

277 Health Care Information Status Notification

Functional Group ID=**HN**

Introduction:

This X12 Transaction Set contains the format and establishes the data contents of the Health Care Information Status Notification Transaction Set (277) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used by a health care payer or authorized agent to notify a provider, recipient, or authorized agent regarding the status of a health care claim or encounter or to request additional information from the provider regarding a health care claim or encounter, health care services review, or transactions related to the provisions of health care. This transaction set is not intended to replace the Health Care Claim Payment/Advice Transaction Set (835) and therefore, will not be used for account payment posting. The notification may be at a summary or service line detail level. The notification may be solicited or unsolicited.

Heading:

	<u>Pos. No.</u>	<u>Seg. ID</u>	<u>Name</u>	<u>Req. Des.</u>	<u>Max.Use</u>	<u>Loop Repeat</u>	<u>Notes and Comments</u>
M	0100	ST	Transaction Set Header	M	1		
M	0200	BHT	Beginning of Hierarchical Transaction	M	1		
Not Used	0300	REF	Reference Information	O	10		
LOOP ID - 1000						>1	
Not Used	0400	NM1	Individual or Organizational Name	O	1		
Not Used	0500	N2	Additional Name Information	O	2		
Not Used	0600	N3	Party Location	O	2		
Not Used	0700	N4	Geographic Location	O	1		
Not Used	0800	REF	Reference Information	O	2		
Not Used	0900	PER	Administrative Communications Contact	O	1		

Detail:

	<u>Pos. No.</u>	<u>Seg. ID</u>	<u>Name</u>	<u>Req. Des.</u>	<u>Max.Use</u>	<u>Loop Repeat</u>	<u>Notes and Comments</u>
LOOP ID - 2000A						1	
M	0100	HL	Information Source Level	M	1		
Not Used	0200	SBR	Subscriber Information	O	1		n1
Not Used	0300	PAT	Patient Information	O	1		
Not Used	0400	DMG	Demographic Information	O	1		n2
LOOP ID - 2100A						1	
Must Use	0500	NM1	Payer Name	O	1		
	0600	N3	Payer Address	O	2		
	0700	N4	Payer City, State, ZIP Code	O	1		
	0800	PER	Payer Contact Information	O	1		
LOOP ID - 2200						>1	
Not Used	0900	TRN	Trace	O	1		
Not Used	1000	STC	Status Information	O	>1		
Not Used	1100	REF	Reference Information	O	9		
Not Used	1200	DTP	Date or Time or Period	O	2		
Not Used	1210	QTY	Quantity Information	O	5		
Not Used	1220	AMT	Monetary Amount Information	O	5		
LOOP ID - 2210						>1	

Not Used	1300	PWK	Paperwork	O	1	c1
Not Used	1400	PER	Administrative Communications Contact	O	1	
Not Used	1500	N1	Party Identification	O	1	
Not Used	1600	N3	Party Location	O	1	
Not Used	1700	N4	Geographic Location	O	1	
LOOP ID - 2220						>1
Not Used	1800	SVC	Service Information	O	1	
Not Used	1900	STC	Status Information	O	>1	
Not Used	2000	REF	Reference Information	O	1	
Not Used	2100	DTP	Date or Time or Period	O	1	
LOOP ID - 2225						>1
Not Used	2200	PWK	Paperwork	O	1	c2
Not Used	2300	PER	Administrative Communications Contact	O	1	
Not Used	2400	N1	Party Identification	O	1	
Not Used	2500	N3	Party Location	O	1	
Not Used	2600	N4	Geographic Location	O	1	
LOOP ID - 2000B						1
M	0100	HL	Information Receiver Level	M	1	
Not Used	0200	SBR	Subscriber Information	O	1	
Not Used	0300	PAT	Patient Information	O	1	
Not Used	0400	DMG	Demographic Information	O	1	
LOOP ID - 2100B						1
Must Use	0500	NM1	Information Receiver Name	O	1	
Not Used	0600	N3	Payer Address	O	2	
Not Used	0700	N4	Payer City, State, ZIP Code	O	1	
Not Used	0800	PER	Payer Contact Information	O	1	
LOOP ID - 2200						>1
Not Used	0900	TRN	Trace	O	1	
Not Used	1000	STC	Status Information	O	>1	
Not Used	1100	REF	Reference Information	O	9	
Not Used	1200	DTP	Date or Time or Period	O	2	
Not Used	1210	QTY	Quantity Information	O	5	
Not Used	1220	AMT	Monetary Amount Information	O	5	
LOOP ID - 2210						>1
Not Used	1300	PWK	Paperwork	O	1	
Not Used	1400	PER	Administrative Communications Contact	O	1	
Not Used	1500	N1	Party Identification	O	1	
Not Used	1600	N3	Party Location	O	1	
Not Used	1700	N4	Geographic Location	O	1	
LOOP ID - 2220						>1
Not Used	1800	SVC	Service Information	O	1	
Not Used	1900	STC	Status Information	O	>1	
Not Used	2000	REF	Reference Information	O	1	
Not Used	2100	DTP	Date or Time or Period	O	1	
LOOP ID - 2225						>1
Not Used	2200	PWK	Paperwork	O	1	
Not Used	2300	PER	Administrative Communications Contact	O	1	
Not Used	2400	N1	Party Identification	O	1	
Not Used	2500	N3	Party Location	O	1	

Not Used	2600	N4	Geographic Location	O	1
LOOP ID - 2000C					>1
M	0100	HL	Service Provider Level	M	1
Not Used	0200	SBR	Subscriber Information	O	1
Not Used	0300	PAT	Patient Information	O	1
Not Used	0400	DMG	Demographic Information	O	1
LOOP ID - 2100C					2
Must Use	0500	NM1	Service Provider Name	O	1
Not Used	0600	N3	Payer Address	O	2
Not Used	0700	N4	Payer City, State, ZIP Code	O	1
Not Used	0800	PER	Payer Contact Information	O	1
LOOP ID - 2200					>1
Not Used	0900	TRN	Trace	O	1
Not Used	1000	STC	Status Information	O	>1
Not Used	1100	REF	Reference Information	O	9
Not Used	1200	DTP	Date or Time or Period	O	2
Not Used	1210	QTY	Quantity Information	O	5
Not Used	1220	AMT	Monetary Amount Information	O	5
LOOP ID - 2210					>1
Not Used	1300	PWK	Paperwork	O	1
Not Used	1400	PER	Administrative Communications Contact	O	1
Not Used	1500	N1	Party Identification	O	1
Not Used	1600	N3	Party Location	O	1
Not Used	1700	N4	Geographic Location	O	1
LOOP ID - 2220					>1
Not Used	1800	SVC	Service Information	O	1
Not Used	1900	STC	Status Information	O	>1
Not Used	2000	REF	Reference Information	O	1
Not Used	2100	DTP	Date or Time or Period	O	1
LOOP ID - 2225					>1
Not Used	2200	PWK	Paperwork	O	1
Not Used	2300	PER	Administrative Communications Contact	O	1
Not Used	2400	N1	Party Identification	O	1
Not Used	2500	N3	Party Location	O	1
Not Used	2600	N4	Geographic Location	O	1
LOOP ID - 2000D					>1
M	0100	HL	Patient Level	M	1
Not Used	0200	SBR	Subscriber Information	O	1
Not Used	0300	PAT	Patient Information	O	1
Not Used	0400	DMG	Demographic Information	O	1
LOOP ID - 2100D					1
Must Use	0500	NM1	Patient Name	O	1
Not Used	0600	N3	Payer Address	O	2
Not Used	0700	N4	Payer City, State, ZIP Code	O	1
Not Used	0800	PER	Payer Contact Information	O	1
LOOP ID - 2200D					>1
Must Use	0900	TRN	Payer Claim Control Number	O	1
	1000	STC	Status Information	O	>1
Must Use	1100	REF	Patient Control Number	O	1

