6.

Financial Management

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6.1 PURPOSE

The Finance chapter describes patient accounting transactions. Other financial transactions may be added in the future. Financial transactions can be sent between applications either in batches or online. As defined in Chapter 2 on batch segments, multiple transactions may be grouped and sent through all file transfer media or programs when using the HL7 Encoding Rules.

This chapter defines the transactions that take place at the seventh level, that is, the abstract messages. The examples included in this chapter were constructed using the HL7 Encoding Rules.

6.2 PATIENT ACCOUNTING MESSAGE SET

The patient accounting message set provides for the entry and manipulation of information on billing accounts, charges, payments, adjustments, insurance, and other related patient billing and accounts receivable information.

This Standard includes all of the data defined in the National Uniform Billing Field Specifications (as adapted by the National Uniform Billing Commission, May 21, 1982 and revised on November 8, 1984 and 1992). We have excluded state-specific coding and suggest that, where required, it be implemented in site-specific "Z" segments. State-specific fields may be included in the Standard at a later time. In addition, no attempt has been made to define data that have traditionally been required for the proration of charges. The requirement for proration is unique to a billing system and not a part of an interface.

We recognize that a wide variety of billing and accounts receivable systems exist today. Therefore, in an effort to accommodate the needs of the most comprehensive systems, we have defined an extensive set of transaction segments.

6.3 TRIGGER EVENTS AND MESSAGE DEFINITIONS

The triggering events that follow are served by Detail Financial Transaction (DFT), Add/Change Billing Account (BAR), and General Acknowledgment (ACK) messages.

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Each trigger event is documented below, along with the applicable form of the message exchange. The notation used to describe the sequence, optionality, and repetition of segments is described in Chapter 2, "Format for Defining Abstract Messages."

6.3.1 BAR/ACK - add patient account (event P01)

Data are sent from some application (usually a Registration or an ADT system) for example, to the patient accounting or financial system to establish an account for a patient's billing/accounts receivable record. Many of the segments associated with this event are optional. This optionality allows those systems needing these fields to set up transactions that fulfill their requirements and yet satisfy the HL7 requirements.

When an account's start and end dates span a period greater than any particular visit, the P01 (add account) event should be used to transmit the opening of an account. The A01 (admit/visit notification) event can notify systems of the creation of an account as well as notify them of a patient's arrival in the healthcare facility. In order to create a new account without notifying systems of a patient's arrival, use the P01 trigger event.

From Standard Version 2.3 onward, the P01 event should only be used to add a new account that did not exist before, not to update an existing account. The new P05 (update account) event should be used to update an existing account. The new P06 (end account) event should be used to close an account. With the P01 event, *EVN-2-date/time of event* should contain the account start date.

```
BAR                     Add Billing Account                  Chapter

MSH                     Message Header                          2
EVN                     Event Type                              3
PID                     Patient Identification                  3
[PD1]                   Additional Demographics                 3
{
  [ PV1 ]               Patient Visit                           3
  [ PV2 ]               Patient Visit - Additional Info         3
  [{DB1}]               Disability Information                  3
[{ OBX }]               Observation/Result                      7
  [{ AL1 }]             Allergy Information                     3
  [{ DG1 }]             Diagnosis                               6
[ DRG  ]                Diagnosis Related Group                 6
[{ PR1                  Procedures                              6
    [{ ROL }]           Role                                   12
}]
  [{ GT1 }]             Guarantor                               6
  [{ NK1 }]             Next of Kin/Associated Parties          3
  [
   {
     IN1                Insurance                               6
     [ IN2 ]            Insurance - Additional Info.            6
     [ IN3 ]            Insurance - Add'l Info. - Cert.         6
   }
  ]
  [ACC]                 Accident Information                    6
  [UB1]                 Universal Bill Information              6
  [UB2]                 Universal Bill 92 Information           6
}
```

The set ID field in the insurance, diagnosis, and procedure segments should be set the first time these segments are sent and can be used in subsequent transactions to update them.

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```
ACK                     General Acknowledgment                  Chapter

MSH                     Message Header                          2
MSA                     Message Acknowledgment                  2
[ ERR ]                 Error                                   2
```

The error segment will indicate the fields that caused a transaction to be rejected.

6.3.2 BAR/ACK - purge patient accounts (event P02)

Generally, the elimination of all billing/accounts receivable records will be an internal function controlled, for example, by the patient accounting or financial system. However, on occasion, there will be a need to correct an account, or a series of accounts, that may require that a notice of account deletion be sent from another sub-system and processed, for example, by the patient accounting or financial system. Although a series of accounts may be purged within this one event, we recommend that only one PID segment be sent per event.

```
BAR                     Purge Billing Account                   Chapter

MSH                     Message Header                          2
EVN                     Event Type                              3
{
 PID                    Patient Identification                  3
[PD1]                   Additional Demographics                 3
 [ PV1 ]                Patient Visit                           3
 [{DB1}]                Disability Information                  3
}


ACK                     General Acknowledgment                  Chapter

MSH                     Message Header                          2
MSA                     Message Acknowledgment                  2
[ ERR ]                 Error                                   2
```

The error segment indicates the fields that caused a transaction to be rejected.

6.3.3 DFT/ACK - post detail financial transactions (event P03)

The Detail Financial Transaction (DFT) message is used to describe a financial transaction transmitted between systems, that is, to the billing system for ancillary charges, ADT to billing system for patient deposits, etc.

```
DFT                     Detail Financial Transaction              Chapter

MSH                     Message Header                            2
EVN                     Event Type                                3
PID                     Patient Identification                    3
[PD1 ]                  Additional Demographics                   3
[ PV1 ]                 Patient Visit                             3
  [ PV2 ]          Patient Visit - Additional Info                3
[{DB1}]                 Disability Information                    3
[{OBX}]                 Observation/Result                        7
  {FT1                  Financial Transaction                     6
      [{PR1            Procedure                                  6
         [{ROL}]        Role                                     12
      }]
  }
 [{ DG1 }]              Diagnosis                                 6
[ DRG ]            Diagnosis Related Group                        6
[{GT1}]                 Guarantor                                 6
[
  {
    IN1                 Insurance                                 6
   [ IN2 ]              Insurance - Additional Info.              6
   [ IN3 ]              Insurance - Add'l Info. - Cert.           6
  }
]
[ACC]                   Accident Information                      6
```

Special codes in the Event Type record are used for updating.

```
ACK                     General Acknowledgment                    Chapter

MSH                     Message Header                            2
MSA                     Message Acknowledgment                    2
[ ERR ]                 Error                                     2
```

The error segment indicates the fields that caused a transaction to be rejected.

6.3.4 QRY/DSP - generate bills and accounts receivable statements (event P04)

For patient accounting systems that support demand billing, the QRY/DSP transaction, as defined in Chapter 2, will provide the mechanism with which to request a copy of the bill for printing or viewing by the requesting system.

Note: This is a display-oriented response. That is why the associated messages are defined in Chapter 2.

6.3.5 BAR/ACK - update account (event P05)

The P05 event is sent when an existing account is being updated. From Standard Version 2.3 onward, the P01 (add account) event should no longer be used for updating an existing account, but only for creating a new account.

```
BAR                     Update Billing Account            Chapter

MSH                     Message Header                    2
EVN                     Event Type                        3
PID                     Patient Identification            3
[PD1]                   Additional Demographics           3
{
  [ PV1 ]       Patient Visit                             3
  [ PV2 ]       Patient Visit - Additional Info           3
  [{DB1}]       Disability Information                    3
 [{ OBX }]      Observation/Result                        7
  [{ AL1 }]     Allergy Information                       3
  [{ DG1 }]     Diagnosis                                 6
  [ DRG  ]      Diagnosis Related Group                   6
  [{ PR1        Procedures                                6
     [{ ROL }]  Role 12
  }]
  [{ GT1 }]     Guarantor                                 6
  [{ NK1 }]     Next of Kin/Associated Parties            3
  [
   {
     IN1                Insurance                         6
    [ IN2 ]             Insurance - Additional Info.      6
    [ IN3 ]             Insurance - Add'l Info. - Cert.   6
   }
  ]
  [ACC]                 Accident Information              6
  [UB1]                 Universal Bill Information         6
  [UB2]                 Universal Bill 92 Information      6
}


ACK                     General Acknowledgment            Chapter

MSH                     Message Header                    2
MSA                     Message Acknowledgment            2
[ ERR ]                 Error                             2
```

The error segment indicates the fields that caused a transaction to be rejected.

6.3.6 BAR/ACK - end account (event P06)

The P06 event is a notification that the account is no longer open, that is, no new charges can accrue to this account. This notification is not related to whether or not the account is paid in full. *EVN-2-date/time of event* must contain the account end date.

```
BAR                     End Billing Account               Chapter

MSH                     Message Header                    2
EVN                     Event Type                        3
{
 PID                    Patient Identification            3
[ PV1 ]                 Patient Visit                     3
}


ACK                     General Acknowledgment            Chapter

MSH                     Message Header                    2
MSA                     Message Acknowledgment            2
[ ERR ]                 Error                             2
```

The error segment indicates the fields that caused a transaction to be rejected.

6.4 MESSAGE SEGMENTS

6.4.1 FT1 - financial transaction segment

The FT1 segment contains the detail data necessary to post charges, payments, adjustments, etc. to patient accounting records.

Figure 6-1. FT1 attributes

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	O			00355	Set ID -FT1
2	12	ST	O			00356	Transaction ID
3	10	ST	O			00357	Transaction Batch ID
4	26	TS	R			00358	Transaction Date
5	26	TS	O			00359	Transaction Posting Date
6	8	IS	R		0017	00360	Transaction Type
7	80	CE	R		0132	00361	Transaction Code
8	40	ST	B			00362	Transaction Description
9	40	ST	B			00363	Transaction Description - Alt
10	6	NM	O			00364	Transaction Quantity
11	12	CP	O			00365	Transaction Amount - Extended
12	12	CP	O			00366	Transaction Amount - Unit
13	60	CE	O		0049	00367	Department Code
14	60	CE	O		0072	00368	Insurance Plan ID
15	12	CP	O			00369	Insurance Amount
16	80	PL	O			00133	Assigned Patient Location
17	1	IS	O		0024	00370	Fee Schedule
18	2	IS	O		0018	00148	Patient Type
19	60	CE	O	Y	0051	00371	Diagnosis Code
20	120	XCN	O		0084	00372	Performed By Code
21	120	XCN	O			00373	Ordered By Code
22	12	CP	O			00374	Unit Cost
23	22	EI	O			00217	Filler Order Number
24	120	XCN	O			00765	Entered By Code
25	80	CE	O		0088	00393	Procedure Code

6.4.1.0 FT1 field definitions

6.4.1.1 Set ID - FT1 (SI) 00355

Definition: This field contains the number that identifies this transaction. For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc.

6.4.1.2 Transaction ID (ST) 00356

Definition: This field contains a number assigned by the sending system for control purposes. The number can be returned by the receiving system to identify errors.

6.4.1.3 Transaction batch ID (ST) 00357

Definition: This field uniquely identifies the batch in which this transaction belongs.

6.4.1.4 Transaction date (TS) 00358

Definition: This field contains the date of the transaction. For example, this field would be used to identify the date a procedure, item, or test was conducted or used. It may be defaulted to today's date.

6.4.1.5 Transaction posting date (TS) 00359

Definition: This field contains the date of the transaction that was sent to the financial system for posting.

6.4.1.6 Transaction type (IS) 00360

Definition: This field contains the code that identifies the type of transaction. Refer to *user-defined table 0017 - Transaction type* for suggested values.

User-defined Table 0017 - Transaction type

Values	Description
CG	Charge
CD	Credit
PY	Payment
AJ	Adjustment

6.4.1.7 Transaction code (CE) 00361

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains the code assigned by the institution for the purpose of uniquely identifying the transaction. For example, this field would be used to uniquely identify a procedure, supply item, or test for charging purposes. Refer to *user-defined table 0132 - Transaction code* for suggested values. See Chapter 7 for a discussion of the universal service ID.

6.4.1.8 Transaction description (ST) 00362

Definition: ***This field has been retained for backward compatibility only.*** As of Version 2.3, *FT1-7-transaction code* contains a component for the transaction description. When used for backward compatibility*, FT1-8-transaction description* contains a description of the transaction associated with the code entered in *FT1-7-transaction code*

6.4.1.9 Transaction description - alt (ST) 00363

Definition: ***This field has been retained for backward compatibility only.*** As of Version 2.3, *FT1-7-transaction code* contains a component for the alternate transaction description. When used for backward compatibility, *FT1-9-transaction description-alt* contains an alternate description of the transaction associated with the code entered in *FT1-7-transaction code*.

6.4.1.10 Transaction quantity (NM) 00364

Definition: This field contains the quantity of items associated with this transaction.

6.4.1.11 Transaction amount - extended (CP) 00365

```
Components:  <price (MO)> ^ <price type (ID)> ^ <from value (NM)> ^ <to value (NM)> ^ <range units (CE)> ^
             <range type (ID)>

Subcomponents of price:  <quantity (NM)> & <denomination (ID)>

Subcomponents of range units:  <identifier (ST)> & <text (ST)> & <name of coding system (ST)> & <alternate
             identifier (ID)> & <alternate text (ST)> & <name of alternate coding system (ST)>
```

Definition: This field contains the amount of a transaction. It may be left blank if the transaction is automatically priced. Total price for multiple items.

6.4.1.12 Transaction amount - unit (CP) 00366

```
Components:  <price (MO)> ^ <price type (ID)> ^ <from value (NM)> ^ <to value (NM)> ^ <range units (CE)> ^
             <range type (ID)>

Subcomponents of price: <quantity (NM)> & <denomination (ID)>

Subcomponents of range units:  <identifier (ST)> & <text (ST)> & <name of coding system (ST)> & <alternate
             identifier (ID)> & <alternate text (ST)> & <name of alternate coding system (ST)>
```

Definition: This field contains the unit price of a transaction. Price of a single item.

6.4.1.13 Department code (CE) 00367

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains the department code that controls the transaction code described above. Refer to *user-defined table 0049 - Department code* for suggested values.

6.4.1.14 Insurance plan ID (CE) 00368

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains the identifier of the primary insurance plan with which this transaction should be associated. Refer to *user-defined table 0072 - Insurance plan ID* for suggested values.

6.4.1.15 Insurance amount (CP) 00369

```
Components:  <price (MO)> ^ <price type (ID)> ^ <from value (NM)> ^ <to value (NM)> ^ <range units (CE)> ^
             <range type (ID)>

Subcomponents of price: <quantity (NM)> & <denomination (ID)>

Subcomponents of range units:  <identifier (ST)> & <text (ST)> & <name of coding system (ST)> & <alternate
             identifier (ID)> & <alternate text (ST)> & <name of alternate coding system (ST)>
```

Definition: This field contains the amount to be posted to the insurance plan referenced above.

6.4.1.16 Assigned patient location (PL) 00133

```
Components:  <point of care (IS)> ^ <room (IS)> ^ <bed (IS)> ^ <facility (HD)> ^ <location status  (IS)> ^
             <person location type (IS)> ^ <building (IS)> ^ <floor (IS)> ^ <location description (ST)>

Subcomponents of facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>
```

Definition: This field contains the current patient location. This can be the location of the patient when the charge item was ordered or when the charged service was rendered. For the current assigned patient location, *use PV1-3-assigned patient location.*

6.4.1.17 Fee schedule (IS)   00370

Definition: This field contains the code used to select the appropriate fee schedule to be used for this transaction posting. Refer to *user-defined table 0024 - Fee schedule* for suggested values.

6.4.1.18 Patient type (IS)   00148

Definition: This field contains the type code assigned to the patient for this episode of care (visit or stay). Refer to *user-defined table 0018 - Patient type* for suggested values. This is for use when the patient type for billing purposes is different than the visit patient type in *PV1-18-patient type*.

6.4.1.19 Diagnosis code (CE)   00371

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains the primary diagnosis code for billing purposes. ICD9-CM is assumed for all diagnosis codes. This is the most current diagnosis code that has been assigned to the patient. ICD10 can also be used. Refer to *user-defined table 0051 - Diagnosis code* for suggested values.

6.4.1.20 Performed by code (XCN)   00372

```
Components:  <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^
             <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <source
             table (IS)> ^ <assigning authority (HD)> ^ <name type code(ID)>  ^ <identifier check digit (ST)>
             ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^
             <assigning facility (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field contains the composite number/name of the person/group that performed the test/procedure/transaction, etc. This is the service provider. Refer to *user-defined table 0084 - Performed by* for suggested values. Multiple names and identifiers for the same practitioner may be sent in this field, not multiple practitioners. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components of this field are described in Chapter 2.

