National Electronic Data Interchange Transaction Set Implementation Guide

Benefit Enrollment and Maintenance

834

ASC X12N 834 (004010X095)

May 2000

$45.00 - Bound Document
$35.00 - Portable Document (PDF) on Diskette

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1 Purpose and Business Overview

1.1 Document Purpose

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

The purpose of this implementation guide is to provide standardized data requirements and content to users of Version 004010 of ANSI ASC X12.84, Benefit Enrollment and Maintenance (834). The 834 is used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer. The intent of this implementation guide is to meet the health care industry's specific need for the initial enrollment and subsequent maintenance of individuals who are enrolled in insurance products. This implementation guide specifically addresses the enrollment and maintenance of health care products only. One or more separate guides may be developed for life, flexible spending, and retirement products.

1.1.1 Trading Partner Agreements

It is appropriate and prudent for payers to have trading partner agreements that go with the standard Implementation Guides. This is because there are 2 levels of scrutiny that all electronic transactions must go through.

First is standards compliance. These requirements MUST be completely described in the Implementation Guides for the standards, and NOT modified by specific trading partners.

Second is the specific processing, or adjudication, of the transactions in each trading partner's individual system. Since this will vary from site to site (e.g., payer to payer), additional documentation which gives information regarding the processing, or adjudication, will prove helpful to each site's trading partners (e.g., providers), and will simplify implementation.

It is important that these trading partner agreements NOT:

- Modify the definition, condition, or use of a data element or segment in the standard Implementation Guide
- Add any additional data elements or segments to this Implementation Guide
- Utilize any code or data values which are not valid in this Implementation Guide
- Change the meaning or intent of this Implementation Guide

These types of companion documents should exist solely for the purpose of clarification, and should not be required for acceptance of a transaction as valid.

1.1.2 HIPAA Role in Implementation Guides

The Health Insurance Portability and Accountability Act of 1996 (P.L.104-191 - known as HIPAA) includes provisions for Administrative Simplification, which require the Secretary of Department of Health and Human Services to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

Detailed Implementation Guides for each standard must be available at the time of the adoption of HIPAA standards so that health plans, providers, clearinghouses, and software vendors can ready their information systems and application software for compliance with the standards. Consistent usage of the standards, including loops, segments, data elements, etc., across all guides is mandatory to support the Secretary's commitment to standardization.

This Implementation Guide has been developed for use as a HIPAA Implementation Guide for Enrollment and Disenrollment in a Health Plan. Should the Secretary adopt the X12N 834 Benefit Enrollment and Maintenance transaction as an industry standard, this Implementation Guide describes the consistent industry usage called for by HIPAA. If adopted under HIPAA, the X12N 834 Benefit Enrollment and Maintenance transaction cannot be implemented except as described in this Implementation Guide.

1.2 Version and Release

This implementation guide is based on the October 1997 ASC X12 standards, referred to as Version 4, Release 1, Sub-release 0 (004010).

1.3 Business Use and Definitions

Sponsor
A sponsor is the party that ultimately pays for the coverage, benefit, or product. A sponsor can be an employer, union, government agency, association, or insurance agency.

Payer/Insurer
The payer is the party that pays claims and/or administers the insurance coverage, benefit, or product. A payer can be an insurance company; Health Maintenance Organization (HMO); Preferred Provider Organization (PPO); a government agency, such as Medicare or Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); or another organization contracted by one of these groups.

Third Party Administrator (TPA)
A sponsor may elect to contract with a Third Party Administrator (TPA) or other vendor to handle collecting insured member data if the sponsor chooses not to perform this function.

Subscriber
The subscriber is an individual eligible for coverage because of his or her association with a sponsor. Examples of subscribers include the following: employees; union members; and individuals covered under government programs, such as Medicare and Medicaid.

Dependent
A dependent is an individual who is eligible for coverage because of his or her association with a subscriber. Typically, a dependent is a member of the subscriber's family.

Insured or Member
An insured individual or member is a subscriber or dependent who has been enrolled for coverage under an insurance plan. Dependents of a Subscriber who have not been individually enrolled for coverage are not included in Insured or Member.

1.4 Batch and Real Time Transactions

Within telecommunications, there are multiple methods used for sending and receiving business transactions. Frequently, different methods involve different timings. Two methods applicable for EDI transactions are batch and real time. This implementation guide only applies to batch health care enrollment. Real time enrollment is not supported at this time.

Batch – When transactions are used in batch mode, they are typically grouped together in large quantities and processed en-masse. In a batch mode, the sender sends multiple transactions to the receiver, either directly or through a switch (clearinghouse), and does not remain connected while the receiver processes

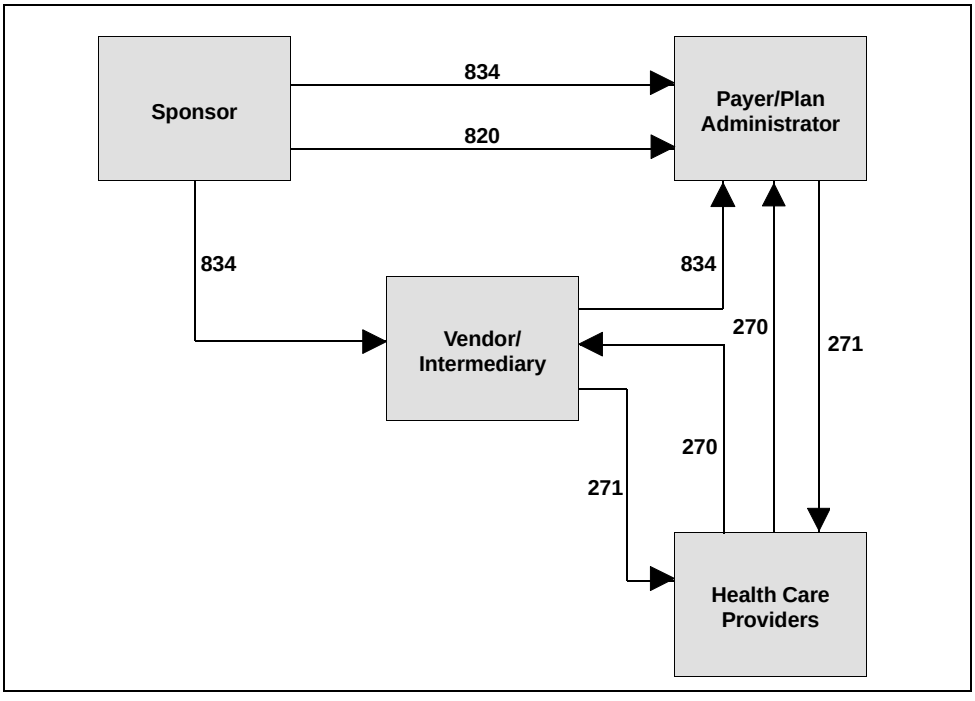


Figure 1. Health Care

the transactions. If there is an associated business response transaction (such as a 271 response to a 270 for eligibility), the receiver creates the response transaction for the sender off-line. The original sender typically reconnects at a later time (the amount of time is determined by the original receiver or switch) and picks up the response transaction. Typically, the results of a transaction that is processed in a batch mode would be completed for the next business day if it has been received by a predetermined cut off time.

Important: When in batch mode, the 997 Functional Acknowledgment transaction must be returned as quickly as possible to acknowledge that the receiver has or has not successfully received the batch transaction. In addition, the TA1 segment must be supported for interchange level errors (see section A.1.5.1 for details).

Real Time – Transactions that are used in a real time mode typically are those that require an immediate response. In a real time mode, the sender sends a request transaction to the receiver, either directly or through a switch (clearinghouse), and remains connected while the receiver processes the transaction and returns a response transaction to the original sender. Typically, response times range from a few seconds to around thirty seconds, and should not exceed one minute.

Important: When in real time mode, the receiver must receive a response of either the response transaction, a 997 Functional Acknowledgment, or a TA1 segment (for details on the TA1 segment, see section A.1.5.1).

1.5 Information Flows

Transaction sets included in the information flow diagram are as follows:

- 834: Benefit Enrollment and Maintenance
- 820: Payment Order/Remittance Advice
- 270: Health Care Eligibility/Benefit Inquiry
- 271: Health Care Eligibility/Benefit Information

1.5.1 Information Flow Definitions

Sponsor
The sponsor is the party or entity that ultimately pays for the coverage, benefit, or product. A sponsor can be an employer, union, government agency, association, or insurance agency.

Payer
The payer is the party that pays claims and/or administers the insurance coverage, benefit, or product. A payer can be an insurance company; Health Maintenance Organization (HMO); Preferred Provider Organization (PPO); a government agency, such as Medicare or Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); or another organization contracted by one of these groups.

Plan Administrator
The plan administrator is the entity that administers a benefit plan and determines the amount to be paid on a claim but does not actually make the payment.

Health Care Providers
Health care providers are individuals and organizations that provide health care services. Health care providers can include physicians, hospitals, clinics, pharmacies, and long-term care facilities. The legal definition of health care provider is included in section 262, Administrative Simplification, of the Health Insurance Portability and Accountability Act of 1996.

Vendors/Intermediaries
Vendors and intermediaries are organizations that distribute information about eligibility for specific benefits, but they do not actually administer the plan or make payments.

2 Data Overview

2.1 Overall Data Architecture

NOTE
See Appendix A, ASC X12 Nomenclature, for a review of transaction set structure, including descriptions of segments, data elements, levels, and loops.

2.2 Location of Product Identifiers

The 834 allows three locations for insurance product identifiers, such as policy numbers and group numbers:

A situational REF segment at the transmission level
A situational REF segment at the insured individual level
A situational REF segment at the health insurance product level

NOTE
See Appendix A, ASC X12 Nomenclature, to review the transaction set structure, including descriptions of segments, data elements, levels, and loops.

The work group found that there was no consistent use for the insurance product identifier at the transaction set level. The 834 makes the occurrence situational, the work group selected code “38", Master Policy Number, for this occurrence. The REF02 element should not be sent if a policy number does not apply to the entire transaction.

Most identifiers should be communicated at the insured level. At this level, code ’OF’ identifies the insurance policy. With this code, a single occurrence of the REF segment at this level is situational. The policy number should be passed in this occurrence of the REF if the HD segment is not passed or if all applicable coverage in the HD segment is covered under a single policy number. Other codes are included in optional occurrences of the REF segment to support business needs under the specific policy. The developers of this implementation guide were not able to limit the sender to a single code because of the variety of different insurance plans.

At the insurance product level, the sender also has the option of sending the policy number. This could apply if different policy numbers exist for a particular insurance product specified in the HD segments and a policy number is not passed at the insurance level REF segment.

2.3 Date Terminology

Users of past 834 implementation guides encountered considerable confusion about what codes should be used for dates related to the insured in Loop ID-2000 and to the insurance coverage in Loop ID-2400. This confusion resulted because several codes with very similar uses were available. These codes include the following: effective date, eligibility date, enrollment date, plan date, coverage date, and benefit date.

The tendency has been to try to use the same terminology as that used in the application systems. Lengthy discussion was required to reach a resolution be-

cause the application systems' terminology often differed among different systems. To facilitate communications between different systems, the developers of this implementation guide have limited the codes in Loop ID-2300 DTP, with the term "benefit" being used for actual dates of coverage. The developers recommend that these codes be used regardless of the names used in the sender and receiver systems.

Many more codes are listed in the DTP segment in Loop ID-2000. The developers of this implementation guide recommend that the term "eligibility" be used to refer to the dates on which an insured individual may choose to be covered.

2.4 Linking a Dependent to a Subscriber

Subscribers and dependents are sent as separate occurrences of Loop ID-2000. The initial enrollment for the subscriber must be sent before sending the initial enrollment for any of the subscriber's dependents. The enrollment of a dependent may follow the subscriber's enrollment in the same transmission, or it may be sent separately in a later transmission. Maintaining the existing enrollments of a subscriber and dependents can occur in any sequence.

Payers use various means to link dependents to the subscriber. The most common method is to use the subscriber's Social Security Number (SSN). To allow linking between subscribers and dependents without making assumptions about the receiving system, use the code "0F," Subscriber Number, in the REF segment, Loop ID-2000, position 020. The subscriber's unique identifier is sent in this segment in both the subscriber's and the dependent's Loop ID-2000.

The individual's SSN is sent and identified as such in NM108, Loop ID-2000, position 030. This applies to both subscribers and dependents. If the SSN is used for linking, then the subscriber's SSN is sent in both locations on the subscriber's Loop ID-2000.

2.5 Termination

In developing this implementation guide, the work group had extensive discussions on what data should be sent to terminate coverage for a subscriber's family. The two options are to send the minimum necessary data or to send complete data on the family's coverage. Although there would be benefits to the sponsor in maintaining complete information on each subscriber's coverage and dependents, the current practice includes many sponsors with less than complete data. To accommodate the greatest possible number of users, this implementation guide will be based on passing only the minimum necessary data. The following options will allow the receiver to determine the correct action to take for each possible notification of termination.

If the termination date is passed at the INS level for a subscriber; the DTP segment in position 040, loop 2000; then all coverage for that subscriber and for all dependents linked to that subscriber will be terminated, effective on that date.

If the termination date is passed at the INS level for a dependent; the DTP segment in position 040, loop 2000; then all coverage for that dependent will be terminated, effective on that date. The coverage for the subscriber and any other dependents will not be affected.

If the termination date is passed at the HD level for any member; the DTP segment in position 270, loop 2300; then coverage for that specific insurance product for that member will be terminated, effective on that date. Coverage for other insurance products for that member will not be affected nor will coverage for other members linked to the same subscriber.

Termination dates are not to be sent at both the HD and the INS levels for a particular occurrence of loop 2000.

Terminating all covered insurance products for a dependent at the HD level is the equivalent of terminating that dependent at the INS level. Terminating all insurance products for a subscriber at the HD level is different, in that there may be dependents that continue to be covered, i.e. - dependent only plans. A subscriber with all insurance product coverages terminated will be terminated as a member only if there are no dependents linked to that subscriber.

In the case of a transfer from one coverage to another, it is necessary to terminate the old coverage and then add the new coverage. An add to a new coverage must never be assumed to result in the automatic termination of the prior coverage.

2.6 Updates Versus Full File Audits

The 834 transaction can be used to provide either updates to the enrollment database or full file audits.

An update is either an “add”, “terminate” or “change” request. The transaction only contains information about the changed members. This is identified in BGN08 by a code value of ’2’, Change (Update).

A full file audit lists all current members, whether involved in a change or not. This facilitates keeping the sponsor’s and payer’s systems in sync. This is not intended to contain a history of all previous enrollments. This type of transaction is identified by a BGN08 code value of ’4’, Verify.

The most efficient and preferred method for regular maintenance of enrollment files is to use ’Change (Update)’ transactions. Periodic audit files can be used to verify synchronization.

When required by sponsor’s system limitations, full replacement files can be used to report all enrollees. Because this model is more costly and requires more resources to process, it is not recommended. ’Verify’ should not be used for regular, daily, processing. It is recommended that this be used no more frequently than monthly.

2.7 Coverage Levels and Dependents

Differences exist in how Payers handle dependents. Some Payers identify a coverage level (HD05) for the subscriber which defines the coverage for eligible dependents as well. Other Payers need detailed information on each dependent in order to maintain their databases. Still other Payers require both types of information.

The contract between the Payer and the Sponsor must identify the member reporting requirements for the Enrollment transaction.

When the contract requires the Coverage Level code and no dependent information, HD05 is REQUIRED for all initial enrollment or changes to the Coverage Level Code.

When Dependent information is required without the Coverage Level Codes, separate INS loops are REQUIRED for enrollment or change for each dependent. See the Termination section for more information. HD05 is NOT USED for any member.

When the dependent information and Coverage Level Code are REQUIRED, the Coverage Level Code (HD05) must be used for all subscriber initial enrollment or when the Subscriber's Coverage Level Code changes. This change applies to all covered dependents of the subscriber. The Coverage Level Code is NOT USED with dependent enrollment, changes or terminations. Note: If a dependent addition or termination effectively changes the Coverage Level Code of a subscriber, the subscriber must be changed directly if the contract requires use of the Coverage Level Code.

3 Transaction Sets

NOTE
See Appendix A, ASC X12 Nomenclature, for a review of transaction set structure including descriptions of segments, data elements, levels, and loops.

3.1 Presentation Examples

The ASC X12 standards are generic. For example, multiple trading communities use the same Administrative Communications Contact Segment (PER) to specify contact names and phone numbers. Each community decides which elements to use and which code values in those elements apply to its business needs. This implementation guide, like all ASC X12N implementation guides, uses a format that depicts both the generalized standard and the trading community-specific implementation.

The transaction set detail is comprised of two main sections with subsections within the main sections.

Transaction Set Listing

- Implementation
- Standard

Segment Detail

- Implementation
- Standard
- Diagram
- Element Summary

The examples in figures 2 through 7 are drawn from the 835 Health Care Claim Payment/Advice Transaction Set, but all principles apply.

The following pages provide illustrations, in the same order they appear in the guide, to describe the format.

The examples are drawn from the 835 Health Care Claim Payment/Advice Transaction Set, but all principles apply.

IMPLEMENTATION

Indicates that this section is the implementation and not the standard

835 Health Care Claim Payment/Advice

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
53	010	ST	835 Header	R	1	
54	020	BPR	Financial Information	R	1	
60	040	TRN	Reassociation Key	R	1	
62	050	CUR	Non-US Dollars Currency	S	1	
65	060	REF	Receiver ID	S	1	
66	060	REF	Version Number	S	1	
68	070	DTM	Production Date	S	1	
			PAYER NAME			1
70	080	N1	Payer Name	R	1	
72	100	N3	Payer Address	S	1	
75	110	N4	Payer City, State, ZIP Code	S	1	
76	120	REF	Additional Payer Reference Number	S	1	
78	130	PER	Payer Contact	S	1	
			PAYEE NAME			1
79	080	N1	Payee Name	R	1	
81	100	N3	Payee Address	S	1	
82	110	N4	Payee City, State, ZIP Code	S	1	
84	120	REF	Payee Additional Reference Number	S	>1	

Each segment is assigned an industry specific name. Not used segments do not appear

Each loop is assigned an industry specific name

R=Required
S=Situational

Segment repeats and loop repeats reflect actual usage

Position Numbers and Segment IDs retain their X12 values

Individual segments and entire loops are repeated

Figure 2. Transaction Set Key — Implementation

STANDARD

Indicates that this section is identical to the ASC X12 standard

See Appendix A, ASC X12 Nomenclature for a complete description of the standard

835 Health Care Claim Payment/Advice

Functional Group ID: HP

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Payment/Advice Transaction Set (835) within the context of the Electronic Data Interchange (EDI) environment. This transaction set can be used to make a payment, send an Explanation of Benefits (EOB) remittance advice, or make a payment and send an EOB remittance advice only from a health insurer to a health care provider either directly or via a financial institution.

Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
010	ST	Transaction Set Header	M	1	
020	BPR	Beginning Segment for Payment Order/Remittance Advice	M	1	
030	NTE	Note/Special Instruction	O	>1	
040	TRN	Trace	O	1	

Figure 3. Transaction Set Key — Standard

IMPLEMENTATION

Industry Usage

PAYER NAME ← Industry assigned Segment Name

Loop: PAYER NAME **Repeat:** 1 ← Industry Loop Repeat

Industry Segment Repeat

Usage: SITUATIONAL ← Industry assigned Loop Name

Repeat: 1

Advisory: Under most circumstances, this segment is expected to be sent.

Industry Notes

Notes: 1. This N1 loop provides the name/address information for the payer. The payer's secondary identifying reference number should be provided in N104, if necessary.

Example

Example: N1*PR*INSURANCE COMPANY OF TIMBUCKTU*NI*88888888~

Figure 4. Segment Key — Implementation

STANDARD

N1 Name ← X12 ID and Name

Level: Header ← X12 Level

Position: 080 ← X12 Position Number

Loop: N1 **Repeat:** 200 ← X12 Loop Information

Requirement: Optional ← X12 Requirement

Max Use: 1 ← X12 Maximum Use

Purpose: To identify a party by type of organization, name and code

Syntax: **1** **R0203**
At least one of N102 or N103 is required.

2 **P0304**
If either N103 or N104 is present, then the other is required.

X12 Syntax Notes

Figure 5. Segment Key — Standard

DIAGRAM

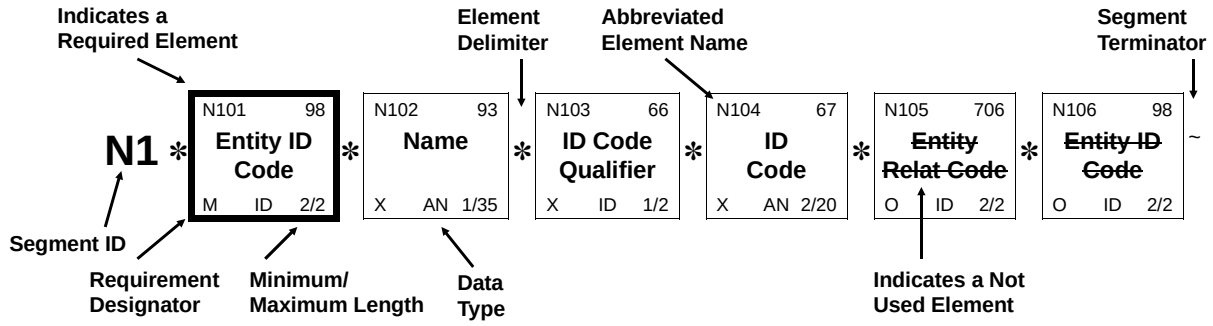


Figure 6. Segment Key — Diagram

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**SVC01**	**C003**	**COMPOSITE MEDICAL PROCEDURE IDENTIFIER** To identify a medical procedure by its standardized codes and applicable modifiers	**M**

Industry Usages:
See the following page for complete descriptions

X12 Semantic Note

Industry Note

SEMANTIC NOTES
03 C003-03 modifies the value in C003-02.
04 C003-04 modifies the value in C003-02.
05 C003-05 modifies the value in C003-02.
06 C003-06 modifies the value in C003-02.
07 C003-07 is the description of the procedure identified in C003-02.

Use the adjudicated Medical Procedure Code.

REQUIRED	**SVC01 - 1**	**235**	**Product/Service ID Qualifier** Code identifying the type/source of the descriptive number used in Product/Service ID (234)	**M**	**ID**	**2/2**

Selected Code Values

See Appendix C for external code source reference

CODE	DEFINITION
AD	**American Dental Association Codes**

CODE SOURCE **135:** American Dental Association Codes

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**N101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M**	**ID**	**2/3**
SITUATIONAL	**N102**	**93**	**Name** Free-form name SYNTAX: R0203	**X**	**AN**	**1/60**
SITUATIONAL	**N103**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67)	**X**	**ID**	**1/2**
SITUATIONAL	**N104**	**67**	**Identification Code** Code identifying a party or other code SYNTAX: P0304 ADVISORY: Under most circumstances, this element is expected to be sent. COMMENT: This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.	**X**	**AN**	**2/20**

Reference Designator

Data Element Number

X12 Syntax Note

X12 Comment

Figure 7. Segment Key — Element Summary

Industry Usages:

Required	This item must be used to be compliant with this implementation guide.
Not Used	This item should not be used when complying with this implementation guide.
Situational	The use of this item varies, depending on data content and business context. The defining rule is generally documented in a syntax or usage note attached to the item.* The item should be used whenever the situation defined in the note is true; otherwise, the item should not be used. **** NOTE*** If no rule appears in the notes, the item should be sent if the data is available to the sender.

Loop Usages:
Loop usage within ASC X12 transactions and their implementation guides can be confusing. Care must be used to read the loop requirements in terms of the context or location within the transaction. The usage designator of a loop's beginning segment indicates the usage of the loop. Segments within a loop cannot be sent without the beginning segment of that loop.

If the first segment is Required, the loop must occur at least once unless it is nested in a loop that is not being used. A note on the Required first segment of a nested loop will indicate dependency on the higher level loop.

If the first segment is Situational, there will be a Segment Note addressing use of the loop. Any required segments in loops beginning with a Situational segment only occur when the loop is used. Similarly, nested loops only occur when the higher level loop is used.

IMPLEMENTATION

834 Benefit Enrollment and Maintenance

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
27	010	ST	Transaction Set Header	R	1	
28	020	BGN	Beginning Segment	R	1	
32	030	REF	Transaction Set Policy Number	S	1	
34	040	DTP	File Effective Date	S	>1	
			LOOP ID - 1000A SPONSOR NAME			1
35	070	N1	Sponsor Name	R	1	
			LOOP ID - 1000B PAYER			1
37	070	N1	Payer	R	1	
			LOOP ID - 1000C TPA/BROKER NAME			2
39	070	N1	TPA/Broker Name	S	1	
			LOOP ID - 1100C TPA/BROKER ACCOUNT INFORMATION			1
41	120	ACT	TPA/Broker Account Information	S	1	

Table 2 - Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000 MEMBER LEVEL DETAIL			>1
43	010	INS	Member Level Detail	R	1	
51	020	REF	Subscriber Number	R	1	
53	020	REF	Member Policy Number	S	1	
55	020	REF	Member Identification Number	S	5	
57	020	REF	Prior Coverage Months	S	1	
59	025	DTP	Member Level Dates	S	20	
			LOOP ID - 2100A MEMBER NAME			1
61	030	NM1	Member Name	R	1	
64	040	PER	Member Communications Numbers	S	1	
67	050	N3	Member Residence Street Address	S	1	
68	060	N4	Member Residence City, State, ZIP Code	S	1	
70	080	DMG	Member Demographics	S	1	
73	110	ICM	Member Income	S	1	
75	120	AMT	Member Policy Amounts	S	4	
76	130	HLH	Member Health Information	S	1	
78	150	LUI	Member Language	S	5	
			LOOP ID - 2100B INCORRECT MEMBER NAME			1
80	030	NM1	Incorrect Member Name	S	1	
83	080	DMG	Incorrect Member Demographics	S	1	
			LOOP ID - 2100C MEMBER MAILING ADDRESS			1
85	030	NM1	Member Mailing Address	S	1	
87	050	N3	Member Mail Street Address	S	1	

88	060	N4	Member Mail City, State, Zip	S	1	
			LOOP ID - 2100D MEMBER EMPLOYER			3
90	030	NM1	Member Employer	S	1	
92	040	PER	Member Employer Communications Numbers	S	1	
95	050	N3	Member Employer Street Address	S	1	
96	060	N4	Member Employer City, State, Zip	S	1	
			LOOP ID - 2100E MEMBER SCHOOL			3
98	030	NM1	Member School	S	1	
100	040	PER	Member School Commmunications Numbers	S	1	
103	050	N3	Member School Street Address	S	1	
104	060	N4	Member School City, State, Zip	S	1	
			LOOP ID - 2100F CUSTODIAL PARENT			1
106	030	NM1	Custodial Parent	S	1	
109	040	PER	Custodial Parent Communications Numbers	S	1	
112	050	N3	Custodial Parent Street Address	S	1	
113	060	N4	Custodial Parent City, State, Zip	S	1	
			LOOP ID - 2100G RESPONSIBLE PERSON			1
115	030	NM1	Responsible Person	S	1	
118	040	PER	Responsible Person Communications Numbers	S	1	
121	050	N3	Responsible Person Street Address	S	1	
122	060	N4	Responsible Person City, State, Zip	S	1	
			LOOP ID - 2200 DISABILITY INFORMATION			1
124	200	DSB	Disability Information	S	1	
126	210	DTP	Disability Eligibility Dates	S	2	
			LOOP ID - 2300 HEALTH COVERAGE			99
128	260	HD	Health Coverage	S	1	
132	270	DTP	Health Coverage Dates	R	4	
134	280	AMT	Health Coverage Policy	S	4	
135	290	REF	Health Coverage Policy Number	S	2	
137	300	IDC	Identification Card	S	10	
			LOOP ID - 2310 PROVIDER INFORMATION			30
139	310	LX	Provider Information	S	1	
140	320	NM1	Provider Name	R	1	
143	360	N4	Provider City, State, ZIP Code	S	1	
145	370	PER	Provider Communications Numbers	S	2	
148	395	PLA	PCP Change Reason	S	1	
			LOOP ID - 2320 COORDINATION OF BENEFITS			5
150	400	COB	Coordination of Benefits	S	1	
152	405	REF	Additional Coordination of Benefits Identifiers	S	5	
154	410	N1	Other Insurance Company Name	S	1	
156	450	DTP	Coordination of Benefits Eligibility Dates	S	2	
158	690	SE	Transaction Set Trailer	R	1	

STANDARD

834 Benefit Enrollment and Maintenance

Functional Group ID: BE

This Draft Standard for Trial Use contains the format and establishes the data contents of the Benefit Enrollment and Maintenance Transaction Set (834) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to establish communication between the sponsor of the insurance product and the payer. Such transaction(s) may or may not take place through a third party administrator (TPA).

For the purpose of this standard, the sponsor is the party or entity that ultimately pays for the coverage, benefit or product. A sponsor can be an employer, union, government agency, association, or insurance agency.

The payer refers to an entity that pays claims, administers the insurance product or benefit, or both. A payer can be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Champus, etc.), or an entity that may be contracted by one of these former groups.

For the purpose of the 834 transaction set, a third party administrator (TPA) can be contracted by a sponsor to handle data gathering from those covered by the sponsor if the sponsor does not elect to perform this function itself.

Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
010	ST	Transaction Set Header	M	1	
020	BGN	Beginning Segment	M	1	
030	REF	Reference Identification	O	>1	
040	DTP	Date or Time or Period	O	>1	
050	AMT	Monetary Amount	O	>1	
060	QTY	Quantity	O	>1	
		LOOP ID - 1000			>1
070	N1	Name	M	1	
080	N2	Additional Name Information	O	2	
090	N3	Address Information	O	2	
100	N4	Geographic Location	O	1	
110	PER	Administrative Communications Contact	O	3	
		LOOP ID - 1100			10
120	ACT	Account Identification	O	1	
130	REF	Reference Identification	O	5	
140	N3	Address Information	O	1	
150	N4	Geographic Location	O	1	
160	PER	Administrative Communications Contact	O	5	
170	DTP	Date or Time or Period	O	1	
180	AMT	Monetary Amount	O	1	

Table 2 - Detail

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
		LOOP ID - 2000			**>1**
010	INS	Insured Benefit	O	1	
020	REF	Reference Identification	M	>1	
025	DTP	Date or Time or Period	O	>1	
		LOOP ID - 2100			**>1**
030	NM1	Individual or Organizational Name	O	1	
040	PER	Administrative Communications Contact	O	1	
050	N3	Address Information	O	1	
060	N4	Geographic Location	O	1	
080	DMG	Demographic Information	O	1	
090	PM	Electronic Funds Transfer Information	O	1	
100	EC	Employment Class	O	>1	
110	ICM	Individual Income	O	1	
120	AMT	Monetary Amount	O	10	
130	HLH	Health Information	O	1	
140	HI	Health Care Information Codes	O	10	
150	LUI	Language Use	O	>1	
		LOOP ID - 2200			**4**
200	DSB	Disability Information	O	1	
210	DTP	Date or Time or Period	O	10	
220	AD1	Adjustment Amount	O	10	
		LOOP ID - 2300			**99**
260	HD	Health Coverage	O	1	
270	DTP	Date or Time or Period	O	10	
280	AMT	Monetary Amount	O	3	
290	REF	Reference Identification	O	5	
300	IDC	Identification Card	O	>1	
		LOOP ID - 2310			**30**
310	LX	Assigned Number	O	1	
320	NM1	Individual or Organizational Name	O	1	
330	N1	Name	O	3	
340	N2	Additional Name Information	O	1	
350	N3	Address Information	O	2	
360	N4	Geographic Location	O	2	
370	PER	Administrative Communications Contact	O	2	
380	PRV	Provider Information	O	1	
390	DTP	Date or Time or Period	O	6	
395	PLA	Place or Location	O	1	
		LOOP ID - 2320			**5**
400	COB	Coordination of Benefits	O	1	
405	REF	Reference Identification	O	>1	
410	N1	Name	O	1	
420	N2	Additional Name Information	O	1	
430	N3	Address Information	O	2	
440	N4	Geographic Location	O	1	
450	DTP	Date or Time or Period	O	2	
		LOOP ID - 2400			**10**
460	LC	Life Coverage	O	1	
470	AMT	Monetary Amount	O	5	
480	DTP	Date or Time or Period	O	2	

485	REF	Reference Identification	O	>1	
		LOOP ID - 2410			20
490	BEN	Beneficiary or Owner Information	O	1	
500	NM1	Individual or Organizational Name	O	1	
510	N1	Name	O	1	
520	N2	Additional Name Information	O	1	
530	N3	Address Information	O	1	
540	N4	Geographic Location	O	1	
542	DMG	Demographic Information	O	1	
		LOOP ID - 2500			5
550	FSA	Flexible Spending Account	O	1	
560	AMT	Monetary Amount	O	10	
570	DTP	Date or Time or Period	O	10	
575	REF	Reference Identification	O	>1	
		LOOP ID - 2600			>1
580	RP	Retirement Product	O	1	
590	DTP	Date or Time or Period	O	>1	
592	REF	Reference Identification	O	>1	
594	INV	Investment Vehicle Selection	O	>1	
596	AMT	Monetary Amount	O	20	
597	QTY	Quantity	O	20	
598	K3	File Information	O	3	
600	REL	Relationship	O	1	
		LOOP ID - 2610			>1
610	NM1	Individual or Organizational Name	O	1	
630	N2	Additional Name Information	O	1	
651	DMG	Demographic Information	O	1	
652	BEN	Beneficiary or Owner Information	O	1	
653	REF	Reference Identification	O	>1	
		LOOP ID - 2620			>1
654	NX1	Property or Entity Identification	O	1	
655	N3	Address Information	O	1	
656	N4	Geographic Location	O	1	
657	DTP	Date or Time or Period	O	>1	
		LOOP ID - 2630			>1
660	FC	Financial Contribution	O	1	
670	DTP	Date or Time or Period	O	>1	
		LOOP ID - 2640			>1
678	INV	Investment Vehicle Selection	O	1	
679	DTP	Date or Time or Period	O	>1	
680	QTY	Quantity	O	>1	
681	ENT	Entity	O	>1	
682	REF	Reference Identification	O	>1	
683	AMT	Monetary Amount	O	20	
684	K3	File Information	O	3	
		LOOP ID - 2650			>1
685	AIN	Income	O	1	
686	QTY	Quantity	O	>1	
687	DTP	Date or Time or Period	O	>1	
690	SE	Transaction Set Trailer	M	1	

NOTES:

1/050 The AMT segment is used to record the total Flexible Spending Account contributions in the transaction set.

1/060 The QTY segment is used to record the total number of subscribers and dependents in the transaction set.

1/070 At least one iteration of the N1 loop is required to identify the sender or receiver.

