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Based on Version 5, Release 1

ASC X12 Standards for Electronic Data Interchange
Technical Report Type 3

Benefit Enrollment and Maintenance (834)

AUGUST 2006

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Table of Contents

1	Purpose and Business Information	1
1.1	Implementation Purpose and Scope.....	1
1.2	Version Information	1
1.3	Implementation Limitations	2
1.3.1	Batch and Real-time Usage.....	2
1.3.2	Other Usage Limitations	2
1.4	Business Usage.....	3
1.4.1	Information Flows	3
1.4.2	Location of Insurance Product Identifiers	3
1.4.3	Linking a Dependent to a Subscriber	4
1.4.4	Termination.....	5
1.4.5	Updates, Versus Full File Audits, Versus Full File Replacements.....	6
1.4.6	Coverage Levels and Dependents	7
1.5	Business Terminology	8
1.5.1	Date Terminology	9
1.6	Transaction Acknowledgments.....	10
1.6.1	997 Functional Acknowledgment	10
1.6.2	999 Implementation Acknowledgment.....	10
1.6.3	824 Application Advice	11
1.7	Related Transactions.....	11
1.8	Trading Partner Agreements	11
1.9	The HIPAA Role in Implementation Guides.....	11
2	Transaction Sets	13
2.1	Presentation Examples.....	13
2.2	Implementation Usage	18
2.2.1	Industry Usage	18
2.2.1.1	Transaction Compliance Related to Industry Usage	19
2.2.2	Loops	19
2.3	Transaction Set Listing.....	21
2.3.1	Implementation	21
2.3.2	Standard	25
2.4	834 Segment Detail.....	30
ST	Transaction Set Header.....	31
BGN	Beginning Segment	32
REF	Transaction Set Policy Number	36
DTP	File Effective Date.....	37
QTY	Transaction Set Control Totals.....	38
N1	Sponsor Name.....	39
N1	Payer	41
N1	TPA/Broker Name.....	43

ACT	TPA/Broker Account Information.....	45
INS	Member Level Detail.....	47
REF	Subscriber Identifier.....	55
REF	Member Policy Number.....	56
REF	Member Supplemental Identifier.....	57
DTP	Member Level Dates.....	59
NM1	Member Name.....	62
PER	Member Communications Numbers.....	65
N3	Member Residence Street Address.....	68
N4	Member City, State, ZIP Code.....	69
DMG	Member Demographics.....	71
EC	Employment Class.....	76
ICM	Member Income.....	79
AMT	Member Policy Amounts.....	81
HLH	Member Health Information.....	82
LUI	Member Language.....	84
NM1	Incorrect Member Name.....	86
DMG	Incorrect Member Demographics.....	89
NM1	Member Mailing Address.....	92
N3	Member Mail Street Address.....	94
N4	Member Mail City, State, ZIP Code.....	95
NM1	Member Employer.....	97
PER	Member Employer Communications Numbers.....	100
N3	Member Employer Street Address.....	103
N4	Member Employer City, State, ZIP Code.....	104
NM1	Member School.....	106
PER	Member School Communications Numbers.....	108
N3	Member School Street Address.....	111
N4	Member School City, State, ZIP Code.....	112
NM1	Custodial Parent.....	114
PER	Custodial Parent Communications Numbers.....	117
N3	Custodial Parent Street Address.....	120
N4	Custodial Parent City, State, ZIP Code.....	121
NM1	Responsible Person.....	123
PER	Responsible Person Communications Numbers.....	126
N3	Responsible Person Street Address.....	129
N4	Responsible Person City, State, ZIP Code.....	130
NM1	Drop Off Location.....	132
N3	Drop Off Location Street Address.....	134
N4	Drop Off Location City, State, ZIP Code.....	135
DSB	Disability Information.....	137
DTP	Disability Eligibility Dates.....	139
HD	Health Coverage.....	140
DTP	Health Coverage Dates.....	143
AMT	Health Coverage Policy.....	145
REF	Health Coverage Policy Number.....	146
REF	Prior Coverage Months.....	148
IDC	Identification Card.....	150
LX	Provider Information.....	152
NM1	Provider Name.....	153
N3	Provider Address.....	156
N4	Provider City, State, ZIP Code.....	157
PER	Provider Communications Numbers.....	159

PLA	Provider Change Reason	162
COB	Coordination of Benefits	164
REF	Additional Coordination of Benefits Identifiers	166
DTP	Coordination of Benefits Eligibility Dates	168
NM1	Coordination of Benefits Related Entity	169
N3	Coordination of Benefits Related Entity Address ..	171
N4	Coordination of Benefits Other Insurance Company City, State, ZIP Code	172
PER	Administrative Communications Contact	174
LS	Additional Reporting Categories	176
LX	Member Reporting Categories	177
N1	Reporting Category	178
REF	Reporting Category Reference	179
DTP	Reporting Category Date	181
LE	Additional Reporting Categories Loop Termination	183
SE	Transaction Set Trailer	184

3 Examples..... 185

3.1	Business Case Scenario 1	185
3.2	Business Case Scenario 2	186
3.3	Business Case Scenario 3	187
3.4	Business Case Scenario 4	188
3.5	Business Case Scenario 5	189
3.6	Business Case Scenario 6	190
3.7	Business Case Scenario 7	191
3.8	Business Case Scenario 8	192
3.9	Business Case Scenario 9	193
3.10	Business Case Scenario 10	193

A External Code Sources.....A.1

5	Countries, Currencies and Funds	A.1
22	States and Provinces	A.2
51	ZIP Code	A.2
94	International Organization for Standardization (Date and Time)	A.3
102	Languages	A.4
131	International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)	A.4
206	Government Bill of Lading Office Code	A.5
307	National Council for Prescription Drug Programs Pharmacy Number	A.5
457	NISO Z39.53 Language Code List	A.6
537	Centers for Medicare and Medicaid Services National Provider Identifier	A.6
540	Centers for Medicare and Medicaid Services PlanID	A.7
859	Classification of Race or Ethnicity	A.7
860	Race or Ethnicity Collection Code	A.8
896	International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)	A.8
932	Universal Postal Codes	A.9

B	Nomenclature	B.1
B.1	ASC X12 Nomenclature	B.1
B.1.1	Interchange and Application Control Structures	B.1
B.1.1.1	Interchange Control Structure	B.1
B.1.1.2	Application Control Structure Definitions and Concepts	B.2
B.1.1.3	Business Transaction Structure Definitions and Concepts	B.6
B.1.1.4	Envelopes and Control Structures	B.19
B.1.1.5	Acknowledgments	B.22
B.2	Object Descriptors	B.23

C	EDI Control Directory	C.1
C.1	Control Segments	C.1
ISA	Interchange Control Header	C.3
GS	Functional Group Header	C.7
GE	Functional Group Trailer	C.9
IEA	Interchange Control Trailer	C.10

D	Change Summary	D.1
----------	-----------------------------	-----

E	Data Element Glossary	E.1
E.1	Data Element Name Index	E.1

1 Purpose and Business Information

1.1 Implementation Purpose and Scope

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

The purpose of this implementation guide is to provide standardized data requirements and content to users of Version 005010 of ANSI ASC X12, Benefit Enrollment and Maintenance (834). The 834 is used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer. The intent of this implementation guide is to meet the health care industry's specific need for the initial enrollment and subsequent maintenance of individuals who are enrolled in insurance products. This implementation guide specifically addresses the enrollment and maintenance of health care products only. One or more separate guides may be developed for life, flexible spending, and retirement products.

1.2 Version Information

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

The unique Version/Release/Industry Identifier Code for transaction sets that are defined by this implementation guide is 005010**X220**.

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

- **BE Benefit Enrollment and Maintenance (834)**

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

1.3 Implementation Limitations

1.3.1 Batch and Real-time Usage

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

Batch - In a batch mode the sender does not remain connected while the receiver processes the transactions. Processing is usually completed according to a set schedule. If there is an associated business response transaction (such as a 271 Response to a 270 Request for Eligibility), the receiver creates the response transaction and stores it for future delivery. The sender of the original transmission reconnects at a later time and picks up the response transaction. This implementation guide does not set specific response time parameters for these activities.

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

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

1.3.2 Other Usage Limitations

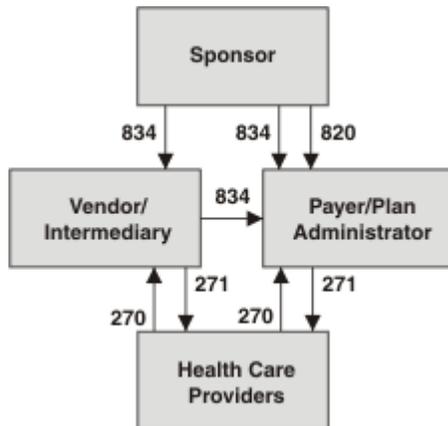
There are not other usage limitations.

Any response back to the Sponsor from the received transaction is outside the scope of the 834 and is the responsibility of the sponsor and payer.

1.4 Business Usage

1.4.1 Information Flows

Figure 1.1 - Health Care



Transaction sets included in the information flow diagram:

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

1.4.2 Location of Insurance Product Identifiers

The 834 allows three locations for Insurance Product Identifiers, such as policy numbers and group numbers:

1. A situational REF segment at the Transaction level
2. A situational REF segment at the Member level (loop 2000)
3. A situational REF segment at the Health Coverage level (loop 2300)

The work group found that there was no consistent use for the Insurance Product Identifier at any level. For this reason, the consensus by the work group was to make the Insurance Product Identifier situational at all the levels. However, at least one REF segment containing the Insurance Product Identifier must be present for each Insurance Product either at the Transaction, Member, or Health Coverage level.

The work group selected code "38", Master Policy Number, at the Transaction level. This identifier is to be sent when the Insurance Product Identifier applies to all the Insurance Products in the Transaction.

The work group found that most of the time the Insurance Product Identifier is communicated at the Member level (loop 2000). The work group selected code "1L", Group or Policy Number, at this level. The Group or Policy Number applies to all the Health Coverage iterations (loop 2300) for the member named in loop 2000. Other iterations of the REF segment with other qualifiers are included to support business needs under the specific policy. The developers of this implementation guide were not able to limit the sender to a single code because of the variety of different insurance plans.

At the Health Coverage level (loop 2300), the sender also has the option of sending the Group or Policy Number. The work group selected code "1L", Group or Policy Number, at this level. This applies when different policy numbers exist for each Insurance Product specified in the HD segments.

1.4.3 Linking a Dependent to a Subscriber

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

Payers use various means to link dependents to the subscriber. The most common method is to use the subscriber's Social Security Number (SSN). To allow linking between subscribers and dependents without making assumptions about the receiving system, use the code "0F," Subscriber Number, in the REF segment, Loop ID-2000, position 0200. The subscriber's unique identifier is sent in this segment in both the subscriber's and the dependent's Loop ID-2000.

The individual's SSN is sent and identified as such in NM108, Loop ID-2000, position 0300. This applies to both subscribers and dependents. If the SSN is used for linking, then the subscriber's SSN is sent in both locations on the subscriber's Loop ID-2000.

1.4.4 Termination

The content of transactions intended to terminate coverage for subscribers and/or related members was the subject of extensive discussion during development of this implementation guide. The work group attempted to strike a balance between the systemic and operational benefits of highly detailed, rich data content and the reality of a current practice in which many plan sponsors and other originators of this transaction may have less than complete data on hand.

To accommodate the greatest possible number of users, the work group adopted a guiding principle that only the minimum necessary data would be required for a given type of termination, but that additional data could be sent at the sender's discretion. Trading partners should agree on their approach to communicating terminations in their trading partner agreement. Regardless of additional data and trading partner agreements, transactions of certain format and content must cause very specific outcomes in receiver systems. The following paragraphs describe the actions that must be taken by receivers of specific termination transactions.

A termination date passed at the INS level for an individual who is the subscriber (That is, a termination date passed in the DTP segment in position 0250 in the 2000 loop for an INS segment with INS01 = 'Y') indicates that all coverages for that subscriber and any associated dependants are to be terminated in the receiver's system on the indicated date. Said another way, if a subscriber, spouse and two children are all enrolled in medical, prescription and vision coverages in the receiver's system, an "Eligibility End" date passed in that DTP segment for the subscriber must cause the termination of all three coverages for all four individuals in the receiver's system on the date provided in DTP03.

A termination date passed at the INS level for an individual who is not the subscriber (That is, a termination date passed in the DTP segment in position 0250 in the 2000 loop for an INS segment with INS01 = 'N') indicates that all coverages for that individual are to be terminated in the receiver's system on the indicated date. If a subscriber, spouse and two children are all enrolled in medical, prescription and vision coverages in the receiver's system, an "Eligibility End" date passed in that DTP segment for the spouse must cause the termination of all three coverages for one individual (the spouse).

A termination date passed at the HD level (that is, a termination date passed in the DTP segment in position 2700 in the 2300 loop for an HD loop of any coverage type) applies singly to an individual and a coverage. If a subscriber, spouse and two children are all enrolled in medical, prescription and vision coverages in the receiver's system, a "Benefit End" date passed in the DTP segment subordinate to the vision coverage for the spouse

indicates that the last day of the spouse's vision coverage is the date provided in that segment's DTP03. Coverage for other lines of coverage for the member will not be affected, nor will any coverage for any other member linked to the same subscriber.

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

For an individual who is not the subscriber, terminating all lines of coverage at the HD level is the equivalent of terminating that dependent at the INS level. For a subscriber, terminating all insurance products at the HD level is not equivalent to passing the termination at the INS level. Passing terminations at the INS level for a subscriber causes all coverages for all linked dependants to be terminated. Passing terminations at the HD level for a subscriber does not affect the coverages of other individuals linked to that subscriber - dependants may continue to be covered in dependant-only coverage.

In the case of transfer from one coverage to another, it is necessary to terminate the old coverage and then add the new coverage. An add to a new coverage must never be assumed to result in the automatic termination of the prior coverage. This means that multiple coverage loops (HD loops) for the same individual for the same line of coverage will be present in the same transaction to indicate movement between coverages and/or eligibility groups.

