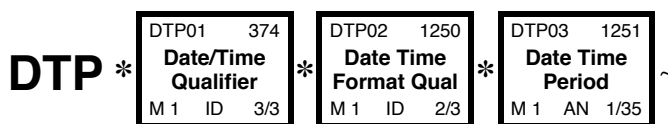
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			BB	Authorization Number
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1 AN 1/50
			SYNTAX: R0203	
			IMPLEMENTATION NAME: Previous Review Authorization Number	
NOT USED	REF03	352	Description	X 1 AN 1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1

SEGMENT DETAIL

DTP - ACCIDENT DATE

X12 Segment Name: Date or Time or Period**X12 Purpose:** To specify any or all of a date, a time, or a time period**Loop:** 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when valued on the request and used by the UMO to render a medical decision. If not required by this implementation guide, do not send.**TR3 Notes:** 1. The total number of DTP segments in the 2000E loop cannot exceed 9.**TR3 Example:** DTP*439*D8*20050430~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION
			439	Accident
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Accident Date				

SEGMENT DETAIL

DTP - LAST MENSTRUAL PERIOD DATE

X12 Segment Name: Date or Time or Period

X12 Purpose: To specify any or all of a date, a time, or a time period

Loop: 2000E — PATIENT EVENT LEVEL

Segment Repeat: 1

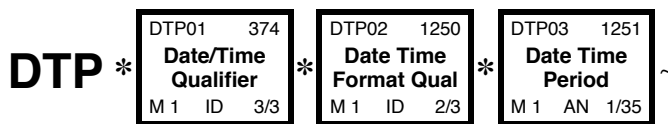
Usage: SITUATIONAL

Situational Rule: Required when valued on the request and used by the UMO to render a medical decision. If not required by this implementation guide, do not send.

TR3 Notes: 1. The total number of DTP segments in the 2000E loop cannot exceed 9.

TR3 Example: DTP*484*D8*20050312~

DIAGRAM



ELEMENT DETAIL

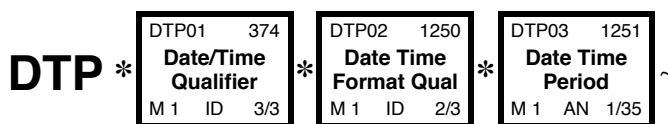
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
		CODE	DEFINITION	
		484	Last Menstrual Period	
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
		CODE	DEFINITION	
		D8	Date Expressed in Format CCYYMMDD	
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Last Menstrual Period Date				

SEGMENT DETAIL

DTP - ESTIMATED DATE OF BIRTH

X12 Segment Name: Date or Time or Period**X12 Purpose:** To specify any or all of a date, a time, or a time period**Loop:** 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when valued on the request and used by the UMO to render a medical decision. If not required by this implementation guide, do not send.**TR3 Notes:** 1. The total number of DTP segments in the 2000E loop cannot exceed 9.**TR3 Example:** DTP*ABC*D8*20051130~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION
			ABC	Estimated Date of Birth
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Estimated Birth Date				

SEGMENT DETAIL

DTP - ONSET OF CURRENT SYMPTOMS OR ILLNESS DATE

X12 Segment Name: Date or Time or Period

X12 Purpose: To specify any or all of a date, a time, or a time period

Loop: 2000E — PATIENT EVENT LEVEL

Segment Repeat: 1

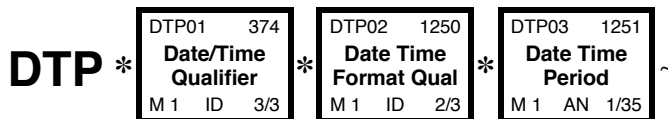
Usage: SITUATIONAL

Situational Rule: Required when valued on the request and used by the UMO to render a medical decision. If not required by this implementation guide, do not send.

TR3 Notes: 1. The total number of DTP segments in the 2000E loop cannot exceed 9.

TR3 Example: DTP*431*D8*200504015~

DIAGRAM



ELEMENT DETAIL

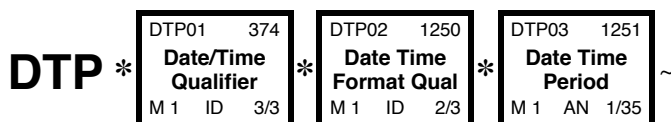
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1	ID	3/3				
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>431</td><td>Onset of Current Symptoms or Illness</td></tr></tbody></table>	CODE	DEFINITION	431	Onset of Current Symptoms or Illness			
CODE	DEFINITION									
431	Onset of Current Symptoms or Illness									
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.	M 1	ID	2/3				
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>D8</td><td>Date Expressed in Format CCYYMMDD</td></tr></tbody></table>	CODE	DEFINITION	D8	Date Expressed in Format CCYYMMDD			
CODE	DEFINITION									
D8	Date Expressed in Format CCYYMMDD									
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Onset Date	M 1	AN	1/35				

SEGMENT DETAIL

DTP - EVENT DATE

X12 Segment Name: Date or Time or Period**X12 Purpose:** To specify any or all of a date, a time, or a time period**Loop:** 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the UMO authorizes service for a specific date or date range. If not required by this implementation guide, do not send.**TR3 Notes:** 1. The total number of DTP segments in the 2000E loop cannot exceed 9.**TR3 Example:** DTP*AAH*D8*20050516~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
		CODE	DEFINITION	
		AAH	Event	
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
		CODE	DEFINITION	
		D8	Date Expressed in Format CCYYMMDD	
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Proposed or Actual Event Date				

SEGMENT DETAIL

DTP - ADMISSION DATE

X12 Segment Name: Date or Time or Period

X12 Purpose: To specify any or all of a date, a time, or a time period

Loop: 2000E — PATIENT EVENT LEVEL

Segment Repeat: 1

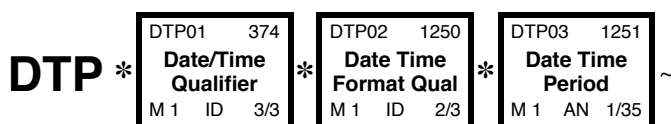
Usage: SITUATIONAL

Situational Rule: Required when the UMO authorizes admission for a specific date or date range. If not required by this implementation guide, do not send.

TR3 Notes: 1. The total number of DTP segments in the 2000E loop cannot exceed 9.

TR3 Example: DTP*435*D8*20050505~

DIAGRAM



ELEMENT DETAIL

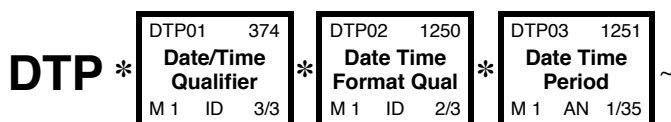
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
		CODE	DEFINITION	
		435	Admission	
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
		CODE	DEFINITION	
		D8	Date Expressed in Format CCYYMMDD	
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
Use this for the range of dates when admission can occur. Use the HSD segment for length of stay.				
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Proposed or Actual Admission Date				

SEGMENT DETAIL

DTP - DISCHARGE DATE

X12 Segment Name: Date or Time or Period**X12 Purpose:** To specify any or all of a date, a time, or a time period**Loop:** 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the UMO authorizes services or admission based on the proposed or actual discharge date. If not required by this implementation guide, do not send.**TR3 Notes:** 1. The total number of DTP segments in the 2000E loop cannot exceed 9.**TR3 Example:** DTP*096*D8*20050509~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION
			096	Discharge
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Proposed or Actual Discharge Date				

SEGMENT DETAIL

DTP - CERTIFICATION ISSUE DATE

X12 Segment Name: Date or Time or Period

X12 Purpose: To specify any or all of a date, a time, or a time period

Loop: 2000E — PATIENT EVENT LEVEL

Segment Repeat: 1

Usage: SITUATIONAL

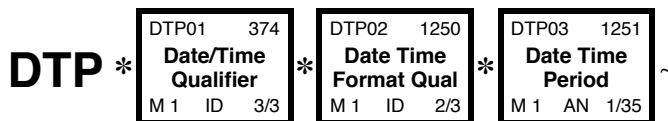
Situational Rule: Required when the UMO assigns a certification issue date to this authorization. If not required by this implementation guide, do not send.

TR3 Notes: 1. This is not the effective date of the authorization. The issue date is that date when the UMO issued the authorization.

2. The total number of DTP segments in the 2000E loop cannot exceed 9.

TR3 Example: DTP*102*D8*20050502~

DIAGRAM



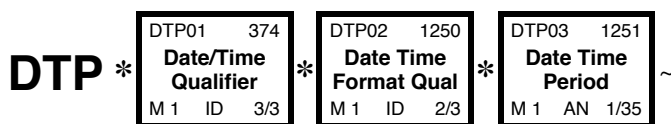
ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
		CODE	DEFINITION	
		102	Issue	
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
		CODE	DEFINITION	
		D8	Date Expressed in Format CCYYMMDD	
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Certification Issue Date				

SEGMENT DETAIL

DTP - CERTIFICATION EXPIRATION DATE**X12 Segment Name:** Date or Time or Period**X12 Purpose:** To specify any or all of a date, a time, or a time period**Loop:** 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the authorization has an expiration date to indicate the date on which the authorization will expire. If not required by this implementation guide, do not send.**TR3 Notes:** 1. The total number of DTP segments in the 2000E loop cannot exceed 9.**TR3 Example:** DTP*036*D8*20050630~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
		CODE	DEFINITION	
		036	Expiration	
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
		CODE	DEFINITION	
		D8	Date Expressed in Format CCYYMMDD	
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Certification Expiration Date				

SEGMENT DETAIL

DTP - CERTIFICATION EFFECTIVE DATE

X12 Segment Name: Date or Time or Period

X12 Purpose: To specify any or all of a date, a time, or a time period

Loop: 2000E — PATIENT EVENT LEVEL

Segment Repeat: 1

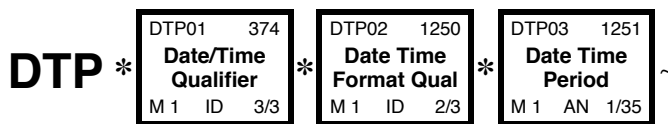
Usage: SITUATIONAL

Situational Rule: Required when the authorization is limited by effective dates to indicate the date or date range when the authorization is effective. If not required by this implementation guide, do not send.

TR3 Notes: 1. The total number of DTP segments in the 2000E loop cannot exceed 9.

TR3 Example: DTP*007*RD8*20050502-20050630~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
		CODE	DEFINITION	
		007	Effective	
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
		CODE	DEFINITION	
		D8	Date Expressed in Format CCYYMMDD	
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Certification Effective Date				

SEGMENT DETAIL

HI - PATIENT DIAGNOSIS**X12 Segment Name:** Health Care Information Codes**X12 Purpose:** To supply information related to the delivery of health care**Loop:** 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when used by the UMO to render a medical decision or if the UMO is requesting additional information. If not required by this implementation guide, do not send.

TR3 Notes:

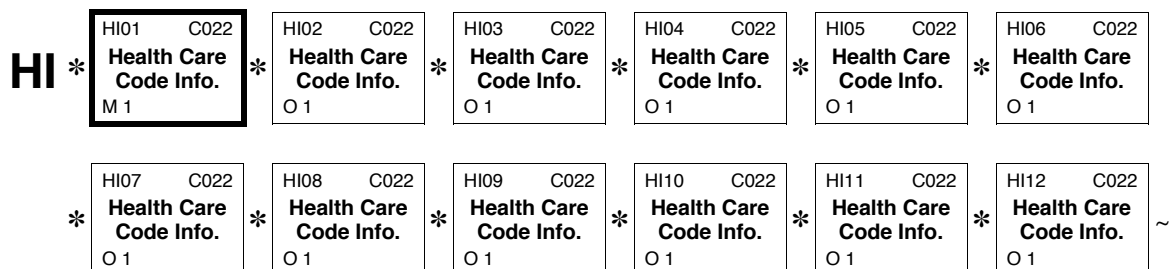
1. If the response has not been rendered and this segment is used to request additional information associated with a specific diagnosis, place the specific diagnosis code in the HI C022 composite that precedes the HI C022 composite(s) containing the LOINC. If the original request contained more than six diagnosis codes and you are using LOINC to request additional information for each of these diagnosis codes or if you need to specify multiple questions/LOINC codes per diagnosis you cannot exceed the limit of 12 occurrences of the C022 composite.

2. The UMO can use each occurrence of the Health Care Code Information composite (C022) to specify codes that identify the specific information that the UMO requires from the provider to complete the medical review. In the C022 composite, data elements 1270 and 1271 support the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINC®) List. These codes identify high-level health care information groupings, specific data elements, and associated modifiers.

Refer to Section 1.12.5.2 of this guide for more information on requesting additional information in the 278 response.

TR3 Example: HI*BF:41090~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HI01	C022	HEALTH CARE CODE INFORMATION	M 1
To send health care codes and their associated dates, amounts and quantities				
SYNTAX:				
P0304				
If either C02203 or C02204 is present, then the other is required.				
E0809				
Only one of C02208 or C02209 may be present.				
ALIAS: Diagnosis 1				
REQUIRED	HI01 - 1	1270	Code List Qualifier Code	M ID 1/3
Code identifying a specific industry code list				
SEMANTIC:				
C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.				
IMPLEMENTATION NAME: Diagnosis Type Code				
CODE	DEFINITION			
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis			
	CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)			
ABJ	International Classification of Diseases Clinical Modification (ICD-10-CM) Admitting Diagnosis			
	CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)			
ABK	International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis			
	CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)			
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit			
	CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)			
BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis			
	CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)			
BJ	International Classification of Diseases Clinical Modification (ICD-9-CM) Admitting Diagnosis			
	CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)			
BK	International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis			
	CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)			
DR	Diagnosis Related Group (DRG)			
	CODE SOURCE 229: Diagnosis Related Group Number (DRG)			
LOI	Logical Observation Identifier Names and Codes (LOINC) Codes			
	See Section 2.5 for information on using LOINC to request additional information.			
	CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)			

		PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit		
		CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)			
REQUIRED	HI01 - 2	1271	Industry Code	M AN	1/30
		Code indicating a code from a specific industry code list			
		SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.			
		IMPLEMENTATION NAME: Diagnosis Code			
SITUATIONAL	HI01 - 3	1250	Date Time Period Format Qualifier	X ID	2/3
		Code indicating the date format, time format, or date and time format			
		SYNTAX: P0304			
		SEMANTIC: C022-03 is the date format that will appear in C022-04.			
		SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>			
		CODE	DEFINITION		
		D8	Date Expressed in Format CCYYMMDD		
SITUATIONAL	HI01 - 4	1251	Date Time Period	X AN	1/35
		Expression of a date, a time, or range of dates, times or dates and times			
		SYNTAX: P0304			
		SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>			
		IMPLEMENTATION NAME: Diagnosis Date			
NOT USED	HI01 - 5	782	Monetary Amount	O R	1/18
NOT USED	HI01 - 6	380	Quantity	O R	1/15
NOT USED	HI01 - 7	799	Version Identifier	O AN	1/30
NOT USED	HI01 - 8	1271	Industry Code	X AN	1/30
NOT USED	HI01 - 9	1073	Yes/No Condition or Response Code	X ID	1/1
SITUATIONAL	HI02	C022	HEALTH CARE CODE INFORMATION	O 1	
		To send health care codes and their associated dates, amounts and quantities			
		SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present.			
		SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>			
		ALIAS: Diagnosis 2			

REQUIRED **HI02 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

SEMANTIC:
C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.

IMPLEMENTATION NAME: Diagnosis Type Code

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
ABJ	International Classification of Diseases Clinical Modification (ICD-10-CM) Admitting Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
BJ	International Classification of Diseases Clinical Modification (ICD-9-CM) Admitting Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)
LOI	Logical Observation Identifier Names and Codes (LOINC) Codes See Section 2.5 for information on using LOINC to request additional information.
PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

REQUIRED **HI02 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

SEMANTIC:
If C022-08 is used, then C022-02 represents the beginning value in a range of codes.

IMPLEMENTATION NAME: Diagnosis Code

SITUATIONAL **HI02 - 3** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

SYNTAX:
P0304

SEMANTIC:
C022-03 is the date format that will appear in C022-04.

SITUATIONAL RULE: *Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.*

		CODE	DEFINITION
		D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI02 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times SYNTAX: P0304 SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Diagnosis Date
NOT USED	HI02 - 5	782	Monetary Amount O R 1/18
NOT USED	HI02 - 6	380	Quantity O R 1/15
NOT USED	HI02 - 7	799	Version Identifier O AN 1/30
NOT USED	HI02 - 8	1271	Industry Code X AN 1/30
NOT USED	HI02 - 9	1073	Yes/No Condition or Response Code X ID 1/1
SITUATIONAL	HI03	C022	HEALTH CARE CODE INFORMATION O 1 To send health care codes and their associated dates, amounts and quantities SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i> ALIAS: Diagnosis 3
REQUIRED	HI03 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. IMPLEMENTATION NAME: Diagnosis Type Code
		CODE	DEFINITION
		ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
		APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
		BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
		DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)

		LOI	Logical Observation Identifier Names and Codes (LOINC) Codes			
			See Section 2.5 for information on using LOINC to request additional information.			
		PR	CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC) International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)			
REQUIRED	HI03 - 2	1271	Industry Code	M	AN	1/30
			Code indicating a code from a specific industry code list			
			SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.			
			IMPLEMENTATION NAME: Diagnosis Code			
SITUATIONAL	HI03 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
			Code indicating the date format, time format, or date and time format			
			SYNTAX: P0304			
			SEMANTIC: C022-03 is the date format that will appear in C022-04.			
			SITUATIONAL RULE: Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.			
			CODE	DEFINITION		
		D8	Date Expressed in Format CCYYMMDD			
SITUATIONAL	HI03 - 4	1251	Date Time Period	X	AN	1/35
			Expression of a date, a time, or range of dates, times or dates and times			
			SYNTAX: P0304			
			SITUATIONAL RULE: Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.			
			IMPLEMENTATION NAME: Diagnosis Date			
NOT USED	HI03 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI03 - 6	380	Quantity	O	R	1/15
NOT USED	HI03 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI03 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI03 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI04	C022	HEALTH CARE CODE INFORMATION	O	1	
			To send health care codes and their associated dates, amounts and quantities			
			SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present.			
			SITUATIONAL RULE: Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.			

ALIAS: **Diagnosis 4****REQUIRED** HI04 - 1**1270 Code List Qualifier Code** M ID 1/3
Code identifying a specific industry code list

SEMANTIC:

C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.

IMPLEMENTATION NAME: **Diagnosis Type Code**

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)
LOI	Logical Observation Identifier Names and Codes (LOINC) Codes See Section 2.5 for information on using LOINC to request additional information.
PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

REQUIRED HI04 - 2**1271 Industry Code** M AN 1/30
Code indicating a code from a specific industry code list
SEMANTIC:
If C022-08 is used, then C022-02 represents the beginning value in a range of codes.IMPLEMENTATION NAME: **Diagnosis Code****SITUATIONAL** HI04 - 3**1250 Date Time Period Format Qualifier** X ID 2/3
Code indicating the date format, time format, or date and time format

SYNTAX:

P0304

SEMANTIC:

C022-03 is the date format that will appear in C022-04.

SITUATIONAL RULE: *Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.*

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL	HI04 - 4	1251	Date Time Period	X AN 1/35
Expression of a date, a time, or range of dates, times or dates and times				
SYNTAX: P0304				

SITUATIONAL RULE: *Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: **Diagnosis Date**

NOT USED	HI04 - 5	782	Monetary Amount	O R 1/18
NOT USED	HI04 - 6	380	Quantity	O R 1/15
NOT USED	HI04 - 7	799	Version Identifier	O AN 1/30
NOT USED	HI04 - 8	1271	Industry Code	X AN 1/30
NOT USED	HI04 - 9	1073	Yes/No Condition or Response Code	X ID 1/1
SITUATIONAL	HI05	C022	HEALTH CARE CODE INFORMATION	O 1

To send health care codes and their associated dates, amounts and quantities

SYNTAX:
P0304
If either C02203 or C02204 is present, then the other is required.
E0809
Only one of C02208 or C02209 may be present.

SITUATIONAL RULE: *Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.*

ALIAS: **Diagnosis 5**

REQUIRED	HI05 - 1	1270	Code List Qualifier Code	M ID 1/3
Code identifying a specific industry code list				
SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.				
IMPLEMENTATION NAME: Diagnosis Type Code				

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)
LOI	Logical Observation Identifier Names and Codes (LOINC) Codes See Section 2.5 for information on using LOINC to request additional information. CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

		PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit		
			CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
REQUIRED	HI05 - 2	1271	Industry Code	M AN	1/30
			Code indicating a code from a specific industry code list		
			SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.		
			IMPLEMENTATION NAME: Diagnosis Code		
SITUATIONAL	HI05 - 3	1250	Date Time Period Format Qualifier	X ID	2/3
			Code indicating the date format, time format, or date and time format		
			SYNTAX: P0304		
			SEMANTIC: C022-03 is the date format that will appear in C022-04.		
			SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>		
			CODE	DEFINITION	
		D8	Date Expressed in Format CCYYMMDD		
SITUATIONAL	HI05 - 4	1251	Date Time Period	X AN	1/35
			Expression of a date, a time, or range of dates, times or dates and times		
			SYNTAX: P0304		
			SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>		
			IMPLEMENTATION NAME: Diagnosis Date		
NOT USED	HI05 - 5	782	Monetary Amount	O R	1/18
NOT USED	HI05 - 6	380	Quantity	O R	1/15
NOT USED	HI05 - 7	799	Version Identifier	O AN	1/30
NOT USED	HI05 - 8	1271	Industry Code	X AN	1/30
NOT USED	HI05 - 9	1073	Yes/No Condition or Response Code	X ID	1/1
SITUATIONAL	HI06	C022	HEALTH CARE CODE INFORMATION	O 1	
			To send health care codes and their associated dates, amounts and quantities		
			SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present.		
			SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>		
			ALIAS: Diagnosis 6		

REQUIRED	HI06 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.						

IMPLEMENTATION NAME: Diagnosis Type Code

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)
LOI	Logical Observation Identifier Names and Codes (LOINC) Codes See Section 2.5 for information on using LOINC to request additional information. CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)
PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

REQUIRED	HI06 - 2	1271	Industry Code	M	AN	1/30
Code indicating a code from a specific industry code list						
SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.						

IMPLEMENTATION NAME: Diagnosis Code

SITUATIONAL	HI06 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
Code indicating the date format, time format, or date and time format						
SYNTAX: P0304 SEMANTIC: C022-03 is the date format that will appear in C022-04.						

SITUATIONAL RULE: *Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.*

CODE	DEFINITION
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		D8	Date Expressed in Format CCYYMMDD		
SITUATIONAL	HI06 - 4	1251	Date Time Period	X AN 1/35	Expression of a date, a time, or range of dates, times or dates and times
		SYNTAX: P0304			
		SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>			
		IMPLEMENTATION NAME: Diagnosis Date			
NOT USED	HI06 - 5	782	Monetary Amount	O R 1/18	
NOT USED	HI06 - 6	380	Quantity	O R 1/15	
NOT USED	HI06 - 7	799	Version Identifier	O AN 1/30	
NOT USED	HI06 - 8	1271	Industry Code	X AN 1/30	
NOT USED	HI06 - 9	1073	Yes/No Condition or Response Code	X ID 1/1	
SITUATIONAL	HI07	C022	HEALTH CARE CODE INFORMATION	O 1	To send health care codes and their associated dates, amounts and quantities
		SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present.			
		SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>			
		ALIAS: Diagnosis 7			
REQUIRED	HI07 - 1	1270	Code List Qualifier Code	M ID 1/3	Code identifying a specific industry code list
		SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.			
		IMPLEMENTATION NAME: Diagnosis Type Code			
		CODE	DEFINITION		
		ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis		
			CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
		APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit		
			CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
		BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis		
			CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
		DR	Diagnosis Related Group (DRG)		
			CODE SOURCE 229: Diagnosis Related Group Number (DRG)		
		LOI	Logical Observation Identifier Names and Codes (LOINC) Codes		
			See Section 2.5 for information on using LOINC to request additional information.		

		CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)	
		PR International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	
		CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)	
REQUIRED	HI07 - 2	1271 Industry Code	M AN 1/30
		Code indicating a code from a specific industry code list	
		SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.	
		IMPLEMENTATION NAME: Diagnosis Code	
SITUATIONAL	HI07 - 3	1250 Date Time Period Format Qualifier	X ID 2/3
		Code indicating the date format, time format, or date and time format	
		SYNTAX: P0304	
		SEMANTIC: C022-03 is the date format that will appear in C022-04.	
		SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>	
		CODE	DEFINITION
		D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI07 - 4	1251 Date Time Period	X AN 1/35
		Expression of a date, a time, or range of dates, times or dates and times	
		SYNTAX: P0304	
		SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>	
		IMPLEMENTATION NAME: Diagnosis Date	
NOT USED	HI07 - 5	782 Monetary Amount	O R 1/18
NOT USED	HI07 - 6	380 Quantity	O R 1/15
NOT USED	HI07 - 7	799 Version Identifier	O AN 1/30
NOT USED	HI07 - 8	1271 Industry Code	X AN 1/30
NOT USED	HI07 - 9	1073 Yes/No Condition or Response Code	X ID 1/1
SITUATIONAL	HI08	C022 HEALTH CARE CODE INFORMATION	O 1
		To send health care codes and their associated dates, amounts and quantities	
		SYNTAX: P0304	
		If either C02203 or C02204 is present, then the other is required.	
		E0809	
		Only one of C02208 or C02209 may be present.	
		SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>	

ALIAS: **Diagnosis 8****REQUIRED** HI08 - 1**1270 Code List Qualifier Code** M ID 1/3
Code identifying a specific industry code list

SEMANTIC:

C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.

IMPLEMENTATION NAME: **Diagnosis Type Code**

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)
LOI	Logical Observation Identifier Names and Codes (LOINC) Codes See Section 2.5 for information on using LOINC to request additional information.
PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

REQUIRED HI08 - 2**1271 Industry Code** M AN 1/30
Code indicating a code from a specific industry code list

SEMANTIC:

If C022-08 is used, then C022-02 represents the beginning value in a range of codes.

IMPLEMENTATION NAME: **Diagnosis Code****SITUATIONAL** HI08 - 3**1250 Date Time Period Format Qualifier** X ID 2/3
Code indicating the date format, time format, or date and time format

SYNTAX:

P0304

SEMANTIC:

C022-03 is the date format that will appear in C022-04.

SITUATIONAL RULE: *Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.*

		CODE	DEFINITION
		D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI08 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times SYNTAX: P0304 SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Diagnosis Date
NOT USED	HI08 - 5	782	Monetary Amount O R 1/18
NOT USED	HI08 - 6	380	Quantity O R 1/15
NOT USED	HI08 - 7	799	Version Identifier O AN 1/30
NOT USED	HI08 - 8	1271	Industry Code X AN 1/30
NOT USED	HI08 - 9	1073	Yes/No Condition or Response Code X ID 1/1
SITUATIONAL	HI09 C022		HEALTH CARE CODE INFORMATION O 1 To send health care codes and their associated dates, amounts and quantities SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i> ALIAS: Diagnosis 9
REQUIRED	HI09 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. IMPLEMENTATION NAME: Diagnosis Type Code
		CODE	DEFINITION
		ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
		APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
		BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
		DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)
		LOI	Logical Observation Identifier Names and Codes (LOINC) Codes

See Section 2.5 for information on using LOINC to request additional information.

CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

PR International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit

CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

REQUIRED HI09 - 2

1271 Industry Code M AN 1/30
Code indicating a code from a specific industry code list

SEMANTIC:

If C022-08 is used, then C022-02 represents the beginning value in a range of codes.

IMPLEMENTATION NAME: **Diagnosis Code**

SITUATIONAL HI09 - 3

1250 Date Time Period Format Qualifier X ID 2/3
Code indicating the date format, time format, or date and time format

SYNTAX:

P0304

SEMANTIC:

C022-03 is the date format that will appear in C022-04.

SITUATIONAL RULE: *Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.*

CODE	DEFINITION
------	------------

D8 Date Expressed in Format CCYYMMDD

SITUATIONAL HI09 - 4

1251 Date Time Period X AN 1/35
Expression of a date, a time, or range of dates, times or dates and times

SYNTAX:

P0304

SITUATIONAL RULE: *Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: **Diagnosis Date**

NOT USED HI09 - 5

782 Monetary Amount O R 1/18

NOT USED HI09 - 6

380 Quantity O R 1/15

NOT USED HI09 - 7

799 Version Identifier O AN 1/30

NOT USED HI09 - 8

1271 Industry Code X AN 1/30

NOT USED HI09 - 9

1073 Yes/No Condition or Response Code X ID 1/1

SITUATIONAL HI10

C022

HEALTH CARE CODE INFORMATION O 1

To send health care codes and their associated dates, amounts and quantities

SYNTAX:

P0304

If either C02203 or C02204 is present, then the other is required.

E0809

Only one of C02208 or C02209 may be present.

SITUATIONAL RULE: *Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.*

ALIAS: **Diagnosis 10**

REQUIRED HI10 - 1

1270 Code List Qualifier Code M ID 1/3
Code identifying a specific industry code list

SEMANTIC:
C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.

IMPLEMENTATION NAME: **Diagnosis Type Code**

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)
LOI	Logical Observation Identifier Names and Codes (LOINC) Codes See Section 2.5 for information on using LOINC to request additional information. CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)
PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

REQUIRED HI10 - 2

1271 Industry Code M AN 1/30
Code indicating a code from a specific industry code list

SEMANTIC:
If C022-08 is used, then C022-02 represents the beginning value in a range of codes.

IMPLEMENTATION NAME: **Diagnosis Code**

SITUATIONAL HI10 - 3

1250 Date Time Period Format Qualifier X ID 2/3
Code indicating the date format, time format, or date and time format

SYNTAX:
P0304

SEMANTIC:
C022-03 is the date format that will appear in C022-04.

SITUATIONAL RULE: *Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.*

		CODE	DEFINITION
		D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI10 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times SYNTAX: P0304 SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>
		IMPLEMENTATION NAME: Diagnosis Date	
NOT USED	HI10 - 5	782	Monetary Amount O R 1/18
NOT USED	HI10 - 6	380	Quantity O R 1/15
NOT USED	HI10 - 7	799	Version Identifier O AN 1/30
NOT USED	HI10 - 8	1271	Industry Code X AN 1/30
NOT USED	HI10 - 9	1073	Yes/No Condition or Response Code X ID 1/1
SITUATIONAL	HI11	C022	HEALTH CARE CODE INFORMATION O 1 To send health care codes and their associated dates, amounts and quantities SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>
		ALIAS: Diagnosis 11	
REQUIRED	HI11 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. IMPLEMENTATION NAME: Diagnosis Type Code

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis

		CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)	
		Diagnosis Related Group (DRG)	
		CODE SOURCE 229: Diagnosis Related Group Number (DRG)	
		Logical Observation Identifier Names and Codes (LOINC) Codes	
		CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)	
		International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	
		CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)	
REQUIRED	HI11 - 2	1271 Industry Code	M AN 1/30
		Code indicating a code from a specific industry code list	
		SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.	
		IMPLEMENTATION NAME: Diagnosis Code	
SITUATIONAL	HI11 - 3	1250 Date Time Period Format Qualifier	X ID 2/3
		Code indicating the date format, time format, or date and time format	
		SYNTAX: P0304	
		SEMANTIC: C022-03 is the date format that will appear in C022-04.	
		SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>	
		CODE	DEFINITION
		D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI11 - 4	1251 Date Time Period	X AN 1/35
		Expression of a date, a time, or range of dates, times or dates and times	
		SYNTAX: P0304	
		SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>	
		IMPLEMENTATION NAME: Diagnosis Date	
NOT USED	HI11 - 5	782 Monetary Amount	O R 1/18
NOT USED	HI11 - 6	380 Quantity	O R 1/15
NOT USED	HI11 - 7	799 Version Identifier	O AN 1/30
NOT USED	HI11 - 8	1271 Industry Code	X AN 1/30
NOT USED	HI11 - 9	1073 Yes/No Condition or Response Code	X ID 1/1
SITUATIONAL	HI12	C022 HEALTH CARE CODE INFORMATION	O 1
		To send health care codes and their associated dates, amounts and quantities	

SYNTAX:

P0304

If either C02203 or C02204 is present, then the other is required.

E0809

Only one of C02208 or C02209 may be present.

SITUATIONAL RULE: *Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.***ALIAS:** Diagnosis 12**REQUIRED** HI12 - 1**1270 Code List Qualifier Code** M ID 1/3
Code identifying a specific industry code list

SEMANTIC:

C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.

IMPLEMENTATION NAME: Diagnosis Type Code

CODE	DEFINITION
ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
DR	Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)
LOI	Logical Observation Identifier Names and Codes (LOINC) Codes CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)
PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

REQUIRED HI12 - 2**1271 Industry Code** M AN 1/30
Code indicating a code from a specific industry code list

SEMANTIC:

If C022-08 is used, then C022-02 represents the beginning value in a range of codes.

IMPLEMENTATION NAME: Diagnosis Code**SITUATIONAL** HI12 - 3**1250 Date Time Period Format Qualifier** X ID 2/3
Code indicating the date format, time format, or date and time format

SYNTAX:
P0304

SEMANTIC:
C022-03 is the date format that will appear in C022-04.

SITUATIONAL RULE: *Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.*

		CODE	DEFINITION			
		D8	Date Expressed in Format CCYYMMDD			
SITUATIONAL	HI12 - 4	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35
		SYNTAX: P0304				
		SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>				
		IMPLEMENTATION NAME: Diagnosis Date				
NOT USED	HI12 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI12 - 6	380	Quantity	O	R	1/15
NOT USED	HI12 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI12 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI12 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1

SEGMENT DETAIL

HSD - HEALTH CARE SERVICES DELIVERY

X12 Segment Name: Health Care Services Delivery

X12 Purpose: To specify the delivery pattern of health care services

X12 Syntax: 1. **P0102**

If either HSD01 or HSD02 is present, then the other is required.

2. **C0605**

If HSD06 is present, then HSD05 is required.

Loop: 2000E — PATIENT EVENT LEVEL

Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the UMO authorizes services that have a specific pattern of delivery for the patient event. If not required by this implementation guide, do not send.

TR3 Notes: 1. Report authorized delivery patterns for specific services in the Service Level (Loop 2000F).

2. An explanation of the uses of this segment follows.

HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means “one visit”.

Between HSD02 and HSD03 verbally insert a “per every”.

HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means “three days”. Between HSD04 and HSD05 verbally insert a “for”. HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means “21 days”.

The total message reads:

HSD*VS*1*DA*3*7*21~ = “One visit per every three days for 21 days”.

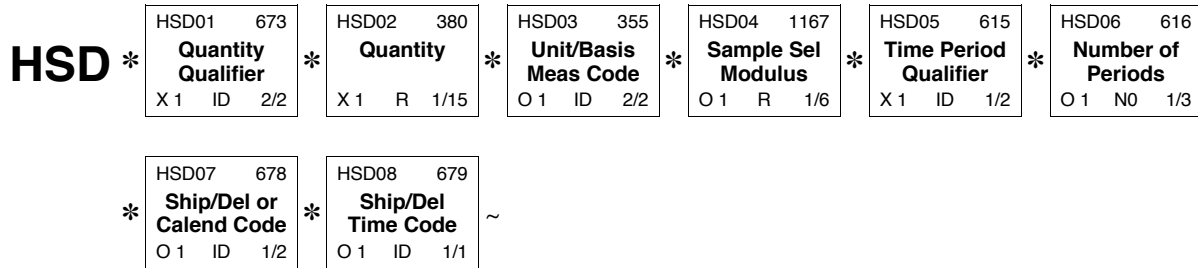
Another similar data string of HSD*VS*2*DA*4*7*20~ = “Two visits per every four days for 20 days”.

An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD*VS*1*****SX*D~ means “1 visit on Wednesday and Thursday morning”.

TR3 Example: HSD*VS*1*DA*1*7*10~ (This indicates “1 visit every (per) 1 day (daily) for 10 days”.)

TR3 Example: HSD*VS*1*DA****W~ (This indicates “1 visit per day whenever necessary”.)

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES														
SITUATIONAL	HSD01	673	Quantity Qualifier Code specifying the type of quantity SYNTAX: P0102 SITUATIONAL RULE: <i>Required when the pattern of delivery has quantity of services authorized. If not required by this implementation guide, do not send.</i>	X 1	ID	2/2												
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>DY</td><td>Days</td></tr><tr><td>FL</td><td>Units</td></tr><tr><td>HS</td><td>Hours</td></tr><tr><td>MN</td><td>Month</td></tr><tr><td>VS</td><td>Visits</td></tr></tbody></table>	CODE	DEFINITION	DY	Days	FL	Units	HS	Hours	MN	Month	VS	Visits			
CODE	DEFINITION																	
DY	Days																	
FL	Units																	
HS	Hours																	
MN	Month																	
VS	Visits																	
SITUATIONAL	HSD02	380	Quantity Numeric value of quantity SYNTAX: P0102 SITUATIONAL RULE: <i>Required when the pattern of delivery has quantity of services authorized. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Service Unit Count	X 1	R	1/15												
SITUATIONAL	HSD03	355	Unit or Basis for Measurement Code Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken SITUATIONAL RULE: <i>Required when HSD04 is valued to qualify the time frame in which the quantity of services (HSD02) will be rendered. If not required by this implementation guide, do not send.</i>	O 1	ID	2/2												
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>DA</td><td>Days</td></tr><tr><td>MO</td><td>Months</td></tr><tr><td>WK</td><td>Week</td></tr></tbody></table>	CODE	DEFINITION	DA	Days	MO	Months	WK	Week							
CODE	DEFINITION																	
DA	Days																	
MO	Months																	
WK	Week																	

SITUATIONAL HSD04 1167 **Sample Selection Modulus** O 1 R 1/6
To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes

SITUATIONAL RULE: *Required when the UMO authorizes patient events which must be rendered within a specific timeframe. If not required by this implementation guide, do not send.*

SITUATIONAL HSD05 615 **Time Period Qualifier** X 1 ID 1/2
Code defining periods

SYNTAX: C0605

SITUATIONAL RULE: *Required when the UMO authorizes patient events which must be rendered within a specific timeframe. If not required by this implementation guide, do not send.*

CODE	DEFINITION
6	Hour
7	Day
21	Years
26	Episode
27	Visit
34	Month
35	Week

SITUATIONAL HSD06 616 **Number of Periods** O 1 N0 1/3
Total number of periods

SYNTAX: C0605

SITUATIONAL RULE: *Required when the UMO authorizes patient events which must be rendered within a specific timeframe. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Period Count

SITUATIONAL HSD07 678 **Ship/Delivery or Calendar Pattern Code** O 1 ID 1/2
Code which specifies the routine shipments, deliveries, or calendar pattern

SITUATIONAL RULE: *Required when the UMO authorizes a specific calendar delivery pattern for the patient event. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Delivery Frequency Code

CODE	DEFINITION
1	1st Week of the Month
2	2nd Week of the Month
3	3rd Week of the Month
4	4th Week of the Month
5	5th Week of the Month
6	1st & 3rd Weeks of the Month
7	2nd & 4th Weeks of the Month
8	1st Working Day of Period
9	Last Working Day of Period
A	Monday through Friday
B	Monday through Saturday

C	Monday through Sunday
D	Monday
E	Tuesday
F	Wednesday
G	Thursday
H	Friday
J	Saturday
K	Sunday
L	Monday through Thursday
M	Immediately
N	As Directed
O	Daily Mon. through Fri.
P	1/2 Mon. & 1/2 Thurs.
Q	1/2 Tues. & 1/2 Thurs.
R	1/2 Wed. & 1/2 Fri.
S	Once Anytime Mon. through Fri.
SA	Sunday, Monday, Thursday, Friday, Saturday
SB	Tuesday through Saturday
SC	Sunday, Wednesday, Thursday, Friday, Saturday
SD	Monday, Wednesday, Thursday, Friday, Saturday
SG	Tuesday through Friday
SL	Monday, Tuesday and Thursday
SP	Monday, Tuesday and Friday
SX	Wednesday and Thursday
SY	Monday, Wednesday and Thursday
SZ	Tuesday, Thursday and Friday
T	1/2 Tue. & 1/2 Fri.
U	1/2 Mon. & 1/2 Wed.
V	1/3 Mon., 1/3 Wed., 1/3 Fri.
W	Whenever Necessary
WE	Weekend
X	1/2 By Wed., Bal. By Fri.
Y	None (Also Used to Cancel or Override a Previous Pattern)

SITUATIONAL HSD08 679 **Ship/Delivery Pattern Time Code** O 1 ID 1/1
Code which specifies the time for routine shipments or deliveries

SITUATIONAL RULE: *Required when the UMO authorizes a specific time delivery pattern for the services in this patient event. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Delivery Pattern Time Code

CODE	DEFINITION
A	1st Shift (Normal Working Hours)
B	2nd Shift
C	3rd Shift

D	A.M.
E	P.M.
F	As Directed
G	Any Shift
Y	None (Also Used to Cancel or Override a Previous Pattern)

SEGMENT DETAIL

CL1 - INSTITUTIONAL CLAIM CODE

X12 Segment Name: Claim Codes

X12 Purpose: To supply information specific to hospital claims

Loop: 2000E — PATIENT EVENT LEVEL

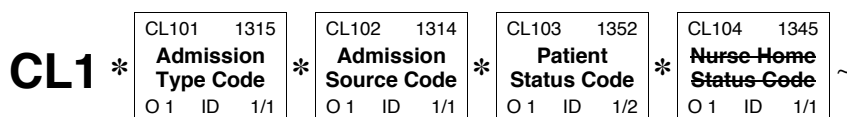
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.

TR3 Example: CL1*3~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	CL101	1315	Admission Type Code Code indicating the priority of this admission	O 1 ID 1/1
SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>				
CODE SOURCE 231: Admission Type Code				
SITUATIONAL	CL102	1314	Admission Source Code Code indicating the source of this admission	O 1 ID 1/1
SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>				
CODE SOURCE 230: Admission Source Code				
SITUATIONAL	CL103	1352	Patient Status Code Code indicating patient status as of the "statement covers through date"	O 1 ID 1/2
SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>				
CODE SOURCE 239: Patient Status Code				
NOT USED	CL104	1345	Nursing Home Residential Status Code	O 1 ID 1/1

SEGMENT DETAIL

CR1 - AMBULANCE TRANSPORT
INFORMATION**X12 Segment Name:** Ambulance Certification**X12 Purpose:** To supply information related to the ambulance service rendered to a patient**X12 Syntax:** 1. **P0102**

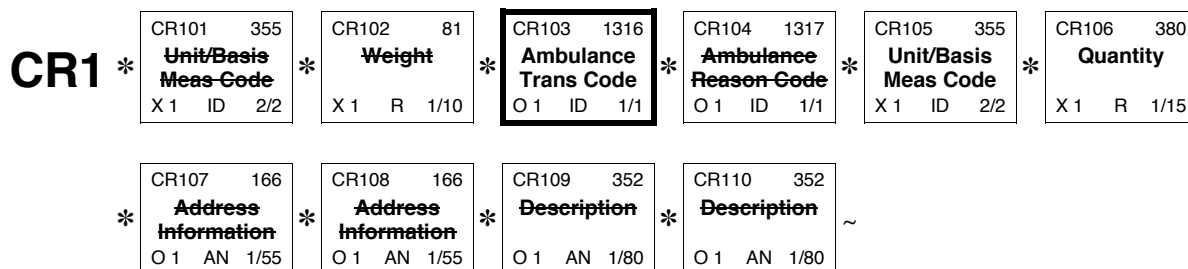
If either CR101 or CR102 is present, then the other is required.

2. **P0506**

If either CR105 or CR106 is present, then the other is required.

Loop: 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when used by the UMO to authorize specific non-emergency transport services. If not required by this implementation guide, do not send.**TR3 Notes:** 1. Use this segment for certifications involving non-emergency transport of the patient.**TR3 Example:** CR1***T**DH*28~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
NOT USED	CR101	355	Unit or Basis for Measurement Code	X 1	ID	2/2
NOT USED	CR102	81	Weight	X 1	R	1/10
REQUIRED	CR103	1316	Ambulance Transport Code	O 1	ID	1/1
			Code indicating the type of ambulance transport			
			CODE	DEFINITION		
			I	Initial Trip		
			R	Return Trip		
			T	Transfer Trip		
			X	Round Trip		

NOT USED	CR104	1317	Ambulance Transport Reason Code	O 1	ID	1/1
SITUATIONAL	CR105	355	Unit or Basis for Measurement Code Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken SYNTAX: P0506 SITUATIONAL RULE: <i>Required when used by the UMO to authorize ambulance transport. If not required by this implementation guide, do not send.</i>	X 1	ID	2/2
			CODE	DEFINITION		
			DH	Miles		
			DK	Kilometers		
SITUATIONAL	CR106	380	Quantity Numeric value of quantity SYNTAX: P0506 SEMANTIC: CR106 is the distance traveled during transport. SITUATIONAL RULE: <i>Required when used by the UMO to authorize ambulance transport. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Transport Distance	X 1	R	1/15
NOT USED	CR107	166	Address Information	O 1	AN	1/55
NOT USED	CR108	166	Address Information	O 1	AN	1/55
NOT USED	CR109	352	Description	O 1	AN	1/80
NOT USED	CR110	352	Description	O 1	AN	1/80

SEGMENT DETAIL

CR2 - SPINAL MANIPULATION SERVICE INFORMATION**X12 Segment Name:** Chiropractic Certification**X12 Purpose:** To supply information related to the chiropractic service rendered to a patient**X12 Syntax:** 1. **P0102**

If either CR201 or CR202 is present, then the other is required.

2. **C0403**

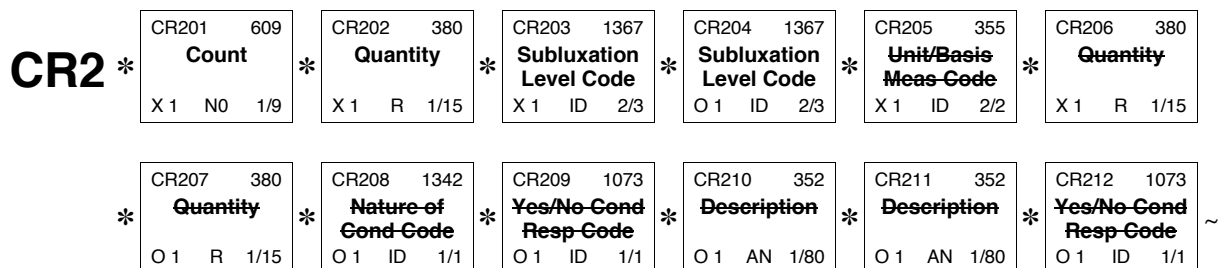
If CR204 is present, then CR203 is required.

3. **P0506**

If either CR205 or CR206 is present, then the other is required.

Loop: 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when used by the UMO to authorize spinal manipulation services that have a specific pattern of delivery usage. If not required by this implementation guide, do not send.**TR3 Example:** CR2*1*5~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	CR201	609	Count Occurrence counter SYNTAX: P0102 SEMANTIC: CR201 is the number this treatment is in the series. SITUATIONAL RULE: <i>Required when used by the UMO to authorize Spinal Manipulation Services. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Treatment Series Number	X 1 NO 1/9

SITUATIONAL	CR202	380	Quantity	X 1	R	1/15
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Numeric value of quantity

SYNTAX: P0102

SEMANTIC: CR202 is the total number of treatments in the series.

SITUATIONAL RULE: *Required when used by the UMO to authorize Spinal Manipulation Services. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Treatment Count

SITUATIONAL	CR203	1367	Subluxation Level Code	X 1	ID	2/3
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Code identifying the specific level of subluxation

SYNTAX: C0403

COMMENT: When both CR203 and CR204 are present, CR203 is the beginning level of subluxation and CR204 is the ending level of subluxation.

SITUATIONAL RULE: *Required when used by the UMO to authorize Spinal Manipulation Services. If not required by this implementation guide, do not send.*

CODE	DEFINITION
C1	Cervical 1
C2	Cervical 2
C3	Cervical 3
C4	Cervical 4
C5	Cervical 5
C6	Cervical 6
C7	Cervical 7
CO	Coccyx
IL	Ilium
L1	Lumbar 1
L2	Lumbar 2
L3	Lumbar 3
L4	Lumbar 4
L5	Lumbar 5
OC	Occiput
SA	Sacrum
T1	Thoracic 1
T10	Thoracic 10
T11	Thoracic 11
T12	Thoracic 12
T2	Thoracic 2
T3	Thoracic 3
T4	Thoracic 4
T5	Thoracic 5
T6	Thoracic 6
T7	Thoracic 7
T8	Thoracic 8

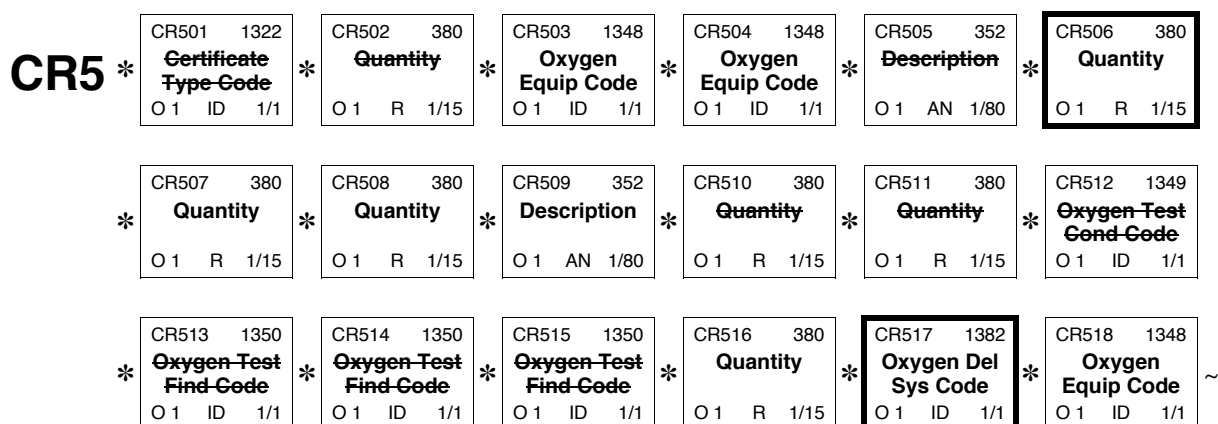
SITUATIONAL	CR204	1367	T9	Thoracic 9	O 1	ID	2/3
			Subluxation Level Code				
			Code identifying the specific level of subluxation				
			SYNTAX: C0403				
			SITUATIONAL RULE: <i>Required when used by the UMO to authorize Spinal Manipulation Services. If not required by this implementation guide, do not send.</i>				
			CODE	DEFINITION			
			C1	Cervical 1			
			C2	Cervical 2			
			C3	Cervical 3			
			C4	Cervical 4			
C5	Cervical 5						
C6	Cervical 6						
C7	Cervical 7						
CO	Coccyx						
IL	Ilium						
L1	Lumbar 1						
L2	Lumbar 2						
L3	Lumbar 3						
L4	Lumbar 4						
L5	Lumbar 5						
OC	Occiput						
SA	Sacrum						
T1	Thoracic 1						
T10	Thoracic 10						
T11	Thoracic 11						
T12	Thoracic 12						
T2	Thoracic 2						
T3	Thoracic 3						
T4	Thoracic 4						
T5	Thoracic 5						
T6	Thoracic 6						
T7	Thoracic 7						
T8	Thoracic 8						
T9	Thoracic 9						
NOT USED	CR205	355	Unit or Basis for Measurement Code		X 1	ID	2/2
NOT USED	CR206	380	Quantity		X 1	R	1/15
NOT USED	CR207	380	Quantity		O 1	R	1/15
NOT USED	CR208	1342	Nature of Condition Code		O 1	ID	1/1
NOT USED	CR209	1073	Yes/No Condition or Response Code		O 1	ID	1/1
NOT USED	CR210	352	Description		O 1	AN	1/80
NOT USED	CR211	352	Description		O 1	AN	1/80

NOT USED	CR212	1073	Yes/No Condition or Response Code	O 1	ID	1/1
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SEGMENT DETAIL

CR5 - HOME OXYGEN THERAPY
INFORMATION**X12 Segment Name:** Oxygen Therapy Certification**X12 Purpose:** To supply information regarding certification of medical necessity for home oxygen therapy**Loop:** 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when used by the UMO to authorize specific usage of home oxygen therapy. If not required by this implementation guide, do not send.**TR3 Example:** CR5***D***1*****2*A~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
NOT USED	CR501	1322	Certification Type Code	O 1 ID 1/1
NOT USED	CR502	380	Quantity	O 1 R 1/15
SITUATIONAL	CR503	1348	Oxygen Equipment Type Code Code indicating the specific type of equipment being prescribed for the delivery of oxygen	O 1 ID 1/1
SITUATIONAL RULE: <i>Required when used by the UMO to authorize home oxygen therapy. If not required by this implementation guide, do not send.</i>				
		CODE	DEFINITION	
		A	Concentrator	
		B	Liquid Stationary	
		C	Gaseous Stationary	

			D	Liquid Portable				
			E	Gaseous Portable				
			O	Other				
SITUATIONAL	CR504	1348	Oxygen Equipment Type Code			O 1	ID	1/1
Code indicating the specific type of equipment being prescribed for the delivery of oxygen								
SITUATIONAL RULE: <i>Required when used by the UMO to authorize home oxygen therapy. If not required by this implementation guide, do not send.</i>								
			CODE	DEFINITION				
			A	Concentrator				
			B	Liquid Stationary				
			C	Gaseous Stationary				
			D	Liquid Portable				
			E	Gaseous Portable				
			O	Other				
NOT USED	CR505	352	Description			O 1	AN	1/80
REQUIRED	CR506	380	Quantity			O 1	R	1/15
			Numeric value of quantity					
			SEMANTIC: CR506 is the oxygen flow rate in liters per minute.					
			IMPLEMENTATION NAME: Oxygen Flow Rate					
SITUATIONAL	CR507	380	Quantity			O 1	R	1/15
			Numeric value of quantity					
			SEMANTIC: CR507 is the number of times per day the patient must use oxygen.					
			SITUATIONAL RULE: <i>Required when the UMO authorizes a daily home oxygen use count. If not required by this implementation guide, do not send.</i>					
			IMPLEMENTATION NAME: Daily Oxygen Use Count					
SITUATIONAL	CR508	380	Quantity			O 1	R	1/15
			Numeric value of quantity					
			SEMANTIC: CR508 is the number of hours per period of oxygen use.					
			SITUATIONAL RULE: <i>Required when the UMO authorizes a daily home oxygen period hour count. If not required by this implementation guide, do not send.</i>					
			IMPLEMENTATION NAME: Oxygen Use Period Hour Count					
SITUATIONAL	CR509	352	Description			O 1	AN	1/80
			A free-form description to clarify the related data elements and their content					
			SEMANTIC: CR509 is the special orders for the respiratory therapist.					
			SITUATIONAL RULE: <i>Required when the UMO must convey special orders to the respiratory therapist that could not otherwise be codified within this transaction. If not required by this implementation guide, do not send.</i>					
			IMPLEMENTATION NAME: Respiratory Therapist Order Text					
NOT USED	CR510	380	Quantity			O 1	R	1/15

NOT USED	CR511	380	Quantity	O 1	R	1/15
NOT USED	CR512	1349	Oxygen Test Condition Code	O 1	ID	1/1
NOT USED	CR513	1350	Oxygen Test Findings Code	O 1	ID	1/1
NOT USED	CR514	1350	Oxygen Test Findings Code	O 1	ID	1/1
NOT USED	CR515	1350	Oxygen Test Findings Code	O 1	ID	1/1
SITUATIONAL	CR516	380	Quantity	O 1	R	1/15

Numeric value of quantity

SEMANTIC: CR516 is the oxygen flow rate for a portable oxygen system in liters per minute.

