



The Forum Companion Document

For use with ANSI ASC X12N  
Health Care Claims Status Request and Response  
Implementation Guide

# Health Care Claims Status Request and Response (Batch)

## 276/277

ANSI ASC X12N 276/277 (004010X093A1)

# 'Expanded Data Requirements'

*Version:  
January 6, 2004*

## System Interface Mapping

The following matrix identifies the recommended usage of the data elements when the 276/277 transaction is being interfaced with an information system. Where coded values for data elements are appropriate, codes are provided when the value set is small. Expanded codes for data elements can be found in the *ASC X12N Health Care Eligibility Benefits Inquiry and Response Implementation Guide*.

The columns for the matrix are:

- Page#: The page number from the Implementation Guide
- Name: Industry Name (from Implementation Guide) where available. If there is no industry name available, the standard name is used. Any aliases shown in the Implementation Guide are not always listed.
- Seg. Reqmt: (Segment Requirement): 'R' - Required, 'S' – Situational
- Pos#: Position Number (from Implementation Guide)
- Seg. ID: Segment ID (from Implementation Guide)
- Data Element Usage: A 'Not Used' in this column means that the Implementation Guide dictates this data field is not to be used.
- Data Element ID: (from Implementation Guide)
- Qualifier: A value appearing in this column will indicate that the value is the preferred value. (Only single values for a data element will appear in this column.)
- Qualifier Description: List of possible values. Values that are not meaningful to health plans will be designated with a strikethrough (e.g. ~~value~~). When and as appropriate, comments and conventions about usage will appear in this column.

The Implementation Guide identifies some data segments and data elements that are not used by a health plan in their process of retrieving and reporting claim status information. These data segments and data elements are highlighted in the System Interface Map section of this Companion Document so that providers and intermediaries will not waste time determining health plan specific requirements. These situations will be designated on the System Interface Map with one of the following notes:

- '*Not reviewed by health plan*' - This note may be associated with situational data elements in the 276 Request transaction. If one of these data elements is submitted on the 276, the information entered into it must comply

with the Implementation Guide. However, the health plan will not use this data element to evaluate and present eligibility and benefits coverage.

- *'Not populated by health plan'* - This note may be associated with situational data elements in the 277 Response transaction. The health plan will not populate these data elements when presenting eligibility and benefits coverage.

## Description of the layout of the data

The data in the Implementation Guide is grouped in what it calls “segments”, “loops”, and “levels”. A “loop” is made up of one or more segments. A “level” is made up of one or more loops.

A non-real example; a name and address would be made up of various segments of data. The name would be broken into first, middle, and last names along with suffix or prefix and some codes pertaining to the name. These fields would be organized into a segment. The address would go through a similar process and be organized into a separate segment. Together, these could be organized into a “loop”. However, there are many names and addresses needed throughout a system and the one just described in the loop is very generic. The “Level” is used in the 276/277 transaction to organize the segments further by whose name and address this is.

The following chart shows which loops are used in the levels defined by the 276/277 Implementation Guide. The “X” indicates these. A “LOOP-ID” is made of the Loop Number with the Loop Level character. E.g., some valid Loop-IDs would be 2000A, 2100A, 2000B, 2100B... Note that for the loops mentioned, this is the order in which they are presented in the Implementation Guide as loops are organized first by level, THEN by loop number.

		Descriptions	Loop Number					
			blank	2000	2100	2200	2210	2220
			General packet data	Level Definition Information	Name Data	Claim Submitter Trace Number	Service Line Info	Service Line Info
Level	blank	General	X	---	---	---	---	---
	A	Info Source	---	X	X	---	---	---
	B	Info Receiver	---	X	X	---	---	---
	C	Provider	---	X	X	---	---	---
	D	Subscriber	---	X	X	X	276 transaction only	277 transaction only
	E	Dependent	---	X	X	X	276 transaction only	277 transaction only

**Notes:**

*Information Source* is the entity that will be the source of information, i.e., the payer of the claim being queried. It is NOT the source of the request. *Information Receiver* is the entity that will receive the response. It is NOT the entity receiving the request. Please see page 25 – Section 2.2.3.1 – of the Implementation Guide for the definitions of these “Transaction Participants”. A clear understanding of these terms is critical to a correct implementation of this standard.

<b>ISA</b>	<b>INTERCHANGE CONTROL HEADER</b>			
<b>GS</b>	<b>ASSIGNED NUMBER</b>			

**TABLE 1 - Header**

Pos	Seg	Name	Required	Max Use	Loop Repeat
010	ST	Transaction Set Header	R	1	
020	BHT	Beginning of Hierarchical Transaction	R	1	

**TABLE 2 - Detail**

<b>Loop ID:</b>	<b>2000A Information Source</b>				>1
010	HL	Information Source	R	1	
<b>Loop ID:</b>	<b>2100A Payer Name</b>				>1
050	NM1	Payer Name	R	1	
080	PER	Payer Contact Information	S	1	
<b>Loop ID:</b>	<b>2000B Information Receiver</b>				>1
010	HL	Information Receiver	R	1	
<b>Loop ID:</b>	<b>2100B Information Receiver Name</b>				>1
050	NM1	Information Receiver Name	R	1	
<b>Loop ID:</b>	<b>2000C Service Provider Level</b>				>1
010	HL	Service Provider	R	1	
<b>Loop ID:</b>	<b>2100C Provider Name</b>				>1
050	NM1	Provider Name	R	1	
<b>Loop ID:</b>	<b>2000D Subscriber Level</b>				>1
010	HL	Subscriber	R	1	
040	DMG	Subscriber Demographic Information	S	1	
<b>Loop ID:</b>	<b>2100D Subscriber Name</b>				1
050	NM1	Subscriber Name	R	1	
<b>Loop ID:</b>	<b>2200D Claim Submitter Trace Number</b>				>1
090	TRN	Claim Submitter Trace Number	S	1	
100	REF	Payer Claim Identification Number	S	1	
100	REF	Institutional Bill Type Identification	S	1	
100	REF	Medical Record Identification	S	1	
110	AMT	Claim Submitted Charges	S	1	

120	DTP	Claim Service Date	S	1	
<b>Loop ID:</b>		<b>2210D Service Line Information</b>			>1
130	SVC	Service Line Information	S	1	
140	REF	Service Line Item Identification	S	1	
150	DTP	Service Line Date	R	1	
<b>Loop ID:</b>		<b>2000E Dependent</b>			>1
010	HL	Dependent Level	S	1	
040	DMG	Dependent Demographic Information	R	1	
<b>Loop ID:</b>		<b>2100E Dependent Name</b>			1
050	NM1	Dependent Name	R	1	
<b>Loop ID:</b>		<b>2200E Claim Submitter Trace Number</b>			>1
090	TRN	Claim Submitter Trace Number	R	1	
100	REF	Payer Claim Identification Number	S	1	
100	REF	Institutional Bill Type Identification	S	1	
100	REF	Medical Record Identification	S	1	
110	AMT	Claim Submitted Charges	S	1	
120	DTP	Claim Service Date	S	1	
<b>Loop ID:</b>		<b>2210E Service Line Information</b>			>1
130	SVC	Service Line Information	S	1	
140	REF	Service Line Item Identification	S	1	
150	DTP	Service Line Date	S	1	
160	SE	Transaction Set Trailer	R	1	

<b>GE</b>	<b>FUNCTIONAL GROUP TRAILER</b>
<b>IEA</b>	<b>INTERCHANGE CONTROL TRAILER</b>

## ENVELOPE - Open

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
B.3	Interchange Control Header			ISA				
B.3	Authorization Information Qualifier				R	ISA01	00	No Authorization Information Present
B.3	Authorization Information				R	ISA02		
B.4	Security Information Qualifier				R	ISA03	00	No Security Information Present
B.4	Security Information				R	ISA04		
B.4	Interchange ID Qualifier				R	ISA05	ZZ	Mutually Defined
B.4	Interchange Sender ID				R	ISA06		ID Code of Sender
B.4	Interchange ID Qualifier				R	ISA07	ZZ	Mutually Defined
B.5	Interchange Receiver ID				R	ISA08		FCHP = Contact Health Plan FCHN = Contact Health Plan GHC = 91-0511770 Premera = 00430 Regence = contact Health Plan Asuris NW Health = contact Health Plan
B.5	Interchange Date				R	ISA09		YYMMDD
B.5	Interchange Time				R	ISA10		HHMM
B.5	Interchange Control Standards Identifier				R	ISA11	U	U.S. EDI Community of ASC x12, TCDD, and UCS
B.5	Interchange Control Version Number				R	ISA12	00401	Draft Standards for Trial Use Approved for Publication by ASCx12 Procedures Board through October 1997
B.5	Interchange Control Number				R	ISA13		A control number assigned by the interchange sender
B.6	Acknowledgment Requested				R	ISA14	0	No acknowledgment requested
B.6	Usage Indicator				R	ISA15		P = Production Data T = Test Data
B.6	Component Element Separator				R	ISA16	.	This is the delimiter used to separate component data elements within a composite data structure
B.8	Functional Group Header			GS				
B.8	Functional Identifier Code				R	GS01	HR	HR – Health Care Claim Status Request (276)
B.8	Application Sender's Code				R	GS02		Code identifying party sending transmission, codes agreed to by trading partners
B.8	Application Receiver's Code				R	GS03		FCHP = Contact Health Plan FCHN = Contact Health Plan GHC = 91-0511770 Premera = 00430 Regence = contact Health Plan Asuris NW Health = contact Health Plan
B.8	Date				R	GS04	CCYYMMDD	Creation Date
B.9	Time				R	GS05	HHMM	Creation Time