2/010 A Subscriber is a person who elects the benefits and is affiliated with the employer or the insurer. A Dependent is a person who is affiliated with the subscriber, such as a spouse, child, etc., and is therefore entitled to benefits. Subscriber information must come before dependent information. The INS segment is used to note if information being submitted is subscriber information or dependent information.

2/020 The REF segment is required to link the dependent(s) to the subscriber.

2/200 The DSB loop may only appear for the Subscriber.

2/310 The LX loop contains information about the primary care providers for the subscriber or the dependent, and about the beneficiaries of any employer-sponsored life insurance for the subscriber.

2/320 Either NM1 or N1 will be included depending on whether an individual or organization is being specified.

2/550 The FSA loop may only appear for the Subscriber.

IMPLEMENTATION

TRANSACTION SET HEADER

Usage: **REQUIRED**

Repeat: **1**

Example: **ST*834*0001~**

STANDARD

ST Transaction Set Header

Level: Header

Position: 010

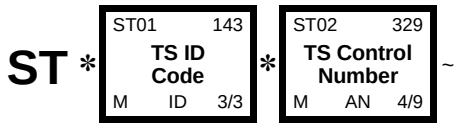
Loop: ____

Requirement: Mandatory

Max Use: 1

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**ST01**	**143**	**Transaction Set Identifier Code** Code uniquely identifying a Transaction Set **SEMANTIC:** The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set). **CODE** / **DEFINITION** **834** **Benefit Enrollment and Maintenance** **REQUIRED**	**M ID 3/3**
REQUIRED	**ST02**	**329**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set **The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges.**	**M AN 4/9**

IMPLEMENTATION

BEGINNING SEGMENT

Usage: **REQUIRED**

Repeat: **1**

Example: **BGN*00*11227*19970920*1200*ES***2~**

STANDARD

BGN Beginning Segment

Level: Header

Position: 020

Loop: ____

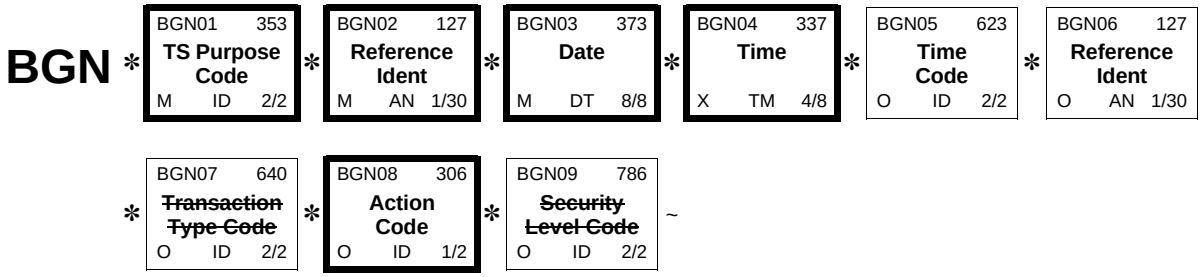
Requirement: Mandatory

Max Use: 1

Purpose: To indicate the beginning of a transaction set

Syntax: **1. C0504**
If BGN05 is present, then BGN04 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**BGN01**	**353**	**Transaction Set Purpose Code** Code identifying purpose of transaction set	**M ID 2/2**

If the original transaction has already been processed, an incoming transaction using this code may be rejected by the receiver. The rejection will be identified to the sender by telephone or other direct contact.

CODE	DEFINITION
00	**Original** **The ''00'' indicates the first time the transaction is sent.**

			15	**Re-Submission** **Send the ''15'' when the original transmission was incorrect, has yet to be processed by the receiver, and a new corrected transmission is being sent. This transmission can then be pended by the receiver's translator for further review.**			
			22	**Information Copy** **Send the ''22'' when the original transmission was lost or not processed, and the sender is passing another transmission that is the same as the original.**			
REQUIRED	**BGN02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Transaction Set Identifier Code*** SEMANTIC: BGN02 is the transaction set reference number. **Use the transaction set reference number assigned by the sender's application to uniquely identify this occurrence of the transaction for future reference.**	**M**	**AN**	**1/30**
REQUIRED	**BGN03**	**373**	**Date** Date expressed as CCYYMMDD *INDUSTRY:* ***Transaction Set Creation Date*** SEMANTIC: BGN03 is the transaction set date. **Use this date to identify the date that the submitter created the file.**	**M**	**DT**	**8/8**
REQUIRED	**BGN04**	**337**	**Time** Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) *INDUSTRY:* ***Transaction Set Creation Time*** SYNTAX: C0504 SEMANTIC: BGN04 is the transaction set time. **Use the time to identify the time of day that the submitter created the file. This element is used as a time stamp to uniquely identify the transmission.**	**X**	**TM**	**4/8**
SITUATIONAL	**BGN05**	**623**	**Time Code** Code identifying the time. In accordance with International Standards Organization standard 8601, time can be specified by a + or - and an indication in hours in relation to Universal Time Coordinate (UTC) time; since + is a restricted character, + and - are substituted by P and M in the codes that follow *INDUSTRY:* ***Time Zone Code*** SYNTAX: C0504 SEMANTIC: BGN05 is the transaction set time qualifier. CODE SOURCE **94:** International Organization for Standardization (Date and Time) **Use the time code if the sender and receiver are not in the same time zone.**	**O**	**ID**	**2/2**

CODE	DEFINITION
01	**Equivalent to ISO P01**

02	Equivalent to ISO P02
03	Equivalent to ISO P03
04	Equivalent to ISO P04
05	Equivalent to ISO P05
06	Equivalent to ISO P06
07	Equivalent to ISO P07
08	Equivalent to ISO P08
09	Equivalent to ISO P09
10	Equivalent to ISO P10
11	Equivalent to ISO P11
12	Equivalent to ISO P12
13	Equivalent to ISO M12
14	Equivalent to ISO M11
15	Equivalent to ISO M10
16	Equivalent to ISO M09
17	Equivalent to ISO M08
18	Equivalent to ISO M07
19	Equivalent to ISO M06
20	Equivalent to ISO M05
21	Equivalent to ISO M04
22	Equivalent to ISO M03
23	Equivalent to ISO M02
24	Equivalent to ISO M01
AD	Alaska Daylight Time
AS	Alaska Standard Time
AT	Alaska Time
CD	Central Daylight Time
CS	Central Standard Time
CT	Central Time
ED	Eastern Daylight Time
ES	Eastern Standard Time
ET	Eastern Time

			GM	**Greenwich Mean Time**			
			HD	**Hawaii-Aleutian Daylight Time**			
			HS	**Hawaii-Aleutian Standard Time**			
			HT	**Hawaii-Aleutian Time**			
			LT	**Local Time**			
			MD	**Mountain Daylight Time**			
			MS	**Mountain Standard Time**			
			MT	**Mountain Time**			
			ND	**Newfoundland Daylight Time**			
			NS	**Newfoundland Standard Time**			
			NT	**Newfoundland Time**			
			PD	**Pacific Daylight Time**			
			PS	**Pacific Standard Time**			
			PT	**Pacific Time**			
			TD	**Atlantic Daylight Time**			
			TS	**Atlantic Standard Time**			
			TT	**Atlantic Time**			
			UT	**Universal Time Coordinate**			
SITUATIONAL	**BGN06**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Transaction Set Identifier Code*** **SEMANTIC:** BGN06 is the transaction set reference number of a previously sent transaction affected by the current transaction. **If BGN01 equals 15 or 22, then BGN06 should be used to cross reference to the previously sent transaction.**	**O**	**AN**	**1/30**
NOT USED	**BGN07**	**640**	**Transaction Type Code**	**O**	**ID**	**2/2**
REQUIRED	**BGN08**	**306**	**Action Code** Code indicating type of action	**O**	**ID**	**1/2**
			CODE / **DEFINITION**			
			2 — **Change (Update)** **Used to identify a transaction of additions, terminations and changes to the current enrollment.**			
			4 — **Verify** **Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.**			
NOT USED	**BGN09**	**786**	**Security Level Code**	**O**	**ID**	**2/2**

IMPLEMENTATION

TRANSACTION SET POLICY NUMBER

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **This segment can be used if a unique ID Number for a group applies to the entire transaction set.**
2. **The definition of the Master Policy Number is determined by the issuer of the policy, the Payer/Plan Administrator. The Master Policy Number may be used to meet various business needs such as indicating the line of business under which the policy is defined.**
3. **This segment is REQUIRED when the contract or trading partner agreement identify a Master Policy Number for use with electronic enrollment.**

Example: **REF*38*123456~**

STANDARD

REF Reference Identification

Level: Header

Position: 030

Loop: ____

Requirement: Optional

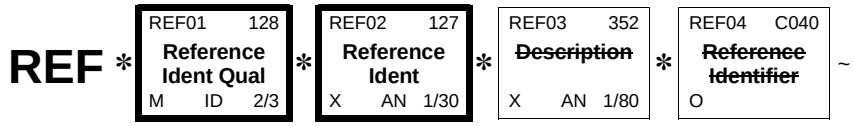
Max Use: >1

Purpose: To specify identifying information

Syntax:

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
38	**Master Policy Number**

REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Master Policy Number*** SYNTAX: R0203	**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION

FILE EFFECTIVE DATE

Usage: **SITUATIONAL**

Repeat: **>1**

Notes: **1. To be sent when required by contract terms.**

Example: **DTP*007*D8*19961001~**

STANDARD

DTP Date or Time or Period

Level: Header

Position: 040

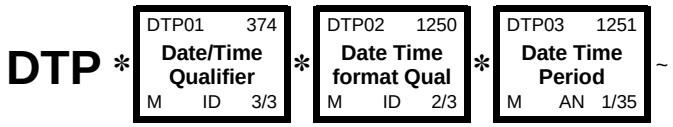
Loop: ____

Requirement: Optional

Max Use: >1

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE / DEFINITION **007** Effective **303** Maintenance Effective **382** Enrollment **388** Payment Commencement	**M ID 3/3**
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE / DEFINITION **D8** Date Expressed in Format CCYYMMDD	**M ID 2/3**
REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**M AN 1/35**

IMPLEMENTATION

SPONSOR NAME

Loop: **1000A — SPONSOR NAME** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes: **1. Use this loop to identify the sponsor. See section 1.3 for the definition of sponsor.**

Example: **N1*P5**FI*12356799~**

STANDARD

N1 Name

Level: Header

Position: 070

Loop: 1000 **Repeat:** >1

Requirement: Mandatory

Max Use: 1

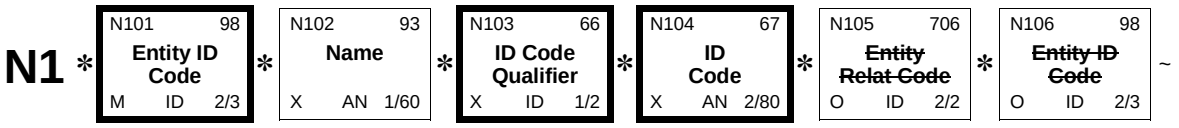
Purpose: To identify a party by type of organization, name, and code

Set Notes: **1.** At least one iteration of the N1 loop is required to identify the sender or receiver.

Syntax: **1. R0203**
At least one of N102 or N103 is required.

2. P0304
If either N103 or N104 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**N101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**

CODE	DEFINITION
P5	**Plan Sponsor**

SITUATIONAL	**N102**	**93**	**Name** Free-form name	**X**	**AN**	**1/60**

INDUSTRY: ***Plan Sponsor Name***

SYNTAX: R0203

This element may be used at the sender's discretion.

REQUIRED	**N103**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67)	**X**	**ID**	**1/2**

SYNTAX: R0203, P0304

CODE	DEFINITION
FI	**Federal Taxpayer's Identification Number** **The developers recommend that this code be used until the HIPAA standard identifier is implemented.**
ZZ	**Mutually Defined** **The value 'ZZ', when used in this data element shall be defined as "HIPAA Employer Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard employer identifier for use in this transaction.**

REQUIRED	**N104**	**67**	**Identification Code** Code identifying a party or other code	**X**	**AN**	**2/80**

INDUSTRY: ***Sponsor Identifier***

SYNTAX: P0304

COMMENT: This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.

NOT USED	**N105**	**706**	**Entity Relationship Code**	**O**	**ID**	**2/2**
NOT USED	**N106**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

PAYER

Loop: **1000B — PAYER** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes: **1. Use this loop to identify the payer. See section 1.3 for the definition of a payer.**

Example: **N1*IN**FI*12356799~**

STANDARD

N1 Name

Level: Header

Position: 070

Loop: 1000 **Repeat:** >1

Requirement: Mandatory

Max Use: 1

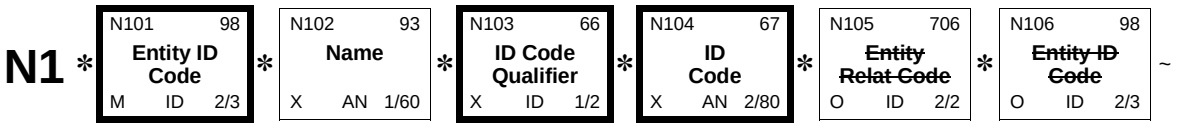
Purpose: To identify a party by type of organization, name, and code

Set Notes: **1.** At least one iteration of the N1 loop is required to identify the sender or receiver.

Syntax: **1. R0203**
At least one of N102 or N103 is required.

2. P0304
If either N103 or N104 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**N101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**

CODE	DEFINITION
IN	**Insurer**

SITUATIONAL	**N102**	**93**	**Name** Free-form name	**X**	**AN**	**1/60**

INDUSTRY: ***Insurer Name***

SYNTAX: R0203

This element may be used at the sender's discretion.

REQUIRED	**N103**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67)	**X**	**ID**	**1/2**

SYNTAX: R0203, P0304

CODE	DEFINITION
FI	**Federal Taxpayer's Identification Number**
XV	**Health Care Financing Administration National PlanID** ***Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.*** **ADVISED** **CODE SOURCE 540:** Health Care Financing Administration National PlanID

REQUIRED	**N104**	**67**	**Identification Code** Code identifying a party or other code	**X**	**AN**	**2/80**

INDUSTRY: ***Insurer Identification Code***

SYNTAX: P0304

COMMENT: This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.

NOT USED	**N105**	**706**	**Entity Relationship Code**	**O**	**ID**	**2/2**
NOT USED	**N106**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

TPA/BROKER NAME

Loop: **1000C — TPA/BROKER NAME Repeat: 2**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **This loop should be sent if a TPA/broker is involved.**
2. **This loop is REQUIRED when a TPA or a Broker is involved. See section 1.3 for definitions.**

Example: **N1*TV**FI*123356799~**

STANDARD

N1 Name

Level: Header

Position: 070

Loop: 1000 **Repeat:** >1

Requirement: Mandatory

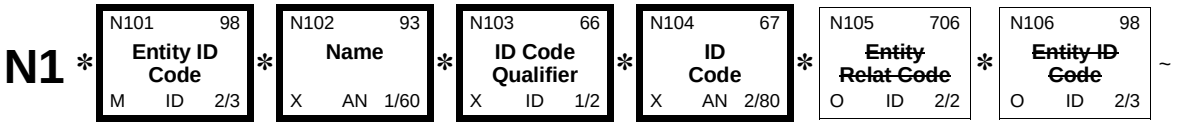
Max Use: 1

Purpose: To identify a party by type of organization, name, and code

Set Notes:
1. At least one iteration of the N1 loop is required to identify the sender or receiver.

Syntax:
1. **R0203**
   At least one of N102 or N103 is required.
2. **P0304**
   If either N103 or N104 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**N101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**

CODE	DEFINITION
BO	**Broker or Sales Office**
TV	**Third Party Administrator (TPA)**

REQUIRED	**N102**	**93**	**Name** Free-form name *INDUSTRY:* ***TPA or Broker Name*** **SYNTAX:** R0203	**X**	**AN**	**1/60**
REQUIRED	**N103**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) **SYNTAX:** R0203, P0304	**X**	**ID**	**1/2**

CODE	DEFINITION
94	**Code assigned by the organization that is the ultimate destination of the transaction set**
FI	**Federal Taxpayer's Identification Number**
XV	**Health Care Financing Administration National PlanID** ***Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.*** **CODE SOURCE 540:** Health Care Financing Administration National PlanID

REQUIRED	**N104**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***TPA or Broker Identification Code*** **SYNTAX:** P0304 **COMMENT:** This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.	**X**	**AN**	**2/80**
NOT USED	**N105**	**706**	**Entity Relationship Code**	**O**	**ID**	**2/2**
NOT USED	**N106**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

TPA/BROKER ACCOUNT INFORMATION

Loop: 1100C — TPA/BROKER ACCOUNT INFORMATION Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Notes:
1. **This segment is REQUIRED if the account number of the TPA or Broker is different than the account number for the sponsor.**

Example: ACT*1234***23498765~**

STANDARD

ACT Account Identification

Level: Header

Position: 120

Loop: 1100 **Repeat:** 10

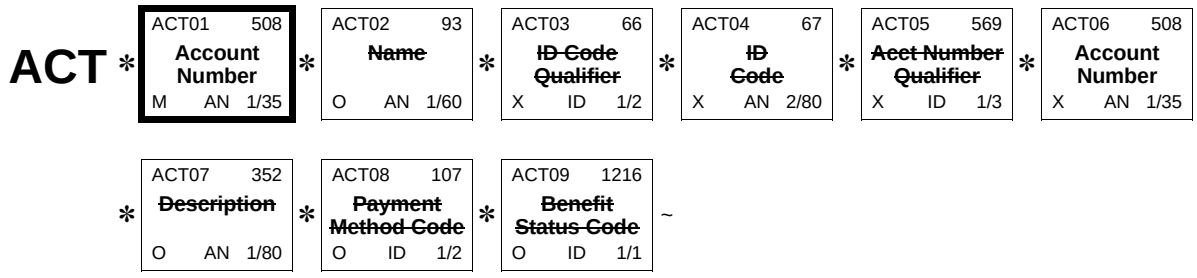
Requirement: Optional

Max Use: 1

Purpose: To specify account information

Syntax:
1. **P0304**
   If either ACT03 or ACT04 is present, then the other is required.
2. **C0506**
   If ACT05 is present, then ACT06 is required.
3. **C0705**
   If ACT07 is present, then ACT05 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**ACT01**	**508**	**Account Number** Account number assigned *INDUSTRY:* ***TPA or Broker Account Number***	**M**	**AN**	**1/35**
NOT USED	**ACT02**	**93**	**Name**	**O**	**AN**	**1/60**
NOT USED	**ACT03**	**66**	**Identification Code Qualifier**	**X**	**ID**	**1/2**

NOT USED	**ACT04**	**67**	**Identification Code**	**X**	**AN**	**2/80**
NOT USED	**ACT05**	**569**	**Account Number Qualifier**	**X**	**ID**	**1/3**
SITUATIONAL	**ACT06**	**508**	**Account Number** Account number assigned *INDUSTRY:* ***TPA or Broker Account Number*** SYNTAX: C0506 COMMENT: ACT06 is an account associated with the account in ACT01. **Send if more than 1 TPA or Broker Account Number applies to this transaction.**	**X**	**AN**	**1/35**
NOT USED	**ACT07**	**352**	**Description**	**O**	**AN**	**1/80**
NOT USED	**ACT08**	**107**	**Payment Method Code**	**O**	**ID**	**1/2**
NOT USED	**ACT09**	**1216**	**Benefit Status Code**	**O**	**ID**	**1/1**

IMPLEMENTATION

MEMBER LEVEL DETAIL

Loop: **2000 — MEMBER LEVEL DETAIL Repeat: >1**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **Subscriber information must preceed dependent information in a transmission, or the subscriber information must have been submitted to the receiver in a previous transmission.**
2. **No more than 10,000 INS segments can occur in a single 834 transaction. Multiple transactions within a single interchange can be used to transfer information on larger numbers of members.**

Example: **INS*Y*18*021*28*A*E**FT~**

STANDARD

INS Insured Benefit

Level: Detail

Position: 010

Loop: 2000 **Repeat:** >1

Requirement: Optional

Max Use: 1

Purpose: To provide benefit information on insured entities

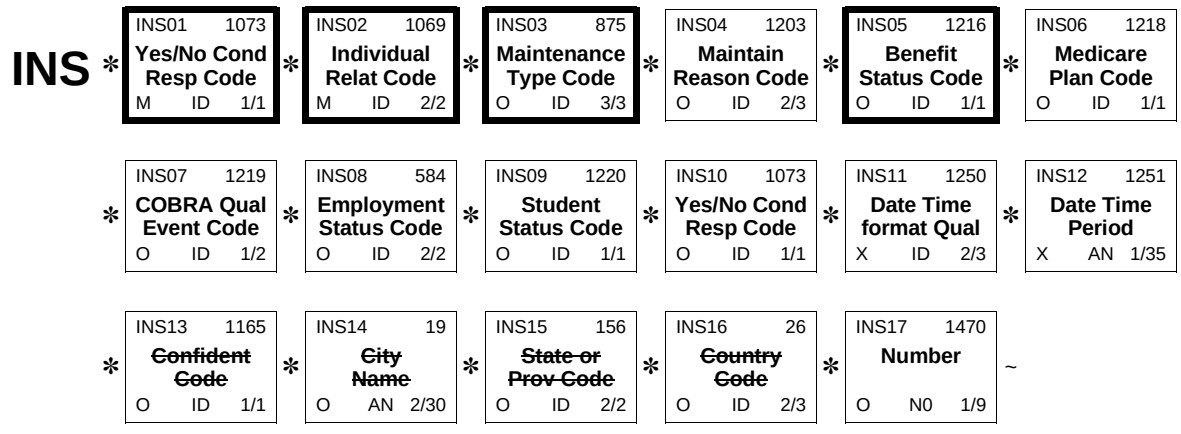
Set Notes:

1. A Subscriber is a person who elects the benefits and is affiliated with the employer or the insurer. A Dependent is a person who is affiliated with the subscriber, such as a spouse, child, etc., and is therefore entitled to benefits. Subscriber information must come before dependent information. The INS segment is used to note if information being submitted is subscriber information or dependent information.

Syntax:

1. **P1112**
   If either INS11 or INS12 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	INS01	1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Insured Indicator*** *ALIAS:* ***Subscriber Indicator*** **SEMANTIC:** INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber: an "N" value indicates the insured is a dependent.	M ID 1/1
			CODE / DEFINITION N — No Y — Yes	
REQUIRED	INS02	1069	**Individual Relationship Code** Code indicating the relationship between two individuals or entities **This value should be 18 for the subscriber.** **For dependents, use this value to identify the relationship to the subscriber. For example, a daughter would be value 19.**	M ID 2/2
			CODE / DEFINITION 01 — Spouse 03 — Father or Mother 04 — Grandfather or Grandmother 05 — Grandson or Granddaughter 06 — Uncle or Aunt 07 — Nephew or Niece 08 — Cousin 09 — Adopted Child 10 — Foster Child 11 — Son-in-law or Daughter-in-law 12 — Brother-in-law or Sister-in-law 13 — Mother-in-law or Father-in-law 14 — Brother or Sister 15 — Ward 17 — Stepson or Stepdaughter 18 — Self 19 — Child	

			23	**Sponsored Dependent** **Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy.**			
			24	**Dependent of a Minor Dependent**			
			25	**Ex-spouse**			
			26	**Guardian**			
			31	**Court Appointed Guardian**			
			32	**Mother**			
			33	**Father**			
			38	**Collateral Dependent** **Relative related by blood or marriage who resides in the home and is dependent on the insured for a major portion of their support.**			
			48	**Stepfather**			
			49	**Stepmother**			
			53	**Life Partner** **This is a partner that acts like a spouse without a legal marriage committment.**			
REQUIRED	**INS03**	**875**	**Maintenance Type Code** Code identifying the specific type of item maintenance		**O**	**ID**	**3/3**

For further information about full file audits versus change only transactions see section 2.6 (Updates versus Full File Audits) of this guide.

CODE	DEFINITION
001	**Change** **Use this code to indicate a change to an existing subscriber/dependent record.**
021	**Addition** **Use this code to add a subscriber or dependent.**
024	**Cancellation or Termination** **Use this code for cancellation, termination, or deletion of a subscriber or dependent.**
025	**Reinstatement** **Use this code for reinstatement of a cancelled subscriber/dependent record.**
030	**Audit or Compare** **Use this code when sending a full roster to verify that the sponsor and payer databases are synchronized. See section 2.6, Updates versus Full File Audits, for additional information**

SITUATIONAL **INS04** **1203** **Maintenance Reason Code** **O** **ID** **2/3**
Code identifying the reason for the maintenance change

Recommended: To be sent unless the trading partner agreement between the sponsor and payer allow this data element to not be sent.

CODE	DEFINITION
01	Divorce
02	Birth
03	Death
04	Retirement
05	Adoption
06	Strike
07	Termination of Benefits
08	Termination of Employment
09	Consolidation Omnibus Budget Reconciliation Act (COBRA)
10	Consolidation Omnibus Budget Reconciliation Act (COBRA) Premium Paid
11	Surviving Spouse
14	Voluntary Withdrawal
15	Primary Care Provider (PCP) Change
16	Quit
17	Fired
18	Suspended
20	Active
21	Disability
22	Plan Change This is used when a member changes from one Plan to a different Plan. This is not intended to identify changes to a Plan.
25	Change in Indentifying Data Elements Use this code when a change has been made to the primary elements that identify an individual. Such primary elements include the following: first name, last name, Social Security Number, date of birth, and employee identification number.

26	**Declined Coverage** **The subscriber declined a previously active coverage.**
27	**Pre-Enrollment** **This code can be used to enroll newborns prior to receiving the newborn's application.**
28	**Initial Enrollment**
29	**Benefit Selection** **This is used when a member changes benefits within a Plan.**
31	**Legal Separation**
32	**Marriage**
33	**Personnel Data** **Use this code for any data change that is not included in any of the other allowed codes. An example would be change in Coordination of Benefits information.**
37	**Leave of Absence with Benefits**
38	**Leave of Absence without Benefits**
39	**Lay Off with Benefits**
40	**Lay Off without Benefits**
41	**Re-enrollment**
43	**Change of Location** **Use this code to indicate a change of address.**
AI	**No Reason Given**
XN	**Notification Only** **To be used in complete enrollment transmissions. This is used when INS03 is equal to 030 (Audit/Compare).**
XT	**Transfer** **This is used when an employee has an organizational change (i.e. a location change within the organization) with no change in benefits or Plan.**

REQUIRED **INS05** **1216** **Benefit Status Code** **O** **ID** **1/1**

The type of coverage under which benefits are paid

CODE	DEFINITION
A	**Active**
C	**Consolidated Omnibus Budget Reconciliation Act (COBRA)**
S	**Surviving Insured**

			T	**Tax Equity and Fiscal Responsibility Act (TEFRA)**			
SITUATIONAL	**INS06**	**1218**	**Medicare Plan Code** Code identifying the Medicare Plan	**O**	**ID**	**1/1**
			This element is REQUIRED if a member is being enrolled or disenrolled in Medicare, is currently enrolled in Medicare or has terminated or changed their Medicare enrollment.				
			CODE / DEFINITION				
			A — **Medicare Part A**				
			B — **Medicare Part B**				
			C — **Medicare Part A and B**				
			D — **Medicare** **Medicare - Part Unknown**				
			E — **No Medicare**				
SITUATIONAL	**INS07**	**1219**	**Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying** A Qualifying Event is any of the following which results in loss of coverage for a Qualified Beneficiary	**O**	**ID**	**1/2**
			INDUSTRY: ***Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code***				
			This element is REQUIRED if a member is being enrolled in or is enrolled for a benefit covered by COBRA.				
			CODE / DEFINITION				
			1 — **Termination of Employment**				
			2 — **Reduction of work hours**				
			3 — **Medicare**				
			4 — **Death**				
			5 — **Divorce**				
			6 — **Separation**				
			7 — **Ineligible Child**				
			8 — **Bankruptcy of a Retired Employee**				

SITUATIONAL **INS08** **584** **Employment Status Code** **O** **ID** **2/2**
Code showing the general employment status of an employee/claimant

Required for subscriber.

If this insurance enrollment is through a non employment based program such as Medicare or Medicaid then this data element will contain the status of the subscriber in that program, rather than their employment status. Codes for non employment based programs will be limited to "FT", Full Time, "PT", Part-Time, and "TE", Terminated.

CODE	DEFINITION
AO	Active Military - Overseas
AU	Active Military - USA
FT	Full-time Full time active employee
L1	Leave of Absence
PT	Part-time Part time Active Employee
RT	Retired
TE	Terminated

SITUATIONAL **INS09** **1220** **Student Status Code** **O** **ID** **1/1**
Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured

Only use the Student Status Code when describing a non-spouse dependent whose age requires a qualifying condition for enrollment (e.g., being an active student). See the Plan contract for details of the age requirements for student status usage.

CODE	DEFINITION
F	Full-time
N	Not a Student
P	Part-time

SITUATIONAL **INS10** **1073** **Yes/No Condition or Response Code** **O** **ID** **1/1**
Code indicating a Yes or No condition or response

INDUSTRY: ***Handicap Indicator***

SEMANTIC: INS10 is the handicapped status indicator. A "Y" value indicates an individual is handicapped; an "N" value indicates an individual is not handicapped.

This element is REQUIRED if the member is handicapped or to correct previous report of handicapped status.

CODE	DEFINITION
N	No
Y	Yes

SITUATIONAL	**INS11**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**

SYNTAX: P1112

Send when required by X12 syntax.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL	**INS12**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**

INDUSTRY: ***Insured Individual Death Date***

SYNTAX: P1112

SEMANTIC: INS12 is the date of death.

Use this date for the date of death of the subscriber/dependent.

Use this date for the date of death of the subscriber/dependent. This does not replace the use of the termination date within the 2300 loop.

NOT USED	**INS13**	**1165**	**Confidentiality Code**	**O**	**ID**	**1/1**
NOT USED	**INS14**	**19**	**City Name**	**O**	**AN**	**2/30**
NOT USED	**INS15**	**156**	**State or Province Code**	**O**	**ID**	**2/2**
NOT USED	**INS16**	**26**	**Country Code**	**O**	**ID**	**2/3**
SITUATIONAL	**INS17**	**1470**	**Number** A generic number	**O**	**N0**	**1/9**

INDUSTRY: ***Birth Sequence Number***

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

Required if reporting family members with the same birth date, when needed for proper reporting, tracking or response to benefits.

IMPLEMENTATION

SUBSCRIBER NUMBER

Loop: **2000 — MEMBER LEVEL DETAIL**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **If the subscriber's/dependent's Social Security Number is known, it should be passed in the NM108 segment (position 2-030).**
2. **This segment must contain a unique SUBSCRIBER identification number (SSN or other). This occurrence is identified by the 0F qualifier (REF01). This identifier is used for linking the subscriber with dependents as required under many policies.**
3. **The developers recommend using the identifier developed under the HIPAA legislation, when that becomes available.**

Example: **REF*0F*920399398~**

STANDARD

REF Reference Identification

Level: Detail

Position: 020

Loop: 2000

Requirement: Mandatory

Max Use: >1

Purpose: To specify identifying information

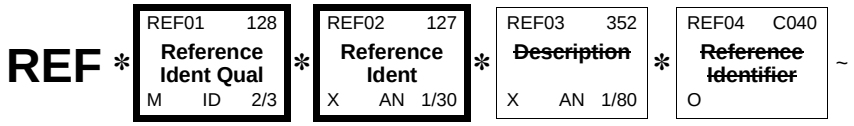
Set Notes:

1. The REF segment is required to link the dependent(s) to the subscriber.

Syntax:

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
0F	**Subscriber Number**

REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Subscriber Identifier*** SYNTAX: R0203	**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION

MEMBER POLICY NUMBER

Loop: **2000 — MEMBER LEVEL DETAIL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **This segment should be used if the policy or group number applies to all coverage data (all 2300 loops) that apply for this member.**
2. **This segment is required unless the policy number is sent in the REF segment, loop 2300 position 290.**

Example: **REF*1L*9CC4123~**

STANDARD

REF Reference Identification

Level: Detail

Position: 020

Loop: 2000

Requirement: Mandatory

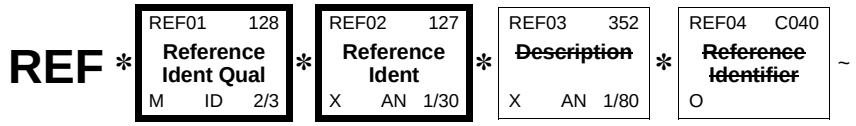
Max Use: >1

Purpose: To specify identifying information

Set Notes:
1. The REF segment is required to link the dependent(s) to the subscriber.

Syntax:
1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**
			CODE: **1L** — DEFINITION: **Group or Policy Number**	
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Insured Group or Policy Number*** SYNTAX: R0203	**X AN 1/30**

NOT USED	REF03	352	Description	X	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O		

IMPLEMENTATION

MEMBER IDENTIFICATION NUMBER

Loop: **2000 — MEMBER LEVEL DETAIL**

Usage: **SITUATIONAL**

Repeat: **5**

Notes: **1. This segment is used to pass further identifying information on the member. It should be used if the data is available. See REF01 for data elements that can be passed.**

Example: **REF*17*920399398~**

STANDARD

REF Reference Identification

Level: Detail

Position: 020

Loop: 2000

Requirement: Mandatory

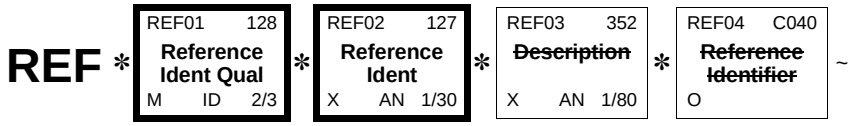
Max Use: >1

Purpose: To specify identifying information

Set Notes: **1.** The REF segment is required to link the dependent(s) to the subscriber.

Syntax: **1. R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
17	**Client Reporting Category** **This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.**

			23	**Client Number** **To be used to pass a payer specific identifier for a member. Not to be used after the HIPAA standard National Identifier for Individuals is implemented.**			
			3H	**Case Number**			
			DX	**Department/Agency Number** **Use when members in a coverage group are set up as different departments or divisions under the terms of the insurance policy.**			
			F6	**Health Insurance Claim (HIC) Number** **Use when reporting Medicare eligibility for a member until the National Identifier is mandated for use.**			
			Q4	**Prior Identifier Number** **Use to pass the Identifier Number under which the member had previous coverage with the payer. This could be the result of a change in employment or coverage that resulted in a new ID number being assigned but left the member covered by the same payer.**			
			ZZ	**Mutually Defined** **Use this code to transmit the title of the members employment position.**			
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Subscriber Supplemental Identifier*** SYNTAX: R0203		**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**		**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**		**O**		

IMPLEMENTATION

PRIOR COVERAGE MONTHS

Loop: **2000 — MEMBER LEVEL DETAIL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Required when the portability provisions of the Health Insurance Portability and Accountability Act require reporting of the number of months of prior health coverage that meet the certification requirements of the Act.**

Example: **REF*QQ*0~**

STANDARD

REF Reference Identification

Level: Detail

Position: 020

Loop: 2000

Requirement: Mandatory

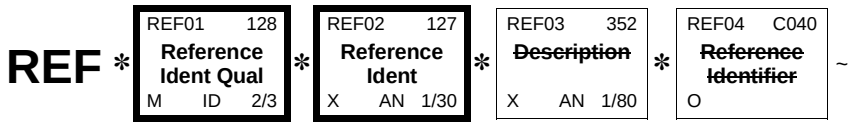
Max Use: >1

Purpose: To specify identifying information

Set Notes: **1.** The REF segment is required to link the dependent(s) to the subscriber.