6.4.1.21 Ordered by code (XCN)   00373

```
Components:  <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^
             <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <source
             table (IS)> ^ <assigning authority (HD)> ^ <name type code(ID)>   ^ <identifier check digit
             (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^
             <assigning facility (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field contains the composite number/name of the person/group that ordered the test/ procedure/transaction, etc. Multiple names and identifiers for the same practitioner may be sent in this field, not multiple practitioners. The legal name is assumed to be in the first repetition. When the legal name is

not sent, a repeat delimiter must be sent first for the first repetition. The components for this field are described in Chapter 2.

6.4.1.22 Unit cost (CP)   00374

```
Components:  <price (MO)> ^ <price type (ID)> ^ <from value (NM)> ^ <to value (NM)> ^ <range units (CE)> ^
             <range type (ID)>

Subcomponents of price: <quantity (NM)> & <denomination (ID)>

Subcomponents of range units:  <identifier (ST)> & <text (ST)> & <name of coding system (ST)> & <alternate
             identifier (ID)> & <alternate text (ST)> & <name of alternate coding system (ST)>
```

Definition: This field contains the unit cost of transaction. The cost of a single item.

6.4.1.23 Filler order number (EI)   00217

```
Components:  <entity identifier (ST)> ^ <namespace ID (IS)> ^ <universal ID (ST)> ^ <universal ID type (ID)>
```

Definition: This field is used when the billing system is requesting observational reporting justification for a charge. This is the number used by a filler to uniquely identify a result. See Chapter 4 for a complete description.

6.4.1.24 Entered by code (XCN)   00765

```
Components:  <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^
             <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <source
             table (IS)> ^ <assigning authority (HD)> ^ <name type code(ID)>  ^ <identifier check digit (ST)>
             ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^
             <assigning facility (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field identifies the composite number/name of the person who entered the insurance information.

6.4.1.25 Procedure code (CE)   00393

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains a unique identifier assigned to the procedure, if any, associated with the charge. Refer to *user-defined table 0088 - Procedure code* for suggested values. This field is a CE data type for compatibility with clinical and ancillary systems.

6.4.2 DG1 - diagnosis segment

The DG1 segment contains patient diagnosis information of various types, for example, admitting, primary, etc. The DG1 segment is used to send multiple diagnoses (for example, for medical records encoding). It is also used when the *FT1-19-diagnosis* does not provide sufficient information for a billing system. This diagnosis coding should be distinguished from the clinical problem segment used by caregivers to manage the patient (see Chapter 12, Patient Care). Coding methodologies are also defined.

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Figure 6-2. DG1 attributes

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	R			00375	Set ID - DG1
2	2	ID	(B) R		0053	00376	Diagnosis Coding Method
3	60	CE	O		0051	00377	Diagnosis Code
4	40	ST	B			00378	Diagnosis Description
5	26	TS	O			00379	Diagnosis Date/Time
6	2	IS	R		0052	00380	Diagnosis Type
7	60	CE	B		0118	00381	Major Diagnostic Category
8	60	CE	B		0055	00382	Diagnostic Related Group
9	2	ID	B		0136	00383	DRG Approval Indicator
10	2	IS	B		0056	00384	DRG Grouper Review Code
11	60	CE	B		0083	00385	Outlier Type
12	3	NM	B			00386	Outlier Days
13	12	CP	B			00387	Outlier Cost
14	4	ST	B			00388	Grouper Version And Type
15	2	NM	B			00389	Diagnosis Priority
16	60	XCN	O	Y		00390	Diagnosing Clinician
17	3	IS	O		0228	00766	Diagnosis Classification
18	1	ID	O		0136	00767	Confidential Indicator
19	26	TS	O			00768	Attestation Date/Time

6.4.2.0 DG1 field definitions

6.4.2.1 Set ID - DG1 (SI) 00375

Definition: This field contains the number that identifies this transaction. For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc.

6.4.2.2 Diagnosis coding method (ID) 00376

Definition: ***This field has been retained for backward compatibility only.*** Use the components of *DG1-3-diagnosis code* instead of this field. When used for backward compatibility, ICD9 is the recommended coding methodology. Refer to *HL7 table 0053 - Diagnosis coding method* for valid values.

6.4.2.3 Diagnosis code (CE) 00377

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: Use this field instead of *DG1-2-coding method* and *DG1-4-diagnosis description*. (Those two fields have been retained for backward compatibility only.) *DG1-3-diagnosis code* contains the diagnosis code assigned to this diagnosis. Refer to *user-defined table 0051- Diagnosis code* for suggested values. This field is a CE data type for compatibility with clinical and ancillary systems.

See Chapter 7 for suggested diagnosis codes. For the name of the coding system, refer to Chapter 7, Section 7.14, "Coding schemes," *Figure 7-2-Diagnostic Coding Schemes*.

6.4.2.4 Diagnosis description (ST) 00378

Definition: ***This field has been retained for backward compatibility only.*** Use the components of *DG1-3-diagnosis code* field instead of this field. When used for backward compatibility, *DG1-4-diagnosis description* contains a description that best describes the diagnosis.

6.4.2.5 Diagnosis date/time (TS)   00379

Definition: This field contains the date/time that the diagnosis was determined.

6.4.2.6 Diagnosis type (IS)   00380

Definition: This field contains a code that identifies the type of diagnosis being sent. Refer to *user-defined table 0052 - Diagnosis type*. This field should no longer be used to indicate "DRG" because the DRG fields have moved to the new DRG segment.

<div align="center">

User-defined Table 0052 - Diagnosis Type

Values	Description
A	Admitting
W	Working
F	Final

</div>

6.4.2.7 Major diagnostic category (CE)   00381

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: ***This field has been retained for backward compatibility only.*** This field should only be used in a master file transaction. Refer to *user-defined table 0118 - Major diagnostic category* for suggested values.

6.4.2.8 Diagnostic related group (CE)   00382

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: ***This field has been retained for backward compatibility only.*** This field has moved to the new DRG segment. It contains the DRG for the transaction. Interim DRG's could be determined for an encounter. Refer to *user-defined table 0055 - DRG code* for suggested values.

6.4.2.9 DRG approval indicator (ID)   00383

Definition: ***This field has been retained for backward compatibility only.*** This field has moved to the new DRG segment. This field indicates if the DRG has been approved by a reviewing entity. Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

6.4.2.10 DRG grouper review code (IS)   00384

Definition: ***This field has been retained for backward compatibility only.*** This field has moved to the new DRG segment. Refer to *user-defined table 0056 - DRG grouper review code* for suggested values. This code indicates that the grouper results have been reviewed and approved.

6.4.2.11 Outlier type (CE)   00385

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: ***This field has been retained for backward compatibility only.*** This field has moved to the new DRG segment. When used for backward compatibility, this field contains the type of outlier that has been paid. Refer to *user-defined table 0083 - Outlier type* for suggested values.

6.4.2.12 Outlier days (NM) 00386

Definition: ***This field has been retained for backward compatibility only.*** This field has moved to the new DRG segment. When used for backward compatibility, this field contains the number of days that have been approved for an outlier payment.

6.4.2.13 Outlier cost (CP) 00387

```
Components:   <price (MO)> ^ <price type (ID)> ^ <from value (NM)> ^ <to value (NM)> ^ <range units (CE)> ^
              <range type (ID)>

Subcomponents of price: <quantity (NM)> & <denomination (ID)>

Subcomponents of range units:  <identifier (ST)> & <text (ST)> & <name of coding system (ST)> & <alternate
              identifier (ID)> & <alternate text (ST)> & <name of alternate coding system (ST)>
```

Definition: ***This field has been retained for backward compatibility only.*** This field has moved to the new DRG segment. When used for backward compatibility, this field contains the amount of money that has been approved for an outlier payment.

6.4.2.14 Grouper version and type (ST) 00388

Definition: ***This field has been retained for backward compatibility only.*** This field has moved to the new DRG segment. When used for backward compatibility, this field contains the grouper version and type.

6.4.2.15 Diagnosis priority (NM) 00389

Definition: ***This field has been retained for backward compatibility only.*** This field should no longer be used for DRG priority, because the DRG fields have moved to the new DRG segment.

When used for backward compatibility, *DG1-15-diagnosis priority* contains the number that identifies the significance or priority of the diagnosis or DRG code. The numbers have the following meanings:

0	the admitting diagnosis
1	the primary diagnosis
2 and higher	for ranked secondary diagnoses

6.4.2.16 Diagnosing clinician (XCN) 00390

```
Components:   <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^
              <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <source
              table (IS)> ^ <assigning authority (HD)> ^ <name type code(ID)  ^ <identifier check digit (ST)>
              ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^
              <assigning facility (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field contains the individual responsible for generating the diagnosis information. Multiple names and identifiers for the same person may be sent in this field, not multiple diagnosing clinicians. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components for this field are described in Chapter 2.

6.4.2.17 Diagnosis classification (IS)   00766

Definition: This field indicates if the patient information is for a diagnosis or a non-diagnosis code. Refer *to user-defined table 0228 - Diagnosis classification* for suggested values.

<p align="center">User-defined Table 0228 - Diagnosis classification</p>

Value	Description
C	Consultation
D	Diagnosis
M	Medication (antibiotic)
O	Other
R	Radiological scheduling (not using ICDA codes)
S	Sign and symptom
T	Tissue diagnosis
I	Invasive procedure not classified elsewhere (I.V., catheter, etc.)

6.4.2.18 Confidential indicator (ID)   00767

Definition: This field indicates whether the diagnosis is confidential. Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

Y   the diagnosis is a confidential diagnosis
N   the diagnosis does not contain a confidential diagnosis

6.4.2.19 Attestation date/time (TS)   00768

Definition: This field contains the time stamp that indicates the date and time that the attestation was signed.

6.4.3 DRG - diagnosis related group segment

The DRG segment contains diagnoses -related grouping information of various types. The DRG segment is used to send the DRG information, for example, for billing and medical records encoding.

<p align="center">Figure 6-3. DRG attributes</p>

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	60	CE	O		0055	00382	Diagnostic Related Group
2	26	TS	O			00769	DRG Assigned Date/Time
3	2	ID	O		0136	00383	DRG Approval Indicator
4	2	IS	O		0056	00384	DRG Grouper Review Code
5	60	CE	O		0083	00385	Outlier Type
6	3	NM	O			00386	Outlier Days
7	12	CP	O			00387	Outlier Cost
8	1	IS	O		0229	00770	DRG Payor
9	9	CP	O			00771	Outlier Reimbursement
10	1	ID	O		0136	00767	Confidential Indicator

6.4.3.0 DRG field definitions

6.4.3.1 Diagnostic related group (CE) 00382

```
Components:   <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
              <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains the DRG for the transaction. Interim DRG's could be determined for an encounter. For the identifier component, refer to *user-defined table 0055-DRG code* for suggested values. For the name of coding system component, send the grouper version and type.

6.4.3.2 DRG assign date/time (TS) 00769

Definition: This field contains the time stamp to indicate the date and time that the DRG was assigned.

6.4.3.3 DRG approval indicator (ID) 00383

Definition: This field indicates if the DRG has been approved by a reviewing entity. Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

6.4.3.4 DRG grouper review code (IS) 00384

Definition: Refer to *user-defined table 0056 - DRG grouper review code* for suggested values. This code indicates that the grouper results have been reviewed and approved.

6.4.3.5 Outlier type (CE) 00385

```
Components:   <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
              <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: Refer to *user-defined table 0083 - Outlier type* for suggested values. Refers to the type of outlier that has been paid.

User-defined Table 0083 - Outlier type

Values	Description
D	outlier days
C	outlier cost

6.4.3.6 Outlier days (NM) 00386

Definition: This field contains the number of days that have been approved as an outlier payment.

6.4.3.7 Outlier cost (CP) 00387

```
Components:   <price (MO)> ^ <price type (ID)> ^ <from value (NM)> ^ <to value (NM)> ^ <range units (CE)> ^
              <range type (ID)>

Subcomponents of price: <quantity (NM)> & <denomination (ID)>

Subcomponents of range units:  <identifier (ST)> & <text (ST)> & <name of coding system (ST)> & <alternate
              identifier (ID)> & <alternate text (ST)> & <name of alternate coding system (ST)>
```

Definition: This field contains the amount of money that has been approved for an outlier payment.

6.4.3.8 DRG payor (IS) 00770

Definition: This field indicates the associated DRG Payor. Refer to *user-defined table 0229 - DRG payor* for suggested values.

<div align="center">User-defined Table 0229 - DRG Payor</div>

Value	Description
M	Medicare
C	Champus
G	Managed Care Organization

6.4.3.9 Outlier reimbursement (CP)   00771

```
Components:  <price (MO)> ^ <price type (ID)> ^ <from value (NM)> ^ <to value (NM)> ^ <range units (CE)> ^
             <range type (ID)>

Subcomponents of price: <quantity (NM)> & <denomination (ID)>

Subcomponents of range units:  <identifier (ST)> & <text (ST)> & <name of coding system (ST)> & <alternate
             identifier (ID)> & <alternate text (ST)> & <name of alternate coding system (ST)>
```

Definition: Where applicable, the outlier reimbursement amount indicates the part of the total reimbursement designated for reimbursement of outlier conditions (day or cost).

6.4.3.10   Confidential indicator (ID)   00767

Definition: This field indicates if the DRG contains a confidential diagnosis. Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

> Y   the DRG contains a confidential diagnosis
> N   the DRG does not contain a confidential diagnosis

6.4.4 PR1 - procedures segment

The PR1 segment contains information relative to various types of procedures that can be performed on a patient. The PR1 segment can be used to send procedure information, for example: Surgical, Nuclear Medicine, X-ray with contrast, etc.   The PR1 segment is used to send multiple procedures, for example, for medical records encoding or for billing systems.

<div align="center">Figure 6-4. PR1 attributes</div>

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	R			00391	Set ID - PR1
2	2	IS	(B) R		0089	00392	Procedure Coding Method
3	80	CE	R		0088	00393	Procedure Code
4	40	ST	B			00394	Procedure Description
5	26	TS	R			00395	Procedure Date/Time
6	2	IS	R		0230	00396	Procedure Functional Type
7	4	NM	O			00397	Procedure Minutes
8	120	XCN	B	Y	0010	00398	Anesthesiologist
9	2	IS	O		0019	00399	Anesthesia Code
10	4	NM	O			00400	Anesthesia Minutes
11	120	XCN	B	Y	0010	00401	Surgeon
12	230	XCN	B	Y	0010	00402	Procedure Practitioner
13	60	CE	O		0059	00403	Consent Code
14	2	NM	O			00404	Procedure Priority
15	80	CE	O			00772	Associated Diagnosis Code

6.4.4.0 PR1 field definitions

6.4.4.1 Set ID - PR1 (SI)   00391

Definition: This field contains the number that identifies this transaction. For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc.

6.4.4.2 Procedure coding method (IS)   00392

Definition: ***This field has been retained for backward compatibility only***. Use the components of *PR1-3-procedure code* instead of this field.

When used for backward compatibility, *PR1-2-procedure coding method* contains the methodology used to assign a code to the procedure (CPT4, for example). If more than one coding method is needed for a single procedure, this field and the associated values in *PR1-3-procedure code* and *PR1-4-procedure description* may repeat. In this instance, the three fields (*PR1-2* through *4*) are directly associated with one another. Refer to *user-defined table 0089 - Procedure coding method* for suggested values.

6.4.4.3 Procedure code (CE)   00393

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: Use this field instead of *PR1-2-procedure coding method* and *PR1-4-procedure description*. Those two fields have been retained for backward compatibility only. This field contains a unique identifier assigned to the procedure. Refer to *user-defined table 0088 - Procedure code* for suggested values. This field is a CE data type for compatibility with clinical and ancillary systems.

6.4.4.4 Procedure description (ST)   00394

Definition: ***This field has been retained for backward compatibility only***. Use the components of *PR1-3-procedure code* instead of this field.   The field contains a text description that describes the procedure.

6.4.4.5 Procedure date/time (TS)   00395

Definition: This field contains the date/time that the procedure was performed.

6.4.4.6 Procedure functional type (IS)   00396

Definition: This field contains the optional code that further defines the type of procedure. Refer to *user-defined table 0230 - Procedure functional type* for suggested values.

User-defined Table 0230 - Procedure functional type

Value	Description
A	Anesthesia
P	Procedure for treatment (therapeutic, including operations)
I	Invasive procedure not classified elsewhere (e.g., IV, catheter, etc.)
D	Diagnostic procedure

6.4.4.7 Procedure minutes (NM)   00397

Definition: This field indicates the length of time in whole minutes that the procedure took to complete.

6.4.4.8 Anesthesiologist (XCN) 00398

```
Components:  <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^
             <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <source
             table (IS)> ^ <assigning authority (HD)> ^ <name type code(ID)>  ^ <identifier check digit (ST)>
             ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^
             <assigning facility (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: HL7 has introduced the ROL segment to report a wide range of practitioner roles related to a single procedure. This segment is described in Chapter 12. When using trigger events introduced in HL7 Version 2.3, it is recommended that the ROL segment be used to report all practitioner roles related to the procedure.