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
B.9	Group Control Number				R	GS06		Assigned number originated and maintained by the sender
B.9	Responsible Agency Code				R	GS07	X	Accredited Standards Committee X12
B.9	Version/Release/Industry Identifier Code				R	GS08	004010X093 A1	Draft Standards Approved for Publication by ASCx12 Procedures Review Board through October 1997, as published in the Health Care Claim Status Request and Response Implementation Guide approved for publication by ASCx12 N, May 2000.

TABLE 1 - Header

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
49	Transaction Set Header	R	010	ST				
49	Transaction Set ID Code				R	ST01	276	
49	Transaction Set Control #				R	ST02		Assigned by requester
50	(1 of 1)	R	020	BHT				
50	Hierarchical Structure Code				R	BHT01	0010	Information Source, Information Receiver, Provider of Service, Subscriber, Dependent ( <b>code specified in Impl. Guide. Indicates the hierarchical structure of the records</b> )
50	Transaction Set Purpose Code				R	BHT02	13	Request
50	Reference Identification				Not Used	BHT03		Not Used
50	Date				R	BHT04		Transaction Set Creation Date <b>CCYYMMDD</b>
51	Time				Not Used	BHT05		Not Used
51	Transaction Type Code				Not Used	BHT06		Not Used

TABLE 1 - Detail

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
52	<b>Loop ID: 2000A Information Source Level</b>	R	010	HL				<b>Health Plan (organization from which information is being requested)</b>
52	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each subsequent HL segment within the transaction set. <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
52	Hierarchical Parent ID Number				Not Used	HL02		Not Used
52	Hierarchical Level Code				R	HL03	20	Information Source
53	Hierarchical Child Code				R	HL04	1	Additional Subordinate HL Data Segment in this Hierarchical Structure
54	<b>Loop ID: 2100A Payer Name</b>	R	050	NM1				
54	Entity Identifier Code				R	NM101	PR	Payer
55	Entity Type Qualifier				R	NM102	2	Non-Person Entity

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
55	Name Last or Organization Name				R	NM103		Payer Name -- This data element will be required until the National Payer Identifier is active <b>Note: Participating plans will specify the name by which they will be represented. I.e.,</b> <ul style="list-style-type: none"> <li>• First Choice Health Network = FCHN</li> <li>• First Choice Health Plan = FCHP</li> <li>• Group Health = GHC</li> <li>• Premera Blue Cross = Premera</li> <li>• Regence BlueShield = Regence</li> <li>• Asuris NW Health = Asuris</li> </ul>
55	Name First				Not Used	NM104		Not Used
55	Name Middle				Not Used	NM105		Not Used
55	Name Prefix				Not Used	NM106		Not Used
55	Name Suffix				Not Used	NM107		Not Used
55	Identification Code Qualifier				R	NM108	PI	Payer Identification NI - NAIC Code AD - BCBSA Plan Code PP - Pharmacy Processor Number FI - Tax ID 21 - Health Industry Number XV - Payer ID (HIPAA) (future)
56	Entity Relationship Code				Not Used	NM110		Not Used
56	Entity Identifier Code				Not Used	NM111		Not Used
57	Payer Contact Information	S	080	PER				
58	Contact Function Code				R	PER01	IC	Information Contact
58	Name				S	PER02		Payer Contact Name
58	Communication Number Qualifier				R	PER03		ED- Electronic Data Interchange Access Number EM- Electronic Mail TE- Telephone
58	Communication Number	<i>Not Reviewed By Health Plan</i>			R	PER04		To supply International Codes, Area Code (within U.S.), local exchanges, and telephone numbers. When an additional extension is required PER06 should be used.
59	Communication Number Qualifier				S	PER05	EX	Telephone Extension
59	Communication Number				S	PER06		
59	Communication Number Qualifier				S	PER07		EX-Telephone FX-Facsimile
59	Communication Number				S	PER08		Required when necessary to provide another telephone extension or fax number.
59	Contact Inquiry Reference				Not Used	PER09		
60	Loop ID: 2000B Information Receiver Level	R	010	HL				<b>Information Receiver (requesting organization or individual)</b>

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
60	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each subsequent HL segment within the transaction set. <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
60	Hierarchical Parent ID Number				R	HL02		Used to identify the specific hierarchical level to which this level is subordinate <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
61	Hierarchical Level Code				R	HL03	21	Information Receiver
61	Hierarchical Child Code				R	HL04	1	Additional Subordinate HL Data Segment in this Hierarchical Structure
62	<b>Loop ID: 2100B Information Receiver Name</b>	<b>R</b>	<b>050</b>	<b>NM1</b>				<b>Status Information Information being provided TO the plan (for use in locating appropriate claim(s))</b>
62	Entity Identifier Code				R	NM101	41	Submitter
63	Entity Type Qualifier				R	NM102		1 – Person 2 - Non-Person Entity
63	Name Last or Organization Name				R	NM103		Information Receiver Last Name or Organization Name
63	Name First				S	NM104		Information Receiver First Name The first name is required when the value in NM102 is '1' and the person has a first name.
63	Name Middle				S	NM105		Information Receiver Middle Name Required if additional name information is needed to identify the information receiver. Recommended if the value in the entity type qualifier is a person.
63	Name Prefix				Not Used	NM106		Not Used
63	Name Suffix				S	NM107		Information Receiver Name Suffix Required if additional name information is needed to identify the information receiver. Recommended if the value in the entity type qualifier is a person.
63	Identification Code Qualifier				R	NM108		46- Electronic Transmitter Identification Number (ETIN) FI- Federal Taxpayer's Identification Number XX- Health Care Financing Administration National Provider (future)
63	Identification Code				R	NM109		Information Receiver Identification Number
64	Entity Relationship Code				Not Used	NM110		
64	Entity Identifier Code				Not Used	NM111		

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
<b>65</b>	<b>Loop ID: 2000C Service Provider Level</b>	<b>R</b>	<b>010</b>	<b>HL</b>				<b>Service -- Provider rendering the service</b>
65	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each subsequent HL segment within the transaction set. <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
65	Hierarchical Parent ID Number				R	HL02		Used to identify the specific hierarchical level to which this level is subordinate <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
66	Hierarchical Level Code				R	HL03	19	Provider of Service
66	Hierarchical Child Code				R	HL04	1	Additional Subordinate HL Data Segment in this Hierarchical Structure
<b>67</b>	<b>Loop ID: 2100C Provider Name</b>	<b>R</b>	<b>050</b>	<b>NM1</b>				
67	Entity Identifier Code				R	NM101	1P	Provider
68	Entity Type Qualifier				R	NM102		1 – Person 2 - Non-Person Entity
68	Name Last or Organization Name				R	NM103		Provider Last of Organization Name <b>As defined by the plan/payer. By convention, this is the LOWEST LEVEL provider available. If it is a person, include an NM1 Loop for the associated organization, with the organization being the first NM1 loop. It is NOT [just] the Organization Name unless that is the lowest level.</b>
68	Name First				S	NM104		Provider First Name The first name is required when the value in NM102 is '1' and the person has a first name.
68	Name Middle				S	NM105		Provider Middle Name The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.
68	Name Prefix				S	NM106		Provider name Prefix Required if additional name information is needed to identify the provider of service.
68	Name Suffix				S	NM107		Provider name Suffix Required if additional name information is needed to identify the provider of service.