In the case of a full file replacement, member records that were previously reported as covered and subsequently omitted from the full file replacement can be processed in various ways by the receiver as described in their trading partner agreement.

1.4.5 Updates, Versus Full File Audits, Versus Full File Replacements

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

An update is either an "add", "terminate" or "change" request. The transaction only contains information about the changed members. This is identified in BGN08 by a code value of '2', Change (Update). This is the most efficient and preferred method for regular maintenance of enrollment files.

A full file audit lists all current members, whether involved in a change or not. This facilitates keeping the sponsor's and payer's systems in sync. This is not intended to contain a history of all previous enrollments. The full file audit is intended to identify all active members, at a given point in time and may or may not include terminated members

based on your Trading Partner Agreement. The full file audit is not intended to be used to make any changes to the enrollment database. This type of transaction is identified by a BGN08 code value of '4', Verify. Any response back to the sponsor from the received transactions are outside the scope of the 834 and are the responsibility of the sponsor and payer. In addition, INS03 in Loop 2000 and HD01 in Loop 2300 must be set to a value of '030', Audit or Compare.

A full file replacement can be used to report all enrollees, if the sponsor's system limitations prevent them from being able to use the preferred update method. The full file replacement is intended to identify all active members, at a given point in time and may or may not include terminated members based on your Trading Partner Agreement. This is identified in BGN08 by a code value of 'RX', Replace. Because this model is more costly and requires more resources to process, it is not recommended. 'Replace' should not be used for regular, daily, processing. It is recommended that this be used no more frequently than monthly.

The most efficient and preferred method for regular maintenance of enrollment files is to use 'Change (Update)' transactions. Periodic audit files can be used to verify the update process. Full file replacement files can be used if the sponsor's system limitations prevent them from sending an update file. This is intended to identify all active members at a given point in time and may or may not include terminated members based on your trading partner agreement.

1.4.6 Coverage Levels and Dependents

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

The trading partner agreement between the Payer and the Sponsor must identify the member reporting requirements for the Enrollment transaction.

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

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

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

1.5 Business Terminology

Dependent

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

Health Care Providers

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

Insured or Member

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

Payer/Insurer

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

Plan Administrator

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

Sponsor

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

Subscriber

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

Third Party Administrator (TPA)

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

Vendors/Intermediaries

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

1.5.1 Date Terminology

Users of past 834 implementation guides encountered considerable confusion about what codes should be used for dates related to the insured in Loop ID-2000 and to the insurance coverage in Loop ID-2300. This confusion resulted because several codes with very similar uses were available. These codes include the following: effective date, eligibility date, enrollment date, plan date, coverage date, and benefit date.

The tendency has been to try to use the same terminology as that used in the application systems. Lengthy discussion was required to reach a resolution because the application systems' terminology often differed among different systems. To facilitate communications between different systems, the developers of this implementation guide have limited the codes in Loop ID-2300 DTP, with the term "benefit" being used for actual dates of coverage. The developers of this implementation guide recommend that the term "Eligibility" is used from the point of view of the plan sponsor. That is, an individual's "eligibility" dates are those during which he or she may choose to be covered by the sponsor's benefits. The developers further recommend that the term "enrollment" be used from the point of view of the payor. In this case, an individual's "enrollment" dates are those dates during which he or she is covered by a particular benefit.

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

1.6 Transaction Acknowledgments

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

1.6.1 997 Functional Acknowledgment

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

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

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

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

1.6.2 999 Implementation Acknowledgment

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

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

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

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

1.6.3 824 Application Advice

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

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

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

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

1.7 Related Transactions

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

1.8 Trading Partner Agreements

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

1.9 HIPAA Role in Implementation Guides

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

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

2 Transaction Set

NOTE

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

2.1 Presentation Examples

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

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

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

2.3 Transaction Set Listing

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

IMPLEMENTATION

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

STANDARD

This section is included as a reference.

2.4 Segment Detail

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

SEGMENT DETAIL

This section is included as a reference.

DIAGRAM

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

ELEMENT DETAIL

This section specifies the implementation details of each data element.

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

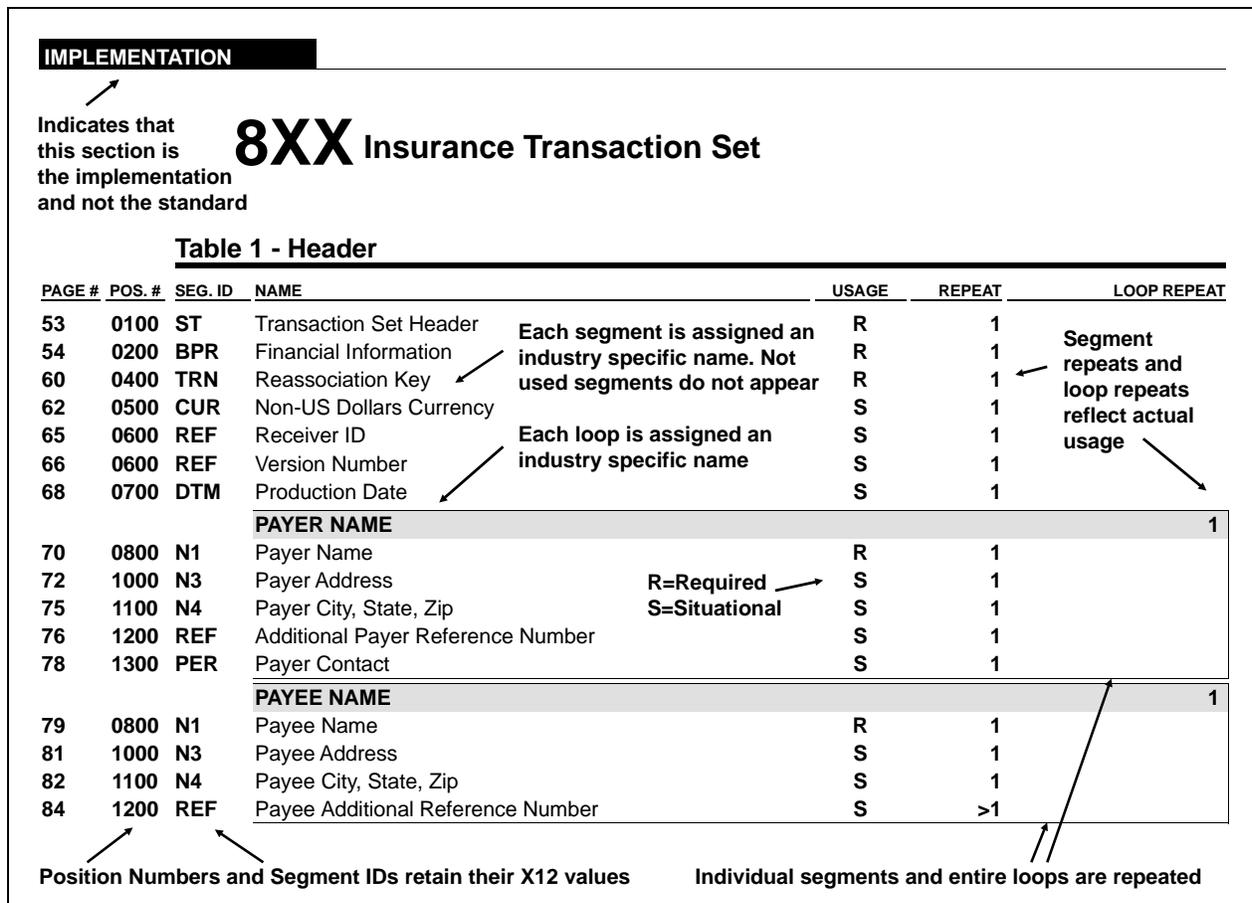


Figure 2.1. Transaction Set Key — Implementation

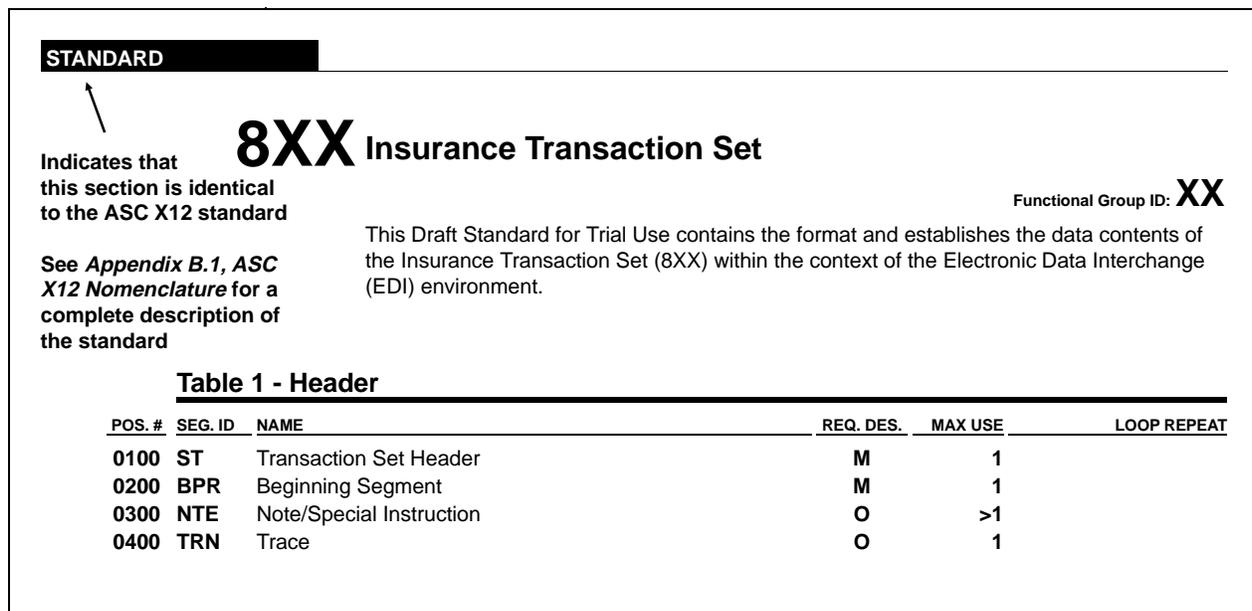


Figure 2.2. Transaction Set Key — Standard

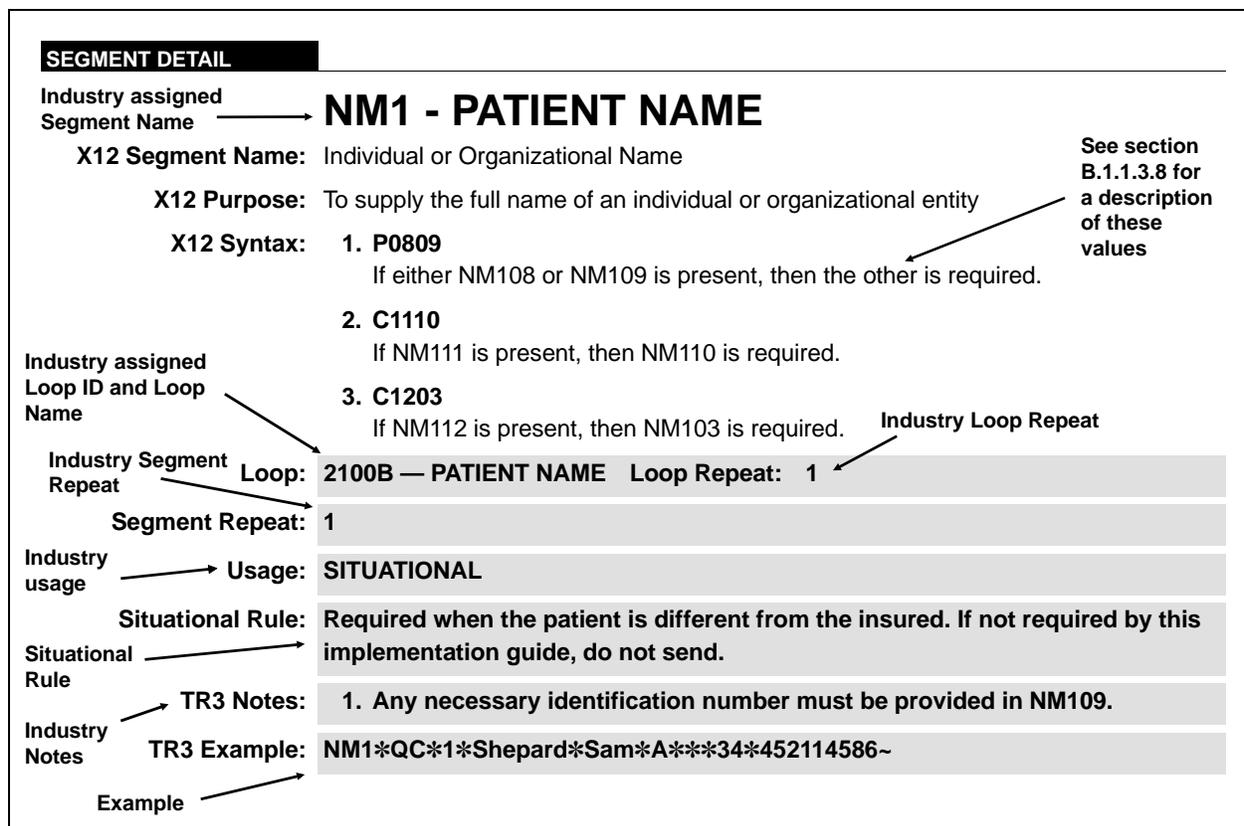


Figure 2.3. Segment Key — Implementation

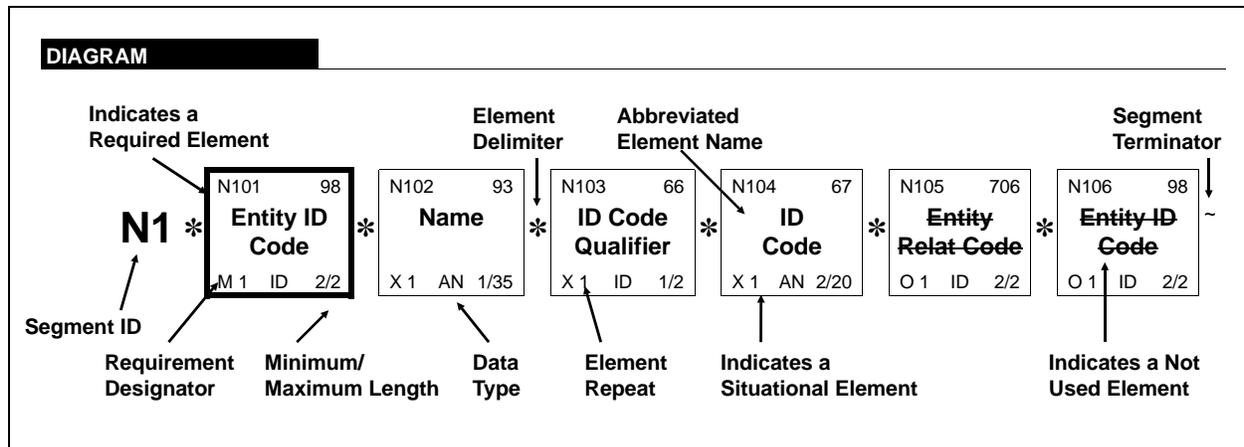


Figure 2.4. Segment Key — Diagram

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

Figure 2.5. Segment Key — Element Summary

2.2 Implementation Usage

2.2.1 Industry Usage

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

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

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

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

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

Not Used This element must never be sent.