However, in order to maintain backward compatibility, the practitioner roles existing in HL7 Version 2.2 (*PR1-8-anesthesiologist, PR1-11-surgeon, and PR1-12-procedure practitioner*) should also be populated in the PR1 segment as per the HL7 2.2 specifications. You may additionally report the practitioner information in the ROL segment (See Chapter 12, Section 12.3.3, "ROL - role segment").

When this field is used for backward compatibility, the XCN data type applies. It contains the anesthesiologist who administered the anesthesia. Use values in *user-defined table 0010 - Physician ID* for first component. Multiple names and identifiers for the same person should be sent in this field, not multiple anesthesiologists. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

6.4.4.9 Anesthesia code (IS) 00399

Definition: This field contains a unique identifier of the anesthesia used during the procedure. Refer to *user-defined table 0019 - Anesthesia code* for suggested values.

6.4.4.10 Anesthesia minutes (NM) 00400

Definition: This field contains the length of time in minutes that the anesthesia was administered.

6.4.4.11 Surgeon (XCN) 00401

```
Components:  <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^
             <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <source
             table (IS)> ^ <assigning authority (HD)> ^ <name type code(ID)>  ^ <identifier check digit (ST)>
             ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^
             <assigning facility (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: HL7 has introduced the ROL segment to report a wide range of practitioner roles related to a single procedure. This segment is described in Chapter 12. When using trigger events introduced in HL7 Version 2.3, it is recommended that the ROL segment be used to report all practitioner roles related to the procedure.

However, in order to maintain backward compatibility, the practitioner roles existing in HL7 Version 2.2 (*PR1-8-anesthesiologist, PR1-11-surgeon, and PR1-12-procedure practitioner*) should also be populated in the

PR1 segment as per the HL7 2.2 specifications. You may additionally report the practitioner information in the ROL segment (See Chapter 12, Section 12.3.3, "ROL - role segment").

When this field is being used for backward compatibility, the XCN data type applies. It contains the surgeon who performed the procedure. Use the values in *user-defined table 0010 - Physician ID* for the first component. Multiple names and identifiers for the same person should be sent in this field, not multiple surgeons. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

6.4.4.12 Procedure practitioner (XCN) 00402

```
Components:  <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^
             <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <source
             table (IS)> ^ <assigning authority (HD)> ^ <name type code(ID)>  ^ <identifier check digit (ST)>
             ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^
             <assigning facility (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: HL7 has introduced the ROL segment to report a wide range of practitioner roles related to a single procedure. This segment is described in Chapter 12. When using trigger events introduced in HL7 Version 2.3, it is recommended that the ROL segment be used to report all practitioner roles related to the procedure.

However, in order to maintain backward compatibility, the practitioner roles existing in HL7 Version 2.2 (*PR1-8-anesthesiologist, PR1-11-surgeon, and PR1-12-procedure practitioner*) should also be populated in the PR1 segment as per the HL7 2.2 specifications. You may additionally report the practitioner information in the ROL segment (See Chapter 12, Section 12.3.3, "ROL - role segment").

This field contains the different types of practitioners associated with this procedure. The ID and name components follow the standard rules defined for a composite name (XCN) field. The last component, identifier type code, indicates which type of procedure practitioner is shown. When the identifier type component is unvalued, it is assumed that the practitioner identified is a resident. Use values in *user-defined table 0010 - Physician ID* for the first component. Refer to *user-defined table 0133 - Procedure practitioner identifier code type* for suggested values for the identifier type code component. The components of this data type are described in Chapter 2.

User-defined Table 0133 - Procedure practitioner identifier code type

Value	Description
AN	Anesthesiologist
PR	Procedure MD (surgeon)
RD	Radiologist
RS	Resident
NP	Nurse Practitioner
CM	Certified Nurse Midwife
SN	Scrub Nurse
PS	Primary Surgeon

AS   Assistant Surgeon

6.4.4.13 Consent code (CE)   00403

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains the type of consent that was obtained for permission to treat the patient. Refer to *user-defined table 0059 - Consent code* for suggested values.

6.4.4.14 Procedure priority (NM)   00404

Definition: This field contains a number that identifies the significance or priority of the procedure code.

0	the admitting procedure
1	the primary procedure
2 and higher	for ranked secondary procedures

6.4.4.15 Associated diagnosis code (CE)   00772

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains the diagnosis which is the primary reason this procedure was performed, e.g., Medicare wants to know for which diagnosis this procedure is submitted for inclusion on HCFA 1500 form.

6.4.5 GT1 - guarantor segment

The GT1 segment contains guarantor (e.g., the person or the organization with financial responsibility for payment of a patient account) data for patient and insurance billing applications.

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Figure 6-5. GT1 attributes

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	R			00405	Set ID - GT1
2	59	CX	O	Y		00406	Guarantor Number
3	48	XPN	R	Y		00407	Guarantor Name
4	48	XPN	O	Y		00408	Guarantor Spouse Name
5	106	XAD	O	Y		00409	Guarantor Address
6	40	XTN	O	Y		00410	Guarantor Ph Num-Home
7	40	XTN	O	Y		00411	Guarantor Ph Num-Business
8	26	TS	O			00412	Guarantor Date/Time Of Birth
9	1	IS	O		0001	00413	Guarantor Sex
10	2	IS	O		0068	00414	Guarantor Type
11	2	IS	O		0063	00415	Guarantor Relationship
12	11	ST	O			00416	Guarantor SSN
13	8	DT	O			00417	Guarantor Date - Begin
14	8	DT	O			00418	Guarantor Date - End
15	2	NM	O			00419	Guarantor Priority
16	130	XPN	O	Y		00420	Guarantor Employer Name
17	106	XAD	O	Y		00421	Guarantor Employer Address
18	40	XTN	O	Y		00422	Guarantor Employer Phone Number
19	20	CX	O	Y		00423	Guarantor Employee ID Number
20	2	IS	O		0066	00424	Guarantor Employment Status
21	130	XON	O	Y		00425	Guarantor Organization Name
22	1	ID	O		0136	00773	Guarantor Billing Hold Flag
23	80	CE	O			00774	Guarantor Credit Rating Code
24	26	TS	O			00775	Guarantor Death Date And Time
25	1	ID	O		0136	00776	Guarantor Death Flag
26	80	CE	O		0218	00777	Guarantor Charge Adjustment Code
27	10	CP	O			00778	Guarantor Household Annual Income
28	3	NM	O			00779	Guarantor Household Size
29	20	CX	O	Y		00780	Guarantor Employer ID Number
30	1	IS	O		0002	00781	Guarantor Marital Status Code
31	8	DT	O			00782	Guarantor Hire Effective Date
32	8	DT	O			00783	Employment Stop Date
33	2	IS	O		0223	00755	Living Dependency
34	2	IS	O		0009	00145	Ambulatory Status
35	4	IS	O		0171	00129	Citizenship
36	60	CE	O		0296	00118	Primary Language
37	2	IS	O		0220	00742	Living Arrangement
38	80	CE	O		0215	00743	Publicity Indicator
39	1	ID	O		0136	00744	Protection Indicator
40	2	IS	O		0231	00745	Student Indicator
41	3	IS	O		0006	00120	Religion
42	48	XPN	O			00746	Mother's Maiden Name
43	80	CE	O		0212	00739	Nationality
44	3	IS	O		0189	00125	Ethnic Group
45	48	XPN	O	Y		00748	Contact Person's Name
46	40	XTN	O	Y		00749	Contact Person's Telephone Number
47	80	CE	O		0222	00747	Contact Reason
48	2	IS	O		0063	00784	Contact Relationship
49	20	ST	O			00785	Job Title

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SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
50	20	JCC	O		0327/ 0328	00786	Job Code/Class
51	130	XON	O	Y		01299	Guarantor Employer's Organization Name
52	2	IS	O		0310	00753	Handicap
53	2	IS	O		0311	00752	Job Status
54	50	FC	O		0064	01231	Guarantor Financial Class
55	1	IS	O		0005	01291	Guarantor Race

6.4.5.0 GT1 field definitions

6.4.5.1 Set ID - GT1 (SI) 00405

Definition: *Set ID-GT1* contains a number that identifies this transaction. For the first occurrence of the segment the sequence shall be 1, for the second occurrence it shall be 2, etc.

6.4.5.2 Guarantor number (CX) 00406

```
Components:   <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^
              <assigning authority (HD)> ^ <identifier type code (IS)> ^ <assigning facility (HD)

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field contains the primary identifier, or other identifiers, assigned to the guarantor.

6.4.5.3 Guarantor name (XPN) 00407

```
Components:   <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^ <suffix (e.g., JR or
              III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <name type code (ID) >
```

Definition: This field contains the name of the guarantor. Multiple names for the same guarantor may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

Beginning with Version 2.3, if the guarantor is an organization, send a null value (" ") in *GT1-3-guarantor person name* and put the organization name in *GT1-21-guarantor organization name*. Either guarantor person name or guarantor organization name is required.

6.4.5.4 Guarantor spouse name (XPN) 00408

```
Components:   <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^ <suffix (e.g., JR or
              III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <name type code (ID) >
```

Definition: This field contains the name of the guarantor's spouse. Multiple names for the same guarantor spouse may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

6.4.5.5 Guarantor address (XAD) 00409

```
Components:   <street address (ST)> ^ <other designation (ST)> ^ <city (ST)> ^ <state or province (ST)> ^ <zip
              or postal code(ST)> ^ <country (ID)> ^ < address type (ID)> ^ <other geographic designation
              (ST)> ^ <county/parish code (IS)> ^ <census tract (IS)>
```

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Definition: This field contains the guarantor's address. Multiple addresses for the same person may be sent in this field. The mailing address is assumed to be in the first repetition. When the mailing address is not sent, a repeat delimiter must be sent first for the first repetition.

6.4.5.6 Guarantor ph num - home (XTN) 00410 C

```
components: [NNN] [(999)]999-9999 [X99999] [B99999] [C any text] ^ <telecommunication use code (ID)> ^
            <telecommunication equipment type (ID)> ^ <email address (ST)> ^ <country code (NM)> ^
            <area/city code (NM)> ^ <phone number (NM)> ^ <extension (NM)> ^ <any text (ST)>
```

Definition: This field contains the guarantor's home phone number. All personal phone numbers for the guarantor may be sent in this field. The primary telephone number is assumed to be in the first repetition. When the primary telephone number is not sent, a repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

6.4.5.7 Guarantor ph num - business (XTN) 00411

```
Components: [NNN] [(999)]999-9999 [X99999] [B99999] [C any text] ^ <telecommunication use code (ID)> ^
            <telecommunication equipment type (ID)> ^ <email address (ST)> ^ <country code (NM)> ^
            <area/city code (NM)> ^ <phone number (NM)> ^ <extension (NM)> ^ <any text (ST)>
```

Definition: This field contains the guarantor's business phone number. All business phone numbers for the guarantor may be sent in this field. The primary telephone number is assumed to be in the first repetition. When the primary telephone number is not sent, a repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

6.4.5.8 Guarantor date and time of birth (TS) 00412

Definition: This field contains the guarantor's date of birth.

6.4.5.9 Guarantor sex (IS) 00413

Definition: This field contains the guarantor's gender. Refer to *user-defined table 0001 - Sex* for valid values.

6.4.5.10 Guarantor type (IS) 00414

Definition: This field indicates the type of guarantor, e.g., individual, institution, etc. Refer to *user-defined table 0068 - Guarantor type* for suggested values.

6.4.5.11 Guarantor relationship (IS) 00415

Definition: This field indicates the relationship of the guarantor with the patient, e.g., parent, child, etc. Refer to *user-defined table 0063 - Relationship* for suggested values.

6.4.5.12 Guarantor SSN (ST) 00416

Definition: This field contains the guarantor's social security number.

6.4.5.13 Guarantor date - begin (DT) 00417

Definition: This field contains the date that the guarantor becomes responsible for the patient's account.

6.4.5.14 Guarantor date - end (DT) 00418

Definition: This field contains the date that the guarantor stops being responsible for the patient's account.

6.4.5.15 Guarantor priority (NM)   00419

Definition: This field is used to determine the order in which the guarantors are responsible for the patient's account. "1" = primary guarantor, "2" = secondary guarantor, etc.

6.4.5.16 Guarantor employer name (XPN)   00420

```
Components:  <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^ <suffix (e.g., JR or
             III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <name type code (ID) >
```

Definition: This field contains the name of the guarantor's employer, if the employer is a person. When the guarantor's employer is an organization, use *GT1-51-guarantor employer's organization name* Multiple names for the same person may be sent in this field, not multiple employers. The legal name must be sent first in the repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

6.4.5.17 Guarantor employer address (XAD)   00421

```
Components:  <street address (ST)> ^ <other designation (ST)> ^ <city (ST)> ^ <state or province (ST)> ^ <zip
             or postal code(ST)> ^ <country (ID)> ^ < address type (ID)> ^ <other geographic designation
             (ST)> ^ <county/parish code (IS)> ^ <census tract (IS)>
```

Definition: This field contains the guarantor's employer's address. Multiple addresses for the same employer may be sent in this field. The mailing address must be sent first in the repetition. When the mailing address is not sent, a repeat delimiter must be sent first for the first repetition.

6.4.5.18 Guarantor employer phone number (XTN)   00422

```
Components:  [NNN] [(999)]999-9999 [X99999] [B99999] [C any text] ^ <telecommunication use code (ID)> ^
             <telecommunication equipment type (ID)> ^ <email address (ST)> ^ <country code (NM)> ^
             <area/city code (NM)> ^ <phone number (NM)> ^ <extension (NM)> ^ <any text (ST)>
```

Definition: This field contains the guarantor's employer's phone number. Multiple phone numbers for the same employer. The primary telephone number must be sent first in the sequence. When the primary telephone number is not sent, a repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

6.4.5.19 Guarantor employee ID number (CX)   00423

```
Components:  <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^
             <assigning authority (HD)> ^ <identifier type code (IS)> ^ <assigning facility (HD)

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field contains the guarantor's employee number.