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
68	Identification Code Qualifier				R	NM108		SV- Service Provider Number ( <i>Contact Health Plan for content specifications</i> ) FI- Federal Taxpayer's Identification Number XX- Health Care Financing Administration National Provider- <i>(future)</i>
69	Identification Code				R	NM109		Provider Identifier
69	Entity Relationship Code				Not Used	NM110		
69	Entity Identifier Code				Not Used	NM111		
<b>70</b>	<b>Loop ID: 2000D Subscriber Level</b>	<b>R</b>	<b>010</b>	<b>HL</b>				
70	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each subsequent HL segment within the transaction set. <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
70	Hierarchical Parent ID Number				R	HL02		Used to identify the specific hierarchical level to which this level is subordinate <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
71	Hierarchical Level Code				R	HL03		Subscriber
71	Hierarchical Child Code				R	HL04		0 – No Subordinate HL Segment in this Hierarchical Structure 1 - Additional Subordinate HL Data Segment in this Hierarchical Structure
72	Subscriber Demographic Information	S	040	DMG				See implementation note
72	Date Time Period Format Qualifier				R	DMG01		Date Time Period – <b>indicates CCYYMMDD fmt</b>
73	Date Time Period				R	DMG02		Subscriber Birth Date
73	Gender Code				R	DMG03		M-Male F- Female U- Unknown
73	Marital Status Code				Not Used	DMG04		
73	Race or Ethnicity Code				Not Used	DMG05		
73	Citizenship Status Code				Not Used	DMG06		
73	Country Code				Not Used	DMG07		
73	Basis of Verification Code				Not Used	DMG08		
73	Quantity				Not Used	DMG09		
<b>74</b>	<b>Loop ID: 2100D Subscriber Name</b>	<b>R</b>	<b>050</b>	<b>NM1</b>				
74	Entity Identifier Code				R	NM101		IL-Insured or Subscriber QC-Patient

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
75	Entity Type Qualifier				R	NM102		1 – Person 2 - Non-Person Entity ( <i>e.g., workman's comp</i> )
75	Name Last or Organization Name				R	NM103		Subscriber Last Name
75	Name First				S	NM104		Subscriber First Name The first name is required when the value in NM102 is
75	Name Middle				S	NM105		Subscriber Middle Name The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial
75	Name Prefix				S	NM106		Subscriber Name Prefix Required if additional name information is needed to identify the subscriber.
75	Name Suffix				S	NM107		Subscriber Name Suffix Required if additional name information is needed to identify the subscriber.
75	Identification Code Qualifier				R	NM108		24 - Employer's Identification Number MI - Member Identification Number <b>(as defined by the plan)</b> <del>ZZ - This value when used shall be defined as 'HIPAA Individual Identifier' once this identifier has been adopted-(future)</del>
76	Identification Code				R	NM109		Subscriber Identifier
76	Entity Relationship Code				Not Used	NM110		
76	Entity Identifier Code				Not Used	NM111		
<b>77</b>	<b>Loop ID: 2200D Claim Submitter Trace Number</b>	<b>S</b>	<b>090</b>	<b>TRN</b>				
77	Trace Type Code				R	TRN01	1	Current Transaction Trace Numbers
77	Reference Identification				R	TRN02		Trace Number (alias: Patient Account Number)
77	Originating Company Identifier				Not Used	TRN03		
77	Reference Identification				Not Used	TRN04		
78	Payer Claim Identification Number	S	100	REF				
78	Reference Identification Qualifier				R	REF01	1K	Payer's Claim Number ( <i>ignore alias</i> )
79	Reference Identification				R	REF02		Payer Claim Control Number
79	Description				Not Used	REF03		
79	Reference Identifier				Not Used	REF04		
80	Institutional Bill Type Identification	S	100	REF				
80	Reference Identification Qualifier				R	REF01	BLT	Billing Type
81	Reference Identifier				R	REF02		Bill Type Identifier ( <i>such as 131 outpatient</i> )
81	Description				Not Used	REF03		
81	Reference Identifier				Not Used	REF04		
82	Medical record Identification	S	100	REF				
82	Reference Identification Qualifier				R	REF01	EA	Medical Record Identification Number
82	Reference Identifier				R	REF02		Medical Record Number
83	Description				Not Used	REF03		

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
83	Reference Identifier				Not Used	REF04		
84	Group Number	S	100	REF				
	Reference Identification Qualifier				R	REF01		LU Location Number
	Reference Identification				R	REF02		
	Description				Not Used	REF03		
	Reference Identifier				Not Used	REF04		
84	Claim Submitted Charges	S	110	AMT				
84	Amount Qualifier Code				R	AMT01	T3	Total Submitted Charges
85	Monetary Amount				R	AMT02		Total Claim Charge Amount
85	Credit/Debit Flag Code				Not Used	AMT03		
86	Claim Service Date	S	120	DTP				
86	Date Time Qualifier				R	DTP01	232	Claim Statement Period Start
87	Claim Service Period Format Qualifier				R	DTP02	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
87	Claim Service Period				R	DTP03		Claim Service Period
<b>88</b>	<b>Loop ID: 2210D Service Line Information</b>	<b>S</b>	<b>130</b>	<b>SVC</b>				
88	Composite Medical Procedure Identifier				R	SVC01		
89	Composite Medical Procedure Identifier				R	SVC01-1		AD - American Dental Association Codes <del>CI - Common Language Equipment Identifier (CLEI)</del> HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) ID - International Classification of Diseases Clinical Modification <del>IV - Home Infusion EDI Coalition (HIEC)</del> <del>Product/Service Code</del> N1 - National Drug Code in 4-4-2 Format N2 - National Drug Code in 5-3-2 Format N3 - National Drug Code in 5-4-1 Format N4 - National Drug Code in 5-4-2 Format ND - National Drug Code (NDC) NN - National Health Related Item Code NU - National Uniform Billing Committee (NUBC) UB92 Codes <del>RB - National Uniform Billing Committee (NUBC)</del> UB82 Codes
90	Product Service ID				R	SVC01-2		
90	Procedure Modifier				S	SVC01-3-6		Required if submitted on the original claim service line.
90	Description				Not Used	SVC01-7		
90	Monetary Amount				R	SVC02		Line Item Charge Amount This amount is the original submitted charge.
90	Monetary Amount				Not Used	SVC03		

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
90	Product/Service ID				S	SVC04		This is the NUBC Revenue Code. When SVC-101 equals NU, then the NUBC Revenue Code belongs in SVC01-2
90	Quantity				Not Used	SVC05		
90	Composite Medical Procedure Identifier				Not Used	SVC06		
90	Quantity				S	SVC07		These are the submitted units of service. The default is 1 unit. This element is required when the submitted units are greater than 1.
91	Service Line Identification	S	140	REF				
91	Reference Identification Qualifier	Not Reviewed by Health Plan			R	REF01	FJ	Line Item Control Number
92	Reference Identification				R	REF02		May or may not help the payer in the identification of the claim
92	Description				Not Used	REF03		
92	Reference Identifier				Not Used	REF04		
93	Service Line Date	R	150	DTP				
93	Date Time Qualifier				R	DTP01	472	Service
93	Date Time Period Format Qualifier				R	DTP02	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
93	Date Time Period				R	DTP03		Service Line Date ( <i>ignored for matching</i> )
<b>94</b>	<b>Loop ID: 2000E Dependent Level</b>	<b>S</b>	<b>010</b>	<b>HL</b>				
94	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each subsequent HL segment within the transaction set. <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
94	Hierarchical Parent ID Number				R	HL02		Used to identify the specific hierarchical level to which this level is subordinate <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
95	Hierarchical Level Code				R	HL03	23	Dependent
95	Hierarchical Child Code				Not Used	HL04		
96	Dependent Demographic Information	R	040	DMG				
96	Date Time Period Format Qualifier				R	DMG01	D8	Date Time Period ( <i>indicates CCYYMMDD fmt</i> )
97	Date Time Period				R	DMG02		Patient Birth Date
97	Gender Code				R	DMG03		M-Male F- Female U- Unknown
97	Marital Status Code				Not Used	DMG04		
97	Race or Ethnicity Code				Not Used	DMG05		