	1100	REF	Medical Record Identification Number	O	1				
	1100	REF	Claim Identification Number For Clearinghouses and	O	1				
	1200	DTP	Claim Service Date	O	1				
Must Use	1200	DTP	Response Due Date	O	1				
Not Used	1210	QTY	Response Due Date	O	5				
Not Used	1220	AMT	Monetary Amount Information	O	5				
					LOOP ID - 2210D		1		
	1300	PWK	Claim Supplemental Information	O	1				
Must Use	1400	PER	Payer Contact Information	O	1				
Not Used	1500	N1	Party Identification	O	1				
	1600	N3	Response Contact Address	O	1				
	1700	N4	Response Contact City, State, ZIP Code	O	1				
					LOOP ID - 2220		>1		
	1800	SVC	Service Line Information	O	1				
Must Use	1900	STC	Service Line Status Information	O	>1				
Must Use	2000	REF	Service Line Item Identification	O	1				
Must Use	2100	DTP	Service Line Date	O	1				
					LOOP ID - 2225		>1		
Not Used	2200	PWK	Paperwork	O	1				
Not Used	2300	PER	Administrative Communications Contact	O	1				
Not Used	2400	N1	Party Identification	O	1				
Not Used	2500	N3	Party Location	O	1				
Not Used	2600	N4	Geographic Location	O	1				
M	2700	SE	Transaction Set Trailer	M	1				

Transaction Set Notes

1. The SBR segment may only appear at the Subscriber (HL03=22) level.
2. The DMG segment may only appear at the Subscriber (HL03=22) or Dependent (HL03=23) level.

Transaction Set Comments

1. The 2210 loop may be used when there is a status notification or a request for additional information about a particular claim.
2. The 2225 loop may be used when there is a status notification or a request for additional information about a particular service line.

Segment: **ST** Transaction Set Header
Position: 0100
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To indicate the start of a transaction set and to assign a control number
Syntax Notes:
Semantic Notes:

- 1 The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).
- 2 The implementation convention reference (ST03) is used by the translation routines of the interchange partners to select the appropriate implementation convention to match the transaction set definition. When used, this implementation convention reference takes precedence over the implementation reference specified in the GS08.

Comments:

Notes: **HIPAA Examples**

ST*277*0001*005010X213~

Data Element Summary

Ref.	Data Element	Name	Attributes
M	ST01	143 Transaction Set Identifier Code Code uniquely identifying a Transaction Set 277 Health Care Information Status Notification	M 1 ID 3/3
M	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 HIPAA Notes: The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there.	M 1 AN 4/9
	ST03	1705 Implementation Convention Reference Reference assigned to identify Implementation Convention HIPAA Notes: IMPLEMENTATION NAME: Implementation Convention Reference Identifier This data element contains the same value as data element GS08. Some translator products strip off the ISA and GS segments prior to application (ST - SE) processing. Providing the information from GS08 at this level will ensure the appropriate application mapping is utilized at translation time. This value is always 005010X213. 005010X213	O 1 AN 1/35

Segment: **BHT** Beginning of Hierarchical Transaction
Position: 0200
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Syntax Notes:
Semantic Notes:

- 1 BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.
- 2 BHT04 is the date the transaction was created within the business application system.
- 3 BHT05 is the time the transaction was created within the business application system.

Comments:

Notes: **HIPAA Examples**

BHT*0085*48*277X213000001*20060801*1211*RQ~

Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	BHT01	1005	Hierarchical Structure Code Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set 0085 Information Source, Information Receiver, Provider of Service, Patient	M 1 ID 4/4
M	BHT02	353	Transaction Set Purpose Code Code identifying purpose of transaction set 48 Suspended	M 1 ID 2/2
>>	BHT03	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier HIPAA Notes: IMPLEMENTATION NAME: Originator Application Transaction Identifier The Information Source is the originator of this transaction.	O 1 AN 1/50
>>	BHT04	373	Date Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year HIPAA Notes: IMPLEMENTATION NAME: Transaction Set Creation Date	O 1 DT 8/8
>>	BHT05	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) HIPAA Notes: IMPLEMENTATION NAME: Transaction Set Creation Time	O 1 TM 4/8
>>	BHT06	640	Transaction Type Code Code specifying the type of transaction RQ Request	O 1 ID 2/2

Segment: **HL** Information Source Level
Position: 0100
Loop: 2000A Mandatory
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Syntax Notes:

Semantic Notes:

- Comments:**
- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
The HL segment defines a top-down/left-right ordered structure.
 - 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
 - 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
 - 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
 - 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes: **HIPAA Notes**

TR3 Notes: 1. The entity requesting this information is the payer.

HIPAA Examples

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

Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u> <u>Name</u>	
M	HL01	628 Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M 1 AN 1/12
X	HL02	734 Hierarchical Parent ID Number	O 1 AN 1/12
M	HL03	735 Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure 20 Information Source Identifies the payor, maintainer, or source of the information	M 1 ID 1/2
>>	HL04	736 Hierarchical Child Code Code indicating if there are hierarchical child data segments subordinate to the level being described 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	O 1 ID 1/1

Segment: **NM1** Payer Name
Position: 0500
Loop: 2100A Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.
2 If NM111 is present, then NM110 is required.
3 If NM112 is present, then NM103 is required.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
2 NM112 can identify a second surname.
Notes: **HIPAA Examples**

TR3 Example: NM1*PR*2*ABC INSURANCE*****PI*12345~

Data Element Summary

Ref.	Data Des.	Data Element	Name	Attributes
M	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual PR Payer	M 1 ID 2/3
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035	Name Last or Organization Name Individual last name or organizational name	X 1 AN 1/60
HIPAA Notes:				
IMPLEMENTATION NAME: Payer Name				
X	NM104	1036	Name First	O 1 AN 1/35
X	NM105	1037	Name Middle	O 1 AN 1/25
X	NM106	1038	Name Prefix	O 1 AN 1/10
X	NM107	1039	Name Suffix	O 1 AN 1/10
>>	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) PI Payor Identification XV Centers for Medicare and Medicaid Services PlanID	X 1 ID 1/2
>>	NM109	67	Identification Code Code identifying a party or other code	X 1 AN 2/80
HIPAA Notes:				
IMPLEMENTATION NAME: Payer Identifier				
X	NM110	706	Entity Relationship Code Refer to 005010X213 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98	Entity Identifier Code Refer to 005010X213 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035	Name Last or Organization Name	O 1 AN 1/60

Segment: N3 Payer Address
Position: 0600
Loop: 2100A Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 2
Purpose: To specify the location of the named party
Syntax Notes:
Semantic Notes:
Comments:
Notes:

HIPAA Notes

Situational Rule: Required when payer identifies the office location to route the response to for this Request for Additional Information. If not required by this implementation guide, do not send.

HIPAA Examples

TR3 Example: N3*1234 MAIN STREET*FLOOR 5~

Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	N301	166 Address Information Address information	M 1 AN 1/55
		HIPAA Notes: IMPLEMENTATION NAME: Payer Address Line	
	N302	166 Address Information Address information	O 1 AN 1/55
		HIPAA Notes: SITUATIONAL RULE: Required when the second line of the address information is necessary. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Payer Address Line	

Segment: **N4** Payer City, State, ZIP Code
Position: 0700
Loop: 2100A Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the geographic place of the named party
Syntax Notes:

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

Semantic Notes:
Comments:

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

Notes: **HIPAA Notes**
 Situational Rule: Required when payer identifies the office location to route the response to for this Request for Additional Information. If not required by this implementation guide, do not send.