6.4.5.20 Guarantor employment status (IS)   00424

Definition: This field contains the code that indicates the guarantor's employment status, e.g., full time, part time, self-employed, etc. Refer to *user-defined table 0066 - Employment status* for suggested values.

6.4.5.21 Guarantor organization name (XON)   00425

```
Components:  <organization name (ST)> ^ <organization name type code (ID)> ^ <ID number (ID)> ^ <check digit
             (NM)> ^ < check digit scheme (ID)> ^ <assigning authority (HD)> ^ <identifier type code (ID)> ^
             <assigning facility ID (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

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```
Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field contains the name of the guarantor when the guarantor is an organization. Multiple names for the same guarantor may be sent in this field, not multiple guarantors. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

Beginning with Version 2.3, if the guarantor is a person, send a null value ("") *in GT1-21-guarantor organization name* and put the person name in *GT1-3-guarantor person name*. Either guarantor person name or guarantor organization name is required.

6.4.5.22 Guarantor billing hold flag (ID) 00773

Definition: Refer to *HL7 table 0136 - Yes/no indicator* for valid values. This field indicates whether or not a system should suppress printing of the guarantor's bills.

>   Y   a system should suppress printing of guarantor's bills
>   N   a system should not suppress printing of guarantor's bills

6.4.5.23 Guarantor credit rating code (CE) 00774

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains the guarantor's credit rating.

6.4.5.24 Guarantor death date and time (TS) 00775

Definition: This field is used to indicate the date and time at which the guarantor's death occurred.

6.4.5.25 Guarantor death flag (ID) 00776

Definition: This field indicates whether or not the guarantor is deceased. Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

>   Y   the guarantor is deceased
>   N   the guarantor is living

6.4.5.26 Guarantor charge adjustment code (CE) 00777

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains user-defined codes that indicate which adjustments should be made to this guarantor's charges. For example, when the hospital agrees to adjust this guarantor's charges to a sliding scale. Refer to *user-defined table 0218 - Charge adjustment* for suggested values.

Example: This field would contain the value used for sliding-fee scale processing.

6.4.5.27 Guarantor household annual income (CP) 00778

```
Components:  <price (MO)> ^ <price type (ID)> ^ <from value (NM)> ^ <to value (NM)> ^ <range units (CE)> ^
             <range type (ID)>

Subcomponents of price: <quantity (NM)> & <denomination (ID)>

Subcomponents of range units:  <identifier (ST)> & <text (ST)> & <name of coding system (ST)> & <alternate
             identifier (ID)> & <alternate text (ST)> & <name of alternate coding system (ST)>
```

Definition: This field contains the combined annual income of all members of the guarantor's household.

6.4.5.28 Guarantor household size (NM)   00779

Definition: This field specifies the number of people living at the guarantor's primary residence.

6.4.5.29 Guarantor employer identification number (CX)   00780

```
Components:  <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^
             <assigning authority (HD)> ^ <identifier type code (IS)> ^ <assigning facility (HD)

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This is a code that uniquely identifies the guarantor's employer when the employer is a person. It may be a user-defined code or a code defined by a government agency (Federal Tax ID#).

When further breakdowns of employer information are needed, such as a division or plant, it is recommended that the coding scheme incorporate the relationships (e.g., define separate codes for each division).

6.4.5.30 Guarantor marital status code (IS)   00781

Definition: This field contains the marital status of the guarantor. Refer to *user-defined table 0002 - Marital status* for suggested values.

6.4.5.31 Guarantor hire effective date (DT)   00782

Definition: This field contains the date that the guarantor's employment began.

6.4.5.32 Guarantor employment stop date (DT)   00783

Definition: This field indicates the date on which the guarantor's employment with a particular employer ended.

6.4.5.33 Living dependency (IS)   00755

Definition: Identifies the specific living conditions of the guarantor. Refer *to user-defined table 0223 - Living dependency* for suggested values.

User-defined Table 0223 - Living dependency

Value	Description
D	Spouse dependent
M	Medical Supervision Required
S	Small children
WU	Walk up
CB	Common Bath

6.4.5.34 Ambulatory status code (IS)   00145

Definition: Identifies the transient state of mobility for the guarantor. Refer *to user-defined table 0009 - Ambulatory status* for suggested values.

6.4.5.35 Citizenship (IS) 00129

Definition: This field contains the code to identify the guarantor's citizenship. HL7 recommends using ISO table 3166 as the suggested values in *user-defined table 0171 - Citizenship.*

6.4.5.36 Primary language (CE) 00118

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field identifies the guarantor's primary speaking language. HL7 recommends using ISO table 639 as the suggested values in *user-defined table 0296 - Language*.

6.4.5.37 Living arrangement (IS) 00742

Definition: This field identifies the situation in which the person lives at his residential address. Refer to *the user-defined table 0220- Living arrangement* for suggested values.

User-defined Table 0220 - Living arrangement

Value	Description
A	Alone
F	Family
I	Institution
R	Relative
U	Unknown
S	Spouse Only

6.4.5.38 Publicity indicator (CE) 00743

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains a user-defined code indicating what level of publicity is allowed (e.g., No Publicity, Family Only) for a guarantor. Refer to *user-defined table 0215 - Publicity indicator* for suggested values.

6.4.5.39 Protection indicator (ID) 00744

Definition: This field identifies the guarantor's protection, which determines whether or not access to information about this enrollee should be restricted from users who do not have adequate authority. Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

Y   restrict access
N   do not restrict access

6.4.5.40 Student indicator (IS) 00745

Definition: This field indicates whether the guarantor is currently a student, and whether the patient is a full-time or part-time student. This field does not indicate the degree level (high school, college) of the student, or his/her field of study (accounting, engineering, etc.). Refer to *user-defined table 0231- Student status* for suggested values.

User-defined Table 0231 - Student status

Values	Description
F	Full-time student
P	Part-time student
N	Not a student

6.4.5.41 Religion (IS) 00120

Definition: This field indicates the type of religion practiced by the guarantor. Refer to *user-defined table 0006 - Religion* for suggested values.

6.4.5.42 Mother's maiden name (XPN) 00746

```
Components:  <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^ <suffix (e.g., JR or
             III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <name type code (ID) >
```

Definition: This field indicates the guarantor's mother's maiden name.

6.4.5.43 Nationality (CE) 00739

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains a code that identifies the nation or national grouping to which the person belongs. This may be different from a person's citizenship in countries in which multiple nationalities are recognized (for example, Spain: Basque, Catalan, etc.). HL7 recommends using ISO table 3166 as suggested values in *user-defined table 0212 - Nationality*.

6.4.5.44 Ethnic group (IS) 00125

Definition: This field contains the guarantor's ethnic or race group. ERISA has a published list of ethnic classifications that may be used by local agreement at a site. Refer to *user-defined table 0189 - Ethnic group* for suggested values.

6.4.5.45 Contact person's name (XPN) 00748

```
Components:  <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^ <suffix (e.g., JR or
             III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <name type code (ID) >
```

Definition: This field contains the name of the person who should be contacted regarding the guarantor bills, etc. This may be someone other than the guarantor. (Contact guarantor's wife regarding all bills - guarantor lives out of country). The components for this data type are described in Chapter 2.

This is a repeating field that allows for multiple names for the same person. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

6.4.5.46 Contact person phone number (XTN) 00749

```
Components:  [NNN] [(999)]999-9999 [X99999] [B99999] [C any text] ^ <telecommunication use code (ID)> ^
             <telecommunication equipment type (ID)> ^ <email address (ST)> ^ <country code (NM)> ^
             <area/city code (NM)> ^ <phone number (NM)> ^ <extension (NM)> ^ <any text (ST)>
```

Definition: This field contains the telephone number of the guarantor (person) to contact regarding guarantor bills, etc. Multiple phone numbers for that person may be sent in this sequence. The primary telephone number is assumed to be in the first repetition. When the primary telephone number is not sent, a

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repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

6.4.5.47 Contact reason (CE) 00747

```
Components:   <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
              <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains a user-defined code that identifies the reason for contacting the guarantor, for example, to phone the guarantor if payments are late. Refer to *user-defined table 0222 - Contact reason* for suggested values.

6.4.5.48 Contact relationship code (IS) 00784

Definition: Identifies the guarantor relationship to the contact person specified above. Some examples of the relationship between the guarantor and the guarantor contact person might include wife, attorney, power of attorney, self, and organization. Refer to *user-defined table 0063 - Relationship* for suggested values.

6.4.5.49 Job title (ST) 00785

Definition: This field contains a descriptive name of the guarantor's occupation (e.g., Sr. Systems Analyst, Sr. Accountant).

6.4.5.50 Job code/class (JCC) 00786

```
Components:   <job code (IS)> ^ <job class (IS)>
```

Definition: This field contains the guarantor's job code and employee classification. Refer to *user-defined tables 0327 - Job code* and *0328 - Job class* for suggested values.

6.4.5.51 Guarantor employer's organization name (XON) 01299

```
Components:   <organization name (ST)> ^ <organization name type code (ID)> ^ <ID number (ID)> ^ <check digit
              (NM)> ^ < check digit scheme (ID)> ^ <assigning authority (HD)> ^ <identifier type code (ID)> ^
              <assigning facility ID (HD)>

Subcomponents of assigning authority:   <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:   <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field contains the name of the guarantor's employer when the guarantor's employer is an organization. When the guarantor's employer is a person, use *GT1-16 guarantor employer name*. Multiple names for the same guarantor may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components of this data type are described in Chapter 2.

6.4.5.52 Handicap   (IS) 00753

Definition: This field contains a code to describe the guarantor's disability. Refer to *user-defined table 0310 - Handicap* for suggested values.

6.4.5.53 Job status (IS) 00752

Definition: This field contains a code that identifies the guarantor's current job status, for example, part-time/workers comp, full-time/leave of absence, full-time/suspended. Refer to *user-defined table 0311 - Job status* for suggested values.

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6.4.5.54 Guarantor financial class (FC) 01231

```
Components:  <financial class (IS)> ^ <effective date (TS)>
```

Definition: This field contains the financial class (FC) assigned to the guarantor for the purpose of identifying sources of reimbursement. It can be different than that of the patient. When the FC of the guarantor is different than the FC of the patient, and the guarantor's coverage for that patient has been exhausted, the source of reimbursement falls back onto the FC of the patient. Refer *to user-defined table 0064 - Financial class* for suggested values.

6.4.5.55 Guarantor race (IS) 01291

Definition: This field refers to the guarantor's race. Refer to user-defined table 0005 - Race for suggested values.

6.4.6 IN1 - insurance segment

The IN1 segment contains insurance policy coverage information necessary to produce properly pro-rated and patient and insurance bills.

Figure 6-6. IN1 attributes

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	R			00426	Set ID - IN1
2	60	CE	R		0072	00368	Insurance Plan ID
3	59	CX	R	Y		00428	Insurance Company ID
4	130	XON	O	Y		00429	Insurance Company Name
5	106	XAD	O	Y		00430	Insurance Company Address
6	48	XPN	O	Y		00431	Insurance Co. Contact Person
7	40	XTN	O	Y		00432	Insurance Co Phone Number
8	12	ST	O			00433	Group Number
9	130	XON	O	Y		00434	Group Name
10	12	CX	O	Y		00435	Insured's Group Emp ID
11	130	XON	O	Y		00436	Insured's Group Emp Name
12	8	DT	O			00437	Plan Effective Date
13	8	DT	O			00438	Plan Expiration Date
14	55	CM	O			00439	Authorization Information
15	3	IS	O		0086	00440	Plan Type
16	48	XPN	O	Y		00441	Name Of Insured
17	2	IS	O		0063	00442	Insured's Relationship To Patient
18	26	TS	O			00443	Insured's Date Of Birth
19	106	XAD	O	Y		00444	Insured's Address
20	2	IS	O		0135	00445	Assignment Of Benefits
21	2	IS	O		0173	00446	Coordination Of Benefits
22	2	ST	O			00447	Coord Of Ben. Priority
23	2	ID	O		0136	00448	Notice Of Admission Flag
24	8	DT	O			00449	Notice Of Admission Date
25	2	ID	O		0136	00450	Report Of Eligibility Flag
26	8	DT	O			00451	Report Of Eligibility Date
27	2	IS	O		0093	00452	Release Information Code
28	15	ST	O			00453	Pre-Admit Cert (PAC)
29	26	TS	O			00454	Verification Date/Time
30	60	XCN	O			00455	Verification By

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
31	2	IS	O		0098	00456	Type Of Agreement Code
32	2	IS	O		0022	00457	Billing Status
33	4	NM	O			00458	Lifetime Reserve Days
34	4	NM	O			00459	Delay Before L.R. Day
35	8	IS	O		0042	00460	Company Plan Code
36	15	ST	O			00461	Policy Number
37	12	CP	O			00462	Policy Deductible
38	12	CP	B			00463	Policy Limit - Amount
39	4	NM	O			00464	Policy Limit - Days
40	12	CP	B			00465	Room Rate - Semi-Private
41	12	CP	B			00466	Room Rate - Private
42	60	CE	O		0066	00467	Insured's Employment Status
43	1	IS	O		0001	00468	Insured's Sex
44	106	XAD	O	Y		00469	Insured's Employer Address
45	2	ST	O			00470	Verification Status
46	8	IS	O		0072	00471	Prior Insurance Plan ID
47	3	IS	O		0309	01227	Coverage Type
48	2	IS	O		0310	00753	Handicap
49	12	CX	O	Y		01230	Insured's ID Number

6.4.6.0 IN1 field definitions

6.4.6.1 Set ID - IN1 (SI)   00426

Definition: *IN1-1-set ID* contains the number that identifies this transaction. For the first occurrence the sequence number shall be 1, for the second occurrence it shall be 2, etc.

6.4.6.2 Insurance plan ID (CE) 00427

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains a unique identifier for the insurance plan. Refer to *user-defined table 0072 - Insurance plan ID*. To eliminate a plan, the plan could be sent with null values in each subsequent element. If the respective systems can support it, a null value can be sent in the plan field.

6.4.6.3 Insurance company ID (CX) 00428

```
Components:  <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^
             <assigning authority (HD)> ^ <identifier type code (IS)> ^ <assigning facility (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field contains a unique identifier the insurance company.

6.4.6.4 Insurance company name (XON) 00429

```
Components:  <organization name (ST)> ^ <organization name type code (ID)> ^ <ID number (ID)> ^ <check digit
             (NM)> ^ < check digit scheme (ID)> ^ <assigning authority (HD)> ^ <identifier type code (ID)> ^
             <assigning facility ID (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field contains the name of the insurance company. Multiple names for the same insurance company may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components of this data type are described in Chapter 2.

6.4.6.5 Insurance company address (XAD)   00430

```
Components:  <street address (ST)> ^ <other designation (ST)> ^ <city (ST)> ^ <state or province (ST)> ^ <zip
             or postal code(ST)> ^ <country (ID)> ^ < address type (ID)> ^ <other geographic designation
             (ST)>^ <county/parish code (IS)> ^ <census tract (IS)>
```

Definition: This field contains the address of the insurance company. Multiple addresses for the same insurance company may be sent in this field. The mailing address is assumed to be in the first repetition. When the mailing address is not sent, a repeat delimiter must be sent first for the first repetition.