SITUATIONAL RULE: Required when either CR503, CR505 or CR518 = "D" (Liquid Portable) or "E" (Gaseous Portable). If not required by this implementation guide, do not send.**IMPLEMENTATION NAME: Portable Oxygen System Flow Rate**

REQUIRED	CR517	1382	Oxygen Delivery System Code	O 1	ID	1/1
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Code to indicate if a particular form of delivery was prescribed

CODE	DEFINITION
A	Nasal Cannula
B	Oxygen Conserving Device
C	Oxygen Conserving Device with Oxygen Pulse System
D	Oxygen Conserving Device with Reservoir System
E	Transtracheal Catheter

SITUATIONAL	CR518	1348	Oxygen Equipment Type Code	O 1	ID	1/1
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Code indicating the specific type of equipment being prescribed for the delivery of oxygen

SITUATIONAL RULE: Required when used by the UMO to authorize home oxygen therapy. If not required by this implementation guide, do not send.

CODE	DEFINITION
A	Concentrator
B	Liquid Stationary
C	Gaseous Stationary
D	Liquid Portable
E	Gaseous Portable
O	Other

SEGMENT DETAIL

CR6 - HOME HEALTH CARE INFORMATION

X12 Segment Name: Home Health Care Certification**X12 Purpose:** To supply information related to the certification of a home health care patient**X12 Syntax:** 1. **P0304**

If either CR603 or CR604 is present, then the other is required.

2. **P091011**

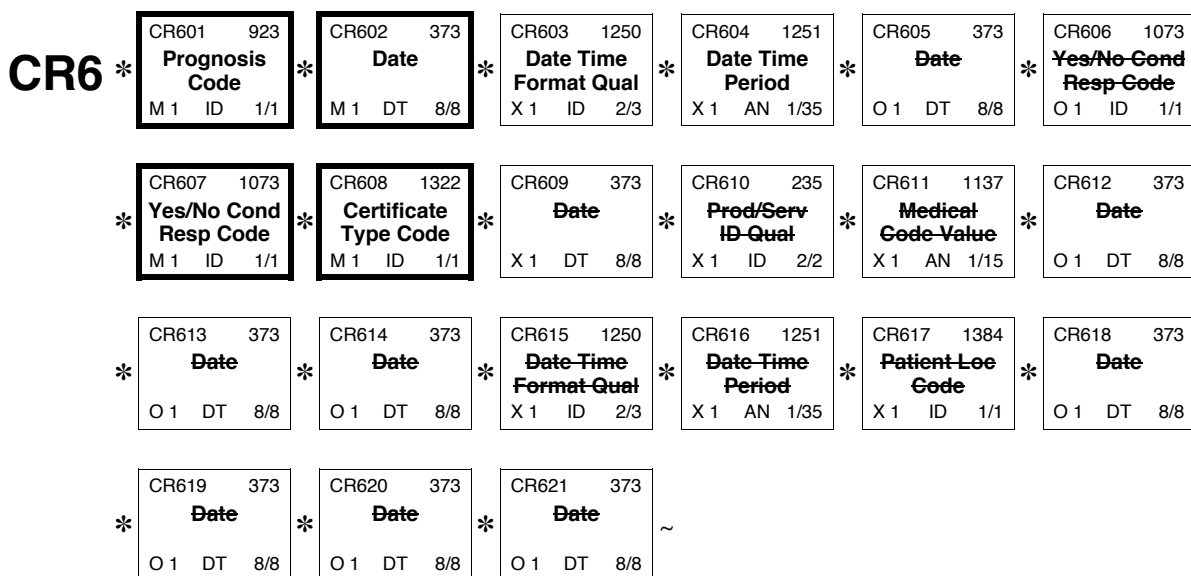
If either CR609, CR610 or CR611 are present, then the others are required.

3. **P151617**

If either CR615, CR616 or CR617 are present, then the others are required.

Loop: 2000E — PATIENT EVENT LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.**TR3 Example:** CR6*7*20050429*****W*!~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	CR601	923	Prognosis Code Code indicating physician's prognosis for the patient	M 1	ID	1/1
			CODE	DEFINITION		
			1	Poor		

			2	Guarded							
			3	Fair							
			4	Good							
			5	Very Good							
			6	Excellent							
			7	Less than 6 Months to Live							
			8	Terminal							
REQUIRED	CR602	373	Date		M 1	DT	8/8				
Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year											
SEMANTIC: CR602 is the date covered home health services began.											
IMPLEMENTATION NAME: Home Health Start Date											
SITUATIONAL	CR603	1250	Date Time Period Format Qualifier		X 1	ID	2/3				
Code indicating the date format, time format, or date and time format											
SYNTAX: P0304											
SITUATIONAL RULE: <i>Required when the UMO authorizes a specific certification period for the home health plan of treatment. If not required by this implementation guide, do not send.</i>											
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>RD8</td><td>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</td></tr></table>								CODE	DEFINITION	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
CODE	DEFINITION										
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD										
SITUATIONAL	CR604	1251	Date Time Period		X 1	AN	1/35				
Expression of a date, a time, or range of dates, times or dates and times											
SYNTAX: P0304											
SEMANTIC: CR604 is the certification period covered by this plan of treatment.											
SITUATIONAL RULE: <i>Required when the UMO authorizes a specific certification period for the home health plan of treatment. If not required by this implementation guide, do not send.</i>											
IMPLEMENTATION NAME: Home Health Certification Period											
NOT USED	CR605	373	Date		O 1	DT	8/8				
NOT USED	CR606	1073	Yes/No Condition or Response Code		O 1	ID	1/1				
REQUIRED	CR607	1073	Yes/No Condition or Response Code		M 1	ID	1/1				
Code indicating a Yes or No condition or response											
SEMANTIC: CR607 indicates if the patient is covered by Medicare. A "Y" value indicates the patient is covered by Medicare; an "N" value indicates patient is not covered by Medicare.											
IMPLEMENTATION NAME: Medicare Coverage Indicator											
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>W</td><td>Not Applicable</td></tr></table>								CODE	DEFINITION	W	Not Applicable
CODE	DEFINITION										
W	Not Applicable										

REQUIRED	CR608	1322	Certification Type Code Code indicating the type of certification		M 1	ID	1/1
This element must have the same value as UM02.							
			CODE	DEFINITION			
			1	Appeal - Immediate			
				Use this value only for appeals of review decisions where the level of service required is emergency or urgent.			
			2	Appeal - Standard			
				Use this value for appeals of review decisions where the level of service required is not emergency or urgent.			
			3	Cancel			
			4	Extension			
			5	Notification			
			6	Verification			
				This code is used to request the UMO to reconsider a previously denied referral or certification request.			
			I	Initial			
			R	Renewal			
			S	Revised			
NOT USED	CR609	373	Date		X 1	DT	8/8
NOT USED	CR610	235	Product/Service ID Qualifier		X 1	ID	2/2
NOT USED	CR611	1137	Medical Code Value		X 1	AN	1/15
NOT USED	CR612	373	Date		O 1	DT	8/8
NOT USED	CR613	373	Date		O 1	DT	8/8
NOT USED	CR614	373	Date		O 1	DT	8/8
NOT USED	CR615	1250	Date Time Period Format Qualifier		X 1	ID	2/3
NOT USED	CR616	1251	Date Time Period		X 1	AN	1/35
NOT USED	CR617	1384	Patient Location Code		X 1	ID	1/1
NOT USED	CR618	373	Date		O 1	DT	8/8
NOT USED	CR619	373	Date		O 1	DT	8/8
NOT USED	CR620	373	Date		O 1	DT	8/8
NOT USED	CR621	373	Date		O 1	DT	8/8

SEGMENT DETAIL

PWK - ADDITIONAL PATIENT INFORMATION

X12 Segment Name: Paperwork

X12 Purpose: To identify the type or transmission or both of paperwork or supporting information

X12 Syntax: 1. P0506

If either PWK05 or PWK06 is present, then the other is required.

Loop: 2000E — PATIENT EVENT LEVEL

Segment Repeat: 10

Usage: SITUATIONAL

Situational Rule: Required when the UMO requests additional patient information. If not required by this implementation guide, do not send.

TR3 Notes:

1. If the UMO has pended the decision on this health care services review request (HCR01 = A4) because additional medical necessity information is required (HCR03 = 90), the UMO uses this segment to identify the type of documentation needed such as forms that the provider must complete. The UMO can also indicate what medium it has used to send these forms.

2. Paperwork requested at the patient level should apply to the patient event and/or all the services requested. Use the PWK segment in the appropriate Service loop if requesting medical necessity information for a specific service.

3. This PWK segment is required to identify requests for specific data that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or using LOINC in the HI segments of the response. PWK06 is used to identify the attached electronic questionnaire. The number in PWK06 should be referenced in the corresponding electronic attachment.

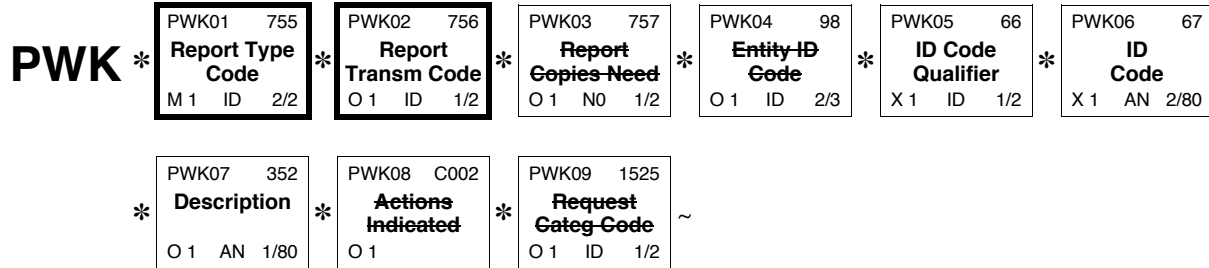
4. This PWK segment should not be used if
a. the requester should have provided the information within the 278 request (ST-SE) but failed to do so. In this case the UMO should use the AAA segments in the 278 response to indicate the data that is missing or invalid.

b. the 278 request (ST-SE) does not support this information and the needed information pertains to a specific service identified in Loop 2000F and not to all the services requested.

Refer to Section 2.5 for more information on using this segment.

TR3 Example: PWK*OB*BM***AC*DMN0012~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PWK01	755	Report Type Code	M 1 ID 2/2
Code indicating the title or contents of a document, report or supporting item				
IMPLEMENTATION NAME: Attachment Report Type Code				
			CODE	DEFINITION
			03	Report Justifying Treatment Beyond Utilization Guidelines
			04	Drugs Administered
			05	Treatment Diagnosis
			06	Initial Assessment
			07	Functional Goals
			Expected outcomes of rehabilitative services.	
			08	Plan of Treatment
			09	Progress Report
			10	Continued Treatment
			11	Chemical Analysis
			13	Certified Test Report
			15	Justification for Admission
			21	Recovery Plan
			48	Social Security Benefit Letter
			55	Rental Agreement
			Use for medical or dental equipment rental.	
			59	Benefit Letter
			77	Support Data for Verification
			A3	Allergies/Sensitivities Document
			A4	Autopsy Report
			AM	Ambulance Certification
			Information to support necessity of ambulance trip.	
			AS	Admission Summary
			A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital.	

AT	Purchase Order Attachment
	Use for purchase of medical or dental equipment.
B2	Prescription
B3	Physician Order
BR	Benchmark Testing Results
BS	Baseline
BT	Blanket Test Results
CB	Chiropractic Justification
	Lists the reasons chiropractic is just and appropriate treatment.
CK	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes
OB	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
P7	Periodontal Reports
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
QC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RR	Radiology Reports

			RT	Report of Tests and Analysis Report			
			RX	Renewable Oxygen Content Averaging Report			
			SG	Symptoms Document			
			V5	Death Notification			
			XP	Photographs			
REQUIRED	PWK02	756	Report Transmission Code	O 1 ID 1/2			
			Code defining timing, transmission method or format by which reports are to be sent				
			CODE	DEFINITION			
			BM	By Mail			
			EL	Electronically Only			
				Use to indicate that attachment is being transmitted in a separate X12 functional group.			
			EM	E-Mail			
			FX	By Fax			
			VO	Voice			
				Use this for voicemail or phone communication.			
NOT USED	PWK03	757	Report Copies Needed	O 1 N0 1/2			
NOT USED	PWK04	98	Entity Identifier Code	O 1 ID 2/3			
SITUATIONAL	PWK05	66	Identification Code Qualifier	X 1 ID 1/2			
			Code designating the system/method of code structure used for Identification Code (67)				
			SYNTAX: P0506				
			COMMENT: PWK05 and PWK06 may be used to identify the addressee by a code number.				
			SITUATIONAL RULE: <i>Required when PWK02 equals BM, EL, EM or FX. If not required by this implementation guide, do not send.</i>				
			CODE	DEFINITION			
SITUATIONAL	PWK06	67	AC	Attachment Control Number			
			Identification Code	X 1 AN 2/80			
			Code identifying a party or other code				
			SYNTAX: P0506				
			SITUATIONAL RULE: <i>Required when PWK02 equals BM, EL, EM or FX. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Attachment Control Number				
SITUATIONAL	PWK07	352	Description	O 1 AN 1/80			
			A free-form description to clarify the related data elements and their content				
			COMMENT: PWK07 may be used to indicate special information to be shown on the specified report.				
			SITUATIONAL RULE: <i>Required when additional information requested cannot be requested using a LOINC code or other codified information within this transaction. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Attachment Description				
NOT USED	PWK08	C002	ACTIONS INDICATED	O 1			

NOT USED	PWK09	1525	Request Category Code	O 1	ID	1/2
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SEGMENT DETAIL

MSG - MESSAGE TEXT

X12 Segment Name: Message Text

X12 Purpose: To provide a free-form format that allows the transmission of text information

X12 Syntax: 1. C0302

If MSG03 is present, then MSG02 is required.

Loop: 2000E — PATIENT EVENT LEVEL

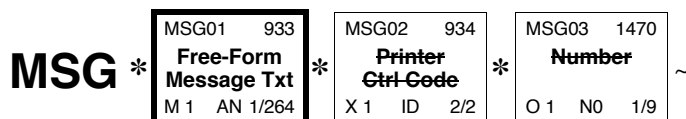
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when it is necessary to send additional information about the patient event that could not otherwise be codified within the 2000E Loop. If not required by this implementation guide, do not send.

TR3 Example: MSG*This is a free-form text message~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	MSG01	933	Free-form Message Text Free-form message text	M 1	AN	1/264
IMPLEMENTATION NAME: Free Form Message Text						
NOT USED	MSG02	934	Printer Carriage Control Code	X 1	ID	2/2
NOT USED	MSG03	1470	Number	O 1	NO	1/9

SEGMENT DETAIL

NM1 - PATIENT EVENT PROVIDER NAME

X12 Segment Name: Individual or Organizational Name**X12 Purpose:** To supply the full name of an individual or organizational entity**X12 Syntax:** 1. **P0809**

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

2. **C1110**

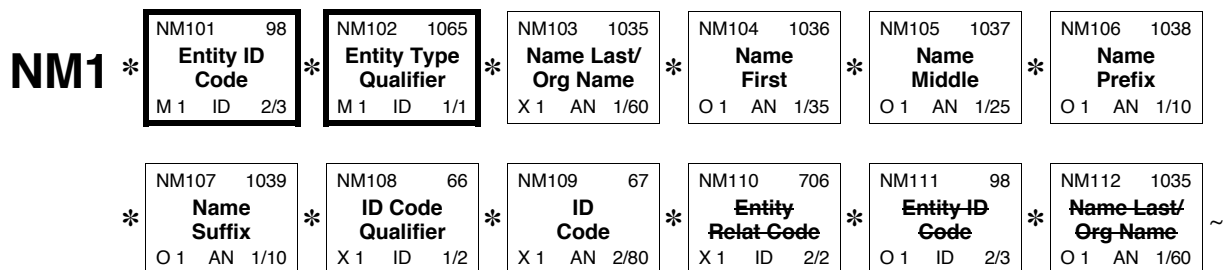
If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

Loop: 2010EA — PATIENT EVENT PROVIDER NAME **Loop Repeat:** 14**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when valued on the request or when the UMO authorizes a specific provider or specialty entity for this patient event. If not required by this implementation guide, do not send.**TR3 Notes:** 1. Use this segment to convey the name and identification number of the service provider (person, group, or facility) specialist, or specialty entity to provide services to the patient.**TR3 Example:** NM1*SJ*1*WATSON*SUSAN*****34*987654321~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			CODE	DEFINITION
			71	Attending Physician
			72	Operating Physician
			73	Other Physician
			77	Service Location

			AAJ	Admitting Services			
			DD	Assistant Surgeon			
			DK	Ordering Physician			
			DN	Referring Provider			
			FA	Facility			
			G3	Clinic			
			P3	Primary Care Provider			
			QB	Purchase Service Provider			
			QV	Group Practice			
			SJ	Service Provider			
REQUIRED	NM102	1065	Entity Type Qualifier		M 1	ID	1/1
			Code qualifying the type of entity				
			SEMANTIC: NM102 qualifies NM103.				
			CODE	DEFINITION			
			1	Person			
			2	Non-Person Entity			
SITUATIONAL	NM103	1035	Name Last or Organization Name		X 1	AN	1/60
			Individual last name or organizational name				
			SYNTAX: C1203				
			SITUATIONAL RULE: <i>Required when valued on the request or when the UMO authorizes a specific provider or specialty entity by name for this patient event. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Patient Event Provider Last or Organization Name				
SITUATIONAL	NM104	1036	Name First		O 1	AN	1/35
			Individual first name				
			SITUATIONAL RULE: <i>Required when NM103 is valued and NM102 = 1. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Patient Event Provider First Name				
SITUATIONAL	NM105	1037	Name Middle		O 1	AN	1/25
			Individual middle name or initial				
			SITUATIONAL RULE: <i>Required when NM104 is present and the middle name/initial of the person is known. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Patient Event Provider Middle Name				
SITUATIONAL	NM106	1038	Name Prefix		O 1	AN	1/10
			Prefix to individual name				
			SITUATIONAL RULE: <i>Required when the UMO uses military title or rank to further identify the individual provider. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Patient Event Provider Name Prefix				

SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	O 1	AN	1/10										
SITUATIONAL RULE: <i>Required when the UMO uses the name suffix to further identify the individual provider. If not required by this implementation guide, do not send.</i>																
IMPLEMENTATION NAME: Patient Event Provider Name Suffix																
SITUATIONAL	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809	X 1	ID	1/2										
SITUATIONAL RULE: <i>Required when valued on the request or when the UMO authorizes a specific provider or specialty entity for this patient event by provider ID. If not required by this implementation guide, do not send.</i>																
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>24</td><td>Employer’s Identification Number</td></tr><tr><td>34</td><td>Social Security Number</td></tr><tr><td>46</td><td>Electronic Transmitter Identification Number (ETIN)</td></tr><tr><td>XX</td><td>Centers for Medicare and Medicaid Services National Provider Identifier Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has an NPI and it is available to the UMO. OR Required for providers before the mandated HIPAA NPI implementation date when the provider has an NPI and the UMO has the capability to send it. If not required by this implementation guide, do not send.</td></tr></table>							CODE	DEFINITION	24	Employer’s Identification Number	34	Social Security Number	46	Electronic Transmitter Identification Number (ETIN)	XX	Centers for Medicare and Medicaid Services National Provider Identifier Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has an NPI and it is available to the UMO. OR Required for providers before the mandated HIPAA NPI implementation date when the provider has an NPI and the UMO has the capability to send it. If not required by this implementation guide, do not send.
CODE	DEFINITION															
24	Employer’s Identification Number															
34	Social Security Number															
46	Electronic Transmitter Identification Number (ETIN)															
XX	Centers for Medicare and Medicaid Services National Provider Identifier Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has an NPI and it is available to the UMO. OR Required for providers before the mandated HIPAA NPI implementation date when the provider has an NPI and the UMO has the capability to send it. If not required by this implementation guide, do not send.															
CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier																
SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code SYNTAX: P0809	X 1	AN	2/80										
SITUATIONAL RULE: <i>Required when valued on the request or when the UMO authorizes a specific provider or specialty entity for this patient event by provider ID. If not required by this implementation guide, do not send.</i>																
IMPLEMENTATION NAME: Patient Event Provider Identifier																
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2										
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3										
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60										

SEGMENT DETAIL

REF - PATIENT EVENT PROVIDER SUPPLEMENTAL IDENTIFICATION

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2010EA — PATIENT EVENT PROVIDER NAME

Segment Repeat: 7

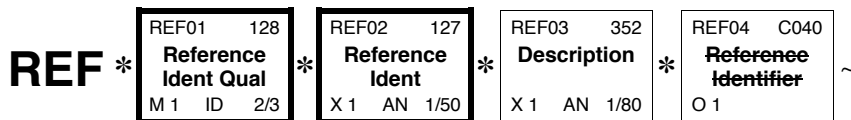
Usage: SITUATIONAL

Situational Rule: Required when used by the UMO to identify the Patient Event Provider. If not required by this implementation guide, do not send.

TR3 Notes: 1. Use the NM1 segment for the primary identifier.

TR3 Example: REF*1G*123456~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M	ID	2/3
			CODE	DEFINITION		
			0B	State License Number		
			1G	Provider UPIN Number		
			1J	Facility ID Number		
			EI	Employer's Identification Number		
				Not used if NM108 = 24.		
			N5	Provider Plan Network Identification Number		
			N7	Facility Network Identification Number		
			SY	Social Security Number		
				The social security number must not be used for Medicare. Not used if NM108 = 34.		
			ZH	Carrier Assigned Reference Number		
				Use for the provider ID as assigned by the UMO identified in Loop 2000A.		

REQUIRED	REF02	127	Reference Identification X 1 AN 1/50 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Patient Event Provider Supplemental Identifier
SITUATIONAL	REF03	352	Description X 1 AN 1/80 A free-form description to clarify the related data elements and their content SYNTAX: R0203 SITUATIONAL RULE: <i>Required when REF01 = 0B to report the two character state ID of the state assigning the State License Number. If not required by this implementation guide, do not send. See Code Source 22: State and Outlying Areas of the US.</i> IMPLEMENTATION NAME: License Number State Code
NOT USED	REF04	C040	REFERENCE IDENTIFIER O 1

SEGMENT DETAIL

N3 - PATIENT EVENT PROVIDER ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2010EA — PATIENT EVENT PROVIDER NAME

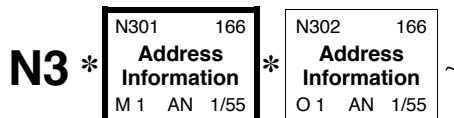
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the UMO authorizes a specific location for a patient event provider that has multiple locations. If not required by this implementation guide, do not send.

TR3 Example: N3*77 HOLLY BLVD~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Patient Event Provider Address Line				
Use this element for the first line of the service provider's address.				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required when a second address lines exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Patient Event Provider Address Line				

SEGMENT DETAIL

N4 - PATIENT EVENT PROVIDER CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

X12 Syntax: 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

Loop: 2010EA — PATIENT EVENT PROVIDER NAME

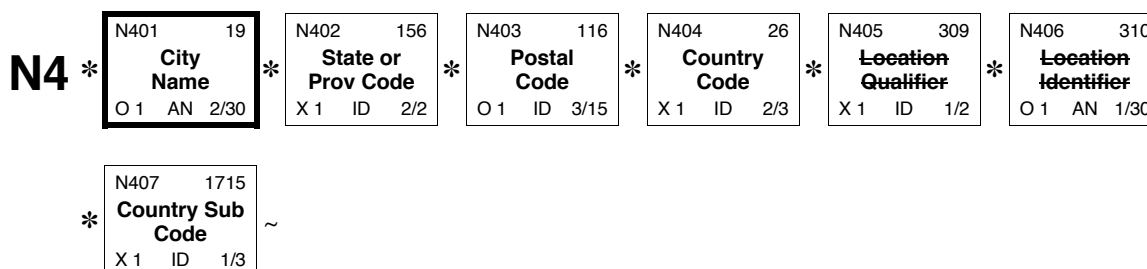
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the UMO authorizes a specific location for a patient event provider that has multiple locations. If not required by this implementation guide, do not send.

TR3 Example: N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name	O 1 AN 2/30
COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.				
IMPLEMENTATION NAME: Patient Event Provider City Name				

SITUATIONAL	N402	156	State or Province Code X 1 ID 2/2 Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Patient Event Provider State Code CODE SOURCE 22: States and Provinces
SITUATIONAL	N403	116	Postal Code O 1 ID 3/15 Code defining international postal zone code excluding punctuation and blanks (zip code for United States) SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Patient Event Provider Postal Zone or ZIP Code CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes
SITUATIONAL	N404	26	Country Code X 1 ID 2/3 Code identifying the country SYNTAX: C0704 SITUATIONAL RULE: <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the alpha-2 country codes from Part 1 of ISO 3166.
NOT USED	N405	309	Location Qualifier X 1 ID 1/2
NOT USED	N406	310	Location Identifier O 1 AN 1/30
SITUATIONAL	N407	1715	Country Subdivision Code X 1 ID 1/3 Code identifying the country subdivision SYNTAX: E0207, C0704 SITUATIONAL RULE: <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the country subdivision codes from Part 2 of ISO 3166.

SEGMENT DETAIL

PER - PROVIDER CONTACT INFORMATION**X12 Segment Name:** Administrative Communications Contact**X12 Purpose:** To identify a person or office to whom administrative communications should be directed**X12 Syntax:** 1. **P0304**

If either PER03 or PER04 is present, then the other is required.

2. **P0506**

If either PER05 or PER06 is present, then the other is required.

3. **P0708**

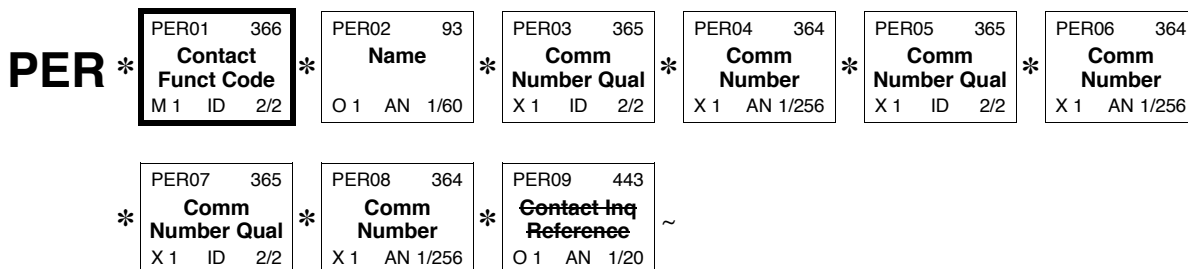
If either PER07 or PER08 is present, then the other is required.

Loop: 2010EA — PATIENT EVENT PROVIDER NAME**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when needed to identify a contact name and/or communications number for the provider. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.**TR3 Notes:** 1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc), the communication number should always include the area code and telephone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

2. By definition of the standard, if PER03 is used, PER04 is required.

TR3 Example: PER*IC*M TUCKER*TE*8189993456*FX*8188769304~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PER01	366	Contact Function Code Code identifying the major duty or responsibility of the person or group named	M 1 ID 2/2
			CODE	DEFINITION
			IC	Information Contact
SITUATIONAL	PER02	93	Name Free-form name	O 1 AN 1/60
			SITUATIONAL RULE: <i>Required when the UMO needs to indicate a particular contact and the name of the entity to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1). If not required by this implementation guide, do not send.</i>	
			IMPLEMENTATION NAME: Patient Event Provider Contact Name	
SITUATIONAL	PER03	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0304	X 1 ID 2/2
			SITUATIONAL RULE: <i>Required when PER02 is not valued or when the UMO needs to transmit a contact communication number. If not required by this implementation guide, do not send.</i>	
			CODE	DEFINITION
			EM	Electronic Mail
			FX	Facsimile
			TE	Telephone
			UR	Uniform Resource Locator (URL)
SITUATIONAL	PER04	364	Communication Number Complete communications number including country or area code when applicable SYNTAX: P0304	X 1 AN 1/256
			SITUATIONAL RULE: <i>Required when PER02 is not valued or when the UMO needs to transmit a contact communication number. If not required by this implementation guide, do not send.</i>	
			IMPLEMENTATION NAME: Patient Event Provider Contact Communications Number	
SITUATIONAL	PER05	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0506	X 1 ID 2/2
			SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>	
			CODE	DEFINITION
			EM	Electronic Mail

			EX	Telephone Extension			
				When used, the value following this code is the extension for the preceding communications contact number.			
			FX	Facsimile			
			TE	Telephone			
			UR	Uniform Resource Locator (URL)			
SITUATIONAL	PER06	364	Communication Number		X 1	AN	1/256
			Complete communications number including country or area code when applicable				
			SYNTAX: P0506				
			SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Patient Event Provider Contact Communications Number				
SITUATIONAL	PER07	365	Communication Number Qualifier		X 1	ID	2/2
			Code identifying the type of communication number				
			SYNTAX: P0708				
			SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>				
			CODE	DEFINITION			
			EM	Electronic Mail			
			EX	Telephone Extension			
				When used, the value following this code is the extension for the preceding communications contact number.			
			FX	Facsimile			
			TE	Telephone			
			UR	Uniform Resource Locator (URL)			
SITUATIONAL	PER08	364	Communication Number		X 1	AN	1/256
			Complete communications number including country or area code when applicable				
			SYNTAX: P0708				
			SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Patient Event Provider Contact Communications Number				
NOT USED	PER09	443	Contact Inquiry Reference		O 1	AN	1/20

SEGMENT DETAIL

AAA - PATIENT EVENT PROVIDER REQUEST VALIDATION

X12 Segment Name: Request Validation

X12 Purpose: To specify the validity of the request and indicate follow-up action authorized

Loop: 2010EA — PATIENT EVENT PROVIDER NAME

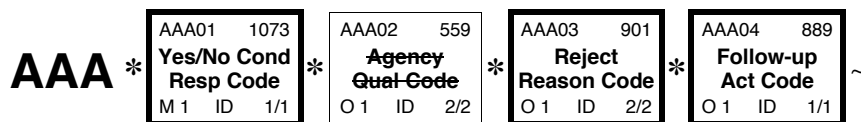
Segment Repeat: 9

Usage: SITUATIONAL

Situational Rule: Required when the request is not valid at this level to indicate the data condition that prohibits processing of the original request. If not required by this implementation guide, do not send.

TR3 Example: AAA*N**47*C~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES												
REQUIRED	AAA01	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: AAA01 designates whether the request is valid or invalid. Code “Y” indicates that the code is valid; code “N” indicates that the code is invalid. IMPLEMENTATION NAME: Valid Request Indicator	M 1	ID	1/1										
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>N</td><td>No</td></tr></tbody></table>	CODE	DEFINITION	N	No									
CODE	DEFINITION															
N	No															
NOT USED	AAA02	559	Agency Qualifier Code Code assigned by issuer to identify reason for rejection	O 1	ID	2/2										
REQUIRED	AAA03	901	Reject Reason Code Code assigned by issuer to identify reason for rejection	O 1	ID	2/2										
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>15</td><td>Required application data missing Use when data is missing that is not covered by another reject reason code. Use to indicate when there is not enough information to identify the provider.</td></tr><tr><td>33</td><td>Input Errors Use for input errors not covered by another reject reason code.</td></tr><tr><td>35</td><td>Out of Network</td></tr><tr><td>41</td><td>Authorization/Access Restrictions</td></tr></tbody></table>	CODE	DEFINITION	15	Required application data missing Use when data is missing that is not covered by another reject reason code. Use to indicate when there is not enough information to identify the provider.	33	Input Errors Use for input errors not covered by another reject reason code.	35	Out of Network	41	Authorization/Access Restrictions			
CODE	DEFINITION															
15	Required application data missing Use when data is missing that is not covered by another reject reason code. Use to indicate when there is not enough information to identify the provider.															
33	Input Errors Use for input errors not covered by another reject reason code.															
35	Out of Network															
41	Authorization/Access Restrictions															

			43	Invalid/Missing Provider Identification				
			44	Invalid/Missing Provider Name				
			45	Invalid/Missing Provider Specialty				
			46	Invalid/Missing Provider Phone Number				
			47	Invalid/Missing Provider State				
			49	Provider is Not Primary Care Physician				
			51	Provider Not on File				
			52	Service Dates Not Within Provider Plan Enrollment				
				Use for patient event dates.				
			79	Invalid Participant Identification				
				Use for invalid/missing provider supplemental identifier.				
			97	Invalid or Missing Provider Address				
			IP	Inappropriate Provider Role				
REQUIRED	AAA04	889	Follow-up Action Code			O 1	ID	1/1
			Code identifying follow-up actions allowed					
			CODE	DEFINITION				
			C	Please Correct and Resubmit				
			N	Resubmission Not Allowed				

SEGMENT DETAIL

PRV - PATIENT EVENT PROVIDER INFORMATION

X12 Segment Name: Provider Information

X12 Purpose: To specify the identifying characteristics of a provider

X12 Syntax: 1. P0203

If either PRV02 or PRV03 is present, then the other is required.

Loop: 2010EA — PATIENT EVENT PROVIDER NAME

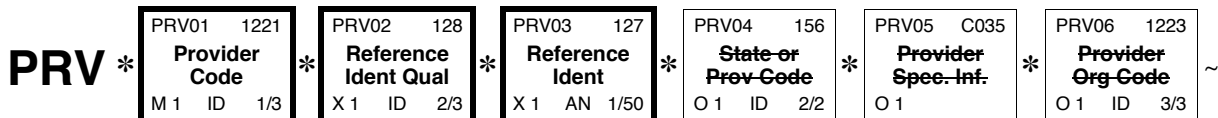
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when used by the UMO to identify the provider. If not required by this implementation guide, do not send.

TR3 Example: PRV*PE*PXC*203BS0133X~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PRV01	1221	Provider Code Code identifying the type of provider	M 1 ID 1/3
			CODE	DEFINITION
			AD	Admitting Use only when NM101 = AAJ.
			AS	Assistant Surgeon Use only when NM101 = DD.
			AT	Attending Use only when NM101 = 71.
			OP	Operating Use only when NM101 = 72.
			OR	Ordering Use only when NM101 = DK.
			OT	Other Physician Use only when NM101 = 73.
			PC	Primary Care Physician Use only when NM101 = P3.
			PE	Performing Use only when NM101 = SJ.

			RF	Referring		
			Use only when NM101 = DN.			
REQUIRED	PRV02	128	Reference Identification Qualifier	X 1	ID	2/3
			Code qualifying the Reference Identification			
			SYNTAX: P0203			
			CODE	DEFINITION		
			PXC	Health Care Provider Taxonomy Code		
			CODE SOURCE 682: Health Care Provider Taxonomy			
REQUIRED	PRV03	127	Reference Identification	X 1	AN	1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
			SYNTAX: P0203			
			IMPLEMENTATION NAME: Provider Taxonomy Code			
NOT USED	PRV04	156	State or Province Code	O 1	ID	2/2
NOT USED	PRV05	C035	PROVIDER SPECIALTY INFORMATION	O 1		
NOT USED	PRV06	1223	Provider Organization Code	O 1	ID	3/3

SEGMENT DETAIL

NM1 - ADDITIONAL PATIENT INFORMATION CONTACT NAME

X12 Segment Name: Individual or Organizational Name

X12 Purpose: To supply the full name of an individual or organizational entity

X12 Syntax: 1. **P0809**

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

2. **C1110**

If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

Loop: 2010EB — ADDITIONAL PATIENT INFORMATION CONTACT NAME **Loop Repeat:** 1

Segment Repeat: 1

Usage: SITUATIONAL

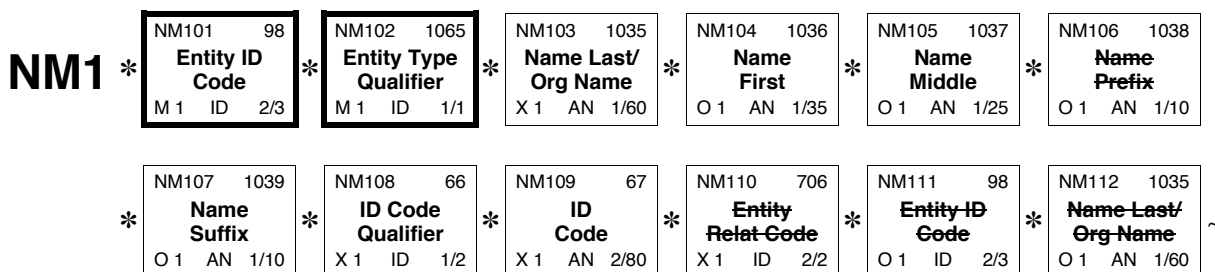
Situational Rule: Required when this Loop 2000E contains a request for additional information and the destination for that additional information differs from the UMO Name information in the NM1 loop (Loop 2010A) of the 278 response. If not required by this implementation guide, do not send.

TR3 Notes: 1. Because the usage of this segment is “Situational” this is not a syntactically required loop. If this loop is used, then this segment is a “Required” segment. See Appendix A for further details on ASC X12 syntax rules.

Refer to Section 2.5 for more information on this NM1 loop.

TR3 Example: NM1*L5*2*ACME THIRD PARTY ADMINISTRATOR~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1	ID	2/3						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>L5</td><td>Contact</td></tr></table>	CODE	DEFINITION	L5	Contact					
CODE	DEFINITION											
L5	Contact											
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M 1	ID	1/1						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Person Use this name only if the destination is an individual, such as an individual primary care physician.</td></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table>	CODE	DEFINITION	1	Person Use this name only if the destination is an individual, such as an individual primary care physician.	2	Non-Person Entity			
CODE	DEFINITION											
1	Person Use this name only if the destination is an individual, such as an individual primary care physician.											
2	Non-Person Entity											
SITUATIONAL	NM103	1035	Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203 SITUATIONAL RULE: <i>Required when the responder needs to identify the destination by name. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Response Contact Last or Organization Name	X 1	AN	1/60						
SITUATIONAL	NM104	1036	Name First Individual first name SITUATIONAL RULE: <i>Required when NM103 is valued and the destination is an individual (NM102 = 1). If not required, do not send.</i> IMPLEMENTATION NAME: Response Contact First Name	O 1	AN	1/35						
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial SITUATIONAL RULE: <i>Required when NM104 is valued and the middle name/initial of the individual is known. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Response Contact Middle Name	O 1	AN	1/25						
NOT USED	NM106	1038	Name Prefix	O 1	AN	1/10						
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name SITUATIONAL RULE: <i>Required when NM104 is valued and the suffix of the individual’s name is known; e.g. Sr., Jr., or III. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Response Contact Name Suffix	O 1	AN	1/10						

SITUATIONAL	NM108	66	<div>Identification Code Qualifier</div> <div>Code designating the system/method of code structure used for Identification Code (67)</div> <div>SYNTAX: P0809</div> <div>SITUATIONAL RULE: <i>Required when the responder needs to use an identifier to identify the destination. If not required by this implementation guide, do not send.</i></div> <table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>24</td><td>Employer's Identification Number</td></tr><tr><td>34</td><td>Social Security Number</td></tr><tr><td>46</td><td>Electronic Transmitter Identification Number (ETIN)</td></tr><tr><td>PI</td><td>Payor Identification</td></tr><tr><td></td><td>Use until the National Plan ID is mandated if the destination is a payer.</td></tr><tr><td>XV</td><td>Centers for Medicare and Medicaid Services PlanID</td></tr><tr><td></td><td>Use if the destination is a payer.</td></tr><tr><td></td><td>CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID</td></tr><tr><td>XX</td><td>Centers for Medicare and Medicaid Services National Provider Identifier</td></tr><tr><td></td><td>Use if the destination is a provider.</td></tr><tr><td></td><td>CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier</td></tr></tbody></table>	CODE	DEFINITION	24	Employer's Identification Number	34	Social Security Number	46	Electronic Transmitter Identification Number (ETIN)	PI	Payor Identification		Use until the National Plan ID is mandated if the destination is a payer.	XV	Centers for Medicare and Medicaid Services PlanID		Use if the destination is a payer.		CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID	XX	Centers for Medicare and Medicaid Services National Provider Identifier		Use if the destination is a provider.		CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier	X 1	ID	1/2
CODE	DEFINITION																													
24	Employer's Identification Number																													
34	Social Security Number																													
46	Electronic Transmitter Identification Number (ETIN)																													
PI	Payor Identification																													
	Use until the National Plan ID is mandated if the destination is a payer.																													
XV	Centers for Medicare and Medicaid Services PlanID																													
	Use if the destination is a payer.																													
	CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID																													
XX	Centers for Medicare and Medicaid Services National Provider Identifier																													
	Use if the destination is a provider.																													
	CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier																													

SITUATIONAL	NM109	67	<div>Identification Code</div> <div>Code identifying a party or other code</div> <div>SYNTAX: P0809</div> <div>SITUATIONAL RULE: <i>Required when the responder needs to use an identifier to identify the destination. If not required by this implementation guide, do not send.</i></div> <div>IMPLEMENTATION NAME: Response Contact Identifier</div>	X 1	AN	2/80
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NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60

SEGMENT DETAIL

N3 - ADDITIONAL PATIENT INFORMATION CONTACT ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2010EB — ADDITIONAL PATIENT INFORMATION CONTACT NAME

Segment Repeat: 1

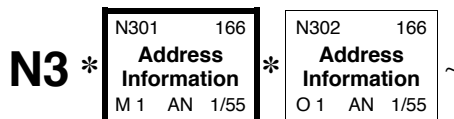
Usage: SITUATIONAL

Situational Rule: Required when the response to the request for additional patient information must be routed to a specific office location. If not required by this implementation guide, do not send.

TR3 Notes: 1. This segment identifies the office location to route the response to the request for additional patient information.

TR3 Example: N3*43 SUNRISE BLVD*SUITE 1000~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Response Contact Address Line				
Use this element for the first line of the requester's address.				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required when a second address lines exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Response Contact Address Line				

SEGMENT DETAIL

N4 - ADDITIONAL PATIENT INFORMATION CONTACT CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

X12 Syntax: 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

Loop: 2010EB — ADDITIONAL PATIENT INFORMATION CONTACT NAME

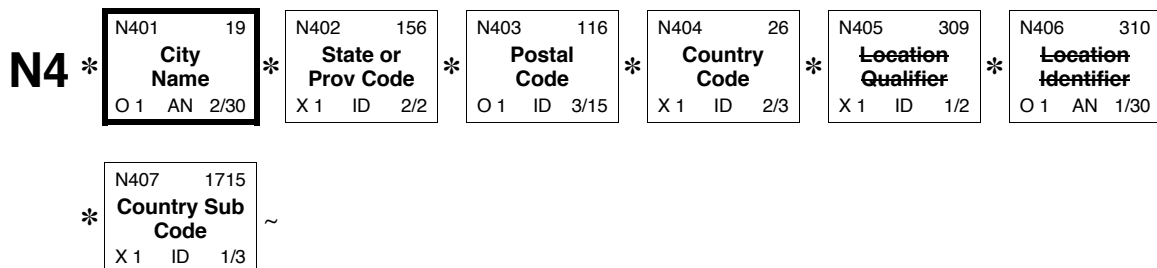
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the response to the request for additional patient information must be routed to a specific office location. If not required by this implementation guide, do not send.

TR3 Example: N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name	O 1 AN 2/30
COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.				
IMPLEMENTATION NAME: Additional Patient Information Contact City Name				

SITUATIONAL	N402	156	State or Province Code	X 1	ID	2/2
Code (Standard State/Province) as defined by appropriate government agency						
SYNTAX: E0207						
COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.						
SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Additional Patient Information Contact State Code						
CODE SOURCE 22: States and Provinces						
SITUATIONAL	N403	116	Postal Code	O 1	ID	3/15
Code defining international postal zone code excluding punctuation and blanks (zip code for United States)						
SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Additional Patient Information Contact Postal Zone or ZIP Code						
CODE SOURCE 51: ZIP Code						
CODE SOURCE 932: Universal Postal Codes						
SITUATIONAL	N404	26	Country Code	X 1	ID	2/3
Code identifying the country						
SYNTAX: C0704						
SITUATIONAL RULE: <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i>						
CODE SOURCE 5: Countries, Currencies and Funds						
Use the alpha-2 country codes from Part 1 of ISO 3166.						
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2
			CODE	DEFINITION		
			B1	Branch		
			DP	Department		
NOT USED	N406	310	Location Identifier	O 1	AN	1/30
SITUATIONAL	N407	1715	Country Subdivision Code	X 1	ID	1/3
Code identifying the country subdivision						
SYNTAX: E0207, C0704						
SITUATIONAL RULE: <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i>						
CODE SOURCE 5: Countries, Currencies and Funds						
Use the country subdivision codes from Part 2 of ISO 3166.						

SEGMENT DETAIL

PER - ADDITIONAL PATIENT INFORMATION CONTACT INFORMATION

X12 Segment Name: Administrative Communications Contact

X12 Purpose: To identify a person or office to whom administrative communications should be directed

- X12 Syntax:**
1. **P0304**
If either PER03 or PER04 is present, then the other is required.
 2. **P0506**
If either PER05 or PER06 is present, then the other is required.
 3. **P0708**
If either PER07 or PER08 is present, then the other is required.

Loop: 2010EB — ADDITIONAL PATIENT INFORMATION CONTACT NAME

Segment Repeat: 1

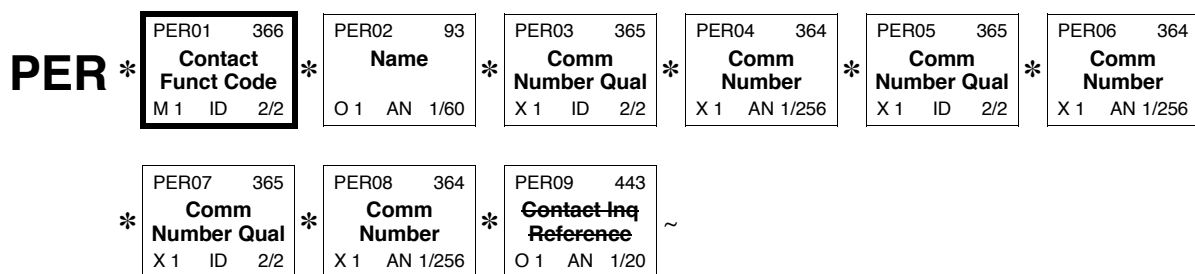
Usage: SITUATIONAL

Situational Rule: Required when the provider must direct the response to the request for additional patient information to a specific requester contact, electronic mail, facsimile, or phone number other than the contact provided in the PER segment in the UMO Name loop (Loop 2010A) PER segment of this 278 response. If not required by this implementation guide, do not send.

- TR3 Notes:**
1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc), the communication number should always include the area code and telephone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
 2. By definition of the standard, if PER03 is used, PER04 is required.

TR3 Example: PER*IC*MARY*FX*3135554321~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES													
REQUIRED	PER01	366	Contact Function Code Code identifying the major duty or responsibility of the person or group named	M 1	ID	2/2											
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>IC</td><td>Information Contact</td></tr></table>	CODE	DEFINITION	IC	Information Contact										
CODE	DEFINITION																
IC	Information Contact																
SITUATIONAL	PER02	93	Name Free-form name	O 1	AN	1/60											
			SITUATIONAL RULE: <i>Required when the response must be directed to a particular contact and when the name of the entity to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1). If not required by this implementation guide, do not send.</i>														
			IMPLEMENTATION NAME: Response Contact Name														
SITUATIONAL	PER03	365	Communication Number Qualifier Code identifying the type of communication number	X 1	ID	2/2											
			SYNTAX: P0304														
			SITUATIONAL RULE: <i>Required when PER02 is not valued or when the UMO needs to transmit a contact communication number. If not required by this implementation guide, do not send.</i>														
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>EM</td><td>Electronic Mail</td></tr><tr><td>FX</td><td>Facsimile</td></tr><tr><td>TE</td><td>Telephone</td></tr><tr><td>UR</td><td>Uniform Resource Locator (URL)</td></tr></table>	CODE	DEFINITION	EM	Electronic Mail	FX	Facsimile	TE	Telephone	UR	Uniform Resource Locator (URL)				
CODE	DEFINITION																
EM	Electronic Mail																
FX	Facsimile																
TE	Telephone																
UR	Uniform Resource Locator (URL)																
			Must not contain any characters used as delimiters in this transaction.														
SITUATIONAL	PER04	364	Communication Number Complete communications number including country or area code when applicable	X 1	AN	1/256											
			SYNTAX: P0304														
			SITUATIONAL RULE: <i>Required when PER02 is not valued or when the UMO needs to transmit a contact communication number. If not required by this implementation guide, do not send.</i>														
			IMPLEMENTATION NAME: Response Contact Communication Number														
SITUATIONAL	PER05	365	Communication Number Qualifier Code identifying the type of communication number	X 1	ID	2/2											
			SYNTAX: P0506														
			SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>														
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>EM</td><td>Electronic Mail</td></tr></table>	CODE	DEFINITION	EM	Electronic Mail										
CODE	DEFINITION																
EM	Electronic Mail																

			EX	Telephone Extension			
			FX	Facsimile			
			TE	Telephone			
SITUATIONAL	PER06	364	Communication Number X 1 AN 1/256				
			Complete communications number including country or area code when applicable				
			SYNTAX: P0506				
			SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Response Contact Communication Number				
SITUATIONAL	PER07	365	Communication Number Qualifier X 1 ID 2/2				
			Code identifying the type of communication number				
			SYNTAX: P0708				
			SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>				
			CODE	DEFINITION			
			EM	Electronic Mail			
			EX	Telephone Extension			
			FX	Facsimile			
			TE	Telephone			
SITUATIONAL	PER08	364	Communication Number X 1 AN 1/256				
			Complete communications number including country or area code when applicable				
			SYNTAX: P0708				
			SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Response Contact Communication Number				
NOT USED	PER09	443	Contact Inquiry Reference O 1 AN 1/20				

SEGMENT DETAIL

NM1 - PATIENT EVENT TRANSPORT
INFORMATION**X12 Segment Name:** Individual or Organizational Name**X12 Purpose:** To supply the full name of an individual or organizational entity**X12 Syntax:** 1. **P0809**

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

2. **C1110**

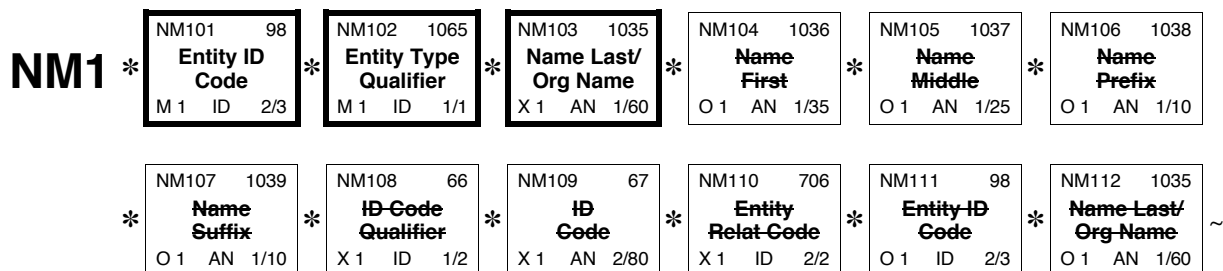
If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

Loop: 2010EC — PATIENT EVENT TRANSPORT INFORMATION **Loop Repeat:**
5**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when used by the UMO to authorize specific transport services.
If not required by this implementation guide, do not send.**TR3 Example:** NM1*PW*2*PATIENT DIALYSIS CENT~
NM1*FS*2*PATIENT'S HOME~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code	M 1 ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual	
			CODE	DEFINITION
			45	Drop-off Location
			FS	Final Scheduled Destination
			ND	Next Destination
			PW	Pickup Address
			R3	Next Scheduled Destination

REQUIRED	NM102	1065	<div>Entity Type Qualifier</div> <div>Code qualifying the type of entity</div> <div>SEMANTIC: NM102 qualifies NM103.</div> <table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>2</td><td>Non-Person Entity</td></tr></tbody></table>	CODE	DEFINITION	2	Non-Person Entity	M 1	ID	1/1
CODE	DEFINITION									
2	Non-Person Entity									
REQUIRED	NM103	1035	<div>Name Last or Organization Name</div> <div>Individual last name or organizational name</div> <div>SYNTAX: C1203</div> <div>IMPLEMENTATION NAME: Patient Event Transport Location Name</div>	X 1	AN	1/60				
NOT USED	NM104	1036	Name First	O 1	AN	1/35				
NOT USED	NM105	1037	Name Middle	O 1	AN	1/25				
NOT USED	NM106	1038	Name Prefix	O 1	AN	1/10				
NOT USED	NM107	1039	Name Suffix	O 1	AN	1/10				
NOT USED	NM108	66	Identification Code Qualifier	X 1	ID	1/2				
NOT USED	NM109	67	Identification Code	X 1	AN	2/80				
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2				
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3				
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60				

SEGMENT DETAIL

N3 - PATIENT EVENT TRANSPORT LOCATION ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

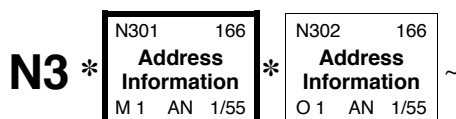
Loop: 2010EC — PATIENT EVENT TRANSPORT INFORMATION

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: N3*77 HOLLY BLVD~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Patient Event Transport Location Address Line				
Use this element for the first line of the transport location address.				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required when a second address lines exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Patient Event Transport Location Address Line				

SEGMENT DETAIL

N4 - PATIENT EVENT TRANSPORT LOCATION CITY/STATE/ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

X12 Syntax: 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

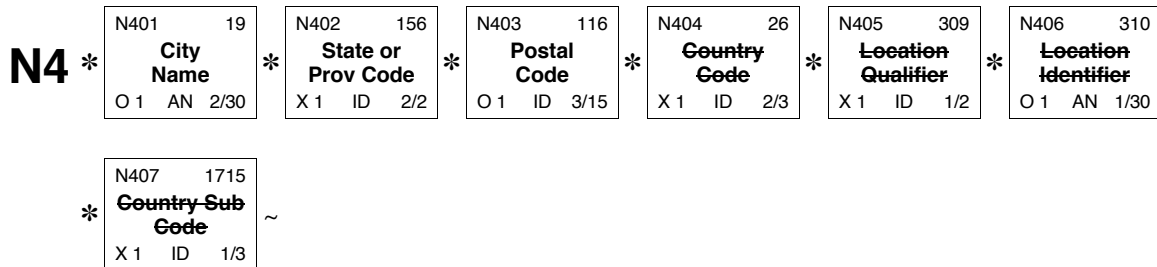
Loop: 2010EC — PATIENT EVENT TRANSPORT INFORMATION

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: N4*HOLLYWOOD*CA*90214~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	N401	19	City Name Free-form text for city name	O 1 AN 2/30
COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.				
SITUATIONAL RULE: <i>Required when used by the UMO to authorize specific transport services. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Patient Event Transport Location City Name				

SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: <i>Required when used by the UMO to authorize specific transport services. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Patient Event Transport Location State or Province Code CODE SOURCE 22: States and Provinces	X 1	ID	2/2
SITUATIONAL	N403	116	Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) SITUATIONAL RULE: <i>Required when used by the UMO to authorize specific transport services. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Patient Event Transport Location Postal Zone or ZIP Code CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes	O 1	ID	3/15
NOT USED	N404	26	Country Code	X 1	ID	2/3
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2
NOT USED	N406	310	Location Identifier	O 1	AN	1/30
NOT USED	N407	1715	Country Subdivision Code	X 1	ID	1/3

SEGMENT DETAIL

AAA - PATIENT EVENT TRANSPORT LOCATION REQUEST VALIDATION

X12 Segment Name: Request Validation

X12 Purpose: To specify the validity of the request and indicate follow-up action authorized

Loop: 2010EC — PATIENT EVENT TRANSPORT INFORMATION

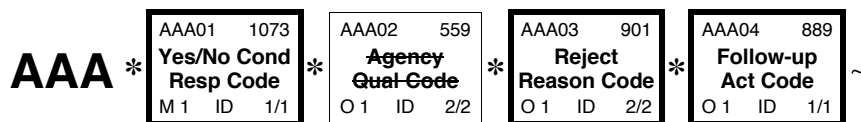
Segment Repeat: 9

Usage: SITUATIONAL

Situational Rule: Required when the request is not valid at this level to indicate the data condition that prohibits processing of the original request. If not required by this implementation guide, do not send.