Syntax: **1. R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
QQ	**Unit Number** **This code is used in this implementation guide to indicate that the value in REF02 is the response required under the portability provisions of HIPAA.**

REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Prior Coverage Month Count*** SYNTAX: R0203 **Indicator identifying the number of prior months insurance coverage that may apply under the portability provisions of the Health Insurance Portability and Accountability Act.** **This field will contain the number of months of prior health insurance coverage that meets the portability requirements of the HIPAA certification requirements. To be sent on new enrollments when available.**	**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION

MEMBER LEVEL DATES

Loop: **2000 — MEMBER LEVEL DETAIL**

Usage: **SITUATIONAL**

Repeat: **20**

Notes:

1. **Applicable dates, as listed in DTP01, are REQUIRED when enrolling a member or when the sponsor is informed of any change to those dates. Only those dates that apply to the particular insurance contract need to be sent.**

2. **While many of the dates listed for DTP01 are related to termination, the only code that is used to actually terminate a Member is 357 (Eligibility End). Similarly, the only date that identifies the start of coverage for an initial enrollment is 356 (Eligibility Begin).**

Example: **DTP*356*D8*19960705~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 025

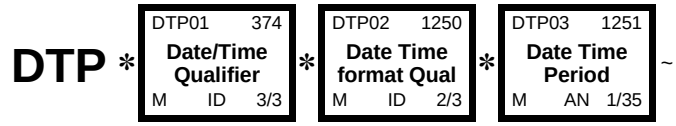
Loop: 2000

Requirement: Optional

Max Use: >1

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	**M ID 3/3**

INDUSTRY: ***Date Time Qualifier***

CODE	DEFINITION
286	**Retirement**
296	**Return to Work**
297	**Date Last Worked**
300	**Enrollment Signature Date**

301	**Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event**
303	**Maintenance Effective**
336	**Employment Begin**
337	**Employment End**
338	**Medicare Begin**
339	**Medicare End**
340	**Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin**
341	**Consolidated Omnibus Budget Reconciliation Act (COBRA) End**
350	**Education Begin** **This is the start date for the student at the current educational institution.**
351	**Education End** **This is the expected graduation date the student at the current educational institution.**
356	**Eligibility Begin** **This is used to convey the beginning date when a member could elect to enroll or begin benefits in any health care plan through the employer. This is not the actual begin date, which is conveyed in the DTP segment at position 270.**
357	**Eligibility End** **This code is used as the end of eleigibility date (termination reason).**
383	**Adjusted Hire**
393	**Plan Participation Suspension**
394	**Rehire**
473	**Medicaid Begin**
474	**Medicaid End**

REQUIRED **DTP02** **1250** **Date Time Period Format Qualifier** **M ID 2/3**
Code indicating the date format, time format, or date and time format

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

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

REQUIRED **DTP03** **1251** **Date Time Period** **M AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Status Information Effective Date***

IMPLEMENTATION

MEMBER NAME

Loop: **2100A — MEMBER NAME** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes:
1. **This segment is used to identify a member being enrolled or changing benefits or a member correcting identifier information.**

Example: **NM1*IL*1*SMITH*JOHN*M**SR~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100 **Repeat:** >1

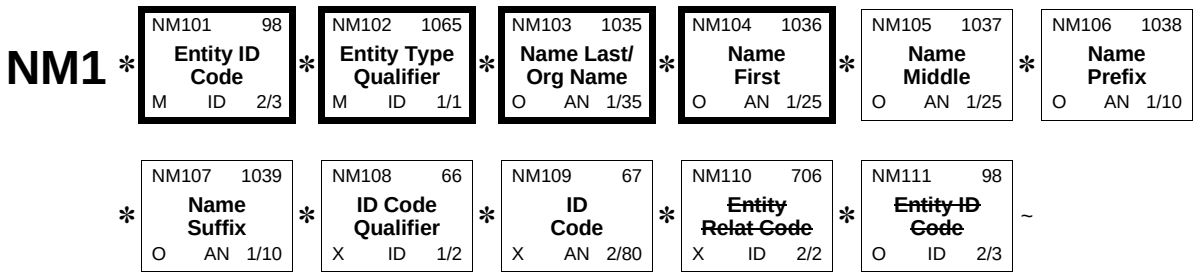
Requirement: Optional

Max Use: 1

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

Syntax:
1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**
			CODE / DEFINITION	
			74 **Corrected Insured** **Use this code if this transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B.**	
			IL **Insured or Subscriber** **Use this code for enrolling a new member or updating a member with no change in identifying information. The identifying information for a member is specified under the insurance contract between the sponsor and payer.**	
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	**M ID 1/1**
			CODE / DEFINITION	
			1 **Person**	
REQUIRED	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY:* ***Subscriber Last Name***	**O AN 1/35**
REQUIRED	**NM104**	**1036**	**Name First** Individual first name *INDUSTRY:* ***Subscriber First Name***	**O AN 1/25**
SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial *INDUSTRY:* ***Subscriber Middle Name*** **Send if supplied by subscriber.**	**O AN 1/25**
SITUATIONAL	**NM106**	**1038**	**Name Prefix** Prefix to individual name *INDUSTRY:* ***Subscriber Name Prefix*** **Send if supplied by subscriber.**	**O AN 1/10**
SITUATIONAL	**NM107**	**1039**	**Name Suffix** Suffix to individual name *INDUSTRY:* ***Subscriber Name Suffix*** **Send if supplied by subscriber.**	**O AN 1/10**

SITUATIONAL	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809	**X**	**ID**	**1/2**

Send when required by X12 syntax.

CODE	DEFINITION
34	**Social Security Number** **The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.**
ZZ	**Mutually Defined** **Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.**

SITUATIONAL	**NM109**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Subscriber Identifier*** SYNTAX: P0809	**X**	**AN**	**2/80**

Until the the HIPAA Individual Identifier is available the SSN is to be sent when available and allowed under confidentiality regulations.

NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

MEMBER COMMUNICATIONS NUMBERS

Loop: **2100A — MEMBER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **This segment is used when contact information is provided to the sponsor about the member. The contact information should be sent to the payer when enrolling subscribers, when enrolling dependents and the dependent's contact number is different than the subscriber's contact, and when changing a member's contact information.**

2. **When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.**

3. **By definition of the standard, if PER03 is used, PER04 is required.**

Example: **PER*IP**HP*8015554321~**

STANDARD

PER Administrative Communications Contact

Level: Detail

Position: 040

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To identify a person or office to whom administrative communications should be directed

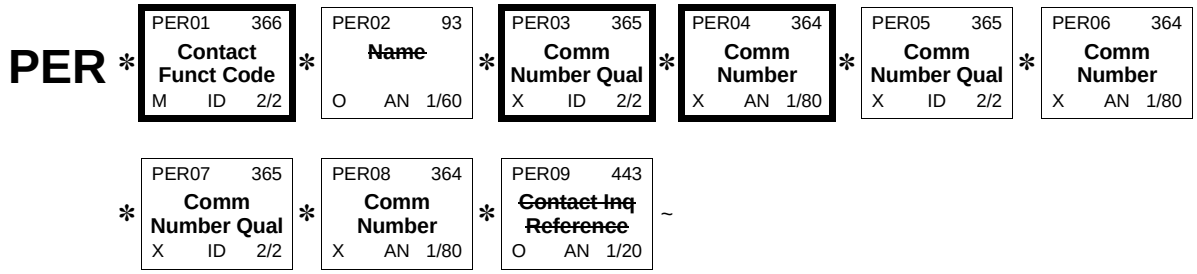
Syntax:

1. **P0304**
   If either PER03 or PER04 is present, then the other is required.

2. **P0506**
   If either PER05 or PER06 is present, then the other is required.

3. **P0708**
   If either PER07 or PER08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PER01**	**366**	**Contact Function Code** Code identifying the major duty or responsibility of the person or group named	**M ID 2/2**
			CODE / DEFINITION **IP** — **Insured Party**	
NOT USED	**PER02**	**93**	**Name**	**O AN 1/60**
REQUIRED	**PER03**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0304	**X ID 2/2**
			CODE / DEFINITION **EM** — **Electronic Mail** **EX** — **Telephone Extension** **FX** — **Facsimile** **HP** — **Home Phone Number** **TE** — **Telephone** **WP** — **Work Phone Number**	
REQUIRED	**PER04**	**364**	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0304	**X AN 1/80**
SITUATIONAL	**PER05**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0506 **Send when required by X12 syntax.**	**X ID 2/2**
			CODE / DEFINITION **EM** — **Electronic Mail** **EX** — **Telephone Extension** **FX** — **Facsimile** **HP** — **Home Phone Number**	

			TE **Telephone**			
			WP **Work Phone Number**			
SITUATIONAL	**PER06**	**364**	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0506 **This element should be sent if additional communication numbers are available.**	**X**	**AN**	**1/80**
SITUATIONAL	**PER07**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0708 **Send when required by X12 syntax.**	**X**	**ID**	**2/2**
			CODE DEFINITION			
			EM **Electronic Mail**			
			EX **Telephone Extension**			
			FX **Facsimile**			
			HP **Home Phone Number**			
			TE **Telephone**			
			WP **Work Phone Number**			
SITUATIONAL	**PER08**	**364**	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0708 **This element should be sent if additional communication numbers are available.**	**X**	**AN**	**1/80**
NOT USED	**PER09**	**443**	**Contact Inquiry Reference**	**O**	**AN**	**1/20**

IMPLEMENTATION

MEMBER RESIDENCE STREET ADDRESS

Loop: **2100A — MEMBER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. REQUIRED when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.**

Example: **N3*50 ORCHARD STREET~**

STANDARD

N3 Address Information

Level: Detail

Position: 050

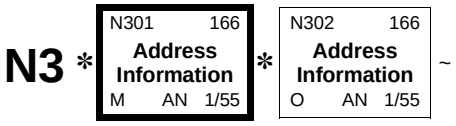
Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**N301**	**166**	**Address Information** Address information *INDUSTRY:* ***Subscriber Address Line***	**M**	**AN**	**1/55**
SITUATIONAL	**N302**	**166**	**Address Information** Address information *INDUSTRY:* ***Subscriber Address Line*** **Required if a second address line exists.**	**O**	**AN**	**1/55**

IMPLEMENTATION

MEMBER RESIDENCE CITY, STATE, ZIP CODE

Loop: **2100A — MEMBER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. REQUIRED when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.**

Example: **N4*ROCK HILL*FL*33131~**

STANDARD

N4 Geographic Location

Level: Detail

Position: 060

Loop: 2100

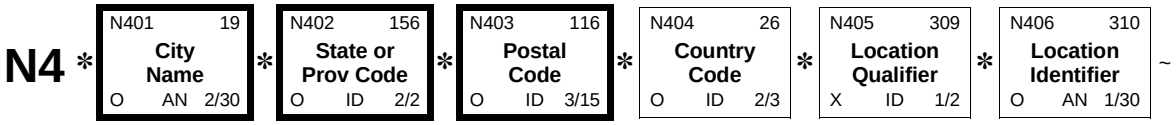
Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: **1. C0605**
If N406 is present, then N405 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**N401**	**19**	**City Name** Free-form text for city name *INDUSTRY:* ***Subscriber City Name*** **COMMENT:** A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	**O AN 2/30**
REQUIRED	**N402**	**156**	**State or Province Code** Code (Standard State/Province) as defined by appropriate government agency *INDUSTRY:* ***Subscriber State Code*** **COMMENT:** N402 is required only if city name (N401) is in the U.S. or Canada. **CODE SOURCE 22:** States and Outlying Areas of the U.S.	**O ID 2/2**

REQUIRED **N403** **116** **Postal Code** **O** **ID** **3/15**
Code defining international postal zone code excluding punctuation and blanks (zip code for United States)

INDUSTRY: ***Subscriber Postal Zone or ZIP Code***

CODE SOURCE 51: ZIP Code

SITUATIONAL **N404** **26** **Country Code** **O** **ID** **2/3**
Code identifying the country

CODE SOURCE 5: Countries, Currencies and Funds

Required only if country is not USA.

SITUATIONAL **N405** **309** **Location Qualifier** **X** **ID** **1/2**
Code identifying type of location

SYNTAX: C0605

Send when required by X12 syntax.

CODE	DEFINITION
60	**Area** **The area code indicates that N406 will contain an out-of-area indicator for this member. The meaning of that indicator is defined in the trading partner agreement.**
CY	**County/Parish**

SITUATIONAL **N406** **310** **Location Identifier** **O** **AN** **1/30**
Code which identifies a specific location

INDUSTRY: ***Location Identification Code***

SYNTAX: C0605

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

IMPLEMENTATION

MEMBER DEMOGRAPHICS

Loop: **2100A — MEMBER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **REQUIRED when enrolling a new member or when changing a member's demographic information.**
2. **This segment is REQUIRED for dependent changes records until the National Individual Identifier is mandated.**

Example: **DMG*D8*19450915*F*M~**

STANDARD

DMG Demographic Information

Level: Detail

Position: 080

Loop: 2100

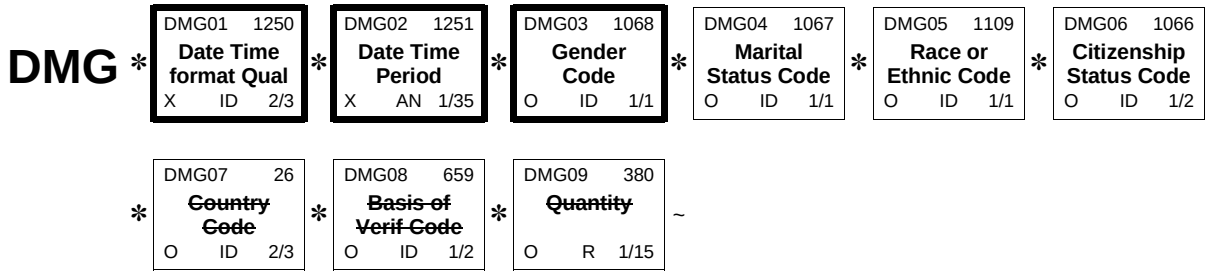
Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax:
1. **P0102**
   If either DMG01 or DMG02 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

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

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

REQUIRED **DMG02** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Member Birth Date***

SYNTAX: P0102

SEMANTIC: DMG02 is the date of birth.

REQUIRED **DMG03** **1068** **Gender Code** **O** **ID** **1/1**
Code indicating the sex of the individual

CODE	DEFINITION
F	**Female**
M	**Male**
U	**Unknown** **This code is to be used when the gender is unknown or when it can not be report for any other reason. Unknown should only be used when there is no way of obtaining the gender of the member. This may cause problems in some systems and should be avoided.**

SITUATIONAL **DMG04** **1067** **Marital Status Code** **O** **ID** **1/1**
Code defining the marital status of a person

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

CODE	DEFINITION
B	**Registered Domestic Partner**
D	**Divorced**
I	**Single**
M	**Married**
R	**Unreported**
S	**Separated**
U	**Unmarried (Single or Divorced or Widowed)** **This code should be used if the previous status is unknown.**
W	**Widowed**
X	**Legally Separated**

SITUATIONAL	**DMG05**	**1109**	**Race or Ethnicity Code** Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes	**O**	**ID**	**1/1**

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

CODE	DEFINITION
7	Not Provided
A	Asian or Pacific Islander
B	Black
C	Caucasian
H	Hispanic
I	American Indian or Alaskan Native
N	Black (Non-Hispanic)
O	White (Non-Hispanic)

SITUATIONAL	**DMG06**	**1066**	**Citizenship Status Code** Code indicating citizenship status	**O**	**ID**	**1/2**

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

CODE	DEFINITION
1	U.S. Citizen
2	Non-Resident Alien
3	Resident Alien
4	Illegal Alien
5	Alien
6	U.S. Citizen - Non-Resident
7	U.S. Citizen - Resident

NOT USED	**DMG07**	**26**	**Country Code**	**O**	**ID**	**2/3**
NOT USED	**DMG08**	**659**	**Basis of Verification Code**	**O**	**ID**	**1/2**
NOT USED	**DMG09**	**380**	**Quantity**	**O**	**R**	**1/15**

IMPLEMENTATION

MEMBER INCOME

Loop: **2100A — MEMBER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. This segment should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer.**

Example: **ICM*1*425.25*40~**

STANDARD

ICM Individual Income

Level: Detail

Position: 110

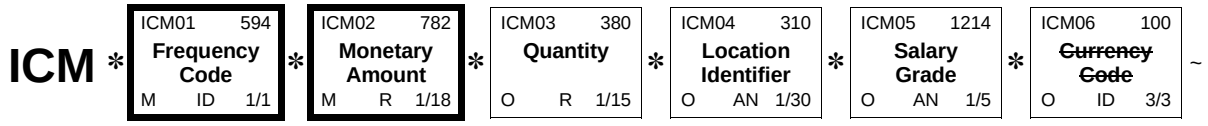
Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To supply information to determine benefit eligibility, deductibles, and retirement and investment contributions

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**ICM01**	**594**	**Frequency Code** Code indicating frequency or type of payment **SEMANTIC:** ICM01 is the frequency at which an individual's wages are paid.	**M ID 1/1**

CODE	DEFINITION
1	**Weekly**
2	**Biweekly**
3	**Semimonthly**
4	**Monthly**
6	**Daily**
7	**Annual**
8	**Two Calendar Months**
9	**Lump-Sum Separation Allowance**

			B **Year-to-Date**			
			C **Single**			
			H **Hourly**			
			Q **Quarterly**			
			S **Semiannual**			
			U **Unknown**			
REQUIRED	**ICM02**	**782**	**Monetary Amount** Monetary amount *INDUSTRY:* ***Wage Amount*** **SEMANTIC:** ICM02 is the yearly wages amount.	**M**	**R**	**1/18**
SITUATIONAL	**ICM03**	**380**	**Quantity** Numeric value of quantity *INDUSTRY:* ***Work Hours Count*** **SEMANTIC:** ICM03 is the weekly hours. **This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer.**	**O**	**R**	**1/15**
SITUATIONAL	**ICM04**	**310**	**Location Identifier** Code which identifies a specific location *INDUSTRY:* ***Location Identification Code*** **SEMANTIC:** ICM04 is the employer location qualifier such as a department number. **This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer.**	**O**	**AN**	**1/30**
SITUATIONAL	**ICM05**	**1214**	**Salary Grade** The salary grade code assigned by the employer *INDUSTRY:* ***Salary Grade Code*** **This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer.**	**O**	**AN**	**1/5**
NOT USED	**ICM06**	**100**	**Currency Code**	**O**	**ID**	**3/3**

IMPLEMENTATION

MEMBER POLICY AMOUNTS

Loop: **2100A — MEMBER NAME**

Usage: **SITUATIONAL**

Repeat: **4**

Notes: **1. This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer.**

Example: **AMT*D2*100~**

STANDARD

AMT Monetary Amount

Level: Detail

Position: 120

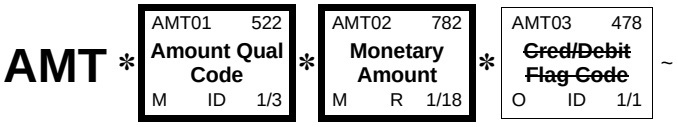
Loop: 2100

Requirement: Optional

Max Use: 10

Purpose: To indicate the total monetary amount

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**AMT01**	**522**	**Amount Qualifier Code** Code to qualify amount	**M**	**ID**	**1/3**
			CODE / **DEFINITION**			
			B9 — **Co-insurance - Actual** **This will contain any co-insurance selection amount. The option of adjusting this amount to produce the actual co-insurance can be defined in the insurance contract.**			
			C1 — **Co-Payment Amount**			
			D2 — **Deductible Amount**			
			P3 — **Premium Amount**			
REQUIRED	**AMT02**	**782**	**Monetary Amount** Monetary amount *INDUSTRY:* ***Contract Amount***	**M**	**R**	**1/18**
NOT USED	**AMT03**	**478**	**Credit/Debit Flag Code**	**O**	**ID**	**1/1**

IMPLEMENTATION

MEMBER HEALTH INFORMATION

Loop: **2100A — MEMBER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. REQUIRED on initial enrollment of a member when appropriate medical information about the member is available. The industry name is "Member Health Information".**

Example: **HLH*X*74*210~**

STANDARD

HLH Health Information

Level: Detail

Position: 130

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To provide health information

DIAGRAM

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	**HLH01**	**1212**	**Health-Related Code** Code indicating a specific health situation *INDUSTRY:* ***Health Related Code*** **REQUIRED when available.**	**O ID 1/1**

CODE	DEFINITION
N	**None**
S	**Substance Abuse**
T	**Tobacco Use**
U	**Unknown**

			X Tobacco Use and Substance Abuse			
SITUATIONAL	**HLH02**	**65**	**Height** Vertical dimension of an object measured when the object is in the upright position *INDUSTRY:* ***Member Height*** **REQUIRED when available, expressed in inches.**	**O**	**R**	**1/8**
SITUATIONAL	**HLH03**	**81**	**Weight** Numeric value of weight *INDUSTRY:* ***Member Weight*** SEMANTIC: HLH03 is the current weight in pounds. **REQUIRED when available.**	**O**	**R**	**1/10**
NOT USED	**HLH04**	**81**	**Weight**	**O**	**R**	**1/10**
NOT USED	**HLH05**	**352**	**Description**	**O**	**AN**	**1/80**
NOT USED	**HLH06**	**1213**	**Current Health Condition Code**	**O**	**ID**	**1/1**
NOT USED	**HLH07**	**352**	**Description**	**O**	**AN**	**1/80**

IMPLEMENTATION

MEMBER LANGUAGE

Loop: **2100A — MEMBER NAME**

Usage: **SITUATIONAL**

Repeat: **5**

Notes:

1. **To be used if the sponsor knows that the insured member's language is other than English.**

2. **This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.**

Example: **LUI*LD*123***8~**

STANDARD

LUI Language Use

Level: Detail

Position: 150

Loop: 2100

Requirement: Optional

Max Use: >1

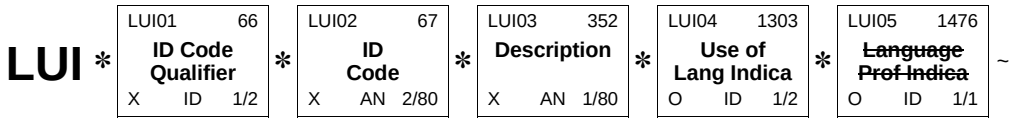
Purpose: To specify language, type of usage, and proficiency or fluency

Syntax:

1. **P0102**
   If either LUI01 or LUI02 is present, then the other is required.

2. **L040203**
   If LUI04 is present, then at least one of LUI02 or LUI03 are required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	**LUI01**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) **SYNTAX:** P0102 **Send when required by X12 syntax.** **CODE** / **DEFINITION** **LD** — **NISO Z39.53 Language Codes** **CODE SOURCE 457:** NISO Z39.53 Language Code List **LE** — **ISO 639 Language Codes** **CODE SOURCE 102:** Languages	**X ID 1/2**
SITUATIONAL	**LUI02**	**67**	**Identification Code** Code identifying a party or other code ***INDUSTRY:* *Language Code*** **SYNTAX:** P0102, L040203 **SEMANTIC:** LUI02 is the language code. **This data element should be sent if the sponsor is able to code the language identification.**	**X AN 2/80**
SITUATIONAL	**LUI03**	**352**	**Description** A free-form description to clarify the related data elements and their content ***INDUSTRY:* *Language Description*** **SYNTAX:** L040203 **ADVISORY:** Under most circumstances, this element is not sent. **SEMANTIC:** LUI03 is the name of the language. **This data element should only be used if the sender is unable to code the necessary language identification in LUI01 and LUI02.**	**X AN 1/80**
SITUATIONAL	**LUI04**	**1303**	**Use of Language Indicator** Code indicating the use of a language ***INDUSTRY:* *Language Use Indicator*** **SYNTAX:** L040203 **Send if supplied by subscriber.** **CODE** / **DEFINITION** **5** — **Language Reading** **7** — **Language Speaking** **8** — **Native Language**	**O ID 1/2**
NOT USED	**LUI05**	**1476**	**Language Proficiency Indicator**	**O ID 1/1**

IMPLEMENTATION

INCORRECT MEMBER NAME

Loop: 2100B — INCORRECT MEMBER NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Notes:

1. **This segment only used if a corrected name is sent in loop 2100A or if the previously supplied demographics are being changed. If only the demographics are being changed, the code in NM101 in Loop 2100A will be IL, and the code in NM101 in this loop will be 70.**

Example: NM1*70*1*SMYTH*JON~

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100 **Repeat:** >1

Requirement: Optional

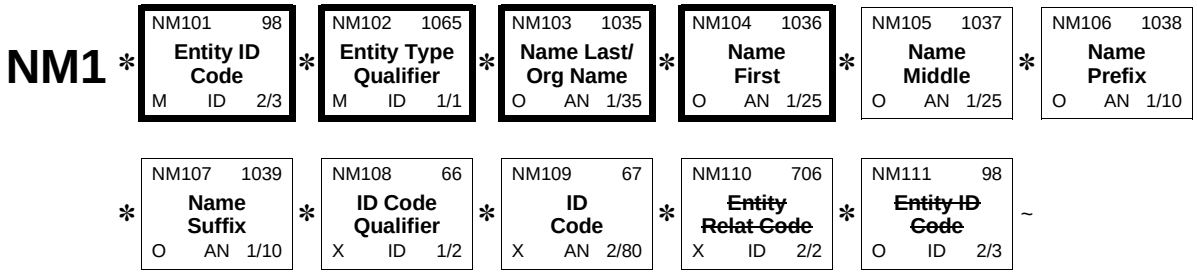
Max Use: 1

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

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE / DEFINITION **70** **Prior Incorrect Insured** **Use this code if correcting identifying or demographic information on a member enrolled. If only demographic information is being corrected, NM101 in Loop 2100A will be IL and the name information in NM103, NM104, NM105 will be identical in loop 2100A and this loop.**	**M ID 2/3**
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity **SEMANTIC:** NM102 qualifies NM103. CODE / DEFINITION **1** **Person**	**M ID 1/1**
REQUIRED	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name ***INDUSTRY:*** ***Prior Incorrect Insured Last Name***	**O AN 1/35**
REQUIRED	**NM104**	**1036**	**Name First** Individual first name ***INDUSTRY:*** ***Prior Incorrect Insured First Name***	**O AN 1/25**
SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial ***INDUSTRY:*** ***Prior Incorrect Insured Middle Name*** **Send if supplied by subscriber.**	**O AN 1/25**
SITUATIONAL	**NM106**	**1038**	**Name Prefix** Prefix to individual name ***INDUSTRY:*** ***Prior Incorrect Insured Name Prefix*** **Send if supplied by subscriber.**	**O AN 1/10**
SITUATIONAL	**NM107**	**1039**	**Name Suffix** Suffix to individual name ***INDUSTRY:*** ***Prior Incorrect Insured Name Suffix*** **Send if supplied by subscriber.**	**O AN 1/10**

SITUATIONAL	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809	**X**	**ID**	**1/2**

Send when required by X12 syntax.

CODE	DEFINITION
34	**Social Security Number** **The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.**
ZZ	**Mutually Defined** **Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.**

SITUATIONAL	**NM109**	**67**	**Identification Code** Code identifying a party or other code INDUSTRY: ***Prior Incorrect Insured Identifier*** SYNTAX: P0809	**X**	**AN**	**2/80**

What ever identifier that was previously sent in error should be sent in this segment to allow matching with data on receiver's system.

NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

INCORRECT MEMBER DEMOGRAPHICS

Loop: **2100B — INCORRECT MEMBER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. This segment is REQUIRED when there is a change to the previously supplied demographic information.**

Example: **DMG*D8*19450915*M~**

STANDARD

DMG Demographic Information

Level: Detail

Position: 080

Loop: 2100

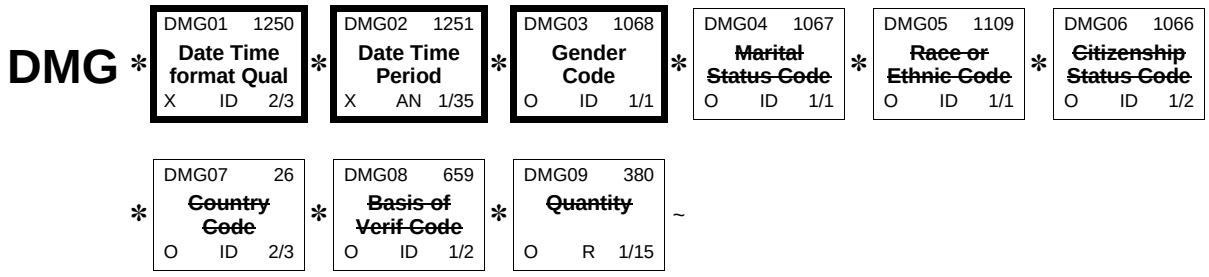
Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax: **1. P0102**
If either DMG01 or DMG02 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

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

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

REQUIRED	**DMG02**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Prior Incorrect Insured Birth Date*** **SYNTAX:** P0102 **SEMANTIC:** DMG02 is the date of birth.	**X**	**AN**	**1/35**
REQUIRED	**DMG03**	**1068**	**Gender Code** Code indicating the sex of the individual *INDUSTRY:* ***Prior Incorrect Insured Gender Code***	**O**	**ID**	**1/1**
NOT USED	**DMG04**	**1067**	**Marital Status Code**	**O**	**ID**	**1/1**
NOT USED	**DMG05**	**1109**	**Race or Ethnicity Code**	**O**	**ID**	**1/1**
NOT USED	**DMG06**	**1066**	**Citizenship Status Code**	**O**	**ID**	**1/2**
NOT USED	**DMG07**	**26**	**Country Code**	**O**	**ID**	**2/3**
NOT USED	**DMG08**	**659**	**Basis of Verification Code**	**O**	**ID**	**1/2**
NOT USED	**DMG09**	**380**	**Quantity**	**O**	**R**	**1/15**

CODE	DEFINITION
F	**Female**
M	**Male**
U	**Unknown**

IMPLEMENTATION

MEMBER MAILING ADDRESS

Loop: 2100C — MEMBER MAILING ADDRESS Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Notes:

1. **This loop is to be sent if the member has a mailing address different from the residence address sent in loop 2100A.**
2. **Send when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.**

Example: NM1*31*1~

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100 **Repeat:** >1

Requirement: Optional

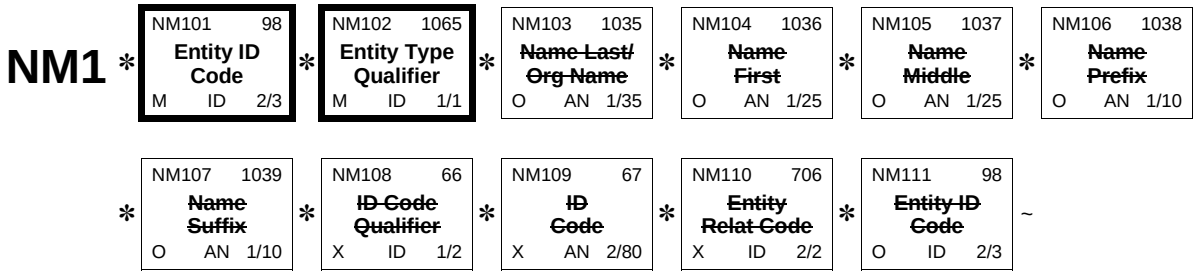
Max Use: 1

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

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE: 31 — DEFINITION: Postal Mailing Address	M	ID	2/3
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE: 1 — DEFINITION: Person	M	ID	1/1
NOT USED	NM103	1035	Name Last or Organization Name	O	AN	1/35
NOT USED	NM104	1036	Name First	O	AN	1/25
NOT USED	NM105	1037	Name Middle	O	AN	1/25
NOT USED	NM106	1038	Name Prefix	O	AN	1/10
NOT USED	NM107	1039	Name Suffix	O	AN	1/10
NOT USED	NM108	66	Identification Code Qualifier	X	ID	1/2
NOT USED	NM109	67	Identification Code	X	AN	2/80
NOT USED	NM110	706	Entity Relationship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	O	ID	2/3

IMPLEMENTATION

MEMBER MAIL STREET ADDRESS

Loop: **2100C — MEMBER MAILING ADDRESS**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Send when needed for address in loop 2100C.**

Example: **N3*P.O. Box 1234~**

STANDARD

N3 Address Information

Level: Detail

Position: 050

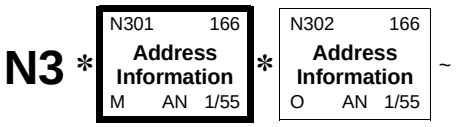
Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**N301**	**166**	**Address Information** Address information	**M**	**AN**	**1/55**
			INDUSTRY: ***Subscriber Address Line***			
SITUATIONAL	**N302**	**166**	**Address Information** Address information	**O**	**AN**	**1/55**
			INDUSTRY: ***Subscriber Address Line***			
			Required if a second address line exists.			