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

There are two forms of Situational Rules.

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

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

2.2.1.1 Transaction Compliance Related to Industry Usage

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

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

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

2.2.2 Loops

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

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

2.3 Transaction Set Listing

2.3.1 Implementation

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

IMPLEMENTATION

834 Benefit Enrollment and Maintenance**Table 1 - Header**

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
31	0100	ST	Transaction Set Header	R	1	
32	0200	BGN	Beginning Segment	R	1	
36	0300	REF	Transaction Set Policy Number	S	1	
37	0400	DTP	File Effective Date	S	>1	
38	0600	QTY	Transaction Set Control Totals	S	3	
LOOP ID - 1000A SPONSOR NAME						1
39	0700	N1	Sponsor Name	R	1	
LOOP ID - 1000B PAYER						1
41	0700	N1	Payer	R	1	
LOOP ID - 1000C TPA/BROKER NAME						2
43	0700	N1	TPA/Broker Name	S	1	
LOOP ID - 1100C TPA/BROKER ACCOUNT INFORMATION						1
45	1200	ACT	TPA/Broker Account Information	S	1	

Table 2 - Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
LOOP ID - 2000 MEMBER LEVEL DETAIL						>1
47	0100	INS	Member Level Detail	R	1	
55	0200	REF	Subscriber Identifier	R	1	
56	0200	REF	Member Policy Number	S	1	
57	0200	REF	Member Supplemental Identifier	S	13	
59	0250	DTP	Member Level Dates	S	24	
LOOP ID - 2100A MEMBER NAME						1
62	0300	NM1	Member Name	R	1	
65	0400	PER	Member Communications Numbers	S	1	
68	0500	N3	Member Residence Street Address	S	1	
69	0600	N4	Member City, State, ZIP Code	R	1	
71	0800	DMG	Member Demographics	S	1	
76	1000	EC	Employment Class	S	>1	
79	1100	ICM	Member Income	S	1	
81	1200	AMT	Member Policy Amounts	S	7	
82	1300	HLH	Member Health Information	S	1	
84	1500	LUI	Member Language	S	>1	
LOOP ID - 2100B INCORRECT MEMBER NAME						1
86	0300	NM1	Incorrect Member Name	S	1	
89	0800	DMG	Incorrect Member Demographics	S	1	
LOOP ID - 2100C MEMBER MAILING ADDRESS						1
92	0300	NM1	Member Mailing Address	S	1	
94	0500	N3	Member Mail Street Address	R	1	
95	0600	N4	Member Mail City, State, ZIP Code	R	1	

LOOP ID - 2100D MEMBER EMPLOYER					3
97	0300	NM1	Member Employer	S	1
100	0400	PER	Member Employer Communications Numbers	S	1
103	0500	N3	Member Employer Street Address	S	1
104	0600	N4	Member Employer City, State, ZIP Code	R	1
LOOP ID - 2100E MEMBER SCHOOL					3
106	0300	NM1	Member School	S	1
108	0400	PER	Member School Communications Numbers	S	1
111	0500	N3	Member School Street Address	S	1
112	0600	N4	Member School City, State, ZIP Code	R	1
LOOP ID - 2100F CUSTODIAL PARENT					1
114	0300	NM1	Custodial Parent	S	1
117	0400	PER	Custodial Parent Communications Numbers	S	1
120	0500	N3	Custodial Parent Street Address	S	1
121	0600	N4	Custodial Parent City, State, ZIP Code	R	1
LOOP ID - 2100G RESPONSIBLE PERSON					13
123	0300	NM1	Responsible Person	S	1
126	0400	PER	Responsible Person Communications Numbers	S	1
129	0500	N3	Responsible Person Street Address	S	1
130	0600	N4	Responsible Person City, State, ZIP Code	R	1
LOOP ID - 2100H DROP OFF LOCATION					1
132	0300	NM1	Drop Off Location	S	1
134	0500	N3	Drop Off Location Street Address	S	1
135	0600	N4	Drop Off Location City, State, ZIP Code	R	1
LOOP ID - 2200 DISABILITY INFORMATION					>1
137	2000	DSB	Disability Information	S	1
139	2100	DTP	Disability Eligibility Dates	S	2
LOOP ID - 2300 HEALTH COVERAGE					99
140	2600	HD	Health Coverage	S	1
143	2700	DTP	Health Coverage Dates	R	6
145	2800	AMT	Health Coverage Policy	S	9
146	2900	REF	Health Coverage Policy Number	S	14
148	2900	REF	Prior Coverage Months	S	1
150	3000	IDC	Identification Card	S	3
LOOP ID - 2310 PROVIDER INFORMATION					30
152	3100	LX	Provider Information	S	1
153	3200	NM1	Provider Name	R	1
156	3500	N3	Provider Address	S	2
157	3600	N4	Provider City, State, ZIP Code	R	1
159	3700	PER	Provider Communications Numbers	S	2
162	3950	PLA	Provider Change Reason	S	1
LOOP ID - 2320 COORDINATION OF BENEFITS					5
164	4000	COB	Coordination of Benefits	S	1
166	4050	REF	Additional Coordination of Benefits Identifiers	S	4
168	4070	DTP	Coordination of Benefits Eligibility Dates	S	2
LOOP ID - 2330 COORDINATION OF BENEFITS RELATED ENTITY					3
169	4100	NM1	Coordination of Benefits Related Entity	S	1
171	4300	N3	Coordination of Benefits Related Entity Address	S	1

172	4400	N4	Coordination of Benefits Other Insurance Company City, State, ZIP Code	R	1			
174	4500	PER	Administrative Communications Contact	S	1			
176	6880	LS	Additional Reporting Categories	S	1			
LOOP ID - 2710 MEMBER REPORTING CATEGORIES								>1
177	6881	LX	Member Reporting Categories	S	1			
LOOP ID - 2750 REPORTING CATEGORY								1
178	6882	N1	Reporting Category	S	1			
179	6883	REF	Reporting Category Reference	S	16			
181	6884	DTP	Reporting Category Date	S	1			
183	6885	LE	Additional Reporting Categories Loop Termination	S	1			
184	6900	SE	Transaction Set Trailer	R	1			

2.3.2 X12 Standard

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

STANDARD

834 Benefit Enrollment and Maintenance

Functional Group ID: **BE**

This X12 Transaction Set contains the format and establishes the data contents of the Benefit Enrollment and Maintenance Transaction Set (834) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to establish communication between the sponsor of the insurance product and the payer. Such transaction(s) may or may not take place through a third party administrator (TPA).

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

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

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

Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
0100	ST	Transaction Set Header	M	1	
0200	BGN	Beginning Segment	M	1	
0300	REF	Reference Information	O	>1	
0400	DTP	Date or Time or Period	O	>1	
0500	AMT	Monetary Amount Information	O	>1	
0600	QTY	Quantity Information	O	>1	
LOOP ID - 1000					>1
0700	N1	Party Identification	M	1	
0800	N2	Additional Name Information	O	2	
0900	N3	Party Location	O	2	
1000	N4	Geographic Location	O	1	
1100	PER	Administrative Communications Contact	O	3	
LOOP ID - 1100					10
1200	ACT	Account Identification	O	1	
1300	REF	Reference Information	O	5	
1400	N3	Party Location	O	1	
1500	N4	Geographic Location	O	1	
1600	PER	Administrative Communications Contact	O	5	
1700	DTP	Date or Time or Period	O	1	
1800	AMT	Monetary Amount Information	O	1	

Table 2 - Detail

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
LOOP ID - 2000					>1
0100	INS	Insured Benefit	O	1	
0200	REF	Reference Information	M	>1	
0250	DTP	Date or Time or Period	O	>1	
LOOP ID - 2100					>1
0300	NM1	Individual or Organizational Name	O	1	
0400	PER	Administrative Communications Contact	O	1	
0500	N3	Party Location	O	1	
0600	N4	Geographic Location	O	1	
0800	DMG	Demographic Information	O	1	
0900	PM	Electronic Funds Transfer Information	O	1	
1000	EC	Employment Class	O	>1	
1100	ICM	Individual Income	O	1	
1200	AMT	Monetary Amount Information	O	10	
1300	HLH	Health Information	O	1	
1400	HI	Health Care Information Codes	O	10	
1500	LUI	Language Use	O	>1	
LOOP ID - 2200					4
2000	DSB	Disability Information	O	1	
2100	DTP	Date or Time or Period	O	10	
2200	AD1	Adjustment Amount	O	10	
LOOP ID - 2300					99
2600	HD	Health Coverage	O	1	
2700	DTP	Date or Time or Period	O	10	
2800	AMT	Monetary Amount Information	O	3	
2900	REF	Reference Information	O	5	
3000	IDC	Identification Card	O	>1	
LOOP ID - 2310					30
3100	LX	Transaction Set Line Number	O	1	
3200	NM1	Individual or Organizational Name	O	1	
3300	N1	Party Identification	O	3	
3400	N2	Additional Name Information	O	1	
3500	N3	Party Location	O	2	
3600	N4	Geographic Location	O	2	
3700	PER	Administrative Communications Contact	O	2	
3800	PRV	Provider Information	O	1	
3900	DTP	Date or Time or Period	O	6	
3950	PLA	Place or Location	O	1	
LOOP ID - 2320					5
4000	COB	Coordination of Benefits	O	1	
4050	REF	Reference Information	O	>1	
4070	DTP	Date or Time or Period	O	2	
LOOP ID - 2330					3
4100	NM1	Individual or Organizational Name	O	1	
4200	N2	Additional Name Information	O	1	
4300	N3	Party Location	O	2	
4400	N4	Geographic Location	O	1	
4500	PER	Administrative Communications Contact	O	1	
LOOP ID - 2400					10
4600	LC	Life Coverage	O	1	

4700	AMT	Monetary Amount Information	0	5	
4800	DTP	Date or Time or Period	0	2	
4850	REF	Reference Information	0	>1	
LOOP ID - 2410					20
4900	BEN	Beneficiary or Owner Information	0	1	
5000	NM1	Individual or Organizational Name	0	1	
5100	N1	Party Identification	0	1	
5200	N2	Additional Name Information	0	1	
5300	N3	Party Location	0	1	
5400	N4	Geographic Location	0	1	
5420	DMG	Demographic Information	0	1	
LOOP ID - 2500					5
5500	FSA	Flexible Spending Account	0	1	
5600	AMT	Monetary Amount Information	0	10	
5700	DTP	Date or Time or Period	0	10	
5750	REF	Reference Information	0	>1	
LOOP ID - 2600					>1
5800	RP	Retirement Product	0	1	
5900	DTP	Date or Time or Period	0	>1	
5920	REF	Reference Information	0	>1	
5940	INV	Investment Vehicle Selection	0	>1	
5960	AMT	Monetary Amount Information	0	20	
5970	QTY	Quantity Information	0	20	
5980	K3	File Information	0	3	
6000	REL	Relationship	0	1	
LOOP ID - 2610					>1
6100	NM1	Individual or Organizational Name	0	1	
6300	N2	Additional Name Information	0	1	
6510	DMG	Demographic Information	0	1	
6520	BEN	Beneficiary or Owner Information	0	1	
6530	REF	Reference Information	0	>1	
LOOP ID - 2620					>1
6540	NX1	Property or Entity Identification	0	1	
6550	N3	Party Location	0	1	
6560	N4	Geographic Location	0	1	
6570	DTP	Date or Time or Period	0	>1	
LOOP ID - 2630					>1
6600	FC	Financial Contribution	0	1	
6700	DTP	Date or Time or Period	0	>1	
LOOP ID - 2640					>1
6780	INV	Investment Vehicle Selection	0	1	
6790	DTP	Date or Time or Period	0	>1	
6800	QTY	Quantity Information	0	>1	
6810	ENT	Entity	0	>1	
6820	REF	Reference Information	0	>1	
6830	AMT	Monetary Amount Information	0	20	
6840	K3	File Information	0	3	
LOOP ID - 2650					>1
6850	AIN	Income	0	1	
6860	QTY	Quantity Information	0	>1	
6870	DTP	Date or Time or Period	0	>1	

6880	LS	Loop Header	O	1
				>1
LOOP ID - 2700				
6881	LX	Transaction Set Line Number	O	1
				>1
LOOP ID - 2750				
6882	N1	Party Identification	M	1
6883	REF	Reference Information	M	1
6884	DTP	Date or Time or Period	O	1
6885	LE	Loop Trailer	O	1
6900	SE	Transaction Set Trailer	M	1

NOTES:

- 1/0500** The AMT segment is used to record the total Flexible Spending Account contributions in the transaction set.