TR3 Example: AAA*N**47*C~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	AAA01	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: AAA01 designates whether the request is valid or invalid. Code “Y” indicates that the code is valid; code “N” indicates that the code is invalid. IMPLEMENTATION NAME: Valid Request Indicator	M 1	ID	1/1						
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>N</td><td>No</td></tr></tbody></table>	CODE	DEFINITION	N	No					
CODE	DEFINITION											
N	No											
NOT USED	AAA02	559	Agency Qualifier Code Code assigned by issuer to identify reason for rejection	O 1	ID	2/2						
REQUIRED	AAA03	901	Reject Reason Code Code assigned by issuer to identify reason for rejection <table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>15</td><td>Required application data missing Use when data is missing that is not covered by another reject reason code. Use to indicate when there is not enough information to identify the transport information.</td></tr><tr><td>33</td><td>Input Errors Use for input errors not covered by another reject reason code.</td></tr></tbody></table>	CODE	DEFINITION	15	Required application data missing Use when data is missing that is not covered by another reject reason code. Use to indicate when there is not enough information to identify the transport information.	33	Input Errors Use for input errors not covered by another reject reason code.	O 1	ID	2/2
CODE	DEFINITION											
15	Required application data missing Use when data is missing that is not covered by another reject reason code. Use to indicate when there is not enough information to identify the transport information.											
33	Input Errors Use for input errors not covered by another reject reason code.											

			47	Invalid/Missing Provider State			
					Use to code to indicate that the transport location state is invalid or missing.		
			97	Invalid or Missing Provider Address			
					Use this code to indicate that the transport location address is invalid or missing.		
REQUIRED	AAA04	889	Follow-up Action Code		O 1	ID	1/1
			Code identifying follow-up actions allowed				
			CODE	DEFINITION			
			C	Please Correct and Resubmit			
			N	Resubmission Not Allowed			

SEGMENT DETAIL

HL - SERVICE LEVEL

X12 Segment Name: Hierarchical Level**X12 Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments**X12 Comments:** 1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.

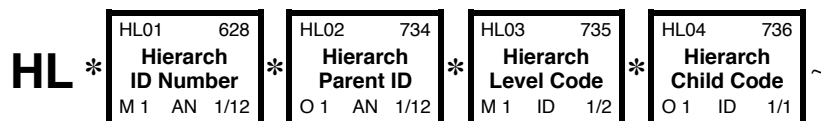
2. The HL segment defines a top-down/left-right ordered structure.

Loop: 2000F — SERVICE LEVEL **Loop Repeat:** >1**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the UMO system processed any of the information contained in Loop 2000F of the request. If not required by this implementation guide, do not send.**TR3 Notes:** 1. This segment identifies the service(s) requested and conveys the review outcome related to that service(s).

2. If the UMO was unable to process any data beyond Loop 2000C or Loop 2000D of the request, this loop and any subordinate loops are not required.

TR3 Example: HL*6*5*SS*0~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	M 1 AN 1/12
REQUIRED	HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	O 1 AN 1/12

REQUIRED	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	M 1 ID 1/2				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>SS</td><td>Services</td></tr></table>					CODE	DEFINITION	SS	Services
CODE	DEFINITION							
SS	Services							
REQUIRED	HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segments subordinate to the level being described COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.	O 1 ID 1/1				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>0</td><td>No Subordinate HL Segment in This Hierarchical Structure.</td></tr></table>					CODE	DEFINITION	0	No Subordinate HL Segment in This Hierarchical Structure.
CODE	DEFINITION							
0	No Subordinate HL Segment in This Hierarchical Structure.							

SEGMENT DETAIL

TRN - SERVICE TRACE NUMBER

X12 Segment Name: Trace

X12 Purpose: To uniquely identify a transaction to an application

Loop: 2000F — SERVICE LEVEL

Segment Repeat: 3

Usage: SITUATIONAL

Situational Rule: Required when this loop is returned and the request contained a tracking number at this level on the request, or when the UMO or clearinghouse assigns a trace number to this service in the response for tracking purposes. If not required by this implementation guide, do not send.

TR3 Notes: 1. Any trace numbers provided at this level on the request must be returned by the UMO at this level of the 278 response.

2. If the 278 request transaction passes through more than one clearinghouse, the second (and subsequent) clearinghouse may choose one of the following options:

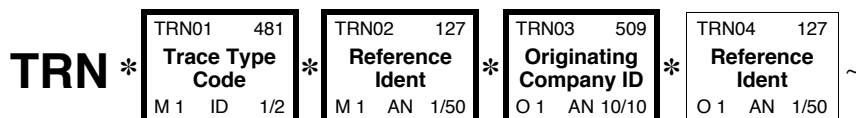
If the second or subsequent clearinghouse needs to assign their own TRN segment they may replace the received TRN segment belonging to the sending clearinghouse with their own TRN segment. Upon returning a 278 response to the sending clearinghouse, they must remove their TRN segment and replace it with the sending clearinghouse's TRN segment.

If the second or subsequent clearinghouse does not need to assign their own TRN segment, they should merely pass all TRN segments received in the 278 response transaction.

3. If the 278 request passes through a clearinghouse that adds their own TRN in addition to a requester TRN, the clearinghouse will receive a response from the UMO containing two TRN segments that contain the value "2" (Referenced Transaction Trace Number) in TRN01. If the UMO has assigned a TRN, the UMO's TRN will contain the value "1" (Current Transaction Trace Number) in TRN01. If the clearinghouse chooses to pass their own TRN values to the requester, the clearinghouse must change the value in their TRN01 to "1" because, from the requester's perspective, this is not a referenced transaction trace number.

TR3 Example: TRN*2*111099*9012345678*RADIOLOGY~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	TRN01	481	Trace Type Code Code identifying which transaction is being referenced	M 1	ID	1/2						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Current Transaction Trace Numbers The term “Current Transaction Trace Number” refers to the trace number assigned by the creator of the 278 response transaction (the UMO).</td></tr><tr><td>2</td><td>Referenced Transaction Trace Numbers The term “Referenced Transaction Trace Number” refers to the trace number originally sent in the 278 request transaction.</td></tr></table>	CODE	DEFINITION	1	Current Transaction Trace Numbers The term “Current Transaction Trace Number” refers to the trace number assigned by the creator of the 278 response transaction (the UMO).	2	Referenced Transaction Trace Numbers The term “Referenced Transaction Trace Number” refers to the trace number originally sent in the 278 request transaction.			
CODE	DEFINITION											
1	Current Transaction Trace Numbers The term “Current Transaction Trace Number” refers to the trace number assigned by the creator of the 278 response transaction (the UMO).											
2	Referenced Transaction Trace Numbers The term “Referenced Transaction Trace Number” refers to the trace number originally sent in the 278 request transaction.											
REQUIRED	TRN02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SEMANTIC: TRN02 provides unique identification for the transaction. IMPLEMENTATION NAME: Service Trace Number	M 1	AN	1/50						
REQUIRED	TRN03	509	Originating Company Identifier A unique identifier designating the company initiating the funds transfer instructions, business transaction or assigning tracking reference identification. SEMANTIC: TRN03 identifies an organization. IMPLEMENTATION NAME: Trace Assigning Entity Identifier Use this element to identify the organization that assigned this trace number. If TRN01 is “2”, this is the value received in the original 278 request transaction. If TRN01 is ”1”, use this information to identify the UMO organization that assigned this trace number. The first position must be either a “1” if an EIN is used, a ”3” if a DUNS is used or a “9” if a user assigned identifier is used.	O 1	AN	10/10						
SITUATIONAL	TRN04	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SEMANTIC: TRN04 identifies a further subdivision within the organization. SITUATIONAL RULE: <i>Required when TRN01 = 2 and TRN04 was valued on the request or when TRN01 = 1 and a specific division or group, of the company identified in the previous data element (TRN03) is needed by the sender to further identify a specific component of the entity. If not required by this implementation guide, may be provided at the sender’s discretion, but cannot be required by the receiver.</i> IMPLEMENTATION NAME: Trace Assigning Entity Additional Identifier	O 1	AN	1/50						

SEGMENT DETAIL

AAA - SERVICE REQUEST VALIDATION

X12 Segment Name: Request Validation

X12 Purpose: To specify the validity of the request and indicate follow-up action authorized

Loop: 2000F — SERVICE LEVEL

Segment Repeat: 9

Usage: SITUATIONAL

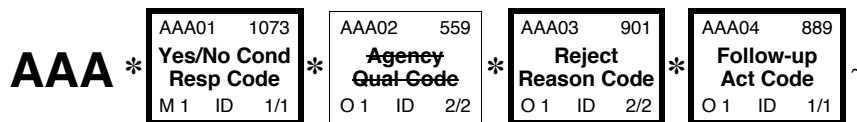
Situational Rule: Required when the request is not valid at this level. If not required by this implementation guide, do not send.

TR3 Notes: 1. If the non-certification is related to a medical necessity/benefits decision, use the HCR segment.

2. If Loop 2000F is present in the response, either the AAA segment or the HCR segment must be returned.

TR3 Example: AAA*N**52*C~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	AAA01	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid. IMPLEMENTATION NAME: Valid Request Indicator	M 1 ID 1/1
			CODE	DEFINITION
			N	No
NOT USED	AAA02	559	Agency Qualifier Code	O 1 ID 2/2
REQUIRED	AAA03	901	Reject Reason Code Code assigned by issuer to identify reason for rejection	O 1 ID 2/2
			CODE	DEFINITION
			15	Required application data missing Use when data is missing that is not covered by another Reject Reason Code. For example, use for missing procedure codes and procedure dates.

			33	Input Errors			
				Use for input errors in the service data not covered by the other reject reason codes listed. For example, use for invalid place of service codes and invalid procedure codes and procedure dates.			
			52	Service Dates Not Within Provider Plan Enrollment			
			57	Invalid/Missing Date(s) of Service			
				Use for invalid/missing service, admission, surgery, or discharge dates.			
			60	Date of Birth Follows Date(s) of Service			
			61	Date of Death Precedes Date(s) of Service			
			62	Date of Service Not Within Allowable Inquiry Period			
			AA	Authorization Number Not Found			
			AG	Invalid/Missing Procedure Code(s)			
			T5	Certification Information Missing			
				Use to indicate missing previous certification number information.			
REQUIRED	AAA04	889	Follow-up Action Code		O 1	ID	1/1
			Code identifying follow-up actions allowed				
			CODE	DEFINITION			
			C	Please Correct and Resubmit			
			N	Resubmission Not Allowed			

SEGMENT DETAIL

UM - HEALTH CARE SERVICES REVIEW INFORMATION

X12 Segment Name: Health Care Services Review Information

X12 Purpose: To specify health care services review information

Loop: 2000F — SERVICE LEVEL

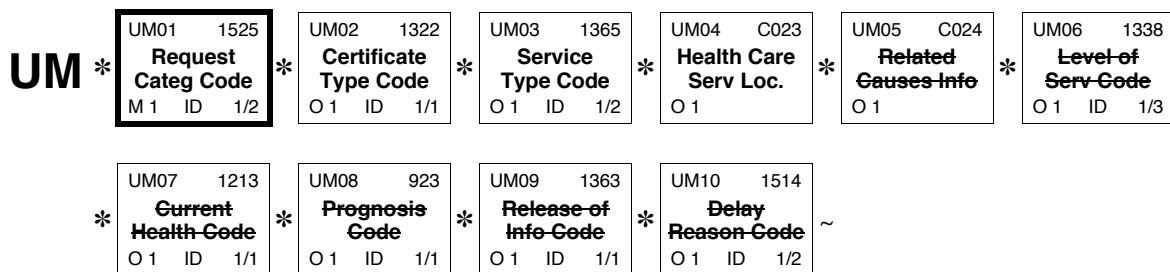
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when valued on the request and used by the UMO to render a medical decision. If not required by this implementation guide, do not send.

TR3 Example: UM*SC*I*3~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	UM01	1525	Request Category Code Code indicating a type of request	M 1 ID 1/2
			CODE	DEFINITION
			HS	Health Services Review
				Required when this is a response to a request for review of services related to an episode of care.
			SC	Specialty Care Review
				Required when this is a response to a request for a referral to a specialty provider.

SITUATIONAL	UM02	1322	Certification Type Code	O 1	ID	1/1
Code indicating the type of certification						

SITUATIONAL RULE: *Required when different from the UM02 value at the Patient Event level (Loop 2000E). If not required, do not send.*

CODE	DEFINITION
1	Appeal - Immediate
	Use this value only for appeals of review decisions where the level of service required is emergency or urgent.
2	Appeal - Standard
	Use this value for appeals of review decisions where the level of service is not emergency or urgent.
3	Cancel
4	Extension
	A "UM02 = 4" indicates that this is an extension request to a prior approved service.
I	Initial
N	Reconsideration
R	Renewal
	Various services, such as physical therapy, spinal manipulation, and allergy treatment, have both a delivery pattern and a time span of authorization. Many UMOs place time limits - as in will not authorize anything for more than 30 days at a time. For example, blanket authorization for allergy treatments as required for 30 days. At the end of the 30 days, the provider must request to renew the certification - not extend it - because the UMO authorizes for 30 day intervals, one interval at a time.
S	Revised
	Use if the requester is revising the specifics of a certification for which services have not been rendered. For example, the requester may be requesting additional procedures or other procedures for the same patient event.

SITUATIONAL	UM03	1365	Service Type Code	O 1	ID	1/2
Code identifying the classification of service						

SITUATIONAL RULE: *Required when valued on the request and used by the UMO to render a medical decision. If not required by this implementation guide, do not send.*

CODE	DEFINITION
1	Medical Care
2	Surgical
3	Consultation
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia

8	Surgical Assistance
11	Used Durable Medical Equipment
12	Durable Medical Equipment Purchase
14	Renal Supplies in the Home
15	Alternate Method Dialysis
16	Chronic Renal Disease (CRD) Equipment
17	Pre-Admission Testing
18	Durable Medical Equipment Rental
20	Second Surgical Opinion
21	Third Surgical Opinion
23	Diagnostic Dental
24	Periodontics
25	Restorative
	Use for restorative dental services.
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
33	Chiropractic
35	Dental Care
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
42	Home Health Care
44	Home Health Visits
45	Hospice
46	Respite Care
54	Long Term Care
56	Medically Related Transportation
61	In-vitro Fertilization
62	MRI/CAT Scan
63	Donor Procedures
64	Acupuncture
65	Newborn Care
66	Pathology
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing

75	Prosthetic Device
76	Dialysis
77	Otological Exam
78	Chemotherapy
79	Allergy Testing
80	Immunizations
82	Family Planning
83	Infertility
84	Abortion
85	AIDS
86	Emergency Services
87	Cancer
88	Pharmacy
93	Podiatry
A4	Psychiatric
A6	Psychotherapy
A9	Rehabilitation
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision (Optometry)
AR	Experimental Drug Therapy
B1	Burn Care
BB	Partial Hospitalization (Psychiatric)
BC	Day Care (Psychiatric)
BD	Cognitive Therapy
BE	Massage Therapy
BF	Pulmonary Rehabilitation
BG	Cardiac Rehabilitation
BL	Cardiac
BN	Gastrointestinal
BP	Endocrine
BQ	Neurology
BS	Invasive Procedures
BY	Physician Visit - Office: Sick
BZ	Physician Visit - Office: Well
C1	Coronary Care
GY	Allergy
IC	Intensive Care
MH	Mental Health

			NI	Neonatal Intensive Care				
			ON	Oncology				
			PT	Physical Therapy				
			PU	Pulmonary				
			RN	Renal				
			RT	Residential Psychiatric Treatment				
			TC	Transitional Care				
			TN	Transitional Nursery Care				
SITUATIONAL	UM04	C023	HEALTH CARE SERVICE LOCATION			O	1	
			INFORMATION					
			To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered					
			SITUATIONAL RULE: <i>Required when valued on the request and used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>					
REQUIRED	UM04 - 1		1331	Facility Code Value	M	AN	1/2	
				Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.				
				IMPLEMENTATION NAME: Facility Type Code				
				Use to indicate a facility code value from the code source referenced in UM04-2.				
REQUIRED	UM04 - 2		1332	Facility Code Qualifier	O	ID	1/2	
				Code identifying the type of facility referenced				
				SEMANTIC: C023-02 qualifies C023-01 and C023-03.				
			CODE	DEFINITION				
			A	Uniform Billing Claim Form Bill Type				
				CODE SOURCE 236: Uniform Billing Claim Form Bill Type				
			B	Place of Service Codes for Professional or Dental Services				
				CODE SOURCE 237: Place of Service Codes for Professional Claims				
NOT USED	UM04 - 3		1325	Claim Frequency Type Code	O	ID	1/1	
				CODE SOURCE 235: Claim Frequency Type Code				
NOT USED	UM05	C024	RELATED CAUSES INFORMATION			O	1	
NOT USED	UM06	1338	Level of Service Code			O	1 ID	1/3
NOT USED	UM07	1213	Current Health Condition Code			O	1 ID	1/1
NOT USED	UM08	923	Prognosis Code			O	1 ID	1/1
NOT USED	UM09	1363	Release of Information Code			O	1 ID	1/1
NOT USED	UM10	1514	Delay Reason Code			O	1 ID	1/2

SEGMENT DETAIL

HCR - HEALTH CARE SERVICES REVIEW

X12 Segment Name: Health Care Services Review

X12 Purpose: To specify the outcome of a health care services review

Loop: 2000F — SERVICE LEVEL

Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the UMO has reviewed the request at this level, and the UMO renders a decision at both the Patient Event level and at the Service level, to provide service review outcome information and an associated reference number. If not required by this implementation guide, do not send.

TR3 Notes: 1. If the UMO for this service was unable to review the request due to missing or invalid application data at this level, the UMO must return a 278 response containing a AAA segment at this level.

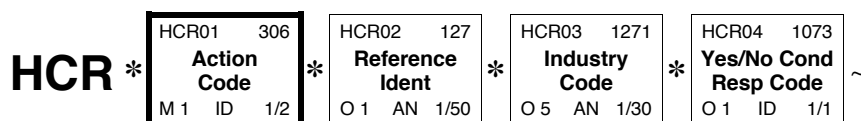
2. If the review outcome is pending additional medical information and the 278 response includes a request for additional information using either a PWK segment or an HI segment that specifies LOINC values, then the associated HCR segment must be valued with HCR01 = A4 (pending) and HCR03 must be valued with the appropriate health care services review decision reason code to indicate that additional information is required.

Refer to Section 2.5 for more information.

3. If the HCR segment is sent in this 2000F Service level loop, it will override an HCR segment sent in the Patient Event loop (2000E) for this service only.

TR3 Example: HCR*A1*20020713~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																		
REQUIRED	HCR01	306	Action Code Code indicating type of action	M 1	ID	1/2																
ALIAS: Certification Action Code																						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>A1</td><td>Certified in total</td></tr><tr><td>A3</td><td>Not Certified</td></tr><tr><td>A4</td><td>Pended</td></tr><tr><td>A6</td><td>Modified</td></tr><tr><td>C</td><td>Cancelled</td></tr><tr><td>CT</td><td>Contact Payer</td></tr><tr><td>NA</td><td>No Action Required</td></tr></table>	CODE	DEFINITION	A1	Certified in total	A3	Not Certified	A4	Pended	A6	Modified	C	Cancelled	CT	Contact Payer	NA	No Action Required			
CODE	DEFINITION																					
A1	Certified in total																					
A3	Not Certified																					
A4	Pended																					
A6	Modified																					
C	Cancelled																					
CT	Contact Payer																					
NA	No Action Required																					
Use only if certification is not required.																						
SITUATIONAL	HCR02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	O 1	AN	1/50																
SEMANTIC: HCR02 is the number assigned by the information source to this review outcome.																						
SITUATIONAL RULE: <i>Required when HCR01 = A1 or A6. If not required by this implementation guide, do not send.</i>																						
IMPLEMENTATION NAME: Review Identification Number																						
SITUATIONAL	HCR03	1271	Industry Code Code indicating a code from a specific industry code list	O 5	AN	1/30																
SEMANTIC: HCR03 is the code assigned by the information source to identify the reason for the health care service review outcome indicated in HCR01. See Code Source 886																						
SITUATIONAL RULE: <i>Required when HCR01=A3 or A4. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.</i>																						
IMPLEMENTATION NAME: Review Decision Reason Code																						
This data element is a repeating data element and can be repeated the maximum number allowed by the standard in this implementation guide.																						

SITUATIONAL **HCR04** **1073** **Yes/No Condition or Response Code** **O 1** **ID** **1/1**

Code indicating a Yes or No condition or response

SEMANTIC: HCR04 is the second surgical opinion indicator. A “Y” value indicates a second surgical opinion is required; an “N” value indicates a second surgical opinion is not required for this request.

SITUATIONAL RULE: *Required when certification pertains to a surgical procedure and the contract under which the patient is covered has provisions regarding a second surgical opinion. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Second Surgical Opinion Indicator

CODE	DEFINITION
N	No
Y	Yes

SEGMENT DETAIL

REF - ADMINISTRATIVE REFERENCE NUMBER

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2000F — SERVICE LEVEL

Segment Repeat: 1

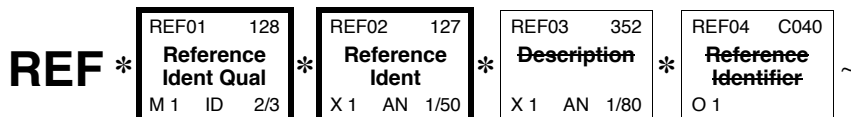
Usage: SITUATIONAL

Situational Rule: Required when the HCR segment is valued in this loop and HCR01 = A3, A4 or CT, and the response does not carry an administrative reference number at the parent Patient Event level to assign an administrative reference number associated with this service line. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.

TR3 Notes: 1. This number can be used by the requester on a follow up request, such as an appeal (UM02=1) or request for reconsideration (UM02=6), to reference this UMO response.

TR3 Example: REF*NT*Y789~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			NT	Administrator's Reference Number
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1 AN 1/50
			SYNTAX: R0203	
			IMPLEMENTATION NAME: Administrative Reference Number	
NOT USED	REF03	352	Description	X 1 AN 1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1

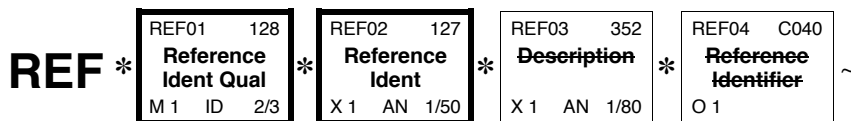
SEGMENT DETAIL

REF - PREVIOUS REVIEW AUTHORIZATION
NUMBER**X12 Segment Name:** Reference Information**X12 Purpose:** To specify identifying information**X12 Syntax:** 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2000F — SERVICE LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the certification number assigned by the UMO to the original service review outcome associated with this service review was used by the UMO to determine the outcome of this service review. If not required by this implementation guide, do not send.**TR3 Example:** REF*BB*123A~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			BB	Authorization Number
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Previous Review Authorization Number	X 1 AN 1/50
NOT USED	REF03	352	Description	X 1 AN 1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1

SEGMENT DETAIL

DTP - SERVICE DATE

X12 Segment Name: Date or Time or Period

X12 Purpose: To specify any or all of a date, a time, or a time period

Loop: 2000F — SERVICE LEVEL

Segment Repeat: 1

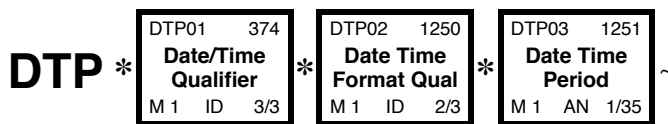
Usage: SITUATIONAL

Situational Rule: Required when the UMO authorizes service for a specific date or date range. If not required by this implementation guide, do not send.

TR3 Notes: 1. Use this segment for the valid date(s) during which the service can be performed.

TR3 Example: DTP*472*D8*20050516~

DIAGRAM



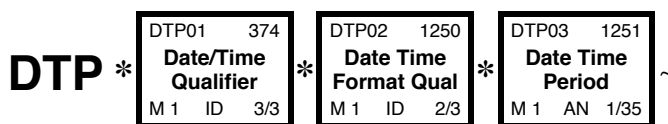
ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
		CODE	DEFINITION	
		472	Service	
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
		CODE	DEFINITION	
		D8	Date Expressed in Format CCYYMMDD	
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Proposed or Actual Service Date				

SEGMENT DETAIL

DTP - CERTIFICATION ISSUE DATE**X12 Segment Name:** Date or Time or Period**X12 Purpose:** To specify any or all of a date, a time, or a time period**Loop:** 2000F — SERVICE LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the UMO assigns a certification issue date to this authorization. If not required by this implementation guide, do not send.**TR3 Notes:** 1. This is not the effective date of the authorization. The issue date is that date when the UMO issued the authorization.**TR3 Example:** DTP*102*D8*20050502~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION
			102	Issue
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Certification Issue Date				

SEGMENT DETAIL

DTP - CERTIFICATION EXPIRATION DATE

X12 Segment Name: Date or Time or Period

X12 Purpose: To specify any or all of a date, a time, or a time period

Loop: 2000F — SERVICE LEVEL

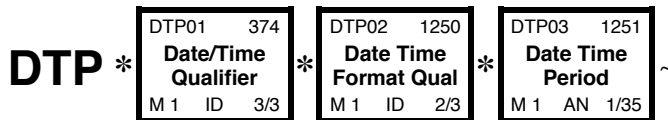
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the authorization has an expiration date to indicate the date on which the authorization will expire. If not required by this implementation guide, do not send.

TR3 Example: DTP*036*D8*20050630~

DIAGRAM



ELEMENT DETAIL

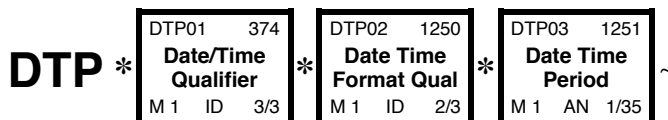
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION
			036	Expiration
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Certification Expiration Date				

SEGMENT DETAIL

DTP - CERTIFICATION EFFECTIVE DATE

X12 Segment Name: Date or Time or Period**X12 Purpose:** To specify any or all of a date, a time, or a time period**Loop:** 2000F — SERVICE LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the authorization is limited by effective dates to indicate the date or date range when the authorization is effective. If not required by this implementation guide, do not send.**TR3 Example:** DTP*007*RD8*20050502-20050630~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION
			007	Effective
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
			RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35
IMPLEMENTATION NAME: Certification Effective Date				

SEGMENT DETAIL

HI - REQUEST FOR ADDITIONAL INFORMATION

X12 Segment Name: Health Care Information Codes

X12 Purpose: To supply information related to the delivery of health care

Loop: 2000F — SERVICE LEVEL

Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when using LOINC to request additional information about this service. If not required by this implementation guide, do not send.

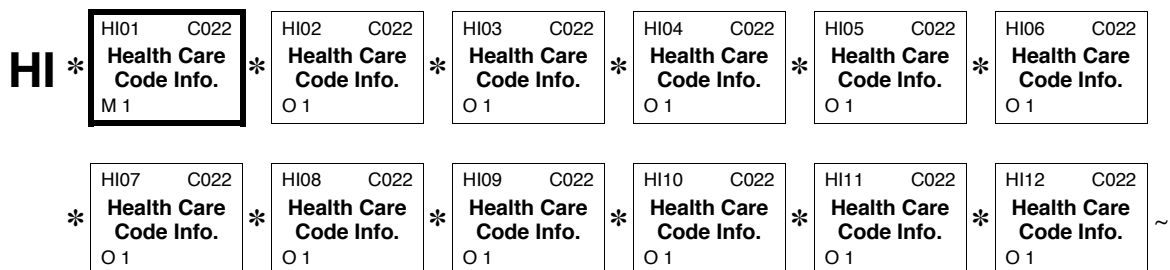
TR3 Notes:

1. The UMO can use each occurrence of the Health Care Code Information composite (C022) to specify codes that identify the specific information that the UMO requires from the provider to complete the medical review. In the C022 composite, data elements 1270 and 1271 support the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINC®) List. These codes identify high-level health care information groupings, specific data elements, and associated modifiers.

Refer to Section 1.12.5.2 of this guide for more information on requesting additional information.

TR3 Example: HI*LOI:18584-3~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HI01	C022	HEALTH CARE CODE INFORMATION	M 1
To send health care codes and their associated dates, amounts and quantities				
SYNTAX:				
P0304				
If either C02203 or C02204 is present, then the other is required.				
E0809				
Only one of C02208 or C02209 may be present.				

REQUIRED	HI01 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.						

CODE	DEFINITION
LOI	Logical Observation Identifier Names and Codes (LOINC) Codes
See Section 2.5 for information on using LOINC to request additional information.	

CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

REQUIRED	HI01 - 2	1271	Industry Code	M	AN	1/30
Code indicating a code from a specific industry code list						
SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.						

IMPLEMENTATION NAME: LOINC Code

NOT USED	HI01 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI01 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI01 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI01 - 6	380	Quantity	O	R	1/15
NOT USED	HI01 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI01 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI01 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1

SITUATIONAL	HI02	C022	HEALTH CARE CODE INFORMATION	O	1	
To send health care codes and their associated dates, amounts and quantities						

SYNTAX:
P0304
If either C02203 or C02204 is present, then the other is required.
E0809
Only one of C02208 or C02209 may be present.

SITUATIONAL RULE: *Required when requesting additional information. If not required by this implementation guide, do not send.*

REQUIRED	HI02 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.						

CODE	DEFINITION
LOI	Logical Observation Identifier Names and Codes (LOINC) Codes
See Section 2.5 for information on using LOINC to request additional information.	

CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

REQUIRED	HI02 - 2	1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30
SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.						
IMPLEMENTATION NAME: LOINC Code						
NOT USED	HI02 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI02 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI02 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI02 - 6	380	Quantity	O	R	1/15
NOT USED	HI02 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI02 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI02 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI03	C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O	1	

SYNTAX:
P0304
 If either C02203 or C02204 is present, then the other is required.
E0809
 Only one of C02208 or C02209 may be present.

SITUATIONAL RULE: *Required when requesting additional information. If not required by this implementation guide, do not send.*

REQUIRED	HI03 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
SEMANTIC:						
C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.						
		CODE	DEFINITION			
		LOI	Logical Observation Identifier Names and Codes (LOINC) Codes			
		See Section 2.5 for information on using LOINC to request additional information.				
		CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)				

REQUIRED	HI03 - 2	1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30
SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.						
IMPLEMENTATION NAME: LOINC Code						
NOT USED	HI03 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI03 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI03 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI03 - 6	380	Quantity	O	R	1/15
NOT USED	HI03 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI03 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI03 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1

SITUATIONAL	HI04	C022	HEALTH CARE CODE INFORMATION	O 1								
To send health care codes and their associated dates, amounts and quantities												
SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present.												
SITUATIONAL RULE: <i>Required when requesting additional information. If not required by this implementation guide, do not send.</i>												
REQUIRED	HI04 - 1	1270	Code List Qualifier Code	M ID 1/3								
Code identifying a specific industry code list												
SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>LOI</td><td>Logical Observation Identifier Names and Codes (LOINC) Codes</td></tr><tr><td colspan="2">See Section 2.5 for information on using LOINC to request additional information.</td></tr><tr><td colspan="2">CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)</td></tr></table>					CODE	DEFINITION	LOI	Logical Observation Identifier Names and Codes (LOINC) Codes	See Section 2.5 for information on using LOINC to request additional information.		CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)	
CODE	DEFINITION											
LOI	Logical Observation Identifier Names and Codes (LOINC) Codes											
See Section 2.5 for information on using LOINC to request additional information.												
CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)												
REQUIRED	HI04 - 2	1271	Industry Code	M AN 1/30								
Code indicating a code from a specific industry code list												
SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.												
IMPLEMENTATION NAME: LOINC Code												
NOT USED	HI04 - 3	1250	Date Time Period Format Qualifier	X ID 2/3								
NOT USED	HI04 - 4	1251	Date Time Period	X AN 1/35								
NOT USED	HI04 - 5	782	Monetary Amount	O R 1/18								
NOT USED	HI04 - 6	380	Quantity	O R 1/15								
NOT USED	HI04 - 7	799	Version Identifier	O AN 1/30								
NOT USED	HI04 - 8	1271	Industry Code	X AN 1/30								
NOT USED	HI04 - 9	1073	Yes/No Condition or Response Code	X ID 1/1								
SITUATIONAL	HI05	C022	HEALTH CARE CODE INFORMATION	O 1								
To send health care codes and their associated dates, amounts and quantities												
SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present.												
SITUATIONAL RULE: <i>Required when requesting additional information. If not required by this implementation guide, do not send.</i>												

REQUIRED	HI05 - 1	1270	Code List Qualifier Code	M	ID	1/3
			Code identifying a specific industry code list			
			SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.			

CODE	DEFINITION
LOI	Logical Observation Identifier Names and Codes (LOINC) Codes
	See Section 2.5 for information on using LOINC to request additional information.

CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

REQUIRED	HI05 - 2	1271	Industry Code	M	AN	1/30
			Code indicating a code from a specific industry code list			
			SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.			

IMPLEMENTATION NAME: **LOINC Code**

NOT USED	HI05 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI05 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI05 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI05 - 6	380	Quantity	O	R	1/15
NOT USED	HI05 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI05 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI05 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1

SITUATIONAL	HI06	C022	HEALTH CARE CODE INFORMATION	O 1		
			To send health care codes and their associated dates, amounts and quantities			

SYNTAX:
P0304
If either C02203 or C02204 is present, then the other is required.
E0809
Only one of C02208 or C02209 may be present.

SITUATIONAL RULE: *Required when requesting additional information. If not required by this implementation guide, do not send.*

REQUIRED	HI06 - 1	1270	Code List Qualifier Code	M	ID	1/3
			Code identifying a specific industry code list			
			SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.			

CODE	DEFINITION
LOI	Logical Observation Identifier Names and Codes (LOINC) Codes
	See Section 2.5 for information on using LOINC to request additional information.

CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

REQUIRED	HI06 - 2	1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30
SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.						
IMPLEMENTATION NAME: LOINC Code						
NOT USED	HI06 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI06 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI06 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI06 - 6	380	Quantity	O	R	1/15
NOT USED	HI06 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI06 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI06 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI07	C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O	1	

SYNTAX:

P0304

If either C02203 or C02204 is present, then the other is required.

E0809

Only one of C02208 or C02209 may be present.

SITUATIONAL RULE: *Required when requesting additional information. If not required by this implementation guide, do not send.*

REQUIRED	HI07 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
SEMANTIC:						
C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.						
		CODE	DEFINITION			
		LOI	Logical Observation Identifier Names and Codes (LOINC) Codes			
		See Section 2.5 for information on using LOINC to request additional information.				
		CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)				

REQUIRED	HI07 - 2	1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30
SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.						
IMPLEMENTATION NAME: LOINC Code						
NOT USED	HI07 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI07 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI07 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI07 - 6	380	Quantity	O	R	1/15
NOT USED	HI07 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI07 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI07 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1

SITUATIONAL	HI08	C022	HEALTH CARE CODE INFORMATION				O 1							
To send health care codes and their associated dates, amounts and quantities														
SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present.														
SITUATIONAL RULE: Required when requesting additional information. If not required by this implementation guide, do not send.														
REQUIRED	HI08 - 1	1270	Code List Qualifier Code	M	ID	1/3								
Code identifying a specific industry code list														
SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.														
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>LOI</td><td>Logical Observation Identifier Names and Codes (LOINC) Codes</td></tr><tr><td colspan="2">See Section 2.5 for information on using LOINC to request additional information.</td></tr><tr><td colspan="2">CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)</td></tr></table>							CODE	DEFINITION	LOI	Logical Observation Identifier Names and Codes (LOINC) Codes	See Section 2.5 for information on using LOINC to request additional information.		CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)	
CODE	DEFINITION													
LOI	Logical Observation Identifier Names and Codes (LOINC) Codes													
See Section 2.5 for information on using LOINC to request additional information.														
CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)														
REQUIRED	HI08 - 2	1271	Industry Code	M	AN	1/30								
Code indicating a code from a specific industry code list														
SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.														
IMPLEMENTATION NAME: LOINC Code														
NOT USED	HI08 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3								
NOT USED	HI08 - 4	1251	Date Time Period	X	AN	1/35								
NOT USED	HI08 - 5	782	Monetary Amount	O	R	1/18								
NOT USED	HI08 - 6	380	Quantity	O	R	1/15								
NOT USED	HI08 - 7	799	Version Identifier	O	AN	1/30								
NOT USED	HI08 - 8	1271	Industry Code	X	AN	1/30								
NOT USED	HI08 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1								
SITUATIONAL	HI09	C022	HEALTH CARE CODE INFORMATION				O 1							
To send health care codes and their associated dates, amounts and quantities														
SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present.														
SITUATIONAL RULE: Required when requesting additional information. If not required by this implementation guide, do not send.														

REQUIRED	HI09 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.						

CODE	DEFINITION
LOI	Logical Observation Identifier Names and Codes (LOINC) Codes
See Section 2.5 for information on using LOINC to request additional information.	

CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

REQUIRED	HI09 - 2	1271	Industry Code	M	AN	1/30
Code indicating a code from a specific industry code list						
SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.						

IMPLEMENTATION NAME: LOINC Code

NOT USED	HI09 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI09 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI09 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI09 - 6	380	Quantity	O	R	1/15
NOT USED	HI09 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI09 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI09 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1

SITUATIONAL	HI10	C022	HEALTH CARE CODE INFORMATION	O 1	
To send health care codes and their associated dates, amounts and quantities					

SYNTAX:
P0304
If either C02203 or C02204 is present, then the other is required.
E0809
Only one of C02208 or C02209 may be present.

SITUATIONAL RULE: *Required when requesting additional information. If not required by this implementation guide, do not send.*

REQUIRED	HI10 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.						

CODE	DEFINITION
LOI	Logical Observation Identifier Names and Codes (LOINC) Codes
See Section 2.5 for information on using LOINC to request additional information.	

CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

REQUIRED	HI10 - 2	1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30
SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.						
IMPLEMENTATION NAME: LOINC Code						
NOT USED	HI10 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI10 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI10 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI10 - 6	380	Quantity	O	R	1/15
NOT USED	HI10 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI10 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI10 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI11	C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities	O	1	

SYNTAX:

P0304

If either C02203 or C02204 is present, then the other is required.

E0809

Only one of C02208 or C02209 may be present.

SITUATIONAL RULE: *Required when requesting additional information. If not required by this implementation guide, do not send.*

REQUIRED	HI11 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.						
		CODE	DEFINITION			
		LOI	Logical Observation Identifier Names and Codes (LOINC) Codes			
		See Section 2.5 for information on using LOINC to request additional information.				
		CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)				

REQUIRED	HI11 - 2	1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30
SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.						
IMPLEMENTATION NAME: LOINC Code						
NOT USED	HI11 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI11 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI11 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI11 - 6	380	Quantity	O	R	1/15
NOT USED	HI11 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI11 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI11 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1

SITUATIONAL	HI12	C022	HEALTH CARE CODE INFORMATION				O 1
To send health care codes and their associated dates, amounts and quantities							
SYNTAX:							
P0304							
If either C02203 or C02204 is present, then the other is required.							
E0809							
Only one of C02208 or C02209 may be present.							
SITUATIONAL RULE: Required when requesting additional information. If not required by this implementation guide, do not send.							
REQUIRED	HI12 - 1	1270	Code List Qualifier Code	M	ID	1/3	
Code identifying a specific industry code list							
SEMANTIC:							
C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.							
		CODE	DEFINITION				
		LOI	Logical Observation Identifier Names and Codes (LOINC) Codes				
		See Section 2.5 for information on using LOINC to request additional information.					
		CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)					
REQUIRED	HI12 - 2	1271	Industry Code	M	AN	1/30	
Code indicating a code from a specific industry code list							
SEMANTIC:							
If C022-08 is used, then C022-02 represents the beginning value in a range of codes.							
IMPLEMENTATION NAME: LOINC Code							
NOT USED	HI12 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3	
NOT USED	HI12 - 4	1251	Date Time Period	X	AN	1/35	
NOT USED	HI12 - 5	782	Monetary Amount	O	R	1/18	
NOT USED	HI12 - 6	380	Quantity	O	R	1/15	
NOT USED	HI12 - 7	799	Version Identifier	O	AN	1/30	
NOT USED	HI12 - 8	1271	Industry Code	X	AN	1/30	
NOT USED	HI12 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1	

SEGMENT DETAIL

SV1 - PROFESSIONAL SERVICE

X12 Segment Name: Professional Service

X12 Purpose: To specify the service line item detail for a health care professional

X12 Syntax: 1. P0304

If either SV103 or SV104 is present, then the other is required.

Loop: 2000F — SERVICE LEVEL

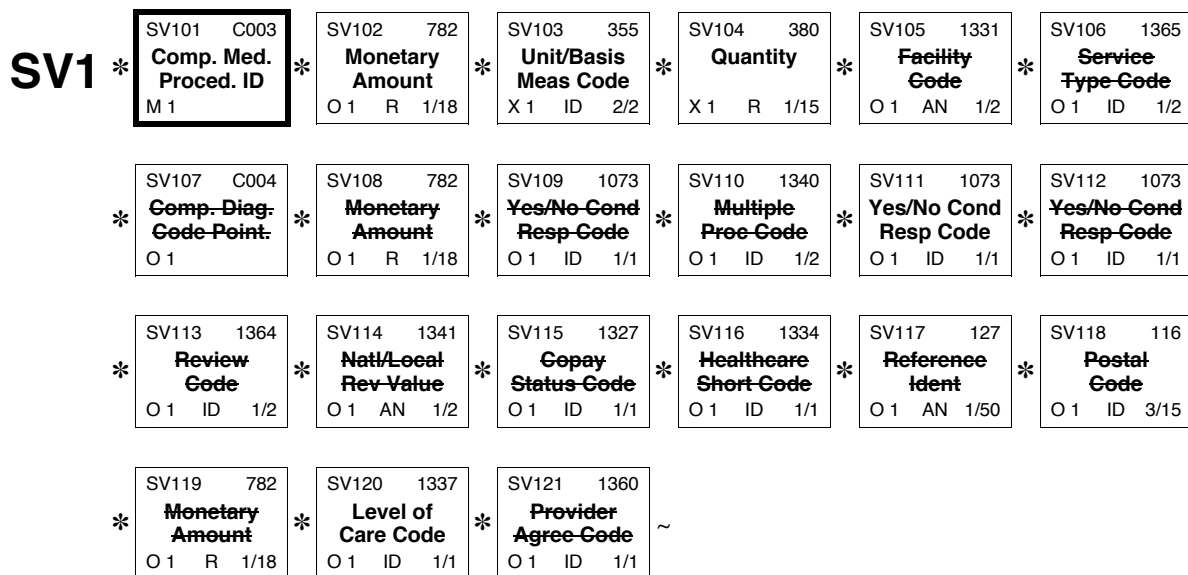
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when authorizing a specific Professional Service. If not required by this implementation guide, do not send.

TR3 Example: SV1*HC:99211:25*12.25*UN*1*****N~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SV101	C003	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	M 1
To identify a medical procedure by its standardized codes and applicable modifiers				
REQUIRED	SV101 - 1	235	Product/Service ID Qualifier	M ID 2/2
Code identifying the type/source of the descriptive number used in Product/Service ID (234)				
SEMANTIC: C003-01 qualifies C003-02 and C003-08.				
IMPLEMENTATION NAME: Product or Service ID Qualifier				

		CODE	DEFINITION
		HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
			Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.
			CODE SOURCE 130: Healthcare Common Procedural Coding System
		IV	Home Infusion EDI Coalition (HIEC) Product/Service Code
			This code set is not allowed for use under HIPAA at the time of this writing. Use only in non-HIPAA implementations.
			CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List
		N4	National Drug Code in 5-4-2 Format
			CODE SOURCE 240: National Drug Code by Format
		WK	Advanced Billing Concepts (ABC) Codes
			This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the Complimentary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For service reviews which are not covered under HIPAA.
			CODE SOURCE 843: Advanced Billing Concepts (ABC) Codes
REQUIRED	SV101 - 2	234	Product/Service ID M AN 1/48 Identifying number for a product or service
			SEMANTIC: If C003-08 is used, then C003-02 represents the beginning value in the range in which the code occurs.
			IMPLEMENTATION NAME: Procedure Code
SITUATIONAL	SV101 - 3	1339	Procedure Modifier O AN 2/2 This identifies special circumstances related to the performance of the service, as defined by trading partners
			SEMANTIC: C003-03 modifies the value in C003-02 and C003-08.
			SITUATIONAL RULE: <i>Required when valued on the request and used by the UMO to render a decision. If not required by this implementation guide, do not send.</i>
SITUATIONAL	SV101 - 4	1339	Procedure Modifier O AN 2/2 This identifies special circumstances related to the performance of the service, as defined by trading partners
			SEMANTIC: C003-04 modifies the value in C003-02 and C003-08.
			SITUATIONAL RULE: <i>Required when valued on the request and used by the UMO to render a decision. If not required by this implementation guide, do not send.</i>

SITUATIONAL	SV101 - 5	1339	Procedure Modifier	O AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners	
			SEMANTIC: C003-05 modifies the value in C003-02 and C003-08.	
			SITUATIONAL RULE: <i>Required when valued on the request and used by the UMO to render a decision. If not required by this implementation guide, do not send.</i>	
SITUATIONAL	SV101 - 6	1339	Procedure Modifier	O AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners	
			SEMANTIC: C003-06 modifies the value in C003-02 and C003-08.	
			SITUATIONAL RULE: <i>Required when valued on the request and used by the UMO to render a decision. If not required by this implementation guide, do not send.</i>	
SITUATIONAL	SV101 - 7	352	Description	O AN 1/80
			A free-form description to clarify the related data elements and their content	
			SEMANTIC: C003-07 is the description of the procedure identified in C003-02.	
			SITUATIONAL RULE: <i>Required when necessary to provide further clarification on the procedure for this service. If not required by this implementation guide, do not send.</i>	
			IMPLEMENTATION NAME: Procedure Code Description	
SITUATIONAL	SV101 - 8	234	Product/Service ID	O AN 1/48
			Identifying number for a product or service	
			SEMANTIC: C003-08 represents the ending value in the range in which the code occurs.	
			SITUATIONAL RULE: <i>Required when valued on the request and the UMO has authorized a range of procedures. If not required by this implementation guide, do not send.</i>	
			IMPLEMENTATION NAME: Procedure Code	
			Use SV101-2 to represent the beginning value in the procedure range and this data element to represent the ending value in a range of codes.	
SITUATIONAL	SV102	782	Monetary Amount	O 1 R 1/18
			Monetary amount	
			SEMANTIC: SV102 is the submitted service line item amount.	
			SITUATIONAL RULE: <i>Required when the UMO has approved the health care service with monetary limitations. If not required by this implementation guide, do not send.</i>	
			IMPLEMENTATION NAME: Service Line Amount	

SITUATIONAL	SV103	355	Unit or Basis for Measurement Code Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken SYNTAX: P0304 SITUATIONAL RULE: <i>Required when service units were not provided in the HSD segment and a specific number of services are being authorized for this procedure. If not required by this implementation guide, do not send.</i>	X 1	ID	2/2								
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>F2</td><td>International Unit International Unit is used to indicate dosage amount. Dosage amount is only used for drug claims when the dosage of the drug is variable within a single NDC number (e.g., blood factors).</td></tr><tr><td>MJ</td><td>Minutes</td></tr><tr><td>UN</td><td>Unit</td></tr></table>							CODE	DEFINITION	F2	International Unit International Unit is used to indicate dosage amount. Dosage amount is only used for drug claims when the dosage of the drug is variable within a single NDC number (e.g., blood factors).	MJ	Minutes	UN	Unit
CODE	DEFINITION													
F2	International Unit International Unit is used to indicate dosage amount. Dosage amount is only used for drug claims when the dosage of the drug is variable within a single NDC number (e.g., blood factors).													
MJ	Minutes													
UN	Unit													
SITUATIONAL	SV104	380	Quantity Numeric value of quantity SYNTAX: P0304 SITUATIONAL RULE: <i>Required when service units were not provided in the HSD segment and a specific number of services are being authorized for this procedure. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Service Unit Count	X 1	R	1/15								
NOT USED	SV105	1331	Facility Code Value	O 1	AN	1/2								
NOT USED	SV106	1365	Service Type Code	O 1	ID	1/2								
NOT USED	SV107	C004	COMPOSITE DIAGNOSIS CODE POINTER	O 1										
NOT USED	SV108	782	Monetary Amount	O 1	R	1/18								
NOT USED	SV109	1073	Yes/No Condition or Response Code	O 1	ID	1/1								
NOT USED	SV110	1340	Multiple Procedure Code	O 1	ID	1/2								
SITUATIONAL	SV111	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: SV111 is early and periodic screen for diagnosis and treatment of children (EPSDT) involvement; a “Y” value indicates EPSDT involvement; an “N” value indicates no EPSDT involvement. SITUATIONAL RULE: <i>Required when the review decision is based on EPSDT. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: EPSDT Indicator	O 1	ID	1/1								
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>N</td><td>No</td></tr><tr><td>Y</td><td>Yes</td></tr></table>							CODE	DEFINITION	N	No	Y	Yes		
CODE	DEFINITION													
N	No													
Y	Yes													
NOT USED	SV112	1073	Yes/No Condition or Response Code	O 1	ID	1/1								
NOT USED	SV113	1364	Review Code	O 1	ID	1/2								
NOT USED	SV114	1341	National or Local Assigned Review Value	O 1	AN	1/2								

NOT USED	SV115	1327	Copay Status Code	O 1	ID	1/1
NOT USED	SV116	1334	Health Care Professional Shortage Area Code	O 1	ID	1/1
NOT USED	SV117	127	Reference Identification	O 1	AN	1/50
NOT USED	SV118	116	Postal Code	O 1	ID	3/15
NOT USED	SV119	782	Monetary Amount	O 1	R	1/18
SITUATIONAL	SV120	1337	Level of Care Code	O 1	ID	1/1

Code specifying the level of care provided by a nursing home facility

SITUATIONAL RULE: *Required when used by the UMO to render a decision. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Nursing Home Level of Care

CODE	DEFINITION
1	Skilled Nursing Facility (SNF)
2	Intermediate Care Facility (ICF)
3	Intermediate Care Facility - Mentally Retarded (ICF-MR)
4	Chronic Disease Hospital (CD)
5	Intermediate Care Facility (ICF) Level II
6	Special Skilled Nursing Facility (SNF)
7	Nursing Facility (NF)
8	Hospice

NOT USED	SV121	1360	Provider Agreement Code	O 1	ID	1/1
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SEGMENT DETAIL

SV2 - INSTITUTIONAL SERVICE LINE

X12 Segment Name: Institutional Service**X12 Purpose:** To specify the service line item detail for a health care institution**X12 Syntax:** 1. R0102

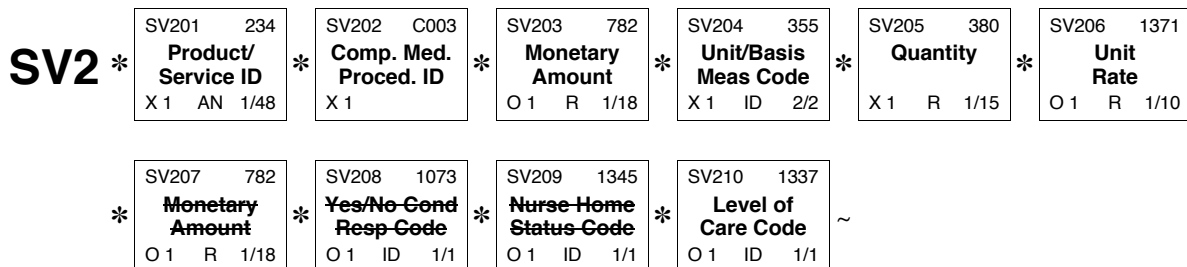
At least one of SV201 or SV202 is required.