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
97	Citizenship Status Code				Not Used	DMG06		
97	Country Code				Not Used	DMG07		
97	Basis of Verification Code				Not Used	DMG08		
97	Quantity				Not Used	DMG09		
<b>98</b>	<b>Loop ID: 2100E Dependent Name</b>	<b>R</b>	<b>040</b>	<b>NM1</b>				
98	Entity Identifier Code				R	NM101		QC-Patient
98	Entity Type Qualifier				R	NM102	1	Person
99	Name Last or Organization Name				R	NM103		Patient Last Name
99	Name First				S	NM104		Patient First Name Required if additional name information is needed to identify the patient.
99	Name Middle				S	NM105		Patient Middle Name Required if additional name information is needed to identify the patient.
99	Name Prefix				S	NM106		Patient Name Prefix Required if additional name information is needed to identify the patient.
99	Name Suffix				S	NM107		Patient Name Suffix Required if additional name information is needed to identify the patient.
99	Identification Code Qualifier				S	NM108		MI- Member Identification Number <b>(as defined by the plan)</b> <del>ZZ- This value when used shall be defined as 'HIPAA Individual Identifier' once this identifier has been adopted-(future)</del>
100	Identification Code				S	NM109		NM108 and MN109 are required if the dependent is assigned a unique identification number that is separate from the subscriber number in HL04
100	Entity Relationship Code				Not Used	NM110		
100	Entity Identifier Code				Not Used	NM111		
<b>101</b>	<b>Loop ID: 2200E Claim Submitter Trace Number</b>	<b>S</b>	<b>090</b>	<b>TRN</b>				
101	Trace Type Code				R	TRN01	1	Current Transaction Trace Numbers
101	Reference Identification				R	TRN02		Trace Number
102	Originating Company Identifier				Not Used	TRN03		
103	Reference Identification				Not Used	TRN04		
103	Payer Claim Identification Number	S	100	REF				
103	Reference Identification Qualifier				R	REF01	1K	Payer's Claim Number
103	Reference Identification				R	REF02		Payer Claim Control Number
104	Description				Not Used	REF03		
104	Reference Identifier				Not Used	REF04		
105	Institutional Bill Type Identification	S	100	REF				
105	Reference Identification Qualifier				R	REF01	BLT	Billing Type

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
106	Reference Identification				R	REF02		Bill Type Identifier
106	Description				Not Used	REF03		
106	Reference Identifier				Not Used	REF04		
107	Medical record Identification	S	100	REF				
107	Reference Identification Qualifier				R	REF01	EA	Medical Record Identification Number
107	Reference Identification				R	REF02		Medical Record Number
108	Description				Not Used	REF03		
108	Reference Identifier				Not Used	REF04		
109	Claim Submitted Charges	S	110	AMT				
109	Amount Qualifier Code				R	AMT01	T3	Total Submitted Charges
110	Monetary Amount				R	AMT02		Total Claim Charge Amount
110	Credit/Debit Flag Code				Not Used	AMT03		
111	Claim Service Date	S	120	DTP				
111	Date Time Qualifier				R	DTP01	232	Claim statement period start
112	Date Time Period Format Qualifier				R	DTP02	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
112	Date Time Period				R	DTP03		Claim Service Period
<b>113</b>	<b>Loop ID: 2210E Service Line Information</b>	<b>S</b>	<b>130</b>	<b>SVC</b>				
114	Composite Medical Procedure Identifier				R	SVC01		
114	Composite Medical Procedure Identifier				R	SVC01-1		AD - American Dental Association Codes <del>CI - Common Language Equipment Identifier (CLEI)</del> HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) ID - International Classification of Diseases Clinical Modification <del>IV - Home Infusion EDI Coalition (HIEC)</del> Product/Service Code N1 - National Drug Code in 4-4-2 Format N2 - National Drug Code in 5-3-2 Format N3 - National Drug Code in 5-4-1 Format N4 - National Drug Code in 5-4-2 Format ND - National Drug Code (NDC) NN - National Health Related Item Code NU - National Uniform Billing Committee (NUBC) UB92 Codes <del>RB - National Uniform Billing Committee (NUBC)</del> UB82 Codes
115	Product Service ID				R	SVC01-2		
115	Procedure Modifier				S	SVC01-3-6		Required if submitted on the original claim service line.
115	Description				Not Used	SVC01-7		
115	Monetary Amount				R	SVC02		This amount is the original submitted charge.
115	Monetary Amount				Not Used	SVC03		

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
11	Product/Service ID				S	SVC04		This is the NUBC Revenue Code. When SVC-101 equals NU, then the NUBC Revenue Code belongs in SVC01-2
115	Quantity				Not Used	SVC05		
115	Composite Medical Procedure Identifier				Not Used	SVC06		
116	Quantity				S	SVC07		These are the submitted units of service. The default is 1 unit. This element is required when the submitted units are greater than 1.
117	Service Line Item Identification	S	140	REF				
117	Reference Identification Qualifier				R	REF01	FJ	Line Item Control Number
117	Reference Identification				R	REF02		Line Item Control Number
117	Description				Not Used	REF03		
117	Reference Identifier				Not Used	REF04		
118	Service Line Date	S	150	DTP				From the I.G.: "When the 2210E loop is used this segment must be present"
118	Date Time Qualifier				R	DTP01	472	Service
118	Date Time Period Format Qualifier				R	DTP02	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
119	Date Time Period				R	DTP03		Service Date
120	Transaction Set Trailer	R	160	SE				
120	Number of Included segments				R	SE01		Transaction Segment Count
120	Transaction Set Control Number				R	SE02		Data value in SE02 must be identical to ST02

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ENVELOPE - Close

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
B.10	Functional Group Trailer			GE				
B.10	Number of Transaction Sets Included				R	GE01		Total number of transaction sets included in the functional group or interchange group terminated by the trailer containing this data element
B.10					R	GE02		Assigned number originated and maintained by the sender
B.7	Interchange Control Trailer			IEA				
B.7	Number of Included Functional Groups				R	IEA01		A count of the number of functional groups included in an interchange
B.7	Interchange Control Number				R	IEA02		Interchange Control Number

<b>ISA</b>	<b>INTERCHANGE CONTROL HEADER</b>
<b>GS</b>	<b>ASSIGNED NUMBER</b>

**TABLE 1 - Header**

Pos	Seg	Name	Required	Max Use	Loop Repeat
010	ST	Transaction Set Header	R	1	
020	BHT	Beginning of Hierarchical Transaction	R	1	

**TABLE 2 - Detail**

<b>Loop ID:</b>	<b>2000A Information Source Level</b>				>1
010	HL	Information Source	R	1	
<b>Loop ID:</b>	<b>2100A Payer Name</b>				>1
050	NM1	Payer Name	R	1	
080	PER	Payer Contact Information	S	1	
<b>Loop ID:</b>	<b>2000B Information Receiver Level</b>				>1
010	HL	Information Receiver	R	1	
<b>Loop ID:</b>	<b>2100B Information Receiver Name</b>				>1
050	NM1	Information Receiver Name	R	1	
<b>Loop ID:</b>	<b>2000C Service Provider Level</b>				>1
010	HL	Service Provider	R	1	
<b>Loop ID:</b>	<b>2100C Provider Name</b>				>1
050	NM1	Provider Name	R	1	
<b>Loop ID:</b>	<b>2000D Subscriber Level</b>				>1
010	HL	Subscriber	R	1	
040	DMG	Subscriber Demographic Information	S	1	
<b>Loop ID:</b>	<b>2100D Subscriber Name</b>				1
050	NM1	Subscriber Name	R	1	
<b>Loop ID:</b>	<b>2200D Claim Submitter Trace Number</b>				>1
090	TRN	Claim Submitter Trace Number	S	1	
100	STC	Claim Level Status Information	R	1	
110	REF	Payer Claim Identification Number	S	1	
110	REF	Institutional Bill Type Identification	S	1	
110	REF	Medical Record Identification	S	1	

120	DTP	Claim Service Date	S	1	
<b>Loop ID:</b>		<b>2220D Service Line Information</b>			>1
180	SVC	Service Line Information	S	1	
190	STC	Service Line Status Information	S	1	
200	REF	Service Line Item Identification	S	1	
210	DTP	Service Line Date	S	1	
<b>Loop ID:</b>		<b>2000E Dependent Level</b>			>1
010	HL	Dependent Level	S	1	
040	DMG	Dependent Demographic Information	R	1	
<b>Loop ID:</b>		<b>2100E Dependent Name</b>			>1
050	NM1	Dependent Name	R	1	
<b>Loop ID:</b>		<b>2200E Claim Submitter Trace Number</b>			>1
090	TRN	Claim Submitter Trace Number	R	1	
100	STC	Claim Level Status Information	R	1	
110	REF	Payer Claim Identification Number	R	1	
110	REF	Institutional Bill Type Identification	S	1	
110	REF	Medical Record Identification	S	1	
120	DTP	Claim Service Date	S	1	
<b>Loop ID:</b>		<b>2220E Service Line Information</b>			>1
180	SVC	Service Line Information	S	1	
190	STC	Service Line Status Information	S	1	
200	REF	Service Line Item Identification	S	1	
210	DTP	Service Line Date	S	1	
270	SE	Transaction Set Trailer	R	1	