IMPLEMENTATION

MEMBER MAIL CITY, STATE, ZIP

Loop: **2100C — MEMBER MAILING ADDRESS**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Send when needed for address in loop 2100C.**

Example: **N4*ROCK HILL*FL*33131~**

STANDARD

N4 Geographic Location

Level: Detail

Position: 060

Loop: 2100

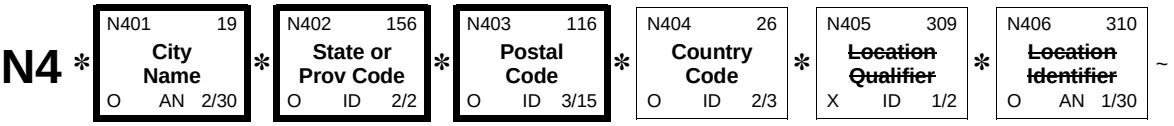
Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: **1. C0605**
If N406 is present, then N405 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**N401**	**19**	**City Name** Free-form text for city name *INDUSTRY:* ***Subscriber City Name*** **COMMENT:** A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	**O AN 2/30**
REQUIRED	**N402**	**156**	**State or Province Code** Code (Standard State/Province) as defined by appropriate government agency *INDUSTRY:* ***Subscriber State Code*** **COMMENT:** N402 is required only if city name (N401) is in the U.S. or Canada. **CODE SOURCE 22:** States and Outlying Areas of the U.S.	**O ID 2/2**
REQUIRED	**N403**	**116**	**Postal Code** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) *INDUSTRY:* ***Subscriber Postal Zone or ZIP Code*** **CODE SOURCE 51:** ZIP Code	**O ID 3/15**

SITUATIONAL	**N404**	**26**	**Country Code** Code identifying the country CODE SOURCE **5:** Countries, Currencies and Funds **Required only if country is not USA.**	**O**	**ID**	**2/3**
NOT USED	**N405**	**309**	**Location Qualifier**	**X**	**ID**	**1/2**
NOT USED	**N406**	**310**	**Location Identifier**	**O**	**AN**	**1/30**

IMPLEMENTATION

MEMBER EMPLOYER

Loop: **2100D — MEMBER EMPLOYER** **Repeat:** **3**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **This loop is to be sent when the member is employed by someone other than the sponsor and the insurance contract requires the payer be notified of such employment. An example is the employment of a dependent.**

Example: **NM1*ES*2*MCDONALDS CORP.~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100 **Repeat:** >1

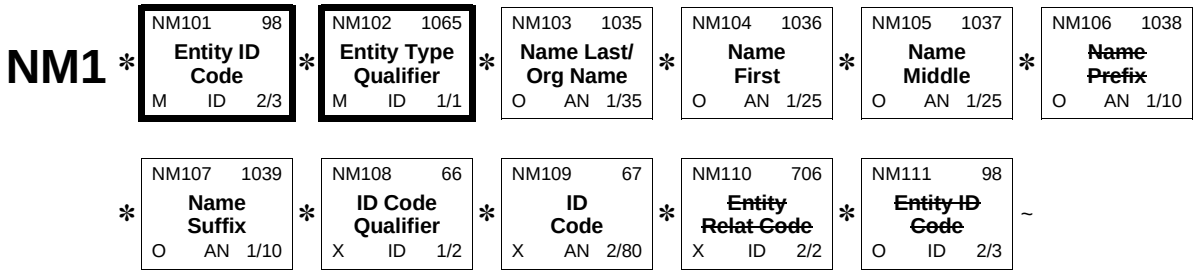
Requirement: Optional

Max Use: 1

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

Syntax:
1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

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

CODE	DEFINITION
ES	**Employer Name**

REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity **SEMANTIC:** NM102 qualifies NM103. **CODE** / **DEFINITION** **1** — **Person** **2** — **Non-Person Entity**	**M**	**ID**	**1/1**
SITUATIONAL	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name ***INDUSTRY:*** ***Insured Employer Name*** **The name should be passed until the national identifier for employer is implemented.**	**O**	**AN**	**1/35**
SITUATIONAL	**NM104**	**1036**	**Name First** Individual first name ***INDUSTRY:*** ***Insured Employer First Name*** **Required if the entity type qualifier in NM102 is 1 for person and NM103 is passed.**	**O**	**AN**	**1/25**
SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial ***INDUSTRY:*** ***Insured Employer Middle Name*** **Send if supplied by subscriber and NM103 is passed.**	**O**	**AN**	**1/25**
NOT USED	**NM106**	**1038**	**Name Prefix**	**O**	**AN**	**1/10**
SITUATIONAL	**NM107**	**1039**	**Name Suffix** Suffix to individual name ***INDUSTRY:*** ***Insured Employer Name Suffix*** **Send if supplied by subscriber and NM103 is passed.**	**O**	**AN**	**1/10**
SITUATIONAL	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) **SYNTAX:** P0809 **Send when required by X12 syntax.** **CODE** / **DEFINITION** **ZZ** — **Mutually Defined** **This code will be used in this NM108 for the National Employeer Identifier until a standard code is defined.**	**X**	**ID**	**1/2**
SITUATIONAL	**NM109**	**67**	**Identification Code** Code identifying a party or other code ***INDUSTRY:*** ***Insured Employer Identifier*** **SYNTAX:** P0809 **This identifier should be passed, once it has been implemented.**	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

MEMBER EMPLOYER COMMUNICATIONS NUMBERS

Loop: **2100D — MEMBER EMPLOYER**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **This segment is used when the employer is applicable and the employer communication number is provided to the sponsor about the member.**

2. **When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.**

3. **By definition of the standard, if PER03 is used, PER04 is required.**

Example: **PER*SK**EP*8001234567~**

STANDARD

PER Administrative Communications Contact

Level: Detail

Position: 040

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To identify a person or office to whom administrative communications should be directed

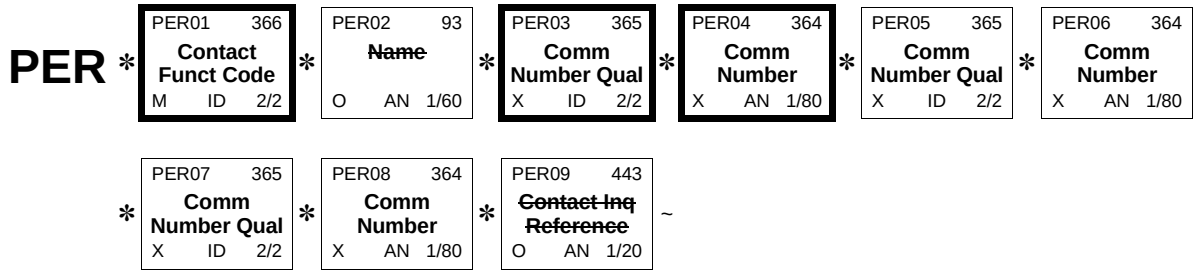
Syntax:

1. **P0304**
   If either PER03 or PER04 is present, then the other is required.

2. **P0506**
   If either PER05 or PER06 is present, then the other is required.

3. **P0708**
   If either PER07 or PER08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PER01**	**366**	**Contact Function Code** Code identifying the major duty or responsibility of the person or group named	**M ID 2/2**
			CODE: **EP** — DEFINITION: **Employer Contact**	
NOT USED	**PER02**	**93**	**Name**	**O AN 1/60**
REQUIRED	**PER03**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0304	**X ID 2/2**
			CODE: **EM** — DEFINITION: **Electronic Mail**	
			CODE: **EX** — DEFINITION: **Telephone Extension**	
			CODE: **FX** — DEFINITION: **Facsimile**	
			CODE: **TE** — DEFINITION: **Telephone**	
REQUIRED	**PER04**	**364**	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0304	**X AN 1/80**
SITUATIONAL	**PER05**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0506	**X ID 2/2**
			Send when required by X12 syntax.	
			CODE: **EM** — DEFINITION: **Electronic Mail**	
			CODE: **EX** — DEFINITION: **Telephone Extension**	
			CODE: **FX** — DEFINITION: **Facsimile**	
			CODE: **TE** — DEFINITION: **Telephone**	

SITUATIONAL	**PER06**	**364**	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0506 **This element should be sent if additional communication numbers are available.**	**X**	**AN**	**1/80**
SITUATIONAL	**PER07**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0708 **This element should be sent if additional communication numbers are available.** **Send when required by X12 syntax.**	**X**	**ID**	**2/2**
SITUATIONAL	**PER08**	**364**	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0708 **This element should be sent if additional communication numbers are available.**	**X**	**AN**	**1/80**
NOT USED	**PER09**	**443**	**Contact Inquiry Reference**	**O**	**AN**	**1/20**

CODE	DEFINITION
EM	**Electronic Mail**
EX	**Telephone Extension**
FX	**Facsimile**
TE	**Telephone**

IMPLEMENTATION

MEMBER EMPLOYER STREET ADDRESS

Loop: **2100D — MEMBER EMPLOYER**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. This segment is used when the employer is applicable and the employer address is provided to the sponsor by the subscriber.**

Example: **N3*50 ORCHARD STREET~**

STANDARD

N3 Address Information

Level: Detail

Position: 050

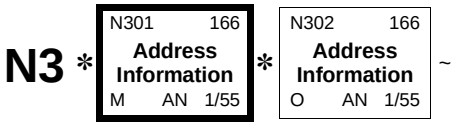
Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**N301**	**166**	**Address Information** Address information	**M**	**AN**	**1/55**
			INDUSTRY: ***Insured Employer Address Line***			
SITUATIONAL	**N302**	**166**	**Address Information** Address information	**O**	**AN**	**1/55**
			INDUSTRY: ***Insured Employer Address Line***			
			Required if a second address line exists.			

IMPLEMENTATION

MEMBER EMPLOYER CITY, STATE, ZIP

Loop: **2100D — MEMBER EMPLOYER**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. This segment is used when the employer is applicable and the employer address is provided to the sponsor by the subscriber.**

Example: **N4*ROCK HILL*FL*33131~**

STANDARD

N4 Geographic Location

Level: Detail

Position: 060

Loop: 2100

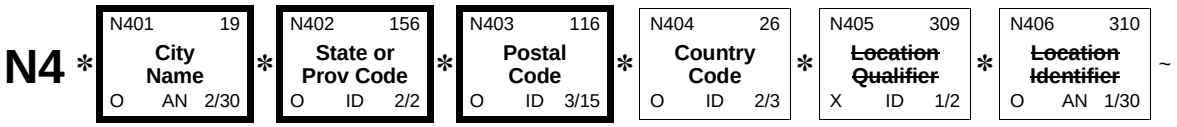
Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: **1. C0605**
If N406 is present, then N405 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**N401**	**19**	**City Name** Free-form text for city name *INDUSTRY:* ***Insured Employer City Name*** **COMMENT:** A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	**O AN 2/30**
REQUIRED	**N402**	**156**	**State or Province Code** Code (Standard State/Province) as defined by appropriate government agency *INDUSTRY:* ***Insured Employer State Code*** **COMMENT:** N402 is required only if city name (N401) is in the U.S. or Canada. **CODE SOURCE 22:** States and Outlying Areas of the U.S.	**O ID 2/2**

REQUIRED	**N403**	**116**	**Postal Code** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) *INDUSTRY:* ***Insured Employer Postal Zone or ZIP Code*** **CODE SOURCE 51:** ZIP Code	**O**	**ID**	**3/15**
SITUATIONAL	**N404**	**26**	**Country Code** Code identifying the country **CODE SOURCE 5:** Countries, Currencies and Funds **Required only if country is not USA.**	**O**	**ID**	**2/3**
NOT USED	**N405**	**309**	**Location Qualifier**	**X**	**ID**	**1/2**
NOT USED	**N406**	**310**	**Location Identifier**	**O**	**AN**	**1/30**

IMPLEMENTATION

MEMBER SCHOOL

Loop: **2100E — MEMBER SCHOOL** **Repeat:** **3**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **This loop is to be sent when the member is enrolled in school and the payer is required to be notified under the insurance contract between the sponsor and the payer.**

Example: **NM1*M8*2*University of Utah~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100 **Repeat:** >1

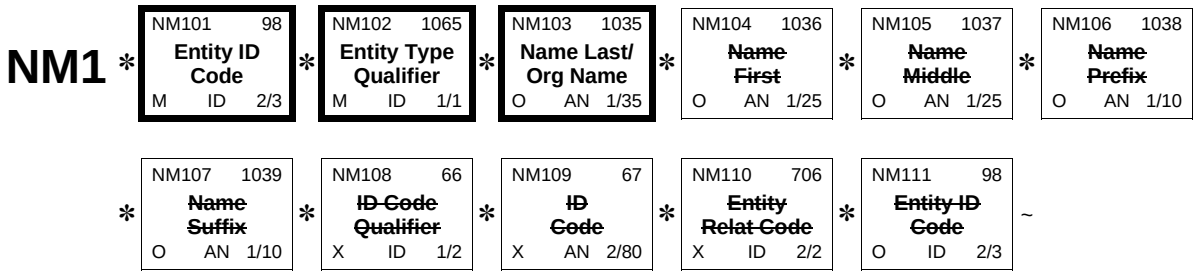
Requirement: Optional

Max Use: 1

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

Syntax:
1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

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

CODE	DEFINITION
M8	**Educational Institution**

REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity **SEMANTIC:** NM102 qualifies NM103. **CODE** **DEFINITION** **2** **Non-Person Entity**	**M**	**ID**	**1/1**
REQUIRED	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name ***INDUSTRY:*** ***School Name***	**O**	**AN**	**1/35**
NOT USED	**NM104**	**1036**	**Name First**	**O**	**AN**	**1/25**
NOT USED	**NM105**	**1037**	**Name Middle**	**O**	**AN**	**1/25**
NOT USED	**NM106**	**1038**	**Name Prefix**	**O**	**AN**	**1/10**
NOT USED	**NM107**	**1039**	**Name Suffix**	**O**	**AN**	**1/10**
NOT USED	**NM108**	**66**	**Identification Code Qualifier**	**X**	**ID**	**1/2**
NOT USED	**NM109**	**67**	**Identification Code**	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

MEMBER SCHOOL COMMMUNICATIONS NUMBERS

Loop: **2100E — MEMBER SCHOOL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **This segment is used when the school is applicable and the school number is provided to the sponsor by the subscriber.**

2. **When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.**

3. **By definition of the standard, if PER03 is used, PER04 is required.**

Example: **PER*SK**TE*8001234567~**

STANDARD

PER Administrative Communications Contact

Level: Detail

Position: 040

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To identify a person or office to whom administrative communications should be directed

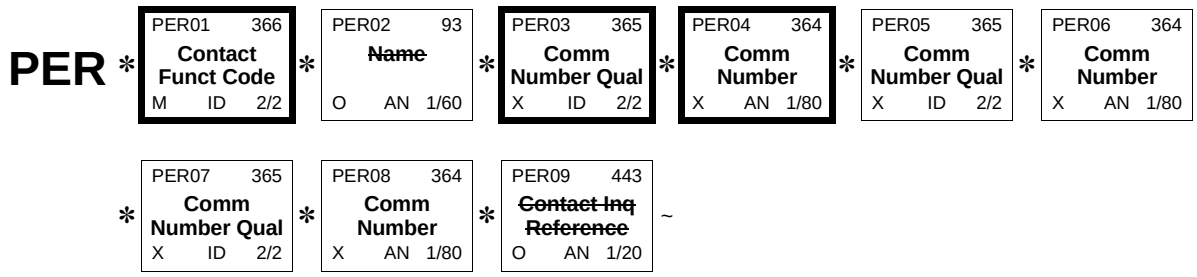
Syntax:

1. **P0304**
   If either PER03 or PER04 is present, then the other is required.

2. **P0506**
   If either PER05 or PER06 is present, then the other is required.

3. **P0708**
   If either PER07 or PER08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PER01**	**366**	**Contact Function Code** Code identifying the major duty or responsibility of the person or group named	**M ID 2/2**
			CODE / DEFINITION **SK** — **School Clerk**	
NOT USED	**PER02**	**93**	**Name**	**O AN 1/60**
REQUIRED	**PER03**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0304	**X ID 2/2**
			CODE / DEFINITION **EM** — **Electronic Mail** **EX** — **Telephone Extension** **FX** — **Facsimile** **TE** — **Telephone**	
REQUIRED	**PER04**	**364**	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0304	**X AN 1/80**
SITUATIONAL	**PER05**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0506 **Send when required by X12 syntax.**	**X ID 2/2**
			CODE / DEFINITION **EM** — **Electronic Mail** **EX** — **Telephone Extension** **FX** — **Facsimile** **TE** — **Telephone**	

SITUATIONAL	**PER06**	**364**	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0506 **This element should be sent if additional communication numbers are available.**	**X**	**AN**	**1/80**
SITUATIONAL	**PER07**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0708 **Send when required by X12 syntax.**	**X**	**ID**	**2/2**

CODE	DEFINITION
EM	**Electronic Mail**
EX	**Telephone Extension**
FX	**Facsimile**
TE	**Telephone**

SITUATIONAL	**PER08**	**364**	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0708 **This element should be sent if additional communication numbers are available.**	**X**	**AN**	**1/80**
NOT USED	**PER09**	**443**	**Contact Inquiry Reference**	**O**	**AN**	**1/20**

IMPLEMENTATION

MEMBER SCHOOL STREET ADDRESS

Loop: **2100E — MEMBER SCHOOL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. This segment is to be used when the school is applicable and the school address is provided to the sponsor by the subscriber.**

Example: **N3*P.O. Box 1234~**

STANDARD

N3 Address Information

Level: Detail

Position: 050

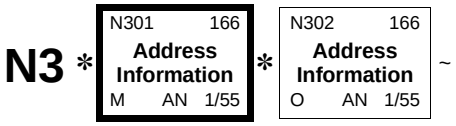
Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**N301**	**166**	**Address Information** Address information *INDUSTRY:* ***School Address Line***	**M**	**AN**	**1/55**
SITUATIONAL	**N302**	**166**	**Address Information** Address information *INDUSTRY:* ***School Address Line*** **Required if a second address line exists.**	**O**	**AN**	**1/55**

IMPLEMENTATION

MEMBER SCHOOL CITY, STATE, ZIP

Loop: **2100E — MEMBER SCHOOL**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **This segment is to be used when the school is applicable and the school address is provided to the sponsor by the subscriber.**

Example: **N4*Salt Lake City*UT*84444~**

STANDARD

N4 Geographic Location

Level: Detail

Position: 060

Loop: 2100

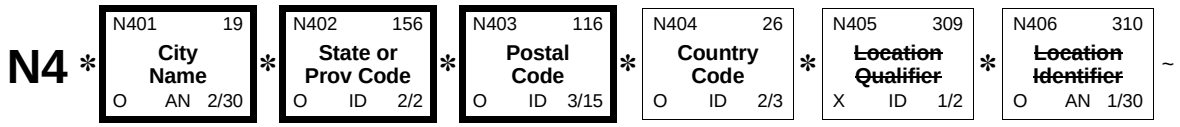
Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax:
1. **C0605**
   If N406 is present, then N405 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**N401**	**19**	**City Name** Free-form text for city name *INDUSTRY:* ***School City Name*** **COMMENT:** A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	**O AN 2/30**
REQUIRED	**N402**	**156**	**State or Province Code** Code (Standard State/Province) as defined by appropriate government agency *INDUSTRY:* ***School State Code*** **COMMENT:** N402 is required only if city name (N401) is in the U.S. or Canada. **CODE SOURCE 22:** States and Outlying Areas of the U.S.	**O ID 2/2**

REQUIRED	**N403**	**116**	**Postal Code** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) *INDUSTRY:* ***School Postal Zone or ZIP Code*** **CODE SOURCE 51:** ZIP Code	**O**	**ID**	**3/15**
SITUATIONAL	**N404**	**26**	**Country Code** Code identifying the country **CODE SOURCE 5:** Countries, Currencies and Funds **Required only if country is not USA.**	**O**	**ID**	**2/3**
NOT USED	**N405**	**309**	**Location Qualifier**	**X**	**ID**	**1/2**
NOT USED	**N406**	**310**	**Location Identifier**	**O**	**AN**	**1/30**

IMPLEMENTATION

CUSTODIAL PARENT

Loop: **2100F — CUSTODIAL PARENT Repeat: 1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **This loop is REQUIRED when the custodial parent of a minor dependent is someone other than the subscriber.**
2. **Any other situation, (examples: Guardianship, Legal Indemnity, Power of Attorney, and/or Separation Agreements) would be handled under the Responsible Party NM1 segment.**

Example: **NM1*S3*1*JONES*MARY~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100 **Repeat:** >1

Requirement: Optional

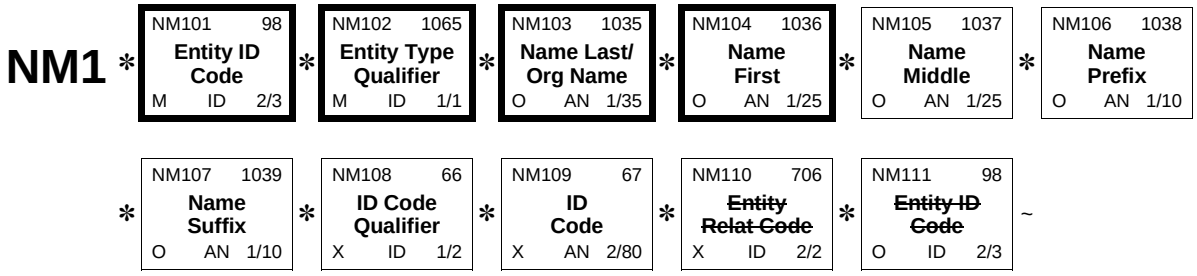
Max Use: 1

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

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	M ID 2/3
			CODE: **S3** — DEFINITION: **Custodial Parent**	
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M ID 1/1
			CODE: **1** — DEFINITION: **Person**	
REQUIRED	NM103	1035	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY:* ***Custodial Parent Last Name***	O AN 1/35
REQUIRED	NM104	1036	**Name First** Individual first name *INDUSTRY:* ***Custodial Parent First Name***	O AN 1/25
SITUATIONAL	NM105	1037	**Name Middle** Individual middle name or initial *INDUSTRY:* ***Custodial Parent Middle Name*** **Send if supplied by subscriber.**	O AN 1/25
SITUATIONAL	NM106	1038	**Name Prefix** Prefix to individual name *INDUSTRY:* ***Custodial Parent Name Prefix*** **Send if supplied by subscriber.**	O AN 1/10
SITUATIONAL	NM107	1039	**Name Suffix** Suffix to individual name *INDUSTRY:* ***Custodial Parent Name Suffix*** **Send if supplied by subscriber.**	O AN 1/10
SITUATIONAL	NM108	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 **Send when required by X12 syntax.**	X ID 1/2
			CODE: **34** — DEFINITION: **Social Security Number** **The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.**	
			CODE: **ZZ** — DEFINITION: **Mutually Defined**	

			Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.			
SITUATIONAL	**NM109**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Custodial Parent Identifier*** SYNTAX: P0809 **Send if supplied by subscriber.** **The Social Security Number should be sent, when available, until the National Identifier for Individual is available.**	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

CUSTODIAL PARENT COMMUNICATIONS NUMBERS

Loop: **2100F — CUSTODIAL PARENT**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **This segment is REQUIRED when the custodial parent is applicable and the phone number is provided to the sponsor by the subscriber.**

2. **When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.**

3. **By definition of the standard, if PER03 is used, PER04 is required.**

Example: **PER*PQ**TE*8001234567~**

STANDARD

PER Administrative Communications Contact

Level: Detail

Position: 040

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To identify a person or office to whom administrative communications should be directed

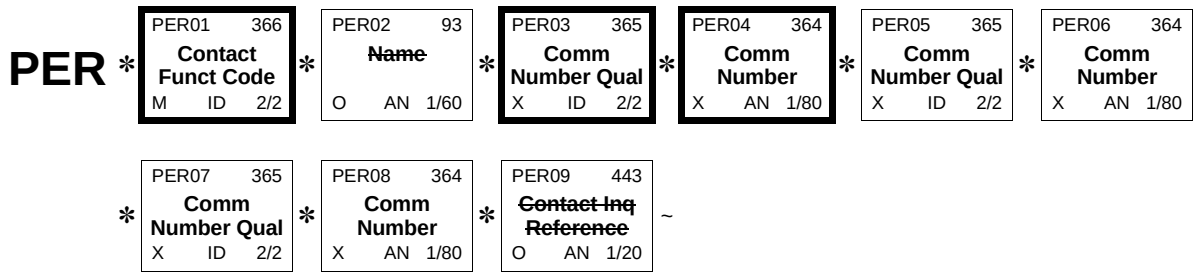
Syntax:

1. **P0304**
   If either PER03 or PER04 is present, then the other is required.

2. **P0506**
   If either PER05 or PER06 is present, then the other is required.

3. **P0708**
   If either PER07 or PER08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PER01**	**366**	**Contact Function Code** Code identifying the major duty or responsibility of the person or group named	**M ID 2/2**
			CODE / DEFINITION **PQ** — **Parent or Guardian**	
NOT USED	**PER02**	**93**	**Name**	**O AN 1/60**
REQUIRED	**PER03**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0304	**X ID 2/2**
			CODE / DEFINITION **EM** — **Electronic Mail** **EX** — **Telephone Extension** **FX** — **Facsimile** **HP** — **Home Phone Number** **TE** — **Telephone** **WP** — **Work Phone Number**	
REQUIRED	**PER04**	**364**	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0304	**X AN 1/80**
SITUATIONAL	**PER05**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0506 **Send when required by X12 syntax.**	**X ID 2/2**
			CODE / DEFINITION **EM** — **Electronic Mail** **EX** — **Telephone Extension** **FX** — **Facsimile** **HP** — **Home Phone Number**	

			TE **Telephone**			
			WP **Work Phone Number**			
SITUATIONAL	**PER06**	**364**	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0506 **This element should be sent if additional communication numbers are available.**	**X**	**AN**	**1/80**
SITUATIONAL	**PER07**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0708 **Send when required by X12 syntax.**	**X**	**ID**	**2/2**
			CODE DEFINITION			
			EM **Electronic Mail**			
			EX **Telephone Extension**			
			HP **Home Phone Number**			
			TE **Telephone**			
			WP **Work Phone Number**			
SITUATIONAL	**PER08**	**364**	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0708 **This element should be sent if additional communication numbers are available.**	**X**	**AN**	**1/80**
NOT USED	**PER09**	**443**	**Contact Inquiry Reference**	**O**	**AN**	**1/20**

IMPLEMENTATION

CUSTODIAL PARENT STREET ADDRESS

Loop: **2100F — CUSTODIAL PARENT**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. This segment is REQUIRED when the custodial parent of a minor dependent is someone other than the subscriber and the information is provided to the sponsor by the subscriber.**

Example: **N3*50 ORCHARD STREET~**

STANDARD

N3 Address Information

Level: Detail

Position: 050

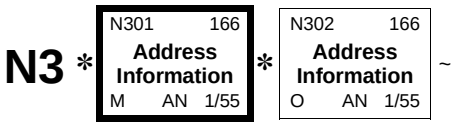
Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**N301**	**166**	**Address Information** Address information	**M**	**AN**	**1/55**
			INDUSTRY: ***Custodial Parent Address Line***			
SITUATIONAL	**N302**	**166**	**Address Information** Address information	**O**	**AN**	**1/55**
			INDUSTRY: ***Custodial Parent Address Line***			
			Required if a second address line exists.			

IMPLEMENTATION

CUSTODIAL PARENT CITY, STATE, ZIP

Loop: **2100F — CUSTODIAL PARENT**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. This segment is REQUIRED when the custodial parent of a minor dependent is someone other than the subscriber and the information is provided to the sponsor by the subscriber.**

Example: **N4*ROCK HILL*FL*33131~**

STANDARD

N4 Geographic Location

Level: Detail

Position: 060

Loop: 2100

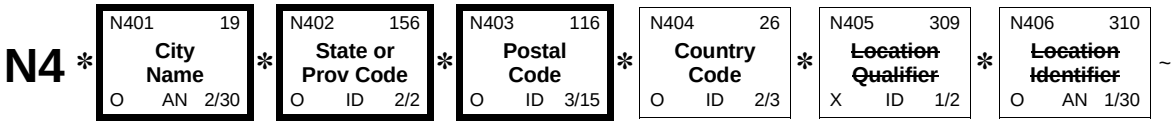
Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: **1. C0605**
If N406 is present, then N405 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**N401**	**19**	**City Name** Free-form text for city name *INDUSTRY:* ***Custodial Parent City Name*** **COMMENT:** A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	**O AN 2/30**
REQUIRED	**N402**	**156**	**State or Province Code** Code (Standard State/Province) as defined by appropriate government agency *INDUSTRY:* ***Custodial Parent State Code*** **COMMENT:** N402 is required only if city name (N401) is in the U.S. or Canada. **CODE SOURCE 22:** States and Outlying Areas of the U.S.	**O ID 2/2**

REQUIRED	**N403**	**116**	**Postal Code** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) *INDUSTRY:* ***Custodial Parent Postal Zone or ZIP Code*** **CODE SOURCE 51:** ZIP Code	**O**	**ID**	**3/15**
SITUATIONAL	**N404**	**26**	**Country Code** Code identifying the country **CODE SOURCE 5:** Countries, Currencies and Funds **Required only if country is not USA.**	**O**	**ID**	**2/3**
NOT USED	**N405**	**309**	**Location Qualifier**	**X**	**ID**	**1/2**
NOT USED	**N406**	**310**	**Location Identifier**	**O**	**AN**	**1/30**

IMPLEMENTATION

RESPONSIBLE PERSON

Loop: **2100G — RESPONSIBLE PERSON** **Repeat:** **1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Use this loop to identify the person responsible for the member. This responsible person is someone other than the subscriber.**

Example: **NM1*QD*1*CASE*JOHN~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100 **Repeat:** >1

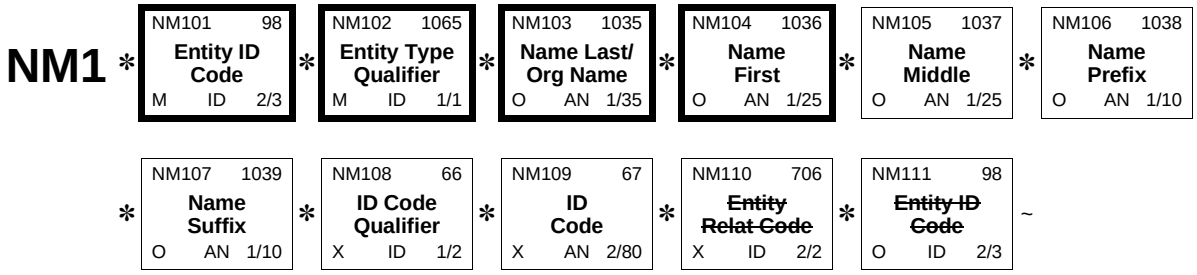
Requirement: Optional

Max Use: 1

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

Syntax:
1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

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

CODE	DEFINITION
E1	**Person or Other Entity Legally Responsible for a Child** **Used to identify a legal indemnity situation.**

			EI **Executor of Estate** **This is used when the subscriber is deceased and the executor/responsible party is other than a surviving spouse.**			
			EXS **Ex-spouse** **This is used to identify a separated spouse under a separation agreement, or that the member is the divorced spouse and self responsible. This is NOT USED to identify the custodial parent for dependent children after a divorce.**			
			GD **Guardian**			
			J6 **Power of Attorney**			
			QD **Responsible Party**			
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE / DEFINITION **1** **Person**	**M**	**ID**	**1/1**
REQUIRED	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY: **Responsible Party Last or Organization Name***	**O**	**AN**	**1/35**
REQUIRED	**NM104**	**1036**	**Name First** Individual first name *INDUSTRY: **Responsible Party First Name***	**O**	**AN**	**1/25**
SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial *INDUSTRY: **Responsible Party Middle Name*** **Send if supplied by the subscriber.**	**O**	**AN**	**1/25**
SITUATIONAL	**NM106**	**1038**	**Name Prefix** Prefix to individual name *INDUSTRY: **Responsible Party Name Prefix*** **Send if supplied by the subscriber.**	**O**	**AN**	**1/10**
SITUATIONAL	**NM107**	**1039**	**Name Suffix** Suffix to individual name *INDUSTRY: **Responsible Party Suffix Name*** **Send if supplied by the subscriber.**	**O**	**AN**	**1/10**

SITUATIONAL	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809	**X**	**ID**	**1/2**

Send when required by X12 syntax.

CODE	DEFINITION
34	**Social Security Number** **The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.**
ZZ	**Mutually Defined** **Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.**

SITUATIONAL	**NM109**	**67**	**Identification Code** Code identifying a party or other code INDUSTRY: ***Responsible Party Identifier*** SYNTAX: P0809	**X**	**AN**	**2/80**

The Social Security Number should be sent, when available, until the National Identifier for Individual is available.

NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

RESPONSIBLE PERSON COMMUNICATIONS NUMBERS

Loop: **2100G — RESPONSIBLE PERSON**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **This segment is REQUIRED when the responsible person is applicable and the responsible person is provided to the sponsor by the subscriber.**

2. **When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.**

3. **By definition of the standard, if PER03 is used, PER04 is required.**

Example: **PER*RP**HP*8015554321~**

STANDARD

PER Administrative Communications Contact

Level: Detail

Position: 040

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To identify a person or office to whom administrative communications should be directed

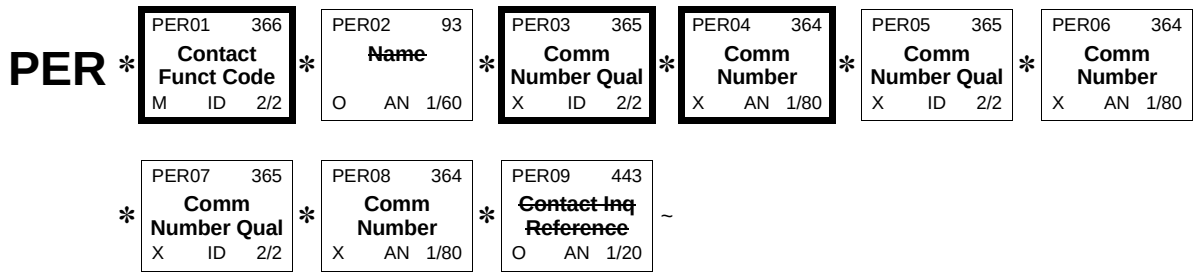
Syntax:

1. **P0304**
   If either PER03 or PER04 is present, then the other is required.

2. **P0506**
   If either PER05 or PER06 is present, then the other is required.