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

Data Element Summary

Ref.	Data Element	Name	Attributes
>>	N401	19 City Name Free-form text for city name HIPAA Notes: IMPLEMENTATION NAME: Payer City Name	O 1 AN 2/30
	N402	156 State or Province Code Code (Standard State/Province) as defined by appropriate government agency HIPAA Notes: SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Payer State Code	X 1 ID 2/2
	N403	116 Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) HIPAA Notes: SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Payer Postal Zone or ZIP Code	O 1 ID 3/15
	N404	26 Country Code Code identifying the country HIPAA Notes: SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send. CODE SOURCE 5: Countries, Currencies and Funds Use the alpha-2 country codes from Part 1 of ISO 3166.	X 1 ID 2/3
X	N405	309 Location Qualifier Refer to 005010X213 Data Element Dictionary for acceptable code values.	X 1 ID 1/2

X	N406	310	Location Identifier	O	1	AN 1/30
	N407	1715	Country Subdivision Code	X	1	ID 1/3

Code identifying the country subdivision

HIPAA Notes:

SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.

CODE SOURCE 5: Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

Segment: **PER** Payer Contact Information
Position: 0800
Loop: 2100A Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To identify a person or office to whom administrative communications should be directed
Syntax Notes:

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

Semantic Notes:
Comments:
Notes:

HIPAA Notes

Situational Rule: Required when the payer needs to identify a specific contact for the return of the requested information. If not required by this implementation guide, do not send.

TR3 Notes: 1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and 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). A telephone extension, when applicable is reported in the next sequential communication number data element.

HIPAA Examples

TR3 Example: PER*IC*MEDICAL REVIEW DEPARTMENT*TE*3135551234*EX*6593*FX*3135554321~

Data Element Summary

Ref.	Data Element	Name	Attributes
M	PER01 366	Contact Function Code Code identifying the major duty or responsibility of the person or group named IC Information Contact	M 1 ID 2/2
	PER02 93	Name Free-form name	O 1 AN 1/60
	PER03 365	Communication Number Qualifier Code identifying the type of communication number	X 1 ID 2/2
	PER04 364	Communication Number Complete communications number including country or area code when applicable	X 1 AN 1/256

HIPAA Notes:

SITUATIONAL RULE: Required when the payer needs to identify a specific name or department for the return of the requested information. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Payer Contact Name

HIPAA Notes:

SITUATIONAL RULE: Required when the payer needs to identify a specific method for the return of the requested information. If not required by this implementation guide, do not send.

- ED Electronic Data Interchange Access Number
- EM Electronic Mail
- FX Facsimile
- TE Telephone

Segment: **HL** Information Receiver Level
Position: 0100
Loop: 2000B Mandatory
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Syntax Notes:
Semantic Notes:
Comments:

- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
The HL segment defines a top-down/left-right ordered structure.
- 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
- 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
- 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
- 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes: **HIPAA Examples**

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

Data Element Summary

Ref.	Data				Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>			
M	HL01	628	Hierarchical ID Number		M 1 AN 1/12
			A unique number assigned by the sender to identify a particular data segment in a hierarchical structure		
>>	HL02	734	Hierarchical Parent ID Number		O 1 AN 1/12
			Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to		
M	HL03	735	Hierarchical Level Code		M 1 ID 1/2
			Code defining the characteristic of a level in a hierarchical structure		
		21	Information Receiver		
			Identifies the provider or party(ies) who are the recipient(s) of the information		
	HL04	736	Hierarchical Child Code		O 1 ID 1/1
			Code indicating if there are hierarchical child data segments subordinate to the level being described		
		1	Additional Subordinate HL Data Segment in This Hierarchical Structure.		

Segment: **NM1** Information Receiver Name
Position: 0500
Loop: 2100B Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Syntax Notes:

- 1 If either NM108 or NM109 is present, then the other is required.
- 2 If NM111 is present, then NM110 is required.
- 3 If NM112 is present, then NM103 is required.

Semantic Notes:

- 1 NM102 qualifies NM103.

Comments:

- 1 NM110 and NM111 further define the type of entity in NM101.
- 2 NM112 can identify a second surname.

Notes: **HIPAA Notes**
 TR3 Notes: 1. Recipient of the request from the Information Source. For this business use, this entity can be a provider, a provider group, a clearinghouse, a service bureau, an agency, etc.
HIPAA Examples
 TR3 Example: NM1*41*2*ABC BILLING SERVICE*****46*X100~

Data Element Summary

Ref.	Data Element	Name	Attributes
M	NM101	98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual HIPAA Notes: This is the submitter of the original claim or the entity designated to receive the request for additional information. 41 Submitter Entity transmitting transaction set	M 1 ID 2/3
M	NM102	1065 Entity Type Qualifier Code qualifying the type of entity 1 Person 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035 Name Last or Organization Name Individual last name or organizational name HIPAA Notes: IMPLEMENTATION NAME: Information Receiver Last or Organization Name	X 1 AN 1/60
	NM104	1036 Name First Individual first name HIPAA Notes: SITUATIONAL RULE: Required when the value in NM102 is 1 and the person's first name is known. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Information Receiver First Name	O 1 AN 1/35
	NM105	1037 Name Middle Individual middle name or initial HIPAA Notes: SITUATIONAL RULE: Required when the value in NM102 is 1 and the person's middle name/initial is known. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Information Receiver Middle Name	O 1 AN 1/25
X	NM106	1038 Name Prefix	O 1 AN 1/10

X	NM107	1039	Name Suffix	O	1	AN 1/10
>>	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67)	X	1	ID 1/2
		46	Electronic Transmitter Identification Number (ETIN) A unique number assigned to each transmitter and software developer			
>>	NM109	67	Identification Code Code identifying a party or other code	X	1	AN 2/80
			HIPAA Notes: IMPLEMENTATION NAME: Information Receiver Identification Number The ETIN is established through Trading Partner agreement.			
X	NM110	706	Entity Relationship Code Refer to 005010X213 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	NM111	98	Entity Identifier Code Refer to 005010X213 Data Element Dictionary for acceptable code values.	O	1	ID 2/3
X	NM112	1035	Name Last or Organization Name	O	1	AN 1/60

Segment: **HL Service Provider Level**
Position: 0100
Loop: 2000C Mandatory
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Syntax Notes:
Semantic Notes:
Comments:

- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
The HL segment defines a top-down/left-right ordered structure.
- 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
- 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
- 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
- 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes: **HIPAA Examples**

TR3 Example: HL*3*2*19*1~

Data Element Summary

Ref.	Data				
<u>Des.</u>	<u>Element</u>	<u>Name</u>		<u>Attributes</u>	
M	HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	1 AN 1/12
>>	HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	1 AN 1/12
M	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure 19 Provider of Service	M	1 ID 1/2
	HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segments subordinate to the level being described 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	O	1 ID 1/1

Segment: **NM1** Service Provider Name
Position: 0500
Loop: 2100C Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Syntax Notes:

- 1 If either NM108 or NM109 is present, then the other is required.
- 2 If NM111 is present, then NM110 is required.
- 3 If NM112 is present, then NM103 is required.

Semantic Notes:

- 1 NM102 qualifies NM103.

Comments:

- 1 NM110 and NM111 further define the type of entity in NM101.
- 2 NM112 can identify a second surname.