6.4.6.6 Insurance co contact person (XPN)   00431

```
Components:  <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^ <suffix (e.g., JR or
             III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <name type code (ID) >
```

Definition: This field contains the name of the person who should be contacted at the insurance company. Multiple names for the same contact person may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components of this data type are described in Chapter 2.

6.4.6.7 Insurance co phone number (XTN)   00432

```
Components:  [NNN] [(999)]999-9999 [X99999] [B99999] [C any text] ^ <telecommunication use code (ID)> ^
             <telecommunication equipment type (ID)> ^ <email address (ST)> ^ <country code (NM)> ^
             <area/city code (NM)> ^ <phone number (NM)> ^ <extension (NM)> ^ <any text (ST)>
```

Definition: This field contains the phone number of the insurance company. Multiple phone numbers for the same insurance company may be sent in this field. The primary phone number is assumed to be in the first repetition. When the primary phone number is not sent, a repeat delimiter must be sent first for the first repetition. The components of this data type are described in Chapter 2.

6.4.6.8 Group number (ST)   00433

Definition: This field contains the group number of the insured's insurance.

6.4.6.9 Group name (XON)   00434

```
Components:  <organization name (ST)> ^ <organization name type code (ID)> ^ <ID number (ID)> ^ <check digit
             (NM)> ^ < check digit scheme (ID)> ^ <assigning authority (HD)> ^ <identifier type code (ID)> ^
             <assigning facility ID (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field contains the group name of the insured's insurance. The components of this data type are described in Chapter 2.

6.4.6.10 Insured's group emp. ID (CX)   00435

```
Components:  <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^
             <assigning authority (HD)> ^ <identifier type code (IS)> ^ <assigning facility (HD)

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

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```
Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field holds the group employer ID for the insured's insurance.

6.4.6.11 Insured's group emp name (XON) 00436

```
Components:  <organization name (ST)> ^ <organization name type code (ID)> ^ <ID number (ID)> ^ <check digit
             (NM)> ^ < check digit scheme (ID)> ^ <assigning authority (HD)> ^ <identifier type code (ID)> ^
             <assigning facility ID (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field contains the name of the employer that provides the emp loyee's insurance. Multiple names for the same employer may be sent in this sequence. The legal name must be sent first. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components of this data type are described in Chapter 2.

6.4.6.12 Plan effective date (DT) 00437

Definition: This field contains the date that the insurance goes into effect.

6.4.6.13 Plan expiration date (DT) 00438

Definition: This field indicates the last date of service that the insurance will cover or be responsible for.

6.4.6.14 Authorization information (CM) 00439

```
Components:  <authorization number (ST)> ^ <date (DT)> ^ <source (ST)>
```

Definition: Based on the type of insurance, some coverage plans require that an authorization number or code be obtained prior to all non-emergency admissions, and within 48 hours of an emergency admission. Insurance billing would not be permitted without this number. The date and source of authorization are the components of this field.

6.4.6.15 Plan type (IS) 00440

Definition: This field contains the coding structure that identifies the various plan types, for example, Medicare, Medicaid, Blue Cross, HMO, etc. Refer to *user-defined table 0086 - Plan ID* for suggested values.

6.4.6.16 Name of insured (XPN) 00441

```
Components:  <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^ <suffix (e.g., JR or
             III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <name type code (ID) >
```

Definition: This field contains the name of the insured person. The insured is the person who has an agreement with the insurance company to provide healthcare services to persons covered by the insurance policy. Multiple names for the same insured person may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components of this data type are described in Chapter 2.

6.4.6.17 Insured's relationship to patient (IS) 00442

Definition: This field indicates the insured's relationship to the patient. Refer to *user-defined table 0063 - Relationship* for suggested values.

6.4.6.18 Insured's date of birth (TS)   00443

Definition: This field contains the date of birth of the insured.

6.4.6.19 Insured's address (XAD)   00444

```
Components:  <street address (ST)> ^ <other designation (ST)> ^ <city (ST)> ^ <state or province (ST)> ^ <zip
             or postal code(ST)> ^ <country (ID)> ^ < address type (ID)> ^ <other geographic designation
             (ST)> ^ <county/parish code (IS)> ^ <census tract (IS)>
```

Definition: This field contains the address of the insured person. The insured is the person who has an agreement with the insurance company to provide healthcare services to persons covered by an insurance policy. Multiple addresses for the same insured person may be in this field. The mailing address must be sent in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

6.4.6.20 Assignment of benefits (IS)   00445

Definition: This field indicates whether the insured agreed to assign the insurance benefits to the healthcare provider. If so, the insurance will pay the provider directly. Refer to *user-defined table 0135 - Assignment of benefits* for suggested values.

<div align="center">

User-defined Table 0135 - Assignment of benefits

Value	Description
Y	Yes
N	No
M	Modified assignment

</div>

6.4.6.21 Coordination of benefits (IS)   00446

Definition: This field indicates whether this insurance works in conjunction with other insurance plans, or if it provides independent coverage and payment of benefits regardless of other insurance that might be available to the patient. Refer to *user-defined table 0173 - Coordination of benefits* for suggested values.

<div align="center">

User-defined Table 0173 - Coordination of benefits

Value	Description
CO	Coordination
IN	Independent

</div>

6.4.6.22 Coord of ben priority (ST)   00447

Definition: If the insurance works in conjunction with other insurance plans, this field contains priority sequence. Values are: 1, 2, 3, etc.

6.4.6.23 Notice of admission flag (ID)   00448

Definition: This field indicates whether the insurance company requires a written notice of admission from the healthcare provider. Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

6.4.6.24 Notice of admission date (DT)   00449

Definition: If a notice is required, this field indicates the date that it was sent.

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6.4.6.25 Report of eligibility flag (ID) 00450

Definition: This field indicates whether this insurance carrier sends a report that indicates that the patient is eligible for benefits and whether it identifies those benefits. Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

6.4.6.26 Report of eligibility date (DT) 00451

Definition: This field indicates whether a report of eligibility (ROE) was received, and also indicates the date that it was received.

6.4.6.27 Release information code (IS) 00452

Definition: This field indicates whether the healthcare provider can release information about the patient, and what information can be released. Refer to *user-defined table 0093 - Release information code* for suggested values.

<div align="center">

User-defined Table 0093 - Release information

Value	Description
Y	Yes
N	No
	or user-defined codes

</div>

6.4.6.28 Pre-admit cert. (PAC) (ST) 00453

Definition: This field contains the pre-admission certification code. If the admission must be certified before the admission, this is the code associated with the admission.

6.4.6.29 Verification date/time (TS) 00454

Definition: This field contains the date/time that the healthcare provider verified that the patient has the indicated benefits.

6.4.6.30 Verification by (XCN) 00455

```
Components:    <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^
               <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <source
               table (IS)> ^ <assigning authority (HD)> ^ <name type code(ID)>  ^ <identifier check digit (ST)>
               ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^
               <assigning facility (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: Refers to the person who verified the benefits. Multiple names for the same insured person may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components of this data type are described in Chapter 2.

6.4.6.31 Type of agreement code (IS) 00456

Definition: This field is used to further identify an insurance plan. Refer to *user-defined table 0098 - Type of agreement* for suggested values. Refer to *user-defined table 0098 - Type of agreement* for suggested values.

User-defined Table 0098 - Type of agreement

Value	Description
S	Standard
U	Unified
M	Maternity

6.4.6.32 Billing status (IS) 00457

Definition: This field indicates whether the particular insurance has been billed and, if so, the type of bill. Refer to *user-defined table 0022 - Billing status* for suggested values.

6.4.6.33 Lifetime reserve days (NM) 00458

Definition: This field contains the number of days left for a certain service to be provided or covered under an insurance policy.

6.4.6.34 Delay before L.R. day   (NM) 00459

Definition: This field indicates the delay before lifetime reserve days.

6.4.6.35 Company plan code (IS) 00460

Definition: This field contains optional information to further define the data in *IN1-3-insurance company ID*. Refer to *user-defined table 0042 - Company plan code*. This table contains codes used to identify an insurance plan uniquely.

6.4.6.36 Policy number (ST) 00461

Definition: This field contains the individual policy number of the insured to uniquely identify this patient's plan. For special types of insurance numbers, there are also special fields in the IN2 segment for Medicaid, Medicare, Champus (i.e., *IN2-8-Medicaid case number*, *IN2-6-Medicare health ins card number*, *IN2-10-Champus ID number*). But we recommend that this field (*IN1-36-policy number*) be filled even when the patient's insurance number is also passed in one of these other fields.

6.4.6.37 Policy deductible (CP) 00462

```
Components:  <price (MO)> ^ <price type (ID)> ^ <from value (NM)> ^ <to value (NM)> ^ <range units (CE)> ^
             <range type (ID)>

Subcomponents of price: <quantity (NM)> & <denomination (ID)>

Subcomponents of range units:  <identifier (ST)> & <text (ST)> & <name of coding system (ST)> & <alternate
             identifier (ID)> & <alternate text (ST)> & <name of alternate coding system (ST)>
```

Definition: This field contains the amount specified by the insurance plan that is the responsibility of the guarantor.

6.4.6.38 Policy limit - amount (CP) 00463

```
Components:  <price (MO)> ^ <price type (ID)> ^ <from value (NM)> ^ <to value (NM)> ^ <range units (CE)> ^
             <range type (ID)>

Subcomponents of price: <quantity (NM)> & <denomination (ID)>

Subcomponents of range units:  <identifier (ST)> & <text (ST)> & <name of coding system (ST)> & <alternate
             identifier (ID)> & <alternate text (ST)> & <name of alternate coding system (ST)>
```

Definition: ***This field has been retained for backward compatibility only. Use IN2-policy type/amount instead of this field.*** This field contains the maximum amount that the insurance policy will pay. In some cases, the limit may be for a single encounter.

6.4.6.39 Policy limit - days (NM) 00464

Definition: This field contains the maximum number of days that the insurance policy will cover.

6.4.6.40 Room rate - semi-private (CP) 00465

```
Components:  <price (MO)> ^ <price type (ID)> ^ <from value (NM)> ^ <to value (NM)> ^ <range units (CE)> ^
             <range type (ID)>

Subcomponents of price: <quantity (NM)> & <denomination (ID)>

Subcomponents of range units:  <identifier (ST)> & <text (ST)> & <name of coding system (ST)> & <alternate
             identifier (ID)> & <alternate text (ST)> & <name of alternate coding system (ST)>
```

Definition: ***This field has been retained for backward compatibility only.*** Use *IN2-28-room coverage type/amount* instead of this field. When used for backward compatibility, *IN2-40-room rate-semi-primate* contains the average room rate that the policy covers.

6.4.6.41 Room rate - private (CP) 00466

```
Components:  <price (MO)> ^ <price type (ID)> ^ <from value (NM)> ^ <to value (NM)> ^ <range units (CE)> ^
             <range type (ID)>

Subcomponents of price: <quantity (NM)> & <denomination (ID)>

Subcomponents of range units:  <identifier (ST)> & <text (ST)> & <name of coding system (ST)> & <alternate
             identifier (ID)> & <alternate text (ST)> & <name of alternate coding system (ST)>
```

Definition: ***This field has been retained for backward compatibility only.*** Use *IN2-28-room coverage type/amount* instead of this field. When used for backward compatibility *IN2-29-room rate-private* contains the maximum private room rate that the policy covers.

6.4.6.42 Insured's employment status (CE) 00467

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: Refer to *user-defined table 0066 - Employment status* for suggested values.

6.4.6.43 Insured's sex (IS) 00468

Definition: This field contains the gender of the insured. Refer to *user-defined table 0001 - Sex* for valid values.

6.4.6.44 Insured's employer's address (XAD) 00469

```
Components:  <street address (ST)> ^ <other designation (ST)> ^ <city (ST)> ^ <state or province (ST)> ^ <zip
             or postal code(ST)> ^ <country (ID)> ^ < address type (ID)> ^ <other geographic designation
             (ST)> ^ <county/parish code (IS)> ^ <census tract (IS)>
```

Definition: This field contains the address of the insured employee's employer. Multiple addresses for the same employer may be sent in this field. The mailing address must be sent first. When the mailing address is not sent, a repeat delimiter must be sent first for the first repetition.

6.4.6.45   Verification status (ST)   00470

Definition: This field contains the status of this patient's relationship with this insurance carrier.

6.4.6.46   Prior insurance plan ID (IS)   00471

Definition: This field uniquely identifies the prior insurance plan when the plan ID changes. Refer to *user-defined table 0072 - Insurance plan ID* for suggested values.

6.4.6.47   Coverage type (IS)   01227

Definition: This field contains the coding structure that identifies the type of insurance coverage, or what type of services are covered for the purposes of a billing system. For example, a physician billing system will only want to receive insurance information for plans which cover physician/professional charges. Refer to *user-defined table 0309 - Coverage type* for suggested values.

<div align="center">

User-defined Table 0309 - Coverage type

Value	Description
H	Hospital/Institutional
P	Physician/Professional
B	Both Hospital and Physician

</div>

6.4.6.48   Handicap code (IS)   00753

Definition: This field contains a code to describe the insured's disability. Refer to *user-defined table 0310 - Handicap* for suggested values.

6.4.6.49   Insured's ID number   (CX)   01230

```
Components:  <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^
             <assigning authority (HD)> ^ <identifier type code (IS)> ^ <assigning facility (HD)

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This data element contains a healthcare institution's identifiers for the insured.

6.4.7 IN2 - insurance additional information segment

The IN2 segment contains additional insurance policy coverage and benefit information necessary for proper billing and reimbursement. Fields used by this segment are defined by HCFA or other regulatory agencies.

<div align="center">

Figure 6-7. IN2 attributes

</div>

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	59	CX	O	Y		00472	Insured's Employee ID
2	11	ST	O			00473	Insured's Social Security Number
3	130	XCN	O	Y		00474	Insured's Employer Name
4	1	IS	O		0139	00475	Employer Information Data
5	1	IS	O	Y	0137	00476	Mail Claim Party
6	15	ST	O			00477	Medicare Health Ins Card Number

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SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
7	48	XPN	O	Y		00478	Medicaid Case Name
8	15	ST	O			00479	Medicaid Case Number
9	48	XPN	O	Y		00480	Champus Sponsor Name
10	20	ST	O			00481	Champus ID Number
11	80	CE	O			00482	Dependent Of Champus Recipient
12	25	ST	O			00483	Champus Organization
13	25	ST	O			00484	Champus Station
14	14	IS	O		0140	00485	Champus Service
15	2	IS	O		0141	00486	Champus Rank/Grade
16	3	IS	O		0142	00487	Champus Status
17	8	DT	O			00488	Champus Retire Date
18	1	ID	O		0136	00489	Champus Non-Avail Cert On File
19	1	ID	O		0136	00490	Baby Coverage
20	1	ID	O		0136	00491	Combine Baby Bill
21	1	ST	O			00492	Blood Deductible
22	48	XPN	O	Y		00493	Special Coverage Approval Name
23	30	ST	O			00494	Special Coverage Approval Title
24	8	IS	O	Y	0143	00495	Non-Covered Insurance Code
25	59	CX	O	Y		00496	Payor ID
26	59	CX	O	Y		00497	Payor Subscriber ID
27	1	IS	O		0144	00498	Eligibility Source
28	25	CM	O	Y	0145/ 0146	00499	Room Coverage Type/Amount
29	25	CM	O	Y	0147/ 0193	00500	Policy Type/Amount
30	25	CM	O			00501	Daily Deductible
31	2	IS	O		0223	00755	Living Dependency
32	2	IS	O		0009	00145	Ambulatory Status
33	4	IS	O		0171	00129	Citizenship
34	60	CE	O		0296	00118	Primary Language
35	2	IS	O		0220	00742	Living Arrangement
36	80	CE	O		0215	00743	Publicity Indicator
37	1	ID	O		0136	00744	Protection Indicator
38	2	IS	O		0231	00745	Student Indicator
39	3	IS	O		0006	00120	Religion
40	48	XPN	O			00746	Mother's Maiden Name
41	80	CE	O		0212	00739	Nationality
42	3	IS	O		0189	00125	Ethnic Group
43	1	IS	O	Y	0002	00119	Marital Status
44	8	DT	O			00787	Insured's Employment Start Date
45	8	DT	O			00783	Insured's Employment Stop Date
46	20	ST	O			00785	Job Title
47	20	JCC	O		0327/ 0328	00786	Job Code/Class
48	2	IS	O		0311	00752	Job Status
49	48	XPN	O	Y		00789	Employer Contact Person Name
50	40	XTN	O	Y		00790	Employer Contact Person Phone Number
51	2	IS	O		0222	00791	Employer Contact Reason
52	48	XPN	O	Y		00792	Insured's Contact Person's Name
53	40	XTN	O	Y		00793	Insured's Contact Person Telephone Number
54	2	IS	O	Y	0222	00794	Insured's Contact Person Reason

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
55	8	DT	O			00795	Relationship To The Patient Start Date
56	8	DT	O	Y		00796	Relationship To The Patient Stop Date
57	2	IS	O		0232	00797	Insurance Co. Contact Reason
58	40	XTN	O			00798	Insurance Co Contact Phone Number
59	2	IS	O		0312	00799	Policy Scope
60	2	IS	O		0313	00800	Policy Source
61	60	CX	O			00801	Patient Member Number
62	2	IS	O		0063	00802	Guarantor's Relationship To Insured
63	40	XTN	O	Y		00803	Insured's Telephone Number - Home
64	40	XTN	O	Y		00804	Insured's Employer Telephone Number
65	60	CE	O			00805	Military Handicapped Program
66	2	ID	O		0136	00806	Suspend Flag
67	2	ID	O		0136	00807	Copay Limit Flag
68	2	ID	O		0136	00808	Stoploss Limit Flag
69	130	XON	O	Y		00809	Insured Organization Name And ID
70	130	XON	O	Y		00810	Insured Employer Organization Name And ID
71	1	IS	O		0005	00113	Race
72	60	CE	O			00811	HCFA Patient Relationship to Insured

6.4.7.0 IN2 field definitions

6.4.7.1 Insured's employee ID (CX) 00472