3. **P0708**
   If either PER07 or PER08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PER01**	**366**	**Contact Function Code** Code identifying the major duty or responsibility of the person or group named	**M ID 2/2**
			CODE: **RP** — DEFINITION: **Responsible Person**	
NOT USED	**PER02**	**93**	**Name**	**O AN 1/60**
REQUIRED	**PER03**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0304	**X ID 2/2**
			CODE: **EM** — DEFINITION: **Electronic Mail**	
			CODE: **EX** — DEFINITION: **Telephone Extension**	
			CODE: **FX** — DEFINITION: **Facsimile**	
			CODE: **HP** — DEFINITION: **Home Phone Number**	
			CODE: **TE** — DEFINITION: **Telephone**	
			CODE: **WP** — DEFINITION: **Work Phone Number**	
REQUIRED	**PER04**	**364**	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0304	**X AN 1/80**
SITUATIONAL	**PER05**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0506	**X ID 2/2**
			Send when required by X12 syntax.	
			CODE: **EM** — DEFINITION: **Electronic Mail**	
			CODE: **EX** — DEFINITION: **Telephone Extension**	
			CODE: **FX** — DEFINITION: **Facsimile**	
			CODE: **HP** — DEFINITION: **Home Phone Number**	

			TE **Telephone**			
			WP **Work Phone Number**			
SITUATIONAL	**PER06**	**364**	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0506 **This element should be sent if additional communication numbers are available.**	**X**	**AN**	**1/80**
SITUATIONAL	**PER07**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0708 **Send when required by X12 syntax.**	**X**	**ID**	**2/2**
			CODE DEFINITION			
			EM **Electronic Mail**			
			EX **Telephone Extension**			
			FX **Facsimile**			
			HP **Home Phone Number**			
			TE **Telephone**			
			WP **Work Phone Number**			
SITUATIONAL	**PER08**	**364**	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0708 **This element should be sent if additional communication numbers are available.**	**X**	**AN**	**1/80**
NOT USED	**PER09**	**443**	**Contact Inquiry Reference**	**O**	**AN**	**1/20**

IMPLEMENTATION

RESPONSIBLE PERSON STREET ADDRESS

Loop: **2100G — RESPONSIBLE PERSON**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. This segment is REQUIRED when the responsible person is applicable and the responsible person address is provided to the sponsor by the subscriber.**

Example: **N3*50 ORCHARD STREET~**

STANDARD

N3 Address Information

Level: Detail

Position: 050

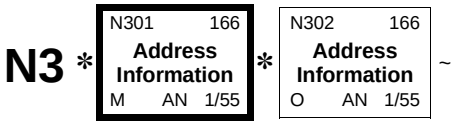
Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**N301**	**166**	**Address Information** Address information	**M**	**AN**	**1/55**
			INDUSTRY: ***Responsible Party Address Line***			
SITUATIONAL	**N302**	**166**	**Address Information** Address information	**O**	**AN**	**1/55**
			INDUSTRY: ***Responsible Party Address Line***			
			Required if a second address line exists.			

IMPLEMENTATION

RESPONSIBLE PERSON CITY, STATE, ZIP

Loop: **2100G — RESPONSIBLE PERSON**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. This segment is REQUIRED when the responsible person is applicable and the responsible person address is provided to the sponsor by the subscriber.**

Example: **N4*ROCK HILL*FL*33131~**

STANDARD

N4 Geographic Location

Level: Detail

Position: 060

Loop: 2100

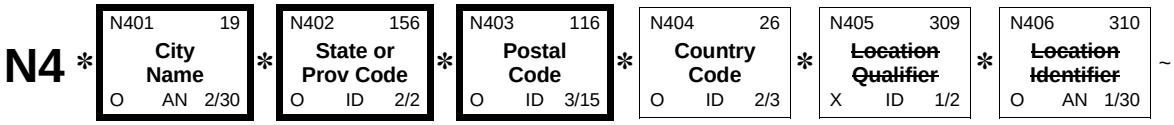
Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: **1. C0605**
If N406 is present, then N405 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**N401**	**19**	**City Name** Free-form text for city name *INDUSTRY:* ***Responsible Party City Name*** **COMMENT:** A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	**O AN 2/30**
REQUIRED	**N402**	**156**	**State or Province Code** Code (Standard State/Province) as defined by appropriate government agency *INDUSTRY:* ***Responsible Party State Code*** **COMMENT:** N402 is required only if city name (N401) is in the U.S. or Canada. **CODE SOURCE 22:** States and Outlying Areas of the U.S.	**O ID 2/2**

REQUIRED	**N403**	**116**	**Postal Code** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) *INDUSTRY:* ***Responsible Party Postal Zone or ZIP Code*** **CODE SOURCE 51:** ZIP Code	**O**	**ID**	**3/15**
SITUATIONAL	**N404**	**26**	**Country Code** Code identifying the country **CODE SOURCE 5:** Countries, Currencies and Funds **Required only if country is not USA.**	**O**	**ID**	**2/3**
NOT USED	**N405**	**309**	**Location Qualifier**	**X**	**ID**	**1/2**
NOT USED	**N406**	**310**	**Location Identifier**	**O**	**AN**	**1/30**

IMPLEMENTATION

DISABILITY INFORMATION

Loop: **2200 — DISABILITY INFORMATION** **Repeat:** **1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **This segment should only be sent when enrolling a disabled member or when disability information about an existing member is added or changed.**
2. **Use this segment to report a disability of either a subscriber or a dependent within the appropriate 2000 loop.**

Example: **DSB*2******DX*585~**

STANDARD

DSB Disability Information

Level: Detail

Position: 200

Loop: 2200 **Repeat:** 4

Requirement: Optional

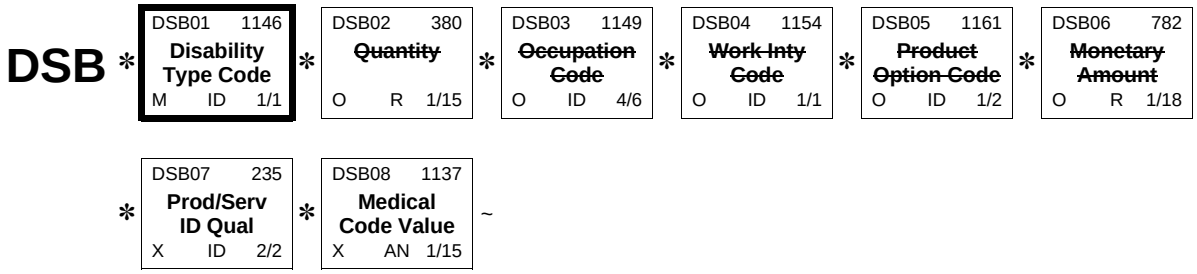
Max Use: 1

Purpose: To supply disability information

Set Notes:
1. The DSB loop may only appear for the Subscriber.

Syntax:
1. **P0708**
   If either DSB07 or DSB08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DSB01**	**1146**	**Disability Type Code** Code identifying the disability status of the individual	**M ID 1/1**

CODE	DEFINITION
1	**Short Term Disability**
2	**Long Term Disability**

			3 **Permanent or Total Disability**			
			4 **No Disability**			
NOT USED	**DSB02**	**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**DSB03**	**1149**	**Occupation Code**	**O**	**ID**	**4/6**
NOT USED	**DSB04**	**1154**	**Work Intensity Code**	**O**	**ID**	**1/1**
NOT USED	**DSB05**	**1161**	**Product Option Code**	**O**	**ID**	**1/2**
NOT USED	**DSB06**	**782**	**Monetary Amount**	**O**	**R**	**1/18**
SITUATIONAL	**DSB07**	**235**	**Product/Service ID Qualifier** Code identifying the type/source of the descriptive number used in Product/Service ID (234) *INDUSTRY:* ***Product or Service ID Qualifier*** SYNTAX: P0708 **Send when required by X12 syntax.**	**X**	**ID**	**2/2**

CODE	DEFINITION
DX	**International Classification of Diseases Clinical Modification (ICD-9-CM) - Diagnosis** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

SITUATIONAL	**DSB08**	**1137**	**Medical Code Value** Code value for describing a medical condition or procedure *INDUSTRY:* ***Diagnosis Code*** SYNTAX: P0708 SEMANTIC: DSB08 is the functional status code for the disability. **Use DSB08 to indicate if the the reason for disability is ESRD.** **The only allowed value is 585 - End Stage Renal Disease.**	**X**	**AN**	**1/15**

IMPLEMENTATION

DISABILITY ELIGIBILITY DATES

Loop: **2200 — DISABILITY INFORMATION**

Usage: **SITUATIONAL**

Repeat: **2**

Notes:

1. **This segment is used to send the first and last date of disability.**
2. **This segment should only be sent when enrolling a disabled member or when disability dates are added or changed for an existing member.**

Example: **DTP*360*D8*19961001~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 210

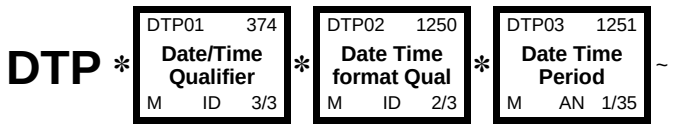
Loop: 2200

Requirement: Optional

Max Use: 10

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	**M ID 3/3**
			INDUSTRY: ***Date Time Qualifier***	
			CODE / **DEFINITION** **360** — **Disability Begin** **361** — **Disability End**	
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. **CODE** / **DEFINITION** **D8** — **Date Expressed in Format CCYYMMDD**	**M ID 2/3**

REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**M**	**AN**	**1/35**

INDUSTRY: ***Disability Eligibility Date***

IMPLEMENTATION

HEALTH COVERAGE

Loop: **2300 — HEALTH COVERAGE** **Repeat:** **99**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Send this segment is REQUIRED when enrolling a new member or when adding, updating or removing coverage from an existing member.**

Example: **HD*021**HLT*PLAN A BCD*FAM~**

STANDARD

HD Health Coverage

Level: Detail

Position: 260

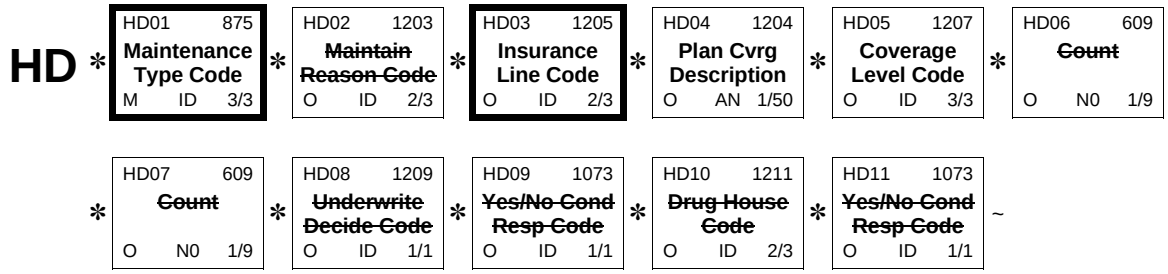
Loop: 2300 **Repeat:** 99

Requirement: Optional

Max Use: 1

Purpose: To provide information on health coverage

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HD01**	**875**	**Maintenance Type Code** Code identifying the specific type of item maintenance	**M ID 3/3**

CODE	DEFINITION
001	**Change**
002	**Delete** **Use this code for deleting an incorrect coverage record.**
021	**Addition**
024	**Cancellation or Termination** **Use this code for cancelling/terminating a coverage.**

			025	**Reinstatement**		
			026	**Correction** **This code is used to correct an incorrect record.**		
			030	**Audit or Compare**		
			032	**Employee Information Not Applicable** **Certain situations, such as military duty and CHAMPUS, classify the subscriber as ineligible for coverage or benefits. However, dependents of the subscribers are still eligible for coverage or benefits under the subscriber. Subscriber identifying elements are needed to accurately identify dependents.**		
NOT USED	**HD02**	**1203**	**Maintenance Reason Code**		**O**	**ID** **2/3**
REQUIRED	**HD03**	**1205**	**Insurance Line Code** Code identifying a group of insurance products		**O**	**ID** **2/3**

CODE	DEFINITION
AG	**Preventitive Care/Wellness**
AH	**24 Hour Care**
AJ	**Medicare Risk**
AK	**Mental Health**
DCP	**Dental Capitation** **This identifies a dental managed care organization (DMO).**
DEN	**Dental**
EPO	**Exclusive Provider Organization**
FAC	**Facility**
HE	**Hearing**
HLT	**Health** **Includes both hospital and professional coverage.**
HMO	**Health Maintenance Organization**
LTC	**Long-Term Care**
LTD	**Long-Term Disability**
MM	**Major Medical**
MOD	**Mail Order Drug**
PDG	**Prescription Drug**
POS	**Point of Service**
PPO	**Preferred Provider Organization**

			PRA	**Practitioners**			
			STD	**Short-Term Disability**			
			UR	**Utilization Review**			
			VIS	**Vision**			
SITUATIONAL	**HD04**	**1204**	**Plan Coverage Description** A description or number that identifies the plan or coverage		**O**	**AN**	**1/50**
			Use this element when additional information is needed by the insurer to describe the exact type of coverage being provided. If required by an insurer, this information must be included. The insurer establishes the content of this element in the contract.				
SITUATIONAL	**HD05**	**1207**	**Coverage Level Code** Code indicating the level of coverage being provided for this insured		**O**	**ID**	**3/3**
			This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.				
			CODE	**DEFINITION**			
			CHD	**Children Only**			
			DEP	**Dependents Only**			
			E1D	**Employee and One Dependent** **For this code, the dependent is a non-spouse dependent. This code is not used for identification of Employee and Spouse. See code ESP.**			
			E2D	**Employee and Two Dependents**			
			E3D	**Employee and Three Dependents**			
			E5D	**Employee and One or More Dependents**			
			E6D	**Employee and Two or More Dependents**			
			E7D	**Employee and Three or More Dependents**			
			E8D	**Employee and Four or More Dependents**			
			E9D	**Employee and Five or More Dependents**			
			ECH	**Employee and Children**			
			EMP	**Employee Only**			
			ESP	**Employee and Spouse**			
			FAM	**Family**			
			IND	**Individual**			
			SPC	**Spouse and Children**			

			SPO	Spouse Only			
			TWO	Two Party			
NOT USED	HD06	609	Count		O	N0	1/9
NOT USED	HD07	609	Count		O	N0	1/9
NOT USED	HD08	1209	Underwriting Decision Code		O	ID	1/1
NOT USED	HD09	1073	Yes/No Condition or Response Code		O	ID	1/1
NOT USED	HD10	1211	Drug House Code		O	ID	2/3
NOT USED	HD11	1073	Yes/No Condition or Response Code		O	ID	1/1

IMPLEMENTATION

HEALTH COVERAGE DATES

Loop: **2300 — HEALTH COVERAGE**

Usage: **REQUIRED**

Repeat: **4**

Notes: **1. This segment contains the date that maintenance was performed or effective, and the benefit begin and end dates for the coverage or line of business.**

Example: **DTP*348*D8*19961001~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 270

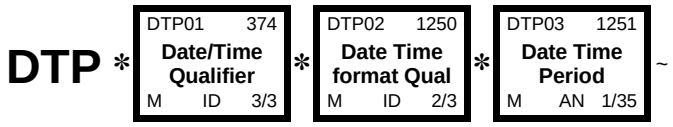
Loop: 2300

Requirement: Optional

Max Use: 10

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	**M ID 3/3**

INDUSTRY: ***Date Time Qualifier***

CODE	DEFINITION
303	**Maintenance Effective** **This is the effective date of a change where a member's coverage is not being added or removed.**
348	**Benefit Begin** **This is the effective date of coverage. This code should always be sent when adding coverage.**

			349	**Benefit End** **This is the date the coverage specified in the 2300 loop is being terminated. Termination of specified coverage is identified by HD01 code 024 - Cancellation or Termination. This code should always be sent when removing coverage from a member. This code should not be used when a member is terminating all eligible coverage.**			
			543	**Last Premium Paid Date**			
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**M**	**ID**	**2/3**

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

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**M**	**AN**	**1/35**

INDUSTRY: ***Coverage Period***

IMPLEMENTATION

HEALTH COVERAGE POLICY

Loop: **2300 — HEALTH COVERAGE**

Usage: **SITUATIONAL**

Repeat: **4**

Notes: **1. This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer.**

Example: **AMT*C1*20~**

STANDARD

AMT Monetary Amount

Level: Detail

Position: 280

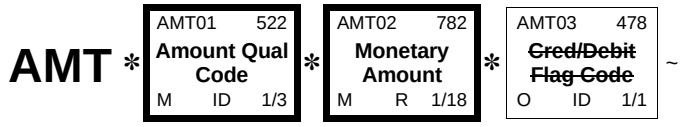
Loop: 2300

Requirement: Optional

Max Use: 3

Purpose: To indicate the total monetary amount

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AMT01**	**522**	**Amount Qualifier Code** Code to qualify amount	**M ID 1/3**
			CODE / **DEFINITION**	
			B9 — **Co-insurance - Actual** **This will contain any co-insurance selection amount. The option of adjusting this amount to produce the actual co-insurance can be defined in the insurance contract.**	
			C1 — **Co-Payment Amount**	
			D2 — **Deductible Amount**	
			P3 — **Premium Amount**	
REQUIRED	**AMT02**	**782**	**Monetary Amount** Monetary amount *INDUSTRY:* ***Contract Amount***	**M R 1/18**
NOT USED	**AMT03**	**478**	**Credit/Debit Flag Code**	**O ID 1/1**

IMPLEMENTATION

HEALTH COVERAGE POLICY NUMBER

Loop: **2300 — HEALTH COVERAGE**

Usage: **SITUATIONAL**

Repeat: **2**

Notes:
1. **This segment should be used to identify a policy or group number for a particular insurance product if it has not already been identified in either REF02, position 1-030 or REF02, position 2-020. This is necessary when not all coverage types have the same group or policy number.**

Example: **REF*1L*123456~**

STANDARD

REF Reference Identification

Level: Detail

Position: 290

Loop: 2300

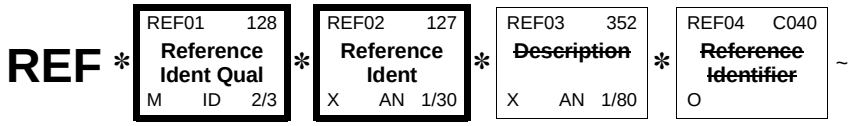
Requirement: Optional

Max Use: 5

Purpose: To specify identifying information

Syntax:
1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
17	**Client Reporting Category** **This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.**

			1L	**Group or Policy Number**			
			ZZ	**Mutually Defined** **Use this code for the Payment Plan Type Code (Annual or Quarterly) until a standard code is assigned.**			
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Insured Group or Policy Number*** SYNTAX: R0203		**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**		**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**		**O**		

IMPLEMENTATION

IDENTIFICATION CARD

Loop: **2300 — HEALTH COVERAGE**

Usage: **SITUATIONAL**

Repeat: **10**

Notes: **1. Use this segment when requesting the production of an identification card as a result of an enrollment add, change, or statement. An enrollment statement refers to a situation where no change is being made to the enrollment except to request a replacement ID card.**

Example: **IDC*12345*H~**

STANDARD

IDC Identification Card

Level: Detail

Position: 300

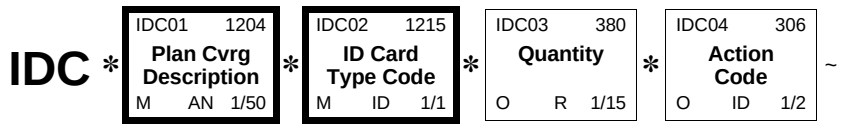
Loop: 2300

Requirement: Optional

Max Use: >1

Purpose: To provide notification to produce replacement identification card(s)

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**IDC01**	**1204**	**Plan Coverage Description** A description or number that identifies the plan or coverage	**M AN 1/50**
			Use this element when additional information is needed by the insurer to identify the type of ID card that will be produced. If requested, this information must be established by the insurer. Set IDC01 to a single zero if this does not apply.	
REQUIRED	**IDC02**	**1215**	**Identification Card Type Code** Code identifying the type of identification card	**M ID 1/1**
			CODE / **DEFINITION**	
			D — **Dental Insurance**	
			H — **Health Insurance** **This code is used to identify that the card issued should be specific to the coverage identified in the related HD segment.**	

			P	**Prescription Drug Service Drug Insurance**			
SITUATIONAL	**IDC03**	**380**	**Quantity** Numeric value of quantity		**O**	**R**	**1/15**
			INDUSTRY:* *Identification Card Count				
			SEMANTIC: IDC03 is the number of cards being requested.				
			Send this field if the number of cards requested is greater than 1.				
SITUATIONAL	**IDC04**	**306**	**Action Code** Code indicating type of action		**O**	**ID**	**1/2**
			SEMANTIC: IDC04 is the reason for the card being requested, i.e., add or a change.				
			Reason for card request should only be sent when requesting replacement identification cards.				

CODE	DEFINITION
1	**Add**
2	**Change (Update)**
RX	**Replace** **Use when requesting replacement cards with no change to data.**

IMPLEMENTATION

PROVIDER INFORMATION

Loop: **2310 — PROVIDER INFORMATION** **Repeat:** **30**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this loop to provide information about primary care or capitated physicians and pharmacies chosen by the enrollee in a managed care plan when that selection is made through the sponsor. Use one iteration of the loop to identify each applicable health care service provider.**

2. **The primary care provider effective date is defaulted to the effective date of the product identified in the DTP segment of the 2300 loop. When an enrollee switches from one primary care provider to another through the sponsor, the new provider should be listed with the effective date of change.**

Example: **LX*1~**

STANDARD

LX Assigned Number

Level: Detail

Position: 310

Loop: 2310 **Repeat:** 30

Requirement: Optional

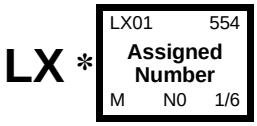
Max Use: 1

Purpose: To reference a line number in a transaction set

Set Notes:

1. The LX loop contains information about the primary care providers for the subscriber or the dependent, and about the beneficiaries of any employer-sponsored life insurance for the subscriber.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**LX01**	**554**	**Assigned Number** Number assigned for differentiation within a transaction set	**M**	**N0**	**1/6**
			Use this sequential number for LX loops for this insured person.			

IMPLEMENTATION

PROVIDER NAME

Loop: **2310 — PROVIDER INFORMATION**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **The National Provider ID should be passed in NM109. Until that ID is available the Federal Tax ID should be used.**

2. **Use the name fields, NM103 through NM107, only when the sponsor has the name of the provider but is not able to pass a standard ID in NM109. This may occur because the ID is unknown or because local regulations prevent using Social Security Numbers or Federal Tax IDs.**

3. **If the entity code, NM102, is 1 for person and the name is being passed, NM103 and NM104 must be used and NM105, NM106 and NM107 may be used. When the name is being passed for a non-person entity only NM103 may be used and NM104 through NM107 must not be sent.**

Example: **NM1*P3*1******XX*25341234567*25~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 320

Loop: 2310

Requirement: Optional

Max Use: 1

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

Set Notes:

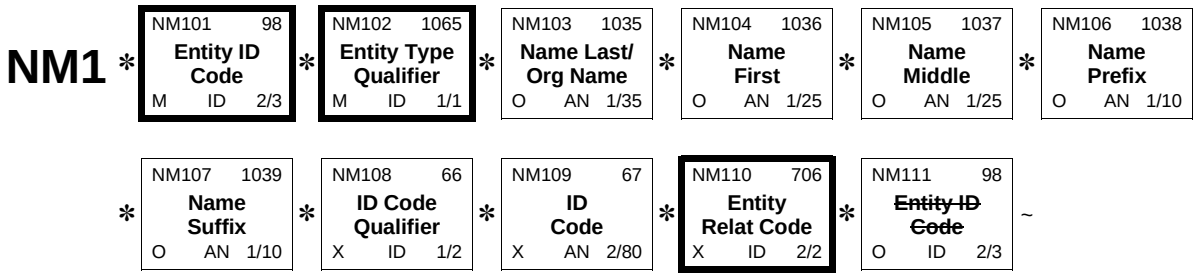
1. Either NM1 or N1 will be included depending on whether an individual or organization is being specified.

Syntax:

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

2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	M ID 2/3
			CODE / DEFINITION 3D — Obstetrics and Gynecology Facility OD — Doctor of Optometry P3 — Primary Care Provider QA — Pharmacy QN — Dentist Y2 — Managed Care Organization	
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE / DEFINITION 1 — Person 2 — Non-Person Entity	M ID 1/1
SITUATIONAL	NM103	1035	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY:* ***Provider Last or Organization Name*** **The name should only be used when the sponsor is not able to provide the standard ID number.**	O AN 1/35
SITUATIONAL	NM104	1036	**Name First** Individual first name *INDUSTRY:* ***Provider First Name*** **The name should only be used when the sponsor is not able to provide the standard ID number.**	O AN 1/25
SITUATIONAL	NM105	1037	**Name Middle** Individual middle name or initial *INDUSTRY:* ***Provider Middle Name*** **The name should only be used when the sponsor is not able to provide the standard ID number.**	O AN 1/25
SITUATIONAL	NM106	1038	**Name Prefix** Prefix to individual name *INDUSTRY:* ***Provider Name Prefix*** **The name should only be used when the sponsor is not able to provide the standard ID number.**	O AN 1/10

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

INDUSTRY: ***Provider Name Suffix***

The name should only be used when the sponsor is not able to provide the standard ID number.

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

SYNTAX: P0809

Send when required by X12 syntax.

CODE	DEFINITION
34	**Social Security Number** **The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.**
FI	**Federal Taxpayer's Identification Number**
XX	**Health Care Financing Administration National Provider Identifier** ***Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.***

SITUATIONAL	**NM109**	**67**	**Identification Code** Code identifying a party or other code	**X**	**AN**	**2/80**

INDUSTRY: ***Provider Identifier***

SYNTAX: P0809

Required when available to the sponsor and transmission is not prohibited by local, state, or Federal law.

REQUIRED	**NM110**	**706**	**Entity Relationship Code** Code describing entity relationship	**X**	**ID**	**2/2**

SYNTAX: C1110

COMMENT: NM110 and NM111 further define the type of entity in NM101.

This element indicates whether or not the member is an existing patient of the provider.

CODE	DEFINITION
25	**Established Patient**
26	**Not Established Patient**
72	**Unknown**

NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

PROVIDER CITY, STATE, ZIP CODE

Loop: **2310 — PROVIDER INFORMATION**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. To be sent when required in the insurance contract between the sponsor and payer.**

Example: **N4*ROCK HILL*FL*33131~**

STANDARD

N4 Geographic Location

Level: Detail

Position: 360

Loop: 2310

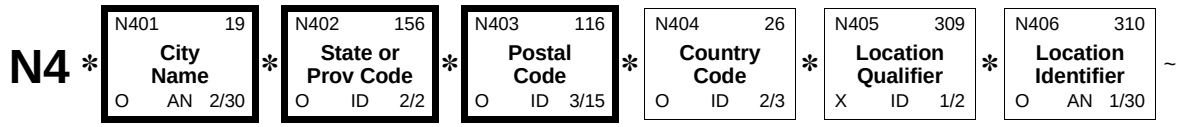
Requirement: Optional

Max Use: 2

Purpose: To specify the geographic place of the named party

Syntax: **1. C0605**
If N406 is present, then N405 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**N401**	**19**	**City Name** Free-form text for city name *INDUSTRY:* ***Member City Name*** **COMMENT:** A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	**O AN 2/30**
REQUIRED	**N402**	**156**	**State or Province Code** Code (Standard State/Province) as defined by appropriate government agency *INDUSTRY:* ***Member State Code*** **COMMENT:** N402 is required only if city name (N401) is in the U.S. or Canada. **CODE SOURCE 22:** States and Outlying Areas of the U.S.	**O ID 2/2**

REQUIRED **N403** **116** **Postal Code** **O** **ID** **3/15**
Code defining international postal zone code excluding punctuation and blanks (zip code for United States)

INDUSTRY: ***Member Postal Zone or Zip Code***

CODE SOURCE 51: ZIP Code

SITUATIONAL **N404** **26** **Country Code** **O** **ID** **2/3**
Code identifying the country

CODE SOURCE 5: Countries, Currencies and Funds

Required only if country is not USA.

SITUATIONAL **N405** **309** **Location Qualifier** **X** **ID** **1/2**
Code identifying type of location

SYNTAX: C0605

Send when required by X12 syntax.

CODE	DEFINITION
60	**Area** **The area code indicates that N406 will contain an out-of-area indicator for this member. The meaning of that indicator is defined in the trading partner agreement.**
CY	**County/Parish**
RJ	**Region** **Use for region or group of the PCP.**

SITUATIONAL **N406** **310** **Location Identifier** **O** **AN** **1/30**
Code which identifies a specific location

INDUSTRY: ***Location Identification Code***

SYNTAX: C0605

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

IMPLEMENTATION

PROVIDER COMMUNICATIONS NUMBERS

Loop: **2310 — PROVIDER INFORMATION**

Usage: **SITUATIONAL**

Repeat: **2**

Notes:

1. **To be sent when available.**
2. **When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.**
3. **By definition of the standard, if PER03 is used, PER04 is required.**

Example: **PER*IC**HP*8015554321~**

STANDARD

PER Administrative Communications Contact

Level: Detail

Position: 370

Loop: 2310

Requirement: Optional

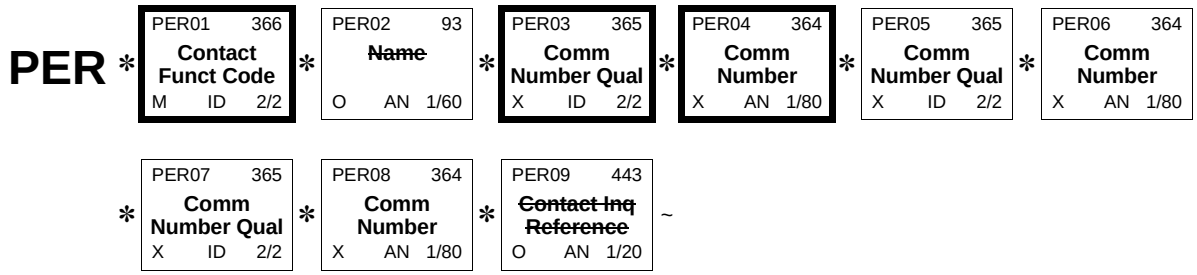
Max Use: 2

Purpose: To identify a person or office to whom administrative communications should be directed

Syntax:

1. **P0304**
   If either PER03 or PER04 is present, then the other is required.
2. **P0506**
   If either PER05 or PER06 is present, then the other is required.
3. **P0708**
   If either PER07 or PER08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PER01	366	**Contact Function Code** Code identifying the major duty or responsibility of the person or group named	M ID 2/2
			CODE: IC — DEFINITION: Information Contact	
NOT USED	PER02	93	**Name**	O AN 1/60
REQUIRED	PER03	365	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0304	X ID 2/2
			CODE: EM — DEFINITION: Electronic Mail	
			CODE: EX — DEFINITION: Telephone Extension	
			CODE: FX — DEFINITION: Facsimile	
			CODE: HP — DEFINITION: Home Phone Number	
			CODE: TE — DEFINITION: Telephone	
			CODE: WP — DEFINITION: Work Phone Number	
REQUIRED	PER04	364	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0304	X AN 1/80
SITUATIONAL	PER05	365	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0506 **Send when required by X12 syntax.**	X ID 2/2
			CODE: EM — DEFINITION: Electronic Mail	
			CODE: EX — DEFINITION: Telephone Extension	
			CODE: FX — DEFINITION: Facsimile	
			CODE: HP — DEFINITION: Home Phone Number	
			CODE: TE — DEFINITION: Telephone	
			CODE: WP — DEFINITION: Work Phone Number	
SITUATIONAL	PER06	364	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0506 **This element should be sent if additional communication numbers are available.**	X AN 1/80

SITUATIONAL	**PER07**	**365**	**Communication Number Qualifier** Code identifying the type of communication number	**X**	**ID**	**2/2**

SYNTAX: P0708

Send when required by X12 syntax.

CODE	DEFINITION
EM	**Electronic Mail**
EX	**Telephone Extension**
FX	**Facsimile**
HP	**Home Phone Number**
TE	**Telephone**
WP	**Work Phone Number**

SITUATIONAL	**PER08**	**364**	**Communication Number** Complete communications number including country or area code when applicable	**X**	**AN**	**1/80**

SYNTAX: P0708

This element should be sent if additional communication numbers are available.

NOT USED	**PER09**	**443**	**Contact Inquiry Reference**	**O**	**AN**	**1/20**

IMPLEMENTATION

PCP CHANGE REASON

Loop: **2310 — PROVIDER INFORMATION**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. This segment should be used to report the reason and the effective date that a member changes primary care provider.**

Example: **PLA*2*1P*19970628**AI~**

STANDARD

PLA Place or Location

Level: Detail

Position: 395

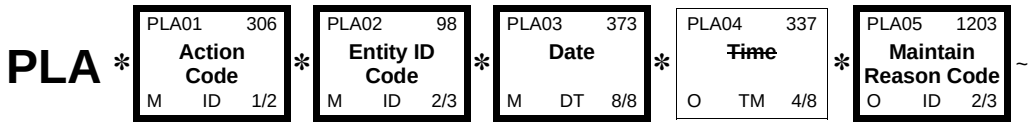
Loop: 2310

Requirement: Optional

Max Use: 1

Purpose: To indicate action to be taken for the location specified and to qualify the location specified

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PLA01**	**306**	**Action Code** Code indicating type of action CODE / DEFINITION **2 — Change (Update)**	**M ID 1/2**
REQUIRED	**PLA02**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE / DEFINITION **1P — Provider**	**M ID 2/3**
REQUIRED	**PLA03**	**373**	**Date** Date expressed as CCYYMMDD *INDUSTRY:* ***Provider Effective Date*** **SEMANTIC:** PLA03 is the effective date for the action identified in PLA01. **This is the effective date of the change of PCP.**	**M DT 8/8**

NOT USED	PLA04	337	Time	O	TM	4/8
REQUIRED	PLA05	1203	Maintenance Reason Code Code identifying the reason for the maintenance change	O	ID	2/3

If none of the specific Maintenance Reasons apply, send 'AI', No Reason Given.

CODE	DEFINITION
14	Voluntary Withdrawal
22	Plan Change
46	Current Customer Information File in Error
AA	Dissatisfaction with Office Staff
AB	Dissatisfaction with Medical Care/Services Rendered
AC	Inconvenient Office Location
AD	Dissatisfaction with Office Hours
AE	Unable to Schedule Appointments in a Timely Manner
AF	Dissatisfaction with Physician's Referral Policy
AG	Less Respect and Attention Time Given than to Other Patients
AH	Patient Moved to a New Location
AI	No Reason Given
AJ	Appointment Times not Met in a Timely Manner

IMPLEMENTATION

COORDINATION OF BENEFITS

Loop: **2320 — COORDINATION OF BENEFITS Repeat: 5**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this loop whenever an individual has another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. Always provide this information when provided to the sponsor. Provide the COB information by individual, not by subscriber.**

2. **Send this data when such transmission is required under the insurance contract between the sponsor and the payer.**

Example: **COB*P*XYZ123*1~**

STANDARD

COB Coordination of Benefits

Level: Detail

Position: 400

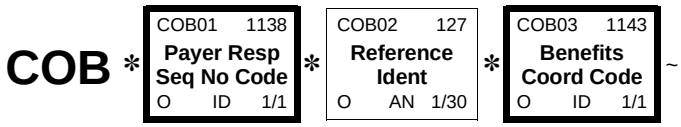
Loop: 2320 **Repeat:** 5

Requirement: Optional

Max Use: 1

Purpose: To supply information on coordination of benefits

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**COB01**	**1138**	**Payer Responsibility Sequence Number Code** Code identifying the insurance carrier's level of responsibility for a payment of a claim	**O ID 1/1**

CODE	DEFINITION
P	**Primary**
S	**Secondary**
T	**Tertiary**
U	**Unknown**

SITUATIONAL **COB02** **127** **Reference Identification** **O** **AN** **1/30**
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

INDUSTRY: ***Insured Group or Policy Number***

SEMANTIC: COB02 is the policy number.