- 1/0600** The QTY segment is used to record the total number of subscribers and dependents in the transaction set.

- 1/0700** At least one iteration of loop 1000 is required to identify the sender or receiver.

- 2/0100** A Subscriber is a person who elects the benefits and is affiliated with the employer or the insurer. A Dependent is a person who is affiliated with the subscriber, such as a spouse, child, etc., and is therefore entitled to benefits. Subscriber information must come before dependent information. The INS segment is used to note if information being submitted is subscriber information or dependent information.

- 2/0200** The REF segment is required to link the dependent(s) to the subscriber.

- 2/3100** Loop 2310 contains information about the primary care providers for the subscriber or the dependent, and about the beneficiaries of any employer-sponsored life insurance for the subscriber.

- 2/3200** Either NM1 or N1 will be included depending on whether an individual or organization is being specified.

- 2/5500** Loop 2500 may only appear for the Subscriber.

2.4 834 Segment Detail

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

SEGMENT DETAIL

ST - TRANSACTION SET HEADER

X12 Segment Name: Transaction Set Header

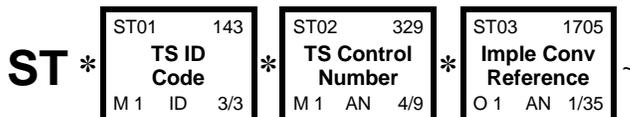
X12 Purpose: To indicate the start of a transaction set and to assign a control number

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: ST*834*0001*005010X220~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	ST01	143	Transaction Set Identifier Code Code uniquely identifying a Transaction Set	M 1 ID 3/3
<p>SEMANTIC: The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).</p>				
			CODE	DEFINITION
REQUIRED	ST02	329	834 Benefit Enrollment and Maintenance Transaction Set Control Number Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M 1 AN 4/9
<p>The Transaction Set Control Number in ST02 and SE02 must be identical. The number must be unique within a specific interchange (ISA-IEA), but can repeat in other interchanges.</p>				
REQUIRED	ST03	1705	Implementation Convention Reference Reference assigned to identify Implementation Convention	O 1 AN 1/35
<p>SEMANTIC: The implementation convention reference (ST03) is used by the translation routines of the interchange partners to select the appropriate implementation convention to match the transaction set definition. When used, this implementation convention reference takes precedence over the implementation reference specified in the GS08.</p>				
<p>This element must be populated with the guide identifier named in Section 1.2.</p>				
<p>This field contains the same value as GS08. Some translator products strip off the ISA and GS segments prior to application (STSE) processing. Providing the information from the GS08 at this level will ensure that the appropriate application mapping is utilized at translation time.</p>				

SEGMENT DETAIL

BGN - BEGINNING SEGMENT

X12 Segment Name: Beginning Segment

X12 Purpose: To indicate the beginning of a transaction set

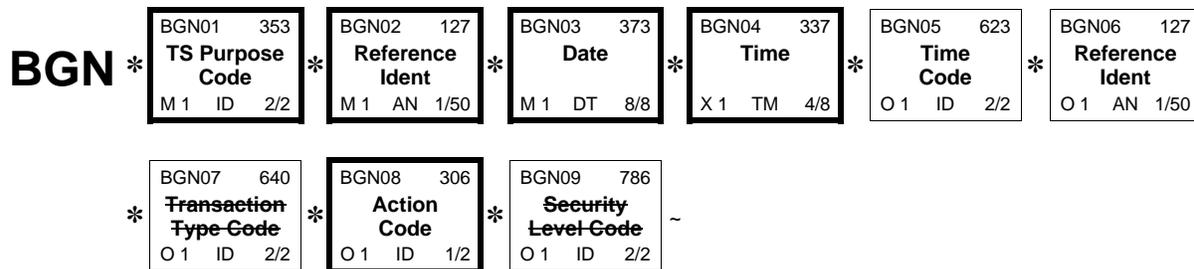
X12 Syntax: 1. **C0504**
If BGN05 is present, then BGN04 is required.

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: BGN*00*11227*19970920*1200*ES***2~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	BGN01	353	Transaction Set Purpose Code Code identifying purpose of transaction set	M 1 ID 2/2
			00 Original	
			If the original transaction has already been processed, an incoming transaction using this code may be rejected by the receiver. The rejection will be identified to the sender by telephone or other direct contact.	
			The "00" indicates the first time the transaction is sent.	
			15 Re-Submission	
			Send the "15" when the original transmission was incorrect, has yet to be processed by the receiver, and a new corrected transmission is being sent. This transmission can then be pended by the receiver's translator for further review.	
			22 Information Copy	
			Send the "22" when the original transmission was lost or not processed, and the sender is passing another transmission that is the same as the original.	

REQUIRED **BGN02** **127** **Reference Identification** **M 1 AN 1/50**
 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

SEMANTIC: BGN02 is the transaction set reference number.

IMPLEMENTATION NAME: **Transaction Set Reference Number**

This element is the transaction set reference number assigned by the sender's application. It uniquely identifies this occurrence of the transaction for future reference.

REQUIRED **BGN03** **373** **Date** **M 1 DT 8/8**
 Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year

SEMANTIC: BGN03 is the transaction set date.

IMPLEMENTATION NAME: **Transaction Set Creation Date**

This element identifies the date that the submitter created the file.

REQUIRED **BGN04** **337** **Time** **X 1 TM 4/8**
 Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

SYNTAX: C0504

SEMANTIC: BGN04 is the transaction set time.

IMPLEMENTATION NAME: **Transaction Set Creation Time**

This element is used as a time stamp to uniquely identify the transmission.

SITUATIONAL **BGN05** **623** **Time Code** **O 1 ID 2/2**
 Code identifying the time. In accordance with International Standards Organization standard 8601, time can be specified by a + or - and an indication in hours in relation to Universal Time Coordinate (UTC) time; since + is a restricted character, + and - are substituted by P and M in the codes that follow

SYNTAX: C0504

SEMANTIC: BGN05 is the transaction set time qualifier.

SITUATIONAL RULE: *Required when the sender and receiver are not in the same time zone. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: **Time Zone Code**

CODE SOURCE **94**: International Organization for Standardization (Date and Time)

CODE	DEFINITION
01	Equivalent to ISO P01
02	Equivalent to ISO P02
03	Equivalent to ISO P03
04	Equivalent to ISO P04
05	Equivalent to ISO P05
06	Equivalent to ISO P06
07	Equivalent to ISO P07
08	Equivalent to ISO P08
09	Equivalent to ISO P09

10	Equivalent to ISO P10
11	Equivalent to ISO P11
12	Equivalent to ISO P12
13	Equivalent to ISO M12
14	Equivalent to ISO M11
15	Equivalent to ISO M10
16	Equivalent to ISO M09
17	Equivalent to ISO M08
18	Equivalent to ISO M07
19	Equivalent to ISO M06
20	Equivalent to ISO M05
21	Equivalent to ISO M04
22	Equivalent to ISO M03
23	Equivalent to ISO M02
24	Equivalent to ISO M01
AD	Alaska Daylight Time
AS	Alaska Standard Time
AT	Alaska Time
CD	Central Daylight Time
CS	Central Standard Time
CT	Central Time
ED	Eastern Daylight Time
ES	Eastern Standard Time
ET	Eastern Time
GM	Greenwich Mean Time
HD	Hawaii-Aleutian Daylight Time
HS	Hawaii-Aleutian Standard Time
HT	Hawaii-Aleutian Time
LT	Local Time
MD	Mountain Daylight Time
MS	Mountain Standard Time
MT	Mountain Time
ND	Newfoundland Daylight Time
NS	Newfoundland Standard Time
NT	Newfoundland Time
PD	Pacific Daylight Time
PS	Pacific Standard Time
PT	Pacific Time
TD	Atlantic Daylight Time
TS	Atlantic Standard Time
TT	Atlantic Time
UT	Universal Time Coordinate

SITUATIONAL	BGN06	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SEMANTIC: BGN06 is the transaction set reference number of a previously sent transaction affected by the current transaction. SITUATIONAL RULE: <i>Required when there is a previously sent transaction to cross-reference. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Original Transaction Set Reference Number	O 1 AN 1/50								
NOT USED	BGN07	640	Transaction Type Code Code indicating type of action	O 1 ID 2/2								
REQUIRED	BGN08	306	Action Code Code indicating type of action	O 1 ID 1/2								
			<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>Change (Update) Used to identify a transaction of additions, terminations and changes to the current enrollment.</td> </tr> <tr> <td>4</td> <td>Verify Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.</td> </tr> <tr> <td>RX</td> <td>Replace Used to identify a full enrollment transmission to be used to identify additions, terminations and changes that need to be applied to the payer's enrollment system.</td> </tr> </tbody> </table>	CODE	DEFINITION	2	Change (Update) Used to identify a transaction of additions, terminations and changes to the current enrollment.	4	Verify Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.	RX	Replace Used to identify a full enrollment transmission to be used to identify additions, terminations and changes that need to be applied to the payer's enrollment system.	
CODE	DEFINITION											
2	Change (Update) Used to identify a transaction of additions, terminations and changes to the current enrollment.											
4	Verify Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.											
RX	Replace Used to identify a full enrollment transmission to be used to identify additions, terminations and changes that need to be applied to the payer's enrollment system.											
NOT USED	BGN09	786	Security Level Code	O 1 ID 2/2								

SEGMENT DETAIL

REF - TRANSACTION SET POLICY NUMBER

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Segment Repeat: 1

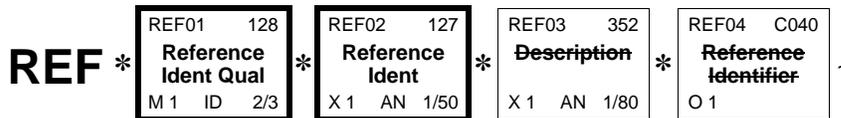
Usage: SITUATIONAL

Situational Rule: Required when the insurance contract or trading partner agreement identifies a Master Policy Number for use with electronic enrollment. If not required may be provided at the sender's discretion if a unique ID Number for a group applies to the entire transaction set.

TR3 Notes: 1. The definition of the Master Policy Number is determined by the issuer of the policy, the Payer/Plan Administrator. The Master Policy Number may be used to meet various business needs such as indicating the line of business under which the policy is defined.

TR3 Example: REF*38*123456~

DIAGRAM



ELEMENT DETAIL

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

SEGMENT DETAIL

DTP - FILE EFFECTIVE DATE

X12 Segment Name: Date or Time or Period

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

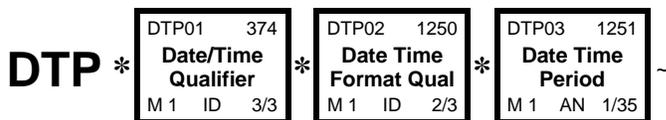
Segment Repeat: >1

Usage: SITUATIONAL

Situational Rule: Required when specified in the contract. If not required by this implementation guide, do not send.

TR3 Example: DTP*007*D8*19961001~

DIAGRAM



ELEMENT DETAIL

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

SEGMENT DETAIL

QTY - TRANSACTION SET CONTROL TOTALS

X12 Segment Name: Quantity Information

X12 Purpose: To specify quantity information

X12 Set Notes: 1. The QTY segment is used to record the total number of subscribers and dependents in the transaction set.

X12 Syntax: 1. **R0204**
At least one of QTY02 or QTY04 is required.

2. **E0204**
Only one of QTY02 or QTY04 may be present.

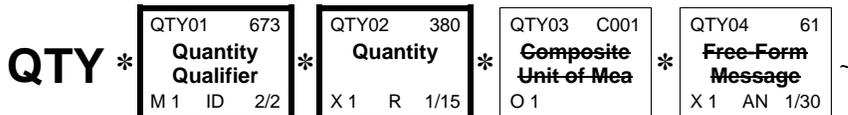
Segment Repeat: 3

Usage: SITUATIONAL

Situational Rule: Required when the contract or trading partner agreement specifies that this information be included in the transaction set. If not required by this implementation guide, do not send.

TR3 Example: QTY*TO*10000~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	QTY01	673	Quantity Qualifier Code specifying the type of quantity	M 1 ID 2/2								
			<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>DT</td> <td>Dependent Total</td> </tr> <tr> <td>ET</td> <td>Employee Total</td> </tr> <tr> <td>TO</td> <td>Total</td> </tr> </tbody> </table>	CODE	DEFINITION	DT	Dependent Total	ET	Employee Total	TO	Total	
CODE	DEFINITION											
DT	Dependent Total											
ET	Employee Total											
TO	Total											
REQUIRED	QTY02	380	Quantity Numeric value of quantity SYNTAX: R0204, E0204 IMPLEMENTATION NAME: Record Totals	X 1 R 1/15								
NOT USED	QTY03	C001	COMPOSITE UNIT OF MEASURE	O 1								
NOT USED	QTY04	61	Free-form Information	X 1 AN 1/30								

SEGMENT DETAIL

N1 - SPONSOR NAME

X12 Segment Name: Party Identification

X12 Purpose: To identify a party by type of organization, name, and code

X12 Set Notes: 1. At least one iteration of loop 1000 is required to identify the sender or receiver.

X12 Syntax: 1. **R0203**
 At least one of N102 or N103 is required.

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

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

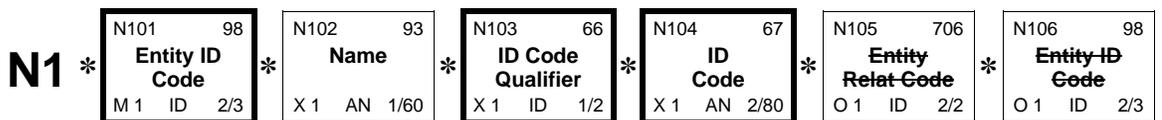
Segment Repeat: 1

Usage: REQUIRED

TR3 Notes: 1. This loop identifies the sponsor. See section 1.5 for the definition of Sponsor.