2. P0405

If either SV204 or SV205 is present, then the other is required.

Loop: 2000F — SERVICE LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when authorizing a specific Institutional Service. If not required by this implementation guide, do not send.**TR3 Notes:** 1. Use this segment to authorize a specific Revenue Code.**TR3 Example:** SV2*300*HC:80019*73.42*UN*1~**TR3 Example:** SV2*120**1500*DA*5*300~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	SV201	234	Product/Service ID Identifying number for a product or service SYNTAX: R0102 SEMANTIC: SV201 is the revenue code. SITUATIONAL RULE: <i>Required when the UMO authorizes a revenue code. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Service Line Revenue Code See Code Source 132: National Uniform Billing Committee (NUBC) Codes.	X 1 AN 1/48

SITUATIONAL	SV202	C003	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	X 1
To identify a medical procedure by its standardized codes and applicable modifiers				

SITUATIONAL RULE: *Required when authorizing a specific procedure code. If not required by this implementation guide, do not send.*

REQUIRED	SV202 - 1	235	Product/Service ID Qualifier	M	ID	2/2
Code identifying the type/source of the descriptive number used in Product/Service ID (234)						

SEMANTIC:
C003-01 qualifies C003-02 and C003-08.

IMPLEMENTATION NAME: Product or Service ID Qualifier

CODE	DEFINITION
HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
	Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.
	CODE SOURCE 130: Healthcare Common Procedural Coding System
ID	International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) - Procedure
	CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
IV	Home Infusion EDI Coalition (HIEC) Product/Service Code
	This code set is not allowed for use under HIPAA at the time of this writing. Use only in non-HIPAA implementations.
	CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List
N4	National Drug Code in 5-4-2 Format
	CODE SOURCE 240: National Drug Code by Format
WK	Advanced Billing Concepts (ABC) Codes
	This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used:
	If a new rule names the Complimentary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA,
	OR
	The Secretary grants an exception to use the code set as a pilot project as allowed under the law,
	OR
	For service reviews which are not covered under HIPAA.
	CODE SOURCE 843: Advanced Billing Concepts (ABC) Codes

		ZZ	Mutually Defined			
			Use this code when reporting ICD-10-PCS. This code can only be used if mandated by HIPAA or for services not covered under HIPAA.			
			CODE SOURCE: 896 International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)			
REQUIRED	SV202 - 2	234	Product/Service ID Identifying number for a product or service	M	AN	1/48
			SEMANTIC: If C003-08 is used, then C003-02 represents the beginning value in the range in which the code occurs.			
			IMPLEMENTATION NAME: Procedure Code			
SITUATIONAL	SV202 - 3	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2
			SEMANTIC: C003-03 modifies the value in C003-02 and C003-08.			
			SITUATIONAL RULE: <i>Required when used by the UMO to render a decision. If not required by this implementation guide, do not send.</i>			
SITUATIONAL	SV202 - 4	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2
			SEMANTIC: C003-04 modifies the value in C003-02 and C003-08.			
			SITUATIONAL RULE: <i>Required when used by the UMO to render a decision. If not required by this implementation guide, do not send.</i>			
SITUATIONAL	SV202 - 5	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2
			SEMANTIC: C003-05 modifies the value in C003-02 and C003-08.			
			SITUATIONAL RULE: <i>Required when used by the UMO to render a decision. If not required by this implementation guide, do not send.</i>			
SITUATIONAL	SV202 - 6	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2
			SEMANTIC: C003-06 modifies the value in C003-02 and C003-08.			
			SITUATIONAL RULE: <i>Required when used by the UMO to render a decision. If not required by this implementation guide, do not send.</i>			

SITUATIONAL	SV202 - 7	352	Description	O	AN	1/80
A free-form description to clarify the related data elements and their content						
SEMANTIC: C003-07 is the description of the procedure identified in C003-02.						
SITUATIONAL RULE: <i>Required when necessary to provide further clarification on the procedure for this service. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Procedure Code Description						

SITUATIONAL	SV202 - 8	234	Product/Service ID	O	AN	1/48
Identifying number for a product or service						
SEMANTIC: C003-08 represents the ending value in the range in which the code occurs.						
SITUATIONAL RULE: <i>Required when valued on the request and the UMO has authorized a range of procedures. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Procedure Code						
Use SV202-2 to represent the beginning value in the procedure range and this data element to represent the ending value in a range of codes.						

SITUATIONAL	SV203	782	Monetary Amount	O 1	R	1/18
Monetary amount						
SEMANTIC: SV203 is the submitted service line item amount.						
SITUATIONAL RULE: <i>Required when the UMO has approved the health care service with monetary limitations. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Service Line Amount						

SITUATIONAL	SV204	355	Unit or Basis for Measurement Code	X 1	ID	2/2
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken						
SYNTAX: P0405						
SITUATIONAL RULE: <i>Required when service units were not provided in the HSD segment and a specific number of services are being authorized for this procedure. If not required by this implementation guide, do not send.</i>						

CODE	DEFINITION
DA	Days
F2	International Unit
	International Unit is used to indicate dosage amount. Dosage amount is only used for drug claims when the dosage of the drug is variable within a single NDC number (e.g., blood factors).
UN	Unit

SITUATIONAL	SV205	380	Quantity	X 1 R 1/15
			Numeric value of quantity	
			SYNTAX: P0405	

SITUATIONAL RULE: *Required when service units were not provided in the HSD segment and a specific number of services are being authorized for this procedure. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: **Service Unit Count**

SITUATIONAL	SV206	1371	Unit Rate	O 1 R 1/10
			The rate per unit of associate revenue for hospital accommodation	

SITUATIONAL RULE: *Required when SV201 is used and the UMO has approved the health care service with monetary limitations on the accommodation rate. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: **Service Line Rate**

NOT USED	SV207	782	Monetary Amount	O 1 R 1/18
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NOT USED	SV208	1073	Yes/No Condition or Response Code	O 1 ID 1/1
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NOT USED	SV209	1345	Nursing Home Residential Status Code	O 1 ID 1/1
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SITUATIONAL	SV210	1337	Level of Care Code	O 1 ID 1/1
			Code specifying the level of care provided by a nursing home facility	

SITUATIONAL RULE: *Required when used by the UMO to render a decision. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: **Nursing Home Level of Care**

CODE	DEFINITION
1	Skilled Nursing Facility (SNF)
2	Intermediate Care Facility (ICF)
3	Intermediate Care Facility - Mentally Retarded (ICF-MR)
4	Chronic Disease Hospital (CD)
5	Intermediate Care Facility (ICF) Level II
6	Special Skilled Nursing Facility (SNF)
7	Nursing Facility (NF)
8	Hospice

SEGMENT DETAIL

SV3 - DENTAL SERVICE

X12 Segment Name: Dental Service

X12 Purpose: To specify the service line item detail for dental work

Loop: 2000F — SERVICE LEVEL

Segment Repeat: 1

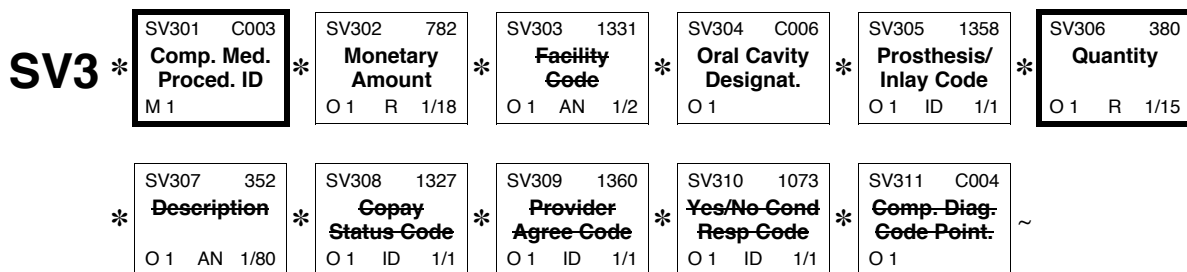
Usage: SITUATIONAL

Situational Rule: Required if authorizing a specific Dental Service. If not required by this implementation guide, do not send.

TR3 Notes: 1. This segment is not used when the HI segment has been used to authorize a range of services in the same iteration of the 2000F loop.

TR3 Example: SV3*AD:D2150*80****1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SV301	C003	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	M 1
			To identify a medical procedure by its standardized codes and applicable modifiers	
REQUIRED	SV301 - 1	235	Product/Service ID Qualifier	M ID 2/2
			Code identifying the type/source of the descriptive number used in Product/Service ID (234)	
			SEMANTIC: C003-01 qualifies C003-02 and C003-08.	
			IMPLEMENTATION NAME: Product or Service ID Qualifier	
		CODE	DEFINITION	
		AD	American Dental Association Codes	
			CODE SOURCE 135: American Dental Association	

REQUIRED	SV301 - 2	234	Product/Service ID Identifying number for a product or service SEMANTIC: If C003-08 is used, then C003-02 represents the beginning value in the range in which the code occurs. IMPLEMENTATION NAME: Procedure Code	M	AN	1/48
SITUATIONAL	SV301 - 3	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners SEMANTIC: C003-03 modifies the value in C003-02 and C003-08. SITUATIONAL RULE: <i>Required when used by the UMO to render a decision. If not required by this implementation guide, do not send.</i> A modifier must be from code source 135 (American Dental Association) found in the 'Code on Dental Procedures and Nomenclature', if such modifier is available.	O	AN	2/2
SITUATIONAL	SV301 - 4	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners SEMANTIC: C003-04 modifies the value in C003-02 and C003-08. SITUATIONAL RULE: <i>Required when used by the UMO to render a decision. If not required by this implementation guide, do not send.</i> A modifier must be from code source 135 (American Dental Association) found in the 'Code on Dental Procedures and Nomenclature', if such modifier is available.	O	AN	2/2
SITUATIONAL	SV301 - 5	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners SEMANTIC: C003-05 modifies the value in C003-02 and C003-08. SITUATIONAL RULE: <i>Required when used by the UMO to render a decision. If not required by this implementation guide, do not send.</i> A modifier must be from code source 135 (American Dental Association) found in the 'Code on Dental Procedures and Nomenclature', if such modifier is available.	O	AN	2/2
SITUATIONAL	SV301 - 6	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners SEMANTIC: C003-06 modifies the value in C003-02 and C003-08. SITUATIONAL RULE: <i>Required when used by the UMO to render a decision. If not required by this implementation guide, do not send.</i>	O	AN	2/2

A modifier must be from code source 135 (American Dental Association) found in the 'Code on Dental Procedures and Nomenclature', if such modifier is available.

SITUATIONAL	SV301 - 7	352	Description	O AN 1/80
			A free-form description to clarify the related data elements and their content	

SEMANTIC:
C003-07 is the description of the procedure identified in C003-02.

SITUATIONAL RULE: *Required when necessary to provide further clarification on the procedure for this service. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Procedure Code Description

SITUATIONAL	SV301 - 8	234	Product/Service ID	O AN 1/48
			Identifying number for a product or service	

SEMANTIC:
C003-08 represents the ending value in the range in which the code occurs.

SITUATIONAL RULE: *Required when valued on the request and the UMO has authorized a range of procedures. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Procedure Code

Use SV301-2 to represent the beginning value in the procedure range and this data element to represent the ending value in a range of codes.

SITUATIONAL	SV302	782	Monetary Amount	O 1 R 1/18
			Monetary amount	

SEMANTIC: SV302 is the submitted service line item amount.

SITUATIONAL RULE: *Required when the UMO has approved the health care service with monetary limitations. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Service Line Amount

NOT USED	SV303	1331	Facility Code Value	O 1 AN 1/2
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SITUATIONAL	SV304	C006	ORAL CAVITY DESIGNATION	O 1
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To identify one or more areas of the oral cavity

SITUATIONAL RULE: *Required when used by the UMO to render a decision. If not required by this implementation guide, do not send.*

REQUIRED	SV304 - 1	1361	Oral Cavity Designation Code	M ID 1/3
			Code Identifying the area of the oral cavity in which service is rendered	

CODE SOURCE 135: American Dental Association

SITUATIONAL	SV304 - 2	1361	Oral Cavity Designation Code	O ID 1/3
			Code Identifying the area of the oral cavity in which service is rendered	

SITUATIONAL RULE: *Required when used by the UMO to render a decision. If not required by this implementation guide, do not send.*

CODE SOURCE 135: American Dental Association

Use this code for the additional oral cavity designation codes. The code values in SV304-1 apply to all occurrences of the oral cavity designation code.

SITUATIONAL SV304 - 3

1361 Oral Cavity Designation Code O ID 1/3
Code Identifying the area of the oral cavity in which service is rendered

SITUATIONAL RULE: *Required when used by the UMO to render a decision. If not required by this implementation guide, do not send.*

CODE SOURCE 135: American Dental Association

Use this code for the additional oral cavity designation codes. The code values in SV304-1 apply to all occurrences of the oral cavity designation code.

SITUATIONAL SV304 - 4

1361 Oral Cavity Designation Code O ID 1/3
Code Identifying the area of the oral cavity in which service is rendered

SITUATIONAL RULE: *Required when used by the UMO to render a decision. If not required by this implementation guide, do not send.*

CODE SOURCE 135: American Dental Association

Use this code for the additional oral cavity designation codes. The code values in SV304-1 apply to all occurrences of the oral cavity designation code.

SITUATIONAL SV304 - 5

1361 Oral Cavity Designation Code O ID 1/3
Code Identifying the area of the oral cavity in which service is rendered

SITUATIONAL RULE: *Required when used by the UMO to render a decision. If not required by this implementation guide, do not send.*

CODE SOURCE 135: American Dental Association

Use this code for the additional oral cavity designation codes. The code values in SV304-1 apply to all occurrences of the oral cavity designation code.

SITUATIONAL SV305 1358

Prosthesis, Crown or Inlay Code O 1 ID 1/1
Code specifying the placement status for the dental work

SITUATIONAL RULE: *Required when used by the UMO to render a decision. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Prosthesis, Crown, or Inlay Code

CODE	DEFINITION
I	Initial Placement
R	Replacement
If the SV305 = R, then the DTP segment in the 2400 loop for Prior Placement is Required.	

REQUIRED	SV306	380	Quantity Numeric value of quantity SEMANTIC: SV306 is the number of procedures. IMPLEMENTATION NAME: Service Unit Count Number of procedures.	O 1	R	1/15
NOT USED	SV307	352	Description	O 1	AN	1/80
NOT USED	SV308	1327	Copay Status Code	O 1	ID	1/1
NOT USED	SV309	1360	Provider Agreement Code	O 1	ID	1/1
NOT USED	SV310	1073	Yes/No Condition or Response Code	O 1	ID	1/1
NOT USED	SV311	C004	COMPOSITE DIAGNOSIS CODE POINTER	O 1		

SEGMENT DETAIL

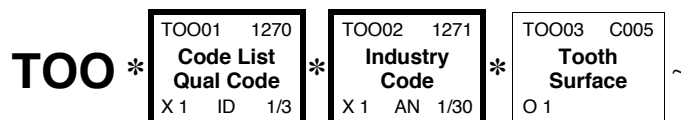
TOO - TOOTH INFORMATION

X12 Segment Name: Tooth Identification**X12 Purpose:** To identify a tooth by number and, if applicable, one or more tooth surfaces**X12 Syntax:** 1. P0102

If either TOO01 or TOO02 is present, then the other is required.

Loop: 2000F — SERVICE LEVEL**Segment Repeat:** 32**Usage:** SITUATIONAL**Situational Rule:** Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.**TR3 Example:** TOO*JP*12*L:O~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	TOO01	1270	Code List Qualifier Code Code identifying a specific industry code list SYNTAX: P0102	X 1	ID	1/3				
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>JP</td><td>Universal National Tooth Designation System CODE SOURCE 135: American Dental Association</td></tr></tbody></table>	CODE	DEFINITION	JP	Universal National Tooth Designation System CODE SOURCE 135: American Dental Association			
CODE	DEFINITION									
JP	Universal National Tooth Designation System CODE SOURCE 135: American Dental Association									
REQUIRED	TOO02	1271	Industry Code Code indicating a code from a specific industry code list SYNTAX: P0102 IMPLEMENTATION NAME: Tooth Code See Code Source 135: American Dental Association Codes.	X 1	AN	1/30				
SITUATIONAL	TOO03	C005	TOOTH SURFACE To identify one or more tooth surface codes SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i>	O 1						
REQUIRED	TOO03 - 1	1369	Tooth Surface Code Code identifying the area of the tooth that was treated	M	ID	1/2				
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>B</td><td>Buccal</td></tr></tbody></table>	CODE	DEFINITION	B	Buccal			
CODE	DEFINITION									
B	Buccal									

		D	Distal				
		F	Facial				
		I	Incisal				
		L	Lingual				
		M	Mesial				
		O	Occlusal				
SITUATIONAL	TOO03 - 2	1369	Tooth Surface Code <div>Code identifying the area of the tooth that was treated</div> <div>SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i></div> <div>Use code values from TOO03-1.</div>	O	ID	1/2	
SITUATIONAL	TOO03 - 3	1369	Tooth Surface Code <div>Code identifying the area of the tooth that was treated</div> <div>SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i></div> <div>Use code values from TOO03-1.</div>	O	ID	1/2	
SITUATIONAL	TOO03 - 4	1369	Tooth Surface Code <div>Code identifying the area of the tooth that was treated</div> <div>SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i></div> <div>Use code values from TOO03-1.</div>	O	ID	1/2	
SITUATIONAL	TOO03 - 5	1369	Tooth Surface Code <div>Code identifying the area of the tooth that was treated</div> <div>SITUATIONAL RULE: <i>Required when used by the UMO to render a medical decision. If not required by this implementation guide, do not send.</i></div> <div>Use code values from TOO03-1.</div>	O	ID	1/2	

SEGMENT DETAIL

HSD - HEALTH CARE SERVICES DELIVERY

X12 Segment Name: Health Care Services Delivery

X12 Purpose: To specify the delivery pattern of health care services

X12 Syntax: 1. **P0102**

If either HSD01 or HSD02 is present, then the other is required.

2. **C0605**

If HSD06 is present, then HSD05 is required.

Loop: 2000F — SERVICE LEVEL

Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the UMO authorizes services that have a specific pattern of delivery and the pattern of delivery or usage for this service is different from the pattern of delivery or usage (HSD) in the Patient Event (Loop 2000E or when identifying the number of medical services reservations remaining. If not required by this implementation guide, do not send.

TR3 Notes: 1. An explanation of the uses of this segment or delivery pattern is as follows.

HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means “one visit”.

Between HSD02 and HSD03 verbally insert a “per every”.

HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means “three days”. Between HSD04 and HSD05 verbally insert a “for”. HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means “21 days”.

The total message reads:

HSD*VS*1*DA*3*7*21~ = “One visit per every three days for 21 days”.

Another similar data string of HSD*VS*2*DA*4*7*20~ = “Two visits per every four days for 20 days”.

An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD*VS*1*****SX*D~ means “1 visit on Wednesday and Thursday morning”.

2. An explanation of the use of this segment for identifying the number of medical service reservations remaining is as follows:

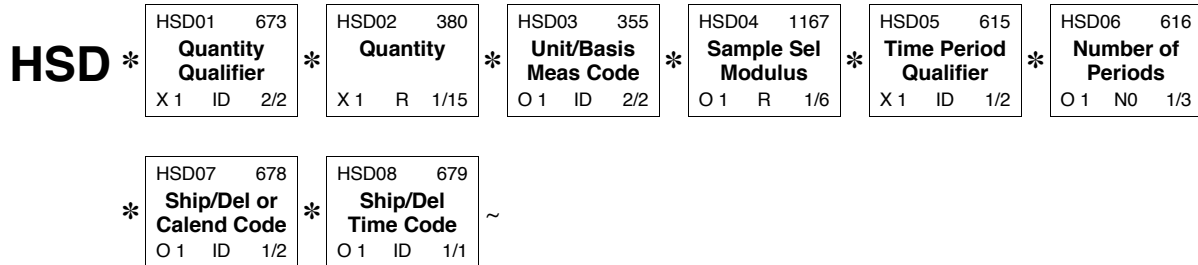
HSD05 qualifies HSD06. If the value in HSD06=5 and the value in HSD05=29, this means there are 5 service reservations remaining.

TR3 Example: HSD*VS*1*DA*1*7*10~ (This indicates “1 visit every (per) 1 day (daily) for 10 days”.)

TR3 Example: HSD*VS*1*DA***W~ (This indicates “1 visit per day whenever necessary”).)

TR3 Example: HSD*****29*5~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES														
SITUATIONAL	HSD01	673	Quantity Qualifier Code specifying the type of quantity SYNTAX: P0102 SITUATIONAL RULE: <i>Required when the pattern of delivery has quantity of services authorized. If not required by this implementation guide, do not send.</i>	X 1	ID	2/2												
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>DY</td><td>Days</td></tr><tr><td>FL</td><td>Units</td></tr><tr><td>HS</td><td>Hours</td></tr><tr><td>MN</td><td>Month</td></tr><tr><td>VS</td><td>Visits</td></tr></tbody></table>	CODE	DEFINITION	DY	Days	FL	Units	HS	Hours	MN	Month	VS	Visits			
CODE	DEFINITION																	
DY	Days																	
FL	Units																	
HS	Hours																	
MN	Month																	
VS	Visits																	
SITUATIONAL	HSD02	380	Quantity Numeric value of quantity SYNTAX: P0102 SITUATIONAL RULE: <i>Required when the pattern of delivery has quantity of services authorized. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Service Unit Count ALIAS: Service Quantity	X 1	R	1/15												

SITUATIONAL **HSD03** **355** **Unit or Basis for Measurement Code** **O 1** **ID** **2/2**
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

SITUATIONAL RULE: *Required when HSD04 is valued to qualify the time frame in which the quantity of services (HSD02) will be rendered. If not required by this implementation guide, do not send.*

CODE	DEFINITION
DA	Days
MO	Months
WK	Week

SITUATIONAL **HSD04** **1167** **Sample Selection Modulus** **O 1** **R** **1/6**
To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes

SITUATIONAL RULE: *Required when the UMO authorizes services which must be rendered within a specific time frame. If not required by this implementation guide, do not send.*

SITUATIONAL **HSD05** **615** **Time Period Qualifier** **X 1** **ID** **1/2**
Code defining periods

SYNTAX: C0605

SITUATIONAL RULE: *Required when the UMO authorizes services which can be continued for a specific time period. If not required by this implementation guide, do not send.*

CODE	DEFINITION
6	Hour
7	Day
21	Years
26	Episode
27	Visit
29	Remaining
34	Month
35	Week

SITUATIONAL **HSD06** **616** **Number of Periods** **O 1** **N0** **1/3**
Total number of periods

SYNTAX: C0605

SITUATIONAL RULE: *Required when the UMO authorizes services which can be continued for a specific time period. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Period Count

SITUATIONAL

HSD07

678

Ship/Delivery or Calendar Pattern Code

O 1 ID 1/2

Code which specifies the routine shipments, deliveries, or calendar pattern

SITUATIONAL RULE: *Required when the UMO authorizes a specific calendar delivery pattern for the service. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Delivery Frequency Code

CODE	DEFINITION
1	1st Week of the Month
2	2nd Week of the Month
3	3rd Week of the Month
4	4th Week of the Month
5	5th Week of the Month
6	1st & 3rd Weeks of the Month
7	2nd & 4th Weeks of the Month
8	1st Working Day of Period
9	Last Working Day of Period
A	Monday through Friday
B	Monday through Saturday
C	Monday through Sunday
D	Monday
E	Tuesday
F	Wednesday
G	Thursday
H	Friday
J	Saturday
K	Sunday
L	Monday through Thursday
M	Immediately
N	As Directed
O	Daily Mon. through Fri.
P	1/2 Mon. & 1/2 Thurs.
Q	1/2 Tues. & 1/2 Thurs.
R	1/2 Wed. & 1/2 Fri.
S	Once Anytime Mon. through Fri.
SA	Sunday, Monday, Thursday, Friday, Saturday
SB	Tuesday through Saturday
SC	Sunday, Wednesday, Thursday, Friday, Saturday
SD	Monday, Wednesday, Thursday, Friday, Saturday
SG	Tuesday through Friday
SL	Monday, Tuesday and Thursday
SP	Monday, Tuesday and Friday
SX	Wednesday and Thursday
SY	Monday, Wednesday and Thursday
SZ	Tuesday, Thursday and Friday

T	1/2 Tue. & 1/2 Fri.
U	1/2 Mon. & 1/2 Wed.
V	1/3 Mon., 1/3 Wed., 1/3 Fri.
W	Whenever Necessary
X	1/2 By Wed., Bal. By Fri.
Y	None (Also Used to Cancel or Override a Previous Pattern)

SITUATIONAL HSD08 679

Ship/Delivery Pattern Time Code O 1 ID 1/1
Code which specifies the time for routine shipments or deliveries

SITUATIONAL RULE: *Required when the UMO authorizes a specific time delivery pattern for the service. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Delivery Pattern Time Code

CODE	DEFINITION
A	1st Shift (Normal Working Hours)
B	2nd Shift
C	3rd Shift
D	A.M.
E	P.M.
F	As Directed
G	Any Shift
Y	None (Also Used to Cancel or Override a Previous Pattern)

SEGMENT DETAIL

PWK - ADDITIONAL SERVICE INFORMATION

X12 Segment Name: Paperwork

X12 Purpose: To identify the type or transmission or both of paperwork or supporting information

X12 Syntax: 1. P0506

If either PWK05 or PWK06 is present, then the other is required.

Loop: 2000F — SERVICE LEVEL

Segment Repeat: 10

Usage: SITUATIONAL

Situational Rule: Required when the UMO needs to request additional information that applies to the service(s) requested in this Service loop. If not required by this implementation guide, do not send.

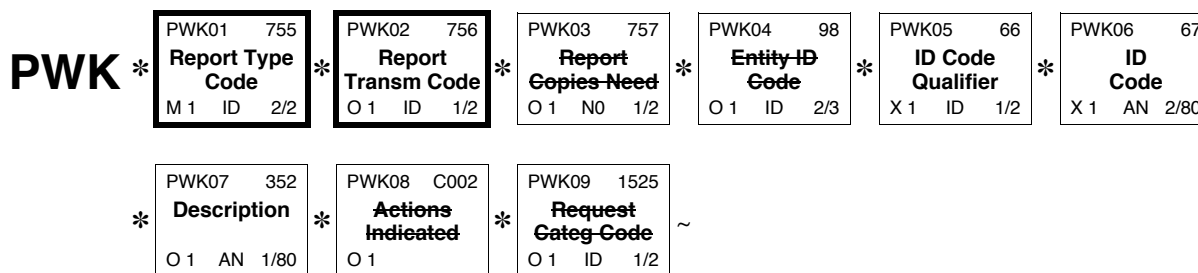
TR3 Notes:

1. If the UMO has pended the decision on this health care services review request (HCR01 = A4) because additional medical necessity information is required (HCR03 = 90), the UMO uses this segment to identify the type of documentation needed such as forms that the provider must complete. The UMO can also indicate what medium it has used to send these forms.
2. Additional information requested at the Service level should apply to a specific service and/or all the services requested in this service loop.
3. This PWK segment is required to identify requests for specific data that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or using LOINC in the HI segments of the response. PWK06 is used to identify the attached electronic questionnaire. The number in PWK06 should be referenced in the corresponding electronic attachment.
4. This PWK segment should not be used if
 - a. the requester should have provided the information within the 278 request (ST-SE) but failed to do so. In this case the UMO should use the AAA segments in the 278 response to indicate the data that is missing or invalid.
 - b. the 278 request (ST-SE) does not support this information and the needed information pertains to all the services requested and not to a specific service. Use the PWK segment at the Patient Event level (Loop 2000E) if requesting medical necessity information that applies to all the services requested.

Refer to Section 2.5 for more information on using this segment.

TR3 Example: PWK*OB*BM***AC*DMN0012~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PWK01	755	Report Type Code	M 1 ID 2/2
Code indicating the title or contents of a document, report or supporting item				
IMPLEMENTATION NAME: Attachment Report Type Code				
		CODE	DEFINITION	
		03	Report Justifying Treatment Beyond Utilization Guidelines	
		04	Drugs Administered	
		05	Treatment Diagnosis	
		06	Initial Assessment	
		07	Functional Goals	
			Expected outcomes of rehabilitative services.	
		08	Plan of Treatment	
		09	Progress Report	
		10	Continued Treatment	
		11	Chemical Analysis	
		13	Certified Test Report	
		15	Justification for Admission	
		21	Recovery Plan	
		48	Social Security Benefit Letter	
		55	Rental Agreement	
			Use for medical or dental equipment rental.	
		59	Benefit Letter	
		77	Support Data for Verification	
		A3	Allergies/Sensitivities Document	
		A4	Autopsy Report	
		AM	Ambulance Certification	
			Information to support necessity of ambulance trip.	
		AS	Admission Summary	
			A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital.	

AT	Purchase Order Attachment
	Use for purchase of medical or dental equipment.
B2	Prescription
B3	Physician Order
BR	Benchmark Testing Results
BS	Baseline
BT	Blanket Test Results
CB	Chiropractic Justification
	Lists the reasons chiropractic is just and appropriate treatment.
CK	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes
OB	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
P7	Periodontal Reports
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
QC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RR	Radiology Reports

			RT	Report of Tests and Analysis Report			
			RX	Renewable Oxygen Content Averaging Report			
			SG	Symptoms Document			
			V5	Death Notification			
			XP	Photographs			
REQUIRED	PWK02	756	Report Transmission Code		O 1	ID	1/2
			Code defining timing, transmission method or format by which reports are to be sent				
			CODE	DEFINITION			
			BM	By Mail			
			EL	Electronically Only			
				Use to indicate that attachment is being transmitted in a separate X12 functional group.			
			EM	E-Mail			
			FX	By Fax			
			VO	Voice			
				Use this for voicemail or phone communication.			
NOT USED	PWK03	757	Report Copies Needed		O 1	N0	1/2
NOT USED	PWK04	98	Entity Identifier Code		O 1	ID	2/3
SITUATIONAL	PWK05	66	Identification Code Qualifier		X 1	ID	1/2
			Code designating the system/method of code structure used for Identification Code (67)				
			SYNTAX: P0506				
			COMMENT: PWK05 and PWK06 may be used to identify the addressee by a code number.				
			SITUATIONAL RULE: <i>Required when PWK02 equals BM, EL, EM or FX. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.</i>				
			CODE	DEFINITION			
			AC	Attachment Control Number			
SITUATIONAL	PWK06	67	Identification Code		X 1	AN	2/80
			Code identifying a party or other code				
			SYNTAX: P0506				
			SITUATIONAL RULE: <i>Required when PWK02 equals BM, EL, EM or FX. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.</i>				
			IMPLEMENTATION NAME: Attachment Control Number				

SITUATIONAL	PWK07	352	Description A free-form description to clarify the related data elements and their content COMMENT: PWK07 may be used to indicate special information to be shown on the specified report. SITUATIONAL RULE: <i>Required when additional information requested cannot be requested using a LOINC code or other codified information within this transaction. If not required by this implementation guide, do not send.</i>	O 1 AN 1/80
IMPLEMENTATION NAME: Attachment Description				
NOT USED	PWK08	C002	ACTIONS INDICATED	O 1
NOT USED	PWK09	1525	Request Category Code	O 1 ID 1/2

SEGMENT DETAIL

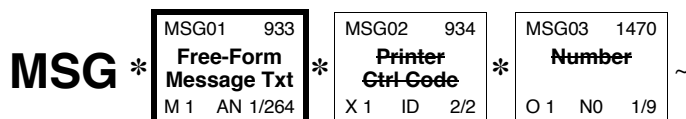
MSG - MESSAGE TEXT

X12 Segment Name: Message Text**X12 Purpose:** To provide a free-form format that allows the transmission of text information**X12 Syntax:** 1. C0302

If MSG03 is present, then MSG02 is required.

Loop: 2000F — SERVICE LEVEL**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when it is necessary to send additional information about the Service which could not otherwise be codified within the 2000F Loop. If not required by this implementation guide, do not send.**TR3 Example:** MSG*This is a free-form text message~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	MSG01	933	Free-form Message Text Free-form message text	M 1	AN	1/264
IMPLEMENTATION NAME: Free Form Message Text						
NOT USED	MSG02	934	Printer Carriage Control Code	X 1	ID	2/2
NOT USED	MSG03	1470	Number	O 1	N0	1/9

SEGMENT DETAIL

NM1 - SERVICE PROVIDER NAME

X12 Segment Name: Individual or Organizational Name

X12 Purpose: To supply the full name of an individual or organizational entity

X12 Syntax: 1. **P0809**

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

2. **C1110**

If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

Loop: 2010FA — SERVICE PROVIDER NAME **Loop Repeat:** 12

Segment Repeat: 1

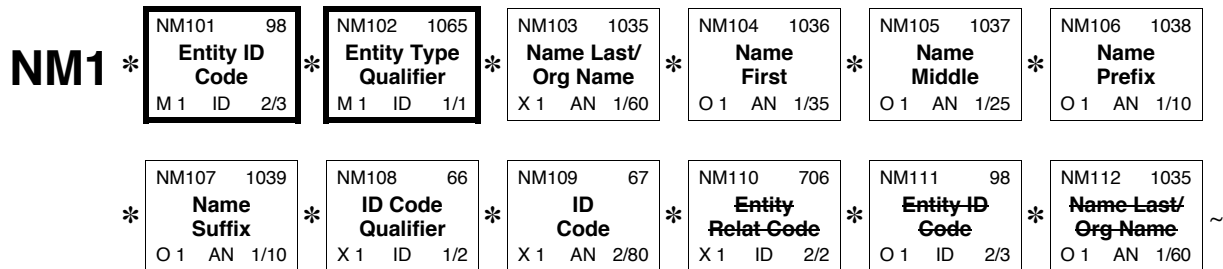
Usage: SITUATIONAL

Situational Rule: Required when valued on the request or when the UMO authorizes a specific provider or specialty entity for this service. If not required by this implementation guide, do not send.

TR3 Notes: 1. Use this segment to convey the name and identification number of the service provider (person, group, or facility) or to identify the specialty entity.

TR3 Example: NM1*SJ*1*WATSON*SUSAN****34*987654321~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES												
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1	ID	2/3										
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>72</td><td>Operating Physician</td></tr><tr><td>73</td><td>Other Physician</td></tr><tr><td>77</td><td>Service Location</td></tr><tr><td>DD</td><td>Assistant Surgeon</td></tr></tbody></table>	CODE	DEFINITION	72	Operating Physician	73	Other Physician	77	Service Location	DD	Assistant Surgeon			
CODE	DEFINITION															
72	Operating Physician															
73	Other Physician															
77	Service Location															
DD	Assistant Surgeon															

			DK	Ordering Physician			
			DQ	Supervising Physician			
			FA	Facility			
			G3	Clinic			
			P3	Primary Care Provider			
			QB	Purchase Service Provider			
			QV	Group Practice			
			SJ	Service Provider			
REQUIRED	NM102	1065	Entity Type Qualifier		M 1	ID	1/1
			Code qualifying the type of entity				
			SEMANTIC: NM102 qualifies NM103.				
			CODE	DEFINITION			
			1	Person			
			2	Non-Person Entity			
SITUATIONAL	NM103	1035	Name Last or Organization Name		X 1	AN	1/60
			Individual last name or organizational name				
			SYNTAX: C1203				
			SITUATIONAL RULE: <i>Required when valued on the request or when the UMO authorizes a specific provider or specialty entity for this service. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Service Provider Last or Organization Name				
SITUATIONAL	NM104	1036	Name First		O 1	AN	1/35
			Individual first name				
			SITUATIONAL RULE: <i>Required when NM103 is valued and NM102 = 1. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Service Provider First Name				
SITUATIONAL	NM105	1037	Name Middle		O 1	AN	1/25
			Individual middle name or initial				
			SITUATIONAL RULE: <i>Required when NM104 is present and the middle name/initial of the person is known. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Service Provider Middle Name				
SITUATIONAL	NM106	1038	Name Prefix		O 1	AN	1/10
			Prefix to individual name				
			SITUATIONAL RULE: <i>Required when the UMO uses military title or rank to further identify the individual provider. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Service Provider Name Prefix				

SITUATIONAL	NM107	1039	Name Suffix	O 1 AN 1/10
			Suffix to individual name	

SITUATIONAL RULE: *Required when the UMO uses the name suffix to further identify the individual provider. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Service Provider Name Suffix

SITUATIONAL	NM108	66	Identification Code Qualifier	X 1 ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)	

SYNTAX: P0809

SITUATIONAL RULE: *Required when valued on the request or when the UMO authorizes a specific provider or specialty entity for this service by provider ID. If not required by this implementation guide, do not send.*

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
46	Electronic Transmitter Identification Number (ETIN)
XX	Centers for Medicare and Medicaid Services National Provider Identifier

Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has an NPI and it is available to the UMO.
OR
Required for providers before the mandated HIPAA NPI implementation date when the provider has an NPI and the UMO has the capability to send it.
If not required by this implementation guide, do not send.

CODE SOURCE 537: Centers for Medicare and Medicaid Services
National Provider Identifier

SITUATIONAL	NM109	67	Identification Code	X 1 AN 2/80
			Code identifying a party or other code	

SYNTAX: P0809

SITUATIONAL RULE: *Required when valued on the request or when the UMO authorizes a specific provider or specialty entity for this service by provider ID. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Service Provider Identifier

NOT USED	NM110	706	Entity Relationship Code	X 1 ID 2/2
NOT USED	NM111	98	Entity Identifier Code	O 1 ID 2/3
NOT USED	NM112	1035	Name Last or Organization Name	O 1 AN 1/60

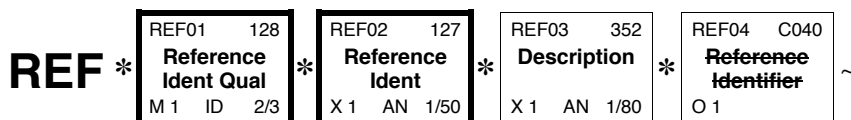
SEGMENT DETAIL

REF - SERVICE PROVIDER SUPPLEMENTAL
IDENTIFICATION**X12 Segment Name:** Reference Information**X12 Purpose:** To specify identifying information**X12 Syntax:** 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2010FA — SERVICE PROVIDER NAME**Segment Repeat:** 8**Usage:** SITUATIONAL**Situational Rule:** Required when used by the UMO to identify the Service Provider. If not required by this implementation guide, do not send.**TR3 Notes:** 1. Use the NM1 segment for the primary identifier.**TR3 Example:** REF*1G*123456~

DIAGRAM



ELEMENT DETAIL

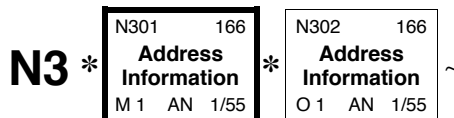
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1	ID	2/3

			ZH	Carrier Assigned Reference Number
			Use for the provider ID as assigned by the UMO identified in Loop 2000A.	
REQUIRED	REF02	127	Reference Identification	X 1 AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			SYNTAX: R0203	
			IMPLEMENTATION NAME: Service Provider Supplemental Identifier	
SITUATIONAL	REF03	352	Description	X 1 AN 1/80
			A free-form description to clarify the related data elements and their content	
			SYNTAX: R0203	
			SITUATIONAL RULE: <i>Required when REF01 = 0B to report the two character state ID of the state assigning the State License Number. If not required by this implementation guide, do not send.</i>	
			IMPLEMENTATION NAME: License Number State Code	
			See code source 22: State and Outlying Areas of the US.	
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1

SEGMENT DETAIL

N3 - SERVICE PROVIDER ADDRESS**X12 Segment Name:** Party Location**X12 Purpose:** To specify the location of the named party**Loop:** 2010FA — SERVICE PROVIDER NAME**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when the UMO authorizes a specific location for a service provider that has multiple locations. If not required by this implementation guide, do not send.**TR3 Example:** N3*77 HOLLY BLVD~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Service Provider Address Line				
Use this element for the first line of the service provider's address.				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required when a second address lines exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Service Provider Address Line				

SEGMENT DETAIL

N4 - SERVICE PROVIDER CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

X12 Syntax: 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

Loop: 2010FA — SERVICE PROVIDER NAME

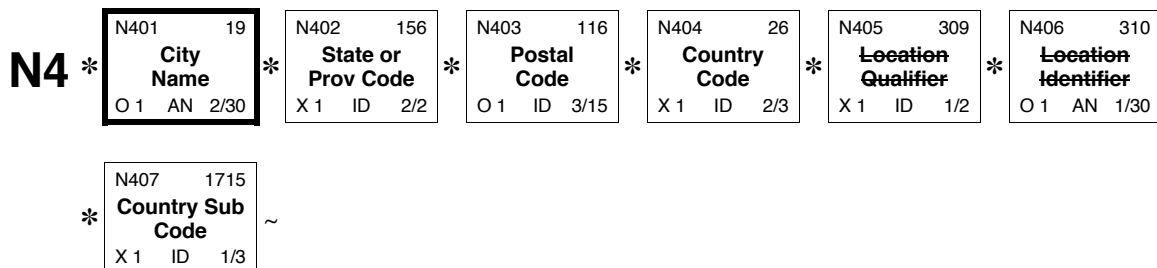
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the UMO authorizes a specific location for a service provider that has multiple locations. If not required by this implementation guide, do not send.

TR3 Example: N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. IMPLEMENTATION NAME: Service Provider City Name	O 1 AN 2/30

SITUATIONAL	N402	156	State or Province Code X 1 ID 2/2 Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Service Provider State or Province Code CODE SOURCE 22: States and Provinces
SITUATIONAL	N403	116	Postal Code O 1 ID 3/15 Code defining international postal zone code excluding punctuation and blanks (zip code for United States) SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Service Provider Postal Zone or ZIP Code CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes
SITUATIONAL	N404	26	Country Code X 1 ID 2/3 Code identifying the country SYNTAX: C0704 SITUATIONAL RULE: <i>Required when the address is outside the United States of America. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the alpha-2 country codes from Part 1 of ISO 3166.
NOT USED	N405	309	Location Qualifier X 1 ID 1/2
NOT USED	N406	310	Location Identifier O 1 AN 1/30
SITUATIONAL	N407	1715	Country Subdivision Code X 1 ID 1/3 Code identifying the country subdivision SYNTAX: E0207, C0704 SITUATIONAL RULE: <i>Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.</i> CODE SOURCE 5: Countries, Currencies and Funds Use the country subdivision codes from Part 2 of ISO 3166.

SEGMENT DETAIL

PER - SERVICE PROVIDER CONTACT INFORMATION

X12 Segment Name: Administrative Communications Contact

X12 Purpose: To identify a person or office to whom administrative communications should be directed

- X12 Syntax:**
1. **P0304**
If either PER03 or PER04 is present, then the other is required.
 2. **P0506**
If either PER05 or PER06 is present, then the other is required.
 3. **P0708**
If either PER07 or PER08 is present, then the other is required.

Loop: 2010FA — SERVICE PROVIDER NAME

Segment Repeat: 1

Usage: SITUATIONAL

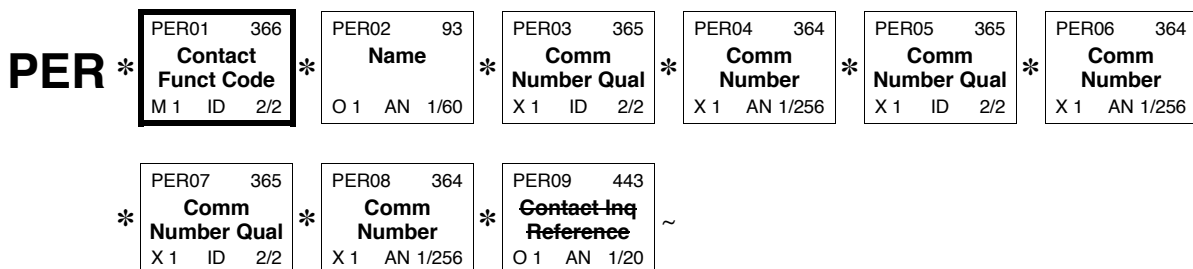
Situational Rule: Required when needed to identify a contact name and/or communications number for the provider. If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.

TR3 Notes:

1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc), the communication number should always include the area code and telephone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

TR3 Example: PER*IC*M TUCKER*TE*8189993456*FX*8185551212~

DIAGRAM



ELEMENT DETAIL

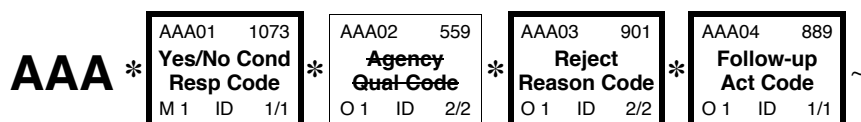
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES												
REQUIRED	PER01	366	Contact Function Code Code identifying the major duty or responsibility of the person or group named	M 1	ID	2/2										
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>IC</td><td>Information Contact</td></tr></table>	CODE	DEFINITION	IC	Information Contact									
CODE	DEFINITION															
IC	Information Contact															
SITUATIONAL	PER02	93	Name Free-form name	O 1	AN	1/60										
			SITUATIONAL RULE: <i>Required when the UMO wishes to indicate a particular contact and the name of the entity to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1). If not required by this implementation guide, do not send.</i>													
			IMPLEMENTATION NAME: Service Provider Contact Name													
SITUATIONAL	PER03	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0304	X 1	ID	2/2										
			SITUATIONAL RULE: <i>Required when PER02 is not valued or when the UMO needs to transmit a contact communication number. If not required by this implementation guide, do not send.</i>													
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>EM</td><td>Electronic Mail</td></tr><tr><td>FX</td><td>Facsimile</td></tr><tr><td>TE</td><td>Telephone</td></tr><tr><td>UR</td><td>Uniform Resource Locator (URL)</td></tr></table>	CODE	DEFINITION	EM	Electronic Mail	FX	Facsimile	TE	Telephone	UR	Uniform Resource Locator (URL)			
CODE	DEFINITION															
EM	Electronic Mail															
FX	Facsimile															
TE	Telephone															
UR	Uniform Resource Locator (URL)															
SITUATIONAL	PER04	364	Communication Number Complete communications number including country or area code when applicable SYNTAX: P0304	X 1	AN	1/256										
			SITUATIONAL RULE: <i>Required when PER02 is not valued or when the UMO needs to transmit a contact communication number. If not required by this implementation guide, do not send.</i>													
			IMPLEMENTATION NAME: Service Provider Contact Communication Number													
SITUATIONAL	PER05	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0506	X 1	ID	2/2										
			SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>													
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>EM</td><td>Electronic Mail</td></tr></table>	CODE	DEFINITION	EM	Electronic Mail									
CODE	DEFINITION															
EM	Electronic Mail															

			EX	Telephone Extension			
				When used, the value following this code is the extension for the preceding communications contact number.			
			FX	Facsimile			
			TE	Telephone			
			UR	Uniform Resource Locator (URL)			
SITUATIONAL	PER06	364	Communication Number		X 1	AN	1/256
			Complete communications number including country or area code when applicable				
			SYNTAX: P0506				
			SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Service Provider Contact Communication Number				
SITUATIONAL	PER07	365	Communication Number Qualifier		X 1	ID	2/2
			Code identifying the type of communication number				
			SYNTAX: P0708				
			SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>				
			CODE	DEFINITION			
			EM	Electronic Mail			
			EX	Telephone Extension			
				When used, the value following this code is the extension for the preceding communications contact number.			
			TE	Telephone			
			UR	Uniform Resource Locator (URL)			
SITUATIONAL	PER08	364	Communication Number		X 1	AN	1/256
			Complete communications number including country or area code when applicable				
			SYNTAX: P0708				
			SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Service Provider Contact Communication Number				
NOT USED	PER09	443	Contact Inquiry Reference		O 1	AN	1/20

SEGMENT DETAIL

AAA - SERVICE PROVIDER REQUEST
VALIDATION**X12 Segment Name:** Request Validation**X12 Purpose:** To specify the validity of the request and indicate follow-up action authorized**Loop:** 2010FA — SERVICE PROVIDER NAME**Segment Repeat:** 9**Usage:** SITUATIONAL**Situational Rule:** Required when the request is not valid at this level to indicate the data condition that prohibits processing of the original request. If not required by this implementation guide, do not send.**TR3 Example:** AAA*N**47*C~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES												
REQUIRED	AAA01	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response SEMANTIC: AAA01 designates whether the request is valid or invalid. Code “Y” indicates that the code is valid; code “N” indicates that the code is invalid. IMPLEMENTATION NAME: Valid Request Indicator	M 1	ID	1/1										
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>N</td><td>No</td></tr></tbody></table>	CODE	DEFINITION	N	No									
CODE	DEFINITION															
N	No															
NOT USED	AAA02	559	Agency Qualifier Code Code assigned by issuer to identify reason for rejection	O 1	ID	2/2										
REQUIRED	AAA03	901	Reject Reason Code Code assigned by issuer to identify reason for rejection	O 1	ID	2/2										
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>15</td><td>Required application data missing Use when data is missing that is not covered by another reject reason code. Use to indicate when there is not enough information to identify the service provider.</td></tr><tr><td>33</td><td>Input Errors Use for input errors not covered by another reject reason code.</td></tr><tr><td>35</td><td>Out of Network</td></tr><tr><td>41</td><td>Authorization/Access Restrictions</td></tr></tbody></table>	CODE	DEFINITION	15	Required application data missing Use when data is missing that is not covered by another reject reason code. Use to indicate when there is not enough information to identify the service provider.	33	Input Errors Use for input errors not covered by another reject reason code.	35	Out of Network	41	Authorization/Access Restrictions			
CODE	DEFINITION															
15	Required application data missing Use when data is missing that is not covered by another reject reason code. Use to indicate when there is not enough information to identify the service provider.															
33	Input Errors Use for input errors not covered by another reject reason code.															
35	Out of Network															
41	Authorization/Access Restrictions															

			43	Invalid/Missing Provider Identification				
			44	Invalid/Missing Provider Name				
			45	Invalid/Missing Provider Specialty				
			46	Invalid/Missing Provider Phone Number				
			47	Invalid/Missing Provider State				
			49	Provider is Not Primary Care Physician				
			51	Provider Not on File				
			52	Service Dates Not Within Provider Plan Enrollment				
			79	Invalid Participant Identification				
			97	Invalid or Missing Provider Address				
			IP	Inappropriate Provider Role				
REQUIRED	AAA04	889	Follow-up Action Code			O 1	ID	1/1
			Code identifying follow-up actions allowed					
			CODE	DEFINITION				
			C	Please Correct and Resubmit				
			N	Resubmission Not Allowed				

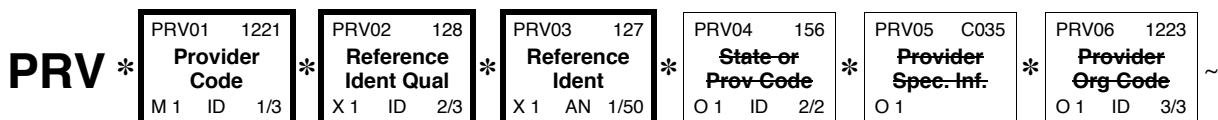
SEGMENT DETAIL

PRV - SERVICE PROVIDER INFORMATION**X12 Segment Name:** Provider Information**X12 Purpose:** To specify the identifying characteristics of a provider**X12 Syntax:** 1. P0203

If either PRV02 or PRV03 is present, then the other is required.

Loop: 2010FA — SERVICE PROVIDER NAME**Segment Repeat:** 1**Usage:** SITUATIONAL**Situational Rule:** Required when used by the UMO to identify the provider. If not required by this implementation guide, do not send.**TR3 Example:** PRV*PE*PXC*203BS0133X~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																
REQUIRED	PRV01	1221	Provider Code Code identifying the type of provider	M 1	ID	1/3														
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>AS</td><td>Assistant Surgeon Use only when NM101 = DD.</td></tr><tr><td>OP</td><td>Operating Use only when NM101 = 72.</td></tr><tr><td>OR</td><td>Ordering Use only when NM101 = DK.</td></tr><tr><td>OT</td><td>Other Physician Use only when NM101 = 73.</td></tr><tr><td>PC</td><td>Primary Care Physician Use only when NM101 = P3.</td></tr><tr><td>PE</td><td>Performing Use only when NM101 = SJ.</td></tr></table>	CODE	DEFINITION	AS	Assistant Surgeon Use only when NM101 = DD.	OP	Operating Use only when NM101 = 72.	OR	Ordering Use only when NM101 = DK.	OT	Other Physician Use only when NM101 = 73.	PC	Primary Care Physician Use only when NM101 = P3.	PE	Performing Use only when NM101 = SJ.			
CODE	DEFINITION																			
AS	Assistant Surgeon Use only when NM101 = DD.																			
OP	Operating Use only when NM101 = 72.																			
OR	Ordering Use only when NM101 = DK.																			
OT	Other Physician Use only when NM101 = 73.																			
PC	Primary Care Physician Use only when NM101 = P3.																			
PE	Performing Use only when NM101 = SJ.																			

REQUIRED	PRV02	128	<div>Reference Identification Qualifier</div> <div>Code qualifying the Reference Identification</div> <div>SYNTAX: P0203</div> <div><table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>PXC</td><td><div>Health Care Provider Taxonomy Code</div><div>CODE SOURCE 682: Health Care Provider Taxonomy</div></td></tr></table></div>	CODE	DEFINITION	PXC	<div>Health Care Provider Taxonomy Code</div> <div>CODE SOURCE 682: Health Care Provider Taxonomy</div>	X 1	ID	2/3
CODE	DEFINITION									
PXC	<div>Health Care Provider Taxonomy Code</div> <div>CODE SOURCE 682: Health Care Provider Taxonomy</div>									
REQUIRED	PRV03	127	<div>Reference Identification</div> <div>Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier</div> <div>SYNTAX: P0203</div> <div>IMPLEMENTATION NAME: Provider Taxonomy Code</div>	X 1	AN	1/50				
NOT USED	PRV04	156	State or Province Code	O 1	ID	2/2				
NOT USED	PRV05	C035	PROVIDER SPECIALTY INFORMATION	O 1						
NOT USED	PRV06	1223	Provider Organization Code	O 1	ID	3/3				

SEGMENT DETAIL

NM1 - ADDITIONAL SERVICE INFORMATION CONTACT NAME

X12 Segment Name: Individual or Organizational Name

X12 Purpose: To supply the full name of an individual or organizational entity

- X12 Syntax:**
1. **P0809**
If either NM108 or NM109 is present, then the other is required.
 2. **C1110**
If NM111 is present, then NM110 is required.
 3. **C1203**
If NM112 is present, then NM103 is required.