Always supply the policy number when it is available.

REQUIRED **COB03** **1143** **Coordination of Benefits Code** **O** **ID** **1/1**
Code identifying whether there is a coordination of benefits

CODE	DEFINITION
1	**Coordination of Benefits**
5	**Unknown**
6	**No Coordination of Benefits** **Use this code to verify that it was determined that there is no COB.**

IMPLEMENTATION

ADDITIONAL COORDINATION OF BENEFITS IDENTIFIERS

Loop: **2320 — COORDINATION OF BENEFITS**

Usage: **SITUATIONAL**

Repeat: **5**

Notes:
1. **This segment should be sent if additional data on coordination of benefits exists.**
2. **This segment should be sent if supplied by the subscriber. Use the Social Security Number or Employee ID Number until the National ID Number for individuals is available.**

Example: **REF*6P*AZ12345~**

STANDARD

REF Reference Identification

Level: Detail

Position: 405

Loop: 2320

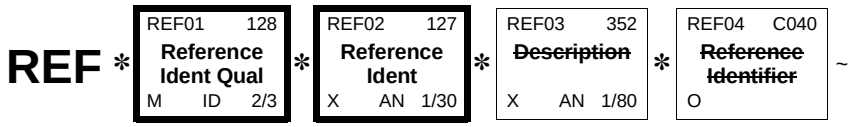
Requirement: Optional

Max Use: >1

Purpose: To specify identifying information

Syntax:
1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** M ID 2/3 Code qualifying the Reference Identification	

CODE	DEFINITION
60	**Account Suffix Code**
6P	**Group Number**
A6	**Employee Identification Number**

			SY	**Social Security Number** **The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.**			
			ZZ	**Mutually Defined** **Mutually Defined, will be used in this REF01 for National Individual Identifier until a standard code is defined.**			
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Insured Group or Policy Number*** SYNTAX: R0203		**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**		**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**		**O**		

IMPLEMENTATION

OTHER INSURANCE COMPANY NAME

Loop: **2320 — COORDINATION OF BENEFITS**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Use this segment to send the name of the insurance company when provided to the sponsor.**

Example: **N1*IN**NI*12345678~**

STANDARD

N1 Name

Level: Detail

Position: 410

Loop: 2320

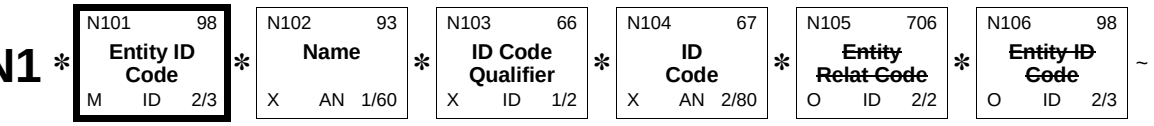
Requirement: Optional

Max Use: 1

Purpose: To identify a party by type of organization, name, and code

Syntax:
1. **R0203**
   At least one of N102 or N103 is required.
2. **P0304**
   If either N103 or N104 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**N101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**
			CODE: **IN** — DEFINITION: **Insurer**	
SITUATIONAL	**N102**	**93**	**Name** Free-form name *INDUSTRY:* ***Insurer Name*** SYNTAX: R0203 **Send the insurance company name if no standard identifier is available to pass in N104.**	**X AN 1/60**

SITUATIONAL	**N103**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) **SYNTAX:** R0203, P0304 **Send when required by X12 syntax.**	**X**	**ID**	**1/2**

CODE	DEFINITION
FI	**Federal Taxpayer's Identification Number**
NI	**National Association of Insurance Commissioners (NAIC) Identification**
XV	**Health Care Financing Administration National PlanID** ***Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.***

CODE SOURCE 540: Health Care Financing Administration National PlanID

SITUATIONAL	**N104**	**67**	**Identification Code** Code identifying a party or other code ***INDUSTRY:*** ***Insured Group or Policy Number*** **SYNTAX:** P0304 **COMMENT:** This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party. **Use the National Payer ID until that ID is available the Federal Tax ID should be used.** **Send when supplied by the employee to the sponsor.**	**X**	**AN**	**2/80**
NOT USED	**N105**	**706**	**Entity Relationship Code**	**O**	**ID**	**2/2**
NOT USED	**N106**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

COORDINATION OF BENEFITS ELIGIBILITY DATES

Loop: **2320 — COORDINATION OF BENEFITS**

Usage: **SITUATIONAL**

Repeat: **2**

Notes: **1. This segment contains the dates for which coordination of benefits is in effect. Send the eligibility date when provided to the sponsor.**

Example: **DTP*344*D8*19960401~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 450

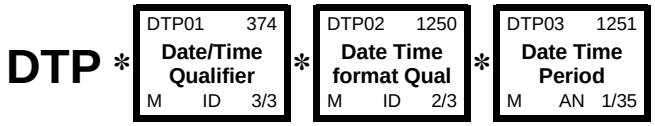
Loop: 2320

Requirement: Optional

Max Use: 2

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** **M ID 3/3** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** **344 — Coordination of Benefits Begin** **345 — Coordination of Benefits End**	
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** **M ID 2/3** Code indicating the date format, time format, or date and time format **SEMANTIC:** DTP02 is the date or time or period format that will appear in DTP03. **D8 — Date Expressed in Format CCYYMMDD**	

REQUIRED	**DTP03**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Coordination of Benefits Date***	**M**	**AN**	**1/35**

IMPLEMENTATION

TRANSACTION SET TRAILER

Usage: **REQUIRED**

Repeat: **1**

Example: **SE*39*0001~**

STANDARD

SE Transaction Set Trailer

Level: Detail

Position: 690

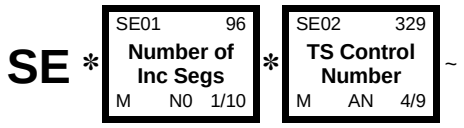
Loop: ____

Requirement: Mandatory

Max Use: 1

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**SE01**	**96**	**Number of Included Segments** Total number of segments included in a transaction set including ST and SE segments *INDUSTRY:* ***Transaction Segment Count***	**M N0 1/10**
REQUIRED	**SE02**	**329**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set **The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges.**	**M AN 4/9**

4 EDI Transmission Examples for Different Business Uses

4.1 Business Scenario 1— Enroll an Employee in Multiple Health Care Insurance Products

John Doe is enrolling in three health care products — health, dental, and vision. He also has Coordination of Benefits (COB) with another insurance company.

```
ST*834*12345~
BGN*00*12456*19980520*1200****2~
N1*P5**FI*999888777~
N1*IN**FI*654456654~
INS*Y*18*021*20*A***FT~
REF*0F*123456789~
REF*1L*123456001~
DTP*356*D8*19960523~
NM1*IL*1*DOE*JOHN*P***34*123456789~
PER*IP**HP*7172343334*WP*7172341240~
N3*100 MARKET ST*APT 3G~
N4*CAMP HILL*PA*17011**CY*CUMBERLAND~
DMG*D8*19400816*M~
HD*021**HLT~
DTP*348*D8*19960601~
COB*P*890111*5~
N1*IN*ABC INSURANCE CO~
HD*021**DEN~
DTP*348*D8*19960601~
HD*021**VIS~
DTP*348*D8*19960601~
SE*22*12345~
```

4.2 Business Scenario 2 — Add a Dependent (Full-time Student) to an Existing Contract

James E. Doe, the son of John Doe, is being enrolled under John Doe's medical coverage. James is enrolled at Penn State and expects to graduate on 5/15/1998. His Social Security Number is 103229876. The enrollment for the subscriber, John Doe, had to be submitted before his dependents can be enrolled.

```
ST*834*12345~
BGN*00*12456*19980520*1200****2~
REF*38*ABCD012354~
N1*P5**FI*999888777~
N1*IN**FI*654456654~
INS*N*19*021*28*A****F~
REF*0F*123456789~
REF*1L*123456001~
DTP*351*D8*19980515~
NM1*IL*1*DOE*JAMES*E***34*103229876~
DMG*D8*19770816*M~
NM1*M8*2*PENN STATE UNIVERSITY~
HD*021*HLT~
DTP*348*D8*19960601~
SE*15*12345~
```

4.3 Business Scenario 3 — Enroll an Employee in a Managed Care Product

William Smith is enrolling in the HMO product effective 6/1/1996. He has selected Dr. Bernard Brown as his primary care physician for the program. Mr. Smith is already Dr. Brown's patient; therefore, the primary care information code value is 01. Dr. Brown's provider number is 143766.

```
ST*834*12345~
BGN*00*12456*19980520*1200****2~
N1*P5**FI*999888777~
N1*IN**FI*654456654~
INS*Y*18*021*20*A***FT~
REF*0F*202443307~
REF*1L*123456001~
DTP*356*D8*19960112~
NM1*IL*1*SMITH*WILLIAM****34*202443307~
PER*IP**HP*7172343334*WP*7172341240~
```

```
N3*1715 SOUTHWIND AVENUE~
N4*ANYTOWN*PA*171110000~
DMG*D8*19700614~
HD*021**HMO~
DTP*348*D8*19960601~
LX*01~
NM1*P3*1*BROWN*BERNARD**DR****25~
SE*18*12345~
```

4.4 Business Scenario 4 — Add Subscriber Coverage

William Smith is adding dental coverage to his contract, which will be effective on 7/1/1996.

```
ST*834*12345~
BGN*00*12456*19980520*1200****2~
REF*38*ABCD012354~
N1*P5**FI*999888777~
N1*IN**FI*654456654~
INS*Y*18*001*22*A***FT~
REF*0F*202443307~
REF*1L*123456001~
NM1*IL*1*SMITH*WILLIAM****ZZ*2024433307~
HD*021**DEN~
DTP*348*D8*19960701~
SE*12*12345~
```

NOTE
In the previous example, to remove coverage do the following: change the maintenance type code (HD01) from 021 (addition) to 024 (cancellation/termination), and change the date/time qualifier (DTP01) from 348 (benefit begin) to 349 (benefit end).

4.5 Business Scenario 5 — Change Subscriber Information

John Doe is correcting his date of birth.

```
ST*834*12345~
BGN*00*12456*19980520*1200****2~
N1*P5*GENERIC INC~
N1*IN*ABC INSURANCE*FI*654456654~
INS*Y*18*001*25*A***FT~
REF*0F*123456789~
REF*1L*123456001~
```

```
NM1*IL*1*DOE*JAMES*E***34*103229876~
DMG*D8*19500415*M~
NM1*70*1*DOE*JAMES*E~
DMG*D8*19500416*M~
SE*12*12345~
```

4.6 Business Scenario 6 — Cancel a Dependent

John Doe is canceling coverage for his over-age dependent, James, to be effective 8/1/1996.

```
ST*834*12345~
BGN*00*12456*19980520*1200****2~
REF*38*ABCD012354~
N1*P5**FI*999888777~
N1*IN**FI*654456654~
INS*N*19*024*07*A~
REF*0F*123456789~
REF*1L*123456001~
DTP*357*D8*19960801~
NM1*IL*1*DOE*JAMES*E***34*103229876~
DMG*D8*19770816*M~
SE*12*12345~
```

4.7 Business Scenario 7 — Terminate Eligibility for a Subscriber

The eligibility for John Doe is being canceled because he terminated employment on 10/1/1996.

```
ST*834*12345~
BGN*00*12456*19980520*1200****2~
N1*P5**FI*999888777~
N1*IN**FI*654456654~
INS*Y*18*024*08*A***TE~
REF*0F*123456789~
REF*1L*123456001~
DTP*357*D8*19961001~
NM1*IL*1*DOE*JAMES*E***34*103229876~
SE*10*12345~
```

4.8 Business Scenario 8 — Reinstate an Employee

John Doe's contract was incorrectly canceled and is being reinstated.

```
ST*834*12345~
BGN*00*12456*19980520*1200****2~
REF*38*ABCD012354~
N1*P5**FI*999888777~
N1*IN**FI*654456654~
INS*Y*18*025*20*A***FT~
REF*0F*123456789~
REF*1L*123456001~
DTP*303*D8*19961001~
NM1*IL*1*DOE*JAMES*E***34*103229876~
SE*11*12345~
```

A ASC X12 Nomenclature

A.1 Interchange and Application Control Structures

A.1.1 Interchange Control Structure

The transmission of data proceeds according to very strict format rules to ensure the integrity and maintain the efficiency of the interchange. Each business grouping of data is called a transaction set. For instance, a group of benefit enrollments sent from a sponsor to a payer is considered a transaction set.

Each transaction set contains groups of logically related data in units called segments. For instance, the N4 segment used in the transaction set conveys the city, state, ZIP Code, and other geographic information. A transaction set contains multiple segments, so the addresses of the different parties, for example, can be conveyed from one computer to the other. An analogy would be that the transaction set is like a freight train; the segments are like the train's cars; and each segment can contain several data elements the same as a train car can hold multiple crates.

The sequence of the elements within one segment is specified by the ASC X12 standard as well as the sequence of segments in the transaction set. In a more conventional computing environment, the segments would be equivalent to records, and the elements equivalent to fields.

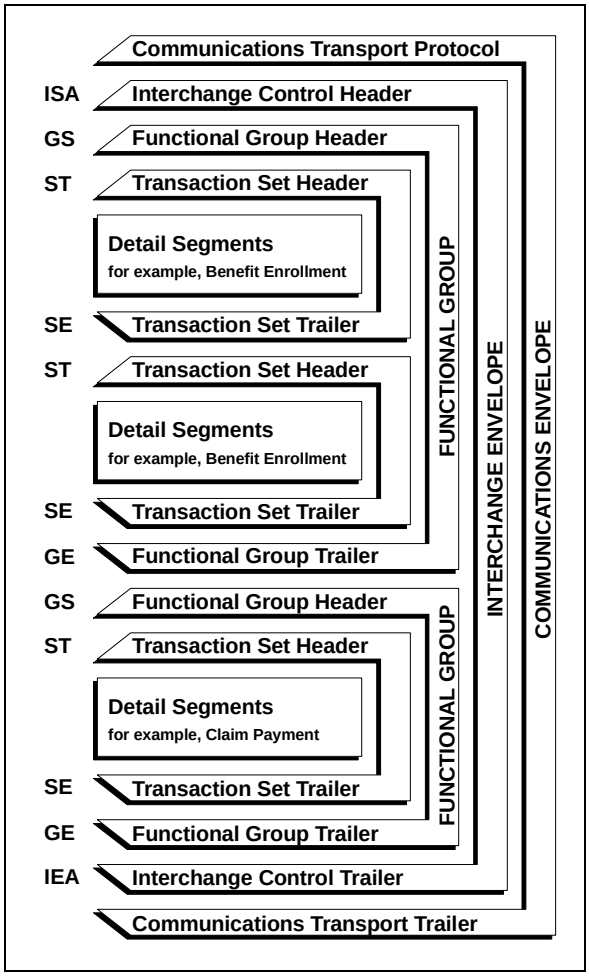


Figure A1. Transmission Control Schematic

Similar transaction sets, called "functional groups," can be sent together within a transmission. Each functional group is prefaced by a group start segment; and a functional group is terminated by a group end segment. One or more functional groups are prefaced by an interchange header and followed by an interchange trailer. Figure A1, Transmission Control Schematic, illustrates this interchange control.

The interchange header and trailer segments envelop one or more functional groups or interchange-related control segments and perform the following functions:

1. Define the data element separators and the data segment terminator.
2. Identify the sender and receiver.
3. Provide control information for the interchange.
4. Allow for authorization and security information.

A.1.2 Application Control Structure Definitions and Concepts

A.1.2.1 Basic Structure

A data element corresponds to a data field in data processing terminology. The data element is the smallest named item in the ASC X12 standard. A data segment corresponds to a record in data processing terminology. The data segment begins with a segment ID and contains related data elements. A control segment has the same structure as a data segment; the distinction is in the use. The data segment is used primarily to convey user information, but the control segment is used primarily to convey control information and to group data segments.

A.1.2.2 Basic Character Set

The section that follows is designed to have representation in the common character code schemes of EBCDIC, ASCII, and CCITT International Alphabet 5. The ASC X12 standards are graphic-character-oriented; therefore, common character encoding schemes other than those specified herein may be used as long as a common mapping is available. Because the graphic characters have an implied mapping across character code schemes, those bit patterns are not provided here.

The basic character set of this standard, shown in figure A2, Basic Character Set, includes those selected from the uppercase letters, digits, space, and special characters as specified below.

A...Z	**0...9**	**!**	**“**	**&**	**’**	**(**	**)**	*****	**+**
,	**-**	**.**	**/**	**:**	**;**	**?**	**=**	**“ ” (space)**	

Figure A2. Basic Character Set

A.1.2.3 Extended Character Set

An extended character set may be used by negotiation between the two parties and includes the lowercase letters and other special characters as specified in figure A3, Extended Character Set.

a..z	**%**	**~**	**@**	**[**	**]**	**_**	**{**
}	****	**|**	**<**	**>**	**#**	**$**	

Figure A3. Extended Character Set

Note that the extended characters include several character codes that have multiple graphical representations for a specific bit pattern. The complete list appears

in other standards such as CCITT S.5. Use of the USA graphics for these codes presents no problem unless data is exchanged with an international partner. Other problems, such as the translation of item descriptions from English to French, arise when exchanging data with an international partner, but minimizing the use of codes with multiple graphics eliminates one of the more obvious problems.

A.1.2.4 Control Characters

Two control character groups are specified; they have only restricted usage. The common notation for these groups is also provided, together with the character coding in three common alphabets. In the matrix A1, Base Control Set, the column IA5 represents CCITT V.3 International Alphabet 5.

A.1.2.5 Base Control Set

The base control set includes those characters that will not have a disruptive effect on most communication protocols. These are represented by:

NOTATION	NAME	EBCDIC	ASCII	IA5
BEL	bell	2F	07	07
HT	horizontal tab	05	09	09
LF	line feed	25	0A	0A
VT	vertical tab	0B	0B	0B
FF	form feed	0C	0C	0C
CR	carriage return	0D	0D	0D
FS	file separator	1C	1C	1C
GS	group separator	1D	1D	1D
RS	record separator	1E	1E	1E
US	unit separator	1F	1F	1F
NL	new line	15		

Matrix A1. Base Control Set

The Group Separator (GS) may be an exception in this set because it is used in the 3780 communications protocol to indicate blank space compression.

A.1.2.6 Extended Control Set

The extended control set includes those that may have an effect on a transmission system. These are shown in matrix A2, Extended Control Set.

NOTATION	NAME	EBCDIC	ASCII	IA5
SOH	start of header	01	01	01
STX	start of text	02	02	02
ETX	end of text	03	03	03
EOT	end of transmission	37	04	04
ENQ	enquiry	2D	05	05
ACK	acknowledge	2E	06	06
DC1	device control 1	11	11	11
DC2	device control 2	12	12	12
DC3	device control 3	13	13	13
DC4	device control 4	3C	14	14
NAK	negative acknowledge	3D	15	15
SYN	synchronous idle	32	16	16
ETB	end of block	26	17	17

Matrix A2. Extended Control Set

A.1.2.7 Delimiters

A delimiter is a character used to separate two data elements (or subelements) or to terminate a segment. The delimiters are an integral part of the data.

Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator.

Once specified in the interchange header, the delimiters are not to be used in a data element value elsewhere in the interchange. For consistency, this implementation guide uses the delimiters shown in matrix A3, Delimiters, in all examples of EDI transmissions.

CHARACTER	NAME	DELIMITER
*	Asterisk	Data Element Separator
:	Colon	Subelement Separator
~	Tilde	Segment Terminator

Matrix A3. Delimiters

The delimiters above are for illustration purposes only and are not specific recommendations or requirements. Users of this implementation guide should be aware that an application system may use some valid delimiter characters within the application data. Occurrences of delimiter characters in transmitted data within a data element can result in errors in translation programs. The existence of asterisks (*) within transmitted application data is a known issue that can affect translation software.

A.1.3 Business Transaction Structure Definitions and Concepts

The ASC X12 standards define commonly used business transactions (such as a health care claim) in a formal structure called “transaction sets.” A transaction set is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment. Each segment is composed of the following:

- A unique segment ID
- One or more logically related data elements each preceded by a data element separator
- A segment terminator

A.1.3.1 Data Element

The data element is the smallest named unit of information in the ASC X12 standard. Data elements are identified as either simple or component. A data element that occurs as an ordinally positioned member of a composite data structure is identified as a component data element. A data element that occurs in a segment outside the defined boundaries of a composite data structure is identified as a simple data element. The distinction between simple and component data elements is strictly a matter of context because a data element can be used in either capacity.

Data elements are assigned a unique reference number. Each data element has a name, description, type, minimum length, and maximum length. For ID type data elements, this guide provides the applicable ASC X12 code values and their descriptions or references where the valid code list can be obtained.

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric, decimal, and binary elements.

The data element types shown in matrix A4, Data Element Types, appear in this implementation guide.

SYMBOL	TYPE
Nn	Numeric
R	Decimal
ID	Identifier
AN	String
DT	Date
TM	Time
B	Binary

Matrix A4. Data Element Types

A.1.3.1.1 Numeric

A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data.

This set of guides denotes the number of implied decimal positions. The representation for this data element type is “Nn” where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.

If n is 0, it need not appear in the specification; N is equivalent to N0. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

EXAMPLE
A transmitted value of 1234, when specified as numeric type N2, represents a value of 12.34.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. The length of a numeric type data element does not include the optional sign.

A.1.3.1.2 Decimal

A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as “R.”

The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end) the decimal point should be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point should be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1,000,000) is expressly prohibited. The length of a decimal type data element does not include the optional leading sign or decimal point.

EXAMPLE
A transmitted value of 12.34 represents a decimal value of 12.34.

A.1.3.1.3 Identifier

An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC X12 Committee or some other body recognized by the Committee. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is “ID.”

A.1.3.1.4 String

A string data element is a sequence of any characters from the basic or extended character sets. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is “AN.”

A.1.3.1.5 Date

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31). The representation for this data element type is “DT.” Users of this guide should note that all dates within transactions are 8-character dates (millennium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment, and also used in the TA1 Interchange Acknowledgment, where the century can be readily interpolated because of the nature of an interchange header.

A.1.3.1.6 Time

A time data element is used to express the ISO standard time HHMMSSd..d format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59), SS is the second (00 to 59) and d..d is decimal seconds. The representation for this data element type is “TM.” The length of the data element determines the format of the transmitted time.

EXAMPLE
Transmitted data elements of four characters denote HHMM. Transmitted data elements of six characters denote HHMMSS.

A.1.3.2 Composite Data Structure

The composite data structure is an intermediate unit of information in a segment. Composite data structures are composed of one or more logically related simple data elements, each, except the last, followed by a sub-element separator. The final data element is followed by the next data element separator or the segment terminator. Each simple data element within a composite is called a component.

Each composite data structure has a unique four-character identifier, a name, and a purpose. The identifier serves as a label for the composite. A composite data structure can be further defined through the use of syntax notes, semantic notes, and comments. Each component within the composite is further characterized by a reference designator and a condition designator. The reference designators and the condition designators are described below.

A.1.3.3 Data Segment

The data segment is an intermediate unit of information in a transaction set. In the data stream, a data segment consists of a segment identifier, one or more composite data structures or simple data elements each preceded by a data element separator and succeeded by a segment terminator.

Each data segment has a unique two- or three-character identifier, a name, and a purpose. The identifier serves as a label for the data segment. A segment can be further defined through the use of syntax notes, semantic notes, and comments. Each simple data element or composite data structure within the segment is further characterized by a reference designator and a condition designator.

A.1.3.4 Syntax Notes

Syntax notes describe relational conditions among two or more data segment units within the same segment, or among two or more component data elements within the same composite data structure. For a complete description of the relational conditions, See A.1.3.8, Condition Designator.

A.1.3.5 Semantic Notes

Simple data elements or composite data structures may be referenced by a semantic note within a particular segment. A semantic note provides important additional information regarding the intended meaning of a designated data element, particularly a generic type, in the context of its use within a specific data segment. Semantic notes may also define a relational condition among data elements in a segment based on the presence of a specific value (or one of a set of values) in one of the data elements.

A.1.3.6 Comments

A segment comment provides additional information regarding the intended use of the segment.

A.1.3.7 Reference Designator

Each simple data element or composite data structure in a segment is provided a structured code that indicates the segment in which it is used and the sequential position within the segment. The code is composed of the segment identifier followed by a two-digit number that defines the position of the simple data element or composite data structure in that segment.

For purposes of creating reference designators, the composite data structure is viewed as the hierarchical equal of the simple data element. Each component data element in a composite data structure is identified by a suffix appended to the reference designator for the composite data structure of which it is a member.

This suffix is a two-digit number, prefixed with a hyphen, that defines the position of the component data element in the composite data structure.

EXAMPLE

- The first simple element of the CLP segment would be identified as CLP01.
- The first position in the SVC segment is occupied by a composite data structure that contains seven component data elements, the reference designator for the second component data element would be SVC01-02.

A.1.3.8 Condition Designator

This section provides information about X12 standard conditions designators. It is provided so that users will have information about the general standard. Implementation guides may impose other conditions designators. See implementation guide section 3.1 Presentation Examples for detailed information about the implementation guide Industry Usage requirements for compliant implementation.

Data element conditions are of three types: mandatory, optional, and relational. They define the circumstances under which a data element may be required to be present or not present in a particular segment.

DESIGNATOR	DESCRIPTION
M- Mandatory	The designation of mandatory is absolute in the sense that there is no dependency on other data elements. This designation may apply to either simple data elements or composite data structures. If the designation applies to a composite data structure, then at least one value of a component data element in that composite data structure shall be included in the data segment.
O- Optional	The designation of optional means that there is no requirement for a simple data element or composite data structure to be present in the segment. The presence of a value for a simple data element or the presence of value for any of the component data elements of a composite data structure is at the option of the sender.
X- Relational	Relational conditions may exist among two or more simple data elements within the same data segment based on the presence or absence of one of those data elements (presence means a data element must not be empty). Relational conditions are specified by a condition code (see table below) and the reference designators of the affected data elements. A data element may be subject to more than one relational condition. The definitions for each of the condition codes used within syntax notes are detailed below:

CONDITION CODE	DEFINITION
P- Paired or Multiple	If any element specified in the relational condition is present, then all of the elements specified must be present.
R- Required	At least one of the elements specified in the condition must be present.
E- Exclusion	Not more than one of the elements specified in the condition may be present.
C- Conditional	If the first element specified in the condition is present, then all other elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.
L- List	

Conditional	If the first element specified in the condition is present, then at least one of the remaining elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.

Table A5. Condition Designator

A.1.3.9 Absence of Data

Any simple data element that is indicated as mandatory must not be empty if the segment is used. At least one component data element of a composite data structure that is indicated as mandatory must not be empty if the segment is used. Optional simple data elements and/or composite data structures and their preceding data element separators that are not needed should be omitted if they occur at the end of a segment. If they do not occur at the end of the segment, the simple data element values and/or composite data structure values may be omitted. Their absence is indicated by the occurrence of their preceding data element separators, in order to maintain the element's or structure's position as defined in the data segment.

Likewise, when additional information is not necessary within a composite, the composite may be terminated by providing the appropriate data element separator or segment terminator.

A.1.3.10 Control Segments

A control segment has the same structure as a data segment, but it is used for transferring control information rather than application information.

A.1.3.10.1 Loop Control Segments

Loop control segments are used only to delineate bounded loops. Delineation of the loop shall consist of the loop header (LS segment) and the loop trailer (LE segment). The loop header defines the start of a structure that must contain one or more iterations of a loop of data segments and provides the loop identifier for this loop. The loop trailer defines the end of the structure. The LS segment appears only before the first occurrence of the loop, and the LE segment appears only after the last occurrence of the loop. Unbounded looping structures do not use loop control segments.

A.1.3.10.2 Transaction Set Control Segments

The transaction set is delineated by the transaction set header (ST segment) and the transaction set trailer (SE segment). The transaction set header identifies the start and identifier of the transaction set. The transaction set trailer identifies the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments.

A.1.3.10.3 Functional Group Control Segments

The functional group is delineated by the functional group header (GS segment) and the functional group trailer (GE segment). The functional group header starts and identifies one or more related transaction sets and provides a control number

and application identification information. The functional group trailer defines the end of the functional group of related transaction sets and provides a count of contained transaction sets.

A.1.3.10.4 Relations among Control Segments

The control segment of this standard must have a nested relationship as is shown and annotated in this subsection. The letters preceding the control segment name are the segment identifier for that control segment. The indentation of segment identifiers shown below indicates the subordination among control segments.

GS Functional Group Header, starts a group of related transaction sets.

- **ST** Transaction Set Header, starts a transaction set.
  - **LS** Loop Header, starts a bounded loop of data segments but is not part of the loop.
    - **LS** Loop Header, starts an inner, nested, bounded loop.
    - **LE** Loop Trailer, ends an inner, nested bounded loop.
  - **LE** Loop Trailer, ends a bounded loop of data segments but is not part of the loop.
- **SE** Transaction Set Trailer, ends a transaction set.

GE Functional Group Trailer, ends a group of related transaction sets.

More than one ST/SE pair, each representing a transaction set, may be used within one functional group. Also more than one LS/LE pair, each representing a bounded loop, may be used within one transaction set.

A.1.3.11 Transaction Set

The transaction set is the smallest meaningful set of information exchanged between trading partners. The transaction set consists of a transaction set header segment, one or more data segments in a specified order, and a transaction set trailer segment. See figure A1, Transmission Control Schematic.

A.1.3.11.1 Transaction Set Header and Trailer

A transaction set identifier uniquely identifies a transaction set. This identifier is the first data element of the Transaction Set Header Segment (ST). A user assigned transaction set control number in the header must match the control number in the Trailer Segment (SE) for any given transaction set. The value for the number of included segments in the SE segment is the total number of segments in the transaction set, including the ST and SE segments.

A.1.3.11.2 Data Segment Groups

The data segments in a transaction set may be repeated as individual data segments or as unbounded or bounded loops.

A.1.3.11.3 Repeated Occurrences of Single Data Segments

When a single data segment is allowed to be repeated, it may have a specified maximum number of occurrences defined at each specified position within a given transaction set standard. Alternatively, a segment may be allowed to repeat

an unlimited number of times. The notation for an unlimited number of repetitions is “>1.”

A.1.3.11.4 Loops of Data Segments

Loops are groups of semantically related segments. Data segment loops may be unbounded or bounded.

A.1.3.11.4.1 Unbounded Loops

To establish the iteration of a loop, the first data segment in the loop must appear once and only once in each iteration. Loops may have a specified maximum number of repetitions. Alternatively, the loop may be specified as having an unlimited number of iterations. The notation for an unlimited number of repetitions is “>1.”

A specified sequence of segments is in the loop. Loops themselves are optional or mandatory. The requirement designator of the beginning segment of a loop indicates whether at least one occurrence of the loop is required. Each appearance of the beginning segment defines an occurrence of the loop.

The requirement designator of any segment within the loop after the beginning segment applies to that segment for each occurrence of the loop. If there is a mandatory requirement designator for any data segment within the loop after the beginning segment, that data segment is mandatory for each occurrence of the loop. If the loop is optional, the mandatory segment only occurs if the loop occurs.

A.1.3.11.4.2 Bounded Loops

The characteristics of unbounded loops described previously also apply to bounded loops. In addition, bounded loops require a Loop Start Segment (LS) to appear before the first occurrence and a Loop End Segment (LE) to appear after the last occurrence of the loop. If the loop does not occur, the LS and LE segments are suppressed.

A.1.3.11.5 Data Segments in a Transaction Set

When data segments are combined to form a transaction set, three characteristics are applied to each data segment: a requirement designator, a position in the transaction set, and a maximum occurrence.

A.1.3.11.6 Data Segment Requirement Designators

A data segment, or loop, has one of the following requirement designators for health care and insurance transaction sets, indicating its appearance in the data stream of a transmission. These requirement designators are represented by a single character code.

DESIGNATOR	DESCRIPTION
M- Mandatory	This data segment must be included in the transaction set. (Note that a data segment may be mandatory in a loop of data segments, but the loop itself is optional if the beginning segment of the loop is designated as optional.)
O- Optional	The presence of this data segment is the option of the sending party.

A.1.3.11.7 Data Segment Position

The ordinal positions of the segments in a transaction set are explicitly specified for that transaction. Subject to the flexibility provided by the optional requirement designators of the segments, this positioning must be maintained.

A.1.3.11.8 Data Segment Occurrence

A data segment may have a maximum occurrence of one, a finite number greater than one, or an unlimited number indicated by ">1."

A.1.3.12 Functional Group

A functional group is a group of similar transaction sets that is bounded by a functional group header segment and a functional group trailer segment. The functional identifier defines the group of transactions that may be included within the functional group. The value for the functional group control number in the header and trailer control segments must be identical for any given group. The value for the number of included transaction sets is the total number of transaction sets in the group. See figure A1, Transmission Control Schematic.

A.1.4 Envelopes and Control Structures

A.1.4.1 Interchange Control Structures

Typically, the term "interchange" connotes the ISA/IEA envelope that is transmitted between trading/business partners. Interchange control is achieved through several "control" components. The interchange control number is contained in data element ISA13 of the ISA segment. The identical control number must also occur in data element 02 of the IEA segment. Most commercial translation software products will verify that these two fields are identical. In most translation software products, if these fields are different the interchange will be "suspended" in error.

There are many other features of the ISA segment that are used for control measures. For instance, the ISA segment contains data elements such as authorization information, security information, sender identification, and receiver identification that can be used for control purposes. These data elements are agreed upon by the trading partners prior to transmission and are contained in the written trading partner agreement. The interchange date and time data elements as well as the interchange control number within the ISA segment are used for debugging purposes when there is a problem with the transmission or the interchange.

Data Element ISA12, Interchange Control Version Number, indicates the version of the ISA/IEA envelope. The ISA12 does not indicate the version of the transaction set that is being transmitted but rather the envelope that encapsulates the transaction. An Interchange Acknowledgment can be denoted through data element ISA14. The acknowledgment that would be sent in reply to a "yes" condition in data element ISA14 would be the TA1 segment. Data element ISA15, Test Indicator, is used between trading partners to indicate that the transmission is in a "test" or "production" mode. This becomes significant when the production phase of the project is to commence. Data element ISA16, Subelement Separator, is used by the translator for interpretation of composite data elements.

The ending component of the interchange or ISA/IEA envelope is the IEA segment. Data element IEA01 indicates the number of functional groups that are included within the interchange. In most commercial translation software products, an aggregate count of functional groups is kept while interpreting the interchange. This count is then verified with data element IEA01. If there is a discrep-

ancy, in most commercial products, the interchange is suspended. The other data element in the IEA segment is IEA02 which is referenced above.

See the Appendix B, EDI Control Directory, for a complete detailing of the interchange control header and trailer.