```
Components:   <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^
              <assigning authority (HD)> ^ <identifier type code (IS)> ^ <assigning facility (HD)

Subcomponents of assigning authority:   <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Subcomponents of assigning facility:   <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>
```

Definition: This fields contains the employee ID of the insured.

6.4.7.2 Insured's social security number (ST) 00473

Definition: This fields contains the social security number of the insured.

6.4.7.3 Insured's employer name (XCN) 00474

```
Components:   <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^
              <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <source
              table (IS)> ^ <assigning authority (HD)> ^ <name type code(ID)>  ^ <identifier check digit (ST)>
              ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^
              <assigning facility (HD)>

Subcomponents of assigning authority:   <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Subcomponents of assigning facility:   <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>
```

Definition: This field contains the name of insured's employer or the person who purchased the insurance for the insured. Multiple names for the same employer may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. When the employer is an organization use *IN2-70-insured employer organization name and ID*. The components for this data type are described in Chapter 2.

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6.4.7.4 Employer information data (IS) 00475

Definition: This field contains the required employer information data for UB82 form locator 71. Refer to *user-defined table 0139 - Employer information data* for suggested values.

6.4.7.5 Mail claim party (IS) 00476

Definition: This field contains the party to which the claim should be mailed. Refer to *user-defined table 0137 - Mail claim party* for suggested values.

User-defined Table 0137 - Mail claim party

Value	Description
E	Employer
G	Guarantor
I	Insurance company
O	Other
P	Patient

6.4.7.6 Medicare health ins card number (ST) 00477

Definition: This field contains the Medicare Health Insurance Number (HIN), defined by HCFA or other regulatory agencies.

6.4.7.7 Medicaid case name (XPN) 00478

Components: <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^ <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <name type code (ID)>

Definition: This field contains the Medicaid case name, defined by HCFA or other regulatory agencies. Multiple names for the same person may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

6.4.7.8 Medicaid case number (ST) 00479

Definition: This field contains the Medicaid case number, defined by HCFA or other regulatory agencies, which uniquely identifies a patient's Medicaid policy.

6.4.7.9 Champus sponsor name (XPN) 00480

Components: <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^ <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <name type code (ID) >

Definition: This field is defined by HCFA or other regulatory agencies. Multiple names for the same person may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

6.4.7.10 Champus ID number (ST) 00481

Definition: This field contains the Champus ID number, defined by HCFA or other regulatory agencies, which uniquely identifies a patient's Champus policy.

6.4.7.11 Dependent of champus recipient (CE) 00482

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field is defined by HCFA or other regulatory agencies.

6.4.7.12 Champus organization (ST) 00483

Definition: This field is defined by HCFA or other regulatory agencies.

6.4.7.13 Champus station (ST) 00484

Definition: This field is defined by HCFA or other regulatory agencies.

6.4.7.14 Champus service (IS) 00485

Definition: This field is defined by HCFA or other regulatory agencies. Refer to *user-defined table 0140 - Champus service* for suggested values.

6.4.7.15 Champus rank/grade (IS) 00486

Definition: This user-defined field identifies the Champus military rank/grade of the insured. Refer to *user-defined table 0141 - Champus rank/grade* for suggested values.

6.4.7.16 Champus status (IS) 00487

Definition: This field is defined by HCFA or other regulatory agencies. Refer to *user-defined table 0142 - Champus status* for suggested values.

6.4.7.17 Champus retire date (DT) 00488

Definition: This field is defined by HCFA or other regulatory agencies.

6.4.7.18 Champus non-avail cert on file (ID) 00489

Definition: Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

6.4.7.19 Baby coverage (ID) 00490

Definition: Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

6.4.7.20 Combine baby bill (ID) 00491

Definition: Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

6.4.7.21 Blood deductible (ST) 00492

Definition: Use this field instead of *UB2-2-blood deductible,* as the blood deductible can be associated with the specific insurance plan via this field.

6.4.7.22 Special coverage approval name (XPN) 00493

```
Components:  <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^ <suffix (e.g., JR or
             III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <name type code (ID) >
```

Definition: This field contains the name of the individual who approves any special coverage. Multiple names for the same person may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

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6.4.7.23 Special coverage approval title (ST) 00494

Definition: This field contains the title of the person who approves special coverage.

6.4.7.24 Non-covered insurance code (IS) 00495

Definition: This field contains the code that describes why a service is not covered. Refer to *user-defined table 0143 - Non-covered insurance code* for suggested values.

6.4.7.25 Payor ID (CX) 00496

```
Components:  <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^
             <assigning authority (HD)> ^ <identifier type code (IS)> ^ <assigning facility (HD)

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field is required for NEIC processing, and it identifies the organization from which reimbursement is expected.

6.4.7.26 Payor subscriber ID (CX) 00497

```
Components:  <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^
             <assigning authority (HD)> ^ <identifier type code (IS)> ^ <assigning facility (HD)

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field is required for NEIC processing, and it identifies the specific office within the insurance carrier that is designated as responsible for the claim.

6.4.7.27 Eligibility source (IS) 00498

Definition: This field is required for NEIC processing, and it identifies the source of information about the insured's eligibility for benefits. Refer to *user-defined table 0144 - Eligibility source* for suggested values.

User-defined Table 0144 - Eligibility source

Value	Description
1	Insurance company
2	Employer
3	Insured presented policy
4	Insured presented card
5	Signed statement on file
6	Verbal information
7	None

6.4.7.28 Room coverage type/amount (CM) 00499

```
Components:  <room type (IS)> ^ <amount type (IS)> ^ <coverage amount(NM)>
```

Definition: Use this field instead of *IN1-40-room rate-semi-private* and *IN1-41-room rate-private*. This field contains room type (e.g., private, semi-private), amount type (e.g., limit, percentage) and amount covered by the insurance. Refer to *user-defined tables 0145 - Room type* and *0146 - Amount type* for suggested values.

<div align="center">

User-defined Table 0145 - Room type

Value	Description
PRI	Private room
2PRI	Second private room
SPR	Semi-private room
2SPR	Second semi-private room
ICU	Intensive care unit
2ICU	Second intensive care unit

User-defined Table 0146 - Amount type

Value	Description
DF	Differential
LM	Limit
PC	Percentage
RT	Rate
UL	Unlimited

</div>

6.4.7.29 Policy type/amount (CM)   00500

```
Components:  <policy type (IS)> ^ <amount class (IS)> ^ <amount (NM)>
```

Definition: This field contains the policy type (e.g., ancillary, major medical) and amount (e.g., amount, percentage, limit) covered by the insurance. Use this field instead of *IN1-38-policy limit-amount*. Refer to *user-defined tables 0147 - Policy type* and *0193 - Amount class* for suggested values.

<div align="center">

User-defined Table 0147 - Policy type

Value	Description
ANC	Ancillary
2ANC	Second ancillary
MMD	Major medical
2MMD	Second major medical
3MMD	Third major medical

User-defined Table 0193 - Amount class

Value	Description
AT	Amount

</div>

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LM   Limit

PC   Percentage

UL   Unlimited

6.4.7.30 Daily deductible (CM) 00501

```
Components:  <delay days (NM)> ^ <amount (NM)> ^  <number of days (NM)>
```

Definition: This field contains the number of days after which the daily deductible begins, the amount of the deductible, and the number of days to apply the deductible.

6.4.7.31 Living dependency (IS) 00755

Definition: This field identifies the specific living conditions for the insured. Refer *to user-defined table 0223- Living dependency* for suggested values.

6.4.7.32 Ambulatory status (IS) 00145

Definition: This field identifies the insured's state of mobility. Refer to *user-defined table 0009 - Ambulatory status* for suggested values.

6.4.7.33 Citizenship (IS) 00129

Definition: This field contains the code that identifies the insured's citizenship. HL7 recommends using ISO table 3166 as the suggested values in *user-defined table 0171 - Citizenship..*

6.4.7.34 Primary language (CE) 00118

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field identifies the insured's primary speaking language. HL7 recommends using ISO table 639 as the suggested values in *user-defined table 0296 - Language*.

6.4.7.35 Living arrangement (IS) 00742

Definition: This field indicates the situation in which the insured person lives at his primary residence. Refer to *user-defined table 0220 - Living arrangement* for suggested values.

6.4.7.36 Publicity indicator (CE) 00743

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains a user-defined code indicating what level of publicity is allowed (e.g., No Publicity, Family Only) for the insured. Refer to *user-defined table 0215 - Publicity code* for suggested values.

6.4.7.37 Protection indicator (ID) 00744

Definition: This field identifies the insured's protection, which determines whether or not access to information about this enrollee should be restricted from users who do not have adequate authority. Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

- Y   restrict access
- N   do not restrict access

6.4.7.38 Student indicator (IS) 00745

Definition: This field identifies whether the insured is currently a student or not, and whether the patient is a full-time or a part-time student. This field does not indicate the degree level (high school, college) of student, or his/her field of study (accounting, engineering, etc.). Refer *to user-defined table 0231 - Student status* for suggested values.

6.4.7.39 Religion (IS) 00120

Definition: This field indicates the type of religion practiced by the insured. Refer to *user-defined table 0006 - Religion* for suggested values.

6.4.7.40 Mother's maiden name (XPN) 00746

```
Components:  <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^ <suffix (e.g., JR or
             III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <name type code (ID) >
```

Definition: This field indicates the insured's mother's maiden name.

6.4.7.41 Nationality (CE) 00739

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains a code that identifies the nation or national grouping to which the insured person belongs. This information may be different from a person's citizenship in countries in which multiple nationalities are recognized (for example, Spain: Basque, Catalan, etc.). HL7 recommends using ISO table 3166 as he suggested values in *user-defined table 0212 - Nationality*.

6.4.7.42 Ethnic group (IS) 00125

Definition: This field indicates the insured's ethnic group. ERISA has a published list of ethnic classifications that may be used by local agreement at a site. Refer to *user-defined table 0189 - Ethnic group* for suggested values.

6.4.7.43 Marital status (IS) 00119

Definition: This field contains the insured's marital status. Refer *to user-defined table 0002 - Marital status* for suggested values. Same values as those for *PID-16-marital status.*

6.4.7.44 Insured's employment start date (DT) 00787

Definition: This field indicates the date on which the insured's employment with a particular employer began.

6.4.7.45 Insured's employment stop date (DT) 00783

Definition: This field indicates the date on which the person's employment with a particular employer ended.

6.4.7.46 Job title (ST) 00785

Definition: This field contains a descriptive name for the insured's occupation (for example, Sr. Systems Analyst, Sr. Accountant).

6.4.7.47 Job code/class (JCC) 00786

```
Components:  <job code (IS)> ^ <job class (IS)>
```

Definition: This field indicates a code that identifies the insured's job code (for example, programmer, analyst, doctor, etc.). Refer to *user-defined tables 0327 - Job code* and *0328 - Job class* for suggested values.

6.4.7.48 Job status (IS)   00752

Definition: This field indicates a code that identifies the insured's current job status (for example, part-time/workers comp, full-time/leave of absence, full-time/suspended, etc.). Refer to *user-defined table 0311 - Job status* for suggested values.

6.4.7.49 Employer contact person name (XPN)   00789

```
Components:  <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^ <suffix (e.g., JR or
             III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <name type code (ID) >
```

Definition: This field contains the name of the contact person that should be contacted at the insured's place of employment. (Joe Smith is the insured. He works at GTE. Contact Sue Jones at GTE regarding Joe Smith's policy). Multiple names for the same person may be sent in this sequence. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

6.4.7.50 Employer contact person telephone number (XTN) 00790

```
Components:  [NNN] [(999)]999-9999 [X99999] [B99999] [C any text] ^ <telecommunication use code (ID)> ^
             <telecommunication equipment type (ID)> ^ <email address (ST)> ^ <country code (NM)> ^
             <area/city code (NM)> ^ <phone number (NM)> ^ <extension (NM)> ^ <any text (ST)>
```

Definition: This field contains the telephone number for Sue Jones who is the contact person at GTE (Joe Smith's place of employment). Joe Smith is the insured. Multiple phone numbers for the same contact person may be sent in this sequence, not multiple contacts. The primary telephone number is assumed to be in the first repetition. When no primary telephone number is sent, a repeat delimiter must be present for the first repetition. The components for this data type are described in Chapter 2.

6.4.7.51 Employer contact reason code (IS)   00791

Definition: This field contains the reason(s) that Sue Jones should be contacted on behalf of Joe Smith, a GTE employer. Refer to *user-defined table 0222 - Contact reason* for suggested values.

6.4.7.52 Insured's contact person name (XPN)   00792

```
Components:  <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^ <suffix (e.g., JR or
             III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <name type code (ID)>
```

Definition: This field contains the contact person for the insured. The comp onents for this data type are described in Chapter 2.

6.4.7.53 Insured's contact person telephone number (XTN)   00793

```
Components:  [NNN] [(999)]999-9999 [X99999] [B99999] [C any text] ^ <telecommunication use code (ID)> ^
             <telecommunication equipment type (ID)> ^ <email address (ST)> ^ <country code (NM)> ^
             <area/city code (NM)> ^ <phone number (NM)> ^ <extension (NM)> ^ <any text (ST)>
```

Definition: This field contains the telephone number for the contact person for the insured. Multiple names for the same person may be sent in this contact, not multiple contacts. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

6.4.7.54 Insured's contact reason code (IS)   00794

Definition: This field contains the reason(s) the person should be contacted regarding the insured. Refer to *user-defined table - 0222 - Contact reason* for suggested values.

6.4.7.55 Relationship to the patient start date (DT)   00795

Definition: This field indicates the date on which the insured's patient relationship (defined in *IN1-17-insured's relationship to patient*) became effective (began).

6.4.7.56 Relationship to the patient stop date (DT)   00796

Definition: This field indicates the date after which the relationship (defined in *IN1-17-insured's relationship to patient*) is no longer effective.

6.4.7.57 Insurance company contact reason (IS)   00797

Definition: This field contains a user-defined code that specifies how the contact should be used. Refer *to user-defined table 0232 - Insurance company contact reason* for suggested values.

User-defined Table 0232 - Insurance company contact reason

Value	Description
01	Medicare claim status
02	Medicaid claim status
03	name/address change

6.4.7.58 Insurance company contact phone number (XTN)   00798

```
Components:  [NNN] [(999)]999-9999 [X99999] [B99999] [C any text] ^ <telecommunication use code (ID)> ^
             <telecommunication equipment type (ID)> ^ <email address (ST)> ^ <country code (NM)> ^
             <area/city code (NM)> ^ <phone number (NM)> ^ <extension (NM)> ^ <any text (ST)>
```

Definition: This field contains the telephone number of the person who should be contacted at the insurance company for questions regarding an insurance policy/claim, etc. Multiple phone numbers for the insurance company may be sent in this sequence. The primary telephone number is assumed to be in the first repetition. When the primary telephone number is not sent, a repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

6.4.7.59 Policy scope (IS)   00799

Definition: This field contains a user-defined code designating the extent of the coverage for a participating member (e.g., "single," "family," etc. Refer to *user-defined table 0312 - Policy scope* for suggested values.

6.4.7.60 Policy source (IS)   00800

Definition: This user-defined field identifies how the policy information got established. Refer to *user-defined table 0313 - Policy source* for suggested values.

6.4.7.61 Patient member number (CX)   00801

```
Components:  <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^
             <assigning authority (HD)> ^ <identifier type code (IS)> ^ <assigning facility (HD)

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

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Definition: This field contains an identifying number assigned by the payor for each individual covered by the insurance policy issued to the insured. For example, each individual family member may have a different member number from the insurance policy number issued to the head of household.