Notes: **HIPAA Notes**
TR3 Notes: 1. This entity delivered the Health Care Service.
2. During the transition to National Provider Identifier (NPI), for those health care providers covered under the NPI mandate, two iterations of the 2100C Loop may be sent to accommodate reporting dual provider identification numbers (NPI and Legacy). When two iterations are reported, the NPI number will be in the iteration where the NM108 qualifier will be 'XX' and the legacy number will be in the iteration where the NM108 qualifier will be either 'SV' or 'FI'.
3. After the transition to NPI, for those health care providers covered under the NPI mandate, only one iteration of the 2100C loop must be sent with the NPI reported in the NM109 and NM108=XX.
HIPAA Examples
TR3 Example: NM1*1P*2*ST HOLY HILL HOSPITAL*****SV*39999000B~

Data Element Summary

Ref.	Data Element	Name	Attributes
M	NM101	98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual 1P Provider	M 1 ID 2/3
M	NM102	1065 Entity Type Qualifier Code qualifying the type of entity 1 Person 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035 Name Last or Organization Name Individual last name or organizational name HIPAA Notes: IMPLEMENTATION NAME: Provider Last or Organization Name	X 1 AN 1/60
	NM104	1036 Name First Individual first name HIPAA Notes: SITUATIONAL RULE: Required when the value in NM102 is 1 and the person's first name is known. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Provider First Name	O 1 AN 1/35
	NM105	1037 Name Middle Individual middle name or initial HIPAA Notes: SITUATIONAL RULE: Required when the value in NM102 is 1 and the person's middle name/initial is known. If not required by this implementation	O 1 AN 1/25

			guide, do not send.		
			IMPLEMENTATION NAME: Provider Middle Name		
X	NM106	1038	Name Prefix	O	1 AN 1/10
	NM107	1039	Name Suffix	O	1 AN 1/10
			Suffix to individual name		
			HIPAA Notes:		
			SITUATIONAL RULE: Required when the value in data element NM102 is 1 and the suffix is known. If not required by this implementation guide, do not send.		
			IMPLEMENTATION NAME: Provider Name Suffix		
>>	NM108	66	Identification Code Qualifier	X	1 ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)		
			FI Federal Taxpayer's Identification Number		
			SV Service Provider Number		
			XX Centers for Medicare and Medicaid Services National Provider Identifier		
			HIPAA Notes:		
			Required when the National Provider Identifier is mandated for use and the provider is a covered health care provider under the mandate.		
>>	NM109	67	Identification Code	X	1 AN 2/80
			Code identifying a party or other code		
			HIPAA Notes:		
			IMPLEMENTATION NAME: Provider Identifier		
X	NM110	706	Entity Relationship Code	X	1 ID 2/2
			Refer to 005010X213 Data Element Dictionary for acceptable code values.		
X	NM111	98	Entity Identifier Code	O	1 ID 2/3
			Refer to 005010X213 Data Element Dictionary for acceptable code values.		
X	NM112	1035	Name Last or Organization Name	O	1 AN 1/60

Segment: **HL Patient Level**
Position: 0100
Loop: 2000D Mandatory
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Syntax Notes:
Semantic Notes:
Comments:

- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
The HL segment defines a top-down/left-right ordered structure.
- 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
- 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
- 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
- 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes: **HIPAA Examples**
 TR3 Example: HL*4*3*PT~

Data Element Summary

Ref.	Data				
<u>Des.</u>	<u>Element</u>	<u>Name</u>		<u>Attributes</u>	
M	HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	1 AN 1/12
>>	HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	1 AN 1/12
M	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure PT Patient	M	1 ID 1/2
X	HL04	736	Hierarchical Child Code Refer to 005010X213 Data Element Dictionary for acceptable code values.	O	1 ID 1/1

Segment: **NM1 Patient Name**
Position: 0500
Loop: 2100D Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.
 2 If NM111 is present, then NM110 is required.
 3 If NM112 is present, then NM103 is required.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
 2 NM112 can identify a second surname.
Notes: **HIPAA Examples**

TR3 Example: NM1*QC*1*SMITH*FRED****MI*64911111A~

Data Element Summary

Ref.	Data Element	Name	Attributes
M	NM101	98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual QC Patient Individual receiving medical care	M 1 ID 2/3
M	NM102	1065 Entity Type Qualifier Code qualifying the type of entity 1 Person	M 1 ID 1/1
>>	NM103	1035 Name Last or Organization Name Individual last name or organizational name	X 1 AN 1/60
		HIPAA Notes: IMPLEMENTATION NAME: Patient Last Name	
	NM104	1036 Name First Individual first name	O 1 AN 1/35
		HIPAA Notes: SITUATIONAL RULE: Required when the value in NM102 is 1 and the person's first name is known. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Patient First Name	
	NM105	1037 Name Middle Individual middle name or initial	O 1 AN 1/25
		HIPAA Notes: SITUATIONAL RULE: Required when the value in NM102 is 1 and the person's middle name/initial is known. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Patient Middle Name or Initial	
X	NM106	1038 Name Prefix	O 1 AN 1/10
	NM107	1039 Name Suffix Suffix to individual name	O 1 AN 1/10
		HIPAA Notes: SITUATIONAL RULE: Required when the value in NM102 is 1 and the suffix is known. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Patient Name Suffix	
>>	NM108	66 Identification Code Qualifier	X 1 ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

II Standard Unique Health Identifier for each Individual in the United States

HIPAA Notes:

Required if the HIPAA Individual Patient Identifier is mandated for use. Otherwise, another listed code must be used.

MI Member Identification Number

HIPAA Notes:

Use this code for any payer-assigned identification number, even if the payer actually calls its number a policy number, recipient number, or some other synonym such as Social Security Number (SSN).

>>	NM109	67	Identification Code Code identifying a party or other code	X	1	AN 2/80
			HIPAA Notes: IMPLEMENTATION NAME: Patient Primary Identifier			
X	NM110	706	Entity Relationship Code Refer to 005010X213 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	NM111	98	Entity Identifier Code Refer to 005010X213 Data Element Dictionary for acceptable code values.	O	1	ID 2/3
X	NM112	1035	Name Last or Organization Name	O	1	AN 1/60

Segment: **TRN** Payer Claim Control Number
Position: 0900
Loop: 2200D Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To uniquely identify a transaction to an application
Syntax Notes:
Semantic Notes:

- 1 TRN02 provides unique identification for the transaction.
- 2 TRN03 identifies an organization.
- 3 TRN04 identifies a further subdivision within the organization.

Comments:
Notes:

HIPAA Notes

TR3 Notes: 1. This is the payer's claim control number.

HIPAA Examples

TR3 Example: TRN*1*1722634842~

Data Element Summary

Ref.	Data Des.	Element	Name	Attributes
M	TRN01	481	Trace Type Code Code identifying which transaction is being referenced 1 Current Transaction Trace Numbers	M 1 ID 1/2
M	TRN02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier HIPAA Notes: IMPLEMENTATION NAME: Payer Claim Control Number This is the Control Number assigned by the payer. This number is used by the Payer to connect the request to the response. This number must be returned in the 275 response in the 2000A TRN02 data element.	M 1 AN 1/50
X	TRN03	509	Originating Company Identifier	O 1 AN 10/10
X	TRN04	127	Reference Identification	O 1 AN 1/50

Segment: **STC** **Status Information**
Position: 1000
Loop: 2200D Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: >1
Purpose: To report the status, required action, and paid information of a claim or service line
Syntax Notes:
Semantic Notes:

- 1 STC02 is the effective date of the status information.
- 2 STC04 is the amount of original submitted charges.
- 3 STC05 is the amount paid.
- 4 STC06 is the paid date.
- 5 STC08 is the check issue date.
- 6 STC12 allows additional free-form status information.

Comments:
Notes:

HIPAA Notes

TR3 Notes: 1. Please refer to the Section 1.4.3 of the front matter for additional information on how to use the STC segment.