A.1.4.2 Functional Groups

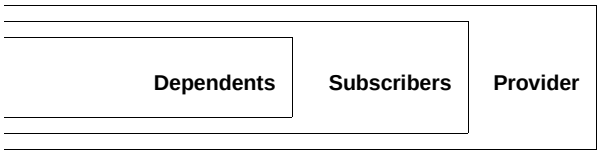
Control structures within the functional group envelope include the functional identifier code in GS01. The Functional Identifier Code is used by the commercial translation software during interpretation of the interchange to determine the different transaction sets that may be included within the functional group. If an inappropriate transaction set is contained within the functional group, most commercial translation software will suspend the functional group within the interchange. The Application Sender's Code in GS02 can be used to identify the sending unit of the transmission. The Application Receiver's Code in GS03 can be used to identify the receiving unit of the transmission. For health care, this unit identification can be used to differentiate between managed care, indemnity, and Medicare. The functional group contains a creation date (GS04) and creation time (GS05) for the functional group. The Group Control Number is contained in GS06. These data elements (GS04, GS05, AND GS06) can be used for debugging purposes during problem resolution. GS08,Version/Release/Industry Identifier Code is the version/release/sub-release of the transaction sets being transmitted in this functional group. Appendix B provides guidance for the value for this data element. The GS08 does not represent the version of the interchange (ISA/IEA) envelope but rather the version/release/sub-release of the transaction sets that are encompassed within the GS/GE envelope.

The Functional Group Control Number in GS06 must be identical to data element 02 of the GE segment. Data element GE01 indicates the number of transaction sets within the functional group. In most commercial translation software products, an aggregate count of the transaction sets is kept while interpreting the functional group. This count is then verified with data element GE01.

See the Appendix B, EDI Control Directory, for a complete detailing of the functional group header and trailer.

A.1.4.3 HL Structures

The HL segment is used in several X12 transaction sets to identify levels of detail information using a hierarchical structure, such as relating dependents to a subscriber. Hierarchical levels may differ from guide to guide. The following diagram, from transaction set 837, illustrates a typical hierarchy.



Each provider can bill for one or more subscribers, each subscriber can have one or more dependents and the subscriber and the dependents can make one or more claims. Each guide states what levels are available, the level's requirement, a repeat value, and whether that level has subordinate levels within a transmission.

A.1.5 Acknowledgments

A.1.5.1 Interchange Acknowledgment, TA1

The Interchange or TA1 Acknowledgment is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. Transaction set-specific verification is accomplished through use of the Functional Acknowledgment Transaction Set, 997. See A.1.5.2, Functional Acknowledgment, 997, for more details. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structures. A TA1 can be included in an interchange with other functional groups and transactions.

Encompassed in the TA1 are the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number, interchange date and time are identical to those that were present in the transmitted interchange from the sending trading partner. This provides the capability to associate the TA1 with the transmitted interchange. TA104, Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors. TA105, Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure. Values for this data element indicate whether the error occurred at the interchange or functional group envelope.

The TA1 segment provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure.

Due to the uniqueness of the TA1, implementation should be predicated upon the ability for the sending and receiving trading partners commercial translators to accommodate the uniqueness of the TA1. Unless named as mandatory in the Federal Rules implementing HIPAA, use of the TA1, although urged by the authors, is not mandated.

See the Appendix B, EDI Control Directory, for a complete detailing of the TA1 segment.

A.1.5.2 Functional Acknowledgment, 997

The Functional Acknowledgment Transaction Set, 997, has been designed to allow trading partners to establish a comprehensive control function as a part of their business exchange process. This acknowledgment process facilitates control of EDI. There is a one-to-one correspondence between a 997 and a functional group. Segments within the 997 can identify the acceptance or rejection of the functional group, transaction sets or segments. Data elements in error can also be identified. There are many EDI implementations that have incorporated the acknowledgment process in all of their electronic communications. Typically, the 997 is used as a functional acknowledgment to a previously transmitted functional group. Many commercially available translators can automatically generate this transaction set through internal parameter settings. Additionally translators will automatically reconcile received acknowledgments to functional groups that have been sent. The benefit to this process is that the sending trading partner

can determine if the receiving trading partner has received ASC X12 transaction sets through reports that can be generated by the translation software to identify transmissions that have not been acknowledged.

As stated previously the 997 is a transaction set and thus is encapsulated within the interchange control structure (envelopes) for transmission.

As with any information flow, an acknowledgment process is essential. If an “automatic” acknowledgment process is desired between trading partners then it is recommended that the 997 be used. Unless named as mandatory in the Federal Rules implementing HIPAA, use of the 997, although recommended by the authors, is not mandated.

See Appendix B, EDI Control Directory, for a complete detailing of transaction set 997.

B EDI Control Directory

B.1 Control Segments

- **ISA**
  Interchange Control Header Segment
- **IEA**
  Interchange Control Trailer Segment
- **GS**
  Functional Group Header Segment
- **GE**
  Functional Group Trailer Segment
- **TA1**
  Interchange Acknowledgment Segment

B.2 Functional Acknowledgment Transaction Set, 997

IMPLEMENTATION

INTERCHANGE CONTROL HEADER

Notes: **1. The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by "." for clarity.**

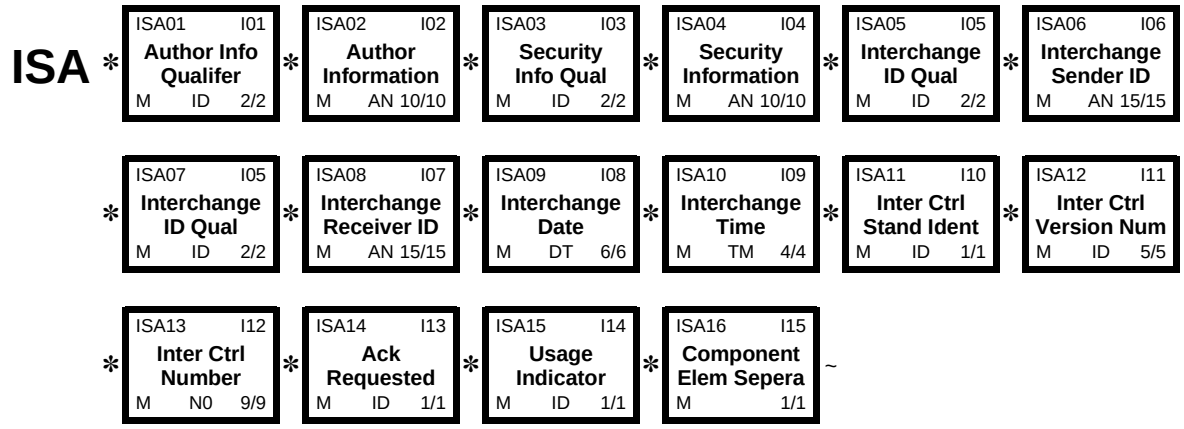
Example: **ISA* 00* .....* 01* SECRET....* ZZ* SUBMITTERS.ID..* ZZ* RECEIVERS.ID...* 930602* 1253* U* 00401* 000000905* 1* T* :~**

STANDARD

ISA Interchange Control Header

Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**ISA01**	**I01**	**Authorization Information Qualifier** Code to identify the type of information in the Authorization Information	**M ID 2/2**
			CODE / **DEFINITION** **00** — **No Authorization Information Present (No Meaningful Information in I02)** **ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION INFORMATION** **03** — **Additional Data Identification**	
REQUIRED	**ISA02**	**I02**	**Authorization Information** Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	**M AN 10/10**

REQUIRED **ISA03** **I03** **Security Information Qualifier** **M ID 2/2**
Code to identify the type of information in the Security Information

CODE	DEFINITION
00	**No Security Information Present (No Meaningful Information in I04)** **ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.**
01	**Password**

REQUIRED **ISA04** **I04** **Security Information** **M AN 10/10**
This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)

REQUIRED **ISA05** **I05** **Interchange ID Qualifier** **M ID 2/2**
Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

This ID qualifies the Sender in ISA06.

CODE	DEFINITION
01	**Duns (Dun & Bradstreet)**
14	**Duns Plus Suffix**
20	**Health Industry Number (HIN)** CODE SOURCE **121: Health Industry Identification Number**
27	**Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)**
28	**Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)**
29	**Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)**
30	**U.S. Federal Tax Identification Number**
33	**National Association of Insurance Commissioners Company Code (NAIC)**
ZZ	**Mutually Defined**

REQUIRED **ISA06** **I06** **Interchange Sender ID** **M AN 15/15**
Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element

REQUIRED **ISA07** **I05** **Interchange ID Qualifier** **M ID 2/2**
Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

This ID qualifies the Receiver in ISA08.

CODE	DEFINITION
01	**Duns (Dun & Bradstreet)**

			14	**Duns Plus Suffix**		
			20	**Health Industry Number (HIN)**		
				CODE SOURCE **121: Health Industry Identification Number**		
			27	**Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)**		
			28	**Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)**		
			29	**Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)**		
			30	**U.S. Federal Tax Identification Number**		
			33	**National Association of Insurance Commissioners Company Code (NAIC)**		
			ZZ	**Mutually Defined**		
REQUIRED	**ISA08**	**I07**	**Interchange Receiver ID**		**M**	**AN**	**15/15**
			Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them				
REQUIRED	**ISA09**	**I08**	**Interchange Date**		**M**	**DT**	**6/6**
			Date of the interchange				
			The date format is YYMMDD.				
REQUIRED	**ISA10**	**I09**	**Interchange Time**		**M**	**TM**	**4/4**
			Time of the interchange				
			The time format is HHMM.				
REQUIRED	**ISA11**	**I10**	**Interchange Control Standards Identifier**		**M**	**ID**	**1/1**
			Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer				
			CODE	DEFINITION			
			U	**U.S. EDI Community of ASC X12, TDCC, and UCS**			
REQUIRED	**ISA12**	**I11**	**Interchange Control Version Number**		**M**	**ID**	**5/5**
			This version number covers the interchange control segments				
			CODE	DEFINITION			
			00401	**Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997**			
REQUIRED	**ISA13**	**I12**	**Interchange Control Number**		**M**	**N0**	**9/9**
			A control number assigned by the interchange sender				
			The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.				

REQUIRED **ISA14** **I13** **Acknowledgment Requested** **M ID 1/1**
Code sent by the sender to request an interchange acknowledgment (TA1)

See Section A.1.5.1 for interchange acknowledgment information.

CODE	DEFINITION
0	**No Acknowledgment Requested**
1	**Interchange Acknowledgment Requested**

REQUIRED **ISA15** **I14** **Usage Indicator** **M ID 1/1**
Code to indicate whether data enclosed by this interchange envelope is test, production or information

CODE	DEFINITION
P	**Production Data**
T	**Test Data**

REQUIRED **ISA16** **I15** **Component Element Separator** **M 1/1**
Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator

IMPLEMENTATION

INTERCHANGE CONTROL TRAILER

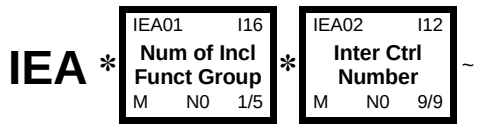
Example: IEA*1*000000905~

STANDARD

IEA Interchange Control Trailer

Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**IEA01**	**I16**	**Number of Included Functional Groups** A count of the number of functional groups included in an interchange	**M**	**N0**	**1/5**
REQUIRED	**IEA02**	**I12**	**Interchange Control Number** A control number assigned by the interchange sender	**M**	**N0**	**9/9**

IMPLEMENTATION

FUNCTIONAL GROUP HEADER

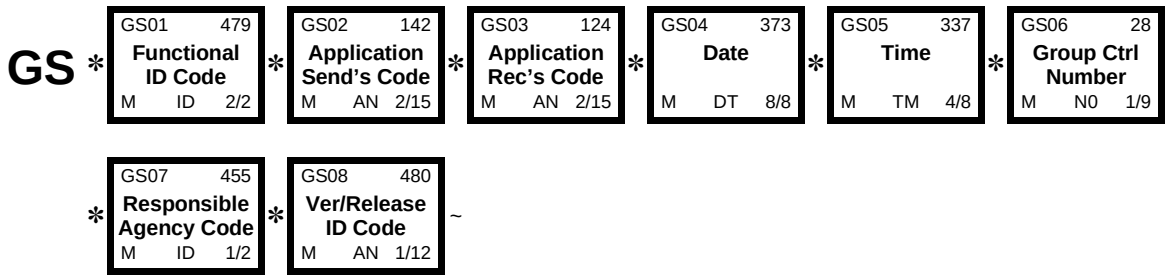
Example: GS*BE*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X095~

STANDARD

GS Functional Group Header

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**GS01**	**479**	**Functional Identifier Code** Code identifying a group of application related transaction sets **CODE** / **DEFINITION** **BE** — **Benefit Enrollment and Maintenance (834)**	**M ID 2/2**
REQUIRED	**GS02**	**142**	**Application Sender's Code** Code identifying party sending transmission; codes agreed to by trading partners **Use this code to identify the unit sending the information.**	**M AN 2/15**
REQUIRED	**GS03**	**124**	**Application Receiver's Code** Code identifying party receiving transmission. Codes agreed to by trading partners **Use this code to identify the unit receiving the information.**	**M AN 2/15**
REQUIRED	**GS04**	**373**	**Date** Date expressed as CCYYMMDD **SEMANTIC:** GS04 is the group date. **Use this date for the functional group creation date.**	**M DT 8/8**
REQUIRED	**GS05**	**337**	**Time** Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) **SEMANTIC:** GS05 is the group time. **Use this time for the creation time. The recommended format is HHMM.**	**M TM 4/8**

REQUIRED	**GS06**	**28**	**Group Control Number** Assigned number originated and maintained by the sender **SEMANTIC:** The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.	**M**	**N0**	**1/9**
REQUIRED	**GS07**	**455**	**Responsible Agency Code** Code used in conjunction with Data Element 480 to identify the issuer of the standard	**M**	**ID**	**1/2**

CODE	DEFINITION
X	**Accredited Standards Committee X12**

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

CODE	DEFINITION
004010X095	**Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.**

IMPLEMENTATION

FUNCTIONAL GROUP TRAILER

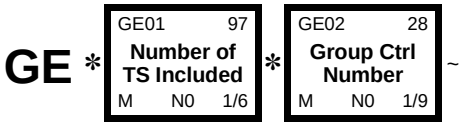
Example: GE*1*1~

STANDARD

GE Functional Group Trailer

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**GE01**	**97**	**Number of Transaction Sets Included** Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	**M N0 1/6**
REQUIRED	**GE02**	**28**	**Group Control Number** Assigned number originated and maintained by the sender **SEMANTIC:** The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.	**M N0 1/9**

IMPLEMENTATION

INTERCHANGE ACKNOWLEDGMENT

Notes:

1. **All fields must contain data.**
2. **This segment acknowledges the reception of an X12 interchange header and trailer from a previous interchange. If the header/trailer pair was received correctly, the TA1 reflects a valid interchange, regardless of the validity of the contents of the data included inside the header/trailer envelope.**
3. **See Section A.1.5.1 for interchange acknowledgment information.**
4. **Use of TA1 is subject to trading partner agreement and is neither mandated nor prohibited in this Appendix.**

Example: **TA1*000000905*940101*0100*A*000~**

STANDARD

TA1 Interchange Acknowledgment

Purpose: To report the status of processing a received interchange header and trailer or the non-delivery by a network provider

DIAGRAM

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**TA101**	**I12**	**Interchange Control Number** A control number assigned by the interchange sender	**M**	**N0**	**9/9**
			This number uniquely identifies the interchange data to the sender. It is assigned by the sender. Together with the sender ID it uniquely identifies the interchange data to the receiver. It is suggested that the sender, receiver, and all third parties be able to maintain an audit trail of interchanges using this number.			
			In the TA1, this should be the interchange control number of the original interchange that this TA1 is acknowledging.			
REQUIRED	**TA102**	**I08**	**Interchange Date** Date of the interchange	**M**	**DT**	**6/6**
			This is the date of the original interchange being acknowledged. (YYMMDD)			
REQUIRED	**TA103**	**I09**	**Interchange Time** Time of the interchange	**M**	**TM**	**4/4**
			This is the time of the original interchange being acknowledged. (HHMM)			

REQUIRED **TA104** **I17** **Interchange Acknowledgment Code** **M ID 1/1**

This indicates the status of the receipt of the interchange control structure

CODE	DEFINITION
A	The Transmitted Interchange Control Structure Header and Trailer Have Been Received and Have No Errors.
E	The Transmitted Interchange Control Structure Header and Trailer Have Been Received and Are Accepted But Errors Are Noted. This Means the Sender Must Not Resend This Data.
R	The Transmitted Interchange Control Structure Header and Trailer are Rejected Because of Errors.

REQUIRED **TA105** **I18** **Interchange Note Code** **M ID 3/3**

This numeric code indicates the error found processing the interchange control structure

CODE	DEFINITION
000	No error
001	The Interchange Control Number in the Header and Trailer Do Not Match. The Value From the Header is Used in the Acknowledgment.
002	This Standard as Noted in the Control Standards Identifier is Not Supported.
003	This Version of the Controls is Not Supported
004	The Segment Terminator is Invalid
005	Invalid Interchange ID Qualifier for Sender
006	Invalid Interchange Sender ID
007	Invalid Interchange ID Qualifier for Receiver
008	Invalid Interchange Receiver ID
009	Unknown Interchange Receiver ID
010	Invalid Authorization Information Qualifier Value
011	Invalid Authorization Information Value
012	Invalid Security Information Qualifier Value
013	Invalid Security Information Value
014	Invalid Interchange Date Value
015	Invalid Interchange Time Value
016	Invalid Interchange Standards Identifier Value
017	Invalid Interchange Version ID Value
018	Invalid Interchange Control Number Value

019	Invalid Acknowledgment Requested Value
020	Invalid Test Indicator Value
021	Invalid Number of Included Groups Value
022	Invalid Control Structure
023	Improper (Premature) End-of-File (Transmission)
024	Invalid Interchange Content (e.g., Invalid GS Segment)
025	Duplicate Interchange Control Number
026	Invalid Data Element Separator
027	Invalid Component Element Separator
028	Invalid Delivery Date in Deferred Delivery Request
029	Invalid Delivery Time in Deferred Delivery Request
030	Invalid Delivery Time Code in Deferred Delivery Request
031	Invalid Grade of Service Code

STANDARD

997 Functional Acknowledgment

Functional Group ID: FA

This Draft Standard for Trial Use contains the format and establishes the data contents of the Functional Acknowledgment Transaction Set (997) for use within the context of an Electronic Data Interchange (EDI) environment. The transaction set can be used to define the control structures for a set of acknowledgments to indicate the results of the syntactical analysis of the electronically encoded documents. The encoded documents are the transaction sets, which are grouped in functional groups, used in defining transactions for business data interchange. This standard does not cover the semantic meaning of the information encoded in the transaction sets.

Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
010	ST	Transaction Set Header	M	1	
020	AK1	Functional Group Response Header	M	1	
		LOOP ID - AK2			999999
030	AK2	Transaction Set Response Header	O	1	
		LOOP ID - AK2/AK3			999999
040	AK3	Data Segment Note	O	1	
050	AK4	Data Element Note	O	99	
060	AK5	Transaction Set Response Trailer	M	1	
070	AK9	Functional Group Response Trailer	M	1	
080	SE	Transaction Set Trailer	M	1	

NOTES:

1/010 These acknowledgments shall not be acknowledged, thereby preventing an endless cycle of acknowledgments of acknowledgments. Nor shall a Functional Acknowledgment be sent to report errors in a previous Functional Acknowledgment.

1/010 The Functional Group Header Segment (GS) is used to start the envelope for the Functional Acknowledgment Transaction Sets. In preparing the functional group of acknowledgments, the application sender's code and the application receiver's code, taken from the functional group being acknowledged, are exchanged; therefore, one acknowledgment functional group responds to only those functional groups from one application receiver's code to one application sender's code.

1/010 There is only one Functional Acknowledgment Transaction Set per acknowledged functional group.

1/020 AK1 is used to respond to the functional group header and to start the acknowledgement for a functional group. There shall be one AK1 segment for the functional group that is being acknowledged.

1/030 AK2 is used to start the acknowledgement of a transaction set within the received functional group. The AK2 segments shall appear in the same order as the transaction sets in the functional group that has been received and is being acknowledged.

1/040 The data segments of this standard are used to report the results of the syntactical analysis of the functional groups of transaction sets; they report the extent to which the syntax complies with the standards for transaction sets and functional groups. They do not report on the semantic meaning of the transaction sets (for example, on the ability of the receiver to comply with the request of the sender).

IMPLEMENTATION

TRANSACTION SET HEADER

Usage: **REQUIRED**

Repeat: **1**

Notes:
1. **Use of the 997 transaction is subject to trading partner agreement or accepted usage and is neither mandated nor prohibited in this Appendix.**

Example: **ST*997*1234~**

STANDARD

ST Transaction Set Header

Level: Header

Position: 010

Loop: ____

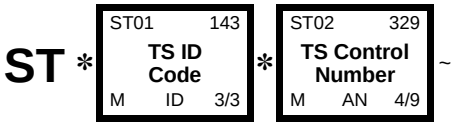
Requirement: Mandatory

Max Use: 1

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

Set Notes:
1. These acknowledgments shall not be acknowledged, thereby preventing an endless cycle of acknowledgments of acknowledgments. Nor shall a Functional Acknowledgment be sent to report errors in a previous Functional Acknowledgment.
2. The Functional Group Header Segment (GS) is used to start the envelope for the Functional Acknowledgment Transaction Sets. In preparing the functional group of acknowledgments, the application sender's code and the application receiver's code, taken from the functional group being acknowledged, are exchanged; therefore, one acknowledgment functional group responds to only those functional groups from one application receiver's code to one application sender's code.
3. There is only one Functional Acknowledgment Transaction Set per acknowledged functional group.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**ST01**	**143**	**Transaction Set Identifier Code** Code uniquely identifying a Transaction Set **SEMANTIC:** The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set). **CODE** / **DEFINITION** **997** — **Functional Acknowledgment**	**M ID 3/3**
REQUIRED	**ST02**	**329**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set **The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). The number also aids in error resolution research. For example, start with the number 0001 and increment from there.** **Use the corresponding value in SE02 for this transaction set.**	**M AN 4/9**

IMPLEMENTATION

FUNCTIONAL GROUP RESPONSE HEADER

Usage: **REQUIRED**

Repeat: **1**

Example: **AK1*BE*1~**

STANDARD

AK1 Functional Group Response Header

Level: Header

Position: 020

Loop: ____

Requirement: Mandatory

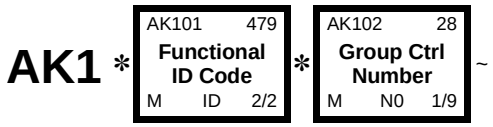
Max Use: 1

Purpose: To start acknowledgment of a functional group

Set Notes:

1. AK1 is used to respond to the functional group header and to start the acknowledgement for a functional group. There shall be one AK1 segment for the functional group that is being acknowledged.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AK101**	**479**	**Functional Identifier Code** Code identifying a group of application related transaction sets **SEMANTIC:** AK101 is the functional ID found in the GS segment (GS01) in the functional group being acknowledged.	**M ID 2/2**
			CODE / **DEFINITION** **BE** — **Benefit Enrollment and Maintenance (834)**	
REQUIRED	**AK102**	**28**	**Group Control Number** Assigned number originated and maintained by the sender **SEMANTIC:** AK102 is the functional group control number found in the GS segment in the functional group being acknowledged.	**M N0 1/9**

IMPLEMENTATION

TRANSACTION SET RESPONSE HEADER

Loop: **AK2 — TRANSACTION SET RESPONSE HEADER** **Repeat:** **999999**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Required when communicating information about a transaction set within the functional group identified in AK1.**

Example: **AK2*834*000000905~**

STANDARD

AK2 Transaction Set Response Header

Level: Header

Position: 030

Loop: AK2 **Repeat:** 999999

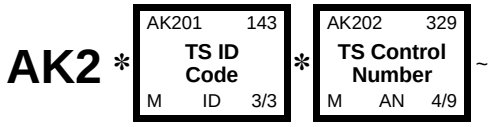
Requirement: Optional

Max Use: 1

Purpose: To start acknowledgment of a single transaction set

Set Notes:
1. AK2 is used to start the acknowledgement of a transaction set within the received functional group. The AK2 segments shall appear in the same order as the transaction sets in the functional group that has been received and is being acknowledged.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**AK201**	**143**	**Transaction Set Identifier Code** Code uniquely identifying a Transaction Set **SEMANTIC:** AK201 is the transaction set ID found in the ST segment (ST01) in the transaction set being acknowledged. **CODE** / **DEFINITION** **834** **Benefit Enrollment and Maintenance**	**M**	**ID**	**3/3**
REQUIRED	**AK202**	**329**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set **SEMANTIC:** AK202 is the transaction set control number found in the ST segment in the transaction set being acknowledged.	**M**	**AN**	**4/9**

IMPLEMENTATION

DATA SEGMENT NOTE

Loop: **AK2/AK3 — DATA SEGMENT NOTE** **Repeat:** **999999**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Used when there are errors to report in a transaction.**

Example: **AK3*NM1*37*2010BB*7~**

STANDARD

AK3 Data Segment Note

Level: Header

Position: 040

Loop: AK2/AK3 **Repeat:** 999999

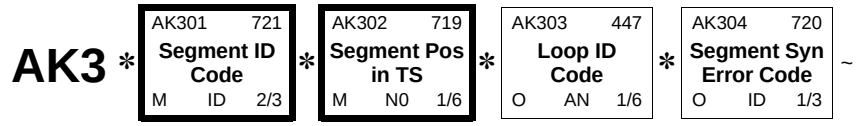
Requirement: Optional

Max Use: 1

Purpose: To report errors in a data segment and identify the location of the data segment

Set Notes: **1.** The data segments of this standard are used to report the results of the syntactical analysis of the functional groups of transaction sets; they report the extent to which the syntax complies with the standards for transaction sets and functional groups. They do not report on the semantic meaning of the transaction sets (for example, on the ability of the receiver to comply with the request of the sender).

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AK301**	**721**	**Segment ID Code** Code defining the segment ID of the data segment in error (See Appendix A - Number 77) **CODE SOURCE 77:** X12 Directories **This is the two or three characters which occur at the beginning of a segment.**	**M ID 2/3**
REQUIRED	**AK302**	**719**	**Segment Position in Transaction Set** The numerical count position of this data segment from the start of the transaction set: the transaction set header is count position 1 **This is a data count, not a segment position in the standard description.**	**M N0 1/6**

SITUATIONAL **AK303** **447** **Loop Identifier Code** **O AN 1/6**
The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE

Use this code to identify a loop within the transaction set that is bounded by the related LS and LE segments (corresponding LS and LE segments must have the same value for loop identifier). (Note: The loop ID number given on the transaction set diagram is recommended as the value for this data element in the segments LS and LE.)

SITUATIONAL **AK304** **720** **Segment Syntax Error Code** **O ID 1/3**
Code indicating error found based on the syntax editing of a segment

This code is required if an error exists.

CODE	DEFINITION
1	Unrecognized segment ID
2	Unexpected segment
3	Mandatory segment missing
4	Loop Occurs Over Maximum Times
5	Segment Exceeds Maximum Use
6	Segment Not in Defined Transaction Set
7	Segment Not in Proper Sequence
8	Segment Has Data Element Errors

IMPLEMENTATION

DATA ELEMENT NOTE

Loop: **AK2/AK3 — DATA SEGMENT NOTE**

Usage: **SITUATIONAL**

Repeat: **99**

Notes: **1. Used when there are errors to report in a data element or composite data structure.**

Example: **AK4*1*98*7~**

STANDARD

AK4 Data Element Note

Level: Header

Position: 050

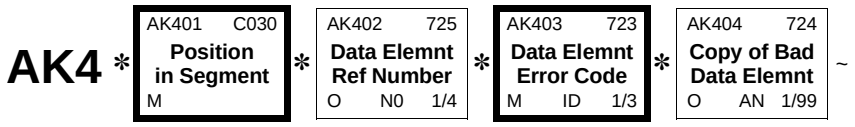
Loop: AK2/AK3

Requirement: Optional

Max Use: 99

Purpose: To report errors in a data element or composite data structure and identify the location of the data element

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AK401**	**C030**	**POSITION IN SEGMENT** Code indicating the relative position of a simple data element, or the relative position of a composite data structure combined with the relative position of the component data element within the composite data structure, in error; the count starts with 1 for the simple data element or composite data structure immediately following the segment ID	**M**
REQUIRED	**AK401 - 1**	**722**	**Element Position in Segment** This is used to indicate the relative position of a simple data element, or the relative position of a composite data structure with the relative position of the component within the composite data structure, in error; in the data segment the count starts with 1 for the simple data element or composite data structure immediately following the segment ID	**M N0 1/2**
SITUATIONAL	**AK401 - 2**	**1528**	**Component Data Element Position in Composite** To identify the component data element position within the composite that is in error	**O N0 1/2**
			Used when an error occurs in a composite data element and the composite data element position can be determined.	

SITUATIONAL **AK402** **725** **Data Element Reference Number** **O** **N0** **1/4**
Reference number used to locate the data element in the Data Element Dictionary

ADVISORY: Under most circumstances, this element is expected to be sent.

CODE SOURCE 77: X12 Directories

The Data Element Reference Number for this data element is 725. For example, all reference numbers are found with the segment descriptions in this implementation guide.

REQUIRED **AK403** **723** **Data Element Syntax Error Code** **M** **ID** **1/3**
Code indicating the error found after syntax edits of a data element

CODE	DEFINITION
1	Mandatory data element missing
2	Conditional required data element missing.
3	Too many data elements.
4	Data element too short.
5	Data element too long.
6	Invalid character in data element.
7	Invalid code value.
8	Invalid Date
9	Invalid Time
10	Exclusion Condition Violated

SITUATIONAL **AK404** **724** **Copy of Bad Data Element** **O** **AN** **1/99**
This is a copy of the data element in error

SEMANTIC: In no case shall a value be used for AK404 that would generate a syntax error, e.g., an invalid character.

Used to provide copy of erroneous data to the original submitter, but this is not used if the error reported in an invalid character.

IMPLEMENTATION

TRANSACTION SET RESPONSE TRAILER

Loop: **AK2/AK3 — DATA SEGMENT NOTE**

Usage: **REQUIRED**

Repeat: **1**

Example: **AK5*E*5~**

STANDARD

AK5 Transaction Set Response Trailer

Level: Header

Position: 060

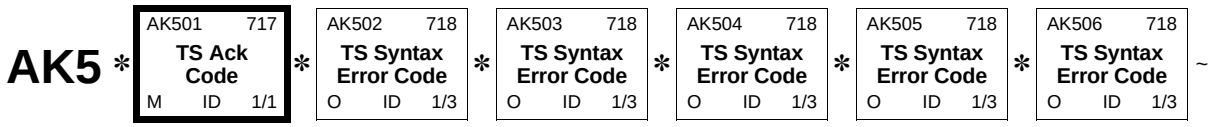
Loop: AK2

Requirement: Mandatory

Max Use: 1

Purpose: To acknowledge acceptance or rejection and report errors in a transaction set

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AK501**	**717**	**Transaction Set Acknowledgment Code** Code indicating accept or reject condition based on the syntax editing of the transaction set	**M ID 1/1**

CODE	DEFINITION
A	**Accepted** **ADVISED**
E	**Accepted But Errors Were Noted**
M	**Rejected, Message Authentication Code (MAC) Failed**
R	**Rejected** **ADVISED**
W	**Rejected, Assurance Failed Validity Tests**
X	**Rejected, Content After Decryption Could Not Be Analyzed**

SITUATIONAL	AK502	718	**Transaction Set Syntax Error Code** Code indicating error found based on the syntax editing of a transaction set	O	ID	1/3

This code is required if an error exists.

CODE	DEFINITION
1	Transaction Set Not Supported
2	Transaction Set Trailer Missing
3	Transaction Set Control Number in Header and Trailer Do Not Match
4	Number of Included Segments Does Not Match Actual Count
5	One or More Segments in Error
6	Missing or Invalid Transaction Set Identifier
7	Missing or Invalid Transaction Set Control Number
8	Authentication Key Name Unknown
9	Encryption Key Name Unknown
10	Requested Service (Authentication or Encrypted) Not Available
11	Unknown Security Recipient
12	Incorrect Message Length (Encryption Only)
13	Message Authentication Code Failed
15	Unknown Security Originator
16	Syntax Error in Decrypted Text
17	Security Not Supported
23	Transaction Set Control Number Not Unique within the Functional Group
24	S3E Security End Segment Missing for S3S Security Start Segment
25	S3S Security Start Segment Missing for S3E Security End Segment
26	S4E Security End Segment Missing for S4S Security Start Segment
27	S4S Security Start Segment Missing for S4E Security End Segment

SITUATIONAL	AK503	718	**Transaction Set Syntax Error Code** Code indicating error found based on the syntax editing of a transaction set	O	ID	1/3

Use the same codes indicated in AK502.

SITUATIONAL	**AK504**	**718**	**Transaction Set Syntax Error Code** Code indicating error found based on the syntax editing of a transaction set	**O**	**ID**	**1/3**
			Use the same codes indicated in AK502.			
SITUATIONAL	**AK505**	**718**	**Transaction Set Syntax Error Code** Code indicating error found based on the syntax editing of a transaction set	**O**	**ID**	**1/3**
			Use the same codes indicated in AK502.			
SITUATIONAL	**AK506**	**718**	**Transaction Set Syntax Error Code** Code indicating error found based on the syntax editing of a transaction set	**O**	**ID**	**1/3**
			Use the same codes indicated in AK502.			