6.4.7.62 Guarantor's relationship to insured (ID) 00802

Definition: This field specifies the relationship of the guarantor to the insurance subscriber. Refer to *user-defined table 0063-Relationship* for suggested values.

6.4.7.63 Insured's telephone number - home (XTN) 00803

```
Components: [NNN] [(999)]999-9999 [X99999] [B99999] [C any text] ^ <telecommunication use code (ID)> ^
            <telecommunication equipment type (ID)> ^ <email address (ST)> ^ <country code (NM)> ^
            <area/city code (NM)> ^ <phone number (NM)> ^ <extension (NM)> ^ <any text (ST)>
```

Definition: The value of this field represents the insured's telephone number. Multiple phone numbers may be sent in this sequence. The primary telephone number is assumed to be in the first repetition (PRN - Primary, PH - Telephone). When the primary telephone number is not sent, a repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

6.4.7.64 Insured's employer telephone number (XTN) 00804

```
Components: [NNN] [(999)]999-9999 [X99999] [B99999] [C any text] ^ <telecommunication use code (ID)> ^
            <telecommunication equipment type (ID)> ^ <email address (ST)> ^ <country code (NM)> ^
            <area/city code (NM)> ^ <phone number (NM)> ^ <extension (NM)> ^ <any text (ST)>
```

Definition: The value of this field represents the insured's employer's telephone number. Multiple phone numbers may be sent in this sequence. The primary telephone number is assumed to be in the first repetition. When the primary telephone number is not sent, a repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

6.4.7.65 Military handicapped program code (CE) 00805

```
Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
            <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field indicates the Champus program for the handicapped in which the patient is enrolled.

6.4.7.66 Suspend flag (ID) 00806

Definition: This field indicates whether charges should be suspended for a patient. Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

Y   charges should be suspended
N   charges should NOT be suspended

6.4.7.67 Co-pay limit flag (ID) 00807

Definition: This field indicates if the patient has reached the co-pay limit so that no more co-pay charges should be calculated for the patient. Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

Y   the patient is at or exceeds the co-pay limit
N   the patient is under the co-pay limit

6.4.7.68 Stoploss limit flag (ID) 00808

Definition: This field indicates if the patient has reached the stoploss limit established in the Contract Master. Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

      Y   the patient has reached the stoploss limit

      N   the patient has not reached the stoploss limit

6.4.7.69 Insured organization name and ID (XON)   00809

```
Components:  <organization name (ST)> ^ <organization name type code (ID)> ^ <ID number (ID)> ^ <check digit
            (NM)> ^ < check digit scheme (ID)> ^ <assigning authority (HD)> ^ <identifier type code (ID)> ^
            <assigning facility ID (HD)>
```

```
Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

```
Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field indicates the name of the insured if the insured/subscriber is an organization. Multiple names for the insured may be sent in this sequence, not multiple insured people. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

6.4.7.70 Insured employer organization name and ID (XON)   00810

```
Components:  <organization name (ST)> ^ <organization name type code (ID)> ^ <ID number (ID)> ^ <check digit
            (NM)> ^ < check digit scheme (ID)> ^ <assigning authority (HD)> ^ <identifier type code (ID)> ^
            <assigning facility ID (HD)>
```

```
Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

```
Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field indicates the name of the insured's employer, or the organization that purchased the insurance for the insured, if the employer is an organization. Multiple names and identifiers for the same organization may be sent in this field, not multiple organizations. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components for this data type are described in Chapter 2.

6.4.7.71 Race (IS)   00113

Definition: ERISA has a published list of ethnic classifications that may be used by local agreement at a site. Refer to *user-defined table 0005 - Race* for suggested values.

6.4.7.72 HCFA Patient relationship to insured (CE)   00811

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
            <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field indicates the relationship of the patient to the insured, as defined by HCFA or other regulatory agencies.

6.4.8 IN3 - insurance additional information, certification segment

The IN3 segment contains additional insurance information for certifying the need for patient care. Fields used by this segment are defined by HCFA, or other regulatory agencies.

Figure 6-8. IN3 attributes

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	R			00502	Set ID - IN3
2	59	CX	O			00503	Certification Number
3	60	XCN	O	Y		00504	Certified By
4	1	ID	O		0136	00505	Certification Required
5	10	CM	O		0148	00506	Penalty
6	26	TS	O			00507	Certification Date/Time
7	26	TS	O			00508	Certification Modify Date/Time
8	60	XCN	O	Y		00509	Operator
9	8	DT	O			00510	Certification Begin Date
10	8	DT	O			00511	Certification End Date
11	3	CM	O		0149	00512	Days
12	60	CE	O		0233	00513	Non-Concur Code/Description
13	26	TS	O			00514	Non-Concur Effective Date/Time
14	60	XCN	O	Y		00515	Physician Reviewer
15	48	ST	O			00516	Certification Contact
16	40	XTN	O	Y		00517	Certification Contact Phone Number
17	60	CE	O			00518	Appeal Reason
18	60	CE	O			00519	Certification Agency
19	40	XTN	O	Y		00520	Certification Agency Phone Number
20	40	CM	O	Y		00521	Pre-Certification Req/Window
21	48	ST	O			00522	Case Manager
22	8	DT	O			00523	Second Opinion Date
23	1	IS	O		0151	00524	Second Opinion Status
24	1	IS	O	Y	0152	00525	Second Opinion Documentation Received
25	60	XCN	O	Y		00526	Second Opinion Physician

6.4.8.0 IN3 field definitions

6.4.8.1 Set ID - IN3 (SI) 00502

Definition: *IN3-1-set ID* contains the number that identifies this transaction. For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc.

6.4.8.2 Certification number (CX) 00503

```
Components:  <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^
             <assigning authority (HD)> ^ <identifier type code (IS)> ^ <assigning facility (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field contains the number assigned by the certification agency.

6.4.8.3 Certified by (XCN) 00504

```
Components:  <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^
             <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <source
             table (IS)> ^ <assigning authority (HD)> ^ <name type code(ID)> ^ <identifier check digit (ST)>
             ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^
             <assigning facility (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

```
Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field contains the party that approved the certification. Multiple names and identifiers for the same person may be sent in this sequence. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components of this field are described in Chapter 2.

6.4.8.4 Certification required (ID)   00505

Definition: This field indicates whether certification is required. Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

6.4.8.5 Penalty (CM)   00506

```
Components:  <penalty type (IS)> ^ <penalty amount (NM)>
```

Definition: This field contains the penalty, in dollars or a percentage, that will be assessed if the pre-certification is not performed. Refer to *user-defined table 0148 - Penalty type* for suggested values.

User-defined Table 0148 - Penalty type

Value	Description
AT	Currency amount
PC	Percentage

6.4.8.6 Certification date/time (TS)   00507

Definition: This field contains the date and time stamp that indicates when insurance was certified to exist for the patient.

6.4.8.7 Certification modify date/time (TS)   00508

Definition: This field contains the date/time that the certification was modified.

6.4.8.8 Operator (XCN)   00509

```
Components:  <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^
             <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <source
             table (IS)> ^ <assigning authority (HD)> ^ <name type code(ID)>  ^ <identifier check digit (ST)>
             ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^
             <assigning facility (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field contains the name party who is responsible for sending this certification information. Multiple names for the same person may be sent in this sequence. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components of this field are described in Chapter 2.

6.4.8.9 Certification begin date (DT)   00510

Definition: This field contains the date that this certification begins.

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6.4.8.10 Certification end date (DT) 00511

Definition: This field contains date that this certification ends.

6.4.8.11 Days (CM) 00512

```
Components:  <day type (IS)> ^ <number of days (NM)>
```

Definition: This field contains the number of days for which this certification is valid. This field applies to denied, pending, or approved days. Refer to *user-defined table 0149 - Day type* for suggested values.

User-defined Table 0149 - Day type

Value	Description
AP	Approved
DE	Denied
PE	Pending

6.4.8.12 Non-concur code/description (CE) 00513

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains the non-concur code and description for a denied request. Refer to *user-defined table 0233 - Non-concur code/description* for suggested values.

6.4.8.13 Non-concur effective date/time (TS) 00514

Definition: This field contains the effective date of the non-concurrence classification.

6.4.8.14 Physician reviewer (XCN) 00515

```
Components:  <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^
             <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <source
             table (IS)> ^ <assigning authority (HD)> ^ <name type code(ID)>  ^ <identifier check digit (ST)>
             ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^
             <assigning facility (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>
```

Definition: This field contains the physician who works with and reviews cases that are pending physician review for the certification agency. Multiple names for the same person may be sent in this sequence. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components of this field are described in Chapter 2.

6.4.8.15 Certification contact (ST) 00516

Definition: This field contains the name of the party contacted at the certification agency who granted the certification and communicated the certification number.

6.4.8.16 Certification contact phone number (XTN) 00517

```
Components:  [NNN] [(999)]999-9999 [X99999] [B99999] [C any text] ^ <telecommunication use code (ID)> ^
             <telecommunication equipment type (ID)> ^ <email address (ST)> ^ <country code (NM)> ^
             <area/city code (NM)> ^ <phone number (NM)> ^ <extension (NM)> ^ <any text (ST)>
```

Definition: This field contains the phone number of the certification contact. Multiple phone numbers for the same certification contact may be sent in this sequence. The primary phone number is assumed to be in the first repetition. When the primary telephone number is not sent, a repeat delimiter must be sent first for the first repetition. The components of this field are described in Chapter 2.

6.4.8.17 Appeal reason (CE) 00518

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains the reason that an appeal was made on a non-concur for certification.

6.4.8.18 Certification agency (CE) 00519

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains the certification agency.

6.4.8.19 Certification agency phone number (XTN) 00520

```
Components:  [NNN] [(999)]999-9999 [X99999] [B99999] [C any text] ^ <telecommunication use code (ID)> ^
             <telecommunication equipment type (ID)> ^ <email address (ST)> ^ <country code (NM)> ^
             <area/city code (NM)> ^ <phone number (NM)> ^ <extension (NM)> ^ <any text (ST)>
```

Definition: This field contains the phone number of the certification agency. The components of this field are described in Chapter 2.

6.4.8.20 Pre-certification req/window (CM) 00521

```
Components:  <pre-certification patient type (IS)> ^ <pre-certification required (ID)> ^ <pre-certification
             window (TS)>
```

Definition: This field indicates whether pre-certification is required for particular patient types, and the time window for obtaining the certification. The following components of this field are defined as follows:

- *pre-certification patient type* refers to *user-defined table 0150 - Pre-certification patient type* for suggested values
- *pre-certification required* refers to *HL7 table 0136 - Yes/no indicator* for valid values
- *pre-certification window* is the amount of time required to attain certification from arrival at the institution. Its format follows the time stamp (TS) data type rules.

User-defined Table 0150 - Pre-certification patient type

Value	Description
ER	Emergency
IPE	Inpatient elective
OPE	Outpatient elective
UR	Urgent

6.4.8.21 Case manager (ST) 00522

Definition: This field contains the name of the entity who/which is handling this particular patient's case (e.g., UR nurse, or a specific facility location).

6.4.8.22 Second opinion date (DT)   00523

Definition: This field contains the date that the second opinion was obtained.

6.4.8.23 Second opinion status (IS)   00524

Definition: This field contains the code that represents the status of the second opinion. Refer to *user-defined table 0151 - Second opinion status* for suggested values.

6.4.8.24 Second opinion documentation received (IS)   00525

Definition: Use this field if accompanying documentation has been received by the provider. Refer to *user-defined table 0152 - Second opinion documentation received* for suggested values.

6.4.8.25 Second opinion practitioner (XCN)   00526

```
Components:  <ID number (ST)> ^<family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^
             <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <source
             table (IS)> ^ <assigning authority (HD)> ^ <name type code(ID)>  ^ <identifier check digit (ST)>
             ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^
             <assigning facility (HD)>

Subcomponents of assigning authority:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility:  <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)
```

Definition: This field contains an identifier and name of the physician who provided the second opinion. Multiple names and identifiers for the same person may be sent in this sequence. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components of this field are described in Chapter 2.

6.4.9 ACC - accident segment

The ACC segment contains patient information relative to an accident in which the patient has been involved.

Figure 6-9. ACC attributes

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	26	TS	O			00527	Accident Date/Time
2	60	CE	O		0050	00528	Accident Code
3	25	ST	O			00529	Accident Location
4	60	CE	O			00812	Auto Accident State
5	2	ID	O		0136	00813	Accident Job Related Indicator
6	2	ID	O		0136	00814	Accident Death Indicator

6.4.9.0 ACC field definitions

6.4.9.1 Accident date/time (TS)   00527

Definition: This field contains the date/time of the accident.

6.4.9.2 Accident code (CE)   00528

```
Components:  <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
             <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains the type of accident. Refer to *user-defined table 0050 - Accident code* for suggested values. ICD10 accident codes are recommended.

6.4.9.3 Accident location (ST)   00529

Definition: This field contains the location of the accident.