2. The codes in this STC segment must be returned in the 275.

HIPAA Examples

TR3 Example: STC*R0:18682-5::LOI*20060824~ or
 STC*R4:18660-1::LOI*20060824*****R4:19790-6::LOI~

Data Element Summary

Ref.	Des.	Data Element	Name	Attributes
M	STC01	C043	Health Care Claim Status Used to convey status of the entire claim or a specific service line	M 1
M	C04301	1271	Industry Code Code indicating a code from a specific industry code list HIPAA Notes: IMPLEMENTATION NAME: Health Care Claim Status Category Code Use Requests for Additional Information "R" type Category Codes only.	M AN 1/30
M	C04302	1271	Industry Code Code indicating a code from a specific industry code list HIPAA Notes: IMPLEMENTATION NAME: Additional Information Request Code This is the LOINC® Code that defines the additional information being requested.	M AN 1/30
X	C04303	98	Entity Identifier Code Refer to 005010X213 Data Element Dictionary for acceptable code values.	O ID 2/3
>>	C04304	1270	Code List Qualifier Code Code identifying a specific industry code list HIPAA Notes: This value indicates that STC01-2, STC10-2, STC11-2 are Logical Observation Identifier Names and Codes (LOINC®). LOI Logical Observation Identifier Names and Codes (LOINC) Codes	O ID 1/3
>>	STC02	373	Date Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year	O 1 DT 8/8
X	STC03	306	Action Code Refer to 005010X213 Data Element Dictionary for acceptable code values.	O 1 ID 1/2
X	STC04	782	Monetary Amount	O 1 R 1/18

X	STC05	782	Monetary Amount	O	1	R 1/18
X	STC06	373	Date	O	1	DT 8/8
X	STC07	591	Payment Method Code	O	1	ID 3/3
			Refer to 005010X213 Data Element Dictionary for acceptable code values.			
X	STC08	373	Date	O	1	DT 8/8
X	STC09	429	Check Number	O	1	AN 1/16
	STC10	C043	Health Care Claim Status	O	1	
			Used to convey status of the entire claim or a specific service line			
			HIPAA Notes:			
			SITUATIONAL RULE: Required when a LOINC® modifier code is needed to further clarify STC01 information. If not required by this implementation guide, do not send.			
M	C04301	1271	Industry Code	M		AN 1/30
			Code indicating a code from a specific industry code list			
			HIPAA Notes:			
			IMPLEMENTATION NAME: Health Care Claim Status Category Code			
			This data element must contain the same value as STC01-1.			
M	C04302	1271	Industry Code	M		AN 1/30
			Code indicating a code from a specific industry code list			
			HIPAA Notes:			
			IMPLEMENTATION NAME: Additional Information Request Modifier			
			This is the LOINC® Code that defines the additional information being requested.			
X	C04303	98	Entity Identifier Code	O		ID 2/3
			Refer to 005010X213 Data Element Dictionary for acceptable code values.			
>>	C04304	1270	Code List Qualifier Code	O		ID 1/3
			Code identifying a specific industry code list			
			LOI	Logical Observation Identifier Names and Codes (LOINC) Codes		
	STC11	C043	Health Care Claim Status	O	1	
			Used to convey status of the entire claim or a specific service line			
			HIPAA Notes:			
			SITUATIONAL RULE: Required when a LOINC® modifier code is needed to further clarify STC01 information. If not required by this implementation guide, do not send.			
M	C04301	1271	Industry Code	M		AN 1/30
			Code indicating a code from a specific industry code list			
			HIPAA Notes:			
			IMPLEMENTATION NAME: Health Care Claim Status Category Code			
			This data element must contain the same value as STC01-1.			
M	C04302	1271	Industry Code	M		AN 1/30
			Code indicating a code from a specific industry code list			
			HIPAA Notes:			
			IMPLEMENTATION NAME: Additional Information Request Modifier			
			This is the LOINC® Code that defines the additional information being requested.			
X	C04303	98	Entity Identifier Code	O		ID 2/3
			Refer to 005010X213 Data Element Dictionary for acceptable code values.			
>>	C04304	1270	Code List Qualifier Code	O		ID 1/3
			Code identifying a specific industry code list			
			LOI	Logical Observation Identifier Names and Codes (LOINC) Codes		

Segment: **REF** Patient Control Number
Position: 1100
Loop: 2200D Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify identifying information
Syntax Notes: 1 At least one of REF02 or REF03 is required.
2 If either C04003 or C04004 is present, then the other is required.
3 If either C04005 or C04006 is present, then the other is required.
Semantic Notes: 1 REF04 contains data relating to the value cited in REF02.
Comments:
Notes: **HIPAA Notes**
TR3 Notes: 1. The Patient Control Number is reported in CLM01 in the 2300 loop of the 837. This is the Patient Control Number as reported on the original claim. If not submitted on the original claim send "0".
HIPAA Examples
TR3 Example: REF*EJ*SMITH123~

Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification EJ Patient Account Number A unique number assigned to each patient by the provider of service to facilitate retrieval of individual case records tracking of claims submitted to a payer and posting of payment	M 1 ID 2/3
>>	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier HIPAA Notes: IMPLEMENTATION NAME: Patient Control Number 1000215 The maximum number of characters to be supported for this data element is "20". Characters beyond the maximum are not required to be stored nor returned by any 837 receiving system.	X 1 AN 1/50
X	REF03	352	Description	X 1 AN 1/80
X	REF04	C040	Reference Identifier To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	Reference Identification Qualifier Code qualifying the Reference Identification Refer to 005010X213 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	Reference Identification Qualifier Code qualifying the Reference Identification Refer to 005010X213 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	Reference Identification Qualifier Code qualifying the Reference Identification Refer to 005010X213 Data Element Dictionary for acceptable code values.	X ID 2/3

X

C04006

127

Reference Identification

X

AN 1/50

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Segment: **REF** **Medical Record Identification Number**
Position: 1100
Loop: 2200D Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify identifying information
Syntax Notes: 1 At least one of REF02 or REF03 is required.
2 If either C04003 or C04004 is present, then the other is required.
3 If either C04005 or C04006 is present, then the other is required.
Semantic Notes: 1 REF04 contains data relating to the value cited in REF02.
Comments:
Notes: **HIPAA Notes**
Situational Rule: Required when the Medical Record Identification Number is submitted on the original claim. If not required by this implementation guide, do not send.
HIPAA Examples
TR3 Example: REF*EA*JS960503LAB~

Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification EA Medical Record Identification Number A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records	M 1 ID 2/3
>>	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier HIPAA Notes: IMPLEMENTATION NAME: Medical Record Identification Number Found in 837 2300 Loop REF02.	X 1 AN 1/50
X	REF03	352	Description	X 1 AN 1/80
X	REF04	C040	Reference Identifier To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	Reference Identification Qualifier Code qualifying the Reference Identification Refer to 005010X213 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	Reference Identification Qualifier Code qualifying the Reference Identification Refer to 005010X213 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	Reference Identification Qualifier Code qualifying the Reference Identification Refer to 005010X213 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	Reference Identification Reference information as defined for a particular Transaction Set or as	X AN 1/50

specified by the Reference Identification Qualifier

Segment: **REF** Claim Identification Number For Clearinghouses and
Position: 1100
Loop: 2200D Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify identifying information
Syntax Notes: 1 At least one of REF02 or REF03 is required.
2 If either C04003 or C04004 is present, then the other is required.
3 If either C04005 or C04006 is present, then the other is required.
Semantic Notes: 1 REF04 contains data relating to the value cited in REF02.
Comments:
Notes:

HIPAA Notes

Situational Rule: Required when a transmission intermediary (clearinghouse or other) needs to attach their own unique claim number. If not required by this implementation guide, do not send.