IMPLEMENTATION

FUNCTIONAL GROUP RESPONSE TRAILER

Usage: **REQUIRED**

Repeat: **1**

Example: **AK9*A*1*1*1~**

STANDARD

AK9 Functional Group Response Trailer

Level: Header

Position: 070

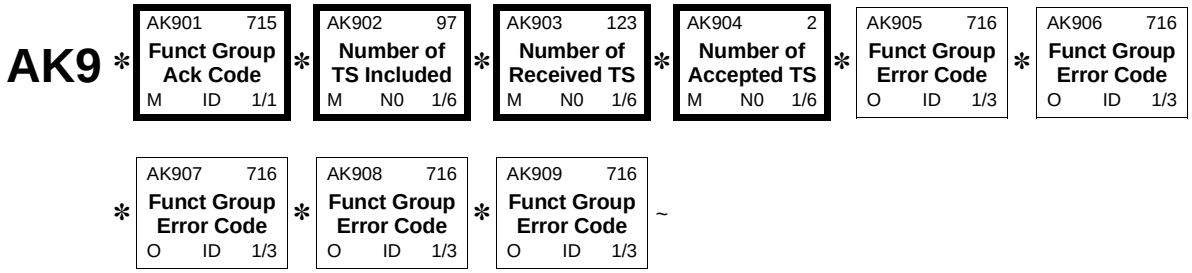
Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To acknowledge acceptance or rejection of a functional group and report the number of included transaction sets from the original trailer, the accepted sets, and the received sets in this functional group

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AK901**	**715**	**Functional Group Acknowledge Code** Code indicating accept or reject condition based on the syntax editing of the functional group COMMENT: If AK901 contains the value “A” or “E”, then the transmitted functional group is accepted.	**M ID 1/1**

CODE	DEFINITION
A	**Accepted** **ADVISED**
E	**Accepted, But Errors Were Noted.**
M	**Rejected, Message Authentication Code (MAC) Failed**

			P	**Partially Accepted, At Least One Transaction Set Was Rejected** **ADVISED**			
			R	**Rejected** **ADVISED**			
			W	**Rejected, Assurance Failed Validity Tests**			
			X	**Rejected, Content After Decryption Could Not Be Analyzed**			
REQUIRED	**AK902**	**97**	**Number of Transaction Sets Included** Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	**M**	**N0**	**1/6**	
			This is the value in the original GE01.				
REQUIRED	**AK903**	**123**	**Number of Received Transaction Sets** Number of Transaction Sets received	**M**	**N0**	**1/6**	
REQUIRED	**AK904**	**2**	**Number of Accepted Transaction Sets** Number of accepted Transaction Sets in a Functional Group	**M**	**N0**	**1/6**	
SITUATIONAL	**AK905**	**716**	**Functional Group Syntax Error Code** Code indicating error found based on the syntax editing of the functional group header and/or trailer	**O**	**ID**	**1/3**	
			This code is required if an error exists.				

CODE	DEFINITION
1	**Functional Group Not Supported**
2	**Functional Group Version Not Supported**
3	**Functional Group Trailer Missing**
4	**Group Control Number in the Functional Group Header and Trailer Do Not Agree**
5	**Number of Included Transaction Sets Does Not Match Actual Count**
6	**Group Control Number Violates Syntax**
10	**Authentication Key Name Unknown**
11	**Encryption Key Name Unknown**
12	**Requested Service (Authentication or Encryption) Not Available**
13	**Unknown Security Recipient**
14	**Unknown Security Originator**
15	**Syntax Error in Decrypted Text**
16	**Security Not Supported**
17	**Incorrect Message Length (Encryption Only)**
18	**Message Authentication Code Failed**

			23	**S3E Security End Segment Missing for S3S Security Start Segment**			
			24	**S3S Security Start Segment Missing for S3E End Segment**			
			25	**S4E Security End Segment Missing for S4S Security Start Segment**			
			26	**S4S Security Start Segment Missing for S4E Security End Segment**			
SITUATIONAL	**AK906**	**716**	**Functional Group Syntax Error Code** Code indicating error found based on the syntax editing of the functional group header and/or trailer	**O**	**ID**	**1/3**	
			Use the same codes indicated in AK905.				
SITUATIONAL	**AK907**	**716**	**Functional Group Syntax Error Code** Code indicating error found based on the syntax editing of the functional group header and/or trailer	**O**	**ID**	**1/3**	
			Use the same codes indicated in AK905.				
SITUATIONAL	**AK908**	**716**	**Functional Group Syntax Error Code** Code indicating error found based on the syntax editing of the functional group header and/or trailer	**O**	**ID**	**1/3**	
			Use the same codes indicated in AK905.				
SITUATIONAL	**AK909**	**716**	**Functional Group Syntax Error Code** Code indicating error found based on the syntax editing of the functional group header and/or trailer	**O**	**ID**	**1/3**	
			Use the same codes indicated in AK905.				

IMPLEMENTATION

TRANSACTION SET TRAILER

Usage: **REQUIRED**

Repeat: **1**

Example: **SE*27*1234~**

STANDARD

SE Transaction Set Trailer

Level: Header

Position: 080

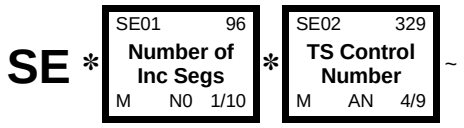
Loop: ____

Requirement: Mandatory

Max Use: 1

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**SE01**	**96**	**Number of Included Segments** Total number of segments included in a transaction set including ST and SE segments	**M N0 1/10**
REQUIRED	**SE02**	**329**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	**M AN 4/9**
			The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). The number also aids in error resolution research. For example, start with the number 0001 and increment from there.	

C External Code Sources

5 Countries, Currencies and Funds

SIMPLE DATA ELEMENT/CODE REFERENCES

235/CH, 26, 100

SOURCE

Codes for Representation of Names of Countries, ISO 3166-(Latest Release)
Codes for Representation of Currencies and Funds, ISO 4217-(Latest Release)

AVAILABLE FROM

American National Standards Institute
11 West 42nd Street, 13th Floor
New York, NY 10036

ABSTRACT

This international standard provides a two-letter alphabetic code for representing the names of countries, dependencies, and other areas of special geopolitical interest for purposes of international exchange and general directions for the maintenance of the code. The standard is intended for use in any application requiring expression of entitles in coded form. Most currencies are those of the geopolitical entities that are listed in ISO 3166, Codes for the Representation of Names of Countries. The code may be a three-character alphabetic or three-digit numeric. The two leftmost characters of the alphabetic code identify the currency authority to which the code is assigned (using the two character alphabetic code from ISO 3166, if applicable). The rightmost character is a mnemonic derived from the name of the major currency unit or fund. For currencies not associated with a single geographic entity, a specially-allocated two-character alphabetic code, in the range XA to XZ identifies the currency authority. The rightmost character is derived from the name of the geographic area concerned, and is mnemonic to the extent possible. The numeric codes are identical to those assigned to the geographic entities listed in ISO 3166. The range 950-998 is reserved for identification of funds and currencies not associated with a single entity listed in ISO 3166.

22 States and Outlying Areas of the U.S.

SIMPLE DATA ELEMENT/CODE REFERENCES

66/SJ, 771/009, 235/A5, 156

SOURCE

National Zip Code and Post Office Directory

AVAILABLE FROM

U.S. Postal Service
National Information Data Center
P.O. Box 2977
Washington, DC 20013

ABSTRACT

Provides names, abbreviations, and codes for the 50 states, the District of Columbia, and the outlying areas of the U.S. The entities listed are considered to be the first order divisions of the U.S.

Microfiche available from NTIS (same as address above).
The Canadian Post Office lists the following as “official” codes for Canadian Provinces:

AB - Alberta
BC - British Columbia
MB - Manitoba
NB - New Brunswick
NF - Newfoundland
NS - Nova Scotia
NT - North West Territories
ON - Ontario
PE - Prince Edward Island
PQ - Quebec
SK - Saskatchewan
YT - Yukon

51 ZIP Code

SIMPLE DATA ELEMENT/CODE REFERENCES

66/16, 309/PQ, 309/PR, 309/PS, 771/010, 116

SOURCE

National ZIP Code and Post Office Directory, Publication 65

The USPS Domestic Mail Manual

AVAILABLE FROM

U.S Postal Service
Washington, DC 20260

New Orders
Superintendent of Documents
P.O. Box 371954
Pittsburgh, PA 15250-7954

ABSTRACT

The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two rightmost digits identify a local delivery area. In the nine-digit ZIP Code, the four digits that follow the hyphen further subdivide the delivery area. The two leftmost digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes.

The USPS Domestics Mail Manual includes information on the use of the new 11-digit zip code.

77 X12 Directories

SIMPLE DATA ELEMENT/CODE REFERENCES

721, 725

SOURCE

X12.3 Data Element Dictionary
X12.22 Segment Directory

AVAILABLE FROM

Data Interchange Standards Association, Inc. (DISA)
Suite 200
1800 Diagonal Road
Alexandria, VA 22314-2852

ABSTRACT

The data element dictionary contains the format and descriptions of data elements used to construct X12 segments. It also contains code lists associated with these data elements. The segment directory contains the format and definitions of the data segments used to construct X12 transaction sets.

94 International Organization for Standardization (Date and Time)

SIMPLE DATA ELEMENT/CODE REFERENCES

623

SOURCE

ISO 8601

AVAILABLE FROM

American National Standards Institute
11 West 42nd Street, 13th Floor
New York, NY 10036

ABSTRACT

ISO Standards code list for representation of date and time.

102 Languages

SIMPLE DATA ELEMENT/CODE REFERENCES

66/LE, 819

SOURCE

Code for the representation of names of languages (ISO 639)

AVAILABLE FROM

American National Standards Institute
11 West 42nd Street, 13th Floor
New York, NY 10036

ABSTRACT

A set of symbols used to designate languages.

121 Health Industry Identification Number

SIMPLE DATA ELEMENT/CODE REFERENCES

128/HI, 66/21, I05/20, 1270/HI

SOURCE

Health Industry Number Database

AVAILABLE FROM

Health Industry Business Communications Council
5110 North 40th Street
Phoenix, AZ 85018

ABSTRACT

The HIN is a coding system, developed and administered by the Health Industry Business Communications Council, that assigns a unique code number to hospitals and other provider organizations - the customers of health industry manufacturers and distributors.

131 International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

SIMPLE DATA ELEMENT/CODE REFERENCES

235/ID, 235/DX, 1270/BF, 1270/BJ, 1270/BK, 1270/BN, 1270/BQ, 1270/BR, 1270/SD, 1270/TD, 1270/DD, 128/ICD

SOURCE

International Classification of Diseases, 9th Revision, Clincal Modification (ICD-9-CM)

AVAILABLE FROM

U.S. National Center for Health Statistics
Commission of Professional and Hospital Activities
1968 Green Road
Ann Arbor, MI 48105

ABSTRACT

The International Classification of Diseases, 9th Revision, Clinical Modification, describes the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations.

457 NISO Z39.53 Language Code List

SIMPLE DATA ELEMENT/CODE REFERENCES

66/LD

SOURCE

Code list for the representation of names of written languages (NISO Z39.53)

AVAILABLE FROM

National Information Standards Organization Press
P.O. 338
Oxon Hill, MD 20750-0338

ABSTRACT

A set of codes to designate written languages.

540 Health Care Financing Administration National PlanID

SIMPLE DATA ELEMENT/CODE REFERENCES

66/XV

SOURCE

PlanID Database

AVAILABLE FROM

Health Care Financing Administration
Center for Beneficiary Services
Administration Group
Division of Membership Operations
S1-05-06
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT

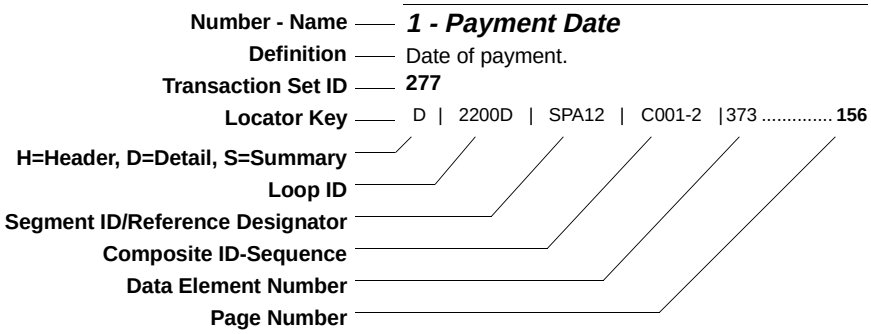
The Health care Financing Administration is developing the PlanID, which will be proposed as the standard unique identifier for each health plan under the Health Insurance Portability and Accountability Act of 1996.

D Change Summary

This is the first ASC X12N implementation guide for the 834. In future guides, this section will contain a summary of all changes since the previous guide.

E Data Element Name Index

This appendix contains an alphabetic listing of data elements used in this implementation guide. Consult the Data Element Dictionary for the complete list. Data element names in normal type are generic ASC X12 names. Italic type indicates a health care industry defined name.



Action Code

Code indicating type of action

H		BGN08	-	306		**31**
D	2300	IDC04	-	306		**138**
D	2310	PLA01	-	306		**148**

Amount Qualifier Code

Code to qualify amount.

D	2100A	AMT01	-	522		**75**
D	2300	AMT01	-	522		**134**

Assigned Number

Number assigned for differentiation within a transaction set.

D	2310	LX01	-	554		**139**

Benefit Status Code

The type of coverage under which benefits are paid.

D	2000	INS05	-	1216		**47**

Birth Sequence Number

A number indicating the order of birth for the identified person in relationship to family members with the same date of birth.

D	2000	INS17	-	1470		**50**

Citizenship Status Code

Code indicating citizenship status

D	2100A	DMG06	-	1066		**72**

Communication Number

Complete communications number including country or area code when applicable

D	2100A	PER04	-	364		**65**
D	2100A	PER06	-	364		**66**
D	2100A	PER08	-	364		**66**
D	2100D	PER04	-	364		**93**
D	2100D	PER06	-	364		**94**
D	2100D	PER08	-	364		**94**
D	2100E	PER04	-	364		**101**
D	2100E	PER06	-	364		**102**
D	2100E	PER08	-	364		**102**
D	2100F	PER04	-	364		**110**
D	2100F	PER06	-	364		**111**
D	2100F	PER08	-	364		**111**
D	2100G	PER04	-	364		**119**
D	2100G	PER06	-	364		**120**
D	2100G	PER08	-	364		**120**
D	2310	PER04	-	364		**146**
D	2310	PER06	-	364		**146**
D	2310	PER08	-	364		**147**

Communication Number Qualifier

Code identifying the type of communication number

D	2100A	PER03	-	365		**65**
D	2100A	PER05	-	365		**65**
D	2100A	PER07	-	365		**66**
D	2100D	PER03	-	365		**93**
D	2100D	PER05	-	365		**93**
D	2100D	PER07	-	365		**94**
D	2100E	PER03	-	365		**101**
D	2100E	PER05	-	365		**101**
D	2100E	PER07	-	365		**102**
D	2100F	PER03	-	365		**110**
D	2100F	PER05	-	365		**110**
D	2100F	PER07	-	365		**111**
D	2100G	PER03	-	365		**119**
D	2100G	PER05	-	365		**119**
D	2100G	PER07	-	365		**120**
D	2310	PER03	-	365		**146**
D	2310	PER05	-	365		**146**
D	2310	PER07	-	365		**147**

Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code

A Qualifying Event is an event under the law which results in loss of coverage for a Qualified Beneficiary.

D | 2000 | INS07 | - | 1219 ..... **48**

Contact Function Code

Code identifying the major duty or responsibility of the person or group named.

D | 2100A | PER01 | - | 366 ..... **65**
D | 2100D | PER01 | - | 366 ..... **93**
D | 2100E | PER01 | - | 366 ..... **101**
D | 2100F | PER01 | - | 366 ..... **110**
D | 2100G | PER01 | - | 366 ..... **119**
D | 2310 | PER01 | - | 366 ..... **146**

Contract Amount

Fixed monetary amount pertaining to the contract

D | 2100A | AMT02 | - | 782 ..... **75**
D | 2300 | AMT02 | - | 782 ..... **134**

Coordination of Benefits Code

Code identifying whether there is a coordination of benefits

D | 2320 | COB03 | - | 1143..... **151**

Coordination of Benefits Date

The dates of eligibility for coordination of benefits

D | 2320 | DTP03 | - | 1251 ..... **157**

Country Code

Code indicating the geographic location.

D | 2100A | N404 | - | 26 ..... **69**
D | 2100C | N404 | - | 26 ..... **89**
D | 2100D | N404 | - | 26 ..... **97**
D | 2100E | N404 | - | 26 ..... **105**
D | 2100F | N404 | - | 26 ..... **114**
D | 2100G | N404 | - | 26 ..... **123**
D | 2310 | N404 | - | 26 ..... **144**

Coverage Level Code

Code indicating the level of coverage being provided for this insured

D | 2300 | HD05 | - | 1207 ..... **130**

Coverage Period

The coverage period associated with this premium payment.

D | 2300 | DTP03 | - | 1251 ..... **133**

Custodial Parent Address Line

The first line of the address of the individual's parent who has legal custody of the individual.

D | 2100F | N301 | - | 166 ..... **112**
D | 2100F | N302 | - | 166 ..... **112**

Custodial Parent City Name

The city of the individual's parent who has legal custody of the individual.

D | 2100F | N401 | - | 19 ..... **113**

Custodial Parent First Name

The first name of the individual's parent who has legal custody of the individual.

D | 2100F | NM104 | - | 1036 ..... **107**

Custodial Parent Identifier

The identification number of the individual's parent who has legal custody of the individual.

D | 2100F | NM109 | - | 67 ..... **108**

Custodial Parent Last Name

The last name of the individual's parent who has legal custody of the individual.

D | 2100F | NM103 | - | 1035 ..... **107**

Custodial Parent Middle Name

The middle name of the individual's parent who has legal custody of the individual.

D | 2100F | NM105 | - | 1037 ..... **107**

Custodial Parent Name Prefix

The prefix to the name of the individual's parent who has legal custody of the individual.

D | 2100F | NM106 | - | 1038 ..... **107**

Custodial Parent Name Suffix

The suffix to the name of the individual's parent who has legal custody of the individual.

D | 2100F | NM107 | - | 1039 ..... **107**

Custodial Parent Postal Zone or ZIP Code

The postal ZIP code of the individual's parent who has legal custody of the individual.

D | 2100F | N403 | - | 116..... **114**

Custodial Parent State Code

The code for the state of the individual's parent who has legal custody of the individual.

D | 2100F | N402 | - | 156 ..... **113**

Date Time Period

Expression of a date, a time, or a range of dates, times, or dates and times.

H | | DTP03 | - | 1251 ..... **34**

Date Time Period Format Qualifier

Code indicating the date format, time format, or date and time format

H | | DTP02 | - | 1250 ..... **34**

D | 2000 | INS11 | - | 1250 ..... **50**
D | 2000 | DTP02 | - | 1250 ..... **60**
D | 2100A | DMG01 | - | 1250 ..... **70**
D | 2100B | DMG01 | - | 1250 ..... **83**
D | 2200 | DTP02 | - | 1250 ..... **126**
D | 2300 | DTP02 | - | 1250 ..... **133**
D | 2320 | DTP02 | - | 1250 ..... **156**

Date Time Qualifier

Code specifying the type of date or time or both date and time.

H | | DTP01 | - | 374 ..... **34**
D | 2000 | DTP01 | - | 374 ..... **59**
D | 2200 | DTP01 | - | 374 ..... **126**
D | 2300 | DTP01 | - | 374 ..... **132**
D | 2320 | DTP01 | - | 374 ..... **156**

Diagnosis Code

An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition.

D | 2200 | DSB08 | - | 1137..... **125**

Disability Eligibility Date

Date when individual became eligible for disability benefits.

D | 2200 | DTP03 | - | 1251 ..... **127**

Disability Type Code

An indicator to describe type of disability.

D | 2200 | DSB01 | - | 1146..... **124**

Employment Status Code

A code used to define the employment status of the individual covered by this insurance payer.

D | 2000 | INS08 | - | 584 ..... **49**

Entity Identifier Code

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

H | 1000A | N101 | - | 98 ..... **35**
H | 1000B | N101 | - | 98 ..... **37**
H | 1000C | N101 | - | 98 ..... **39**
D | 2100A | NM101 | - | 98 ..... **62**
D | 2100B | NM101 | - | 98 ..... **81**
D | 2100C | NM101 | - | 98 ..... **86**
D | 2100D | NM101 | - | 98 ..... **90**
D | 2100E | NM101 | - | 98 ..... **98**
D | 2100F | NM101 | - | 98 ..... **107**
D | 2100G | NM101 | - | 98 .....**115**
D | 2310 | NM101 | - | 98 ..... **141**
D | 2310 | PLA02 | - | 98 ..... **148**
D | 2320 | N101 | - | 98 ..... **154**

Entity Relationship Code

Code describing the relationship of one identified person to another.

D | 2310 | NM110 | - | 706 ..... **142**

Entity Type Qualifier

Code qualifying the type of entity

D | 2100A | NM102 | - | 1065 ..... **62**
D | 2100B | NM102 | - | 1065 ..... **81**
D | 2100C | NM102 | - | 1065 ..... **86**
D | 2100D | NM102 | - | 1065 ..... **91**
D | 2100E | NM102 | - | 1065 ..... **99**
D | 2100F | NM102 | - | 1065 ..... **107**
D | 2100G | NM102 | - | 1065 .....**116**
D | 2310 | NM102 | - | 1065 ..... **141**

Frequency Code

Code indicating frequency or type of payment.

D | 2100A | ICM01 | - | 594 ..... **73**

Gender Code

A code indicating the gender of the patient or insured.

D | 2100A | DMG03 | - | 1068 ..... **71**

Handicap Indicator

Code indicating if individual is handicapped or not.

D | 2000 | INS10 | - | 1073 ..... **49**

Health Related Code

Code indicating a specific health situation.

D | 2100A | HLH01 | - | 1212 ..... **76**

Identification Card Count

The number of cards being requested.

D | 2300 | IDC03 | - | 380 ..... **138**

Identification Card Type Code

Code identifying the type of identification card

D | 2300 | IDC02 | - | 1215 ..... **137**

Identification Code Qualifier

Code designating the system/method of code structure used for Identification Code (67)

H | 1000A | N103 | - | 66 ..... **36**
H | 1000B | N103 | - | 66 ..... **38**
H | 1000C | N103 | - | 66 ..... **40**
D | 2100A | NM108 | - | 66 ..... **63**
D | 2100A | LUI01 | - | 66 ..... **79**
D | 2100B | NM108 | - | 66 ..... **82**
D | 2100D | NM108 | - | 66 ..... **91**
D | 2100F | NM108 | - | 66 ..... **107**
D | 2100G | NM108 | - | 66 .....**117**
D | 2310 | NM108 | - | 66 ..... **142**
D | 2320 | N103 | - | 66 ..... **155**

Individual Relationship Code

Code indicating the relationship between two individuals or entities

D | 2000 | INS02 | - | 1069 ..... **44**

Insurance Line Code

Code identifying a group of insurance products

D | 2300 | HD03 | - | 1205 ..... **129**

Insured Employer Address Line

First line of the current mailing address of the insured individual's employer.

D	2100D	N301	-	166		**95**
D	2100D	N302	-	166		**95**

Insured Employer City Name

The City Name of the insured individual's employer.

D	2100D	N401	-	19		**96**

Insured Employer First Name

First name of the insured's employer

D	2100D	NM104	-	1036		**91**

Insured Employer Identifier

Identification number or reference for the insured's employer

D	2100D	NM109	-	67		**91**

Insured Employer Middle Name

Middle name of the insured's employer

D	2100D	NM105	-	1037		**91**

Insured Employer Name

The name of the insured individual's employer.

D	2100D	NM103	-	1035		**91**

Insured Employer Name Suffix

Name suffix, including generation, of the insured's employer

D	2100D	NM107	-	1039		**91**

Insured Employer Postal Zone or ZIP Code

The ZIP Code of the insured individual's employer.

D	2100D	N403	-	116		**97**

Insured Employer State Code

The State Postal Code of the insured individual's employer.

D	2100D	N402	-	156		**96**

Insured Group or Policy Number

The identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered.

D	2000	REF02	-	127		**53**
D	2300	REF02	-	127		**136**
D	2320	COB02	-	127		**151**
D	2320	REF02	-	127		**153**
D	2320	N104	-	67		**155**

Insured Indicator

Indicates whether the insured is the subscriber or a dependent.

D	2000	INS01	-	1073		**44**

Insured Individual Death Date

Date of death for subscriber or dependent.

D	2000	INS12	-	1251		**50**

Insurer Identification Code

Code identifying the insurer providing coverage.

H	1000B	N104	-	67		**38**

Insurer Name

Name of the insurer providing coverage.

H	1000B	N102	-	93		**38**
D	2320	N102	-	93		**154**

Language Code

Code indicating the language spoken by an individual.

D	2100A	LUI02	-	67		**79**

Language Description

Narrative text indicating the language spoken by an individual.

D	2100A	LUI03	-	352		**79**

Language Use Indicator

Code indicating the way a language is used by an individual, such as speaking or reading.

D	2100A	LUI04	-	1303		**79**

Location Identification Code

Code which identifies a specific location.

D	2100A	N406	-	310		**69**
D	2100A	ICM04	-	310		**74**
D	2310	N406	-	310		**144**

Location Qualifier

Code identifying type of location.

D	2100A	N405	-	309		**69**
D	2310	N405	-	309		**144**

Maintenance Reason Code

Code identifying reason for the maintenance change

D	2000	INS04	-	1203		**46**
D	2310	PLA05	-	1203		**149**

Maintenance Type Code

Code identifying a specific type of item maintenance

D	2000	INS03	-	875		**45**
D	2300	HD01	-	875		**128**

Marital Status Code

Code defining the marital status of a person.

D | 2100A | DMG04 | - | 1067 ..... **71**

Master Policy Number

The identification of the master policy providing coverage for the entities identified in the transaction.

H | | REF02 | - | 127 ..... **33**

Medicare Plan Code

Code identifying the Medicare Plan

D | 2000 | INS06 | - | 1218 ..... **48**

Member Birth Date

The date of birth of the member to the indicated coverage or policy.

D | 2100A | DMG02 | - | 1251 ..... **71**

Member City Name

City name of the member's mailing address.

D | 2310 | N401 | - | 19 ..... **143**

Member Height

Height of member.

D | 2100A | HLH02 | - | 65 ..... **77**

Member Postal Zone or Zip Code

The postal zip code of the member's mailing address.

D | 2310 | N403 | - | 116..... **144**

Member State Code

Member State Code.

D | 2310 | N402 | - | 156 ..... **143**

Member Weight

Weight of member.

D | 2100A | HLH03 | - | 81 ..... **77**

Payer Responsibility Sequence Number Code

Code identifying the insurance carrier's level of responsibility for a payment of a claim

D | 2320 | COB01 | - | 1138..... **150**

Plan Coverage Description

A description or number that identifies the plan or coverage

D | 2300 | HD04 | - | 1204 ..... **130**
D | 2300 | IDC01 | - | 1204 ..... **137**

Plan Sponsor Name

The name of the entity providing coverage to the subscriber.

H | 1000A | N102 | - | 93 ..... **36**

Prior Coverage Month Count

Number of months of prior health insurance coverage.

D | 2000 | REF02 | - | 127 ..... **58**

Prior Incorrect Insured Birth Date

The birth date previously reported or used for an individual when corrected data is reported.

D | 2100B | DMG02 | - | 1251 ..... **84**

Prior Incorrect Insured First Name

The first name previously reported or used for an individual when a corrected name is reported.

D | 2100B | NM104 | - | 1036 ..... **81**

Prior Incorrect Insured Gender Code

The gender previously reported or used for an individual when corrected data is reported.

D | 2100B | DMG03 | - | 1068 ..... **84**

Prior Incorrect Insured Identifier

The identification number previously reported or used for an individual when a corrected name is reported.

D | 2100B | NM109 | - | 67 ..... **82**

Prior Incorrect Insured Last Name

The last name previously reported or used for an individual when a corrected name is reported.

D | 2100B | NM103 | - | 1035 ..... **81**

Prior Incorrect Insured Middle Name

The middle name previously reported or used for an individual when a corrected name is reported.

D | 2100B | NM105 | - | 1037 ..... **81**

Prior Incorrect Insured Name Prefix

The prefix to the name previously reported or used for an individual when a corrected name is reported.

D | 2100B | NM106 | - | 1038 ..... **81**

Prior Incorrect Insured Name Suffix

The suffix to the name previously reported or used for an individual when a corrected name is reported.

D | 2100B | NM107 | - | 1039 ..... **81**

Product or Service ID Qualifier

Code identifying the type/source of the descriptive number used in Product/Service ID (234).

D | 2200 | DSB07 | - | 235 ..... **125**

Provider Effective Date

The date the change of the primary care provider is effective.

D | 2310 | PLA03 | - | 373 ..... **148**

Provider First Name

The first name of the provider of care submitting a transaction or related to the information provided in or request by the transaction.

D | 2310 | NM104 | - | 1036 ..... **141**

Provider Identifier

Number assigned by the payer, regulatory authority, or other authorized body or agency to identify the provider.

D | 2310 | NM109 | - | 67 ..... **142**

Provider Last or Organization Name

The last name of the provider of care or name of the provider organization submitting a transaction or related to the information provided in or request by the transaction.

D | 2310 | NM103 | - | 1035 ..... **141**

Provider Middle Name

The middle name of the provider of care submitting a transaction or related to the information provided in or request by the transaction.

D | 2310 | NM105 | - | 1037 ..... **141**

Provider Name Prefix

The name prefix of the provider of care submitting a transaction or related to the information provided in or request by the transaction.

D | 2310 | NM106 | - | 1038 ..... **141**

Provider Name Suffix

The name suffix of the provider of care submitting a transaction or related to the information provided in or request by the transaction.

D | 2310 | NM107 | - | 1039 ..... **142**

Race or Ethnicity Code

Code indicating the racial or ethnic background of a person.

D | 2100A | DMG05 | - | 1109..... **72**

Reference Identification Qualifier

Code qualifying the reference identification

H | | REF01 | - | 128 ..... **32**
D | 2000 | REF01 | - | 128 ..... **51**
D | 2000 | REF01 | - | 128 ..... **53**
D | 2000 | REF01 | - | 128 ..... **55**
D | 2000 | REF01 | - | 128 ..... **57**
D | 2300 | REF01 | - | 128 ..... **135**
D | 2320 | REF01 | - | 128 ..... **152**

Responsible Party Address Line

Address line of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations..

D | 2100G | N301 | - | 166 ..... **121**
D | 2100G | N302 | - | 166 ..... **121**

Responsible Party City Name

City name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations..

D | 2100G | N401 | - | 19 ..... **122**

Responsible Party First Name

First name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations..

D | 2100G | NM104 | - | 1036 .....**116**

Responsible Party Identifier

The identification number of the individual responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations..

D | 2100G | NM109 | - | 67 .....**117**

Responsible Party Last or Organization Name

Last name or organization name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations..

D | 2100G | NM103 | - | 1035 .....**116**

Responsible Party Middle Name

Middle name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations..

D | 2100G | NM105 | - | 1037 .....**116**

Responsible Party Name Prefix

The prefix to the name of the individual responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.

D | 2100G | NM106 | - | 1038 ..... **116**

Responsible Party Postal Zone or ZIP Code

Postal ZIP code of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations..

D | 2100G | N403 | - | 116..... **123**

Responsible Party State Code

State or province of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.

D | 2100G | N402 | - | 156 ..... **122**

Responsible Party Suffix Name

Suffix for name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations..

D | 2100G | NM107 | - | 1039 ..... **116**

Salary Grade Code

A code that identifies the salary or wage level of an employee.

D | 2100A | ICM05 | - | 1214 ..... **74**

School Address Line

Address line of address for school of referenced individual

D | 2100E | N301 | - | 166 ..... **103**
D | 2100E | N302 | - | 166 ..... **103**

School City Name

City of address for school of referenced individual

D | 2100E | N401 | - | 19 ..... **104**

School Name

Name of school attended by referenced person.

D | 2100E | NM103 | - | 1035 ..... **99**

School Postal Zone or ZIP Code

Postal ZIP code of school of referenced individual

D | 2100E | N403 | - | 116..... **105**

School State Code

State of school of referenced individual

D | 2100E | N402 | - | 156 ..... **104**

Sponsor Identifier

Identification of the party paying for the coverage.

H | 1000A | N104 | - | 67 ..... **36**

Status Information Effective Date

The date that the status information provided is effective.

D | 2000 | DTP03 | - | 1251 ..... **60**

Student Status Code

Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured

D | 2000 | INS09 | - | 1220 ..... **49**

Subscriber Address Line

Address line of the current mailing address of the insured individual or subscriber to the coverage.

D | 2100A | N301 | - | 166 ..... **67**
D | 2100A | N302 | - | 166 ..... **67**
D | 2100C | N301 | - | 166 ..... **87**
D | 2100C | N302 | - | 166 ..... **87**

Subscriber City Name

The City Name of the insured individual or subscriber to the coverage

D | 2100A | N401 | - | 19 ..... **68**
D | 2100C | N401 | - | 19 ..... **88**

Subscriber First Name

The first name of the insured individual or subscriber to the coverage

D | 2100A | NM104 | - | 1036 ..... **62**

Subscriber Identifier

Insured's or subscriber's unique identification number assigned by a payer.

D | 2000 | REF02 | - | 127 ..... **52**
D | 2100A | NM109 | - | 67 ..... **63**

Subscriber Last Name

The surname of the insured individual or subscriber to the coverage

D | 2100A | NM103 | - | 1035 ..... **62**

Subscriber Middle Name

The middle name of the subscriber to the indicated coverage or policy.

D | 2100A | NM105 | - | 1037 ..... **62**

Subscriber Name Prefix

The name prefix of the subscriber to the indicated coverage or policy.

D | 2100A | NM106 | - | 1038 ..... **62**

Subscriber Name Suffix

Suffix of the insured individual or subscriber to the coverage.

D	2100A	NM107		-	1039	**62**

Subscriber Postal Zone or ZIP Code

The ZIP Code of the insured individual or subscriber to the coverage

D	2100A	N403		-	116	**69**
D	2100C	N403		-	116	**88**

Subscriber State Code

The State Postal Code of the insured individual or subscriber to the coverage

D	2100A	N402		-	156	**68**
D	2100C	N402		-	156	**88**

Subscriber Supplemental Identifier

Identifies another or additional distinguishing code number associated with the subscriber.

D	2000	REF02		-	127	**56**

TPA or Broker Account Number

Account number assigned to the Third Party Administrator or broker

H	1100C	ACT01		-	508	**41**
H	1100C	ACT06		-	508	**42**

TPA or Broker Identification Code

Code identifying the Third Party Administrator or broker

H	1000C	N104		-	67	**40**

TPA or Broker Name

Name of the Third Party Administrator or Broker.

H	1000C	N102		-	93	**40**

Time Zone Code

Code identifying the time zone used in specifying a time.

H		BGN05		-	623	**29**

Transaction Segment Count

A tally of all segments between the ST and the SE segments including the ST and SE segments.

D		SE01		-	96	**158**

Transaction Set Control Number

The unique identification number within a transaction set.

H		ST02		-	329	**27**
D		SE02		-	329	**158**

Transaction Set Creation Date

Identifies the date the submitter created the transaction

H		BGN03		-	373	**29**

Transaction Set Creation Time

Time file is created for transmission.

H		BGN04		-	337	**29**

Transaction Set Identifier Code

Code uniquely identifying a Transaction Set.

H		ST01		-	143	**27**
H		BGN02		-	127	**29**
H		BGN06		-	127	**31**

Transaction Set Purpose Code

Code identifying purpose of transaction set.

H		BGN01		-	353	**28**

Wage Amount

Amount of wages or income for the specified period.

D	2100A	ICM02		-	782	**74**

Work Hours Count

Number of hours of employment for a specified period.

D	2100A	ICM03		-	380	**74**