Loop: 2010FB — ADDITIONAL SERVICE INFORMATION CONTACT NAME **Loop Repeat:** 1

Segment Repeat: 1

Usage: SITUATIONAL

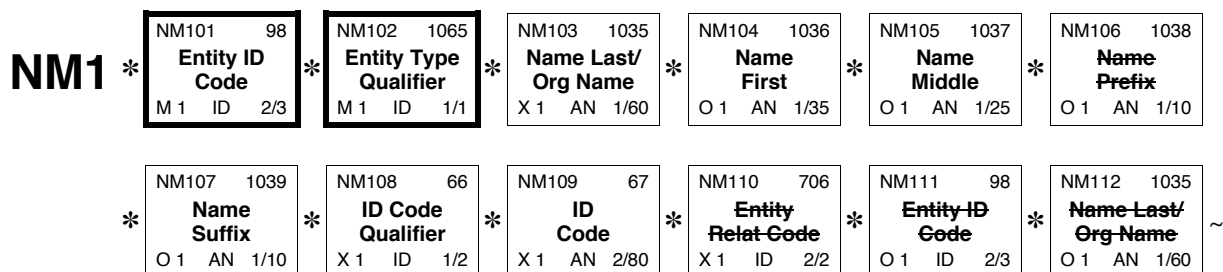
Situational Rule: Required when Loop 2000F contains a request for additional information and the destination for that additional information differs from the UMO Name information in the NM1 loop (Loop 2010A) of the 278 response. If not required by this implementation guide, do not send.

TR3 Notes: 1. Because the usage of this segment is “Situational” this is not a syntactically required loop. If this loop is used, then this segment is a “Required” segment. See Appendix A for further details on ASC X12 syntax rules.

Refer to Section 2.5 for more information on this NM1 loop.

TR3 Example: NM1*L5*2*ACME THIRD PARTY ADMINISTRATOR~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			CODE	DEFINITION
			L5	Contact
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M 1 ID 1/1
			CODE	DEFINITION
			1	Person Use this name only if the destination is an individual, such as an individual primary care physician.
			2	Non-Person Entity
SITUATIONAL	NM103	1035	Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203 SITUATIONAL RULE: <i>Required when the responder needs to identify the destination by name. If not required by this implementation guide, do not send.</i>	X 1 AN 1/60
			IMPLEMENTATION NAME: Response Contact Last or Organization Name	
SITUATIONAL	NM104	1036	Name First Individual first name SITUATIONAL RULE: <i>Required when NM103 is valued and the destination is an individual (NM102 = 1). If not required by this implementation guide, do not send.</i>	O 1 AN 1/35
			IMPLEMENTATION NAME: Response Contact First Name	
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial SITUATIONAL RULE: <i>Required when NM104 is valued and the middle name/initial of the individual is known. If not required by this implementation guide, do not send.</i>	O 1 AN 1/25
			IMPLEMENTATION NAME: Response Contact Middle Name	
NOT USED	NM106	1038	Name Prefix	O 1 AN 1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name SITUATIONAL RULE: <i>Required when NM104 is valued and the suffix of the individual's name is known; e.g. Sr., Jr., or III. If not required by this implementation guide, do not send.</i>	O 1 AN 1/10
			IMPLEMENTATION NAME: Response Contact Name Suffix	

SITUATIONAL	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 SITUATIONAL RULE: <i>Required when the responder needs to use an identifier to identify the destination. If not required by this implementation guide, do not send.</i>	X 1	ID	1/2																								
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>24</td><td>Employer’s Identification Number</td></tr><tr><td>34</td><td>Social Security Number</td></tr><tr><td>46</td><td>Electronic Transmitter Identification Number (ETIN)</td></tr><tr><td>PI</td><td>Payor Identification</td></tr><tr><td></td><td>Use until the National Plan ID is mandated if the destination is a payer.</td></tr><tr><td>XV</td><td>Centers for Medicare and Medicaid Services PlanID</td></tr><tr><td></td><td>Use if the destination is a payer.</td></tr><tr><td></td><td>CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID</td></tr><tr><td>XX</td><td>Centers for Medicare and Medicaid Services National Provider Identifier</td></tr><tr><td></td><td>Use if the destination is a provider.</td></tr><tr><td></td><td>CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier</td></tr></table>							CODE	DEFINITION	24	Employer’s Identification Number	34	Social Security Number	46	Electronic Transmitter Identification Number (ETIN)	PI	Payor Identification		Use until the National Plan ID is mandated if the destination is a payer.	XV	Centers for Medicare and Medicaid Services PlanID		Use if the destination is a payer.		CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID	XX	Centers for Medicare and Medicaid Services National Provider Identifier		Use if the destination is a provider.		CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier
CODE	DEFINITION																													
24	Employer’s Identification Number																													
34	Social Security Number																													
46	Electronic Transmitter Identification Number (ETIN)																													
PI	Payor Identification																													
	Use until the National Plan ID is mandated if the destination is a payer.																													
XV	Centers for Medicare and Medicaid Services PlanID																													
	Use if the destination is a payer.																													
	CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID																													
XX	Centers for Medicare and Medicaid Services National Provider Identifier																													
	Use if the destination is a provider.																													
	CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier																													
SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code SYNTAX: P0809 SITUATIONAL RULE: <i>Required when the responder needs to use an identifier to identify the destination. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Response Contact Identifier	X 1	AN	2/80																								
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2																								
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3																								
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60																								

SEGMENT DETAIL

N3 - ADDITIONAL SERVICE INFORMATION CONTACT ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2010FB — ADDITIONAL SERVICE INFORMATION CONTACT NAME

Segment Repeat: 1

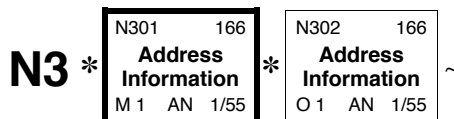
Usage: SITUATIONAL

Situational Rule: Required when the response to the request for additional service information must be routed to a specific office location. If not required by this implementation guide, do not send.

TR3 Notes: 1. This segment identifies the office location to route the response to the request for additional service information.

TR3 Example: N3*43 SUNRISE BLVD*SUITE 1000~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Response Contact Address Line				
Use this element for the first line of the requester's address.				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required when a second address lines exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Response Contact Address Line				

SEGMENT DETAIL

N4 - ADDITIONAL SERVICE INFORMATION CONTACT CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

- X12 Syntax:**
- E0207**
Only one of N402 or N407 may be present.
 - C0605**
If N406 is present, then N405 is required.
 - C0704**
If N407 is present, then N404 is required.

Loop: 2010FB — ADDITIONAL SERVICE INFORMATION CONTACT NAME

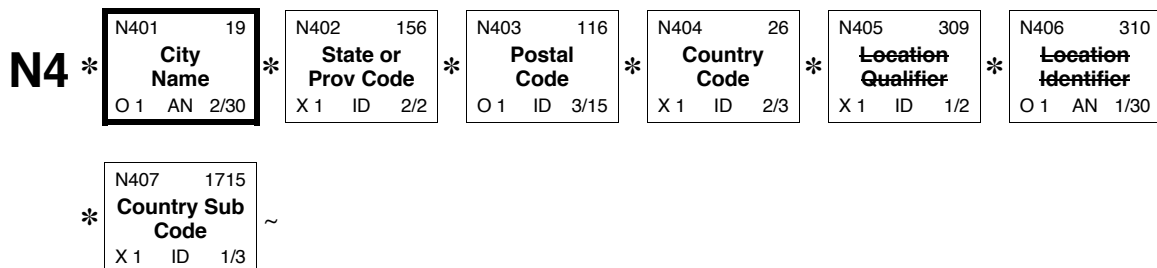
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the response to the request for additional service information must be routed to a specific office location. If not required by this implementation guide, do not send.

TR3 Example: N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name	O 1 AN 2/30
COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.				
IMPLEMENTATION NAME: Additional Service Information Contact City Name				

SITUATIONAL	N402	156	State or Province CodeX 1ID2/2			
			Code (Standard State/Province) as defined by appropriate government agency			
			SYNTAX: E0207			
			COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.			
			SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.			
			IMPLEMENTATION NAME: Additional Service Information Contact State Code			
			CODE SOURCE 22: States and Provinces			
SITUATIONAL	N403	116	Postal Code		O 1ID3/15	
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)			
			SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.			
			IMPLEMENTATION NAME: Additional Service Information Contact Postal Zone or ZIP Code			
			CODE SOURCE 51: ZIP Code			
			CODE SOURCE 932: Universal Postal Codes			
SITUATIONAL	N404	26	Country Code		X 1ID2/3	
			Code identifying the country			
			SYNTAX: C0704			
			SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.			
			CODE SOURCE 5: Countries, Currencies and Funds			
			Use the alpha-2 country codes from Part 1 of ISO 3166.			
NOT USED	N405	309	Location Qualifier		X 1ID1/2	
			CODE	DEFINITION		
			B1	Branch		
			DP	Department		
NOT USED	N406	310	Location Identifier		O 1AN1/30	
SITUATIONAL	N407	1715	Country Subdivision Code		X 1ID1/3	
			Code identifying the country subdivision			
			SYNTAX: E0207, C0704			
			SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.			
			CODE SOURCE 5: Countries, Currencies and Funds			
			Use the country subdivision codes from Part 2 of ISO 3166.			

SEGMENT DETAIL

PER - ADDITIONAL SERVICE INFORMATION CONTACT INFORMATION

X12 Segment Name: Administrative Communications Contact

X12 Purpose: To identify a person or office to whom administrative communications should be directed

X12 Syntax: 1. **P0304**

If either PER03 or PER04 is present, then the other is required.

2. **P0506**

If either PER05 or PER06 is present, then the other is required.

3. **P0708**

If either PER07 or PER08 is present, then the other is required.

Loop: 2010FB — ADDITIONAL SERVICE INFORMATION CONTACT NAME

Segment Repeat: 1

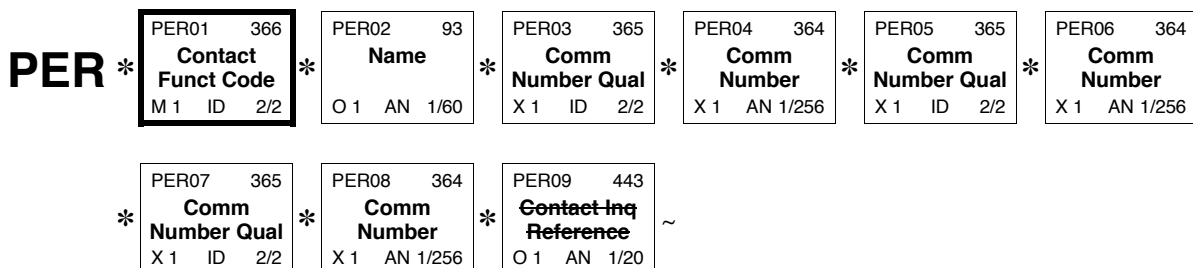
Usage: SITUATIONAL

Situational Rule: Required when the provider must direct the response to the request for additional service information to a specific requester contact, electronic mail, facsimile, or phone number other than the contact provided in the PER segment in the UMO Name loop (Loop 2010A) PER segment of this 278 response. If not required by this implementation guide, do not send.

- TR3 Notes:**
1. Do not use if the request for additional service information is in another X12 functional group.
 2. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc), the communication number should always include the area code and telephone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

TR3 Example: PER*IC*MARY*FX*3135551212~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES												
REQUIRED	PER01	366	Contact Function Code Code identifying the major duty or responsibility of the person or group named	M 1	ID	2/2										
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>IC</td><td>Information Contact</td></tr></table>	CODE	DEFINITION	IC	Information Contact									
CODE	DEFINITION															
IC	Information Contact															
SITUATIONAL	PER02	93	Name Free-form name	O 1	AN	1/60										
			SITUATIONAL RULE: <i>Required when the response must be directed to a particular contact and when the name of the entity to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1). If not required by this implementation guide, do not send.</i>													
			IMPLEMENTATION NAME: Response Contact Name													
SITUATIONAL	PER03	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0304	X 1	ID	2/2										
			SITUATIONAL RULE: <i>Required when PER02 is not valued or when the UMO needs to transmit a contact communication number. If not required by this implementation guide, do not send.</i>													
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>EM</td><td>Electronic Mail</td></tr><tr><td>FX</td><td>Facsimile</td></tr><tr><td>TE</td><td>Telephone</td></tr><tr><td>UR</td><td>Uniform Resource Locator (URL)</td></tr></table>	CODE	DEFINITION	EM	Electronic Mail	FX	Facsimile	TE	Telephone	UR	Uniform Resource Locator (URL)			
CODE	DEFINITION															
EM	Electronic Mail															
FX	Facsimile															
TE	Telephone															
UR	Uniform Resource Locator (URL)															
SITUATIONAL	PER04	364	Communication Number Complete communications number including country or area code when applicable SYNTAX: P0304	X 1	AN	1/256										
			SITUATIONAL RULE: <i>Required when PER02 is not valued or when the UMO needs to transmit a contact communication number. If not required by this implementation guide, do not send.</i>													
			IMPLEMENTATION NAME: Response Contact Communication Number													
SITUATIONAL	PER05	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0506	X 1	ID	2/2										
			SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>													
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>EM</td><td>Electronic Mail</td></tr><tr><td>EX</td><td>Telephone Extension</td></tr><tr><td>FX</td><td>Facsimile</td></tr></table>	CODE	DEFINITION	EM	Electronic Mail	EX	Telephone Extension	FX	Facsimile					
CODE	DEFINITION															
EM	Electronic Mail															
EX	Telephone Extension															
FX	Facsimile															

			TE	Telephone				
			UR	Uniform Resource Locator (URL)				
SITUATIONAL	PER06	364	Communication Number		X 1	AN	1/256	
			Complete communications number including country or area code when applicable					
			SYNTAX: P0506					
			SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>					
			IMPLEMENTATION NAME: Response Contact Communication Number					
SITUATIONAL	PER07	365	Communication Number Qualifier		X 1	ID	2/2	
			Code identifying the type of communication number					
			SYNTAX: P0708					
			SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>					
			CODE	DEFINITION				
			EM	Electronic Mail				
			EX	Telephone Extension				
			FX	Facsimile				
			TE	Telephone				
			UR	Uniform Resource Locator (URL)				
SITUATIONAL	PER08	364	Communication Number		X 1	AN	1/256	
			Complete communications number including country or area code when applicable					
			SYNTAX: P0708					
			SITUATIONAL RULE: <i>Required when a telephone extension or multiple communication types are available. If not required by this implementation guide, do not send.</i>					
			IMPLEMENTATION NAME: Response Contact Communication Number					
NOT USED	PER09	443	Contact Inquiry Reference		O 1	AN	1/20	

SEGMENT DETAIL

SE - TRANSACTION SET TRAILER

X12 Segment Name: Transaction Set Trailer

X12 Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

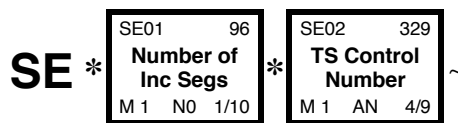
X12 Comments: 1. SE is the last segment of each transaction set.

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: SE*24*0001~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SE01	96	Number of Included Segments Total number of segments included in a transaction set including ST and SE segments	M 1 NO 1/10
IMPLEMENTATION NAME: Transaction Segment Count				
REQUIRED	SE02	329	Transaction Set Control Number Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M 1 AN 4/9
The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research.				

3 Examples

3.1 Business Scenario 1 - Referral

This is an example of a standard Referral Request / Response sequence between a Primary Care Provider and a Utilization Management Organization. The example will show how a PCP can request a referral to a specialist for a patient from a UMO. The example will also show the response.

Joe Smith is a subscriber to Maryland Capital Insurance Company. During a regular physical, Dr. James Gardener, Joe's primary care physician, diagnoses a potential heart problem. Dr. Gardener determines that it would be best to refer Joe to Dr. Susan Watson, a cardiologist, for a consultation.

Dr. Gardener is required by Maryland Capital Insurance to submit a request for review seeking approval to refer Joe to Dr. Watson.

After review, Maryland Capital approves the referral and responds.

3.1.1 Request for Review

The following example represents the Request for Review (Specialty Care Referral) from Dr. Gardener to Maryland Capital Insurance.

Table 1

ST*278*0001*005010X217~	Begin transaction set 278, control #0001, and implementation convention reference is 005010X217.
BHT*0007*13*A12345* 20050502*1101~	This transaction is a request using hierarchical structure 0007 (information source, information receiver, subscriber, dependent, event, services). The originating system has assigned the Submitter Transaction Identifier "A12345" along with the transaction set creation date and time.
Loop 2000A hierarchical level identifies the Insurance Company.	
HL*1**20*1~	HL count is 1. There is no higher, or parent, HL. This HL code is 20, identifying the information source or the insurance company. This HL has subordinate levels, or children.
NM1*X3*2*MARYLAND CAPITAL INSURANCE COMPANY**** *46*789312~	The request for a referral is being made to Maryland Capital Insurance Company. Their electronic transmitter identification number is 789312.

Loop 2000B hierarchical level identifies the submitting provider.

HL*2*1*21*1~

HL count is 2. This HL is subordinate to HL*1, the parent HL. This HL code is 21, identifying the information receiver or the referring provider. This HL has subordinate levels, or children.

**NM1*1P*1*GARDENER*
JAMES****46*
8189991234~**

The request is being made by James Gardener whose Electronic Transmitter Identification Number is 8189991234.

Loop 2000C hierarchical level identifies the subscriber, who in this case is also the patient.

HL*3*2*22*1~

HL count is 3. This HL is subordinate to HL*2, the parent HL. This HL code is 22, identifying the subscriber. This HL has subordinate levels, or children.

NM1*IL*1*SMITH*JOE*
*MI*12345678901~**

The patient's name is Joe Smith; his Member Identification Number is 12345678901.

Loop 2000D hierarchical level identifies the dependent as a patient. Because there is no dependent in this example, there is no Loop 2000D.

Loop 2000E hierarchical level identifies the patient event.

HL*4*3*EV*0~

HL count is 4. This HL is subordinate to HL*3, the parent HL. This HL code is EV, identifying the patient event. This HL has no subordinate levels, or children.

TRN*1*111099*9012345678~

The provider assigned the trace number 111099 to this service request. The requester has included the user-assigned identifier of 012345678 to this trace number.

UM*SC*I*3*11:B***Y~**

Dr. Gardener is requesting an initial consultation for the patient.

HI*BF:41090:D8:20050430~

The patient has been diagnosed with acute myocardial infarction; unspecified site.

HSD*VS*1~

Dr. Gardener is requesting a single visit.

**NM1*SJ*1*WATSON*
SUSAN****34*987654321~**

The patient event provider is identified as Susan Watson. Her Social Security Number is 987654321.

PER*ICTE*4029993456~**

Dr. Watson can be contacted by telephone at (402)999-3456.

SE*16*0001~

Number of segments, control number.

3.1.2

Response to the Request for Review

The following example represents the response to a request for review from Maryland Capital Insurance to Dr. Gardener.

In this case Maryland Capital Insurance has approved the referral request with no modifications.

Notice that the response transaction includes the detail of the request transaction to ensure for all parties exactly what is being approved. Notice that the insurance company has included a certification number for reference, AUTH0001. Also note the use of the DTP segment to specify the time period during which the referral is valid and the service is to be performed.

Table 1

ST*278*0001*005010X217~	Begin transaction set 278, control #0001, and implementation convention reference is 005010X217.
--------------------------------	--

BHT*0007*11*A12345* 20050502*1102*18~	This transaction is a response using hierarchical structure 0007 (information source, information receiver, subscriber, dependent, event, services). The UMO's system returns the Submitter Transaction Identifier "A12345. The BHT06 value of "18" indicates that this is a response with no further updates to follow.
--	--

Loop 2000A hierarchical level identifies the Insurance Company.

HL*1**20*1~	HL count is 1. There is no higher, or parent, HL. This HL code is 20, identifying the information source or the insurance company. This HL has subordinate levels, or children.
--------------------	---

NM1*X3*2*MARYLAND CAPITAL INSURANCE COMPANY*****46* 789312~	The response to the request for a referral is being made by Maryland Capital Insurance Company. Their electronic transmitter identification number is 789312.
--	---

Loop 2000B hierarchical level identifies the submitting provider.

HL*2*1*21*1~	HL count is 2. This HL is subordinate to HL*1, the parent HL. This HL code is 21, identifying the information receiver or the referring provider. This HL has subordinate levels, or children.
---------------------	--

NM1*1P*1*GARDENER* JAMES*****46* 8189991234~	The request is made by James Gardener whose Electronic Transmitter Identification Number is 8189991234.
---	---

Loop 2000C hierarchical level identifies the subscriber, who in this case is also the patient.

HL*3*2*22*1~

HL count is 3. This HL is subordinate to HL*2, the parent HL. This HL code is 22, identifying the subscriber. This HL has subordinate levels, or children.

NM1*IL*1*SMITH*JOE*
*MI*12345678901~**

The patient's name is Joe Smith; his Member Identification Number is 12345678901.

Loop 2000D hierarchical level identifies the dependent as a patient. Because there is no dependent in this example, there is no Loop 2000D.

Loop 2000E hierarchical level identifies the patient event.

HL*4*3*EV*0~

HL count is 4. This HL is subordinate to HL*3, the parent HL. This HL code is EV, identifying the patient event. This HL has no subordinate levels, or children.

TRN*2*111099*9012345678~

The UMO must return the trace number assigned by the provider to aid the provider in linking this response to the original request.

UM*SC*I*3*11:B~

Dr. Gardener requested an initial consultation for the patient with Dr. Watson at Dr. Watson's office.

HCR*A1*AUTH0001~

Maryland Capital approves the referral and provides a certification number.

**DTP*AAH*RD8*20050502-
20050602~**

The insurance company indicates a date range during which the consultation or service can occur.

HI*BF:41090:D8:20050430~

The patient has been diagnosed with acute myocardial infarction; unspecified site.

HSD*VS*1~

Dr. Gardener is requesting a single visit.

NM1*SJ*1*WATSON*SUSAN
34*987654321~

The patient event provider is identified as Susan Watson. Her Social Security Number is 987654321.

PER*ICTE*4029993456~**

Dr. Watson can be contacted by telephone at (402)999-3456.

SE*18*0001~

Number of segments, control number.

3.2 Business Scenario 2 - Admission for Surgery

This is an example of a health services review request/response sequence between a specialist provider and a utilization management organization. The example shows how a specialist can request hospitalization for a patient from a UMO. The example also shows the UMO's response.

Joe Smith is a subscriber to Maryland Capital Insurance Company. During a regular physical, Dr. James Gardener, Joe's primary care physician, diagnosed a potential heart problem, acute myocardial infarction; unspecified site. Dr. Gardener had referred Joe to Dr. Susan Watson, a cardiologist for a consultation (see Business Scenario 1).

During the consultation examination, Dr. Watson determines that Joe's diagnosis requires hospitalization and a surgical procedure, a triple bypass venous graft. The operation and recovery is to be at Montgomery Hospital.

Dr. Watson is required by Maryland Capital Insurance to submit a request for review seeking approval to perform the surgery at the hospital.

After review, Maryland Capital approves the request and responds.

3.2.1 Request for Review

The following example represents the request for review (Health Services Review) from Dr. Watson to Maryland Capital Insurance.

Table 1

ST*278*0001*005010X217~	Begin transaction set 278, control #0001, and the implementation convention reference is 005010X217.
BHT*0007*13*B56789* 20050502*1430~	This transaction is a request using hierarchical structure 0007 (information source, information receiver, subscriber, dependent, event, services). The originating system has assigned the Submitter Transaction Identifier "B56789" along with the transaction set creation date and time.
Loop 2000A hierarchical level identifies the insurance company.	
HL*1**20*1~	HL count is 1. There is no higher, or parent, HL. This HL code is 20, identifying the information source or the insurance company. This HL has subordinate levels, or children.
NM1*X3*2*MARYLAND CAPITAL INSURANCE COMPANY*****46* 789312~	The request for a health service review and an admission review is being made to Maryland Capital Insurance Company. Their electronic transmitter identification number is 789312.

Loop 2000B hierarchical level identifies the submitting provider.

HL*2*1*21*1~

HL count is 2. This HL is subordinate to HL*1, the parent HL. This HL code is 21, identifying the information receiver or the referring provider. This HL has subordinate levels, or children.

**NM1*1P*1*WATSON*SUSAN*
***34*98765432~**

The request is being made by Susan Watson whose Social Security Number is 98765432.

PER*ICTE*4029993456~**

Dr. Watson can be contacted by telephone at (402)999-3456.

Loop 2000C hierarchical level identifies the subscriber, who in this case is also the patient.

HL*3*2*22*1~

HL count is 3. This HL is subordinate to HL*2, the parent HL. This HL code is 22, identifying the subscriber. This HL has subordinate levels, or children.

NM1*IL*1*SMITH*JOE*
*MI*12345678901~**

The patient's name is Joe Smith; his Member Identification Number is 12345678901.

Loop 2000D hierarchical level identifies the dependent as a patient. Because there is no dependent in this example, there is no Loop 2000D.

Loop 2000E hierarchical level identifies the patient event.

HL*4*3*EV*1~

HL count is 4. This HL is subordinate to HL*3, the parent HL. This HL code is EV, identifying the patient event. This HL has subordinate levels, or children.

**TRN*1*97021001*
9012345678~**

The provider assigned the trace number of 97021001 to this patient event request. The requester has included the user-assigned identifier of 012345678 to this trace number.

UM*AR*I*2*21:B***Y~**

Dr. Watson is requesting an admission review for the patient at an inpatient hospital setting.

DTP*435*D8*20050516~

Dr. Watson requests an admission date of May 16, 2005.

**HI*BF:41090:D8:
20050125~**

The patient has been diagnosed with acute myocardial infarction; unspecified site.

HSD*DY*7~

Dr. Watson has requested certification for a length of stay of seven days.

CL1*2~

Dr. Watson indicates that the inpatient admission type is "urgent".

**NM1*FA*2*MONTGOMERY
HOSPITAL*****
24*000012121~**

The admitting facility is identified as Montgomery Hospital. The Employer's Identification Number is 000012121.

N3*475 MAIN STREET~

Montgomery Hospital street address

N4*ANYTOWN*PA*19087~

Montgomery Hospital city, state, ZIP Code

Loop 2000F hierarchical level identifies the services. Loop 2000F repeats for each service to be performed at Montgomery Hospital for which authorization is requested.

HL*5*4*SS*0~

HL count is 5. This HL is subordinate to HL*4, the parent HL. This HL code is SS, identifying the service. This HL has no subordinate levels, or children.

UM*HS*I*2~

Dr. Watson is requesting an initial health service review for surgery for the patient.

DTP*472*D8*20050516~

Dr. Watson is requesting permission to perform a triple bypass venous graft (CPT) on May 16, 2005.

SV2HC:33510~**

Dr. Watson is requesting permission to perform a triple bypass venous graft (CPT).

NM1*SJ*1*WATSON*SUSAN
34*987654321~

The service provider, the surgeon, is identified as Susan Watson. Her Social Security Number is 987654321.

PRV*PE*PXC*203BS0133X~

This segment identifies Dr. Watson's specialty, thoracic cardiovascular surgery.

SE*26*0001~

Number of segments, control number.

3.2.2

Response to the Request for Review

The following example represents the response to a request for review (health services review and hospital admission) from Maryland Capital Insurance to Dr. Watson.

In this case Maryland Capital Insurance is approving the request for surgery but partially approving the request for inpatient confinement.

Notice that the response transaction includes the detail of the request transaction to insure for all parties exactly what is being approved. Notice that the insurance company has included a certification number for reference, AUTH0002, for both services. The insurance company has the option of treating this as either one or two certifications.

Table 1

ST*278*0001*005010X217~

Begin transaction set 278, control #0001, and the implementation convention reference is 005010X217.

**BHT*0007*11*B56789*
20050502*1431*18~**

This transaction is a response using hierarchical structure 0007 (information source, information receiver, subscriber, dependent, event, services). The UMO's system returns the Submitter Transaction Identifier "B56789". The BHT06 value of "18" indicates that this is a response with no further updates to follow.

Loop 2000A hierarchical level identifies the insurance company.

HL*120*1~**

HL count is 1. There is no higher, or parent, HL. This HL code is 20, identifying the information source or the insurance company. This HL has subordinate levels, or children.

**NM1*X3*2*MARYLAND
CAPITAL INSURANCE
COMPANY*****46*
789312~**

The response to the request for admission review and health services review is being made by Maryland Capital Insurance Company. Their electronic transmitter identification number is 789312.

Loop 2000B hierarchical level identifies the submitting provider.

HL*2*1*21*1~

HL count is 2. This HL is subordinate to HL*1, the parent HL. This HL code is 21, identifying the information receiver or the referring provider. This HL has subordinate levels, or children.

**NM1*1P*1*WATSON*SUSAN*
***34*987654321~**

The request is being made by Susan Watson whose Social Security Number is 987654321.

Loop 2000C hierarchical level identifies the subscriber, who in this case is also the patient.

HL*3*2*22*1~

HL count is 3. This HL is subordinate to HL*2, the parent HL. This HL code is 22, identifying the subscriber. This HL has subordinate levels, or children.

NM1*IL*1*SMITH*JOE*
*MI*12345678901~**

The patient's name is Joe Smith; his Member Identification Number is 12345678901.

Loop 2000D hierarchical level identifies the dependent as a patient. Because there is no dependent in this example, there is no Loop 2000D.

Loop 2000E hierarchical level identifies the patient event.

HL*4*3*EV*1~

HL count is 4. This HL is subordinate to HL*3, the parent HL. This HL code is EV, identifying the patient event. This HL has subordinate levels, or children.

**TRN*2*97021001*
9012345678~**

The UMO must return the trace number assigned by the provider to aid the provider in linking this service response to the original service request.

UM*AR*I*2*21:B~

Dr. Watson requested an admission review for the patient at an inpatient hospital setting.

HCR*A6*AUTH0002~

Maryland Capital has approved the inpatient stay but has approved a modification from the initial request.

DTP*435*D8*20050516~

Maryland Capital has approved the admission date of May 16, 2005.

HI*BF:41090:D8:20050125~

The patient has been diagnosed with acute myocardial infarction; unspecified site.

HSD*DY*5~

Dr. Watson requested certification for a length of stay of seven days. The UMO has certified a length of stay of five days.

**NM1*FA*2*MONTGOMERY
HOSPITAL*****
24*000012121~**

The admitting facility is identified as Montgomery Hospital. The Employer's Identification Number is 000012121.

N3*475 MAIN STREET~

Montgomery Hospital street address

N4*ANYTOWN*PA*19087~

Montgomery Hospital city, state, ZIP Code

Loop 2000F hierarchical level identifies the services. Loop 2000F repeats for each service to be performed at Montgomery Hospital for which authorization is requested.

HL*5*4*SS*0~

HL count is 5. This HL is subordinate to HL*4, the parent HL. This HL code is SS, identifying the service. This HL has no subordinate levels, or children.

UM*HS*I*2~

Dr. Watson is requesting an initial health service review for surgery for the patient.

HCR*A1*AUTH0002~

Maryland Capital Insurance Company has approved the surgery in full and assigned the same certification number AUTH0002.

DTP*472*D8*20050516~

Dr. Watson requested permission to perform the procedure on May 16, 2005.

SV2HC:33510~**

Dr. Watson is requesting permission to perform a triple bypass venous graft (CPT).

NM1*SJ*1*WATSON*SUSAN
34*987654321~

The service provider, the surgeon, is identified as Susan Watson. Her Social Security Number is 987654321.

PRV*PE*PXC*203BS0133X~

This segment identifies Dr. Watson's specialty, thoracic cardiovascular surgery.

SE*26*0001~

Number of segments, control number.

NOTE:

The CL1 segment is returned on the response only if it was valued on the request and used by the UMO when rendering a decision.

3.3 Business Scenario 3 - Request for Behavioral Health Emergency Admission

This is an example of admission for behavioral health care. Mary Smith is a subscriber to the Capital Insurance Company and presents at the General Hospital emergency room. Dr. Marcus Jones, the attending physician, evaluates Mary and decides to admit Mary to the Inpatient Psychiatric unit at General Hospital. The preliminary diagnosis is 296.03, Bipolar I Disorder, Single Manic Episode, Severe without Psychotic Features. Dr. Jones recommends 3 days of inpatient treatment, under the care of Dr. Jacob Brown. The registration clerk determines that Capital Insurance requires pre-certification of care and submits a request for an admission to the hospital.

3.3.1 Request for Review

The following example represents the Request for Review (Admission Review).

Table 1

ST*278*0001*005010X217~

Begin transaction set 278, control #0001, and the implementation convention reference is 005010X217.

**BHT*0007*13*YZZ345*
20050502*1101~**

This transaction is a request using hierarchical structure 0007 (information source, information receiver, subscriber, dependent, event, services). The originating system has assigned the Submitter Transaction Identifier "YZZ345" along with the transaction set creation date and time.

Loop 2000A hierarchical level identifies the Utilization Management Company.

HL*120*1~**

HL count is 1. There is no higher, or parent, HL. This HL code is 20, identifying the information source or the insurance company. This HL has subordinate levels, or children.

**NM1*X3*2*CAPITAL
INSURANCE COMPANY****
*46*789312~**

The request for a referral is being made to Capital Insurance Company. Their electronic transmitter identification number is 789312.

Loop 2000B hierarchical level identifies the Information Requester.

HL*2*1*21*1~

HL count is 2. This HL is subordinate to HL*1, the parent HL. This HL code is 21, identifying the information receiver or the requesting provider. This HL has subordinate levels, or children.

**NM1*FA*2*GENERAL
HOSPITAL*****46*
8189991234~**

The request is being made by General Hospital whose Electronic Transmitter Identification Number is 8189991234.

Loop 2000C hierarchical level identifies the subscriber, who in this case is also the patient.

HL*3*2*22*1~

HL count is 3. This HL is subordinate to HL*2, the parent HL. This HL code is 22, identifying the subscriber. This HL has subordinate levels, or children.

NM1*IL*1*SMITH*MARY**
MI*12345678901~**

The patient's name is Mary Smith; her Member Identification Number is 12345678901.

Loop 2000D hierarchical level identifies the dependent as a patient. Because there is no dependent in this example, there is no Loop 2000D.

Loop 2000E hierarchical level identifies the patient event level.

HL*4*3*EV*0~

HL count is 4. This HL is subordinate to HL*3, the parent HL. This HL code is EV, identifying the patient event. This HL has no subordinate levels, or children.

TRN*1*YZZ099*987654321~

The requester's system assigned the trace number YZZ099 to this service request.

UM*AR*I*A4*21:B03***Y~**

Dr. Jones is requesting an initial emergency psychiatric admission for the patient.

DTP*435*D8*20050505~

Admit Date

HI*BF:29603:D8:20050430~	The patient has been diagnosed with Bipolar I Disorder, Single Manic Episode, Severe Without Psychotic Features (296.03).
HSD*DY*3~	Dr. Jones has requested a stay of 3 days.
CL1*1~	Admission type is New.

Loop 2010E identifies the providers associated with this the patient event.

NM1*FA*2*GENERAL HOSPITAL*****46* 987654321~	The admitting facility is identified as General Hospital. The ETIN Number is 987654321.
PER*IC**TE*4029993456~	The hospital can be contacted by telephone at (402)999-3456
NM1*71*1*JONES*MARCUS* ***24*453667654~	Dr Marcus Jones is the attending physician.
NM1*SJ*1*BROWN*JACOB* ***24*123454545~	Dr. Jacob Brown will be responsible for Mary's care for this inpatient stay.
SE*20*0001~	Number of segments. Control number.

3.3.2

Response to the Request for Review

The following example represents the response to a request for review from Capital Insurance to General Hospital. In this case, Capital Insurance has pended the admission request for an admission summary to be delivered by telephone. Notice that the response transaction includes the detail of the request transaction to ensure for all parties exactly what is pended.

Table 1

ST*278*0001*005010X217~	Begin transaction set 278, control #0001, and the implementation convention reference is 005010X217.
BHT*0007*11*YZZ345* 20050502*1102*19~	This transaction is a response using hierarchical structure 0007 (information source, information receiver, subscriber, dependent, event, services). The UMO's system returns the Submitter Transaction Identifier "YZZ345. The BHT06 value of "19" indicates that this is a response with further updates to follow.

Loop 2000A hierarchical level identifies the Utilization Management Organization.

HL*1**20*1~	HL count is 1. There is no higher, or parent, HL. This HL code is 20, identifying the information source or the insurance company. This HL has subordinate levels, or children.
--------------------	---

**NM1*X3*2*CAPITAL
INSURANCE COMPANY****
*46*789312~**

The response to the request for an admission is being made by Capital Insurance Company. Their electronic transmitter identification number is 789312.

PER*ICTE*3936533000~**

The payer can be contacted by telephone at (393)653-3000.

Loop 2000B hierarchical level identifies the Information Receiver.

HL*2*1*21*1~

HL count is 2. This HL is subordinate to HL*1, the parent HL. This HL code is 21, identifying the information receiver or the requesting provider. This HL has subordinate levels, or children.

**NM1*FA*2*GENERAL
HOSPITAL****46*
8189991234~**

The request is made by General Hospital whose Electronic Transmitter Identification Number is 8189991234.

Loop 2000C hierarchical level identifies the subscriber, who in this case is also the patient.

HL*3*2*22*1~

HL count is 3. This HL is subordinate to HL*2, the parent HL. This HL code is 22, identifying the subscriber. This HL has subordinate levels, or children.

NM1*IL*1*SMITH*MARY*
*MI*12345678901~**

The patient's name is Joe Smith; his Member Identification Number is 12345678901.

Loop 2000D hierarchical level identifies the dependent as a patient. Because there is no dependent in this example, there is no Loop 2000D.

Loop 2000E hierarchical level is the patient event level.

HL*4*3*EV*0~

HL count is 4. This HL is subordinate to HL*3, the parent HL. This HL code is EV, identifying the patient event. This HL has no subordinate levels, or children.

TRN*2*YZZ099*987654321~

The UMO must return the trace number sent on the request to aid the provider in linking this response to the original request.

UM*AR*I*A4*21:B03~**

Dr. Jones submitted an initial request emergency psychiatric admission for the patient.

HCR*A4OU~**

Disposition is pending review.

REF*NT*P20030216001~

The UMO has assigned an administrative reference number to the review. The provider can use this number to reference this UMO response on subsequent inquiries associated with this pended health care services review.

HI*BF:29603:D8:20050429~

The patient has been diagnosed with Bipolar I Disorder, Single Manic Episode, Severe Without Psychotic Features (296.03).

PWK*AS*VO~

Capital Insurance Company has requested an admission summary by voice.

**NM1*FA*2*GENERAL
HOSPITAL*****46*
987654321~**

The admitting facility is General Hospital. Its ETIN Number is 987654321.

**NM1*71*1*JONES*MARCUS*
***24*453667654~**

Dr. Marcus Jones is the attending physician.

**NM1*SJ*1*BROWN*JACOB*
***24*123454545~**

Dr. Jacob Brown will be responsible for Mary's care for this inpatient stay.

SE*20*0001~

Number of segments, control number

3.4 Business Scenario 4 - Request for Home Health Care

This is an example of a home health care provider's request to provide home health care services. In this example, the patient's diagnoses are: 183.1 (Ovarian Cancer - Malignant neoplasm of ovary) and 263.0 (Malnutrition of moderate degree). The procedures requested include: G0154 (Services of skilled nurse in home care setting) and B4184 (Parenteral nutrition - 10% lipids). The patient will receive the parenteral nutrition services over a 2 month period delivered 3 times per week. This section describes the composition of the Patient Event level Loop 2000E and the Service level Loop 2000F of the request. Refer to the previous business scenarios for examples of valuing Loops 2000A, B, and C and the 278 response.

3.4.1 Patient Event Level - Loop 2000E

Loop 2000E hierarchical level identifies the patient event level.

HL*4*3*EV*1~

HL count is 4. This HL is subordinate to HL*3, the parent HL. This HL code is EV, identifying the patient event. This HL has subordinate levels, or children.

UM*HS*I12:B*****Y~**

This is an initial request for home care. Appropriate release of information is on file at the health service provider or at the utilization review organization

HI*BF:1831*BF:2630~

The patient has been diagnosed with ovarian cancer - malignant neoplasm of ovary and malnutrition of moderate degree.

HSD*VS*3*WK34*2~**

The patient will receive services over a 2 month period delivered 3 times per week.

**CR6*1*20050502*RD8*
20050502-20050801***
W*I~**

The patient's prognosis is poor. The requested home health care is scheduled to begin on May, 2005 and extend to August 1, 2005. The patient is not in a skilled nursing facility and not on Medicare.

**NM1*SJ*2*CARING HANDS
HOME HEALTH AGENCY***
24*345678912~

Caring Hands Home Health Agency will provide the care.

3.4.2 Service Level - Loop 2000F

This loop allows the provider to request authorization for specific procedure codes. In this example, the request includes 2 procedure codes identified below. Therefore, the request includes 2 occurrences of Service level Loop 2000F.

Loop 2000F hierarchical level identifies the service level. Loop 2000F repeats for each service.

HL*5*4*SS*0~

HL count is 5. This HL is subordinate to HL*4, the parent HL. This HL code is SS, identifying the service. This HL has no subordinate levels, or children.

SV1*HC:G0154~

HCPCS/CPT for Services of skilled nurse in home care setting

HL*6*4*SS*0~

HL count is 6. This HL is subordinate to HL*4, the parent HL. This HL code is SS, identifying the service. This HL has no subordinate levels, or children.

SV1*HC:B4184~

HCPCS/CPT for Parenteral nutrition - 10% lipids

3.5 Business Scenario 5 - Request for Non-emergency Transportation Service (Multi-destination Trip)

This is an example of a Health Care Services Review Request and Response between an ambulance service provider and a payer or Utilization Management Organization. The example will show how a provider can request a multi-destination non-emergency transportation service. The example will also show the response.

Joe Smith is a subscriber to ABC Payer. ABC Ambulance Service has been notified that they will be providing a multi-destination non-emergency transportation service to Mr. Smith, where the patient will be transported from home, to his physician's office, to a dialysis center for treatment, then back home again.

ABC Ambulance Service is required to submit a request for approval of these non-emergency services showing each leg of the multi-destination trip and their association pick-up and drop-off locations prior to the service being provided to the patient.

After review, ABC Payer has approved this multi-destination non-emergency transportation trip and responds.

3.5.1 Request for Non-emergency Transportation

The following example represents a request for a non-emergency transportation service from Dr. Gardner to ABC Payer.

Table 1

ST*278*0001*005010X217~	Begin transaction set 278, control #0001, and the implementation convention reference is 005010X217.
BHT*0007*13*165932*20050502*1525~	This transaction is a Health Care Services Review request for non-emergency transportation services using hierarchical structure 0007 (information source, information receiver, subscriber, dependent, event, services). The originating system has assigned the Submitter Transaction Identifier 165932 along with the transaction creation date and time.

Loop 2000A hierarchical level identifies the Insurance Company, UMO or Health Plan.

HL*1**20*1~	HL count is 1. There is no higher or parent HL. This HL code is 20, identifying the information source or the insurance company. This HL has subordinate levels, or children.
--------------------	---

NM1*X3*2*ABC PAYER**
*PI*1234560010~**

The request for review for the non-emergency transportation services is made to ABC Payer. Their Electronic Transmitter Identification Number is 1234560010.

Loop 2000B hierarchical level identifies the submitting provider.

HL*2*1*21*1~

HL count is 2. This HL is subordinate to HL *1, the parent HL. The HL code is 21, identifying the information receiver or the requesting provider. This HL has subordinate levels, or children.

**NM1*1P*1*XYZ AMBULANCE
SVC*****24*7759621873~**

The request is being made by XYZ Ambulance Svc whose Employer's Identification Number is 7759621873.

Loop 2000C hierarchical level identifies the subscriber, who in this case is also the patient.

HL*3*22*1~

HL count is 3. This HL is subordinate to HL *2, the parent HL. This HL code is 22, identifying the subscriber. This HL has subordinate levels, or children.

NM1*IL*1*SMITH*JOE*
*MI*12345689001~**

The patient's name is Joe Smith; his Member Identification Number is 12345689001.

REF*EJ*6532214A76~

The Patient Account Number for Joe Smith is 6532214A76.

DMG*D8*19580322*M~

The patient's date of birth is March 22, 1958.

Loop 2000D hierarchical level identifies the dependent as a patient. Because there is no dependent in this example, there is no Loop 2000D.

Loop 2000E hierarchical level identifies the patient event.

HL*4*3*EV*1~

HL count is 4. This HL is subordinate to HL *3, the parent HL. This HL code is EV, identifying the patient event. This HL has subordinate levels, or children.

UM*HS*I*56*41:B~

Dr. Gardner is requesting review and approval a multi-destination non-emergency transportation service for the patient. The Place of Service is 41 (Ambulance).

DTP*AAH*D8*20050510~

The date of this event is May 10, 2005.

CRC*07*Y*09~

The transportation conditions identified that the Ambulance was medically necessary (09).

CR1*X*D*DH*27***TRIP
FROM HOME TO OFFICE
VISIT TO DIALYSIS
TREATMENT AND BACK
HOME~**

This multi-destination round trip is for a total of 27 miles. The trip is from the patient's home, to an office visit, to a dialysis center for treatment, then back home again.

NM1*PW*2*HOME~

This identifies the pick-up destination is the patient's home.

N3*8652 Starwood Lane~

The patient's home address is 8652 Starwood Lane.

N4*SACRAMENTO*CA*95826~

The patient's city, state and zip code are Sacramento, CA 95826.

**NM1*ND*2*DR. GARDNER
OFFICE~**

This identifies the first stop in the multi-destination trip, Dr. Gardner's office.

N3*1921 FULTON AVENUE~

The address of the patient's physician office is 1921 Fulton Avenue.

N4*SACRAMENTO*CA*95624~

The city, state and zip code of the patient's physician office are Sacramento, CA 95624.

**NM1*R3*2*XYZ DIALYSIS
CENTER~**

This is the second stop in the multi-destination trip, the XYZ Dialysis Center.

N3*7622 MORSETOWN ROAD~

The address of the dialysis center is 7622 Morsetown Road.

N4*SACRAMENTO*CA*95826~

The city, state and zip code of the dialysis center are Sacramento, CA 95826.

NM1*FS*2*HOME~

This is the final destination in the multi-destination trip, back to the patient's home.

N3*8652 STARWOOD LANE~

The patient's address is 8652 Starwood Lane.

N4*SACRAMENTO*CA*95826~

The patient's city, state and zip code are Sacramento, CA 95826.

Loop 2000F hierarchical level identifies the services associated with this event.

HL*5*4*SS*0~

HL count is 5. This HL is subordinate to HL *4, the parent HL. This HL code is SS, identifying the specific services associated to this request. This HL has no subordinate levels, or children.

SV1*HC:A0428:RXUN*5~**

The ambulance company is requesting review and approval of procedure code A0428 for the first leg of the trip (home to physician office) for a total of 5 miles.

Repeat of Loop 2000F hierarchical level identifies the services associated with this event.

HL*6*5*SS*0~

HL count is 6. This HL is subordinate to HL *5, the parent HL. This HL code is SS, identifying the specific services associated to this request. This HL has no subordinate levels, or children.

SV1*HC:A0428:PDUN*8~**

The ambulance company is requesting review and approval of procedure code A0428 for the second leg (physician office to dialysis center) of the trip for a total of 8 miles.

Repeat of Loop 2000F hierarchical level identifies the services associated with this event.

HL*7*6*SS*0~

HL count is 7. This HL is subordinate to HL *6, the parent HL. This HL code is SS, identifying the specific services associated to this request. This HL has no subordinate levels, or children.

SV1*HC:A0428:DRUN*14~**

The ambulance company is requesting review and approval of procedure code A0428 for the final leg of the trip (dialysis center to home) for a total of 14 miles. The total trip equals 27 miles.

SE*34*0001~

Number of segments, control number.

3.5.2 Response to Non-emergency Transportation

The following example represents the response non-emergency transportation service from ABC Payer to Dr. Gardner.

Table 1

ST*278*0001*005010X217~

Begin transaction set 278, control #0001, and the implementation convention reference is 005010X217.

**BHT*0007*11*165932*
20055002*0815*18~**

This transaction is a Health Care Services Review request for non-emergency transportation services using hierarchical structure 0007 (information source, information receiver, subscriber, dependent, event, services). The originating system has assigned the Submitter Transaction Identifier 165932 along with the transaction creation date and time. The BHT06 value of "18" indicates that this is the final EDI response.

Loop 2000A hierarchical level identifies the Insurance Company, UMO or Health Plan.

HL*120*1~**

HL count is 1. There is no higher or parent HL. This HL code is 20, identifying the information source or the insurance company. This HL has subordinate levels, or children.

NM1*X3*2*ABC PAYER**
*PI*1234560010~**

The response for review for the non-emergency transportation services is made by ABC Payer. Their Electronic Transmitter Identification Number is 1234560010.

Loop 2000B hierarchical level identifies the submitting provider.

HL*2*1*21*1~

HL count is 2. This HL is subordinate to HL *1, the parent HL. The HL code is 21, identifying the information receiver or the requesting provider. This HL has subordinate levels, or children.

**NM1*1P*1*XYZ AMBULANCE
SVC*****24*7759621873~**

The response is being sent to XYZ Ambulance Service whose Employer's Identification Number is 7759621873.

Loop 2000C hierarchical level identifies the subscriber, who in this case is also the patient.

HL*3*22*1~

HL count is 3. This HL is subordinate to HL *2, the parent HL. This HL code is 22, identifying the subscriber. This HL has subordinate levels, or children.

NM1*IL*1*SMITH*JOE*
*MI*12345689001~**

The patient's name is Joe Smith; his Member Identification Number is 12345689001.

REF*EJ*6532214A76~

The Patient Account Number for Joe Smith is 6532214A76.

DMG*D8*19580322*M~

The patient's date of birth is March 22, 1958.

Loop 2000D hierarchical level identifies the dependent as a patient. Because there is no dependent in this example, there is no Loop 2000D.

Loop 2000E hierarchical level identifies the patient event.

HL*4*3*EV*1~

HL count is 4. This HL is subordinate to HL *3, the parent HL. This HL code is EV, identifying the patient event. This HL has subordinate levels, or children.

UM*HS*I*56*41:B~

The response is for approval of the multi-destination non-emergency transportation service submitted by XYZ Ambulance Services for the patient. The Place of Service is 41 (ambulance).

HCR*A1*2005010796321~	The health plan/UMO is giving total certification of these services with a certification/approval number of 2005010796321.
DTP*AAH*D8*20050510~	The date of this even is May 10, 2005.
CR1***X**DH*27~	This multi-destination round trip was for a total of 27 miles.
NM1*PW*2*HOME~	This identifies the pick-up destination is the patient's home.
N3*8652 STARWOOD LANE~	The patient's home address is 8652 Starwood Lane.
N4*SACRAMENTO*CA*95826~	The patient's city, state and zip code are Sacramento, CA 95826.
NM1*ND*2*DR. GARDNER OFFICE~	This identifies the first stop in the multi-destination trip, Dr. Gardner's office.
N3*1921 FULTON AVENUE~	The address of the patient's physician office is 1921 Fulton Avenue.
N4*SACRAMENTO*CA*95624~	The city, state and zip code of the patient's physician office are Sacramento, CA 95624.
NM1*R3*2*XYZ DIALYSIS CENTER~	This is the second stop in the multi-destination trip, the XYZ Dialysis Center.
N3*7622 MORSETOWN ROAD~	The address of the dialysis center is 7622 Morsetown Road.
N4*SACRAMENTO*CA*95826~	The city, state and zip code of the dialysis center are Sacramento, CA 95826.
NM1*FS*2*HOME~	This is the final destination in the multi-destination trip, back to the patient's home.
N3*8652 STARWOOD LANE~	The patient's address is 8652 Starwood Lane.
N4*SACRAMENTO*CA*95826~	The patient's city, state and zip code are Sacramento, CA 95826.
Loop 2000F hierarchical level identifies the services associated with this event.	
HL*5*4*SS*0~	HL count is 5. This HL is subordinate to HL *4, the parent HL. This HL code is SS, identifying the specific services associated to this request. This HL has no subordinate levels, or children.
SV1*HC:A0428:RX**UN*5~	The payer is approving procedure code A0428 with modifier RX for a total of 5 units.

Loop 2000F hierarchical level identifies the services associated with this event.

HL*6*4*SS*0~

HL count is 6. This HL is subordinate to HL *4, the parent HL. This HL code is SS, identifying the specific services associated to this request. This HL has no subordinate levels, or children.

SV1*HC:A0428:PDUN*8~**

The payer is approving procedure code A0428 with modifier PD for a total of 8 units.

Loop 2000F hierarchical level identifies the services associated with this event.

HL*7*4*SS*0~

HL count is 7. This HL is subordinate to HL *4, the parent HL. This HL code is SS, identifying the specific services associated to this request. This HL has no subordinate levels, or children.

SV1*HC:A0428:DRUN*14~**

The payer is approving procedure code A0428 with modifier DR for a total of 14 units.

SE*34*0001~

Number of segments, control number.

3.6 Business Scenario 6 - Medical Services Reservation

This is an example of a Medical Services Reservation request and response between a payer and a primary care physician. The example will show how a physician can reserve a medical service for a patient from a payer and the example will also show the response from the payer.

Joe Smith is a subscriber to ABC Payer. Dr. James Gardner is expecting to perform a service on Joe Smith in the near future and is required to reserve this service with the payer. The procedure code is 99212 and the unit count being reserved is 1.

ABC Payer accepts the medical reservation request and responds.

3.6.1 Request for Medical Services Reservation

The following example represents a request for a Medical Services Reservation from Dr. Gardner to ABC Payer.

Table 1

ST*278*0001*005010X217~

Begin transaction set 278, control #0001, and the implementation convention reference is 005010X217.

**BHT*0007*36*5269367*
20050502*2243*RU~**

This transaction is a Medical Services Reservation request using hierarchical structure 0007 (information source, information receiver, subscriber, dependent, event, services). The originating system has assigned the Submitter Transaction Identifier 5269367 along with the transaction creation date and time.

Loop 2000A hierarchical level identifies the Insurance Company, UMO or Health Plan.

HL*120*1~**

HL count is 1. There is no higher or parent HL. This HL code is 20, identifying the information source or the insurance company. This HL has subordinate levels, or children.

NM1*X3*2*ABC PAYER**
*PI*1234560010~**

The request for the Medical Services Reservation is being made to ABC Payer. Their Electronic Transmitter Identification Number is 1234560010.