HIPAA Examples

TR3 Example: REF*D9*20061513010001~

Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification D9 Claim Number Sequence number to track the number of claims opened within a particular line of business	M 1 ID 2/3
>>	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1 AN 1/50
HIPAA Notes:				
IMPLEMENTATION NAME: Clearinghouse Trace Number				
The value carried in this element is limited to a maximum of 20 positions.				
X	REF03	352	Description	X 1 AN 1/80
X	REF04	C040	Reference Identifier To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	Reference Identification Qualifier Code qualifying the Reference Identification Refer to 005010X213 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	Reference Identification Qualifier Code qualifying the Reference Identification Refer to 005010X213 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	Reference Identification Qualifier Code qualifying the Reference Identification Refer to 005010X213 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

Segment: **DTP** Claim Service Date
Position: 1200
Loop: 2200D Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.
Comments:
Notes:

HIPAA Notes

Situational Rule: Required when the request applies to the entire claim. If not required by this implementation guide, do not send.

HIPAA Examples

TR3 Example: DTP*472*RD8*20060401-20060405~
DTP*472*D8*20060401~

Data Element Summary

Ref.	Data Element	Name	Attributes
M	DTP01	374 Date/Time Qualifier Code specifying type of date or time, or both date and time 472 Service Begin and end dates of the service being rendered	M 1 ID 3/3
M	DTP02	1250 Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
		HIPAA Notes:	
		RD8 is required only when the "To and From" dates are different. However, at the discretion of the submitter, RD8 can also be used when the "To and From" dates are the same.	
		D8	Date Expressed in Format CCYYMMDD
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD A range of dates expressed in the format CCYYMMDD-CCYYMMDD where 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 first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date
M	DTP03	1251 Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35

HIPAA Notes:

IMPLEMENTATION NAME: Claim Service Period

Segment: **DTP** Response Due Date
Position: 1200
Loop: 2200D Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.
Comments:
Notes:

HIPAA Notes

TR3 Notes: 1. This date is supplied to indicate the date the requested information is to be returned by the information receiver.

Should this date pass without the requested information being supplied by the information receiver, the payer may decide to allow the claim to proceed through the adjudication process based upon the information contained in the claim.

HIPAA Examples

TR3 Example: DTP*106*D8*20060422~

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time 106 Required By	M 1 ID 3/3
M	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35

HIPAA Notes:

IMPLEMENTATION NAME: Response Due Date

Segment: **PWK** Claim Supplemental Information
Position: 1300
Loop: 2210D Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To identify the type or transmission or both of paperwork or supporting information
Syntax Notes: 1 If either PWK05 or PWK06 is present, then the other is required.
Semantic Notes:
Comments: 1 PWK05 and PWK06 may be used to identify the addressee by a code number.
 2 PWK07 may be used to indicate special information to be shown on the specified report.
 3 PWK08 may be used to indicate action pertaining to a report.

Notes: **HIPAA Notes**

Situational Rule: Required when information is to be returned to a location other than that referenced in Loop-ID 2000A of HL 20 (Information Source). If not required by this implementation guide, do not send.

HIPAA Examples

TR3 Example: PWK*OZ~

Data Element Summary

Ref.	Data Element	Name	Attributes
M	PWK01	755 Report Type Code Code indicating the title or contents of a document, report or supporting item OZ Support Data for Claim Medical records that would support procedures performed; tests given and necessary for a claim	M 1 ID 2/2
X	PWK02	756 Report Transmission Code Refer to 005010X213 Data Element Dictionary for acceptable code values.	O 1 ID 1/2
X	PWK03	757 Report Copies Needed	O 1 N0 1/2
X	PWK04	98 Entity Identifier Code Refer to 005010X213 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	PWK05	66 Identification Code Qualifier Refer to 005010X213 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	PWK06	67 Identification Code	X 1 AN 2/80
X	PWK07	352 Description	O 1 AN 1/80
X	PWK08	C002 Actions Indicated Actions to be performed on the piece of paperwork identified	O 1
X	C00201	704 Paperwork/Report Action Code Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X213 Data Element Dictionary for acceptable code values.	M ID 1/2
X	C00202	704 Paperwork/Report Action Code Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X213 Data Element Dictionary for acceptable code values.	O ID 1/2
X	C00203	704 Paperwork/Report Action Code Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X213 Data Element Dictionary for acceptable code values.	O ID 1/2
X	C00204	704 Paperwork/Report Action Code Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X213 Data Element Dictionary for acceptable code values.	O ID 1/2
X	C00205	704 Paperwork/Report Action Code	O ID 1/2

Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required
Refer to 005010X213 Data Element Dictionary for acceptable code values.

X

PWK09

1525

Request Category Code

O 1 ID 1/2

Refer to 005010X213 Data Element Dictionary for acceptable code values.

Segment: **PER** Payer Contact Information
Position: 1400
Loop: 2210D Optional
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To identify a person or office to whom administrative communications should be directed
Syntax Notes:

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

Semantic Notes:

Comments:

Notes:

HIPAA Notes

TR3 Notes: 1. When information is to be returned to a location other than that referenced in Loop ID-2000A of HL 20 (Information Source), use both the PWK segment and the PER segment in HL PT.

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). A telephone extension, when applicable is reported in the next sequential communication number data element.

HIPAA Examples

TR3 Example: PER*IC*MEDICAL REVIEW DEPARTMENT*TE*3135551234*
EX*6593*FX*3135554321~ or
PER*IC**TE*3135551234*FX*3135554321~ or
PER*IC**FX*3135554321~

Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	PER01	366 Contact Function Code Code identifying the major duty or responsibility of the person or group named IC Information Contact	M 1 ID 2/2
	PER02	93 Name Free-form name HIPAA Notes: SITUATIONAL RULE: Required when the payer needs to identify a specific name or department for the return of the requested information. If not required by this implementation guide, do not send.	O 1 AN 1/60
	PER03	365 Communication Number Qualifier Code identifying the type of communication number HIPAA Notes: SITUATIONAL RULE: Required when the payer needs to identify a specific method for the return of the requested information. If not required by this implementation guide, do not send. ED Electronic Data Interchange Access Number EM Electronic Mail FX Facsimile TE Telephone	X 1 ID 2/2
	PER04	364 Communication Number Complete communications number including country or area code when applicable	X 1 AN 1/256

HIPAA Notes:

SITUATIONAL RULE: Required when the payer needs to identify a specific communication number for the return of the requested information. If not required by this implementation guide, do not send.

PER05

365

IMPLEMENTATION NAME: Payer Contact Communication Number

Communication Number Qualifier X 1 ID 2/2

Code identifying the type of communication number

HIPAA Notes:

SITUATIONAL RULE: Required when the payer needs to identify an additional method for the return of the requested information. If not required by this implementation guide, do not send.

- ED Electronic Data Interchange Access Number
- EM Electronic Mail
- EX Telephone Extension
- FX Facsimile
- TE Telephone

PER06

364

Communication Number X 1 AN 1/256

Complete communications number including country or area code when applicable

HIPAA Notes:

SITUATIONAL RULE: Required when the payer needs to identify an additional communication number for the return of the requested information. If not required by this implementation guide, do not send.

PER07

365

IMPLEMENTATION NAME: Payer Contact Communication Number

Communication Number Qualifier X 1 ID 2/2

Code identifying the type of communication number

HIPAA Notes:

SITUATIONAL RULE: Required when the payer needs to identify an additional method for the return of the requested information. If not required by this implementation guide, do not send.

- ED Electronic Data Interchange Access Number
- EM Electronic Mail
- EX Telephone Extension
- FX Facsimile
- TE Telephone

PER08

364

Communication Number X 1 AN 1/256

Complete communications number including country or area code when applicable

HIPAA Notes:

SITUATIONAL RULE: Required when the payer needs to identify an additional communication number for the return of the requested information. If not required by this implementation guide, do not send.