<b>GE</b>	<b>FUNCTIONAL GROUP TRAILER</b>
<b>IEA</b>	<b>INTERCHANGE CONTROL TRAILER</b>

## ENVELOPE - Open

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
B.3	Interchange Control Header			ISA				
B.3	Authorization Information Qualifier				R	ISA01	00	No Authorization Information Present
B.3	Authorization Information				R	ISA02		
B.4	Security Information Qualifier				R	ISA03	00	No Security Information Present
B.4	Security Information				R	ISA04		
B.4	Interchange ID Qualifier				R	ISA05	ZZ	Mutually Defined
B.4	Interchange Sender ID				R	ISA06		ID Code of Sender
B.4	Interchange ID Qualifier				R	ISA07	ZZ	Mutually Defined
B.5	Interchange Receiver ID				R	ISA08		ID Code of Receiver
B.5	Interchange Date				R	ISA09		YYMMDD
B.5	Interchange Time				R	ISA10		HHMM
B.5	Interchange Control Standards Identifier				R	ISA11	U	U.S. EDI Community of ASC x12, TCDD, and UCS
B.5	Interchange Control Version Number				R	ISA12	00401	Draft Standards for Trial Use Approved for Publication by ASCx12 Procedures Board through October 1997
B.5	Interchange Control Number				R	ISA13		A control number assigned by the interchange sender
B.6	Acknowledgment Requested				R	ISA14	0	No acknowledgment requested
B.6	Usage Indicator				R	ISA15		P = Production Data T = Test Data
B.6	Component Element Separator				R	ISA16	.	This is the delimiter used to separate component data elements within a composite data structure
B.8	Functional Group Header			GS				
B.8	Functional Identifier Code				R	GS01	HN	Health Care Claim Status Notification
B.8	Application Sender's Code				R	GS02		Code identifying party sending transmission, codes agreed to by trading partners
B.8	Application Receiver's Code				R	GS03		Code identifying party receiving transmission. Codes agreed to by trading partners
B.8	Date				R	GS04		CCYYMMDD
B.9	Time				R	GS05		HHMM
B.9	Group Control Number				R	GS06		Assigned number originated and maintained by the sender
B.9	Responsible Agency Code				R	GS07	X	Accredited Standards Committee X12
B.9	Version/Release/Industry Identifier Code				R	GS08	004010X093 A1	Draft Standards Approved for Publication by ASCx12 Procedures Review Board through October 1997, as published in the Health Care Claim Status Request and Response Implementation Guide approved for publication by ASCx12 N, May 2000.

TABLE 1 – Header

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
125	(1 per functional group)	R	010	ST				
125	Transaction Set ID Code				R	ST01	277	Health Care Claim Status Notification
125	Transaction Set Control #				R	ST02		Data value is ST02 must be identical to SE02
126	(1 of 1)	R	020	BHT				
126	Hierarchical Structure Code				R	BHT01	0010	Information Source, Information Receiver, Provider of Service, Subscriber, Dependent ( <b>code specified in Impl. Guide. Indicates the hierarchical structure of the records</b> )
126	Transaction Set Purpose Code				R	BHT02	08	Status
126	Reference Identification				R	BHT03		Originator Application Transaction Identifier ( <b>Identifier created by health plan</b> )
127	Date				R	BHT04		Transaction Set Creation Date <i>in CCYYMMDD fmt</i>
127	Time				Not Used	BHT05		Not Used
127	Transaction Type Code				R	BHT06	DG	Response

TABLE 2 - Detail

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
<b>128</b>	<b>Loop ID: 2000A Information Source Level</b>	<b>R</b>	<b>010</b>	<b>HL</b>				
128	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each subsequent HL segment within the transaction set. <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
128	Hierarchical Parent ID Number				Not Used	HL02		Not Used
128	Hierarchical Level Code				R	HL03	20	Information Source
129	Hierarchical Child Code				R	HL04	1	Additional Subordinate HL Data Segment in this Hierarchical Structure
<b>130</b>	<b>Loop ID: 2100A Payer Name</b>	<b>R</b>	<b>050</b>	<b>NM1</b>				
130	Entity Identifier Code				R	NM101	PR	Payer
131	Entity Type Qualifier				R	NM102		2 - Non-Person Entity

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
131	Name Last or Organization Name				R	NM103		Payer Name -- This data element will be required until the National Payer Identifier is active <b>Note: Participating plans will specify the name by which they will be represented. I.e.,</b> <ul style="list-style-type: none"> <li>• First Choice Health Network = FCHN</li> <li>• First Choice Health Plan = FCHP</li> <li>• Group Health = GHC</li> <li>• Premera Blue Cross = Premera</li> <li>• Regence BlueShield = Regence</li> <li>• Asuris NW Health = Asuris</li> </ul>
131	Name First				Not Used	NM104		Not Used
131	Name Middle				Not Used	NM105		Not Used
131	Name Prefix				Not Used	NM106		Not Used
131	Name Suffix				Not Used	NM107		Not Used
131	Identification Code Qualifier				R	NM108		PI – Payer Identification NI – NAIC Code AD – BCBSA Plan Code PP – Pharmacy Processor Number FI – Tax ID 21 – Health Industry Number XV – Payer ID (HIPAA) (future)
132	Identification Code				R	NM109		FCHP = Contact Health Plan FCHN = Contact Health Plan GHC = 91-0511770 Premera = 00430 Regence = contact Health Plan Asuris NW Health = contact Health Plan
132	Entity Relationship Code				Not Used	NM110		Not Used
132	Entity Identifier Code				Not Used	NM111		Not Used
133	Payer Contact Information	S	080	PER				
134	Contact Function Code				R	PER01	IC	Information Contact
134	Name				S	PER02		Payer Contact Name
134	Communication Number Qualifier				R	PER03		ED- Electronic Data Interchange Access Number EM- Electronic Mail TE- Telephone
134	Communication Number	<i>Not Reviewed By Health Plan</i>			R	PER04		To supply International Codes, Area Code (within U.S.), local exchanges, and telephone numbers. When an additional extension is required PER06 should be used.
135	Communication Number Qualifier				S	PER05	EX	Telephone Extension
135	Communication Number				S	PER06		
135	Communication Number Qualifier				S	PER07		EX-Telephone FX-Facsimile
135	Communication Number				S	PER08		Required when necessary to provide another telephone extension or fax number.

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
135	Contact Inquiry Reference				Not Used	PER09		
<b>136</b>	<b>Loop ID: 2000B Information Receiver Level</b>	<b>R</b>	<b>010</b>	<b>HL</b>				<b>Information Receiver (requesting organization or individual)</b>
136	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each subsequent HL segment within the transaction set. <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
136	Hierarchical Parent ID Number				R	HL02		Used to identify the specific hierarchical level to which this level is subordinate <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
137	Hierarchical Level Code				R	HL03	21	Information Receiver
137	Hierarchical Child Code				R	HL04	1	Additional Subordinate HL Data Segment in this Hierarchical Structure
<b>138</b>	<b>Loop ID: 2100B Information Receiver Name</b>	<b>R</b>	<b>050</b>	<b>NM1</b>				<b>Status Information Information being provided TO the plan (for use in locating appropriate claim(s))</b>
138	Entity Identifier Code				R	NM101	41	Submitter
139	Entity Type Qualifier				R	NM102		1 – Person 2 - Non-Person Entity
139	Name Last or Organization Name				R	NM103		Information Receiver Last Name or Organization Name
139	Name First				S	NM104		Information Receiver First Name The first name is required when the value in NM102 is '1' and the person has a first name.
139	Name Middle				S	NM105		Information Receiver Middle Name The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.
139	Name Prefix				S	NM106		Information Receiver Name Prefix Required if additional name information is needed to identify the subscriber.
139	Name Suffix				S	NM107		Information Receiver Name Suffix Required if additional name information is needed to identify the subscriber.
139	Identification Code Qualifier				R	NM108		46- Electronic Transmitter Identification Number (ETIN) F1 - Federal Taxpayer's Identification Number XX - Health Care Financing Administration National Provider (future)