TR3 Example: N1*P5**FI*12356799~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			CODE	DEFINITION
			P5	Plan Sponsor
SITUATIONAL	N102	93	Name Free-form name SYNTAX: R0203	X 1 AN 1/60
SITUATIONAL RULE: <i>Required when the receiver needs the sponsor name. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Plan Sponsor Name				

REQUIRED	N103	66	Identification Code Qualifier	X 1 ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)	
			SYNTAX: R0203, P0304	
			24	Employer's Identification Number
				The identifier is the Employer Identification Number (EIN) issued by the IRS. The EIN has been adopted as the HIPAA Standard Unique Employer Identifier.
			94	Code assigned by the organization that is the ultimate destination of the transaction set
			FI	Federal Taxpayer's Identification Number
REQUIRED	N104	67	Identification Code	X 1 AN 2/80
			Code identifying a party or other code	
			SYNTAX: P0304	
			COMMENT: This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.	
			IMPLEMENTATION NAME: Sponsor Identifier	
NOT USED	N105	706	Entity Relationship Code	O 1 ID 2/2
NOT USED	N106	98	Entity Identifier Code	O 1 ID 2/3

SEGMENT DETAIL

N1 - PAYER

X12 Segment Name: Party Identification

X12 Purpose: To identify a party by type of organization, name, and code

X12 Set Notes: 1. At least one iteration of loop 1000 is required to identify the sender or receiver.

X12 Syntax: 1. **R0203**
 At least one of N102 or N103 is required.

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

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

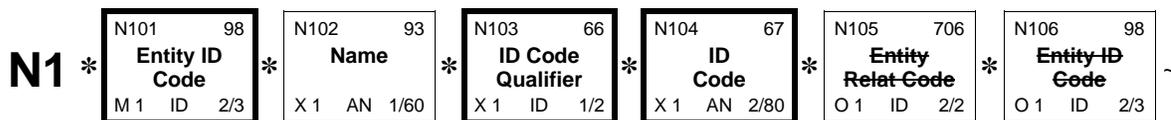
Segment Repeat: 1

Usage: REQUIRED

TR3 Notes: 1. This loop identifies the payer. See section 1.5 for the definition of payer.

TR3 Example: N1*IN**FI*12356799~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			CODE	DEFINITION
			IN	Insurer
SITUATIONAL	N102	93	Name Free-form name SYNTAX: R0203	X 1 AN 1/60
SITUATIONAL RULE: <i>Required when the receiver needs the payer name. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Insurer Name				

REQUIRED	N103	66	Identification Code Qualifier	X 1 ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)	
			SYNTAX: R0203, P0304	
			94	Code assigned by the organization that is the ultimate destination of the transaction set
			FI	Federal Taxpayer's Identification Number
			XV	Centers for Medicare and Medicaid Services PlanID
				CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID
REQUIRED	N104	67	Identification Code	X 1 AN 2/80
			Code identifying a party or other code	
			SYNTAX: P0304	
			COMMENT: This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.	
			IMPLEMENTATION NAME: Insurer Identification Code	
NOT USED	N105	706	Entity Relationship Code	O 1 ID 2/2
NOT USED	N106	98	Entity Identifier Code	O 1 ID 2/3

SEGMENT DETAIL

N1 - TPA/BROKER NAME

X12 Segment Name: Party Identification

X12 Purpose: To identify a party by type of organization, name, and code

X12 Set Notes: 1. At least one iteration of loop 1000 is required to identify the sender or receiver.

X12 Syntax: 1. **R0203**
 At least one of N102 or N103 is required.

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

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

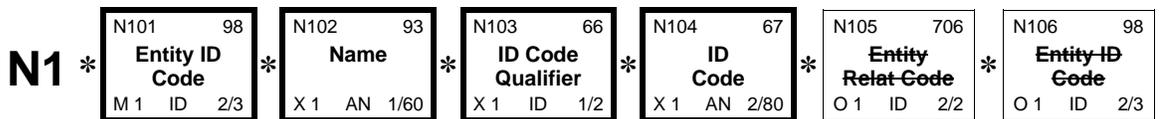
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when a TPA or a Broker is involved in this enrollment. See section 1.5 for definitions. If not required by this implementation guide, do not send.

TR3 Example: N1*TV*MONEY TALKS BROKERAGE*FI*123356799~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			BO Broker or Sales Office	
			TV Third Party Administrator (TPA)	
REQUIRED	N102	93	Name Free-form name SYNTAX: R0203	X 1 AN 1/60
IMPLEMENTATION NAME: TPA or Broker Name				

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

SYNTAX: R0203, P0304

CODE	DEFINITION
94	Code assigned by the organization that is the ultimate destination of the transaction set
FI	Federal Taxpayer's Identification Number
XV	Centers for Medicare and Medicaid Services PlanID <small>CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID</small>

REQUIRED N104 67 **Identification Code** X 1 AN 2/80
 Code identifying a party or other code

SYNTAX: P0304

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

IMPLEMENTATION NAME: TPA or Broker Identification Code

NOT USED N105 706 **Entity Relationship Code** O 1 ID 2/2

NOT USED N106 98 **Entity Identifier Code** O 1 ID 2/3

SEGMENT DETAIL

ACT - TPA/BROKER ACCOUNT INFORMATION

X12 Segment Name: Account Identification

X12 Purpose: To specify account information

X12 Syntax: 1. **P0304**

If either ACT03 or ACT04 is present, then the other is required.

2. **C0506**

If ACT05 is present, then ACT06 is required.

3. **C0705**

If ACT07 is present, then ACT05 is required.

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

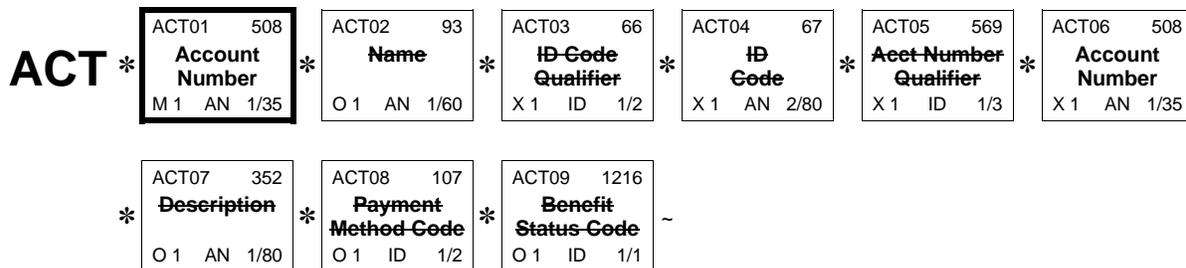
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the account number of the TPA or Broker is different than the account number for the sponsor. If not required by this implementation guide, do not send.

TR3 Example: ACT*1234*****23498765~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	ACT01	508	Account Number Account number assigned	M 1 AN 1/35
IMPLEMENTATION NAME: TPA or Broker Account Number				
NOT USED	ACT02	93	Name	O 1 AN 1/60
NOT USED	ACT03	66	Identification Code Qualifier	X 1 ID 1/2
NOT USED	ACT04	67	Identification Code	X 1 AN 2/80
NOT USED	ACT05	569	Account Number Qualifier	X 1 ID 1/3

SITUATIONAL	ACT06	508	Account Number Account number assigned SYNTAX: C0506 COMMENT: ACT06 is an account associated with the account in ACT01.	X 1 AN 1/35
SITUATIONAL RULE: <i>Required when more than 1 TPA or Broker Account Number applies to this transaction. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: TPA or Broker Account Number				
NOT USED	ACT07	352	Description	O 1 AN 1/80
NOT USED	ACT08	107	Payment Method Type Code	O 1 ID 1/2
NOT USED	ACT09	1216	Benefit Status Code	O 1 ID 1/1

SEGMENT DETAIL

INS - MEMBER LEVEL DETAIL

X12 Segment Name: Insured Benefit

X12 Purpose: To provide benefit information on insured entities

X12 Set Notes: 1. A Subscriber is a person who elects the benefits and is affiliated with the employer or the insurer. A Dependent is a person who is affiliated with the subscriber, such as a spouse, child, etc., and is therefore entitled to benefits. Subscriber information must come before dependent information. The INS segment is used to note if information being submitted is subscriber information or dependent information.

X12 Syntax: 1. **P1112**
 If either INS11 or INS12 is present, then the other is required.

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

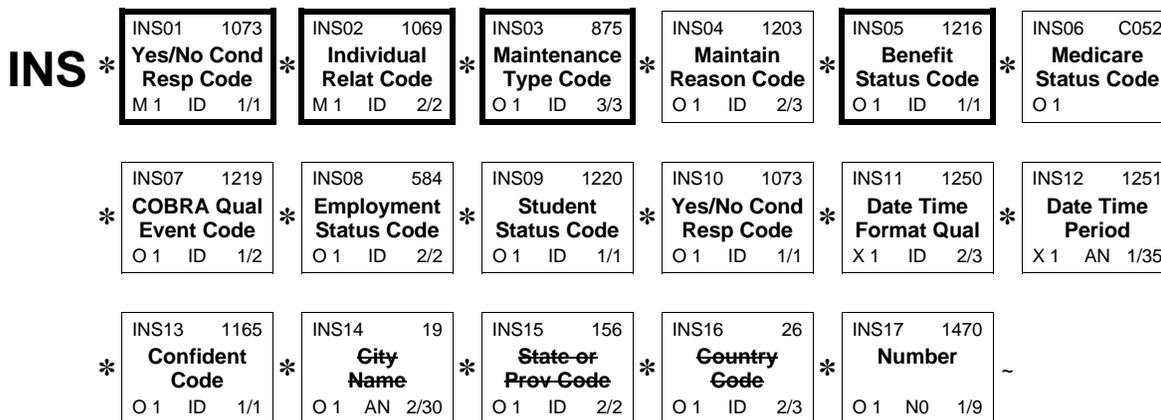
Segment Repeat: 1

Usage: REQUIRED

TR3 Notes: 1. **Subscriber information must precede dependent information in a transmission, or the subscriber information must have been submitted to the receiver in a previous transmission.**

TR3 Example: INS*Y*18*021*28*A***FT~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																																																		
REQUIRED	INS01	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	M 1 ID 1/1																																																		
<p>SEMANTIC: INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber; an "N" value indicates the insured is a dependent.</p> <p>IMPLEMENTATION NAME: Member Indicator</p> <p>ALIAS: Subscriber Indicator</p> <table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>N</td> <td>No</td> </tr> <tr> <td>Y</td> <td>Yes</td> </tr> </tbody> </table>					CODE	DEFINITION	N	No	Y	Yes																																												
CODE	DEFINITION																																																					
N	No																																																					
Y	Yes																																																					
REQUIRED	INS02	1069	Individual Relationship Code Code indicating the relationship between two individuals or entities	M 1 ID 2/2																																																		
<p>The value 18 must be used for the subscriber.</p> <p>For dependents, this value identifies their relationship to the subscriber. For example, a daughter would be value 19.</p> <table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr><td>01</td><td>Spouse</td></tr> <tr><td>03</td><td>Father or Mother</td></tr> <tr><td>04</td><td>Grandfather or Grandmother</td></tr> <tr><td>05</td><td>Grandson or Granddaughter</td></tr> <tr><td>06</td><td>Uncle or Aunt</td></tr> <tr><td>07</td><td>Nephew or Niece</td></tr> <tr><td>08</td><td>Cousin</td></tr> <tr><td>09</td><td>Adopted Child</td></tr> <tr><td>10</td><td>Foster Child</td></tr> <tr><td>11</td><td>Son-in-law or Daughter-in-law</td></tr> <tr><td>12</td><td>Brother-in-law or Sister-in-law</td></tr> <tr><td>13</td><td>Mother-in-law or Father-in-law</td></tr> <tr><td>14</td><td>Brother or Sister</td></tr> <tr><td>15</td><td>Ward</td></tr> <tr><td>16</td><td>Stepparent</td></tr> <tr><td>17</td><td>Stepson or Stepdaughter</td></tr> <tr><td>18</td><td>Self</td></tr> <tr><td>19</td><td>Child</td></tr> <tr><td>23</td><td>Sponsored Dependent</td></tr> <tr> <td></td> <td>Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy.</td> </tr> <tr><td>24</td><td>Dependent of a Minor Dependent</td></tr> <tr><td>25</td><td>Ex-spouse</td></tr> <tr><td>26</td><td>Guardian</td></tr> <tr><td>31</td><td>Court Appointed Guardian</td></tr> </tbody> </table>					CODE	DEFINITION	01	Spouse	03	Father or Mother	04	Grandfather or Grandmother	05	Grandson or Granddaughter	06	Uncle or Aunt	07	Nephew or Niece	08	Cousin	09	Adopted Child	10	Foster Child	11	Son-in-law or Daughter-in-law	12	Brother-in-law or Sister-in-law	13	Mother-in-law or Father-in-law	14	Brother or Sister	15	Ward	16	Stepparent	17	Stepson or Stepdaughter	18	Self	19	Child	23	Sponsored Dependent		Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy.	24	Dependent of a Minor Dependent	25	Ex-spouse	26	Guardian	31	Court Appointed Guardian
CODE	DEFINITION																																																					
01	Spouse																																																					
03	Father or Mother																																																					
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			38	Collateral Dependent			
				Relative related by blood or marriage who resides in the home and is dependent on the insured for a major portion of their support.			
			53	Life Partner			
				This is a partner that acts like a spouse without a legal marriage commitment.			
			60	Annuitant			
			D2	Trustee			
			G8	Other Relationship			
			G9	Other Relative			
REQUIRED	INS03	875		Maintenance Type Code	O 1	ID	3/3
				Code identifying the specific type of item maintenance			
				<u>CODE</u>	<u>DEFINITION</u>		
			001	Change			
				Use this code to indicate a change to an existing subscriber/dependent record.			
			021	Addition			
				Use this code to add a subscriber or dependent.			
			024	Cancellation or Termination			
				Use this code for cancellation, termination, or deletion of a subscriber or dependent.			
			025	Reinstatement			
				Use this code for reinstatement of a cancelled subscriber/dependent record.			
			030	Audit or Compare			
				Use this code when sending a full file (BGN08 = '4' or 'RX') to verify that the sponsor and payer databases are synchronized. See section 1.4.5, Update, Versus Full File Audits, Versus Full File Replacements, for additional information.			
SITUATIONAL	INS04	1203		Maintenance Reason Code	O 1	ID	2/3
				Code identifying the reason for the maintenance change			
				SITUATIONAL RULE: <i>Required when the payer needs to know the reason for the change. If not required by this implementation guide, do not send.</i>			
				<u>CODE</u>	<u>DEFINITION</u>		
			01	Divorce			
			02	Birth			
			03	Death			
			04	Retirement			
			05	Adoption			
			06	Strike			
			07	Termination of Benefits			
			08	Termination of Employment			
			09	Consolidation Omnibus Budget Reconciliation Act (COBRA)			