Loop 2000B hierarchical level identifies the submitting provider.

HL*2*1*21*1~

HL count is 2. This HL is subordinate to HL *1, the parent HL. The HL code is 21, identifying the information receiver or the requesting provider. This HL has subordinate levels, or children.

**NM1*1P*1*GARDNER*JAMES*
***24*0010102364~**

The request is being made by James Gardner whose Employer's Identification Number is 0010102364.

Loop 2000C hierarchical level identifies the subscriber, who in this case is also the patient.

HL*3*22*1~

HL count is 3. This HL is subordinate to HL *2, the parent HL. This HL code is 22, identifying the subscriber. This HL has subordinate levels, or children.

NM1*IL*1*SMITH*JOE*
*MI*12345689001~**

The patient's name is Joe Smith; his Member Identification Number is 12345689001.

DMG*D8*19580322*M~

The patient's date of birth is March 22, 1958.

Loop 2000D hierarchical level identifies the dependent as a patient. Because there is no dependent in this example, there is no Loop 2000D.

Loop 2000E hierarchical level identifies the patient event.

HL*4*3*EV*1~

HL count is 4. This HL is subordinate to HL *3, the parent HL. This HL code is EV, identifying the patient event. This HL has subordinate levels, or children.

UM*IN*I*1*11:B~

Dr. Gardner is requesting an Initial Medical Services Reservation for a Medical Care service with a Place of Service of 11 (Office) for the patient.

Loop 2000F hierarchical level identifies the services associated with this event.

HL*5*4*SS*0~

HL count is 5. This HL is subordinate to HL *4, the parent HL. This HL code is SS, identifying the specific services associated to this request. This HL has no subordinate levels, or children.

DTP*472*D8*20050510~

The proposed date for the service reservation is May 10, 2005.

SV1*HC:99212UN*1~**

Dr. Gardner is requesting a Medical Services Reservation for procedure code 99212, unit count 1.

SE*15*0001~

Number of segments, control number.

3.6.2 Response to Medical Services Reservation

The following example represents the response to the Medical Service Reservation from ABC Payer to Dr. Gardner.

In this case ABC Payer has accepted a reservation for patient Joe Smith for procedure code 99212. The unit count requested and accepted is 1. The remaining medical services on file with ABC Payer is 2.

Table 1

ST*278*0001*005010X217~

Begin transaction set 278, control #0001, and the implementation convention reference is 005010X217.

**BHT*0007*11*5269367*
20050502*0859*RU~**

This transaction is a Medical Services Reservation response using hierarchical structure 0007 (information source, information receiver, subscriber, dependent, event, services). The originating system has assigned the Submitter Transaction Identifier 5269367 along with the transaction creation date and time.

Loop 2000A hierarchical level identifies the Insurance Company.

HL*120*1~**

HL count is 1. There is no higher or parent HL. This HL code is 20, identifying the information source or the insurance company. This HL has subordinate levels, or children.

NM1*X3*2*ABC PAYER**
*PI*1234560010~**

The response for the Medical Services Reservation is being made by ABC Payer. Their Electronic Transmitter Identification Number is 1234560010.

Loop 2000B hierarchical level identifies the submitting provider.

HL*2*1*21*1~

HL count is 2. This HL is subordinate to HL *1, the parent HL. The HL code is 21, identifying the information receiver or the requesting provider. This HL has subordinate levels, or children.

**NM1*1P*1*GARDNER*JAMES*
***24*0010102364~**

The response is being sent to James Gardner whose Employer's Identification Number is 0010102364.

Loop 2000C hierarchical level identifies the subscriber, who in this case is also the patient.

HL*3*22*1~

HL count is 3. This HL is subordinate to HL *2, the parent HL. This HL code is 22, identifying the subscriber. This HL has subordinate levels, or children.

NM1*IL*1*SMITH*JOE*
*MI*12345689001~**

The patient's name is Joe Smith; his Member Identification Number is 12345689001.

DMG*D8*19580322*M~

The patient's date of birth is March 22, 1958.

Loop 2000D hierarchical level identifies the dependent as a patient. Because there is no dependent in this example, there is no Loop 2000D.

Loop 2000E hierarchical level identifies the patient event.

HL*4*3*EV*1~

HL count is 4. This HL is subordinate to HL *3, the parent HL. This HL code is EV, identifying the patient event. This HL has subordinate levels, or children.

UM*IN*I*1*11:B~

This identifies that this is a Medical Services Reservation for a Medical Care service with a Place of Service of 11 (office).

HCR*A1*6735172961~

This service was certified in total with a confirmation or certification number of 6735172961.

Loop 2000F hierarchical level identifies the services associated with this event.

HL*5*4*SS*0~

HL count is 5. This HL is subordinate to HL *4, the parent HL. This HL code is SS, identifying the specific services associated to this request. This HL has no subordinate levels, or children.

DTP*472*D8*20050110~

The proposed date for the service reservation is January 10, 2005.

SV1*HC:99212UN*1~**

The Medical Service Reservation response identifies that procedure code 99212 for a unit count of 1 has been reserved for this patient.

HSD***29*2~**

The remaining number of services on file for this patient is 2.

SE*17*0001~

Number of segments, control number.

A External Code Sources

5 Countries, Currencies and Funds

SIMPLE DATA ELEMENT/CODE REFERENCES

26, 100, 1715, 66/38, 235/CH, 955/SP

SOURCE

Codes for Representation of Names of Countries, ISO 3166-(Latest Release)
Codes for Representation of Currencies and Funds, ISO 4217-(Latest Release)

AVAILABLE FROM

American National Standards Institute
25 West 43rd Street, 4th Floor
New York, NY 10036

ABSTRACT

Part 1 (Country codes) of the ISO 3166 international standard establishes codes that represent the current names of countries, dependencies, and other areas of special geopolitical interest, on the basis of lists of country names obtained from the United Nations. Part 2 (Country subdivision codes) establishes a code that represents the names of the principal administrative divisions, or similar areas, of the countries, etc. included in Part 1. Part 3 (Codes for formerly used names of countries) establishes a code that represents non-current country names, i.e., the country names deleted from ISO 3166 since its first publication in 1974. Most currencies are those of the geopolitical entities that are listed in ISO 3166 Part 1, Codes for the Representation of Names of Countries. The code may be a three-character alphabetic or three-digit numeric. The two leftmost characters of the alphabetic code identify the currency authority to which the code is assigned (using the two character alphabetic code from ISO 3166 Part 1, if applicable). The rightmost character is a mnemonic derived from the name of the major currency unit or fund. For currencies not associated with a single geographic entity, a specially-allocated two-character alphabetic code, in the range XA to XZ identifies the currency authority. The rightmost character is derived from the name of the geographic area concerned, and is mnemonic to the extent possible. The numeric codes are identical to those assigned to the geographic entities listed in ISO 3166 Part 1. The range 950-998 is reserved for identification of funds and currencies not associated with a single entity listed in ISO 3166 Part 1.

22 States and Provinces

SIMPLE DATA ELEMENT/CODE REFERENCES

156, 66/SJ, 235/A5, 771/009

SOURCE

U.S. Postal Service or
Canada Post or
Bureau of Transportation Statistics

51

AVAILABLE FROM

The U.S. state codes may be obtained from:
U.S. Postal Service
National Information Data Center
P.O. Box 2977
Washington, DC 20013
www.usps.gov

The Canadian province codes may be obtained from:
<http://www.canadapost.ca>

The Mexican state codes may be obtained from:
www.bts.gov/ntda/tbscd/mex-states.html

ABSTRACT

Provides names, abbreviations, and two character codes for the states, provinces and sub-country divisions as defined by the appropriate government agency of the United States, Canada, and Mexico.

ZIP Code

SIMPLE DATA ELEMENT/CODE REFERENCES

116, 66/16, 309/PQ, 309/PR, 309/PS, 771/010

SOURCE

National ZIP Code and Post Office Directory, Publication 65

The USPS Domestic Mail Manual

AVAILABLE FROM

U.S. Postal Service
Washington, DC 20260

New Orders
Superintendent of Documents
P.O. Box 371954
Pittsburgh, PA 15250-7954

ABSTRACT

The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two rightmost digits identify a local delivery area. In the nine-digit ZIP Code, the four digits that follow the hyphen further subdivide the delivery area. The two leftmost digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes. The USPS Domestic Mail Manual includes information on the use of the new 11-digit zip code.

130 Healthcare Common Procedural Coding System

SIMPLE DATA ELEMENT/CODE REFERENCES

235/HC, 1270/BO, 1270/BP

SOURCE

Healthcare Common Procedural Coding System

AVAILABLE FROM

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

ABSTRACT

HCPCS is Centers for Medicare & Medicaid Service's (CMS) coding scheme to group procedures performed for payment to providers.

131 International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

SIMPLE DATA ELEMENT/CODE REFERENCES

128/ICD, 235/DX, 235/ID, 1270/BF, 1270/BJ, 1270/BK, 1270/BN, 1270/BQ, 1270/BR, 1270/DD, 1270/PR, 1270/SD, 1270/TD, 1270/AAU, 1270/AAV, 1270/AAX

SOURCE

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes I, II and III

AVAILABLE FROM

Superintendent of Documents
U.S. Government Printing Office
P.O. Box 371954
Pittsburgh, PA 15250

ABSTRACT

The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes I, II (diagnoses) and III (procedures) describes the classification of morbidity and mortality information for statistical purposes and for the indexing of healthcare records by diseases and procedures.

135 American Dental Association

SIMPLE DATA ELEMENT/CODE REFERENCES

1361, 235/AD, 1270/JO, 1270/JP, 1270/TQ, 1270/AAY

SOURCE

Current Dental Terminology (CDT) Manual

AVAILABLE FROM

Salable Materials
American Dental Association
211 East Chicago Avenue
Chicago, IL 60611-2678

229

ABSTRACT

The CDT manual contains the American Dental Association's codes for dental procedures and nomenclature and is the accepted set of numeric codes and descriptive terms for reporting dental treatments and descriptors.

Diagnosis Related Group Number (DRG)

SIMPLE DATA ELEMENT/CODE REFERENCES

1354, 1270/DR

SOURCE

Federal Register and Health Insurance Manual 15 (HIM 15)

AVAILABLE FROM

Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402

ABSTRACT

A patient classification scheme that clusters patients into categories on the basis of patient's illness, diseases, and medical problems.

230

Admission Source Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1314

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee
American Hospital Association
One North Franklin
Chicago, IL 60606

ABSTRACT

A variety of codes explaining who recommended admission to a medical facility.

231

Admission Type Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1315

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee
American Hospital Association
One North Franklin
Chicago, IL 60606

ABSTRACT

A variety of codes explaining the priority of the admission to a medical facility.

235

Claim Frequency Type Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1325

SOURCE

National Uniform Billing Data Element Specifications Type of Bill Position 3

AVAILABLE FROM

National Uniform Billing Committee
American Hospital Association
One North Franklin
Chicago, IL 60606

ABSTRACT

A variety of codes explaining the frequency of the bill submission.

236

Uniform Billing Claim Form Bill Type

SIMPLE DATA ELEMENT/CODE REFERENCES

1332/A

SOURCE

National Uniform Billing Data Element Specifications Type of Bill Positions 1 and 2

AVAILABLE FROM

National Uniform Billing Committee
American Hospital Association
One North Franklin
Chicago, IL 60606

ABSTRACT

A variety of codes describing the type of medical facility.

237

Place of Service Codes for Professional Claims

SIMPLE DATA ELEMENT/CODE REFERENCES

1332/B

SOURCE

Place of Service Codes for Professional Claims

AVAILABLE FROM

Centers for Medicare and Medicaid Services
CMSO, Mail Stop S2-01-16
7500 Security Blvd
Baltimore, MD 21244-1850

ABSTRACT

The Centers for Medicare and Medicaid Services develops place of service codes to identify the location where health care services are performed.

239

Patient Status Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1352

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee
American Hospital Association
One North Franklin
Chicago, IL 60606

ABSTRACT

A variety of codes indicating patient status as of the statement covers through date.

240

National Drug Code by Format

SIMPLE DATA ELEMENT/CODE REFERENCES

235/N1, 235/N2, 235/N3, 235/N4, 235/N5, 235/N6, 1270/NDC

SOURCE

Drug Establishment Registration and Listing Instruction Booklet

AVAILABLE FROM

Federal Drug Listing Branch HFN-315
5600 Fishers Lane
Rockville, MD 20857

ABSTRACT

Publication includes manufacturing and labeling information as well as drug packaging sizes.

513

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

SIMPLE DATA ELEMENT/CODE REFERENCES

235/IV, 1270/HO

SOURCE

Home Infusion EDI Coalition (HIEC) Coding System

AVAILABLE FROM

HIEC Chairperson
HIBCC (Health Industry Business Communications Council)
5110 North 40th Street
Suite 250
Phoenix, AZ 85018

ABSTRACT

This list contains codes identifying home infusion therapy products/services.

537 Centers for Medicare and Medicaid Services National Provider Identifier

SIMPLE DATA ELEMENT/CODE REFERENCES

66/XX, 128/HPI

SOURCE

National Provider System

AVAILABLE FROM

Centers for Medicare and Medicaid Services
Office of Financial Management
Division of Provider/Supplier Enrollment
C4-10-07
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT

The Centers for Medicare and Medicaid Services is developing the National Provider Identifier (NPI), which has been proposed as the standard unique identifier for each health care provider under the Health Insurance Portability and Accountability Act of 1996.

540 Centers for Medicare and Medicaid Services PlanID

SIMPLE DATA ELEMENT/CODE REFERENCES

66/XV, 128/ABY

SOURCE

PlanID Database

AVAILABLE FROM

Centers for Medicare and Medicaid Services
Center of Beneficiary Services, Membership Operations Group
Division of Benefit Coordination
S1-05-06
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT

The Centers for Medicare and Medicaid Services has joined with other payers to develop a unique national payer identification number. The Centers for Medicare and Medicaid Services is the authorizing agent for enumerating payers through the services of a PlanID Registrar. It may also be used by other payers on a voluntary basis.

663 Logical Observation Identifier Names and Codes (LOINC)

SIMPLE DATA ELEMENT/CODE REFERENCES

128/LOI, 235/LB, 1270/LOI

SOURCE

Logical Observation Identifier Names and Codes (LOINC)

682

AVAILABLE FROM

Reginstriff Institute
Indiana University School of Medicine
1001 West 10th Street
5th Floor RHC
Indianapolis, IN 46202

ABSTRACT

List of descriptive terms and identifying codes for reporting precise test methods in medicine.

Health Care Provider Taxonomy

SIMPLE DATA ELEMENT/CODE REFERENCES

128/PXC, 1270/68

SOURCE

The National Uniform Claim Committee

AVAILABLE FROM

The National Uniform Claim Committee
c/o American Medical Association
515 North State Street
Chicago, IL 60610

ABSTRACT

Codes defining the health care service provider type, classification, and area of specialization.

843

Advanced Billing Concepts (ABC) Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

235/WK, 1270/CAH

SOURCE

The CAM and Nursing Coding Manual

AVAILABLE FROM

Alternative Link
6121 Indian School Road NE
Suite 131
Albuquerque, NM 87110

ABSTRACT

The manual contains the Advanced Billing Concepts (ABC) codes, descriptive terms and identifiers for reporting complementary or alternative medicine, nursing, and other integrative health care procedures.

897 International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)

SIMPLE DATA ELEMENT/CODE REFERENCES

235/DC, 1270/ABF, 1270/ABJ, 1270/ABK, 1270/ABN, 1270/ABU, 1270/ABV, 1270/ADD, 1270/APR, 1270/ASD, 1270/ATD

SOURCE

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)

AVAILABLE FROM

OCD/Classifications and Public Health Data Standards
National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782

ABSTRACT

The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), describes the classification of morbidity and mortality information for statistical purposes and for the indexing of healthcare records by diseases.

932 Universal Postal Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

116

SOURCE

Universal Postal Union website

AVAILABLE FROM

International Bureau of the Universal Postal Union
POST*CODE
Case postale 13
3000 BERNE 15 Switzerland

ABSTRACT

The postcode is the fundamental, essential element of an address. A unique, universal identifier, it unambiguously identifies the addressee's locality and assists in the transmission and sorting of mail items. At present, 105 UPU member countries use postcodes as part of their addressing systems.

B Nomenclature

B.1 ASC X12 Nomenclature

B.1.1 Interchange and Application Control Structures

Appendix B is provided as a reference to the X12 syntax, usage, and related information. It is not a full statement of Interchange and Control Structure rules. The full X12 Interchange and Control Structures and other rules (X12.5, X12.6, X12.59, X12 dictionaries, other X12 standards and official documents) apply unless specifically modified in the detailed instructions of this implementation guide (see Section B.1.1.3.1.2 for an example of such a modification).

B.1.1.1 Interchange Control Structure

The transmission of data proceeds according to very strict format rules to ensure the integrity and maintain the efficiency of the interchange. Each business grouping of data is called a transaction set. For instance, a group of benefit enrollments sent from a sponsor to a payer is considered a transaction set.

Each transaction set contains groups of logically related data in units called segments. For instance, the N4 segment used in the transaction set conveys the city, state, ZIP Code, and other geographic information. A transaction set contains multiple segments, so the addresses of the different parties, for example, can be conveyed from one computer to the other. An analogy would be that the transaction set is like a freight train; the segments are like the train's cars; and each segment can contain several data elements the same as a train car can hold multiple crates.

The sequence of the elements within one segment is specified by the ASC X12 standard as well as the sequence of segments in the transaction set. In a more conventional computing environ-

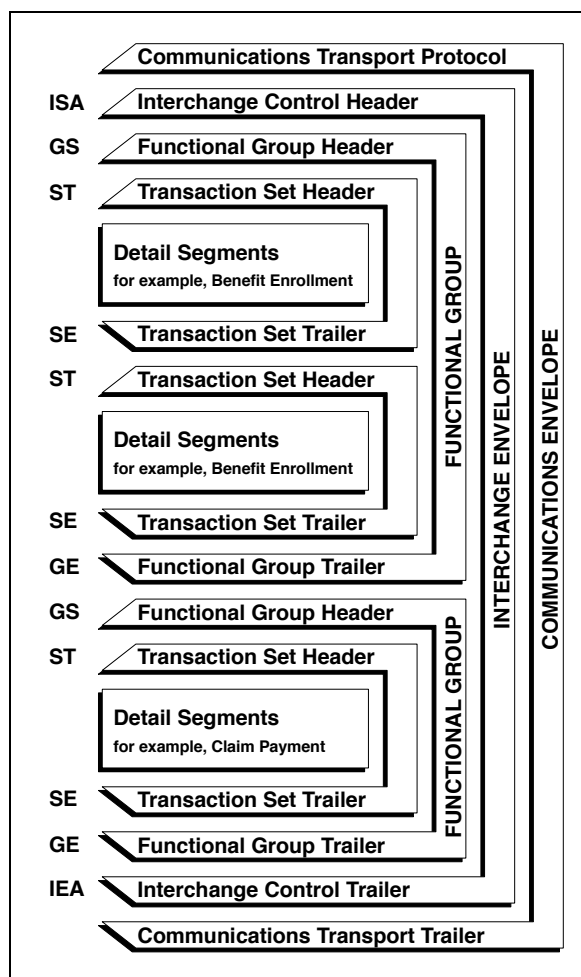


Figure B.1. Transmission Control Schematic

ment, the segments would be equivalent to records, and the elements equivalent to fields.

Similar transaction sets, called “functional groups,” can be sent together within a transmission. Each functional group is prefaced by a group start segment; and a functional group is terminated by a group end segment. One or more functional groups are prefaced by an interchange header and followed by an interchange trailer. Figure B.1., Transmission Control Schematic, illustrates this interchange control.

The interchange header and trailer segments envelop one or more functional groups or interchange-related control segments and perform the following functions:

1. Define the data element separators and the data segment terminator.
2. Identify the sender and receiver.
3. Provide control information for the interchange.
4. Allow for authorization and security information.

B.1.1.2 Application Control Structure Definitions and Concepts

B.1.1.2.1 Basic Structure

A data element corresponds to a data field in data processing terminology. A data segment corresponds to a record in data processing terminology. The data segment begins with a segment ID and contains related data elements. A control segment has the same structure as a data segment; the distinction is in the use. The data segment is used primarily to convey user information, but the control segment is used primarily to convey control information and to group data segments.

B.1.1.2.2 Basic Character Set

The section that follows is designed to have representation in the common character code schemes of EBCDIC, ASCII, and CCITT International Alphabet 5. The ASC X12 standards are graphic-character-oriented; therefore, common character encoding schemes other than those specified herein may be used as long as a common mapping is available. Because the graphic characters have an implied mapping across character code schemes, those bit patterns are not provided here.

The basic character set of this standard, shown in Figure B.2., Basic Character Set, includes those selected from the uppercase letters, digits, space, and special characters as specified below.

A...Z	0...9	!	“	&	'	()	*	+
,	-	.	/	:	;	?	=	“ ” (space)	

Figure B.2. Basic Character Set

B.1.1.2.3**Extended Character Set**

An extended character set may be used by negotiation between the two parties and includes the lowercase letters and other special characters as specified in Figure B.3., Extended Character Set.

a..z	%	~	@	[]	_	{	}
\		<	>	^	'	#	\$	

Figure B.3. Extended Character Set

Note that the extended characters include several character codes that have multiple graphical representations for a specific bit pattern. The complete list appears in other standards such as CCITT S.5. Use of the USA graphics for these codes presents no problem unless data is exchanged with an international partner. Other problems, such as the translation of item descriptions from English to French, arise when exchanging data with an international partner, but minimizing the use of codes with multiple graphics eliminates one of the more obvious problems.

For implementations compliant with this guide, either the entire extended character set must be acceptable, or the entire extended character set must not be used. In the absence of a specific trading partner agreement to the contrary, trading partners will assume that the extended character set is acceptable. Use of the extended character set allows the use of the “@” character in email addresses within the PER segment. Users should note that characters in the extended character set, as well as the basic character set, may be used as delimiters only when they do not occur in the data as stated in Section B.1.1.2.5.

B.1.1.2.4**Control Characters**

Two control character groups are specified; they have restricted usage. The common notation for these groups is also provided, together with the character coding in three common alphabets. In the Matrix B.1., Base Control Set, the column IA5 represents CCITT V.3 International Alphabet 5.

B.1.1.2.4.1**Base Control Set**

The base control set includes those characters that will not have a disruptive effect on most communication protocols. These are represented by:

NOTATION	NAME	EBCDIC	ASCII	IA5
BEL	bell	2F	07	07
HT	horizontal tab	05	09	09
LF	line feed	25	0A	0A
VT	vertical tab	0B	0B	0B
FF	form feed	0C	0C	0C
CR	carriage return	0D	0D	0D
FS	file separator	1C	1C	1C
GS	group separator	1D	1D	1D
RS	record separator	1E	1E	1E
US	unit separator	1F	1F	1F
NL	new line	15		

Matrix B.1. Base Control Set

The Group Separator (GS) may be an exception in this set because it is used in the 3780 communications protocol to indicate blank space compression.

B.1.1.2.4.2**Extended Control Set**

The extended control set includes those that may have an effect on a transmission system. These are shown in Matrix B.2., Extended Control Set.

NOTATION	NAME	EBCDIC	ASCII	IA5
SOH	start of header	01	01	01
STX	start of text	02	02	02
ETX	end of text	03	03	03
EOT	end of transmission	37	04	04
ENQ	enquiry	2D	05	05
ACK	acknowledge	2E	06	06
DC1	device control 1	11	11	11
DC2	device control 2	12	12	12
DC3	device control 3	13	13	13
DC4	device control 4	3C	14	14
NAK	negative acknowledge	3D	15	15
SYN	synchronous idle	32	16	16
ETB	end of block	26	17	17

Matrix B.2. Extended Control Set

B.1.1.2.5**Delimiters**

A delimiter is a character used to separate two data elements or component elements or to terminate a segment. The delimiters are an integral part of the data.

Delimiters are specified in the interchange header segment, ISA. The ISA segment can be considered in implementations compliant with this guide (see Appendix C, ISA Segment Note 1) to be a 105 byte fixed length record, followed by a segment terminator. The data element separator is byte number 4; the repetition separator is byte number 83; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator.

Once specified in the interchange header, the delimiters are not to be used in a data element value elsewhere in the interchange. For consistency, this implementation guide uses the delimiters shown in Matrix B.3., Delimiters, in all examples of EDI transmissions.

CHARACTER	NAME	DELIMITER
*	Asterisk	Data Element Separator
^	Caret	Repetition Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator

Matrix B.3. Delimiters

The delimiters above are for illustration purposes only and are not specific recommendations or requirements. Users of this implementation guide should be aware that an application system may use some valid delimiter characters within the application data. Occurrences of delimiter characters in transmitted data within a data element will result in errors in translation. The existence of asterisks (*) within transmitted application data is a known issue that can affect translation software.

B.1.1.3**Business Transaction Structure Definitions and Concepts**

The ASC X12 standards define commonly used business transactions (such as a health care claim) in a formal structure called “transaction sets.” A transaction set is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment. Each segment is composed of the following:

- A unique segment ID
- One or more logically related data elements each preceded by a data element separator
- A segment terminator

B.1.1.3.1**Data Element**

The data element is the smallest named unit of information in the ASC X12 standard. Data elements are identified as either simple or component. A data element that occurs as an ordinal member of a composite data structure is identified as a component data element. A data element that occurs in a segment outside the defined boundaries of a composite data structure is identified as a simple data element. The distinction between simple and component data elements is strictly a matter of context because a data element can be used in either capacity.

Data elements are assigned a unique reference number. Each data element has a name, description, type, minimum length, and maximum length. For ID type data elements, this guide provides the applicable ASC X12 code values and their descriptions or references where the valid code list can be obtained.

A simple data element within a segment may have an attribute indicating that it may occur once or a specific number of times more than once. The number of permitted repeats are defined as an attribute in the individual segment where the repeated data element occurs.

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric, decimal, and binary elements.

The data element types shown in Matrix B.4., Data Element Types, appear in this implementation guide.

SYMBOL	TYPE
Nn	Numeric
R	Decimal
ID	Identifier
AN	String
DT	Date
TM	Time
B	Binary

Matrix B.4. Data Element Types

The data element minimum and maximum lengths may be restricted in this implementation guide for a compliant implementation. Such restrictions may occur by virtue of the allowed qualifier for the data element or by specific instructions regarding length or format as stated in this implementation guide.

B.1.1.3.1.1

Numeric

A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data.

This set of guides denotes the number of implied decimal positions. The representation for this data element type is “Nn” where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.

If n is 0, it need not appear in the specification; N is equivalent to N0. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) must not be transmitted.

EXAMPLE

A transmitted value of 1234, when specified as numeric type N2, represents a value of 12.34.

Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement. The length of a numeric type data element does not include the optional sign.

B.1.1.3.1.2

Decimal

A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as “R.”

The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end) the decimal point must be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) must not be transmitted.

Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point must be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1,000,000) is expressly prohibited. The length of a decimal type data element does not include the optional leading sign or decimal point.

EXAMPLE

A transmitted value of 12.34 represents a decimal value of 12.34.

While the ASC X12 standard supports usage of exponential notation, this guide prohibits that usage.

For implementation of this guide under the rules promulgated under the Health Insurance Portability and Accountability Act (HIPAA), decimal data elements in Data Element 782 (Monetary Amount) will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). Note the statement in the preceding paragraph that the decimal point and leading sign, if sent, are not part of the character count.

EXAMPLE

For implementations mandated under HIPAA rules:

- The following transmitted value represents the largest positive dollar amount that can be sent:
99999999.99
- The following transmitted value is the longest string of characters that can be sent representing whole dollars.
99999999
- The following transmitted value is the longest string of characters that can be sent representing negative dollars and cents.
-99999999.99
- The following transmitted value is the longest string of characters that can be sent representing negative whole dollars.
-99999999

B.1.1.3.1.3

Identifier

An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC X12 Committee or some other body recognized by the Committee. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is "ID."

B.1.1.3.1.4

String

A string data element is a sequence of any characters from the basic or extended character sets. The string data element must contain at least one non-space character. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is "AN."

B.1.1.3.1.5

Date

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31). The representation for this data element type is "DT." Users of this guide should note that all dates within transactions are 8-character dates (millennium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment and the TA1 segment where the century is easily determined because of the nature of an interchange header.

B.1.1.3.1.6

Time

A time data element is used to express the ISO standard time HHMMSSd.d format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59), SS is the second (00 to 59) and d.d is decimal seconds. The representation for this data element type is "TM." The length of the data element determines the format of the transmitted time.

EXAMPLE

Transmitted data elements of four characters denote HHMM. Transmitted data elements of six characters denote HHMMSS.

B.1.1.3.1.7

Binary

The binary data element is any sequence of octets ranging in value from binary 00000000 to binary 11111111. This data element type has no defined maximum length. Actual length is specified by the immediately preceding data element. Within the body of a transaction set (from ST to SE) implemented according to this technical report, the binary data element type is only used in the segments Binary Data Segment BIN, and Binary Data Structure BDS. Within those segments, Data Element 785 Binary Data is a string of octets which can assume any binary pattern from hexadecimal 00 to FF, and can be used to send text as well as coded data, including data from another application in its native format. The binary data type is also used in some control and security structures.

Not all transaction sets use the Binary Data Segment BIN or Binary Data Structure BDS.

B.1.1.3.2

Repeating Data Elements

Simple or composite data elements within a segment can be designated as repeating data elements. Repeating data elements are adjacent data elements that occur up to a number of times specified in the standard as number of repeats. The implementation guide may also specify the number of repeats of a repeating data element in a specific location in the transaction that are permitted in a compliant implementation. Adjacent occurrences of the same repeating simple data element or composite data structure in a segment shall be separated by a repetition separator.

B.1.1.3.3

Composite Data Structure

The composite data structure is an intermediate unit of information in a segment. Composite data structures are composed of one or more logically related simple data elements, each, except the last, followed by a sub-element separator. The final data element is followed by the next data element separator or the segment terminator. Each simple data element within a composite is called a component.

Each composite data structure has a unique four-character identifier, a name, and a purpose. The identifier serves as a label for the composite. A composite data structure can be further defined through the use of syntax notes, semantic notes, and comments. Each component within the composite is further characterized by a reference designator and a condition designator. The reference designators and the condition designators are described in Sections B.1.1.3.8 and B.1.1.3.9.

A composite data structure within a segment may have an attribute indicating that it may occur once or a specific number of times more than once. The number of permitted repeats are defined as an attribute in the individual segment where the repeated composite data structure occurs.

B.1.1.3.4

Data Segment

The data segment is an intermediate unit of information in a transaction set. In the data stream, a data segment consists of a segment identifier, one or more composite data structures or simple data elements each preceded by a data element separator and succeeded by a segment terminator.

Each data segment has a unique two- or three-character identifier, a name, and a purpose. The identifier serves as a label for the data segment. A segment can be

further defined through the use of syntax notes, semantic notes, and comments. Each simple data element or composite data structure within the segment is further characterized by a reference designator and a condition designator.

B.1.1.3.5

Syntax Notes

Syntax notes describe relational conditions among two or more data segment units within the same segment, or among two or more component data elements within the same composite data structure. For a complete description of the relational conditions, See B.1.1.3.9, Condition Designator.

B.1.1.3.6

Semantic Notes

Simple data elements or composite data structures may be referenced by a semantic note within a particular segment. A semantic note provides important additional information regarding the intended meaning of a designated data element, particularly a generic type, in the context of its use within a specific data segment. Semantic notes may also define a relational condition among data elements in a segment based on the presence of a specific value (or one of a set of values) in one of the data elements.

B.1.1.3.7

Comments

A segment comment provides additional information regarding the intended use of the segment.

B.1.1.3.8

Reference Designator

Each simple data element or composite data structure in a segment is provided a structured code that indicates the segment in which it is used and the sequential position within the segment. The code is composed of the segment identifier followed by a two-digit number that defines the position of the simple data element or composite data structure in that segment.

For purposes of creating reference designators, the composite data structure is viewed as the hierarchical equal of the simple data element. Each component data element in a composite data structure is identified by a suffix appended to the reference designator for the composite data structure of which it is a member. This suffix is prefixed with a hyphen and defines the position of the component data element in the composite data structure.

EXAMPLE

- The first simple element of the CLP segment would be identified as CLP01.
- The first position in the SVC segment is occupied by a composite data structure that contains seven component data elements, the reference designator for the second component data element would be SVC01-02.

B.1.1.3.9

Condition Designator

This section provides information about X12 standard conditions designators. It is provided so that users will have information about the general standard. Implementation guides may impose other conditions designators. See implementation guide section 2.1 Presentation Examples for detailed information about the implementation guide Industry Usage requirements for compliant implementation.

Data element conditions are of three types: mandatory, optional, and relational. They define the circumstances under which a data element may be required to be present or not present in a particular segment.

DESIGNATOR	DESCRIPTION												
M- Mandatory	The designation of mandatory is absolute in the sense that there is no dependency on other data elements. This designation may apply to either simple data elements or composite data structures. If the designation applies to a composite data structure, then at least one value of a component data element in that composite data structure shall be included in the data segment.												
O- Optional	The designation of optional means that there is no requirement for a simple data element or composite data structure to be present in the segment. The presence of a value for a simple data element or the presence of value for any of the component data elements of a composite data structure is at the option of the sender.												
X- Relational	<p>Relational conditions may exist among two or more simple data elements within the same data segment based on the presence or absence of one of those data elements (presence means a data element must not be empty). Relational conditions are specified by a condition code (see table below) and the reference designators of the affected data elements. A data element may be subject to more than one relational condition.</p> <p>The definitions for each of the condition codes used within syntax notes are detailed below:</p> <table><tr><th>CONDITION CODE</th><th>DEFINITION</th></tr><tr><td>P- Paired or Multiple</td><td>If any element specified in the relational condition is present, then all of the elements specified must be present.</td></tr><tr><td>R- Required</td><td>At least one of the elements specified in the condition must be present.</td></tr><tr><td>E- Exclusion</td><td>Not more than one of the elements specified in the condition may be present.</td></tr><tr><td>C- Conditional</td><td>If the first element specified in the condition is present, then all other elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.</td></tr><tr><td>L- List Conditional</td><td>If the first element specified in the condition is present, then at least one of the remaining elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.</td></tr></table>	CONDITION CODE	DEFINITION	P- Paired or Multiple	If any element specified in the relational condition is present, then all of the elements specified must be present.	R- Required	At least one of the elements specified in the condition must be present.	E- Exclusion	Not more than one of the elements specified in the condition may be present.	C- Conditional	If the first element specified in the condition is present, then all other elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.	L- List Conditional	If the first element specified in the condition is present, then at least one of the remaining elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.
CONDITION CODE	DEFINITION												
P- Paired or Multiple	If any element specified in the relational condition is present, then all of the elements specified must be present.												
R- Required	At least one of the elements specified in the condition must be present.												
E- Exclusion	Not more than one of the elements specified in the condition may be present.												
C- Conditional	If the first element specified in the condition is present, then all other elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.												
L- List Conditional	If the first element specified in the condition is present, then at least one of the remaining elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.												

Table B.5. Condition Designator

B.1.1.3.10

Absence of Data

Any simple data element that is indicated as mandatory must not be empty if the segment is used. At least one component data element of a composite data structure that is indicated as mandatory must not be empty if the segment is used. Optional simple data elements and/or composite data structures and their preceding data element separators that are not needed must be omitted if they occur at the end of a segment. If they do not occur at the end of the segment, the simple data element values and/or composite data structure values may be omitted. Their ab-

sence is indicated by the occurrence of their preceding data element separators, in order to maintain the element's or structure's position as defined in the data segment.

Likewise, when additional information is not necessary within a composite, the composite may be terminated by providing the appropriate data element separator or segment terminator.

If a segment has no data in any data element within the segment (an "empty" segment), that segment must not be sent.

B.1.1.3.11

Control Segments

A control segment has the same structure as a data segment, but it is used for transferring control information rather than application information.

B.1.1.3.11.1

Loop Control Segments

Loop control segments are used only to delineate bounded loops. Delineation of the loop shall consist of the loop header (LS segment) and the loop trailer (LE segment). The loop header defines the start of a structure that must contain one or more iterations of a loop of data segments and provides the loop identifier for this loop. The loop trailer defines the end of the structure. The LS segment appears only before the first occurrence of the loop, and the LE segment appears only after the last occurrence of the loop. Unbounded looping structures do not use loop control segments.

B.1.1.3.11.2

Transaction Set Control Segments

The transaction set is delineated by the transaction set header (ST segment) and the transaction set trailer (SE segment). The transaction set header identifies the start and identifier of the transaction set. The transaction set trailer identifies the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments.

B.1.1.3.11.3

Functional Group Control Segments

The functional group is delineated by the functional group header (GS segment) and the functional group trailer (GE segment). The functional group header starts and identifies one or more related transaction sets and provides a control number and application identification information. The functional group trailer defines the end of the functional group of related transaction sets and provides a count of contained transaction sets.

B.1.1.3.11.4

Relations among Control Segments

The control segment of this standard must have a nested relationship as is shown and annotated in this subsection. The letters preceding the control segment name are the segment identifier for that control segment. The indentation of segment identifiers shown below indicates the subordination among control segments.

GS Functional Group Header, starts a group of related transaction sets.

ST Transaction Set Header, starts a transaction set.

LS Loop Header, starts a bounded loop of data segments but is not part of the loop.

LS Loop Header, starts an inner, nested, bounded loop.

LE Loop Trailer, ends an inner, nested bounded loop.

LE Loop Trailer, ends a bounded loop of data segments but is not part of the loop.

SE Transaction Set Trailer, ends a transaction set.

GE Functional Group Trailer, ends a group of related transaction sets.

More than one ST/SE pair, each representing a transaction set, may be used within one functional group. Also more than one LS/LE pair, each representing a bounded loop, may be used within one transaction set.

B.1.1.3.12

Transaction Set

The transaction set is the smallest meaningful set of information exchanged between trading partners. The transaction set consists of a transaction set header segment, one or more data segments in a specified order, and a transaction set trailer segment. See Figure B.1., Transmission Control Schematic.

B.1.1.3.12.1

Transaction Set Header and Trailer

A transaction set identifier uniquely identifies a transaction set. This identifier is the first data element of the Transaction Set Header Segment (ST). A user assigned transaction set control number in the header must match the control number in the Trailer Segment (SE) for any given transaction set. The value for the number of included segments in the SE segment is the total number of segments in the transaction set, including the ST and SE segments.

B.1.1.3.12.2

Data Segment Groups

The data segments in a transaction set may be repeated as individual data segments or as unbounded or bounded loops.

B.1.1.3.12.3

Repeated Occurrences of Single Data Segments

When a single data segment is allowed to be repeated, it may have a specified maximum number of occurrences defined at each specified position within a given transaction set standard. Alternatively, a segment may be allowed to repeat an unlimited number of times. The notation for an unlimited number of repetitions is ">1."

B.1.1.3.12.4

Loops of Data Segments

Loops are groups of semantically related segments. Data segment loops may be unbounded or bounded.

B.1.1.3.12.4.1

Unbounded Loops

To establish the iteration of a loop, the first data segment in the loop must appear once and only once in each iteration. Loops may have a specified maximum number of repetitions. Alternatively, the loop may be specified as having an unlimited number of iterations. The notation for an unlimited number of repetitions is ">1."

	<p>A specified sequence of segments is in the loop. Loops themselves are optional or mandatory. The requirement designator of the beginning segment of a loop indicates whether at least one occurrence of the loop is required. Each appearance of the beginning segment defines an occurrence of the loop.</p> <p>The requirement designator of any segment within the loop after the beginning segment applies to that segment for each occurrence of the loop. If there is a mandatory requirement designator for any data segment within the loop after the beginning segment, that data segment is mandatory for each occurrence of the loop. If the loop is optional, the mandatory segment only occurs if the loop occurs.</p>						
B.1.1.3.12.4.2	<p>Bounded Loops</p> <p>The characteristics of unbounded loops described previously also apply to bounded loops. In addition, bounded loops require a Loop Start Segment (LS) to appear before the first occurrence and a Loop End Segment (LE) to appear after the last consecutive occurrence of the loop. If the loop does not occur, the LS and LE segments are suppressed.</p>						
B.1.1.3.12.5	<p>Data Segments in a Transaction Set</p> <p>When data segments are combined to form a transaction set, three characteristics are applied to each data segment: a requirement designator, a position in the transaction set, and a maximum occurrence.</p>						
B.1.1.3.12.6	<p>Data Segment Requirement Designators</p> <p>A data segment, or loop, has one of the following requirement designators for health care and insurance transaction sets, indicating its appearance in the data stream of a transmission. These requirement designators are represented by a single character code.</p> <table> <tr> <th>DESIGNATOR</th><th>DESCRIPTION</th></tr> <tr> <td>M- Mandatory</td><td>This data segment must be included in the transaction set. (Note that a data segment may be mandatory in a loop of data segments, but the loop itself is optional if the beginning segment of the loop is designated as optional.)</td></tr> <tr> <td>O- Optional</td><td>The presence of this data segment is the option of the sending party.</td></tr> </table>	DESIGNATOR	DESCRIPTION	M- Mandatory	This data segment must be included in the transaction set. (Note that a data segment may be mandatory in a loop of data segments, but the loop itself is optional if the beginning segment of the loop is designated as optional.)	O- Optional	The presence of this data segment is the option of the sending party.
DESIGNATOR	DESCRIPTION						
M- Mandatory	This data segment must be included in the transaction set. (Note that a data segment may be mandatory in a loop of data segments, but the loop itself is optional if the beginning segment of the loop is designated as optional.)						
O- Optional	The presence of this data segment is the option of the sending party.						
B.1.1.3.12.7	<p>Data Segment Position</p> <p>The ordinal positions of the segments in a transaction set are explicitly specified for that transaction. Subject to the flexibility provided by the optional requirement designators of the segments, this positioning must be maintained.</p>						
B.1.1.3.12.8	<p>Data Segment Occurrence</p> <p>A data segment may have a maximum occurrence of one, a finite number greater than one, or an unlimited number indicated by ">1."</p>						
B.1.1.3.13	<p>Functional Group</p> <p>A functional group is a group of similar transaction sets that is bounded by a functional group header segment and a functional group trailer segment. The functional identifier defines the group of transactions that may be included within the functional group. The value for the functional group control number in the header and trailer control segments must be identical for any given group. The value for the number of included transaction sets is the total number of transaction sets in the group. See Figure B.1., Transmission Control Schematic.</p>						

B.1.1.4

Envelopes and Control Structures

B.1.1.4.1

Interchange Control Structures

Typically, the term “interchange” connotes the ISA/IEA envelope that is transmitted between trading/business partners. Interchange control is achieved through several “control” components. The interchange control number is contained in data element ISA13 of the ISA segment. The identical control number must also occur in data element 02 of the IEA segment. Most commercial translation software products will verify that these two elements are identical. In most translation software products, if these elements are different the interchange will be “suspended” in error.

There are many other features of the ISA segment that are used for control measures. For instance, the ISA segment contains data elements such as authorization information, security information, sender identification, and receiver identification that can be used for control purposes. These data elements are agreed upon by the trading partners prior to transmission. The interchange date and time data elements as well as the interchange control number within the ISA segment are used for debugging purposes when there is a problem with the transmission or the interchange.

Data Element ISA12, Interchange Control Version Number, indicates the version of the ISA/IEA envelope. GS08 indicates the version of the transaction sets contained within the ISA/IEA envelope. The versions are not required to be the same. An Interchange Acknowledgment can be requested through data element ISA14. The interchange acknowledgement is the TA1 segment. Data element ISA15, Test Indicator, is used between trading partners to indicate that the transmission is in a “test” or “production” mode. Data element ISA16, Subelement Separator, is used by the translator for interpretation of composite data elements.

The ending component of the interchange or ISA/IEA envelope is the IEA segment. Data element IEA01 indicates the number of functional groups that are included within the interchange. In most commercial translation software products, an aggregate count of functional groups is kept while interpreting the interchange. This count is then verified with data element IEA01. If there is a discrepancy, in most commercial products, the interchange is suspended. The other data element in the IEA segment is IEA02 which is referenced above.

See the Appendix C, EDI Control Directory, for a complete detailing of the interchange control header and trailer. The authors recommend that when two transactions with different X12 versions numbers are sent in one interchange control structure (multiple functional groups within one ISA/IEA envelope), the Interchange Control version used should be that of the most recent transaction version included in the envelope. For the transmission of HIPAA transactions with mixed versions, this would be a compliant enveloping structure.

B.1.1.4.2

Functional Groups

Control structures within the functional group envelope include the functional identifier code in GS01. The Functional Identifier Code is used by the commercial translation software during interpretation of the interchange to determine the different transaction sets that may be included within the functional group. If an inappropriate transaction set is contained within the functional group, most commercial translation software will suspend the functional group within the interchange. The Application Sender’s Code in GS02 can be used to identify the sending unit

of the transmission. The Application Receiver's Code in GS03 can be used to identify the receiving unit of the transmission. The functional group contains a creation date (GS04) and creation time (GS05) for the functional group. The Group Control Number is contained in GS06. These data elements (GS04, GS05, and GS06) can be used for debugging purposes. GS08, Version/Release/Industry Identifier Code is the version/release/sub-release of the transaction sets being transmitted in this functional group.

The Functional Group Control Number in GS06 must be identical to data element 02 of the GE segment. Data element GE01 indicates the number of transaction sets within the functional group. In most commercial translation software products, an aggregate count of the transaction sets is kept while interpreting the functional group. This count is then verified with data element GE01.

See the Appendix C, EDI Control Directory, for a complete detailing of the functional group header and trailer.

B.1.1.4.3

HL Structures

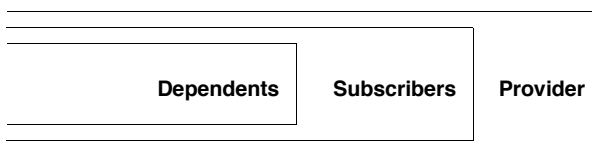
The HL segment is used in several X12 transaction sets to identify levels of detail information using a hierarchical structure, such as relating dependents to a subscriber. Hierarchical levels may differ from guide to guide.

For example, each provider can bill for one or more subscribers, each subscriber can have one or more dependents and the subscriber and the dependents can make one or more claims.

Each guide states what levels are available, the level's usage, number of repeats, and whether that level has subordinate levels within a transaction set.

For implementations compliant with this guide, the repeats of the loops identified by the HL structure shall appear in the hierarchical order specified in BHT01, when those particular hierarchical levels exist. That is, an HL parent loop must be followed by the subordinate child loops, if any, prior to commencing a new HL parent loop at the same hierarchical level.

The following diagram, from transaction set 837, illustrates a typical hierarchy.



The two examples below illustrate this requirement:

Example 1 based on Implementation Guide 811X201:

INSURER

- First STATE in transaction (child of INSURER)
 - First POLICY in transaction (child of first STATE)
 - First VEHICLE in transaction (child of first POLICY)
 - Second POLICY in transaction (child of first STATE)
 - Second VEHICLE in transaction (child of second POLICY)
 - Third VEHICLE in transaction (child of second POLICY)
- Second STATE in transaction (child of INSURER)
 - Third POLICY in transaction (child of second STATE)
 - Fourth VEHICLE in transaction (child of third POLICY)

Example 2 based on Implementation Guide 837X141

First PROVIDER in transaction
 First SUBSCRIBER in transaction (child of first PROVIDER)
Second PROVIDER in transaction
 Second SUBSCRIBER in transaction (child of second PROVIDER)
 First DEPENDENT in transaction (child of second SUBSCRIBER)
 Second DEPENDENT in transaction (child of second SUBSCRIBER)
 Third SUBSCRIBER in transaction (child of second PROVIDER)
Third PROVIDER in transaction
 Fourth SUBSCRIBER in transaction (child of third PROVIDER)
 Fifth SUBSCRIBER in transaction (child of third PROVIDER)
 Third DEPENDENT in transaction (child of fifth SUBSCRIBER)

B.1.1.5

Acknowledgments

B.1.1.5.1

Interchange Acknowledgment, TA1

The TA1 segment provides the capability for the interchange receiver to notify the sender that a valid envelope was received or that problems were encountered with the interchange control structure. The TA1 verifies the envelopes only. Transaction set-specific verification is accomplished through use of the Functional Acknowledgment Transaction Set, 997. See B.1.1.5.2, Functional Acknowledgment, 997, for more details. The TA1 is unique in that it is a single segment transmitted without the GS/GE envelope structure. A TA1 can be included in an interchange with other functional groups and transactions.

Encompassed in the TA1 are the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number, interchange date and time are identical to those that were present in the transmitted interchange from the trading partner. This provides the capability to associate the TA1 with the transmitted interchange. TA104, Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors. TA105, Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure. Values for this data element indicate whether the error occurred at the interchange or functional group envelope.

B.1.1.5.2

Functional Acknowledgment, 997

The Functional Acknowledgment Transaction Set, 997, has been designed to allow trading partners to establish a comprehensive control function as a part of their business exchange process. This acknowledgment process facilitates control of EDI. There is a one-to-one correspondence between a 997 and a functional group. Segments within the 997 can identify the acceptance or rejection of the functional group, transaction sets or segments. Data elements in error can also be identified. There are many EDI implementations that have incorporated the acknowledgment process in all of their electronic communications. The 997 is used as a functional acknowledgment to a previously transmitted functional group.

The 997 is a transaction set and thus is encapsulated within the interchange control structure (envelopes) for transmission.

B.2 Object Descriptors

Object Descriptors (OD) provide a method to uniquely identify specific locations within an implementation guide. There is an OD assigned at every level of the X12N implementation:

1. Transaction Set
2. Loop
3. Segment
4. Composite Data Element
5. Component Data Element
6. Simple Data Element

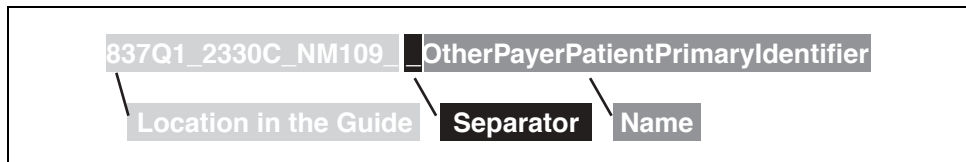
ODs at the first four levels are coded using X12 identifiers separated by under-bars:

Entity	Example
1. Transaction Set Identifier plus a unique 2 character value	837Q1
2. Above plus under bar plus Loop Identifier as assigned within an implementation guide	837Q1_2330C
3. Above plus under bar plus Segment Identifier	837Q1_2330C_NM1
4. Above plus Reference Designator plus under bar plus Composite Identifier	837Q1_2400_SV101_C003

The fifth and sixth levels add a name derived from the “Industry Term” defined in the X12N Data Dictionary. The name is derived by removing the spaces.

Entity	Example
5. Number 4 above plus composite sequence plus under bar plus name	837Q1_2400_SV101_C00302_ProcedureCode
6. Number 3 above plus Reference Designator plus two under bars plus name	837Q1_2330C_NM109__OtherPayerPatientPrimaryIdentifier

Said in another way, ODs contain a coded component specifying a location in an implementation guide, a separator, and a name portion. For example:



Since ODs are unique across all X12N implementation guides, they can be used for a variety of purposes. For example, as a cross reference to older data transmission systems, like the National Standard Format for health care claims, or to form XML tags for newer data transmission systems.

C EDI Control Directory

C.1 Control Segments

- **ISA**
Interchange Control Header Segment
- **GS**
Functional Group Header Segment
- **GE**
Functional Group Trailer Segment
- **IEA**
Interchange Control Trailer Segment

SEGMENT DETAIL

ISA - INTERCHANGE CONTROL HEADER

X12 Segment Name: Interchange Control Header

X12 Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

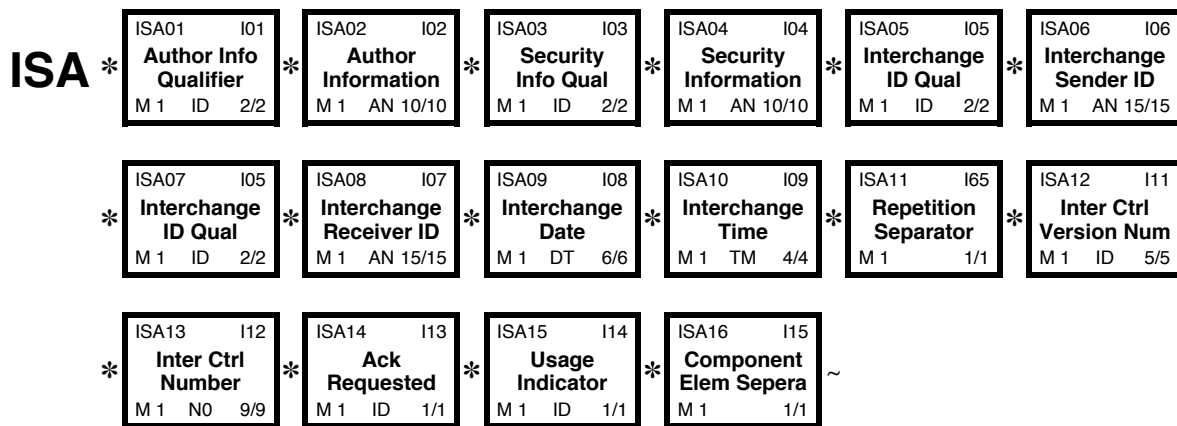
Segment Repeat: 1

Usage: REQUIRED

- TR3 Notes:**
1. All positions within each of the data elements must be filled.
 2. For compliant implementations under this implementation guide, ISA13, the interchange Control Number, must be a positive unsigned number. Therefore, the ISA segment can be considered a fixed record length segment.
 3. The first element separator defines the element separator to be used through the entire interchange.
 4. The ISA segment terminator defines the segment terminator used throughout the entire interchange.
 5. Spaces in the example interchanges are represented by “.” for clarity.