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
140	Identification Code				R	NM109		Information Receiver Identification Number
140	Entity Relationship Code				Not Used	NM110		
140	Entity Identifier Code				Not Used	NM111		
<b>141</b>	<b>Loop ID: 2000C Service Provider Level</b>	<b>R</b>	<b>010</b>	<b>HL</b>				<b>Service -- Provider rendering the service</b>
141	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each subsequent HL segment within the transaction set. <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
141	Hierarchical Parent ID Number				R	HL02		Used to identify the specific hierarchical level to which this level is subordinate <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
142	Hierarchical Level Code				R	HL03	19	Provider of Service
142	Hierarchical Child Code				R	HL04	1	Additional Subordinate HL Data Segment in this Hierarchical Structure
<b>143</b>	<b>Loop ID: 2100C Provider Name</b>	<b>R</b>	<b>050</b>	<b>NM1</b>				
143	Entity Identifier Code				R	NM101	1P	Provider
143	Entity Type Qualifier				R	NM102		1 – Person 2 - Non-Person Entity
144	Name Last or Organization Name				R	NM103		Provider Last or Organization Name
144	Name First				S	NM104		Provider First Name The first name is required when the value in NM102 is '1' and the person has a first name.
144	Name Middle				S	NM105		Provider Middle Name The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.
144	Name Prefix				S	NM106		Provider Name Prefix Required if additional name information is needed to identify the provider of service.
144	Name Suffix				S	NM107		Provider Name Suffix Required if additional name information is needed to identify the provider of service.
144	Identification Code Qualifier				R	NM108		SV- Service Provider Number FI- Federal Taxpayer's Identification Number <del>XX- Health Care Financing Administration National Provider (future)</del>
145	Identification Code				R	NM109		Provider Identifier

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
145	Entity Relationship Code				Not Used	NM110		
145	Entity Identifier Code				Not Used	NM111		
<b>146</b>	<b>Loop ID: 2000D Subscriber Level</b>	<b>R</b>	<b>010</b>	<b>HL</b>				
146	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each subsequent HL segment within the transaction set. <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
146	Hierarchical Parent ID Number				R	HL02		Used to identify the specific hierarchical level to which this level is subordinate <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
147	Hierarchical Level Code				R	HL03	22	Subscriber
147	Hierarchical Child Code				R	HL04		0 - No Subordinate HL Segment in this Hierarchical Structure 1 - Additional Subordinate HL Data Segment in this Hierarchical Structure
148	Subscriber Demographic Information	S	040	DMG				
148	Date Time Period Format Qualifier				R	DMG01	D8	Date Time Period - CCYYMMDD
149	Date Time Period				R	DMG02		Subscriber Birth Date
149	Gender Code				R	DMG03		M-Male F- Female U- Unknown
149	Marital Status Code				Not Used	DMG04		
149	Race or Ethnicity Code				Not Used	DMG05		
149	Citizenship Status Code				Not Used	DMG06		
149	Country Code				Not Used	DMG07		
149	Basis of Verification Code				Not Used	DMG08		
149	Quantity				Not Used	DMG09		
<b>150</b>	<b>Loop ID: 2100D Subscriber Name</b>	<b>R</b>	<b>050</b>	<b>NM1</b>				
150	Entity Identifier Code				R	NM101		IL-Insured or Subscriber QC-Patient
151	Entity Type Qualifier				R	NM102		1 - Person 2 - Non-Person Entity
151	Name Last or Organization Name				R	NM103		Subscriber Last Name
151	Name First				S	NM104		Subscriber First Name The first name is required when the value in NM102 is '1' and the person has a first name.

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
151	Name Middle				S	NM105		Subscriber Middle Name The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.
151	Name Prefix				S	NM106		Subscriber Name Prefix Required if additional name information is needed to identify the subscriber.
151	Name Suffix				S	NM107		Subscriber Name Suffix Required if additional name information is needed to identify the subscriber.
151	Identification Code Qualifier				R	NM108		24- Employer's Identification Number MI- Member Identification Number <i>(as defined by the plan)</i> <del>ZZ- This value when used shall be defined as 'HIPAA Individual Identifier' once this identifier has been adopted (future)</del>
152	Identification Code				R	NM109		Subscriber Identifier
152	Entity Relationship Code				Not Used	NM110		
152	Entity Identifier Code				Not Used	NM111		
<b>153</b>	<b>Loop ID: 2200D Claim Submitter Trace Number</b>	<b>S</b>	<b>090</b>	<b>TRN</b>				
153	Trace Type Code				R	TRN01	2	Referenced Transaction Trace Numbers <b>The trace number from the corresponding 276 request.</b>
153	Reference Identification				R	TRN02		Trace Number (Patient Account Number)
153	Originating Company Identifier				Not Used	TRN03		
153	Reference Identification				Not Used	TRN04		
154	Claim Level Status Information	R	100	STC				
154	Health Care Claim Status				R	STC01		
154	Industry Code				R	STC01-1		Health Care Claim Status Category Code. Use code source 507. <b>See Impl. Guide page C.7.</b>
154	Industry Code				R	STC01-2		Health Care Claim Status Code. Use code source 508. <b>See Impl. Guide page C.7.</b>
155	Entity Identifier Code				S	STC01-3		1P Provider 36 Employer 40 Receiver 82 Rendering Provider CZ Admitting Surgeon DD Assistant Surgeon DK Ordering Physician DN Referring Provider IIL nsured or Subscriber IN Insurer LR Legal Representative QC Patient <b>See Impl. Guide page 155-162 for complete list.</b>

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
162	Date				R	STC02		Status Information Effective Date <b>The date the claim went into the current (i.e., reported) status.</b>
162	Action Code				Not Used	STC03		
162	Monetary Amount				R	STC04		Total Claim Charge Amount <b>Submitted charge for entire or split claim.</b>
162	Monetary Amount				R	STC05		Claim Payment Amount- Use this element for the claim paid amount. This amount must be zero if the adjudication process is not complete. Claim total charge will quite often change from the submitted claim total charge based on claims processing instructions, i.e.: splitting of claims. Most payers do not store the "original submitted charge". <b>Claim payment amount for entire or split claim.</b>
162	Date				S	STC06		Adjudication or Payment Date. Use this element for the date of denial or payment. Use this date of the payment determination is complete.
163	Payment Method Code				S	STC07		ACH- Automated Clearing House (ACH) BOP- Financial Institution Option CHK- Check FWT- Federal Reserve Funds/Wire Transfer – Non-repetitive NON- Non-Payment Data
163	Date				S	STC08		Check Issue or EFT Effective Date
163	Check Number				S	STC09		Check or EFT Trace Number Required with Finalized and paid claim when the entire claim was paid using a single check or EFT. Not Used with pending or rejected claims.
163	HEALTH CARE CLAIM STATUS				S	STC10		
164	Industry Code				R	STC10-1		Health Care Claim Status Category Code. Use code source 507. <b>See Impl. Guide page C.7.</b>
164	Industry Code				R	STC10-2		Health Care Claim Status Code. Use code source 508. <b>See Impl. Guide page C.7.</b>
164	Entity Identifier Code				S	STC10-3		<b>See STC01-3 on page 29 of this document</b>
164	HEALTH CARE CLAIM STATUS				S	STC11		
164	Industry Code				R	STC11-1		Health Care Claim Status Category Code. Use code source 507. <b>See Impl. Guide page C.7.</b>
164	Industry Code				R	STC11-2		Health Care Claim Status Code. Use code source 508. <b>See Impl. Guide page C.7.</b>
164	Entity Identifier Code				S	STC11-3		<b>See STC01-3 on page 29 of this document</b>
164	Free Form Message Text				Not Used	STC12		
165	Payer Claim Identification Number	S	110	REF				
165	Reference Identification Qualifier				R	REF01	1K	Payer's Claim Number
166	Reference Identification				R	REF02		Payer Claim Control Number