10	Consolidation Omnibus Budget Reconciliation Act (COBRA) Premium Paid
11	Surviving Spouse
14	Voluntary Withdrawal
15	Primary Care Provider (PCP) Change
16	Quit
17	Fired
18	Suspended
20	Active
21	Disability
22	Plan Change
	Use this code when a member changes from one Plan to a different Plan. This is not intended to identify changes to a Plan.
25	Change in Identifying Data Elements
	Use this code when a change has been made to the primary elements that identify a member. Such primary elements include the following: first name, last name, Social Security Number, date of birth, and employee identification number.
26	Declined Coverage
	Use this code when a member declined a previously active coverage.
27	Pre-Enrollment
	Use this code to enroll newborns prior to receiving the newborn's application.
28	Initial Enrollment
	Use this code the first time the member selected coverage with the Plan Sponsor.
29	Benefit Selection
	Use this code when a member changes benefits within a Plan.
31	Legal Separation
32	Marriage
33	Personnel Data
	Use this code for any data change that is not included in any of the other allowed codes. An example would be change in Coordination of Benefits information.
37	Leave of Absence with Benefits
38	Leave of Absence without Benefits
39	Lay Off with Benefits
40	Lay Off without Benefits
41	Re-enrollment
43	Change of Location
	Use this code to indicate a change of address.
59	Non Payment

- AA Dissatisfaction with Office Staff
- AB Dissatisfaction with Medical Care/Services Rendered
- AC Inconvenient Office Location
- AD Dissatisfaction with Office Hours
- AE Unable to Schedule Appointments in a Timely Manner
- AF Dissatisfaction with Physician's Referral Policy
- AG Less Respect and Attention Time Given than to Other Patients
- AH Patient Moved to a New Location
- AI No Reason Given
- AJ Appointment Times not Met in a Timely Manner
- AL Algorithm Assigned Benefit Selection
- EC Member Benefit Selection

Use this code for initial and subsequent enrollment when an insurance carrier needs to recognize that a member made an explicit plan choice.

XN Notification Only

Use this code in complete enrollment transmissions. This is used when INS03 is equal to 030 (Audit/Compare).

XT Transfer

Use this code when a member has an organizational change (i.e. a location change within the organization) with no change in benefits or plan.

REQUIRED INS05 1216

Benefit Status Code O 1 ID 1/1
 The type of coverage under which benefits are paid

CODE	DEFINITION
A	Active
C	Consolidated Omnibus Budget Reconciliation Act (COBRA)
S	Surviving Insured
T	Tax Equity and Fiscal Responsibility Act (TEFRA)

SITUATIONAL INS06 C052

MEDICARE STATUS CODE O 1
 To provide Medicare coverage and associated reason for Medicare eligibility

SITUATIONAL RULE: *Required if a member is being enrolled or disenrolled in Medicare, is currently in Medicare or has terminated or changed their Medicare enrollment. If not required by this implementation guide, do not send.*

REQUIRED INS06 - 1

1218 Medicare Plan Code M ID 1/1
 Code identifying the Medicare Plan

CODE	DEFINITION
A	Medicare Part A
B	Medicare Part B
C	Medicare Part A and B
D	Medicare
E	No Medicare

SITUATIONAL **INS06 - 2** **1701** **Eligibility Reason Code** **O ID 1/1**
Code specifying reason for eligibility

SITUATIONAL RULE: *Required if the reason for Medicare is provided to the sponsor by the member. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Medicare Eligibility Reason Code

CODE	DEFINITION
0	Age
1	Disability
2	End Stage Renal Disease (ESRD)

NOT USED **INS06 - 3** **1701** **Eligibility Reason Code** **O ID 1/1**

NOT USED **INS06 - 4** **1701** **Eligibility Reason Code** **O ID 1/1**

SITUATIONAL **INS07** **1219** **Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying** **O 1 ID 1/2**

A Qualifying Event is any of the following which results in loss of coverage for a Qualified Beneficiary

SITUATIONAL RULE: *Required when a member is being enrolled in or is enrolled for a benefit covered by COBRA. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code

CODE	DEFINITION
1	Termination of Employment
2	Reduction of work hours
3	Medicare
4	Death
5	Divorce
6	Separation
7	Ineligible Child
8	Bankruptcy of Retiree's Former Employer (26 U.S.C. 4980B(f)(3)(F))
9	Layoff
10	Leave of Absence
ZZ	Mutually Defined

SITUATIONAL **INS08** **584** **Employment Status Code** **O 1 ID 2/2**
Code showing the general employment status of an employee/claimant

SITUATIONAL RULE: *Required for subscriber. If not required by this implementation guide, do not send.*

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

CODE	DEFINITION
AC	Active

AO Active Military - Overseas

AU Active Military - USA

FT Full-time

Full time active employee

L1 Leave of Absence

PT Part-time

Part time Active Employee

RT Retired

TE Terminated

SITUATIONAL INS09 1220

Student Status Code O 1 ID 1/1

Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured

SITUATIONAL RULE: *Required when describing a non-spouse dependent whose age requires a qualifying condition for enrollment (e.g., being an active student). See the Plan contract for details of the age requirements for student status usage. If not required by this implementation guide, do not send.*

CODE	DEFINITION
------	------------

F	Full-time
---	-----------

N	Not a Student
---	---------------

P	Part-time
---	-----------

SITUATIONAL INS10 1073

Yes/No Condition or Response Code O 1 ID 1/1

Code indicating a Yes or No condition or response

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

SITUATIONAL RULE: *Required when the member is handicapped or to correct a previous report of handicapped status. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Handicap Indicator

CODE	DEFINITION
------	------------

N	No
---	----

Y	Yes
---	-----

SITUATIONAL INS11 1250

Date Time Period Format Qualifier X 1 ID 2/3

Code indicating the date format, time format, or date and time format

SYNTAX: P1112

SITUATIONAL RULE: *Required when the Insured Individual Death Date is sent in INS12. If not required by this implementation guide, do not send.*

CODE	DEFINITION
------	------------

D8	Date Expressed in Format CCYYMMDD
----	-----------------------------------

SITUATIONAL	INS12	1251	Date Time Period	X 1 AN 1/35
--------------------	--------------	-------------	-------------------------	--------------------

Expression of a date, a time, or range of dates, times or dates and times

SYNTAX: P1112

SEMANTIC: INS12 is the date of death.

SITUATIONAL RULE: *Required if the subscriber/dependent is deceased. If not required by this implementation guide, do not send. This is the date of death for the subscriber/dependent and does not replace the use of the termination date within the 2300 loop.*

IMPLEMENTATION NAME: Member Individual Death Date

SITUATIONAL	INS13	1165	Confidentiality Code	O 1 ID 1/1
--------------------	--------------	-------------	-----------------------------	-------------------

Code indicating the access to insured information

SITUATIONAL RULE: *Required when the member has specified the access to their information. If not required by this implementation guide, do not send.*

CODE	DEFINITION
R	Restricted Access
U	Unrestricted Access

NOT USED	INS14	19	City Name	O 1 AN 2/30
-----------------	--------------	-----------	------------------	--------------------

NOT USED	INS15	156	State or Province Code	O 1 ID 2/2
-----------------	--------------	------------	-------------------------------	-------------------

NOT USED	INS16	26	Country Code	O 1 ID 2/3
-----------------	--------------	-----------	---------------------	-------------------

SITUATIONAL	INS17	1470	Number	O 1 N0 1/9
--------------------	--------------	-------------	---------------	-------------------

A generic number

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

SITUATIONAL RULE: *Required when reporting family members with the same birth date if a birth sequence number is needed for proper reporting, tracking or response to benefits. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Birth Sequence Number

SEGMENT DETAIL

REF - SUBSCRIBER IDENTIFIER

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Set Notes: 1. The REF segment is required to link the dependent(s) to the subscriber.

X12 Syntax: 1. **R0203**
 At least one of REF02 or REF03 is required.

Loop: 2000 — MEMBER LEVEL DETAIL

Segment Repeat: 1

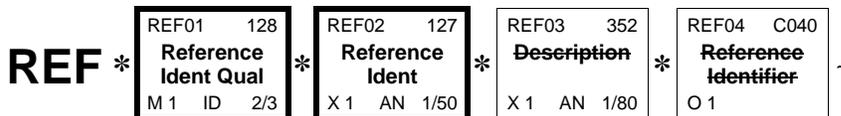
Usage: REQUIRED

TR3 Notes: 1. This segment must contain a unique SUBSCRIBER identification number (SSN or other). This occurrence is identified by the 0F qualifier (REF01). This identifier is used for linking the subscriber with dependents as required under many policies.

2. The developers recommend using the identifier developed under the HIPAA legislation, when that becomes available.

TR3 Example: REF*0F*920399398~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES				
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3				
			<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>0F</td> <td>Subscriber Number The assignment of the Subscriber Number is designated within the Insurance Contract.</td> </tr> </tbody> </table>	CODE	DEFINITION	0F	Subscriber Number The assignment of the Subscriber Number is designated within the Insurance Contract.	
CODE	DEFINITION							
0F	Subscriber Number The assignment of the Subscriber Number is designated within the Insurance Contract.							
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1 AN 1/50				
			SYNTAX: R0203 IMPLEMENTATION NAME: Subscriber Identifier					
NOT USED	REF03	352	Description	X 1 AN 1/80				
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1				

SEGMENT DETAIL

REF - MEMBER POLICY NUMBER

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Set Notes: 1. The REF segment is required to link the dependent(s) to the subscriber.

X12 Syntax: 1. **R0203**
At least one of REF02 or REF03 is required.

Loop: 2000 — MEMBER LEVEL DETAIL

Segment Repeat: 1

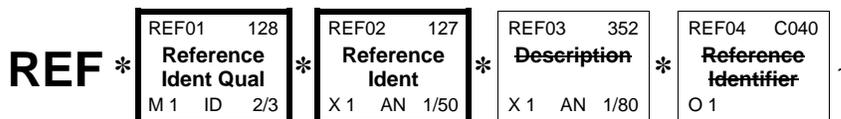
Usage: SITUATIONAL

Situational Rule: Required when the policy or group number applies to all coverage data (all 2300 loops for this member). If not required by this implementation guide, do not send.

TR3 Notes: 1. The policy number passed in this segment is an attribute of the contract relationship between the plan sponsor (sender) and the payer (receiver) and not an attribute of an individual's participation in any coverage passed in an HD loop.

TR3 Example: REF*1L*9CC4123~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES				
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3				
			<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>1L</td> <td>Group or Policy Number The payer is responsible for making the assignment of the Group or Policy Number.</td> </tr> </tbody> </table>	CODE	DEFINITION	1L	Group or Policy Number The payer is responsible for making the assignment of the Group or Policy Number.	
CODE	DEFINITION							
1L	Group or Policy Number The payer is responsible for making the assignment of the Group or Policy Number.							
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1 AN 1/50				
			SYNTAX: R0203 IMPLEMENTATION NAME: Member Group or Policy Number					
NOT USED	REF03	352	Description	X 1 AN 1/80				
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1				

SEGMENT DETAIL

REF - MEMBER SUPPLEMENTAL IDENTIFIER

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Set Notes: 1. The REF segment is required to link the dependent(s) to the subscriber.

X12 Syntax: 1. **R0203**
 At least one of REF02 or REF03 is required.

Loop: 2000 — MEMBER LEVEL DETAIL

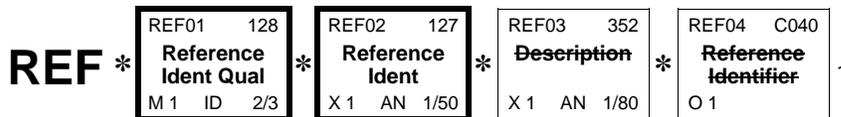
Segment Repeat: 13

Usage: SITUATIONAL

Situational Rule: Required when sending additional identifying information on the member. If not required by this implementation guide, do not send.

TR3 Example: REF*17*920399398~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			17	Client Reporting Category Used when further identification of a member is required under the insurance contract between the sponsor and the payer and allowed by federal and state regulations.
			23	Client Number To be used to pass a payer specific identifier for a member. Not to be used after the HIPAA standard National Identifier for Individuals is implemented.
			3H	Case Number
			4A	Personal Identification Number (PIN) Use this code to transmit a password that is associated with the member's record.