TR3 Example: ISA*00*.....*01*SECRET....*ZZ*SUBMITTERS.ID..*ZZ*
RECEIVERS.ID...*030101*1253*^*00501*000000905*1*T*::~~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																						
REQUIRED	ISA01	I01	Authorization Information Qualifier Code identifying the type of information in the Authorization Information	M 1	ID	2/2																				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>00</td><td>No Authorization Information Present (No Meaningful Information in I02)</td></tr><tr><td>03</td><td>Additional Data Identification</td></tr></table>	CODE	DEFINITION	00	No Authorization Information Present (No Meaningful Information in I02)	03	Additional Data Identification																	
CODE	DEFINITION																									
00	No Authorization Information Present (No Meaningful Information in I02)																									
03	Additional Data Identification																									
REQUIRED	ISA02	I02	Authorization Information Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	M 1	AN	10/10																				
REQUIRED	ISA03	I03	Security Information Qualifier Code identifying the type of information in the Security Information	M 1	ID	2/2																				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>00</td><td>No Security Information Present (No Meaningful Information in I04)</td></tr><tr><td>01</td><td>Password</td></tr></table>	CODE	DEFINITION	00	No Security Information Present (No Meaningful Information in I04)	01	Password																	
CODE	DEFINITION																									
00	No Security Information Present (No Meaningful Information in I04)																									
01	Password																									
REQUIRED	ISA04	I04	Security Information This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)	M 1	AN	10/10																				
REQUIRED	ISA05	I05	Interchange ID Qualifier Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified	M 1	ID	2/2																				
This ID qualifies the Sender in ISA06.																										
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>01</td><td>Duns (Dun & Bradstreet)</td></tr><tr><td>14</td><td>Duns Plus Suffix</td></tr><tr><td>20</td><td>Health Industry Number (HIN)</td></tr><tr><td>27</td><td>Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>28</td><td>Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>29</td><td>Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>30</td><td>U.S. Federal Tax Identification Number</td></tr><tr><td>33</td><td>National Association of Insurance Commissioners Company Code (NAIC)</td></tr><tr><td>ZZ</td><td>Mutually Defined</td></tr></table>	CODE	DEFINITION	01	Duns (Dun & Bradstreet)	14	Duns Plus Suffix	20	Health Industry Number (HIN)	27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)	28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)	29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)	30	U.S. Federal Tax Identification Number	33	National Association of Insurance Commissioners Company Code (NAIC)	ZZ	Mutually Defined			
CODE	DEFINITION																									
01	Duns (Dun & Bradstreet)																									
14	Duns Plus Suffix																									
20	Health Industry Number (HIN)																									
27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)																									
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)																									
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)																									
30	U.S. Federal Tax Identification Number																									
33	National Association of Insurance Commissioners Company Code (NAIC)																									
ZZ	Mutually Defined																									
REQUIRED	ISA06	I06	Interchange Sender ID Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element	M 1	AN	15/15																				

REQUIRED	ISA07	I05	Interchange ID Qualifier Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified		
This ID qualifies the Receiver in ISA08.					
			CODE	DEFINITION	
			01	Duns (Dun & Bradstreet)	
			14	Duns Plus Suffix	
			20	Health Industry Number (HIN)	
				CODE SOURCE 121: Health Industry Number	
			27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)	
			28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)	
			29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)	
			30	U.S. Federal Tax Identification Number	
			33	National Association of Insurance Commissioners Company Code (NAIC)	
			ZZ	Mutually Defined	
REQUIRED	ISA08	I07	Interchange Receiver ID	M 1	AN 15/15
Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them					
REQUIRED	ISA09	I08	Interchange Date	M 1	DT 6/6
Date of the interchange					
The date format is YYMMDD.					
REQUIRED	ISA10	I09	Interchange Time	M 1	TM 4/4
Time of the interchange					
The time format is HHMM.					
REQUIRED	ISA11	I65	Repetition Separator	M 1	1/1
Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator					
REQUIRED	ISA12	I11	Interchange Control Version Number	M 1	ID 5/5
Code specifying the version number of the interchange control segments					
			CODE	DEFINITION	
			00501	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003	
REQUIRED	ISA13	I12	Interchange Control Number	M 1	N0 9/9
A control number assigned by the interchange sender					
The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.					
Must be a positive unsigned number and must be identical to the value in IEA02.					

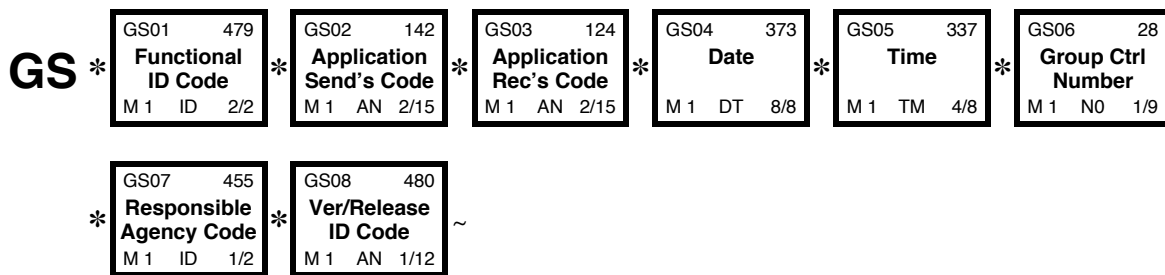
REQUIRED	ISA14	I13	Interchange Acknowledgment Requested	M 1	ID	1/1
Code indicating sender's request for an interchange acknowledgment						
See Section B.1.1.5.1 for interchange acknowledgment information.						
			CODE	DEFINITION		
			0	No Interchange Acknowledgment Requested		
			1	Interchange Acknowledgment Requested (TA1)		
REQUIRED	ISA15	I14	Interchange Usage Indicator	M 1	ID	1/1
Code indicating whether data enclosed by this interchange envelope is test, production or information						
			CODE	DEFINITION		
			P	Production Data		
			T	Test Data		
REQUIRED	ISA16	I15	Component Element Separator	M 1		1/1
Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator						

SEGMENT DETAIL

GS - FUNCTIONAL GROUP HEADER

X12 Segment Name: Functional Group Header**X12 Purpose:** To indicate the beginning of a functional group and to provide control information**X12 Comments:** 1. A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Example:** GS*XX*SENDER CODE*RECEIVER
CODE*19991231*0802*1*X*005010X217~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	GS01	479	Functional Identifier Code Code identifying a group of application related transaction sets This is the 2-character Functional Identifier Code assigned to each transaction set by X12. The specific code for a transaction set defined by this implementation guide is presented in Section 1.2, Version Information.	M 1 ID 2/2
REQUIRED	GS02	142	Application Sender's Code Code identifying party sending transmission; codes agreed to by trading partners Use this code to identify the unit sending the information.	M 1 AN 2/15
REQUIRED	GS03	124	Application Receiver's Code Code identifying party receiving transmission; codes agreed to by trading partners Use this code to identify the unit receiving the information.	M 1 AN 2/15
REQUIRED	GS04	373	Date Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year SEMANTIC: GS04 is the group date. Use this date for the functional group creation date.	M 1 DT 8/8

CONTROL SEGMENTS

REQUIRED	GS05	337	<div>Time</div> <div>Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)</div> <div>SEMANTIC: GS05 is the group time.</div> <div>Use this time for the creation time. The recommended format is HHMM.</div>	M 1	TM	4/8				
REQUIRED	GS06	28	<div>Group Control Number</div> <div>Assigned number originated and maintained by the sender</div> <div>SEMANTIC: The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.</div> <div>For implementations compliant with this guide, GS06 must be unique within a single transmission (that is, within a single ISA to IEA enveloping structure). The authors recommend that GS06 be unique within all transmissions over a period of time to be determined by the sender.</div>	M 1	N0	1/9				
REQUIRED	GS07	455	<div>Responsible Agency Code</div> <div>Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480</div> <table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>X</td><td>Accredited Standards Committee X12</td></tr></tbody></table>	CODE	DEFINITION	X	Accredited Standards Committee X12	M 1	ID	1/2
CODE	DEFINITION									
X	Accredited Standards Committee X12									
REQUIRED	GS08	480	<div>Version / Release / Industry Identifier Code</div> <div>Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed</div> <div>CODE SOURCE 881: Version / Release / Industry Identifier Code</div> <div>This is the unique Version/Release/Industry Identifier Code assigned to an implementation by X12N. The specific code for a transaction set defined by this implementation guide is presented in Section 1.2, Version Information.</div> <table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>005010X217</td><td>Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003</td></tr></tbody></table>	CODE	DEFINITION	005010X217	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003	M 1	AN	1/12
CODE	DEFINITION									
005010X217	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003									

SEGMENT DETAIL

GE - FUNCTIONAL GROUP TRAILER

X12 Segment Name: Functional Group Trailer

X12 Purpose: To indicate the end of a functional group and to provide control information

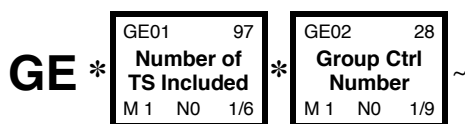
X12 Comments: 1. The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: GE*1*1~

DIAGRAM



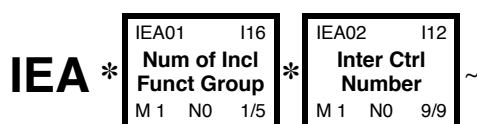
ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	GE01	97	Number of Transaction Sets Included Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M 1 NO 1/6
REQUIRED	GE02	28	Group Control Number Assigned number originated and maintained by the sender	M 1 NO 1/9
SEMANTIC: The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.				

SEGMENT DETAIL

IEA - INTERCHANGE CONTROL TRAILER**X12 Segment Name:** Interchange Control Trailer**X12 Purpose:** To define the end of an interchange of zero or more functional groups and interchange-related control segments**Segment Repeat:** 1**Usage:** REQUIRED**TR3 Example:** IEA*1*000000905~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	IEA01	I16	Number of Included Functional Groups A count of the number of functional groups included in an interchange	M 1	N0	1/5
REQUIRED	IEA02	I12	Interchange Control Number A control number assigned by the interchange sender	M 1	N0	9/9

D Change Summary

This Implementation Guide defines X12N implementation 005010X217 of the Health Care Services Review - Request for Review and Response (278). It is based on version/release/sub-release 005010 of the ASC X12 standards.

The previous X12N implementation Guide of the Health Care Services Review - Request for Review and Response was 004050X140. It was based on version/release/sub-release 004050 of the ASC X12 standards.

This appendix provides a change summary of changes between 004050X140 and 005010X217.

D.1 Change Descriptions

Front Matter:

1. Sections one and two have been revised in accordance with version 5010 of the X12N Implementation Guide Handbook.
2. Section 1.1 section description has changed.
3. Sections 1.1.1 and 1.1.2 have been deleted.
4. Section 1.2 has been revised to reflect version and release information for this implementation guide.
5. Section 1.3 has been replaced with a new section.
6. Section 1.3 has been changed to Section 1.4.
7. Section 1.3.1 was renamed to Business Terminology and moved to Section 1.5.
8. Section 1.3.2 was changed to Section 1.4.1.
9. Medical Services Reservations and Cancellations were added to Section 1.4.1.
10. Administrative notifications were deleted from business events support by this guide.
11. Section 1.3.3 was changed to Section 1.4.2.
12. Section 1.3.4 was renamed to Implementation Limitations and moved to Section 1.3.
13. Section 1.4 has been changed to Section 1.11.
14. Section 1.4.1 has been changed to Section 1.11.1.
15. Section 1.4.2 has been changed to Section 1.11.2.
16. Section 1.4.3 has been changed to Section 1.11.3.
17. Section 1.4.4 has been changed to Section 1.11.4.
18. Section 1.4.5 has been changed to Section 1.11.5.
19. Section 1.6 has been added to explain the use of acknowledgments with this implementation guide.

20. Sections 1.7, 1.8, 1.9 and 1.10 have been added.
21. Section 2 has been changed to Section 1.12 and contains minor content changes.
22. Section 2.1 has been changed to Section 1.12.1
23. Section 2.2 has been changed to Section 1.12.2 and contains minor content changes.
24. Section 2.3 has been changed to Section 1.12.3 and contains minor content changes.
25. Figure 1.6 has been updated
26. Section 2.4 has been changed to Section 1.12.4, contains minor content changes and changes to Request for a Range of Procedure Codes.
27. Section 2.5 has been changed to Section 1.12.5 and contains changes to Use of LOINC codes for requesting additional documentation for a procedure code range.
28. Section 3 and all sub-sections changed to Section 2.
29. Situational notes have been revised in accordance with version 5010 of the X12N Implementation Guide Handbook.

Health Care Services Review Request:

30. Updated segment examples to reflect changes and bring them up to date.
31. Changed ST03 from not used to required.
32. Changed BHT01 qualifier to 0007 Information Source, Information Receiver, Subscriber, Dependent, Event, Services.
33. Added codes 36 and 01 to BHT02.
34. Changed BHT06 usage to situational.
35. Deleted AGB qualifier from NM101 in Loop 2010A.
36. Added usage note for PI qualifier in NM108 in Loop 2010A.
37. Deleted XX qualifier from NM108 in Loop 2010A.
38. Changed REF situational rule in Loop 2010B.
39. Changed N3 situational rule and added TR3 note in Loop 2010B.
40. Changed to N4 segment usage to required in Loops 2010B, 2010C and 2010D.
41. Changed N401 usage to required in Loops 2010B, 2010C, and 2010D.
42. Changed N402 situational rule in Loops 2010B, 2010C, and 2010D.
43. Changed N403 situational rule in Loops 2010B, 2010C, and 2010D.
44. Changed N407 usage to situational in Loops 2010B, 2010C, and 2010D.
45. Changed PRV02 qualifier to PXC in Loop 2010B.
46. Changed Loop 2000E repeat to 1 and deleted second segment note.
47. Changed TRN situational note and added TR3 note in Loop 2000E.

48. Changed TRN04 situational rule in Loop 2000E.
49. Added code IN with usage note to UM01 in Loop 2000E.
50. Deleted codes 5 and 6 and added code N to UM02 in Loop 2000E.
51. Added codes B1, C1, CQ, IC, NI, ON, PT, PU, RN, RT, TC, and TN to UM03 in Loop 2000E.
52. Changed UM06 situational rule, deleted code R, and added code E in Loop 2000E.
53. Changed UM04 situational rule in Loop 2000E.
54. Changed UM05-4 situational rule in Loop 2000E.
55. Changed DTP, Last Menstrual Period Date, situational rule in Loop 2000E.
56. Changed DTP, Estimated Date of Birth, situational rule in Loop 2000E.
57. Changed DTP, Event Date, situational rule and added TR3 note in Loop 2000E.
58. Deleted HI segment note and added ICD-10 qualifier codes to HIXX-1 in Loop 2000E.
59. Changed HSD01, HSD02, and HSD04 situational rules in Loop 2000E.
60. Deleted CRC, Patient Condition Information, from Loop 2000E.
61. Added CRC, Ambulance Certification Information, to Loop 2000E.
62. Added CRC, Chiropractic Certification, to Loop 2000E.
63. Added CRC, Durable Medical Equipment Information, to Loop 2000E.
64. Added CRC, Oxygen Therapy Certification Information, to Loop 2000E.
65. Added CRC, Functional Limitations Information, to Loop 2000E.
66. Added CRC, Activities Permitted Information, to Loop 2000E.
67. Added CRC, Mental Status Information, to Loop 2000E.
68. Changed CR1 situational rule and added TR3 note in Loop 2000E.
69. Deleted usage note for code A in CR104 in Loop 2000E.
70. Changed CR106, CR109, and CR110 situational rules in Loop 2000E.
71. Changed CR107 and CR108 to not used in Loop 2000E.
72. Changed CR212 situational rule and moved code value on N in Loop 2000E.
73. Changed CR507, CR508, CR510, CR511, CR513, CR514 and CR515 situational rules in Loop 2000E.
74. Changed CR6 situational rule and segment note in Loop 2000E.
75. Changed CR606 usage to not used in Loop 2000E.
76. Deleted previously used codes and added W to CR607 in Loop 2000E.
77. Changed CR613 and CR614 situational rules in Loop 2000E.
78. Changed Loop 2010E to 2010EA, loop situational rule, and loop repeat.

79. Deleted NM101 1T qualifier and added qualifiers 77, G3 and QV in Loop 2010EA.
80. Changed NM106 situational rule in Loop 2010EA.
81. Changed REF situational rule and added TR3 Note in Loop 2010EA.
82. Changed N3 situational rule in Loop 2010EA.
83. Changed to N4 segment usage to required in Loops 2010EA.
84. Changed N401 usage to required in Loops 2010EA.
85. Changed N402 situational rule in Loops 2010EA.
86. Changed N403 situational rule in Loops 2010EA.
87. Changed N407 usage to situational in Loops 2010EA.
88. Changed PER situational rule in Loop 2010EA.
89. Changed PER04 situational rule in Loop 2010EA.
90. Change PRV situational rule and deleted segment note in Loop 2010EA.
91. Changed PRV02 and PRV3 usage to required in Loop 2010EA.
92. Changed PRV02 qualifier to PXC in Loop 2010EA.
93. Added Loop 2010EB, Patient Event Transport Location with NM1, N3 and N4 segments.
94. Added Loop 2010EC, Patient Event Other UMO Name with NM1, REF, DTP segments.
95. Changed HL situational rule in Loop 2000F.
96. Changed TRN situational rule and added TR3 note in Loop 2000F.
97. Changed TRN04 situational rule in Loop 2000F.
98. Changed UM03 situational rule and added codes B1, C1, CQ, IC, NI, ON, PT, PU, RN, RT, TC, and TN to UM03 in Loop 2000F.
99. Deleted HI, Procedure Range, in Loop 2000F.
100. Changed SV1 situational rule in Loop 2000F.
101. Changed SV101-3, SV101-4, SV101-5, SV101-6 and SV101-7 situational rules in Loop 2000F.
102. Added SV101-8 for procedure code range in Loop 2000F.
103. Changed SV102 situational rule in Loop 2000F.
104. Changed SV107 situational rule and added data element notes in Loop 2000F.
105. Changed SV107-2, SV107-3 and SV107-3 situational rules in Loop 2000F.
106. Changed SV2 situational rule in Loop 2000F.
107. Added qualifier codes for ICD-9 and ICD-10 procedure codes to SV202-1.
108. Changed SV202-3, SV202-4, SV202-5, SV202-6 and SV202-7 situational rules in Loop 2000F.
109. Added SV202-8 for procedure code range in Loop 2000F.

- 110. Changed SV203, SV206 and SV210 situational rules in Loop 2000F.
- 111. Changed SV3 situational rule in Loop 2000F.
- 112. Changed SV301-3, SV301-4, SV301-5 and SV301-6 situational rules in Loop 2000F.
- 113. Added SV301-8 for procedure code range in Loop 2000F.
- 114. Changed SV302 situational rule in Loop 2000F.
- 115. Added code source reference to SV304-1, SV304-2, SV304-3, SV304-4 and SV304-5 in Loop 2000F.
- 116. Changed NM1 situational rule in Loop 2010F.
- 117. Deleted NM101 1T qualifier and added qualifiers 77, G3 and QV in Loop 2010F.
- 118. Changed NM106 situational rule in Loop 2010F.
- 119. Changed REF situational rule and added TR3 Note in Loop 2010F.
- 120. Changed N3 situational rule in Loop 2010F.
- 121. Changed to N4 segment usage to required in Loop 2010F.
- 122. Changed N401 usage to required in Loop 2010F.
- 123. Changed N402 situational rule in Loop 2010F.
- 124. Changed N403 situational rule in Loop 2010F.
- 125. Changed N407 usage to situational in Loop 2010F.
- 126. Changed PER situational rule in Loop 2010F.
- 127. Changed PER04 situational rule in Loop 2010F.
- 128. Change PRV situational rule and deleted segment note in Loop 2010F.
- 129. Changed PRV02 and PRV3 usage to required in Loop 2010F.
- 130. Changed PRV02 qualifier to PXC in Loop 2010F.

Health Care Services Review Response:

- 131. Updated segment examples to reflect changes and bring them up to date.
- 132. Changed ST03 from not used to required.
- 133. Changed BHT01 qualifier to 0007 Information Source, Information Receiver, Subscriber, Dependent, Event, Services.
- 134. Changed BHT06 usage to situational.
- 135. Deleted AGB qualifier from NM101 in Loop 2010A.
- 136. Deleted XX qualifier from NM108 in Loop 2010A.
- 137. Deleted Y response code from AAA01 in Loop 2010A.
- 138. Changed AAA03 and AAA04 usage to required in Loop 2010A.
- 139. Deleted reason codes 04 and 41 from AAA03 in Loop 2010A.
- 140. Changed HL situational rule and added TR3 note in Loop 2000B.

141. Deleted Y response code from AAA01 in Loop 2010B.
142. Changed AAA03 and AAA04 usage to required in Loop 2010B.
143. Changed PRV02 qualifier to PXC in Loop 2010B.
144. Changed HL situational rule and added TR3 note in Loops 2000C and 2000D.
145. Deleted code 15 from AAA03 in Loop 2010C.
146. Changed to N4 segment usage to required in Loops 2010C and 2010D.
147. Changed N401 usage to required in Loops 2010C and 2010D.
148. Changed N402 situational rule in Loops 2010C and 2010D.
149. Changed N403 situational rule in Loops 2010C and 2010D.
150. Changed N407 usage to situational in Loops 2010C and 2010D.
151. Deleted Y response code from AAA01 in Loops 2010C and 2010D.
152. Changed AAA03 and AAA04 usage to required in Loops 2010C and 2010D.
153. Changed DMG situational rule in Loops 2010C and 2010D.
154. Changed DMG03 situational rule in Loops 2010C and 2010D.
155. Changed INS situation rule in Loops 2010C and 2010D.
156. Changed Loop 2000E repeat to 1.
157. Changed HL situational rule and added TR3 note in Loop 2000E.
158. Changed TRN04 situational rule in Loop 2000E.
159. Deleted Y response code from AAA01 in Loop 2000E.
160. Changed AAA03 and AAA04 usage to required in Loop 2000E.
161. Added response code AA to AAA03 in Loop 2000E.
162. Added code IN Individual with usage note to UM01 in Loop 2000E.
163. Deleted codes 5 and 6 and added code N to UM02 in Loop 2000E.
164. Added codes B1, C1, CQ, IC, NI, ON, PT, PU, RN, RT, TC, and TN to UM03 in Loop 2000E.
165. Deleted code R and added code E to UM06 in Loop 2000E.
166. Added note to HCR03 in Loop 2000E.
167. Changed REF, Administrative Reference Number, situational note in Loop 2000E.
168. Changed REF, Previous Review Authorization Number, situational note and added TR3 note in Loop 2000E.
169. Deleted DTP, Event Date, segment note in Loop 2000E.
170. Deleted DTP, Admission Date, segment note in Loop 2000E.
171. Changed DTP, Certification Issue Date, situational rule and segment note in Loop 2000E.
172. Changed DTP, Certification Expiration Date, situational rule in Loop 2000E.

173. Changed DTP, Certification Effective Date, situational rule in Loop 2000E.
174. Change HI situational rule and segment note and added ICD-10 qualifier codes to HIXX-1 in Loop 2000E.
175. Changed HSD situational rule in Loop 2000E.
176. Changed HSD01 and HSD02 situational rules in Loop 2000E.
177. Changed CL101, CL102 and CL103 situational rules in Loop 2000E.
178. Changed CR1 situational rule in Loop 2000E.
179. Changed CR106 situational rule in Loop 2000E.
180. Changed CR107 and CR108 to not used in Loop 2000E.
181. Changed CR2 situational rule and deleted segment note in Loop 2000E.
182. Changed CR505 to not used in Loop 2000E.
183. Changed CR507 and CR508 situational rules in Loop 2000E.
184. Changed CR6 situational rule in Loop 2000E.
185. Changed CR604 situational rule in Loop 2000E.
186. Deleted previously used codes and added W to CR607 in Loop 2000E.
187. Changed PWK07 situational rule in Loop 2000E.
188. Changed Loop 2010EA loop repeat.
189. Changed NM1 situational rule in Loop 2010EA.
190. Deleted NM101 1T qualifier and added qualifiers 77, G3 and QV in Loop 2010EA.
191. Changed NM103, NM104, NM106, NM107, NM108 and NM109 situational rules in Loop 2010EA.
192. Changed to N4 segment usage to required in Loop 2010EA.
193. Changed N401 usage to required in Loop 2010EA.
194. Changed N402 situational rule in Loop 2010EA.
195. Changed N403 situational rule in Loop 2010EA.
196. Changed N407 usage to situational in Loop 2010EA.
197. Deleted Y response code from AAA01 in Loop 2010EA.
198. Changed AAA03 and AAA04 usage to required in Loop 2010EA.
199. Added response code IP to AAA03 in Loop 2010EA.
200. Change PRV situational rule in Loop 2010EA.
201. Changed PRV02 and PRV3 usage to required in Loop 2010EA.
202. Changed PRV02 qualifier to PXC in Loop 2010EA.
203. Deleted NM1 segment note in Loop 2010EB.
204. Changed NM108 and NM109 situational rules in Loop 2010EB.
205. Changed to N4 segment usage to required in Loop 2010EB.
206. Changed N401 usage to required in Loop 2010EB.

- 207. Changed N402 situational rule in Loop 2010EB.
- 208. Changed N403 situational rule in Loop 2010EB.
- 209. Changed N407 usage to situational in Loop 2010EB.
- 210. Added Loop 2010EC, Patient Event Transport Location with NM1, N3, N4, and AAA segments.
- 211. Changed HL situational rule and added TR3 note in Loop 2000F.
- 212. Changed TRN04 situational rule in Loop 2000F.
- 213. Changed AAA situational rule in Loop 2000F.
- 214. Deleted Y response code from AAA01 in Loop 2000F.
- 215. Changed AAA03 and AAA04 usage to required in Loop 2000F.
- 216. Added response code AA to AAA03 in Loop 2000F.
- 217. Changed UM situational rule in Loop 2000F.
- 218. Added codes B1, C1, CQ, IC, NI, ON, PT, PU, RN, RT, TC, and TN to UM03 in Loop 2000F.
- 219. Changed UM04 situational rule in Loop 2000F.
- 220. Added note to HCR03 in Loop 2000F.
- 221. Changed DTP, Certification Issue Date, situational rule and segment note in Loop 2000F.
- 222. Changed DTP, Certification Expiration Date, situational rule in Loop 2000F.
- 223. Changed DTP, Certification Effective Date, situational rule in Loop 2000F.
- 224. Deleted HI, Procedure Range, in Loop 2000F.
- 225. Added HI, Request for Additional Information, in Loop 2000F.
- 226. Changed SV1 situational rule in Loop 2000F.
- 227. Changed SV101-7 situational rule in Loop 2000F.
- 228. Added SV101-8 for procedure code range in Loop 2000F.
- 229. Changed SV102 situational rule in Loop 2000F.
- 230. Changed SV107 situational rule and added data element notes in Loop 2000F.
- 231. Changed SV107 to not used in Loop 2000F.
- 232. Changed SV2 situational rule in Loop 2000F.
- 233. Changed SV201, SV202-7 and SV203 situational rules in Loop 2000F.
- 234. Added qualifier codes for ICD-9 and ICD-10 procedure codes to SV202-1.
- 235. Added SV202-8 for procedure code range in Loop 2000F.
- 236. Deleted SV3 segment note in Loop 2000F.
- 237. Changed SV301-7 situational rules in Loop 2000F.
- 238. Added SV301-8 for procedure code range in Loop 2000F.
- 239. Changed SV302 situational rule in Loop 2000F.

- 240. Added code source reference to SV304-1, SV304-2, SV304-3, SV304-4 and SV304-5 in Loop 2000F.
- 241. Changed TOO situational rule in Loop 2000F.
- 242. Changed TOO01 to required in Loop 2000F.
- 243. Changed TOO03-2, TOO03-3, TOO03-4 and TOO03-5 situational rule and added code source reference in Loop 2000F.
- 244. Changed HSD situational rule and added TR3 note and segment example in Loop 2000F.
- 245. Changed HSD01, HSD02, HSD05, HSD06, HSD07, and HSD08 situational rules in Loop 2000F.
- 246. Added qualifier code 29 to HSD05 in Loop 2000F.
- 247. Changed PWK07 situational rule in Loop 2000F.
- 248. Changed NM1 situational rule in Loop 2010FA.
- 249. Deleted NM101 1T qualifier and added qualifiers 77, G3 and QV in Loop 2010FA.
- 250. Changed NM103, NM104, NM106, NM107, NM108 and NM109 situational rules in Loop 2010FA.
- 251. Changed REF situational rule and added TR3 Note in Loop 2010FA.
- 252. Changed N3 situational rule in Loop 2010FA.
- 253. Changed to N4 segment usage to required in Loop 2010FA.
- 254. Changed N401 usage to required in Loop 2010FA.
- 255. Changed N402 situational rule in Loop 2010FA.
- 256. Changed N403 situational rule in Loop 2010FA.
- 257. Changed N407 usage to situational in Loop 2010FA.
- 258. Changed PER situational rule in Loop 2010FA.
- 259. Changed PER04 situational rule in Loop 2010FA.
- 260. Deleted Y response code from AAA01 in Loop 2010FA.
- 261. Changed AAA03 and AAA04 usage to required in Loop 2010FA.
- 262. Added response code IP to AAA03 in Loop 2010FA.
- 263. Change PRV situational rule in Loop 2010FA.
- 264. Changed PRV02 and PRV3 usage to required in Loop 2010F.
- 265. Changed PRV02 qualifier to PXC in Loop 2010FA.
- 266. Deleted NM1 segment note in Loop 2010FB.
- 267. Changed NM103 and NM109 situational rules in Loop 2010FB.
- 268. Deleted N3 segment note in Loop 2010FB.
- 269. Changed to N4 segment usage to required in Loop 2010FB.
- 270. Changed N401 usage to required in Loop 2010FB.
- 271. Changed N402 situational rule in Loop 2010FB.

272. Changed N403 situational rule in Loop 2010FB.

273. Changed N407 usage to situational in Loop 2010FB.

274. Changed PER04 situational rule in Loop 2010FB.

Examples:

275. Updated examples to reflect changes and bring them up to date.

276. Added Non-Emergency Transportation Services example.

277. Added Medical Services Reservation example.

Appendixes:

278. Appendixes have been revised in accordance with version 5010 of the X12N Implementation Guide Handbook.

E Data Element Glossary

E.1 Data Element Name Index

This section contains an alphabetic listing of data elements used in this implementation guide. Consult the X12N Data Element Dictionary for a complete list of all X12N Data Elements. Data element names in normal type are generic ASC X12 names. Italic type indicates a health care industry defined name.

Name	Payment Date
Definition	Date of payment.
Transaction Set ID	277
Locator Key	D | 2200D | SPA12 | C001-2 | 1373 156
H=Header, D=Detail, S=Summary	
Loop ID	
Segment ID/Reference Designator	
Composite ID-Sequence	
Data Element Number	
Page Number	

Accident Date

Date of the accident related to charges or to the patient's current condition, diagnosis, or treatment referenced in the transaction.

278 - Request for Review

D | 2000E | DTP03 | - | 1251 130

278 - Request for Response

D | 2000E | DTP03 | - | 1251 378

Action Code

Code indicating type of action

278 - Request for Response

D | 2000E | HCR01 | - | 1306 374
D | 2000F | HCR01 | - | 1306 475

Additional Patient Information Contact City Name

The city name of the Additional Patient Information Contact.

278 - Request for Response

D | 2010EB | N401 | - | 119 451

Additional Patient Information Contact Postal Zone or ZIP Code

The postal code in the address of the Additional Patient Information Contact.

278 - Request for Response

D | 2010EB | N403 | - | 1116 452

Additional Patient Information Contact State Code

Code identifying the state or province in the address of the Additional Patient Information Contact.

278 - Request for Response

D | 2010EB | N402 | - | 1156 452

Additional Service Information Contact City Name

The city name of the Additional Service Information Contact.

278 - Request for Response

D | 2010FB | N401 | - | 119 540

Additional Service Information Contact Postal Zone or ZIP Code

The postal code in the address of the Additional Service Information Contact.

278 - Request for Response

D | 2010FB | N403 | - | 1116 541

Additional Service Information Contact State Code

Code identifying the state or province in the address of the Additional Service Information Contact.

278 - Request for Response

D | 2010FB | N402 | - | 1156 541

Administrative Reference Number

Unique reference number assigned by the UMO to this service review.

278 - Request for Response

D | 2000E | REF02 | - | I127	376
D | 2000F | REF02 | - | I127	477

Admission Source Code

Code indicating the source of this admission.

278 - Request for Review

D 2000E CL102 - I1314	183
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278 - Request for Response

D 2000E CL102 - I1314	413
-------------------------------------	-----

Admission Type Code

Code indicating the priority of this admission.

278 - Request for Review

D | 2000E | CL101 | - | I1315	183
-------------------------------------	-----

278 - Request for Response

D | 2000E | CL101 | - | I1315	413
-------------------------------------	-----

Ambulance Transport Code

Code indicating the type of ambulance transport.

278 - Request for Review

D | 2000E | CR103 | - | I1316	186
-------------------------------------	-----

278 - Request for Response

D | 2000E | CR103 | - | I1316	414
-------------------------------------	-----

Ambulance Transport Reason Code

Code indicating the reason for ambulance transport.

278 - Request for Review

D | 2000E | CR104 | - | I1317	186
-------------------------------------	-----

Arterial Blood Gas Quantity

The Arterial Blood Gas test results breathing room air (furnish results of recent hospital tests).

278 - Request for Review

D 2000E CR510 - I380	194
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Attachment Control Number

Identification number of attachment related to the claim.

278 - Request for Review

D | 2000E | PWK06 | - | I67	206
D | 2000F | PWK06 | - | I67	274

278 - Request for Response

D | 2000E | PWK06 | - | I67	429
D | 2000F | PWK06 | - | I67	518

Attachment Description

Free-form text describing attachments related to the claim.

278 - Request for Review

D | 2000E | PWK07 | - | I352	207
D | 2000F | PWK07 | - | I352	275

278 - Request for Response

D | 2000E | PWK07 | - | I352	429
D | 2000F | PWK07 | - | I352	519

Attachment Report Type Code

Code to specify the type of attachment that is related to the claim.

278 - Request for Review

D | 2000E | PWK01 | - | I755	204
D | 2000F | PWK01 | - | I755	272

278 - Request for Response

D | 2000E | PWK01 | - | I755	427
D | 2000F | PWK01 | - | I755	516

Birth Sequence Number

A number indicating the order of birth for the identified person in relationship to family members with the same date of birth.

278 - Request for Review

D | 2010D | INS17 | - | I1470	115
-------------------------------------	-----

278 - Request for Response

D | 2010D | INS17 | - | I1470	360
-------------------------------------	-----

Certification Condition Indicator

Code indicating whether or not the condition codes apply to the patient or another entity.

278 - Request for Review

D | 2000E | CRC02 | - | I1073	160
D | 2000E | CRC02 | - | I1073	163
D | 2000E | CRC02 | - | I1073	166
D | 2000E | CRC02 | - | I1073	170
D | 2000E | CRC02 | - | I1073	173
D | 2000E | CRC02 | - | I1073	177
D | 2000E | CRC02 | - | I1073	180

Certification Effective Date

The date when the certification takes effect or the date range within which the certification is effective.

278 - Request for Response

D | 2000E | DTP03 | - | I1251	387
D | 2000F | DTP03 | - | I1251	482

Certification Expiration Date

Date on which the certification will expire.

278 - Request for Response

D | 2000E | DTP03 | - | I1251	386
D | 2000F | DTP03 | - | I1251	481

Certification Issue Date

The date when the certification was issued.

278 - Request for Response

D | 2000E | DTP03 | - | I1251	385
D | 2000F | DTP03 | - | I1251	480

Certification Type Code

Code indicating the type of certification.

278 - Request for Review

D | 2000E | UM02 | - | I1322	121
D | 2000E | CR608 | - | I1322	199
D | 2000F | UM02 | - | I1322	239

278 - Request for Response

D | 2000E | UM02 | - | I1322	368
D | 2000E | CR608 | - | I1322	425
D | 2000F | UM02 | - | I1322	470

Code Category

Specifies the situation or category to which the code applies.

278 - Request for Review

D | 2000E | CRC01 | - | I1136	160
D | 2000E | CRC01 | - | I1136	163
D | 2000E | CRC01 | - | I1136	166
D | 2000E | CRC01 | - | I1136	170
D | 2000E | CRC01 | - | I1136	173
D | 2000E | CRC01 | - | I1136	177
D | 2000E | CRC01 | - | I1136	180

Code List Qualifier Code

Code identifying a specific industry code list.

278 - Request for Review

D 2000F TOO01 - I1270	264
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278 - Request for Response

D 2000F HI01 C022-1 I1270	484
D 2000F HI02 C022-1 I1270	484
D | 2000F | HI03 | C022-1 | I1270	485
D | 2000F | HI04 | C022-1 | I1270	486
D | 2000F | HI05 | C022-1 | I1270	487
D | 2000F | HI06 | C022-1 | I1270	487
D | 2000F | HI07 | C022-1 | I1270	488
D | 2000F | HI08 | C022-1 | I1270	489
D | 2000F | HI09 | C022-1 | I1270	490
D | 2000F | HI10 | C022-1 | I1270	490
D | 2000F | HI11 | C022-1 | I1270	491
D | 2000F | HI12 | C022-1 | I1270	492
D | 2000F | TOO01 | - | I1270	508

Communication Number Qualifier

Code identifying the type of communication number.

278 - Request for Review

D | 2010B | PER03 | - | I365	85
D | 2010B | PER05 | - | I365	85
D | 2010B | PER07 | - | I365	86
D | 2010EA | PER03 | - | I365	219
D | 2010EA | PER05 | - | I365	219
D | 2010EA | PER07 | - | I365	220
D | 2010F | PER03 | - | I365	287
D | 2010F | PER05 | - | I365	287
D | 2010F | PER07 | - | I365	288

278 - Request for Response

D | 2010A | PER03 | - | I365	314
D | 2010A | PER05 | - | I365	314
D | 2010A | PER07 | - | I365	315
D | 2010EA | PER03 | - | I365	441
D | 2010EA | PER05 | - | I365	441
D | 2010EA | PER07 | - | I365	442
D | 2010EB | PER03 | - | I365	454
D | 2010EB | PER05 | - | I365	454
D | 2010EB | PER07 | - | I365	455
D | 2010FA | PER03 | - | I365	530
D | 2010FA | PER05 | - | I365	530
D | 2010FA | PER07 | - | I365	531
D | 2010FB | PER03 | - | I365	543
D | 2010FB | PER05 | - | I365	543
D | 2010FB | PER07 | - | I365	544

Complication Indicator

A code to indicate whether the Patient's condition is Complicated or Uncomplicated.

278 - Request for Review

D | 2000E | CR209 | - | I1073	191
-------------------------------	-----

Condition Code

Code(s) used to identify condition(s) relating to this bill or relating to the patient.

278 - Request for Review

D | 2000E | CRC03 | - | I1321	161
D | 2000E | CRC04 | - | I1321	161
D | 2000E | CRC05 | - | I1321	161
D | 2000E | CRC06 | - | I1321	162
D | 2000E | CRC07 | - | I1321	162
D | 2000E | CRC03 | - | I1321	164
D | 2000E | CRC04 | - | I1321	164
D | 2000E | CRC05 | - | I1321	164
D | 2000E | CRC06 | - | I1321	164
D | 2000E | CRC07 | - | I1321	165
D | 2000E | CRC03 | - | I1321	167
D | 2000E | CRC04 | - | I1321	169
D | 2000E | CRC05 | - | I1321	169
D | 2000E | CRC06 | - | I1321	169
D | 2000E | CRC07 | - | I1321	169
D | 2000E | CRC03 | - | I1321	171
D | 2000E | CRC04 | - | I1321	171
D | 2000E | CRC05 | - | I1321	171
D | 2000E | CRC06 | - | I1321	171
D | 2000E | CRC07 | - | I1321	172
D | 2000E | CRC03 | - | I1321	174
D | 2000E | CRC04 | - | I1321	176
D | 2000E | CRC05 | - | I1321	176
D | 2000E | CRC06 | - | I1321	176
D | 2000E | CRC07 | - | I1321	176
D | 2000E | CRC03 | - | I1321	178
D | 2000E | CRC04 | - | I1321	178
D | 2000E | CRC05 | - | I1321	179
D | 2000E | CRC06 | - | I1321	179
D | 2000E | CRC07 | - | I1321	179
D | 2000E | CRC03 | - | I1321	181
D | 2000E | CRC04 | - | I1321	182
D | 2000E | CRC05 | - | I1321	182
D | 2000E | CRC06 | - | I1321	182
D | 2000E | CRC07 | - | I1321	182

Contact Function Code

Code identifying the major duty or responsibility of the person or group named.

278 - Request for Review

D | 2010B | PER01 | - | I366	85
D | 2010EA | PER01 | - | I366	219
D | 2010F | PER01 | - | I366	287

278 - Request for Response

D | 2010A | PER01 | - | I366	314
D | 2010EA | PER01 | - | I366	441
D | 2010EB | PER01 | - | I366	454
D | 2010FA | PER01 | - | I366	530
D | 2010FB | PER01 | - | I366	543

Country Code

Code indicating the geographic location.

278 - Request for Review

D | 2010B | N404 | - | I26	83
D | 2010C | N404 | - | I26	98
D | 2010D | N404 | - | I26	111
D | 2000E | UM05 | C024-5 | I26	125
D | 2010EA | N404 | - | I26	217
D | 2010F | N404 | - | I26	285

278 - Request for Response

D | 2010C | N404 | - | I26	338
D | 2010D | N404 | - | I26	354
D | 2010EA | N404 | - | I26	439
D | 2010EB | N404 | - | I26	452
D | 2010FA | N404 | - | I26	528
D | 2010FB | N404 | - | I26	541

Country Subdivision Code

Code identifying the country subdivision.

278 - Request for Review

D | 2010B | N407 | - | I1715	83
D | 2010C | N407 | - | I1715	98
D | 2010D | N407 | - | I1715	111
D | 2010EA | N407 | - | I1715	217
D | 2010F | N407 | - | I1715	285

278 - Request for Response

D | 2010C | N407 | - | I1715	338
D | 2010D | N407 | - | I1715	354
D | 2010EA | N407 | - | I1715	439
D | 2010EB | N407 | - | I1715	452
D | 2010FA | N407 | - | I1715	528
D | 2010FB | N407 | - | I1715	541

Current Health Condition Code

Code indicating current condition of the individual.

278 - Request for Review

D 2000E UM07 - I1213	126
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Daily Oxygen Use Count

Number of times per day that the patient must use oxygen.

278 - Request for Review

D 2000E CR507 - I380	193
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278 - Request for Response

D 2000E CR507 - I380	421
------------------------------	-----

Date Time Period Format

Qualifier

Code indicating the date format, time format, or date and time format.

278 - Request for Review

D | 2010C | DMG01 | - | I1250	99
D | 2010D | DMG01 | - | I1250	112
D | 2000E | DTP02 | - | I1250	130
D | 2000E | DTP02 | - | I1250	131
D | 2000E | DTP02 | - | I1250	132
D | 2000E | DTP02 | - | I1250	133
D | 2000E | DTP02 | - | I1250	134
D | 2000E | DTP02 | - | I1250	135
D | 2000E | DTP02 | - | I1250	136
D | 2000E | HI01 | C022-3 | I1250	138
D | 2000E | HI02 | C022-3 | I1250	140
D | 2000E | HI03 | C022-3 | I1250	141
D | 2000E | HI04 | C022-3 | I1250	143
D | 2000E | HI05 | C022-3 | I1250	144
D | 2000E | HI06 | C022-3 | I1250	145
D | 2000E | HI07 | C022-3 | I1250	147
D | 2000E | HI08 | C022-3 | I1250	148
D | 2000E | HI09 | C022-3 | I1250	149
D | 2000E | HI10 | C022-3 | I1250	151
D | 2000E | HI11 | C022-3 | I1250	152
D | 2000E | HI12 | C022-3 | I1250	153
D | 2000E | CR603 | - | I1250	198
D | 2000E | CR615 | - | I1250	201
D | 2010EC | DTP02 | - | I1250	233
D | 2000F | DTP02 | - | I1250	246

278 - Request for Response

D | 2010C | DMG01 | - | I1250	341
D | 2010D | DMG01 | - | I1250	357
D | 2000E | DTP02 | - | I1250	378
D | 2000E | DTP02 | - | I1250	379
D | 2000E | DTP02 | - | I1250	380
D | 2000E | DTP02 | - | I1250	381
D | 2000E | DTP02 | - | I1250	382
D | 2000E | DTP02 | - | I1250	383
D | 2000E | DTP02 | - | I1250	384
D | 2000E | DTP02 | - | I1250	385
D | 2000E | DTP02 | - | I1250	386
D | 2000E | DTP02 | - | I1250	387
D | 2000E | HI01 | C022-3 | I1250	390
D | 2000E | HI02 | C022-3 | I1250	391
D | 2000E | HI03 | C022-3 | I1250	393
D | 2000E | HI04 | C022-3 | I1250	394
D | 2000E | HI05 | C022-3 | I1250	396
D | 2000E | HI06 | C022-3 | I1250	397
D | 2000E | HI07 | C022-3 | I1250	399
D | 2000E | HI08 | C022-3 | I1250	400
D | 2000E | HI09 | C022-3 | I1250	402
D | 2000E | HI10 | C022-3 | I1250	403
D | 2000E | HI11 | C022-3 | I1250	405
D | 2000E | HI12 | C022-3 | I1250	406
D | 2000E | CR603 | - | I1250	424
D | 2000F | DTP02 | - | I1250	479
D | 2000F | DTP02 | - | I1250	480
D | 2000F | DTP02 | - | I1250	481
D | 2000F | DTP02 | - | I1250	482

Date Time Qualifier

Code specifying the type of date or time or both date and time.

278 - Request for Review

D | 2000E | DTP01 | - | I374	130
D | 2000E | DTP01 | - | I374	131
D | 2000E | DTP01 | - | I374	132
D | 2000E | DTP01 | - | I374	133
D | 2000E | DTP01 | - | I374	134

D | 2000E | DTP01 | - | I374	135
D | 2000E | DTP01 | - | I374	136
D | 2010EC | DTP01 | - | I374	233
D | 2000F | DTP01 | - | I374	246

278 - Request for Response

D 2000E | DTP01 | - | I374	378
D | 2000E | DTP01 | - | I374	379
D | 2000E | DTP01 | - | I374	380
D | 2000E | DTP01 | - | I374	381
D | 2000E | DTP01 | - | I374	382
D | 2000E | DTP01 | - | I374	383
D | 2000E | DTP01 | - | I374	384
D | 2000E | DTP01 | - | I374	385
D | 2000E | DTP01 | - | I374	386
D | 2000E | DTP01 | - | I374	387
D | 2000F | DTP01 | - | I374	479
D | 2000F | DTP01 | - | I374	480
D | 2000F | DTP01 | - | I374	481
D | 2000F | DTP01 | - | I374	482

Delay Reason Code

Code indicating the reason why a request was delayed.

278 - Request for Review

D 2000E | UM10 | - | I1514	127
------------------------------------	-----

Delivery Frequency Code

Codw which specifies frequency by which services can be performed.

278 - Request for Review

D 2000E | HSD07 | - | I678	157
D | 2000F | HSD07 | - | I678	268

278 - Request for Response

D 2000E | HSD07 | - | I678	410
D | 2000F | HSD07 | - | I678	513

Delivery Pattern Time Code

Code which specifies the time delivery pattern of the services.

278 - Request for Review

D 2000E | HSD08 | - | I679	159
D | 2000F | HSD08 | - | I679	270

278 - Request for Response

D 2000E | HSD08 | - | I679	411
D | 2000F | HSD08 | - | I679	514

Dependent Address Line

The street address of the patient.

278 - Request for Review

D 2010D | N301 | - | I166	109
D | 2010D | N302 | - | I166	109

278 - Request for Response

D 2010D | N301 | - | I166	352
D | 2010D | N302 | - | I166	352

Dependent Birth Date

The date of birth of the dependent.

278 - Request for Review

D 2010D | DMG02 | - | I1251	113
-------------------------------------	-----

278 - Request for Response

D 2010D | DMG02 | - | I1251	357
-------------------------------------	-----

Dependent City Name

The city name of the patient.

278 - Request for Review

D 2010D | N401 | - | I19	110
----------------------------------	-----

278 - Request for Response

D 2010D | N401 | - | I19	353
----------------------------------	-----

Dependent First Name

The first name of the dependent.

278 - Request for Review

D 2010D | NM104 | - | I1036	106
-------------------------------------	-----

278 - Request for Response

D 2010D | NM104 | - | I1036	348
-------------------------------------	-----

Dependent Gender Code

A code indicating the gender of the dependent.

278 - Request for Review

D 2010D | DMG03 | - | I1068	113
-------------------------------------	-----

278 - Request for Response

D 2010D | DMG03 | - | I1068	358
-------------------------------------	-----

Dependent Last Name

The last name of the dependent.

278 - Request for Review

D 2010D | NM103 | - | I1035	106
-------------------------------------	-----

278 - Request for Response

D 2010D | NM103 | - | I1035	348
-------------------------------------	-----

Dependent Middle Name

The middle name of the dependent.

278 - Request for Review

D 2010D | NM105 | - | I1037	106
-------------------------------------	-----

278 - Request for Response

D 2010D | NM105 | - | I1037	348
-------------------------------------	-----

Dependent Name Suffix

A suffix following the name, including the generation of the patient, such as I, II, III, Jr, Sr.

278 - Request for Review

D 2010D | NM107 | - | I1039	106
-------------------------------------	-----

278 - Request for Response

D 2010D | NM107 | - | I1039	348
-------------------------------------	-----

Dependent Postal Zone or ZIP Code

The zip code of the dependent.

278 - Request for Review

D 2010D N403 - I116	111
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278 - Request for Response

D 2010D N403 - I116	354
-----------------------------------	-----

Dependent Primary Identifier

Identifies the code number by which the dependent is known.

278 - Request for Response

D | 2010D | NM109 | - | 167 349

Dependent State Code

The state postal code of the dependent.

278 - Request for Review

D | 2010D | N402 | - | 156 111

278 - Request for Response

D | 2010D | N402 | - | 156 354

Dependent Supplemental Identifier

Identifies another or additional distinguishing code number associated with the dependent.

278 - Request for Review

D | 2010D | REF02 | - | 127 108

278 - Request for Response

D | 2010D | REF02 | - | 127 350

Description

A free-form description to clarify the related data elements and their content.

278 - Request for Review

D | 2000F | SV307 | - | 352 263

Diagnosis Code

An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition.

278 - Request for Review

D | 2000E | HI01 | C022-2 | 1271 138
D | 2000E | HI02 | C022-2 | 1271 140
D | 2000E | HI03 | C022-2 | 1271 141
D | 2000E | HI04 | C022-2 | 1271 142
D | 2000E | HI05 | C022-2 | 1271 144
D | 2000E | HI06 | C022-2 | 1271 145
D | 2000E | HI07 | C022-2 | 1271 146
D | 2000E | HI08 | C022-2 | 1271 148
D | 2000E | HI09 | C022-2 | 1271 149
D | 2000E | HI10 | C022-2 | 1271 150
D | 2000E | HI11 | C022-2 | 1271 152
D | 2000E | HI12 | C022-2 | 1271 153

278 - Request for Response

D | 2000E | HI01 | C022-2 | 1271 390
D | 2000E | HI02 | C022-2 | 1271 391
D | 2000E | HI03 | C022-2 | 1271 393
D | 2000E | HI04 | C022-2 | 1271 394
D | 2000E | HI05 | C022-2 | 1271 396
D | 2000E | HI06 | C022-2 | 1271 397
D | 2000E | HI07 | C022-2 | 1271 399
D | 2000E | HI08 | C022-2 | 1271 400
D | 2000E | HI09 | C022-2 | 1271 402
D | 2000E | HI10 | C022-2 | 1271 403
D | 2000E | HI11 | C022-2 | 1271 405
D | 2000E | HI12 | C022-2 | 1271 406

Diagnosis Code Pointer

A pointer to the claim diagnosis code in the order of importance to this service.

278 - Request for Review

D | 2000F | SV107 | C004-1 | 1328 251
D | 2000F | SV107 | C004-2 | 1328 251
D | 2000F | SV107 | C004-3 | 1328 251
D | 2000F | SV107 | C004-4 | 1328 251

Diagnosis Date

Date the diagnosis was established or recorded.

278 - Request for Review

D | 2000E | HI01 | C022-4 | 1251 138
D | 2000E | HI02 | C022-4 | 1251 140
D | 2000E | HI03 | C022-4 | 1251 141
D | 2000E | HI04 | C022-4 | 1251 143
D | 2000E | HI05 | C022-4 | 1251 144
D | 2000E | HI06 | C022-4 | 1251 145
D | 2000E | HI07 | C022-4 | 1251 147
D | 2000E | HI08 | C022-4 | 1251 148
D | 2000E | HI09 | C022-4 | 1251 149
D | 2000E | HI10 | C022-4 | 1251 151
D | 2000E | HI11 | C022-4 | 1251 152
D | 2000E | HI12 | C022-4 | 1251 153

278 - Request for Response

D | 2000E | HI01 | C022-4 | 1251 390
D | 2000E | HI02 | C022-4 | 1251 392
D | 2000E | HI03 | C022-4 | 1251 393
D | 2000E | HI04 | C022-4 | 1251 395
D | 2000E | HI05 | C022-4 | 1251 396
D | 2000E | HI06 | C022-4 | 1251 398
D | 2000E | HI07 | C022-4 | 1251 399
D | 2000E | HI08 | C022-4 | 1251 401
D | 2000E | HI09 | C022-4 | 1251 402
D | 2000E | HI10 | C022-4 | 1251 404
D | 2000E | HI11 | C022-4 | 1251 405
D | 2000E | HI12 | C022-4 | 1251 407

Diagnosis Type Code

Code identifying the type of diagnosis.

278 - Request for Review

D | 2000E | HI01 | C022-1 | 1270 137
D | 2000E | HI02 | C022-1 | 1270 139
D | 2000E | HI03 | C022-1 | 1270 141
D | 2000E | HI04 | C022-1 | 1270 142
D | 2000E | HI05 | C022-1 | 1270 143
D | 2000E | HI06 | C022-1 | 1270 145
D | 2000E | HI07 | C022-1 | 1270 146
D | 2000E | HI08 | C022-1 | 1270 147
D | 2000E | HI09 | C022-1 | 1270 149
D | 2000E | HI10 | C022-1 | 1270 150
D | 2000E | HI11 | C022-1 | 1270 151
D | 2000E | HI12 | C022-1 | 1270 153

278 - Request for Response

D | 2000E | HI01 | C022-1 | 1270 389
D | 2000E | HI02 | C022-1 | 1270 391
D | 2000E | HI03 | C022-1 | 1270 392
D | 2000E | HI04 | C022-1 | 1270 394
D | 2000E | HI05 | C022-1 | 1270 395
D | 2000E | HI06 | C022-1 | 1270 397
D | 2000E | HI07 | C022-1 | 1270 398
D | 2000E | HI08 | C022-1 | 1270 400
D | 2000E | HI09 | C022-1 | 1270 401
D | 2000E | HI10 | C022-1 | 1270 403
D | 2000E | HI11 | C022-1 | 1270 404
D | 2000E | HI12 | C022-1 | 1270 406

EPSTD Indicator

An indicator of whether or not Early and Periodic Screening for Diagnosis and Treatment of children services are involved with this detail line.