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
166	Description				Not Used	REF03		
166	Reference Identifier				Not Used	REF04		
167	Institutional Bill Type Identification	S	110	REF				
167	Reference Identification Qualifier				R	REF01	BLT	Billing Type
168	Reference Identifier				R	REF02		Bill Type Identifier
168	Description				Not Used	REF03		
168	Reference Identifier				Not Used	REF04		
169	Medical record Identification	S	110	REF				
169	Reference Identification Qualifier				R	REF01	EA	Medical Record Identification Number
169	Reference Identifier				R	REF02		Medical Record Number
170	Description				Not Used	REF03		
170	Reference Identifier				Not Used	REF04		
171	Claim Service Date	S	120	DTP				
171	Date Time Qualifier				R	DTP01	232	Claim Statement Period Start
172	Claim Service Period Format Qualifier				R	DTP02	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
172	Claim Service Period				R	DTP03		Claim Service Period
<b>173</b>	<b>Loop ID: 2220D Service Line Information</b>	<b>S</b>	<b>180</b>	<b>SVC</b>				
174	Composite Medical Procedure Identifier				R	SVC01-1		AD - American Dental Association Codes <del>CI - Common Language Equipment Identifier (CLEI)</del> HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) ID - International Classification of Diseases Clinical Modification <del>IV - Home Infusion EDI Coalition (HIEC) Product/Service Code</del> <del>N1 - National Drug Code in 4-4-2 Format</del> <del>N2 - National Drug Code in 5-3-2 Format</del> <del>N3 - National Drug Code in 5-4-1 Format</del> N4 National Drug Code in 5-4-2 Format <del>ND - National Drug Code (NDC)</del> <del>NN - National Health Related Item Code</del> NU - National Uniform Billing Committee (NUBC) UB92 Codes <del>RB - National Uniform Billing Committee (NUBC) UB92 Codes</del>
175	Product Service ID				R	SVC01-2		If the value in SVC01-1 is 'NU' then this is an NUBC Revenue Code. If it present here then SVC04 is Not Used
175	Procedure Modifier				S	SVC01-3-6		Required if submitted on the original claim service line.
175	Description				Not Used	SVC01-7		
175	Monetary Amount				R	SVC02		Line Item Charge Amount This amount is the original submitted charge.

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
176	Monetary Amount				R	SVC03		This is the line item Provider Payment Amount. This amount is the amount paid. If the adjudication process is not complete, this is zero-filled.
176	Product/Service ID				S	SVC04		This is the NUBC Revenue Code. When SVC-101 equals NU, then the NUBC Revenue Code belongs in SVC01-2
176	Quantity				Not Used	SVC05		
176	Composite Medical Procedure Identifier				Not Used	SVC06		
176	Quantity				S	SVC07		These are the submitted units of service. The default is 1 unit. This element is required when the submitted units are greater than 1.
177	Service Line Status Information	S	190	STC				
177	Health Care Claim Status				R	STC01		
177	Industry Code				R	STC01-1		Health Care Claim Status Category Code. Use code source 507. <b>See Impl. Guide page C.7.</b>
178	Industry Code				R	STC01-2		Health Care Claim Status Code. Use code source 508. <b>See Impl. Guide page C.7.</b>
178	Entity Identifier Code				S	STC01-3		1P Provider 36 Employer 40 Receiver 82 Rendering Provider CZ Admitting Surgeon DD Assistant Surgeon DK Ordering Physician DN Referring Provider ILL nsured or Subscriber IN Insurer LR Legal Representative QC Patient <b>See Impl. Guide page 178-185 for complete list.</b>
185	Date				R	STC02		Status Information Effective Date
185	Action Code				Not Used	STC03		
185	Monetary Amount				S	STC04		Line Item Charge Amount
185	Monetary Amount				S	STC05		Line item Provider Payment Amount
185	Date				Not Used	STC06		
185	Payment Method Code				Not Used	STC07		
185	Date				Not Used	STC08		
185	Check Number				Not Used	STC09		
185	HEALTH CARE CLAIM STATUS				S	STC10		
185	Industry Code				R	STC10-1		Health Care Claim Status Category Code. Use code source 507. <b>See Impl. Guide page C.7.</b>
186	Industry Code				R	STC10-2		Health Care Claim Status Code. Use code source 508. <b>See Impl. Guide page C.7.</b>
186	Entity Identifier Code				S	STC10-3		<b>See STC01-3 on page 32 of this document</b>

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
186	HEALTH CARE CLAIM STATUS				S	STC11		
186	Industry Code				R	STC11-1		Health Care Claim Status Category Code. Use code source 507. <b>See Impl. Guide page C.7.</b>
186	Industry Code				R	STC11-2		Health Care Claim Status Code. Use code source 508. <b>See Impl. Guide page C.7.</b>
186	Entity Identifier Code				S	STC11-3		<b>See STC01-3 on page 32 of this document</b>
186	Free Form Message Text				Not Used	STC12		
187	Service Line Item Identification	S	200	REF				
187	Reference Identification Qualifier				R	REF01	FJ	Line Item Control Number
187	Reference Identification				R	REF02		Line Item Control Number
187	Description				Not Used	REF03		
187	Reference Identifier				Not Used	REF04		
188	Service Line Date	S	210	DTP				
188	Date Time Qualifier				R	DTP01	472	Service
188	Date Time Period Qualifier				R	DTP02	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
189	Date Time Period				R	DTP03		Service Line Date range
<b>190</b>	<b>Loop ID: 2000E Dependent Level</b>	<b>S</b>	<b>010</b>	<b>HL</b>				
190	Hierarchical ID Number				R	HL01		Unique sequentially assigned positive number for each specific occurrence of the HL segment within a transaction set. It should begin with 1 and be incremented by 1 for each subsequent HL segment within the transaction set. <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
190	Hierarchical Parent ID Number				R	HL02		Used to identify the specific hierarchical level to which this level is subordinate <b>See Implementation Guide Sections 2.2.3.1 &amp; 2.2.3.1.1 (page 26) for description &amp; Section 4 (page 235+) for sample scenarios.</b>
191	Hierarchical Level Code				R	HL03	23	Dependent
191	Hierarchical Child Code				Not Used	HL04		
192	Dependent Demographic Information	S	040	DMG				
192	Date Time Period Format Qualifier				R	DMG01	D8	Date Time Period- CCYYMMDD
193	Date Time Period				R	DMG02		Patient Birth Date
193	Gender Code				R	DMG03		M-Male F- Female U- Unknown
193	Marital Status Code				Not Used	DMG04		
193	Race or Ethnicity Code				Not Used	DMG05		
193	Citizenship Status Code				Not Used	DMG06		
193	Country Code				Not Used	DMG07		

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
193	Basis of Verification Code				Not Used	DMG08		
193	Quantity				Not Used	DMG09		
<b>194</b>	<b>Loop ID: 2100E Dependent Name</b>	<b>R</b>	<b>050</b>	<b>NM1</b>				
194	Entity Identifier Code				R	NM101		QC-Patient
194	Entity Type Qualifier				R	NM102		1 – Person
195	Name Last or Organization Name				R	NM103		Patient Last Name
195	Name First				S	NM104		Patient First Name Always return this information when it is supplied on the claim
195	Name Middle				S	NM105		Patient Middle Name Required if additional information is needed to identify the patient.
195	Name Prefix				S	NM106		Patient Name Prefix Required if additional information is needed to identify the patient.
195	Name Suffix				S	NM107		Patient Name Suffix Required if additional information is needed to identify the patient.
195	Identification Code Qualifier				S	NM108	MI	MI- Member Identification Number <b>(as defined by the plan)</b> <del>ZZ- This value when used shall be defined as 'HIPAA Individual Identifier' once this identifier has been adopted-(future)</del>
196	Identification Code				S	NM109		NM108 and MN109 are required if the dependent is assigned a unique identification number that is separate from the subscriber number in HL04
196	Entity Relationship Code				Not Used	NM110		
196	Entity Identifier Code				Not Used	NM111		
<b>197</b>	<b>Loop ID: 2200E Claim Submitter Trace Number</b>	<b>R</b>	<b>090</b>	<b>TRN</b>				
197	Trace Type Code				R	TRN01	2	Referenced Transaction Trace Numbers
197	Reference Identification				R	TRN02		Trace Number (Patient Account Number)
197	Originating Company Identifier				Not Used	TRN03		
198	Reference Identification				Not Used	TRN04		
199	Claim Level Status Information	R	100	STC				
199	Health Care Claim Status				R	STC01		
199	Industry Code				R	STC01-1		Health Care Claim Status Category Code. Use code source 507. <b>See Impl. Guide page C.7.</b>
200	Industry Code				R	STC01-2		Health Care Claim Status Code. Use code source 508. <b>See Impl. Guide page C.7.</b>