X

PER09

443

IMPLEMENTATION NAME: Payer Contact Communication Number

Contact Inquiry Reference O 1 AN 1/20

Segment: N3 Response Contact Address
Position: 1600
Loop: 2210D Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the location of the named party
Syntax Notes:
Semantic Notes:
Comments:
Notes:

HIPAA Notes

Situational Rule: Required when segment identifies the person or office location to route the response to for this Request for Additional Information. If not required by this implementation guide, do not send.

TR3 Notes: 1. This segment will supersede information supplied in the Payer Contact information (PER) segment in the Information Source Level (Loop-ID 2100A).

HIPAA Examples

TR3 Example: N3*1 SMITH STREET*SUITE 100~

Data Element Summary

Ref.	Data Element	Name	Attributes
M	N301	166 Address Information Address information	M 1 AN 1/55
		HIPAA Notes: IMPLEMENTATION NAME: Response Contact Address Line	
	N302	166 Address Information Address information	O 1 AN 1/55
		HIPAA Notes: SITUATIONAL RULE: Required when the second line of the address information is necessary. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Response Contact Additional Address Line	

Segment: **N4** Response Contact City, State, ZIP Code
Position: 1700
Loop: 2210D Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the geographic place of the named party
Syntax Notes:

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

Semantic Notes:
Comments:

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

Notes: **HIPAA Notes**
Situational Rule: Required when segment identifies the person or office location to route the response to for this Request for Additional Information. If not required in this implementation guide, do not send. This segment will supersede information supplied in the Payer Contact Information (PER) segment in the Information Source Level (Loop-ID 2100A).
HIPAA Examples
TR3 Example: N4*KANSAS CITY*MO*64108~

Data Element Summary

Ref.	Data Element	Name	Attributes
>>	N401	19 City Name Free-form text for city name HIPAA Notes: IMPLEMENTATION NAME: Response Contact City Name	O 1 AN 2/30
	N402	156 State or Province Code Code (Standard State/Province) as defined by appropriate government agency HIPAA Notes: SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Response Contact State Code	X 1 ID 2/2
	N403	116 Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) HIPAA Notes: SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Response Contact Postal Zone or ZIP Code	O 1 ID 3/15
	N404	26 Country Code Code identifying the country HIPAA Notes: SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send. CODE SOURCE 5: Countries, Currencies and Funds Use the alpha-2 country codes from Part 1 of ISO 3166.	X 1 ID 2/3
X	N405	309 Location Qualifier	X 1 ID 1/2

Refer to 005010X213 Data Element Dictionary for acceptable code values.

X	N406	310	Location Identifier	O	1	AN 1/30
	N407	1715	Country Subdivision Code	X	1	ID 1/3

Code identifying the country subdivision

HIPAA Notes:

SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.

CODE SOURCE 5: Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

Segment: **SVC** Service Line Information
Position: 1800
Loop: 2220 Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To supply payment and control information to a provider for a particular service

Syntax Notes:

Semantic Notes:

- 1 SVC01 is the medical procedure upon which adjudication is based.
- 2 SVC02 is the submitted service charge.
- 3 SVC03 is the amount paid this service.
- 4 SVC04 is the National Uniform Billing Committee Revenue Code.
- 5 SVC05 is the paid units of service.
- 6 SVC06 is the original submitted medical procedure.
- 7 SVC07 is the original submitted units of service.

Comments:

- 1 For Medicare Part A claims, SVC01 would be the Health Care Financing Administration (HCFA) Common Procedural Coding System (HCPCS) Code (see code source 130) and SVC04 would be the Revenue Code (see code source 132).

Notes:

HIPAA Notes

Situational Rule: Required when the request for additional information is about a service line. If not required by this implementation guide, do not send.

TR3 Notes: 1. For Institutional claims, when both an NUBC revenue code and a HCPCS or HIPPS code are reported, the HCPCS or HIPPS code is reported in SVC01-2 and the revenue code is reported in SVC04. When only a revenue code is used, it is reported in SVC01-2.

HIPAA Examples

TR3 Example: SVC*NU:0710*15.61~ or SVC*HC:99213*35~

Data Element Summary

Ref.	Data Element	Name	Attributes
M	SVC01	Composite Medical Procedure Identifier	M 1
		To identify a medical procedure by its standardized codes and applicable modifiers	
M	C00301	Product/Service ID Qualifier	M ID 2/2
		Code identifying the type/source of the descriptive number used in Product/Service ID (234)	
		HIPAA Notes:	
		IMPLEMENTATION NAME: Product or Service ID Qualifier	
		AD American Dental Association Codes This association's membership consists of U.S. dentists. It sets standards for the dental profession	
		HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments	
		HIPAA Notes:	
		Because CPT codes of the American Medical Association are also Level 1 HCPCS codes, they are reported under the code HC.	
		HP Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code	
		IV Home Infusion EDI Coalition (HIEC) Product/Service Code	
		HIPAA Notes:	

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used:
 "If a new rule names the Home Infusion EDI Coalition (HIEC) Product/Service Codes as an allowable code set under HIPAA

OR

The Secretary grants an exception to use the code set as a pilot project as allowed under the law,

OR

For claims which are not covered under HIPAA.

N4

National Drug Code in 5-4-2 Format

5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size

NU

National Uniform Billing Committee (NUBC) UB92 Codes

HIPAA Notes:

This code is the NUBC Revenue Code.

WK

Advanced Billing Concepts (ABC) Codes

HIPAA Notes:

At the time of this writing, this code set has been approved by the Secretary of HHS as a pilot project allowed under HIPAA law. This qualifier may only be used in transactions covered under HIPAA; By parties registered in the pilot project and their trading partners,

OR

If a new rule names the Complementary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA,

OR

For claims which are not covered under HIPAA.

M	C00302	234	Product/Service ID	M	AN 1/48
			Identifying number for a product or service		
			HIPAA Notes:		
			IMPLEMENTATION NAME: Service Identification Code		
			If the value in SVC01-1 is "NU", then this is an NUBC Revenue Code. If the revenue code is present here, then SVC04 is not used.		
	C00303	1339	Procedure Modifier	O	AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners		
			HIPAA Notes:		
			SITUATIONAL RULE: Required when submitted on the original claim service line. If not required by this implementation guide, do not use.		
	C00304	1339	Procedure Modifier	O	AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners		
			HIPAA Notes:		
			SITUATIONAL RULE: Required when submitted on the original claim service line. If not required by this implementation guide, do not use.		
	C00305	1339	Procedure Modifier	O	AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners		
			HIPAA Notes:		
			SITUATIONAL RULE: Required when submitted on the original claim service line. If not required by this implementation guide, do not use.		
	C00306	1339	Procedure Modifier	O	AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners		

HIPAA Notes:

SITUATIONAL RULE: Required when submitted on the original claim service line. If not required by this implementation guide, do not use.