278 - Request for Review
D | 2000F | SV111 | - | 11073 252

278 - Request for Response
D | 2000F | SV111 | - | 11073 496

Employment Status Code

A code used to define the employment status of the individual covered by this insurance payer.

278 - Request for Review
D | 2010C | INS08 | - | 1584 102

278 - Request for Response
D | 2010C | INS08 | - | 1584 344

Entity Identifier Code

Code identifying an organizational entity, a physical location, property or an individual.

278 - Request for Review
D | 2010A | NM101 | - | 198 71
D | 2010B | NM101 | - | 198 76
D | 2010C | NM101 | - | 198 92
D | 2010D | NM101 | - | 198 105
D | 2010EA | NM101 | - | 198 210
D | 2010EB | NM101 | - | 198 224
D | 2010EC | NM101 | - | 198 228
D | 2010F | NM101 | - | 198 278

278 - Request for Response
D | 2010A | NM101 | - | 198 310
D | 2010B | NM101 | - | 198 320
D | 2010C | NM101 | - | 198 331
D | 2010D | NM101 | - | 198 347
D | 2010EA | NM101 | - | 198 432
D | 2010EB | NM101 | - | 198 448
D | 2010EC | NM101 | - | 198 456
D | 2010FA | NM101 | - | 198 521
D | 2010FB | NM101 | - | 198 537

Entity Type Qualifier

Code qualifying the type of entity.

278 - Request for Review
D | 2010A | NM102 | - | 11065 72
D | 2010B | NM102 | - | 11065 77
D | 2010C | NM102 | - | 11065 92
D | 2010D | NM102 | - | 11065 106
D | 2010EA | NM102 | - | 11065 210
D | 2010EB | NM102 | - | 11065 224
D | 2010EC | NM102 | - | 11065 229
D | 2010F | NM102 | - | 11065 278

278 - Request for Response
D | 2010A | NM102 | - | 11065 311
D | 2010B | NM102 | - | 11065 320
D | 2010C | NM102 | - | 11065 331
D | 2010D | NM102 | - | 11065 348
D | 2010EA | NM102 | - | 11065 433
D | 2010EB | NM102 | - | 11065 448
D | 2010EC | NM102 | - | 11065 457
D | 2010FA | NM102 | - | 11065 522
D | 2010FB | NM102 | - | 11065 537

Equipment Reason Description

Free-form description of the reason for the equipment.

278 - Request for Review
D | 2000E | CR505 | - | 1352 193

Estimated Birth Date

Date delivery is expected.

278 - Request for Review
D | 2000E | DTP03 | - | 11251 132

278 - Request for Response
D | 2000E | DTP03 | - | 11251 380

Facility Code Qualifier

Code identifying the type of facility referenced.

278 - Request for Review
D | 2000E | UM04 | C023-2 | 11332 124
D | 2000F | UM04 | C023-2 | 11332 242

278 - Request for Response
D | 2000E | UM04 | C023-2 | 11332 371
D | 2000F | UM04 | C023-2 | 11332 473

Facility Type Code

Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format.

278 - Request for Review
D | 2000E | UM04 | C023-1 | 11331 124
D | 2000F | UM04 | C023-1 | 11331 242

278 - Request for Response
D | 2000E | UM04 | C023-1 | 11331 371
D | 2000F | UM04 | C023-1 | 11331 473

Follow-up Action Code

Code identifying follow-up actions allowed.

278 - Request for Response
D | 2000A | AAA04 | - | 1889 309
D | 2010A | AAA04 | - | 1889 317
D | 2010B | AAA04 | - | 1889 326
D | 2010C | AAA04 | - | 1889 340
D | 2010D | AAA04 | - | 1889 356
D | 2000E | AAA04 | - | 1889 366
D | 2010EA | AAA04 | - | 1889 444
D | 2010EC | AAA04 | - | 1889 462
D | 2000F | AAA04 | - | 1889 468
D | 2010FA | AAA04 | - | 1889 533

Free Form Message Text

Text used to convey information related to the transaction.

278 - Request for Review
D | 2000E | MSG01 | - | 1933 208
D | 2000F | MSG01 | - | 1933 276

278 - Request for Response
D | 2000E | MSG01 | - | 1933 431
D | 2000F | MSG01 | - | 1933 520

Hierarchical Child Code

Code indicating if there are hierarchical child data segments subordinate to the level being described.

278 - Request for Review

D | 2000A | HL04 | - | 1736	70
D | 2000B | HL04 | - | 1736	75
D | 2000C | HL04 | - | 1736	90
D | 2000D | HL04 | - | 1736	104
D | 2000E | HL04 | - | 1736	117
D | 2000F | HL04 | - | 1736	235

278 - Request for Response

D | 2000A | HL04 | - | 1736	307
D | 2000B | HL04 | - | 1736	319
D | 2000C | HL04 | - | 1736	330
D | 2000D | HL04 | - | 1736	346
D | 2000E | HL04 | - | 1736	362
D | 2000F | HL04 | - | 1736	464

Hierarchical ID Number

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.

278 - Request for Review

D | 2000A | HL01 | - | 1628	69
D | 2000B | HL01 | - | 1628	74
D | 2000C | HL01 | - | 1628	89
D | 2000D | HL01 | - | 1628	103
D | 2000E | HL01 | - | 1628	116
D | 2000F | HL01 | - | 1628	234

278 - Request for Response

D | 2000A | HL01 | - | 1628	306
D | 2000B | HL01 | - | 1628	318
D | 2000C | HL01 | - | 1628	329
D | 2000D | HL01 | - | 1628	345
D | 2000E | HL01 | - | 1628	361
D | 2000F | HL01 | - | 1628	463

Hierarchical Level Code

Code defining the characteristic of a level in a hierarchical structure.

278 - Request for Review

D | 2000A | HL03 | - | 1735	70
D | 2000B | HL03 | - | 1735	75
D | 2000C | HL03 | - | 1735	90
D | 2000D | HL03 | - | 1735	104
D | 2000E | HL03 | - | 1735	117
D | 2000F | HL03 | - | 1735	235

278 - Request for Response

D | 2000A | HL03 | - | 1735	307
D | 2000B | HL03 | - | 1735	319
D | 2000C | HL03 | - | 1735	330
D | 2000D | HL03 | - | 1735	346
D | 2000E | HL03 | - | 1735	362
D | 2000F | HL03 | - | 1735	464

Hierarchical Parent ID Number

Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to.

278 - Request for Review

D | 2000B | HL02 | - | 1734	74
D 2000C HL02 - 1734	89
D 2000D HL02 - 1734	103
D 2000E HL02 - 1734	116

D 2000F HL02 - 1734	234
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278 - Request for Response

D 2000B HL02 - 1734	319
D 2000C HL02 - 1734	330
D 2000D HL02 - 1734	345
D | 2000E | HL02 | - | 1734	361
D | 2000F | HL02 | - | 1734	463

Hierarchical Structure Code

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

278 - Request for Review

H BHT01 - 11005	67
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278 - Request for Response

H BHT01 - 11005	304
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Home Health Certification Period

Certification period for home health care covered by this plan of treatment.

278 - Request for Review

D | 2000E | CR604 | - | 11251	198
-------------------------------------	-----

278 - Request for Response

D | 2000E | CR604 | - | 11251	424
-------------------------------------	-----

Home Health Start Date

Date Home Health services are scheduled or are anticipated to start.

278 - Request for Review

D | 2000E | CR602 | - | 1373	198
------------------------------------	-----

278 - Request for Response

D | 2000E | CR602 | - | 1373	424
------------------------------------	-----

Identification Code Qualifier

Code designating the system/method of code structure used for Identification Code (67).

278 - Request for Review

D | 2010A | NM108 | - | 166	73
D | 2010B | NM108 | - | 166	77
D | 2010C | NM108 | - | 166	93
D | 2000E | PWK05 | - | 166	206
D | 2010EA | NM108 | - | 166	211
D | 2000F | PWK05 | - | 166	274
D | 2010F | NM108 | - | 166	279

278 - Request for Response

D | 2010A | NM108 | - | 166	311
D | 2010B | NM108 | - | 166	321
D | 2010C | NM108 | - | 166	332
D | 2010D | NM108 | - | 166	348
D | 2000E | PWK05 | - | 166	429
D | 2010EA | NM108 | - | 166	434
D | 2010EB | NM108 | - | 166	449
D | 2000F | PWK05 | - | 166	518
D | 2010FA | NM108 | - | 166	523
D | 2010FB | NM108 | - | 166	538

Implementation Guide Version Name

Name of the referenced implementation guide version.

278 - Request for Review

H | | ST03 | - | I1705 66

278 - Request for Response

H | | ST03 | - | I1705 303

Individual Relationship Code

Code indicating the relationship between two individuals or entities.

278 - Request for Review

D | 2010C | INS02 | - | I1069 102

D | 2010D | INS02 | - | I1069 115

278 - Request for Response

D | 2010C | INS02 | - | I1069 344

D | 2010D | INS02 | - | I1069 360

Insured Indicator

Indicates whether the insured is the subscriber or a dependent.

278 - Request for Review

D | 2010C | INS01 | - | I1073 101

D | 2010D | INS01 | - | I1073 114

278 - Request for Response

D | 2010C | INS01 | - | I1073 343

D | 2010D | INS01 | - | I1073 359

LOINC Code

Logical Observation Identifier Names and Codes (LOINC) codes.

278 - Request for Response

D | 2000F | HI01 | C022-2 | I1271 484

D | 2000F | HI02 | C022-2 | I1271 485

D | 2000F | HI03 | C022-2 | I1271 485

D | 2000F | HI04 | C022-2 | I1271 486

D | 2000F | HI05 | C022-2 | I1271 487

D | 2000F | HI06 | C022-2 | I1271 488

D | 2000F | HI07 | C022-2 | I1271 488

D | 2000F | HI08 | C022-2 | I1271 489

D | 2000F | HI09 | C022-2 | I1271 490

D | 2000F | HI10 | C022-2 | I1271 491

D | 2000F | HI11 | C022-2 | I1271 491

D | 2000F | HI12 | C022-2 | I1271 492

Last Admission Period

Admission date of the most recent inpatient stay.

278 - Request for Review

D | 2000E | CR616 | - | I1251 201

Last Menstrual Period Date

The date of the last menstrual period (LMP).

278 - Request for Review

D | 2000E | DTP03 | - | I1251 131

278 - Request for Response

D | 2000E | DTP03 | - | I1251 379

Last Visit Date

Date the patient was last seen by the physician.

278 - Request for Review

D | 2000E | CR613 | - | I373 201

Level of Service Code

Code specifying the level of service rendered.

278 - Request for Review

D | 2000E | UM06 | - | I1338 126

278 - Request for Response

D | 2000E | UM06 | - | I1338 371

License Number State Code

The State Postal Code of a jurisdiction-assigned license number.

278 - Request for Review

D | 2010EA | REF03 | - | I352 214

D | 2010F | REF03 | - | I352 282

278 - Request for Response

D | 2010EA | REF03 | - | I352 436

D | 2010FA | REF03 | - | I352 525

Medicare Coverage Indicator

A code indicating the Medicare coverage exists.

278 - Request for Review

D | 2000E | CR607 | - | I1073 199

278 - Request for Response

D | 2000E | CR607 | - | I1073 424

Nursing Home Level of Care

Code specifying the level of care provided by a nursing home facility.

278 - Request for Review

D | 2000F | SV120 | - | I1337 252

D | 2000F | SV210 | - | I1337 258

278 - Request for Response

D | 2000F | SV120 | - | I1337 497

D | 2000F | SV210 | - | I1337 502

Nursing Home Residential Status Code

Code specifying the status of a nursing home resident at the time of service.

278 - Request for Review

D | 2000E | CL104 | - | I1345 184

D | 2000F | SV209 | - | I1345 257

Onset Date

Date of onset of indicated patient condition.

278 - Request for Review

D | 2000E | DTP03 | - | I1251 133

278 - Request for Response

D | 2000E | DTP03 | - | I1251 381

Oral Cavity Designation Code

Code identifying an oral cavity involved in the service.

278 - Request for Review

D | 2000F | SV304 | C006-1 | I361	262
D | 2000F | SV304 | C006-2 | I361	262
D | 2000F | SV304 | C006-3 | I361	262
D | 2000F | SV304 | C006-4 | I361	262
D | 2000F | SV304 | C006-5 | I361	262

278 - Request for Response

D | 2000F | SV304 | C006-1 | I361	505
D | 2000F | SV304 | C006-2 | I361	505
D | 2000F | SV304 | C006-3 | I361	506
D | 2000F | SV304 | C006-4 | I361	506
D | 2000F | SV304 | C006-5 | I361	506

Other UMO Denial Date

Date the other UMO denied the authorization request.

278 - Request for Review

D | 2010EC | DTP03 | - | I1251	233
--------------------------------	-----

Other UMO Denial Reason

Reason code for why the other UMO denied the authorization request.

278 - Request for Review

D | 2010EC | REF02 | - | I127	230
D | 2010EC | REF04 | C040-2 | I127	231
D | 2010EC | REF04 | C040-4 | I127	231

Other UMO Name

Name of other UMO.

278 - Request for Review

D | 2010EC | NM103 | - | I1035	229
--------------------------------	-----

Oxygen Delivery System Code

Code to indicate if a particular form of delivery was prescribed.

278 - Request for Review

D | 2000E | CR517 | - | I1382	195
-------------------------------	-----

278 - Request for Response

D | 2000E | CR517 | - | I1382	422
-------------------------------	-----

Oxygen Equipment Type Code

Code indicating the specific type of equipment prescribed for the delivery of oxygen.

278 - Request for Review

D | 2000E | CR503 | - | I1348	193
D | 2000E | CR504 | - | I1348	193
D | 2000E | CR518 | - | I1348	196

278 - Request for Response

D | 2000E | CR503 | - | I1348	420
D | 2000E | CR504 | - | I1348	421
D | 2000E | CR518 | - | I1348	422

Oxygen Flow Rate

The oxygen flow rate in liters per minute.

278 - Request for Review

D | 2000E | CR506 | - | I380	193
------------------------------	-----

278 - Request for Response

D | 2000E | CR506 | - | I380	421
------------------------------	-----

Oxygen Saturation Quantity

The oxygen saturation (oximetry) test results.

278 - Request for Review

D | 2000E | CR511 | - | I380	194
------------------------------	-----

Oxygen Test Condition Code

Code indicating the conditions under which a patient was tested.

278 - Request for Review

D | 2000E | CR512 | - | I1349	194
-------------------------------	-----

Oxygen Test Findings Code

Code indicating the findings of oxygen tests performed on a patient.

278 - Request for Review

D | 2000E | CR513 | - | I1350	195
D | 2000E | CR514 | - | I1350	195
D | 2000E | CR515 | - | I1350	195

Oxygen Use Period Hour Count

Number of hours per period of oxygen use.

278 - Request for Review

D | 2000E | CR508 | - | I380	194
------------------------------	-----

278 - Request for Response

D | 2000E | CR508 | - | I380	421
------------------------------	-----

Patient Condition Code

Code indicating the condition of the patient.

278 - Request for Review

D | 2000E | CR208 | - | I1342	190
-------------------------------	-----

Patient Condition Description

Free-form description of the patient's condition.

278 - Request for Review

D | 2000E | CR210 | - | I352	191
D | 2000E | CR211 | - | I352	191

Patient Event Provider Address Line

Address line in the mailing address of the provider to whom the patient has been or will be referred for this patient event.

278 - Request for Review

D | 2010EA | N301 | - | I166	215
D | 2010EA | N302 | - | I166	215

278 - Request for Response

D | 2010EA | N301 | - | I166	437
D | 2010EA | N302 | - | I166	437

Patient Event Provider City Name

Name of the city in the mailing address of the provider to whom the patient has been or will be referred for this patient event.

278 - Request for Review	
D | 2010EA | N401 | - | I19	216
278 - Request for Response	
D | 2010EA | N401 | - | I19	438

Patient Event Provider Contact Communications Number

Complete patient event provider contact communications number, including country or area code when applicable.

278 - Request for Review	
D | 2010EA | PER04 | - | I364	219
D | 2010EA | PER06 | - | I364	220
D | 2010EA | PER08 | - | I364	220
278 - Request for Response	
D | 2010EA | PER04 | - | I364	441
D | 2010EA | PER06 | - | I364	442
D | 2010EA | PER08 | - | I364	442

Patient Event Provider Contact Name

Name of the person, group, or organization to contact at the entity where the patient event has or will occur.

278 - Request for Review	
D | 2010EA | PER02 | - | I93	219
278 - Request for Response	
D | 2010EA | PER02 | - | I93	441

Patient Event Provider First Name

First name of the provider to whom the patient has been or will be referred for the patient event.

278 - Request for Review	
D | 2010EA | NM104 | - | I1036	210
278 - Request for Response	
D | 2010EA | NM104 | - | I1036	433

Patient Event Provider Identifier

Code uniquely identifying the provider to whom the patient has been or will be referred for the patient event.

278 - Request for Review	
D | 2010EA | NM109 | - | I67	212
278 - Request for Response	
D | 2010EA | NM109 | - | I67	434

Patient Event Provider Last or Organization Name

Last name or organization name of the provider to whom the patient has been or will be referred for the patient event.

278 - Request for Review	
D | 2010EA | NM103 | - | I1035	210
278 - Request for Response	
D | 2010EA | NM103 | - | I1035	433

Patient Event Provider Middle Name

Middle name or middle initial name of the provider to whom the patient has been or will be referred for the patient event.

278 - Request for Review	
D | 2010EA | NM105 | - | I1037	211
278 - Request for Response	
D | 2010EA | NM105 | - | I1037	433

Patient Event Provider Name Prefix

Prefix of the name of the individual who is the patient event provider.

278 - Request for Review	
D | 2010EA | NM106 | - | I1038	211
278 - Request for Response	
D | 2010EA | NM106 | - | I1038	433

Patient Event Provider Name Suffix

Suffix to the name of the provider to whom the patient has been or will be referred for the patient event.

278 - Request for Review	
D | 2010EA | NM107 | - | I1039	211
278 - Request for Response	
D | 2010EA | NM107 | - | I1039	434

Patient Event Provider Postal Zone or ZIP Code

Code indicating the postal code in the mailing address of the provider to whom the patient has been or will be referred for the patient event.

278 - Request for Review	
D | 2010EA | N403 | - | I116	217
278 - Request for Response	
D | 2010EA | N403 | - | I116	439

Patient Event Provider State Code

Code indicating the state or province in the mailing address of the provider to whom the patient has been or will be referred for the patient event.

278 - Request for Review	
D | 2010EA | N402 | - | I156	217
278 - Request for Response	
D | 2010EA | N402 | - | I156	439

Patient Event Provider Supplemental Identifier

Supplemental identification information about the provider to whom the patient has been or will be referred for the patient event.

278 - Request for Review	
D | 2010EA | REF02 | - | I127	214
278 - Request for Response	
D | 2010EA | REF02 | - | I127	436

Patient Event Trace Number

Unique number assigned by the provider to identify the patient event for reconciliation of the response to an internal system.

278 - Request for Review	
D | 2000E | TRN02 | - | I127	119
278 - Request for Response	
D | 2000E | TRN02 | - | I127	364

Patient Event Transport Location Address Line

Street address from which the patient is being transported or the street address to which the patient is being transported.

278 - Request for Review	
D | 2010EB | N301 | - | I166	225
D | 2010EB | N302 | - | I166	225
278 - Request for Response	
D | 2010EC | N301 | - | I166	458
D | 2010EC | N302 | - | I166	458

Patient Event Transport Location City Name

City from which the patient is being transported or the city to which the patient is being transported.

278 - Request for Review	
D | 2010EB | N401 | - | I19	226
278 - Request for Response	
D | 2010EC | N401 | - | I19	459

Patient Event Transport Location Name

Name of location for which the patient is being transported.

278 - Request for Review	
D | 2010EB | NM103 | - | I1035	224
278 - Request for Response	
D | 2010EC | NM103 | - | I1035	457

Patient Event Transport Location Postal Zone or ZIP Code

Zip Code from which the patient is being transported or the Zip Code to which the patient is being transported.

278 - Request for Review	
D | 2010EB | N403 | - | I116	227
278 - Request for Response	
D | 2010EC | N403 | - | I116	460

Patient Event Transport Location State or Province Code

State Postal Code or Province Code from which the patient is being transported or the State Postal Code or Province Code to which the patient is being transported.

278 - Request for Review	
D | 2010EB | N402 | - | I156	227
278 - Request for Response	
D | 2010EC | N402 | - | I156	460

Patient Location Code

Code identifying the location where the patient receives medical treatment.

278 - Request for Review	
D | 2000E | CR617 | - | I1384	202

Patient Status Code

A code indicating the patient's status at the date of admission, outpatient service, or start of care.

278 - Request for Review	
D | 2000E | CL103 | - | I1352	183
278 - Request for Response	
D | 2000E | CL103 | - | I1352	413

Patient Weight

Weight of the patient at time of treatment or transport.

278 - Request for Review	
D | 2000E | CR102 | - | I81	186

Period Count

Total number of periods.

278 - Request for Review

D | 2000E | HSD06 | - | 1616	157
D | 2000F | HSD06 | - | 1616	268

278 - Request for Response

D | 2000E | HSD06 | - | 1616	410
D | 2000F | HSD06 | - | 1616	512

Physician Contact Date

Date of the home health agency's most recent contact with the physician.

278 - Request for Review

D 2000E CR614 - 1373	201
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Physician Order Date

Date the agency received the verbal orders from the physician for start of care.

278 - Request for Review

D | 2000E | CR612 | - | 1373	200
------------------------------------	-----

Portable Oxygen System Flow Rate

Oxygen flow rate for a portable oxygen system in liters per minute.

278 - Request for Review

D | 2000E | CR516 | - | 1380	195
------------------------------------	-----

278 - Request for Response

D | 2000E | CR516 | - | 1380	422
------------------------------------	-----

Previous Administrative Reference Number

Unique reference number previously assigned by the UMO to this service review.

278 - Request for Review

D | 2000E | REF02 | - | 1127	129
D | 2000F | REF02 | - | 1127	245

Previous Review Authorization Number

Unique authorization number previously assigned by the UMO to this service review.

278 - Request for Review

D | 2000E | REF02 | - | 1127	128
D | 2000F | REF02 | - | 1127	244

278 - Request for Response

D | 2000E | REF02 | - | 1127	377
D | 2000F | REF02 | - | 1127	478

Procedure Code

Code identifying the procedure, product or service.

278 - Request for Review

D | 2000F | SV101 | C003-2 | 1234	248
D | 2000F | SV101 | C003-8 | 1234	250
D | 2000F | SV202 | C003-2 | 1234	255
D | 2000F | SV202 | C003-8 | 1234	256

D | 2000F | SV301 | C003-2 | 1234	259
D | 2000F | SV301 | C003-8 | 1234	261

278 - Request for Response

D | 2000F | SV101 | C003-2 | 1234	494
D | 2000F | SV101 | C003-8 | 1234	495
D | 2000F | SV202 | C003-2 | 1234	500
D | 2000F | SV202 | C003-8 | 1234	501
D | 2000F | SV301 | C003-2 | 1234	504
D | 2000F | SV301 | C003-8 | 1234	505

Procedure Code Description

Description clarifying the Product/Service Procedure Code and related data elements.

278 - Request for Review

D | 2000F | SV101 | C003-7 | 1352	249
D | 2000F | SV202 | C003-7 | 1352	256
D | 2000F | SV301 | C003-7 | 1352	261

278 - Request for Response

D | 2000F | SV101 | C003-7 | 1352	495
D | 2000F | SV202 | C003-7 | 1352	501
D | 2000F | SV301 | C003-7 | 1352	505

Procedure Modifier

This identifies special circumstances related to the performance of the service.

278 - Request for Review

D | 2000F | SV101 | C003-3 | 11339	248
D | 2000F | SV101 | C003-4 | 11339	249
D | 2000F | SV101 | C003-5 | 11339	249
D | 2000F | SV101 | C003-6 | 11339	249
D | 2000F | SV202 | C003-3 | 11339	255
D | 2000F | SV202 | C003-4 | 11339	255
D | 2000F | SV202 | C003-5 | 11339	255
D | 2000F | SV202 | C003-6 | 11339	256
D | 2000F | SV301 | C003-3 | 11339	260
D | 2000F | SV301 | C003-4 | 11339	260
D | 2000F | SV301 | C003-5 | 11339	260
D | 2000F | SV301 | C003-6 | 11339	260

278 - Request for Response

D | 2000F | SV101 | C003-3 | 11339	494
D | 2000F | SV101 | C003-4 | 11339	494
D | 2000F | SV101 | C003-5 | 11339	495
D | 2000F | SV101 | C003-6 | 11339	495
D | 2000F | SV202 | C003-3 | 11339	500
D | 2000F | SV202 | C003-4 | 11339	500
D | 2000F | SV202 | C003-5 | 11339	500
D | 2000F | SV202 | C003-6 | 11339	500
D | 2000F | SV301 | C003-3 | 11339	504
D | 2000F | SV301 | C003-4 | 11339	504
D | 2000F | SV301 | C003-5 | 11339	504
D | 2000F | SV301 | C003-6 | 11339	504

Product or Service ID Qualifier

Code identifying the type/source of the descriptive number used in Product/Service ID (234).

278 - Request for Review

D | 2000E | CR610 | - | 1235	200
D | 2000F | SV101 | C003-1 | 1235	247
D | 2000F | SV202 | C003-1 | 1235	254
D | 2000F | SV301 | C003-1 | 1235	259

278 - Request for Response

D | 2000F | SV101 | C003-1 | 1235	493
D | 2000F | SV202 | C003-1 | 1235	499
D | 2000F | SV301 | C003-1 | 1235	503

Prognosis Code

Code indicating physician's prognosis for the patient.

278 - Request for Review

D 2000E UM08 - I923	126
D 2000E CR601 - I923	198

278 - Request for Response

D 2000E CR601 - I923	423
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Proposed or Actual Admission Date

Requested or actual date of admission to a healthcare facility.

278 - Request for Review

D 2000E DTP03 - I1251	135
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278 - Request for Response

D 2000E DTP03 - I1251	383
-------------------------------	-----

Proposed or Actual Discharge Date

Requested or actual date of discharge from a healthcare facility.

278 - Request for Review

D 2000E DTP03 - I1251	136
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278 - Request for Response

D 2000E DTP03 - I1251	384
-------------------------------	-----

Proposed or Actual Event Date

Requested or actual date of the patient event.

278 - Request for Review

D | 2000E | DTP03 | - | I1251	134
-------------------------------	-----

278 - Request for Response

D | 2000E | DTP03 | - | I1251	382
-------------------------------	-----

Proposed or Actual Service Date

Requested or actual date of service.

278 - Request for Review

D | 2000F | DTP03 | - | I1251	246
-------------------------------	-----

278 - Request for Response

D | 2000F | DTP03 | - | I1251	479
-------------------------------	-----

Prosthesis, Crown, or Inlay Code

Code Specifying the Placement Status for the Dental Work.

278 - Request for Review

D 2000F SV305 - I1358	262
-------------------------------	-----

278 - Request for Response

D 2000F SV305 - I1358	506
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Provider Code

Code identifying the type of provider.

278 - Request for Review

D 2010B PRV01 - I1221	87
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D 2010EA PRV01 - I1221	221
D 2010F PRV01 - I1221	289

278 - Request for Response

D 2010B PRV01 - I1221	327
D | 2010EA | PRV01 | - | I1221	445
D | 2010FA | PRV01 | - | I1221	534

Provider Taxonomy Code

Code designating the provider type, classification, and specialization.

278 - Request for Review

D | 2010B | PRV03 | - | I127	88
D | 2010EA | PRV03 | - | I127	222
D | 2010F | PRV03 | - | I127	290

278 - Request for Response

D | 2010B | PRV03 | - | I127	328
D | 2010EA | PRV03 | - | I127	446
D | 2010FA | PRV03 | - | I127	535

Quantity Qualifier

Code specifying the type of quantity.

278 - Request for Review

D | 2000E | HSD01 | - | I673	156
D | 2000F | HSD01 | - | I673	267

278 - Request for Response

D | 2000E | HSD01 | - | I673	409
D | 2000F | HSD01 | - | I673	511

Reference Identification

The identification value assigned by the sender for this particular transaction.

278 - Request for Review

D 2010EC REF04 C040-6 I127	232
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Reference Identification Qualifier

Code qualifying the reference identification.

278 - Request for Review

D | 2010B | REF01 | - | I128	79
D | 2010B | PRV02 | - | I128	88
D | 2010C | REF01 | - | I128	95
D | 2010D | REF01 | - | I128	107
D | 2000E | REF01 | - | I128	128
D | 2000E | REF01 | - | I128	129
D | 2010EA | REF01 | - | I128	213
D | 2010EA | PRV02 | - | I128	222
D | 2010EC | REF01 | - | I128	230
D | 2010EC | REF04 | C040-1 | I128	231
D | 2010EC | REF04 | C040-3 | I128	231
D | 2010EC | REF04 | C040-5 | I128	231
D | 2000F | REF01 | - | I128	244
D | 2000F | REF01 | - | I128	245
D | 2010F | REF01 | - | I128	281
D | 2010F | PRV02 | - | I128	290

278 - Request for Response

D | 2010B | REF01 | - | I128	323
D | 2010B | PRV02 | - | I128	328
D | 2010C | REF01 | - | I128	334
D | 2010D | REF01 | - | I128	350
D | 2000E | REF01 | - | I128	376
D | 2000E | REF01 | - | I128	377
D | 2010EA | REF01 | - | I128	435
D | 2010EA | PRV02 | - | I128	446

D	I	2000F	I	REF01	I	-	I128	.....	477
D	I	2000F	I	REF01	I	-	I128	.....	478
D	I	2010FA	I	REF01	I	-	I128	.....	524
D	I	2010FA	I	PRV02	I	-	I128	.....	535

Reject Reason Code

Code assigned by issuer to identify reason for rejection.

278 - Request for Response

D	I	2000A	I	AAA03	I	-	I901	.....	309
D	I	2010A	I	AAA03	I	-	I901	.....	316
D	I	2010B	I	AAA03	I	-	I901	.....	325
D	I	2010C	I	AAA03	I	-	I901	.....	339
D	I	2010D	I	AAA03	I	-	I901	.....	355
D	I	2000E	I	AAA03	I	-	I901	.....	365
D	I	2010EA	I	AAA03	I	-	I901	.....	443
D	I	2010EC	I	AAA03	I	-	I901	.....	461
D	I	2000F	I	AAA03	I	-	I901	.....	467
D	I	2010FA	I	AAA03	I	-	I901	.....	532

Related Causes Code

Code identifying an accompanying cause of an illness, injury, or an accident.

278 - Request for Review

D	I	2000E	I	UM05	I	C024-1	I1362	.....	124
D	I	2000E	I	UM05	I	C024-2	I1362	.....	125
D	I	2000E	I	UM05	I	C024-3	I1362	.....	125

Release of Information Code

Code indicating whether the provider has on file a signed statement permitting the release of medical data to other organizations.

278 - Request for Review

D	I	2000E	I	UM09	I	-	I1363	127
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Report Transmission Code

Code defining timing, transmission method or format by which reports are to be sent.

278 - Request for Review

D	I	2000E	I	PWK02	I	-	I756	.....	206
D	I	2000F	I	PWK02	I	-	I756	.....	274

278 - Request for Response

D	I	2000E	I	PWK02	I	-	I756	.....	429
D	I	2000F	I	PWK02	I	-	I756	.....	518

Request Category Code

Code indicating a type of request.

278 - Request for Review

D	I	2000E	I	UM01	I	-	I1525	.....	120
D	I	2000F	I	UM01	I	-	I1525	.....	238

278 - Request for Response

D	I	2000E	I	UM01	I	-	I1525	.....	367
D	I	2000F	I	UM01	I	-	I1525	.....	469

Requester Address Line

Address line in the address of the requester.

278 - Request for Review

D	I	2010B	I	N301	I	-	I166	.....	81
D	I	2010B	I	N302	I	-	I166	.....	81

Requester City Name

Name of the city in the address of the requester.

278 - Request for Review

D	I	2010B	I	N401	I	-	I19	82
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Requester Contact

Communication Number

Complete requester contact communications number, including country or area code when applicable.

278 - Request for Review

D	I	2010B	I	PER04	I	-	I364	.....	85
D	I	2010B	I	PER06	I	-	I364	.....	86
D	I	2010B	I	PER08	I	-	I364	.....	86

Requester Contact Name

Name identifying the requester's contact person.

278 - Request for Review

D	I	2010B	I	PER02	I	-	I93	85
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Requester First Name

First name of the requester of a health care services review.

278 - Request for Review

D	I	2010B	I	NM104	I	-	I1036	77
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278 - Request for Response

D	I	2010B	I	NM104	I	-	I1036	321
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Requester Identifier

Code uniquely identifying the provider requesting the services review to the payer, regulatory authority, or other authorized body or agency.

278 - Request for Review

D	I	2010B	I	NM109	I	-	I67	78
---	---	-------	---	-------	---	---	-----	-------	----

278 - Request for Response

D	I	2010B	I	NM109	I	-	I67	321
---	---	-------	---	-------	---	---	-----	-------	-----

Requester Last or Organization Name

Last name or organization name of the requester of a health care services review.

278 - Request for Review

D	I	2010B	I	NM103	I	-	I1035	77
---	---	-------	---	-------	---	---	-------	-------	----

278 - Request for Response

D	I	2010B	I	NM103	I	-	I1035	321
---	---	-------	---	-------	---	---	-------	-------	-----

Requester Middle Name

Middle name or middle initial of the requester of a health care services review.

278 - Request for Review

D	I	2010B	I	NM105	I	-	I1037	77
---	---	-------	---	-------	---	---	-------	-------	----

278 - Request for Response

D	I	2010B	I	NM105	I	-	I1037	321
---	---	-------	---	-------	---	---	-------	-------	-----

Requester Name Suffix

Suffix to the name of the requester of a health care services review.

278 - Request for Review

D | 2010B | NM107 | - | I1039 77

278 - Request for Response

D | 2010B | NM107 | - | I1039 321

Requester Postal Zone or ZIP Code

Postal code in the address of the requester.

278 - Request for Review

D | 2010B | N403 | - | I116 83

Requester State or Province Code

Code identifying the state or province in the address of the requester.

278 - Request for Review

D | 2010B | N402 | - | I156 83

Requester Supplemental Identifier

Supplemental identification information about the requester.

278 - Request for Review

D | 2010B | REF02 | - | I127 80

278 - Request for Response

D | 2010B | REF02 | - | I127 324

Respiratory Therapist Order Text

Free-form description of the respiratory therapist's orders.

278 - Request for Review

D | 2000E | CR509 | - | I352 194

278 - Request for Response

D | 2000E | CR509 | - | I352 421

Response Contact Address Line

The address line of the person or organization designated to receive the requested information.

278 - Request for Response

D | 2010EB | N301 | - | I166 450

D | 2010EB | N302 | - | I166 450

D | 2010FB | N301 | - | I166 539

D | 2010FB | N302 | - | I166 539

Response Contact

Communication Number

Complete contact communications number, including country or area code when applicable, for the entity that is the designated recipient of requested additional information.

278 - Request for Response

D | 2010EB | PER04 | - | I364 454

D | 2010EB | PER06 | - | I364 455

D | 2010EB | PER08 | - | I364 455

D | 2010FB | PER04 | - | I364 543

D | 2010FB | PER06 | - | I364 544

D | 2010FB | PER08 | - | I364 544

Response Contact First Name

First name of the individual that is the designated recipient of requested additional information.

278 - Request for Response

D | 2010EB | NM104 | - | I1036 448

D | 2010FB | NM104 | - | I1036 537

Response Contact Identifier

Code uniquely identifying the entity that is the designated recipient of requested additional information.

278 - Request for Response

D | 2010EB | NM109 | - | I67 449

D | 2010FB | NM109 | - | I67 538

Response Contact Last or Organization Name

Last name or organization name of the entity that is the designated recipient of requested additional information.

278 - Request for Response

D | 2010EB | NM103 | - | I1035 448

D | 2010FB | NM103 | - | I1035 537

Response Contact Middle Name

Middle name or middle initial of the individual that is the designated recipient of requested additional information.

278 - Request for Response

D | 2010EB | NM105 | - | I1037 448

D | 2010FB | NM105 | - | I1037 537

Response Contact Name

The name of the person or organization designated to receive the requested information.

278 - Request for Response

D | 2010EB | PER02 | - | I93 454

D | 2010FB | PER02 | - | I93 543

Response Contact Name Suffix

Suffix to the name of the individual that is the designated recipient of requested additional information.

278 - Request for Response

D 2010EB | NM107 | - | I1039	448
D | 2010FB | NM107 | - | I1039	537

Review Decision Reason Code

Code identifying the reason for this review outcome.

278 - Request for Response

D 2000E | HCR03 | - | I1271	374
D | 2000F | HCR03 | - | I1271	475

Review Identification Number

Authorization number assigned by the UMO to the service review.

278 - Request for Response

D 2000E | HCR02 | - | I127	374
D | 2000F | HCR02 | - | I127	475

Round Trip Purpose**Description**

Free-form description of the purpose of the ambulance transport round trip.

278 - Request for Review

D 2000E CR109 - I352	187
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Sample Selection Modulus

To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes.

278 - Request for Review

D 2000E | HSD04 | - | I1167	157
D | 2000F | HSD04 | - | I1167	268

278 - Request for Response

D 2000E | HSD04 | - | I1167	410
D | 2000F | HSD04 | - | I1167	512

Second Surgical Opinion Indicator

Code indicating whether or not a second surgical opinion is required for this health care services review request.

278 - Request for Response

D 2000E | HCR04 | - | I1073	375
D | 2000F | HCR04 | - | I1073	476

Service Line Amount

Charges related to this service.

278 - Request for Review

D 2000F | SV102 | - | I782	250
D | 2000F | SV203 | - | I782	256
D | 2000F | SV302 | - | I782	261

278 - Request for Response

D 2000F SV102 - I782	495
D 2000F SV203 - I782	501

D 2000F SV302 - I782	505
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Service Line Rate

Payment rate that applies to the service line.

278 - Request for Review

D 2000F SV206 - I1371	257
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278 - Request for Response

D 2000F SV206 - I1371	502
-------------------------------	-----

Service Line Revenue Code

UB92 Revenue Code pertaining to the service line.

278 - Request for Review

D 2000F SV201 - I234	253
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278 - Request for Response

D 2000F SV201 - I234	498
------------------------------	-----

Service Provider Address Line

Address line in the mailing address of the provider to whom the patient has been or will be referred for service.

278 - Request for Review

D 2010F | N301 | - | I166	283
D | 2010F | N302 | - | I166	283

278 - Request for Response

D 2010FA | N301 | - | I166	526
D | 2010FA | N302 | - | I166	526

Service Provider City Name

Name of the city in the mailing address of the provider to whom the patient has been or will be referred for service.

278 - Request for Review

D 2010F N401 - I19	284
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278 - Request for Response

D 2010FA N401 - I19	527
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Service Provider Contact Communication Number

Complete service provider contact communications number, including country or area code when applicable.

278 - Request for Review

D 2010F | PER04 | - | I364	287
D | 2010F | PER06 | - | I364	288
D | 2010F | PER08 | - | I364	288

278 - Request for Response

D 2010FA | PER04 | - | I364	530
D | 2010FA | PER06 | - | I364	531
D | 2010FA | PER08 | - | I364	531

Service Provider Contact Name

Name of person, group, or organization to contact at the entity providing service or at the entity that may provide service.

278 - Request for Review

D 2010F PER02 - I93	287
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278 - Request for Response
D | 2010FA | PER02 | - | 193 530

Service Provider First Name

First name of the provider to whom the patient has been or will be referred for service.

278 - Request for Review
D | 2010F | NM104 | - | 1036 278

278 - Request for Response
D | 2010FA | NM104 | - | 1036 522

Service Provider Identifier

Code uniquely identifying the provider to whom the patient has been or will be referred for service.

278 - Request for Review
D | 2010F | NM109 | - | 167 280

278 - Request for Response
D | 2010FA | NM109 | - | 167 523

Service Provider Last or Organization Name

Last name or organization name of the provider to whom the patient has been or will be referred for service.

278 - Request for Review
D | 2010F | NM103 | - | 1035 278

278 - Request for Response
D | 2010FA | NM103 | - | 1035 522

Service Provider Middle Name

Middle name or middle initial of the provider to whom the patient has been or will be referred for service.

278 - Request for Review
D | 2010F | NM105 | - | 1037 279

278 - Request for Response
D | 2010FA | NM105 | - | 1037 522

Service Provider Name Prefix

Prefix to the name of the provider to whom the patient has been or will be referred for service.

278 - Request for Review
D | 2010F | NM106 | - | 1038 279

278 - Request for Response
D | 2010FA | NM106 | - | 1038 522

Service Provider Name Suffix

Suffix to the name of the provider to whom the patient has been or will be referred for service.

278 - Request for Review
D | 2010F | NM107 | - | 1039 279

278 - Request for Response
D | 2010FA | NM107 | - | 1039 523

Service Provider Postal Zone or ZIP Code

Code indicating the postal code in the mailing address of the provider to whom the patient has been or will be referred for service.

278 - Request for Review
D | 2010F | N403 | - | 1116 285

278 - Request for Response
D | 2010FA | N403 | - | 1116 528

Service Provider State or Province Code

Code indicating the state or province in the mailing address of the provider to whom the patient has been or will be referred for service.

278 - Request for Review
D | 2010F | N402 | - | 1156 285

278 - Request for Response
D | 2010FA | N402 | - | 1156 528

Service Provider Supplemental Identifier

Supplemental identification information about the provider to whom the patient has been or will be referred for service.

278 - Request for Review
D | 2010F | REF02 | - | 1127 282

278 - Request for Response
D | 2010FA | REF02 | - | 1127 525

Service Trace Number

Unique number assigned by the provider to identify a request for reconciliation of the response to an internal system.

278 - Request for Review
D | 2000F | TRN02 | - | 1127 237

278 - Request for Response
D | 2000F | TRN02 | - | 1127 466

Service Type Code

Code identifying the classification of service.

278 - Request for Review
D | 2000E | UM03 | - | 11365 121
D | 2000F | UM03 | - | 11365 239

278 - Request for Response
D | 2000E | UM03 | - | 11365 368
D | 2000F | UM03 | - | 11365 470

Service Unit Count

The quantity of units, times, days, visits, services, or treatments for the service described by the HCPCS codes, revenue code or procedure code.

278 - Request for Review
D | 2000E | HSD02 | - | 1380 156
D | 2000F | SV104 | - | 1380 250
D | 2000F | SV205 | - | 1380 257
D | 2000F | SV306 | - | 1380 263

D | 2000F | HSD02 | - | 380	267
278 - Request for Response	
D | 2000E | HSD02 | - | 380	409
D | 2000F | SV104 | - | 380	496
D | 2000F | SV205 | - | 380	502
D | 2000F | SV306 | - | 380	507
D | 2000F | HSD02 | - | 380	511

State or Province Code

Code (Standard State/Province) as defined by appropriate government agency.

278 - Request for Review	
D | 2000E | UM05 | C024-4 | 156	125

Stretcher Purpose Description

Free-form description of the purpose of the use of a stretcher during ambulance service.

278 - Request for Review	
D | 2000E | CR110 | - | 352	187

Subluxation Level Code

Code identifying the specific level of subluxation.

278 - Request for Review	
D | 2000E | CR203 | - | 1367	189
D | 2000E | CR204 | - | 1367	190
278 - Request for Response	
D | 2000E | CR203 | - | 1367	417
D | 2000E | CR204 | - | 1367	418

Submitter Transaction Identifier

Trace or control number assigned by the originator of the transaction.

278 - Request for Review	
H | | BHT03 | - | 127	68
278 - Request for Response	
H | | BHT03 | - | 127	304

Subscriber Address Line

Address line of the current mailing address of the insured individual or subscriber to the coverage.

278 - Request for Review	
D | 2010C | N301 | - | 166	96
D | 2010C | N302 | - | 166	96
278 - Request for Response	
D | 2010C | N301 | - | 166	336
D | 2010C | N302 | - | 166	336

Subscriber Birth Date

The date of birth of the subscriber to the indicated coverage or policy.

278 - Request for Review	
D | 2010C | DMG02 | - | 1251	100
278 - Request for Response	
D | 2010C | DMG02 | - | 1251	341

Subscriber City Name

The City Name of the insured individual or subscriber to the coverage.

278 - Request for Review	
D | 2010C | N401 | - | 119	97
278 - Request for Response	
D | 2010C | N401 | - | 119	337

Subscriber First Name

The first name of the insured individual or subscriber to the coverage.

278 - Request for Review	
D | 2010C | NM104 | - | 1036	92
278 - Request for Response	
D | 2010C | NM104 | - | 1036	332

Subscriber Gender Code

Code indicating the sex of the subscriber to the indicated coverage or policy.

278 - Request for Review	
D | 2010C | DMG03 | - | 1068	100
278 - Request for Response	
D | 2010C | DMG03 | - | 1068	342

Subscriber Last Name

The surname of the insured individual or subscriber to the coverage.

278 - Request for Review	
D | 2010C | NM103 | - | 1035	92
278 - Request for Response	
D | 2010C | NM103 | - | 1035	332

Subscriber Middle Name or Initial

The middle name or initial of the subscriber to the indicated coverage or policy.

278 - Request for Review	
D | 2010C | NM105 | - | 1037	92
278 - Request for Response	
D | 2010C | NM105 | - | 1037	332

Subscriber Name Prefix

The name prefix of the subscriber to the indicated coverage or policy.

278 - Request for Review	
D | 2010C | NM106 | - | 1038	92
278 - Request for Response	
D | 2010C | NM106 | - | 1038	332

Subscriber Name Suffix

Suffix of the insured individual or subscriber to the coverage.

278 - Request for Review	
D | 2010C | NM107 | - | 1039	93

278 - Request for Response	
D | 2010C | NM107 | - | I1039	332

Subscriber Postal Zone or ZIP Code

The ZIP Code of the insured individual or subscriber to the coverage.

278 - Request for Review	
D | 2010C | N403 | - | I116	98

278 - Request for Response	
D | 2010C | N403 | - | I116	338

Subscriber Primary Identifier

Primary identification number of the subscriber to the coverage.

278 - Request for Review	
D | 2010C | NM109 | - | I67	93

278 - Request for Response	
D | 2010C | NM109 | - | I67	333

Subscriber State Code

The State Postal Code of the insured individual or subscriber to the coverage.

278 - Request for Review	
D | 2010C | N402 | - | I156	98

278 - Request for Response	
D | 2010C | N402 | - | I156	338

Subscriber Supplemental Identifier

Identifies another or additional distinguishing code number associated with the subscriber.

278 - Request for Review	
D | 2010C | REF02 | - | I127	95

278 - Request for Response	
D | 2010C | REF02 | - | I127	335

Surgery Date

Requested, anticipated, or actual date of surgery.

278 - Request for Review	
D | 2000E | CR609 | - | I373	199

Surgical Procedure Code

Code describing the surgical procedure most relevant to the care being rendered.

278 - Request for Review	
D | 2000E | CR611 | - | I1137	200

Time Period Qualifier

Code defining the type of time period.

278 - Request for Review	
D | 2000E | HSD05 | - | I615	157
D | 2000F | HSD05 | - | I615	268

278 - Request for Response	
D | 2000E | HSD05 | - | I615	410
D | 2000F | HSD05 | - | I615	512

Tooth Code

An indication of the tooth on which services were performed or will be performed.

278 - Request for Review	
D | 2000F | TOO02 | - | I1271	264

278 - Request for Response	
D | 2000F | TOO02 | - | I1271	508

Tooth Surface Code

The surface(s) of the tooth on which services were performed or will be performed.

278 - Request for Review	
D | 2000F | TOO03 | C005-1 | I1369	265
D | 2000F | TOO03 | C005-2 | I1369	265
D | 2000F | TOO03 | C005-3 | I1369	265
D | 2000F | TOO03 | C005-4 | I1369	265
D | 2000F | TOO03 | C005-5 | I1369	265

278 - Request for Response	
D | 2000F | TOO03 | C005-1 | I1369	508
D | 2000F | TOO03 | C005-2 | I1369	509
D | 2000F | TOO03 | C005-3 | I1369	509
D | 2000F | TOO03 | C005-4 | I1369	509
D | 2000F | TOO03 | C005-5 | I1369	509

Trace Assigning Entity Additional Identifier

Additional identifier for the entity assigning the trace number.

278 - Request for Review	
D | 2000E | TRN04 | - | I127	119
D | 2000F | TRN04 | - | I127	237

278 - Request for Response	
D | 2000E | TRN04 | - | I127	364
D | 2000F | TRN04 | - | I127	466

Trace Assigning Entity Identifier

Identifies the organization assigning the trace number.

278 - Request for Review	
D | 2000E | TRN03 | - | I509	119
D | 2000F | TRN03 | - | I509	237

278 - Request for Response	
D | 2000E | TRN03 | - | I509	364
D | 2000F | TRN03 | - | I509	466

Trace Type Code

Code identifying the type of re-association which needs to be performed.

278 - Request for Review	
D | 2000E | TRN01 | - | I481	118
D | 2000F | TRN01 | - | I481	237

278 - Request for Response	
D | 2000E | TRN01 | - | I481	364
D | 2000F | TRN01 | - | I481	466

Transaction Segment Count

A tally of all segments between the ST and the SE segments including the ST and SE segments.

278 - Request for Review
D | | SE01 | - | 196 291

278 - Request for Response
D | | SE01 | - | 196 545

Transaction Set Control Number

The unique identification number within a transaction set.

278 - Request for Review
H | | ST02 | - | 1329 65
D | | SE02 | - | 1329 291

278 - Request for Response
H | | ST02 | - | 1329 302
D | | SE02 | - | 1329 545

Transaction Set Creation Date

Identifies the date the submitter created the transaction.

278 - Request for Review
H | | BHT04 | - | 1373 68

278 - Request for Response
H | | BHT04 | - | 1373 304

Transaction Set Creation Time

Time file is created for transmission.

278 - Request for Review
H | | BHT05 | - | 1337 68

278 - Request for Response
H | | BHT05 | - | 1337 305

Transaction Set Identifier Code

Code uniquely identifying a Transaction Set.

278 - Request for Review
H | | ST01 | - | 1143 65

278 - Request for Response
H | | ST01 | - | 1143 302

Transaction Set Purpose Code

Code identifying purpose of transaction set.

278 - Request for Review
H | | BHT02 | - | 1353 67

278 - Request for Response
H | | BHT02 | - | 1353 304

Transaction Type Code

Code specifying the type of transaction.

278 - Request for Review
H | | BHT06 | - | 1640 68

278 - Request for Response
H | | BHT06 | - | 1640 305

Transport Distance

Distance traveled during the ambulance transport.

278 - Request for Review
D | 2000E | CR106 | - | 1380 187

278 - Request for Response
D | 2000E | CR106 | - | 1380 415

Treatment Count

Total number of treatments in the series.

278 - Request for Review
D | 2000E | CR202 | - | 1380 189

278 - Request for Response
D | 2000E | CR202 | - | 1380 417

Treatment Series Number

Number this treatment is in the series of services.

278 - Request for Review
D | 2000E | CR201 | - | 1609 188

278 - Request for Response
D | 2000E | CR201 | - | 1609 416

Unit or Basis for Measurement Code

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken.

278 - Request for Review
D | 2000E | HSD03 | - | 1355 157
D | 2000E | CR101 | - | 1355 185
D | 2000E | CR105 | - | 1355 186
D | 2000F | SV103 | - | 1355 250
D | 2000F | SV204 | - | 1355 257
D | 2000F | HSD03 | - | 1355 268

278 - Request for Response
D | 2000E | HSD03 | - | 1355 409
D | 2000E | CR105 | - | 1355 415
D | 2000F | SV103 | - | 1355 496
D | 2000F | SV204 | - | 1355 501
D | 2000F | HSD03 | - | 1355 512

Utilization Management Organization (UMO) Contact Communication Number

Complete UMO contact communications number, including country or area code when applicable.

278 - Request for Response
D | 2010A | PER04 | - | 1364 314
D | 2010A | PER06 | - | 1364 315
D | 2010A | PER08 | - | 1364 315

**Utilization Management
Organization (UMO) Contact
Name**

Name identifying the UMO's contact person.

278 - Request for Response
D | 2010A | PER02 | - | 193 314

**Utilization Management
Organization (UMO) First Name**

First name of the individual, such as the primary care provider, associated with the request for a health care services review.

278 - Request for Review
D | 2010A | NM104 | - | 11036 72

278 - Request for Response
D | 2010A | NM104 | - | 11036 311

**Utilization Management
Organization (UMO) Identifier**

Code uniquely identifying the Utilization Management Organization (UMO).

278 - Request for Review
D | 2010A | NM109 | - | 167 73

278 - Request for Response
D | 2010A | NM109 | - | 167 312

**Utilization Management
Organization (UMO) Last or
Organization Name**

Name of the Utilization Management Organization (UMO) or last name of the party associated with the request for a health care services review.

278 - Request for Review
D | 2010A | NM103 | - | 11035 72

278 - Request for Response
D | 2010A | NM103 | - | 11035 311

**Utilization Management
Organization (UMO) Middle
Name**

Middle name or middle initial of the individual, such as the primary care provider, associated with the request for a health care services review.

278 - Request for Review
D | 2010A | NM105 | - | 11037 72

278 - Request for Response
D | 2010A | NM105 | - | 11037 311

**Utilization Management
Organization (UMO) Name
Suffix**

Suffix to the name of the individual, such as the primary care provider, associated with the request for a health care services review.

278 - Request for Review
D | 2010A | NM107 | - | 11039 72

278 - Request for Response
D | 2010A | NM107 | - | 11039 311

Valid Request Indicator

Code indicating if the information request or portion of the request is valid or invalid.

278 - Request for Response
D | 2000A | AAA01 | - | 11073 308
D | 2010A | AAA01 | - | 11073 316
D | 2010B | AAA01 | - | 11073 325
D | 2010C | AAA01 | - | 11073 339
D | 2010D | AAA01 | - | 11073 355
D | 2000E | AAA01 | - | 11073 365
D | 2010EA | AAA01 | - | 11073 443
D | 2010EC | AAA01 | - | 11073 461
D | 2000F | AAA01 | - | 11073 467
D | 2010FA | AAA01 | - | 11073 532

X-ray Availability Indicator

Indicates if X-Rays are on file for chiropractor spinal manipulation.

278 - Request for Review
D | 2000E | CR212 | - | 11073 191