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
200	Entity Identifier Code				S	STC01-3		1P Provider 36 Employer 40 Receiver 82 Rendering Provider CZ Admitting Surgeon DD Assistant Surgeon DK Ordering Physician DN Referring Provider IL Insured or Subscriber IN Insurer LR Legal Representative QC Patient <b>See Impl. Guide page 200-207 for complete list.</b>
207	Date				R	STC02		Status Information Effective Date <b>CCYYMMDD</b>
207	Action Code				Not populated by Health Plan	STC03		
207	Monetary Amount				R	STC04		Total Claim Charge Amount Use this element for the amount of submitted charges. Some HMO encounters supply zero as the amount of original charges.
207	Monetary Amount				R	STC05		Claim Payment Amount Use this element for the claim paid amount. This amount must be zero if the adjudication process is not complete.
207	Date				S	STC06		Adjudication or Payment Date Use this date if the payment determination is complete.
208	Payment Method Code				S	STC07		ACH- Automated Clearing House (ACH) BOP- Financial Institution Option CHK- Check FWT- Federal Reserve Funds/Wire Transfer – Non-repetitive NON- Non-Payment Data
208	Date				S	STC08		Check Issue or EFT Effective Date <b>CCYYMMDD</b>
208	Check Number				S	STC09		Check or EFT Trace Number Required with Finalized and paid claim when the entire claim was paid using a single check or EFT. Not Used with pending or rejected claims.
208	HEALTH CARE CLAIM STATUS				S	STC10		
208	Industry Code				R	STC10-1		Health Care Claim Status Category Code. Use code source 507. <b>See Impl. Guide page C.7.</b>
209	Industry Code				R	STC10-2		Health Care Claim Status Code. Use code source 508. <b>See Impl. Guide page C.7.</b>

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
209	Entity Identifier Code				S	STC10-3		<i>See STC01-3 on page 35 of this document</i>
209	HEALTH CARE CLAIM STATUS				S	STC11		
209	Industry Code				R	STC11-1		Health Care Claim Status Category Code. Use code source 507. <i>See Impl. Guide page C.7.</i>
209	Industry Code				R	STC11-2		Health Care Claim Status Code. Use code source 508. <i>See Impl. Guide page C.7.</i>
209	Entity Identifier Code				S	STC11-3		<i>See STC01-3 on page 35 of this document</i>
209	Free Form Message Text				Not Used	STC12		
210	Payer Claim Identification Number	R	110	REF				
210	Reference Identification Qualifier				R	REF01	1K	Payer's Claim Number
210	Reference Identification				R	REF02		Payer Claim Control Number
211	Description				Not Used	REF03		
211	Reference Identifier				Not Used	REF04		
212	Institutional Bill Type Identification	S	110	REF				
212	Reference Identification Qualifier				R	REF01	BLT	Billing Type
213	Reference Identifier				R	REF02		Bill Type Identifier
213	Description				Not Used	REF03		
213	Reference Identifier				Not Used	REF04		
214	Medical record Identification	S	110	REF				
214	Reference Identification Qualifier				R	REF01	EA	Medical Record Identification Number
215	Reference Identifier				R	REF02		Medical Record Number
215	Description				Not Used	REF03		
215	Reference Identifier				Not Used	REF04		
216	Claim Service Date	S	120	DTP				
216	Date Time Qualifier				R	DTP01	232	Claim Statement Period Start
217	Claim Service Period Format Qualifier				R	DTP02	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
217	Claim Service Period				R	DTP03		Claim Service Period
<b>218</b>	<b>Loop ID: 2220E Service Line Information</b>	<b>S</b>	<b>180</b>	<b>SVC</b>				
218	Composite Medical Procedure Identifier				R	SVC01		

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
219	Composite Medical Procedure Identifier				R	SVC01-1		AD - American Dental Association Codes <del>CI - Common Language Equipment Identifier (CLEI)</del> HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) ID - International Classification of Diseases Clinical Modification <del>IV - Home Infusion EDI Coalition (HIEC) Product/Service Code</del> N1 - National Drug Code in 4-4-2 Format N2 - National Drug Code in 5-3-2 Format N3 - National Drug Code in 5-4-1 Format N4 - National Drug Code in 5-4-2 Format ND - National Drug Code (NDC) <del>NN - National Health Related Item Code</del> NU - National Uniform Billing Committee (NUBC) UB92 Codes <del>RB - National Uniform Billing Committee (NUBC) UB82 Codes</del>
219	Product Service ID				R	SVC01-2		If the value in SVC01-1 is 'NU' then this is an NUBC Revenue Code. If it present here then SVC04 is Not Used
220	Procedure Modifier				S	SVC01-3-6		Required if submitted on the original claim service line.
220	Description				Not Used	SVC01-7		
220	Monetary Amount				R	SVC02		Line Item Charge Amount This amount is the original submitted charge.
220	Monetary Amount				R	SVC03		This is the service line paid amount. If the adjudication process is not complete, this is zero filled.
220	Product/Service ID				S	SVC04		This is the NUBC Revenue Code. When SVC-101 equals NU, then the NUBC Revenue Code belongs in SVC01-2
220	Quantity				Not Used	SVC05		
220	Composite Medical Procedure Identifier				Not Used	SVC06		
220	Quantity				S	SVC07		These are the submitted units of service. The default is 1 unit. This element is required when the submitted units are greater than 1.
221	Claim Level Status Information	S	190	STC				
221	Health Care Claim Status				R	STC01		
221	Industry Code				R	STC01-1		Health Care Claim Status Category Code. Use code source 507. <b>See Impl. Guide page C.7.</b>
222	Industry Code				R	STC01-2		Health Care Claim Status Code. Use code source 508. <b>See Impl. Guide page C.7.</b>

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
222	Entity Identifier Code				S	STC01-3		1P Provider 36 Employer 40 Receiver 82 Rendering Provider CZ Admitting Surgeon DD Assistant Surgeon DK Ordering Physician DN Referring Provider IL Insured or Subscriber IN Insurer LR Legal Representative QC Patient <b>See Impl. Guide page 222-229 for complete list.</b>
229	Date				R	STC02		Status Information Effective Date
229	Action Code				Not Used	STC03		
229	Monetary Amount				S	STC04		Line Item Charge Amount
229	Monetary Amount				S	STC05		Line item Provider Payment Amount
229	Date				Not Used	STC06		
229	Payment Method Code				Not Used	STC07		
229	Date				Not Used	STC08		
229	Check Number				Not Used	STC09		
229	HEALTH CARE CLAIM STATUS				S	STC10		Use this element if a second claim status is needed.
230	Industry Code				R	STC10-1		Health Care Claim Status Category Code. Use code source 507. <b>See Impl. Guide page C.7.</b>
230	Industry Code				R	STC10-2		Health Care Claim Status Code. Use code source 508. <b>See Impl. Guide page C.7.</b>
230	Entity Identifier Code				S	STC10-3		<b>See STC01-3 on page 38 of this document</b>
230	HEALTH CARE CLAIM STATUS				S	STC11		
230	Industry Code				R	STC11-1		Health Care Claim Status Category Code. Use code source 507. <b>See Impl. Guide page C.7.</b>
230	Industry Code				R	STC11-2		Health Care Claim Status Code. Use code source 508. <b>See Impl. Guide page C.7.</b>
230	Entity Identifier Code				S	STC11-3		<b>See STC01-3 on page 38 of this document</b>
230	Free Form Message Text				Not Used	STC12		
231	Service Line Item Identification	S	200	REF				
231	Reference Identification Qualifier				R	REF01	FJ	Line Item Control Number
231	Reference Identification				R	REF02		Line Item Control Number
231	Description				Not Used	REF03		
231	Reference Identifier				Not Used	REF04		
232	Service Line Date	S	210	DTP				
232	Date Time Qualifier				R	DTP01	472	Service
232	Date Time Period Qualifier				R	DTP02	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
233	Date Time Period				R	DTP03		Service Line Date

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Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
234	Transaction Set Trailer	R	270	SE				
234	Number of Included Segments				R	SE01		Transaction Segment Count
234	Transaction Set Control Number				R	SE02		Data value is SE02 must be identical to ST02

## ENVELOPE - Close

Page #	Industry Name (When available. Else ANSI name)	Seg. Reqmt	Pos #	Seg ID	Data Element Usage	Data Element ID	Qualifier	Qualifier Description
B.10	Functional Group Trailer			GE				
B.10	Number of Transaction Sets Included				R	GE01		Total number of transaction sets included in the functional group or interchange group terminated by the trailer containing this data element
B.10	Group Control Number				R	GE02		Assigned number originated and maintained by the sender
B.7	Interchange Control Trailer			IEA				
B.7	Number of Included Functional Groups				R	IEA01		A count of the number of functional groups included in an interchange
B.7	Interchange Control Number				R	IEA02		Interchange Control Number