6.4.9.4 Auto accident state (CE)   00812

```
Components:   <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
              <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field specifies the state in which the auto accident occurred. (HCFA 1500 requirement.)

6.4.9.5 Accident job related indicator (ID)   00813

Definition: This field indicates if the accident was related to a job. Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

> Y   the accident was job related
>
> N   the accident was not job related

6.4.9.6 Accident death indicator (ID)   00814

Definition: This field indicates whether or not a patient has died as a result of an accident. Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

> Y   the patient has died as a result of an accident
>
> N   the patient has not died as a result of an accident

6.4.10 UB1 - UB82 data segment

The UB1 segment contains the data necessary to complete UB82 bills. Only UB82 fields that do not exist in other HL7 defined segments appear in this segment. Patient Name and Date of Birth are required for UB82 billing; however, they are included in the PID segment and therefore do not appear here.

Figure 6-10. UB1 attributes

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	O			00530	Set ID - UB1
2	1	NM	B			00531	Blood Deductible (43)
3	2	NM	O			00532	Blood Furnished-Pints Of (40)
4	2	NM	O			00533	Blood Replaced-Pints (41)
5	2	NM	O			00534	Blood Not Replaced-Pints(42)
6	2	NM	O			00535	Co-Insurance Days (25)
7	14	IS	O	Y/5	0043	00536	Condition Code (35-39)
8	3	NM	O			00537	Covered Days - (23)
9	3	NM	O			00538	Non Covered Days - (24)
10	12	CM	O	Y/8	0153	00539	Value Amount & Code (46-49)
11	2	NM	O			00540	Number Of Grace Days (90)
12	60	CE	O			00541	Spec Program Indicator (44)
13	60	CE	O			00542	PSRO/UR Approval Indicator (87)
14	8	DT	O			00543	PSRO/UR Approved Stay-Fm (88)
15	8	DT	O			00544	PSRO/UR Approved Stay-To (89)
16	20	CM	O	Y/5		00545	Occurrence (28-32)

Final Standard.

17	60	CE	O			00546	Occurrence Span (33)
18	8	DT	O			00547	Occur Span Start Date(33)
19	8	DT	O			00548	Occur Span End Date (33)
20	30	ST	O			00549	UB-82 Locator 2
21	7	ST	O			00550	UB-82 Locator 9
22	8	ST	O			00551	UB-82 Locator 27
23	17	ST	O			00552	UB-82 Locator 45

6.4.10.0 UB1 field definitions

6.4.10.1 Set ID - UB1 (SI)   00530

Definition: This field contains the number that identifies this transaction. For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc.

6.4.10.2 Blood deductible (NM)   00531

Definition: ***This field has been retained for backward compatibility only.*** Use *IN2-21-blood deductible* instead of this field, as the blood deductible can be associated with the specific insurance plan via that segment. This field is defined by HCFA or other regulatory agencies.

6.4.10.3 Blood furnished-pints of (40) (NM)   00532

Definition: This field identifies the amount of blood furnished to the patient for this visit. The (40) indicates the corresponding UB82 field number. This field is defined by HCFA or other regulatory agencies.

6.4.10.4 Blood replaced-pints (41) (NM)   00533

Definition: This field contains UB82 Field 41. This field is defined by HCFA or other regulatory agencies.

6.4.10.5 Blood not replaced- pints (42) (NM)   00534

Definition: This field contains the blood not replaced, as measured in pints. UB82 Field 42. This field is defined by HCFA or other regulatory agencies.

6.4.10.6 Co-insurance days (25) (NM)   00535

Definition: This field contains UB82 Field 25. This field is defined by HCFA or other regulatory agencies.

6.4.10.7 Condition code (IS)   00536

Definition: The code in this field repeats five times. UB82 Fields (35), (36), (37), (38), and (39).   Refer to *user-defined table 0043 - Condition code* for suggested values. This field is defined by HCFA or other regulatory agencies.

6.4.10.8 Covered days - (23) (NM)   00537

Definition: This field contains UB82 Field 23. This field is defined by HCFA or other regulatory agencies.

6.4.10.9 Non-covered days - (24) (NM)   00538

Definition: This field contains UB82 Field 24. This field is defined by HCFA or other regulatory agencies.

6.4.10.10 Value amount and code (CM)   00539

```
Components:  <value code (IS)> ^ <value amount (NM)>
```

Definition: The pair in this field can repeat up to eight times (46A, 47A, 48A, 49A, 46B, 47B, 48B, and 49B). Refer to *user-defined table 0153 - Value code* for suggested values. This field is defined by HCFA or other regulatory agencies.

6.4.10.11 Number of grace days (90) (NM) 00540

Definition: This field contains UB82 Field 90. This field is defined by HCFA or other regulatory agencies.

6.4.10.12 Spec program indicator (44) (CE) 00541

```
Components:   <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
              <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains the special program indicator. UB82 Field 44. This field is defined by HCFA or other regulatory agencies.

6.4.10.13 PSRO/UR approval indicator (87) (CE) 00542

```
Components:   <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
              <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: This field contains the PSRO/UR approval indicator. UB82 field 87. This field is defined by HCFA or other regulatory agencies.

6.4.10.14 PSRO/UR approved stay-fm (88) (DT) 00543

Definition: This field contains the PSRO/UR approved stay date (from). UB82 Field 88. This field is defined by HCFA or other regulatory agencies.

6.4.10.15 PSRO/UR approved stay-to (89) (DT) 00544

Definition: This field contains the PSRO/UR approved stay date (to). UB82 Field 89. This field is defined by HCFA or other regulatory agencies.

6.4.10.16 Occurrence (28-32) (CM) 00545

```
Components:   <occurrence code (IS)> ^ <occurrence date (DT)>
```

Definition: The set of values in this field can repeat up to five times. UB82 Fields 28-32. This field is defined by HCFA or other regulatory agencies.

6.4.10.17 Occurrence span (33) (CE) 00546

```
Components:   <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^
              <alternate text (ST)> ^ <name of alternate coding system (ST)>
```

Definition: UB82 Field 33. This field is defined by HCFA or other regulatory agencies.

6.4.10.18 Occur span start date (33) (DT) 00547

Definition: This field contains the occurrence span start date. UB82 Field 33. This field is defined by HCFA or other regulatory agencies.

6.4.10.19 Occur. span end date (33) (DT) 00548

Definition: This field contains the occurrence span end date. UB82 Field 33. This field is defined by HCFA or other regulatory agencies.

6.4.10.20 UB-82 locator 2 (ST) 00549

Definition: Defined by UB-82 HCFA specification.

6.4.10.21 UB-82 locator 9 (ST) 00550

Definition: Defined by UB-82 HCFA specification.

6.4.10.22 UB-82 locator 27 (ST) 00551

Definition: Defined by UB-82 HCFA specification.

6.4.10.23 UB-82 locator 45 (ST) 00552

Definition: Defined by UB-82 HCFA specification.

6.4.11 UB2 - UB92 data segment

The UB2 segment contains data necessary to complete UB92 bills. <u>Only UB92 fields that do not exist in other HL7 defined segments appear in this segment.</u> Just as with the UB82 billing, Patient Name and Date of Birth are required; they are included in the PID segment and therefore do not appear here. When the field locators are different on the UB92, as compared to the UB82, the element is listed with its new location in parentheses ( ).

Figure 6-11. UB2 attributes

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	O			00553	Set ID - UB2
2	3	ST	O			00554	Co-Insurance Days (9)
3	2	IS	O	Y/7	0043	00555	Condition Code (24-30)
4	3	ST	O			00556	Covered Days (7)
5	4	ST	O			00557	Non-Covered Days (8)
6	11	CM	O	Y/12	0153	00558	Value Amount & Code
7	11	CM	O	Y/8		00559	Occurrence Code & Date (32-35)
8	28	CM	O	Y/2		00560	Occurrence Span Code/Dates (36)
9	29	ST	O	Y/2		00561	UB92 Locator 2 (State)
10	12	ST	O	Y/2		00562	UB92 Locator 11 (State)
11	5	ST	O			00563	UB92 Locator 31 (National)
12	23	ST	O	Y/3		00564	Document Control Number
13	4	ST	O	Y/23		00565	UB92 Locator 49 (National)
14	14	ST	O	Y/5		00566	UB92 Locator 56 (State)
15	27	ST	O			00567	UB92 Locator 57 (National)
16	2	ST	O	Y/2		00568	UB92 Locator 78 (State)
17	3	NM	O			00815	Special Visit Count

6.4.11.0 UB2 field definitions

6.4.11.1 Set ID - UB2 (SI) 00553

Definition: This field contains the number that identifies this transaction. For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc.

6.4.11.2 Co-insurance days (ST) 00554

Definition: This field contains UB92 field 9. This field is defined by HCFA or other regulatory agencies.

6.4.11.3 Condition code (IS)   00555

Definition: The code in this field can repeat up to seven times. UB92 fields 24-30. Refer to *user-defined table 0043 - Condition code* for suggested values. This field is defined by HCFA or other regulatory agencies.

6.4.11.4 Covered days (ST)   00556

Definition: This field contains UB92 field 7. This field is defined by HCFA or other regulatory agencies.

6.4.11.5 Non-covered days (ST)   00557

Definition: This field contains UB92 field 8. This field is defined by HCFA or other regulatory agencies.

6.4.11.6 Value amount and code (CM)   00558

```
Components:   <value code (IS)> ^ <value amount (NM)>
```

Definition: The pair in this field can repeat up to twelve times. UB92 fields 39a, 39b, 39c, 39d, 40a, 40b, 40c, 40d, 41a, 41b, 41c, and 41d. Refer to *user-defined table 0153 - Value code* for suggested values. This field is defined by HCFA or other regulatory agencies.

6.4.11.7 Occurrence code & date (CM)   00559

```
Components:   <occurrence code (CE) > ^ <occurrence date (DT)>

Subcomponents of occurrence code:  <identifier(ST)> & <name of coding system (ST)> & <alternate identifier
             (ST)> & <alternate text (ST)> & <name of alternate coding system (ST)>
```

Definition: The set of values in this field can repeat up to eight times. UB92 fields 32a, 32b, 33a, 33b, 34a, 34b, 35a, and 35b. This field is defined by HCFA or other regulatory agencies.

6.4.11.8 Occurrence span code and dates (CM)   00560

```
Components:   <occurrence span code (CE)> ^ <occurrence span start date (DT)> ^ <occurrence span stop date
             (DT)>

Subcomponents of occurrence span code: <identifier(ST)> & <name of coding system (ST)> & <alternate
             identifier (ST)> & <alternate text (ST)> & <name of alternate coding system (ST)>
```

Definition: This field can repeat up to two times. UB92 field 36a, 36b. This field is defined by HCFA or other regulatory agencies.

6.4.11.9 UB92 field 2, designated for state use (ST)   00561

Definition: The value in this field may repeat up to two times. This field is defined by HCFA or other regulatory agencies.

6.4.11.10 UB92 field 11, designated for state use (ST)   00562

Definition: The value in this field may repeat up to two times.

6.4.11.11 UB92 field 31, designated for national use (ST)   00563

Definition: Defined by HCFA or other regulatory agencies.

6.4.11.12 Document control number (ST) 00564

Definition: This field contains the number assigned by payor that is used for rebilling/adjustment purposes. It may repeat up to three times. UB92 field 37

6.4.11.13 UB92 field 49, designated for national use (ST) 00565

Definition: This field may repeat up to twenty-three times. This field is defined by HCFA or other regulatory agencies.

6.4.11.14 UB92 field 56, designated for state use (ST) 00566

Definition: This field may repeat up to five times.

6.4.11.15 UB92 field 57, designated for national use (ST) 00567

Definition: Defined by UB-92 HCFA specification.

6.4.11.16 UB92 field 78, designated for state use (ST) 00568

Definition: This field may repeat up to two times.

6.4.11.17 Special visit count (NM) 00815

Definition: This field contains the total number of special therapy visits.

6.5 EXAMPLE TRANSACTIONS

6.5.1 Create a patient billing/accounts receivable record

```
MSH|^~\&|PATA|01|PATB|01|19930908135031||BAR^PO1|641|P|2.3|000000000000
001|<cr>

EVN|P01|1993090813503||<cr>

PID||0008064993|0008064993||0006045681|SMITH^PAT^J^^^|19471007|F||1|123
4  FANNIN^^HOUSTON^TX^77030^USA|HAR||||S||6045681<cr>

GT1|001||JOHNSON^SAM^J||8339 MORVEN RD^BALTIMORE^MD^

   21234^""||||||193-22-1876<cr>

NK1|001|SMITH^WILLIAM|F|522 MAIN ST^CUMBERLAND^MD

   ^28765^""|(301)555-2134<cr>

IN1|001|A|A357|BCMD|||||  132987<cr>
```

A patient has been registered by the ADT system (PATA) and notification is sent to the Patient Billing system (PATB). The patient's name is Pat J. Smith, a female Caucasian, born on October 7, 1947. Living at 1234 Fannin, Houston, TX.

Ms. Smith's patient number is 8064993 and her billing number is 6045681. Ms. Smith has provided her father's name and address for next of kin. Ms. Smith is insured under plan ID A357 with an insurance company known to both systems as BCMD.

6.5.2 Post a charge to a patient's account

```
MSH|^~\&|PATA|01|PATB|01|19930908135031||BAR^PO3|641|P|2.3|000000000000
001|<cr>

EVN|P03|1993090813503||<cr>

PID||0008064993|0008064993||0006045681|SMITH^PAT^J^^^|19471007|F||1|123
4  FANNIN^^HOUSTON^TX^77030^USA|HAR||||S||6045681<cr>

FT1|1|||19950715|19950716|CHG|B1238^BIOPSY-
SKIN^SYSTEMA|||1||ONC|A357|||||||P8765^KILDARE^BEN<cr>
```

A patient has been registered by the ADT system (PATA) and notification is sent to the Patient Billing system (PATB). The patient's name is Pat J. Smith, a female Caucasian, born on October 7, 1947. Living at 1234 Fannin, Houston, TX.

Ms. Smith's patient number is 8064993 and her billing number is 6045681. This transaction is posting a charge for a skin biopsy to her account.

6.5.3 Update patient accounts - update UB82 information

```
MSH|^~\&|UREV||PATB||||BAR^P05|MSG0018|P|2.3<cr>

PID|||125976||JOHNSON^SAM^J|||||||||||||||125976011<cr>

UB1|1|5|3|1||1^36|||220|76|1|19880501|19880522<cr>
```

Utilization review sends data for Patient Billing to the Patient Accounting system. The patient's insurance program has a 1-pint deductible for blood; the patient received five pints of blood, and three pints were replaced, with one pint not yet replaced. There is a UB82 Condition Code 1.

The patient has been assigned to a Special Unit because no General Care beds are available (UB82 condition code 36). Additionally, the patient has been scheduled for out-patient pre-admission diagnostic services in preparation for a previously scheduled admission; the cost of these services is $220. The patient's services are related to a special program, defined by the insurance plan as plan 76.

The services provided for the period 05/01/88 through 05/22/88 are fully approved (PSRO/UR Approval Code 1), including any day or cost outlier.

6.5.4 Update patient accounts - update diagnosis and DRG information

```
MSH|^~\&|UREV||PATB||||BAR^P05|MSG0018|P|2.3<cr>

PID|||125976||JOHNSON^SAM^J|||||||||||||||125976011<cr>

DG1|001|I9|1550|MAL NEO LIVER, PRIMARY|19880501103005|<cr>

DRG|203|19880501103010|Y||D|5<cr>
```

The DG1 segment contains the information that the patient was diagnosed on May 1 as having a malignancy of the hepatobiliary system or pancreas (ICD9 code 1550). In the DRG segment, the patient has been

assigned a Diagnostic Related Group (DRG) of 203 (corresponding to the ICD9 code of 1550). Also, the patient has been approved for an additional five days (five-day outlier).

6.6 IMPLEMENTATION CONSIDERATIONS

The Set-ID used to be needed to identify whether or not a record was to be used for deletion, update, or cancellation. This information was redundant since the event type indicates this fact. Consequently, the Set-ID is now only used to identify a segment.

6.7 OUTSTANDING ISSUES

We need a new segment for person demographics, for use with associated parties, guarantors, subscriber/insureds, etc. All of the demographic information currently in PID for patient plus employer information, should be fields in this new segment. For example, the person segment would be used for patients, guarantors, associated parties and have fields for name, address, sex, ethnicity, and language. But Standard Version 2.3 is adding such fields to NK1, GT1, and IN2. This information would go into Chapter 3.