X	C00307	352	Description	O	AN 1/80
X	C00308	234	Product/Service ID	O	AN 1/48
M	SVC02	782	Monetary Amount Monetary amount	M	1 R 1/18

HIPAA Notes:

IMPLEMENTATION NAME: Line Item Charge Amount

X	SVC03	782	Monetary Amount	O	1 R 1/18
	SVC04	234	Product/Service ID	O	1 AN 1/48

Identifying number for a product or service

HIPAA Notes:

SITUATIONAL RULE: Required on institutional claims to report an NUBC revenue code when a HCPCS or HIPPS code is reported in SVC01- 2. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Revenue Code

X	SVC05	380	Quantity	O	1 R 1/15
X	SVC06	C003	Composite Medical Procedure Identifier	O	1
			To identify a medical procedure by its standardized codes and applicable modifiers		
X	C00301	235	Product/Service ID Qualifier	M	ID 2/2
			Code identifying the type/source of the descriptive number used in Product/Service ID (234) Refer to 005010X213 Data Element Dictionary for acceptable code values.		
X	C00302	234	Product/Service ID	M	AN 1/48
			Identifying number for a product or service		
X	C00303	1339	Procedure Modifier	O	AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners		
X	C00304	1339	Procedure Modifier	O	AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners		
X	C00305	1339	Procedure Modifier	O	AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners		
X	C00306	1339	Procedure Modifier	O	AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners		
X	C00307	352	Description	O	AN 1/80
			A free-form description to clarify the related data elements and their content		
X	C00308	234	Product/Service ID	O	AN 1/48
			Identifying number for a product or service		
X	SVC07	380	Quantity	O	1 R 1/15

Segment: **STC** Service Line Status Information
Position: 1900
Loop: 2220 Optional
Level: Detail
Usage: Optional (Must Use)
Max Use: >1
Purpose: To report the status, required action, and paid information of a claim or service line
Syntax Notes:
Semantic Notes:

- 1 STC02 is the effective date of the status information.
- 2 STC04 is the amount of original submitted charges.
- 3 STC05 is the amount paid.
- 4 STC06 is the paid date.
- 5 STC08 is the check issue date.
- 6 STC12 allows additional free-form status information.

Comments:
Notes:

HIPAA Notes
 TR3 Notes: 1. Please refer to the Section 1.4.3 of the front matter for additional information on how to use the STC segment.
 2. The codes in this STC segment must be returned in the 275.

HIPAA Examples
 TR3 Example: STC*R3:18682-5::LOI*20060501~ or STC*R3:18660-1::LOI*20060501*****R4:18790-6::LOI~

Data Element Summary

Ref.	Data Element	Name	Attributes
M	STC01	C043 Health Care Claim Status	M 1
		Used to convey status of the entire claim or a specific service line	
M	C04301	1271 Industry Code	M AN 1/30
		Code indicating a code from a specific industry code list	
		HIPAA Notes: IMPLEMENTATION NAME: Health Care Claim Status Category Code Use Requests for Additional Information "R" type Category Codes only.	
M	C04302	1271 Industry Code	M AN 1/30
		Code indicating a code from a specific industry code list	
		HIPAA Notes: IMPLEMENTATION NAME: Additional Information Request Code This is the LOINC® Code that defines the additional information being requested.	
X	C04303	98 Entity Identifier Code	O ID 2/3
		Refer to 005010X213 Data Element Dictionary for acceptable code values.	
>>	C04304	1270 Code List Qualifier Code	O ID 1/3
		Code identifying a specific industry code list	
		LOI Logical Observation Identifier Names and Codes (LOINC) Codes	
X	STC02	373 Date	O 1 DT 8/8
X	STC03	306 Action Code	O 1 ID 1/2
		Refer to 005010X213 Data Element Dictionary for acceptable code values.	
X	STC04	782 Monetary Amount	O 1 R 1/18
X	STC05	782 Monetary Amount	O 1 R 1/18
X	STC06	373 Date	O 1 DT 8/8
X	STC07	591 Payment Method Code	O 1 ID 3/3
		Refer to 005010X213 Data Element Dictionary for acceptable code values.	
X	STC08	373 Date	O 1 DT 8/8

X	STC09 STC10	429 C043	Check Number Health Care Claim Status	O O	1 1	AN 1/16
			Used to convey status of the entire claim or a specific service line			
			HIPAA Notes:			
			SITUATIONAL RULE: Required when a LOINC® modifier code is needed to further clarify STC01 information. If not required by this implementation guide, do not send.			
M	C04301	1271	Industry Code	M		AN 1/30
			Code indicating a code from a specific industry code list			
			HIPAA Notes:			
			IMPLEMENTATION NAME: Health Care Claim Status Category Code			
			This data element must contain the same value as STC01-1.			
M	C04302	1271	Industry Code	M		AN 1/30
			Code indicating a code from a specific industry code list			
			HIPAA Notes:			
			IMPLEMENTATION NAME: Additional Information Request Code			
			This is the LOINC® Code that defines the additional information being requested.			
X	C04303	98	Entity Identifier Code	O		ID 2/3
			Refer to 005010X213 Data Element Dictionary for acceptable code values.			
>>	C04304	1270	Code List Qualifier Code	O		ID 1/3
			Code identifying a specific industry code list			
			LOI Logical Observation Identifier Names and Codes (LOINC) Codes			
	STC11	C043	Health Care Claim Status	O	1	
			Used to convey status of the entire claim or a specific service line			
			HIPAA Notes:			
			SITUATIONAL RULE: Required when a LOINC® modifier code is needed to further clarify STC01 information. If not required by this implementation guide, do not send.			
M	C04301	1271	Industry Code	M		AN 1/30
			Code indicating a code from a specific industry code list			
			HIPAA Notes:			
			IMPLEMENTATION NAME: Health Care Claim Status Category Code			
			This data element must contain the same value as STC01-1.			
M	C04302	1271	Industry Code	M		AN 1/30
			Code indicating a code from a specific industry code list			
			HIPAA Notes:			
			IMPLEMENTATION NAME: Additional Information Request Code			
			This is the LOINC® Code that d			
X	C04303	98	Entity Identifier Code	O		ID 2/3
			Refer to 005010X213 Data Element Dictionary for acceptable code values.			
>>	C04304	1270	Code List Qualifier Code	O		ID 1/3
			Code identifying a specific industry code list			
			LOI Logical Observation Identifier Names and Codes (LOINC) Codes			
X	STC12	933	Free-form Message Text	O	1	AN 1/264

Segment: **REF** Service Line Item Identification
Position: 2000
Loop: 2220 Optional
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify identifying information
Syntax Notes:

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

Semantic Notes:

- 1 REF04 contains data relating to the value cited in REF02.

Comments:
Notes:

HIPAA Notes

TR3 Notes: 1. This is the Line Item Control Number as submitted on the original claim in Loop 2400, REF02 (REF01-6R). If a Line Item Control Number is not submitted, this will be the line sequence number (LX01) of the service line.

HIPAA Examples

TR3 Example: REF*FJ*0001~

Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification FJ Line Item Control Number A unique number assigned to each charge line used for tracking purposes	M 1 ID 2/3
>>	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1 AN 1/50
HIPAA Notes:				
IMPLEMENTATION NAME: Line Item Control Number				
X	REF03	352	Description	X 1 AN 1/80
X	REF04	C040	Reference Identifier To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	Reference Identification Qualifier Code qualifying the Reference Identification Refer to 005010X213 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	Reference Identification Qualifier Code qualifying the Reference Identification Refer to 005010X213 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	Reference Identification Qualifier Code qualifying the Reference Identification Refer to 005010X213 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

Segment: **DTP** Service Line Date
Position: 2100
Loop: 2220 Optional
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.
Comments:
Notes:

HIPAA Examples

TR3 Example: DTP*472*RD8*20060401-20060405~

TR3 Example: DTP*472*D8*20060105~

Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time 472 Service Begin and end dates of the service being rendered	M 1 ID 3/3
M	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD A range of dates expressed in the format CCYYMMDD-CCYYMMDD where 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 first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date	M 1 ID 2/3
M	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times HIPAA Notes: IMPLEMENTATION NAME: Service Line Date	M 1 AN 1/35

Segment: **SE** Transaction Set Trailer
Position: 2700
Loop:
Level: Detail
Usage: 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)

Syntax Notes:

Semantic Notes:

Comments: 1 SE is the last segment of each transaction set.

Notes: **HIPAA Examples**

TR3 Example: SE*55*0001~

Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	SE01	96	Number of Included Segments Total number of segments included in a transaction set including ST and SE segments HIPAA Notes: IMPLEMENTATION NAME: Transaction Segment Count	M 1 N0 1/10
M	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 HIPAA Notes: Data value in SE02 must be identical to ST02.	M 1 AN 4/9