		60	Cross Reference Number			
				Used when further identification of a member is required for reporting, indexing, or other purpose as mutually agreed upon between the sender and receiver of the transaction set.		
		ABB	Personal ID Number			
		D3	National Council for Prescription Drug Programs Pharmacy Number			
				CODE SOURCE 307: National Council for Prescription Drug Programs Pharmacy Number		
		DX	Department/Agency Number			
				Use when members in a coverage group are set up as different departments or divisions under the terms of the insurance policy.		
		F6	Health Insurance Claim (HIC) Number			
				Use when reporting Medicare eligibility for a member until the National Identifier is mandated for use.		
		P5	Position Code			
				Use this code to transmit the title of the member's employment position.		
		Q4	Prior Identifier Number			
				Use to pass the Identifier Number under which the member had previous coverage with the payer. This could be the result of a change in employment or coverage that resulted in a new ID number being assigned but left the member covered by the same payer.		
		QQ	Unit Number			
				Use when members in a coverage group are set up as different units under the terms of the insurance policy. Units may exist within another grouping such as division or department.		
		ZZ	Mutually Defined			
REQUIRED	REF02	127	Reference Identification		X 1 AN 1/50	
				Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
				SYNTAX: R0203		
				IMPLEMENTATION NAME: Member Supplemental Identifier		
NOT USED	REF03	352	Description		X 1 AN 1/80	
NOT USED	REF04	C040	REFERENCE IDENTIFIER		O 1	

SEGMENT DETAIL

DTP - MEMBER LEVEL DATES

X12 Segment Name: Date or Time or Period

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

Loop: 2000 — MEMBER LEVEL DETAIL

Segment Repeat: 24

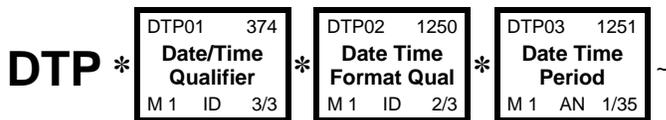
Usage: SITUATIONAL

Situational Rule: Required when enrolling a member or when the sponsor is informed of a change to any applicable date listed in DTP01. Only those dates that apply to the particular insurance contract need to be sent. If not required by this implementation guide, do not send.

TR3 Notes: 1. While many of the dates listed for DTP01 are related to termination, the only code that is used to actually terminate a Member is 357 (Eligibility End). Similarly, the Eligibility Begin Date (code 356) is the date the individual is eligible for coverage, not the date coverage is effective.

TR3 Example: DTP*356*D8*19960705~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION
			050	Received Used to identify the date an enrollment application is received.
			286	Retirement
			296	Initial Disability Period Return To Work
			297	Initial Disability Period Last Day Worked
			300	Enrollment Signature Date
			301	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event

			303	Maintenance Effective				
					This code is used to send the effective date of a change to an existing member's information, excluding changes made in Loop 2300.			
			336	Employment Begin				
			337	Employment End				
			338	Medicare Begin				
			339	Medicare End				
			340	Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin				
			341	Consolidated Omnibus Budget Reconciliation Act (COBRA) End				
			350	Education Begin				
					This is the start date for the student at the current educational institution.			
			351	Education End				
					This is the expected graduation date the student at the current educational institution.			
			356	Eligibility Begin				
					The date when a member could elect to enroll or begin benefits in any health care plan through the employer. This is not the actual begin date of coverage, which is conveyed in the DTP segment at position 2700.			
			357	Eligibility End				
					The eligibility end date represents the last date of coverage for which claims will be paid for the individual being terminated. For example, if a date of 02/28/2001 is passed then claims for this individual will be paid through 11:59 p.m. on 02/28/2001.			
			383	Adjusted Hire				
			385	Credited Service Begin				
					The start date from which an employee's length of service, as defined in the plan document, will be calculated.			
			386	Credited Service End				
					The end date to be used in the calculation of an employee's length of service, as defined in the plan document.			
			393	Plan Participation Suspension				
			394	Rehire				
			473	Medicaid Begin				
			474	Medicaid End				
REQUIRED	DTP02	1250		Date Time Period Format Qualifier	M 1	ID	2/3	
				Code indicating the date format, time format, or date and time format				
				SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
				CODE	DEFINITION			
			D8	Date Expressed in Format CCYYMMDD				

REQUIRED

DTP03

1251

Date Time Period

M 1 AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

IMPLEMENTATION NAME: **Status Information Effective Date**

SEGMENT DETAIL

NM1 - MEMBER NAME

X12 Segment Name: Individual or Organizational Name

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

X12 Syntax: 1. **P0809**

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

2. **C1110**

If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

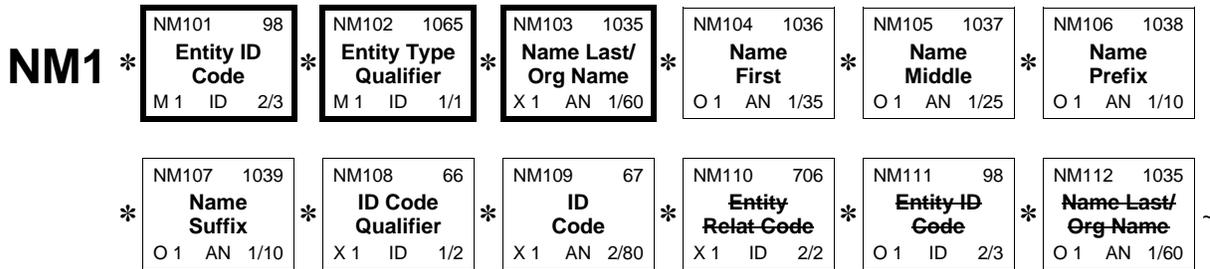
Loop: 2100A — MEMBER NAME Loop Repeat: 1

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: NM1*IL*1*SMITH*JOHN*M**SR~

DIAGRAM



ELEMENT DETAIL

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

This code identifies if this is a correction to a previous enrollment or if it is a new, or update, enrollment transaction.

CODE	DEFINITION
74	Corrected Insured
	Use this code if this transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B.

			IL	Insured or Subscriber			
				Use this code for enrolling a new member or updating a member with no change in identifying information. The identifying information for a member is specified under the insurance contract between the sponsor and payer.			
REQUIRED	NM102	1065		Entity Type Qualifier Code qualifying the type of entity	M 1	ID	1/1
				SEMANTIC: NM102 qualifies NM103.			
				CODE		DEFINITION	
			1	Person			
REQUIRED	NM103	1035		Name Last or Organization Name Individual last name or organizational name	X 1	AN	1/60
				SYNTAX: C1203			
				IMPLEMENTATION NAME: Member Last Name			
SITUATIONAL	NM104	1036		Name First Individual first name	O 1	AN	1/35
				SITUATIONAL RULE: <i>Required when NM102 is equal to "1" (person) and the person has a first name. If not required by this implementation guide, do not send.</i>			
				IMPLEMENTATION NAME: Member First Name			
SITUATIONAL	NM105	1037		Name Middle Individual middle name or initial	O 1	AN	1/25
				SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>			
				IMPLEMENTATION NAME: Member Middle Name			
SITUATIONAL	NM106	1038		Name Prefix Prefix to individual name	O 1	AN	1/10
				SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>			
				IMPLEMENTATION NAME: Member Name Prefix			
SITUATIONAL	NM107	1039		Name Suffix Suffix to individual name	O 1	AN	1/10
				SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>			
				IMPLEMENTATION NAME: Member Name Suffix			

SITUATIONAL	NM108	66	Identification Code Qualifier	X 1	ID	1/2
			Code designating the system/method of code structure used for Identification Code (67)			
			SYNTAX: P0809			
			SITUATIONAL RULE: <i>Required when a value is being reported in the NM109 element. If not required by this implementation guide, do not send.</i>			
			CODE	DEFINITION		
			34	Social Security Number		
				The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.		
			ZZ	Mutually Defined		
				Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.		
SITUATIONAL	NM109	67	Identification Code	X 1	AN	2/80
			Code identifying a party or other code			
			SYNTAX: P0809			
			SITUATIONAL RULE: <i>Required when a Member Identifier is known and allowed under confidentiality regulations. If not required by this implementation guide, do not send.</i>			
			IMPLEMENTATION NAME: Member Identifier			
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60

SEGMENT DETAIL

PER - MEMBER COMMUNICATIONS NUMBERS

X12 Segment Name: Administrative Communications Contact

X12 Purpose: To identify a person or office to whom administrative communications should be directed

- X12 Syntax:**
1. **P0304**
If either PER03 or PER04 is present, then the other is required.
 2. **P0506**
If either PER05 or PER06 is present, then the other is required.
 3. **P0708**
If either PER07 or PER08 is present, then the other is required.

Loop: 2100A — MEMBER NAME

Segment Repeat: 1

Usage: SITUATIONAL

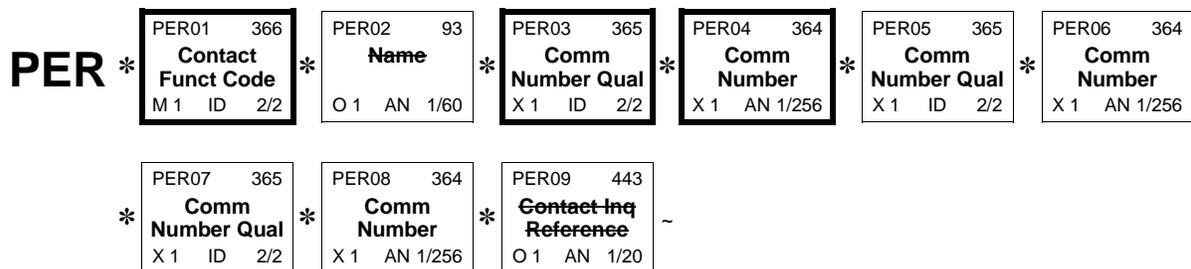
Situational Rule: Required when enrolling subscribers, dependents with different contact information, or when changing a member’s contact information and the information is provided to the sponsor for the member. If not required by this implementation guide, do not send.

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 always includes 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).

TR3 Example: PER*IP**HP*8015554321~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PER01	366	Contact Function Code Code identifying the major duty or responsibility of the person or group named	M 1 ID 2/2
			CODE	DEFINITION
			IP	Insured Party
NOT USED	PER02	93	Name	O 1 AN 1/60
REQUIRED	PER03	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0304	X 1 ID 2/2
			CODE	DEFINITION
			AP	Alternate Telephone
			BN	Beeper Number
			CP	Cellular Phone
			EM	Electronic Mail
			EX	Telephone Extension
			FX	Facsimile
			HP	Home Phone Number
			TE	Telephone
			WP	Work Phone Number
REQUIRED	PER04	364	Communication Number Complete communications number including country or area code when applicable SYNTAX: P0304	X 1 AN 1/256
SITUATIONAL	PER05	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0506 SITUATIONAL RULE: <i>Required when a value is being reported in the PER06 element. If not required by this implementation guide, do not send.</i>	X 1 ID 2/2
			CODE	DEFINITION
			AP	Alternate Telephone
			BN	Beeper Number
			CP	Cellular Phone
			EM	Electronic Mail
			EX	Telephone Extension
			FX	Facsimile
			HP	Home Phone Number
			TE	Telephone
			WP	Work Phone Number

SITUATIONAL **PER06** **364** **Communication Number** **X 1 AN 1/256**
 Complete communications number including country or area code when applicable

SYNTAX: P0506

SITUATIONAL RULE: *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

SITUATIONAL **PER07** **365** **Communication Number Qualifier** **X 1 ID 2/2**
 Code identifying the type of communication number

SYNTAX: P0708

SITUATIONAL RULE: *Required when a value is being reported in the PER08 element. If not required by this implementation guide, do not send.*

CODE	DEFINITION
AP	Alternate Telephone
BN	Beeper Number
CP	Cellular Phone
EM	Electronic Mail
EX	Telephone Extension
FX	Facsimile
HP	Home Phone Number
TE	Telephone
WP	Work Phone Number

SITUATIONAL **PER08** **364** **Communication Number** **X 1 AN 1/256**
 Complete communications number including country or area code when applicable

SYNTAX: P0708

SITUATIONAL RULE: *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

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

SEGMENT DETAIL

N3 - MEMBER RESIDENCE STREET ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2100A — MEMBER NAME

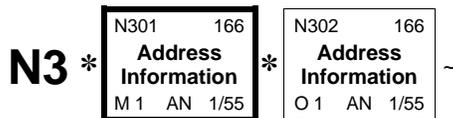
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when enrolling subscribers, dependents with different address information, or when changing a member’s address. If not required by this implementation guide, do not send.

TR3 Example: N3*50 ORCHARD STREET~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Member Address Line				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: Required if a second address line exists. If not required by this implementation guide, do not send.				
IMPLEMENTATION NAME: Member Address Line				

SEGMENT DETAIL

N4 - MEMBER CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

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

- X12 Syntax:**
1. **E0207**
Only one of N402 or N407 may be present.
 2. **C0605**
If N406 is present, then N405 is required.
 3. **C0704**
If N407 is present, then N404 is required.

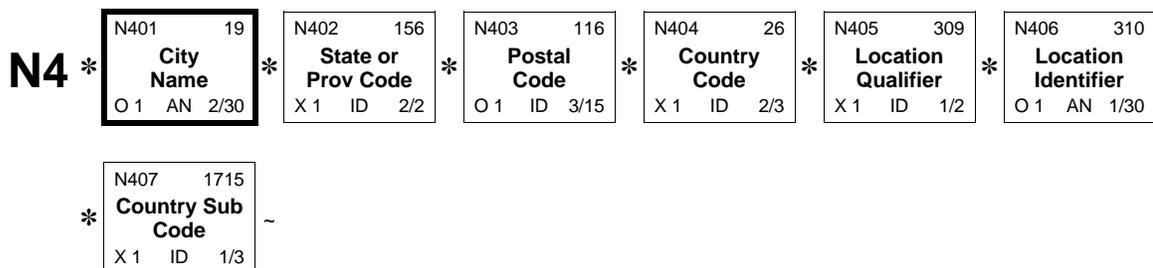
Loop: 2100A — MEMBER NAME

Segment Repeat: 1

Usage: REQUIRED

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

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. IMPLEMENTATION NAME: Member City Name	O 1 AN 2/30
SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: 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: Member State Code CODE SOURCE 22: States and Provinces	X 1 ID 2/2

SITUATIONAL N403 116 **Postal Code** O 1 ID 3/15
Code defining international postal zone code excluding punctuation and blanks (zip code for United States)

SITUATIONAL RULE: *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: Member Postal Zone or Zip Code

CODE SOURCE 51: ZIP Code
CODE SOURCE 932: Universal Postal Codes

SITUATIONAL N404 26 **Country Code** X 1 ID 2/3
Code identifying the country

SYNTAX: C0704

SITUATIONAL RULE: *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.

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

SYNTAX: C0605

SITUATIONAL RULE: *Required when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. If not required by this implementation guide, do not send.*

CODE SOURCE 206: Government Bill of Lading Office Code

CODE	DEFINITION
60	Area
CY	County/Parish

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

SYNTAX: C0605

SITUATIONAL RULE: *Required when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. If not required by this implementation guide, do not send.*

SITUATIONAL N407 1715 **Country Subdivision Code** X 1 ID 1/3
Code identifying the country subdivision

SYNTAX: E0207, C0704

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

CODE SOURCE 5: Countries, Currencies and Funds

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

SEGMENT DETAIL

DMG - MEMBER DEMOGRAPHICS

X12 Segment Name: Demographic Information

X12 Purpose: To supply demographic information

X12 Syntax: 1. **P0102**

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

2. **P1011**

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

3. **C1105**

If DMG11 is present, then DMG05 is required.

Loop: 2100A — MEMBER NAME

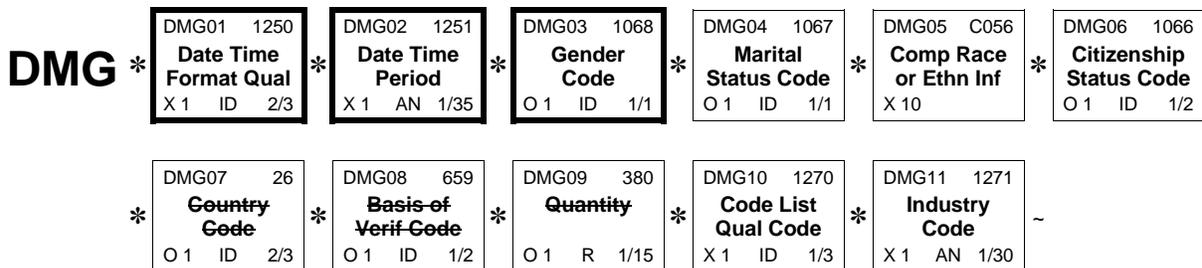
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when enrolling a new member, changing a member's demographic information, or terminating a member. If not required by this implementation guide, do not send.

TR3 Example: DMG*D8*19450915*F*M~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DMG01	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format SYNTAX: P0102	X 1 ID 2/3
			D8 Date Expressed in Format CCYYMMDD	
REQUIRED	DMG02	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times SYNTAX: P0102 SEMANTIC: DMG02 is the date of birth.	X 1 AN 1/35
			IMPLEMENTATION NAME: Member Birth Date	

REQUIRED	DMG03	1068	Gender Code Code indicating the sex of the individual	O 1 ID 1/1																
			<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>F</td> <td>Female</td> </tr> <tr> <td>M</td> <td>Male</td> </tr> <tr> <td>U</td> <td>Unknown</td> </tr> </tbody> </table> <p>This code is to be used only when the gender is unknown or when it can not be sent due to reporting restrictions.</p>	CODE	DEFINITION	F	Female	M	Male	U	Unknown									
CODE	DEFINITION																			
F	Female																			
M	Male																			
U	Unknown																			
SITUATIONAL	DMG04	1067	Marital Status Code Code defining the marital status of a person	O 1 ID 1/1																
			<p>SITUATIONAL RULE: <i>Required when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. If not required by this implementation guide, do not send.</i></p> <table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>Registered Domestic Partner</td> </tr> <tr> <td>D</td> <td>Divorced</td> </tr> <tr> <td>I</td> <td>Single</td> </tr> <tr> <td>M</td> <td>Married</td> </tr> <tr> <td>R</td> <td>Unreported</td> </tr> <tr> <td>S</td> <td>Separated</td> </tr> <tr> <td>U</td> <td>Unmarried (Single or Divorced or Widowed)</td> </tr> </tbody> </table> <p>This code should be used if the previous status is unknown.</p>	CODE	DEFINITION	B	Registered Domestic Partner	D	Divorced	I	Single	M	Married	R	Unreported	S	Separated	U	Unmarried (Single or Divorced or Widowed)	
CODE	DEFINITION																			
B	Registered Domestic Partner																			
D	Divorced																			
I	Single																			
M	Married																			
R	Unreported																			
S	Separated																			
U	Unmarried (Single or Divorced or Widowed)																			
SITUATIONAL	DMG05	C056	COMPOSITE RACE OR ETHNICITY INFORMATION To send general and detailed information on race or ethnicity	X 10																
			<p>SYNTAX: P0203 If either C05602 or C05603 is present, then the other is required.</p> <p>SITUATIONAL RULE: <i>Required when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. If not required by this implementation guide, do not send.</i></p> <p>Race or Ethnicity information is reported in either DMG05-1 or DMG05-2 and DMG05-3.</p>																	

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

SITUATIONAL RULE: *Required when reporting the Race or Ethnicity code from the DMG05-1 list of code values. If not required by this implementation guide, do not send.*

CODE	DEFINITION
7	Not Provided
8	Not Applicable
A	Asian or Pacific Islander
B	Black
C	Caucasian
D	Subcontinent Asian American
E	Other Race or Ethnicity
F	Asian Pacific American
G	Native American
H	Hispanic
I	American Indian or Alaskan Native
J	Native Hawaiian
N	Black (Non-Hispanic)
O	White (Non-Hispanic)
P	Pacific Islander
Z	Mutually Defined

SITUATIONAL **DMG05 - 2** **1270** **Code List Qualifier Code** **X** **ID** **1/3**
 Code identifying a specific industry code list

SYNTAX:
 P0203

SEMANTIC:
 C056-02 and C056-03 are used to specify detailed information about race or ethnicity.

SITUATIONAL RULE: *Required when the Classification of Race or Ethnicity code set is being used to report Race or Ethnicity data. If not required by this implementation guide, do not send.*

CODE	DEFINITION
RET	Classification of Race or Ethnicity CODE SOURCE 859: Classification of Race or Ethnicity

SITUATIONAL **DMG05 - 3** **1271** **Industry Code** **X AN 1/30**
Code indicating a code from a specific industry code list

SYNTAX:
P0203

SITUATIONAL RULE: *Required when reporting the Race or Ethnicity code obtained from the Classification of Race or Ethnicity code. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Race or Ethnicity Code

CODE SOURCE 859: Classification of Race or Ethnicity

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

SITUATIONAL RULE: *Required when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. If not required by this implementation guide, do not send.*

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

NOT USED **DMG07** **26** **Country Code** **O 1 ID 2/3**

NOT USED **DMG08** **659** **Basis of Verification Code** **O 1 ID 1/2**

NOT USED **DMG09** **380** **Quantity** **O 1 R 1/15**

SITUATIONAL **DMG10** **1270** **Code List Qualifier Code** **X 1 ID 1/3**
Code identifying a specific industry code list

SYNTAX: P1011

SITUATIONAL RULE: *Required when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. If not required by this implementation guide, do not send.*

CODE	DEFINITION
REC	Race or Ethnicity Collection Code CODE SOURCE 860: Race or Ethnicity Collection Code

SITUATIONAL **DMG11** **1271** **Industry Code** **X 1 AN 1/30**

Code indicating a code from a specific industry code list

SYNTAX: P1011, C1105

SEMANTIC: DMG11 is used to specify how the information in DMG05, including repeats of C056, was collected.

SITUATIONAL RULE: *Required when there is a need to specify how the information in DMG05, including any repeats, was collected. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Race or Ethnicity Collection Code

SEGMENT DETAIL

EC - EMPLOYMENT CLASS

X12 Segment Name: Employment Class

X12 Purpose: To provide class of employment information

Loop: 2100A — MEMBER NAME

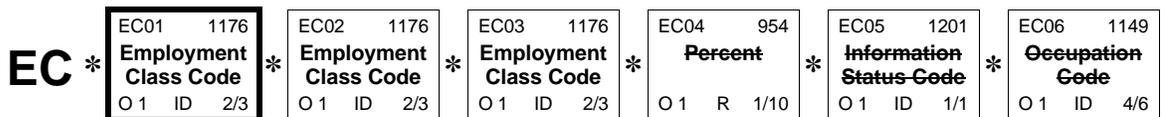
Segment Repeat: >1

Usage: SITUATIONAL

Situational Rule: Required when sending additional employment class information on the member. If not required by this implementation guide, do not send.

TR3 Example: EC*04*06*07~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	EC01	1176	Employment Class Code Code indicating category of employee	O 1 ID 2/3
			CODE	DEFINITION
			01	Union
			02	Non-Union
			03	Executive
			04	Non-Executive
			05	Management
			06	Non-Management
			07	Hourly
			08	Salaried
			09	Administrative
			10	Non-Administrative
			11	Exempt
			12	Non-Exempt
			17	Highly Compensated
			18	Key-Employee
			19	Bargaining
			20	Non-Bargaining
			21	Owner
			22	President
			23	Vice President

SITUATIONAL EC02 1176 **Employment Class Code** O 1 ID 2/3
 Code indicating category of employee

SITUATIONAL RULE: *Required if further classification information is needed. If not required by this implementation guide, do not send.*

CODE	DEFINITION
01	Union
02	Non-Union
03	Executive
04	Non-Executive
05	Management
06	Non-Management
07	Hourly
08	Salaried
09	Administrative
10	Non-Administrative
11	Exempt
12	Non-Exempt
17	Highly Compensated
18	Key-Employee
19	Bargaining
20	Non-Bargaining
21	Owner
22	President
23	Vice President

SITUATIONAL EC03 1176 **Employment Class Code** O 1 ID 2/3
 Code indicating category of employee

SITUATIONAL RULE: *Required if further classification information is needed. If not required by this implementation guide, do not send.*

CODE	DEFINITION
01	Union
02	Non-Union
03	Executive
04	Non-Executive
05	Management
06	Non-Management
07	Hourly
08	Salaried
09	Administrative
10	Non-Administrative
11	Exempt
12	Non-Exempt
17	Highly Compensated
18	Key-Employee
19	Bargaining

			20	Non-Bargaining			
			21	Owner			
			22	President			
			23	Vice President			
NOT USED	EC04	954	Percentage as Decimal		O 1	R	1/10
NOT USED	EC05	1201	Information Status Code		O 1	ID	1/1
NOT USED	EC06	1149	Occupation Code		O 1	ID	4/6

SEGMENT DETAIL

ICM - MEMBER INCOME

X12 Segment Name: Individual Income

X12 Purpose: To supply information to determine benefit eligibility, deductibles, and retirement and investment contributions

Loop: 2100A — MEMBER NAME

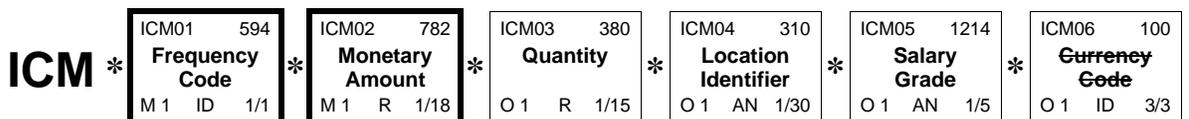
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when such transmission is required under the insurance contract between the sponsor and payer. If not required by this implementation guide, do not send.

TR3 Example: ICM*1*425.25*40~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																														
REQUIRED	ICM01	594	Frequency Code Code indicating frequency or type of activities or actions being reported SEMANTIC: ICM01 is the frequency at which an individual's wages are paid.	M 1 ID 1/1																														
			<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr><td>1</td><td>Weekly</td></tr> <tr><td>2</td><td>Biweekly</td></tr> <tr><td>3</td><td>Semimonthly</td></tr> <tr><td>4</td><td>Monthly</td></tr> <tr><td>6</td><td>Daily</td></tr> <tr><td>7</td><td>Annual</td></tr> <tr><td>8</td><td>Two Calendar Months</td></tr> <tr><td>9</td><td>Lump-Sum Separation Allowance</td></tr> <tr><td>B</td><td>Year-to-Date</td></tr> <tr><td>C</td><td>Single</td></tr> <tr><td>H</td><td>Hourly</td></tr> <tr><td>Q</td><td>Quarterly</td></tr> <tr><td>S</td><td>Semiannual</td></tr> <tr><td>U</td><td>Unknown</td></tr> </tbody> </table>	CODE	DEFINITION	1	Weekly	2	Biweekly	3	Semimonthly	4	Monthly	6	Daily	7	Annual	8	Two Calendar Months	9	Lump-Sum Separation Allowance	B	Year-to-Date	C	Single	H	Hourly	Q	Quarterly	S	Semiannual	U	Unknown	
CODE	DEFINITION																																	
1	Weekly																																	
2	Biweekly																																	
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B	Year-to-Date																																	
C	Single																																	
H	Hourly																																	
Q	Quarterly																																	
S	Semiannual																																	
U	Unknown																																	

REQUIRED	ICM02	782	Monetary Amount Monetary amount SEMANTIC: ICM02 is the yearly wages amount. IMPLEMENTATION NAME: Wage Amount	M 1	R	1/18
SITUATIONAL	ICM03	380	Quantity Numeric value of quantity SEMANTIC: ICM03 is the weekly hours. SITUATIONAL RULE: <i>Required when such transmission is required under the insurance contract between the sponsor and payer. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Work Hours Count	O 1	R	1/15
SITUATIONAL	ICM04	310	Location Identifier Code which identifies a specific location SEMANTIC: ICM04 is the employer location qualifier such as a department number. SITUATIONAL RULE: <i>Required when such transmission is required under the insurance contract between the sponsor and payer. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Location Identification Code	O 1	AN	1/30
SITUATIONAL	ICM05	1214	Salary Grade The salary grade code assigned by the employer SITUATIONAL RULE: <i>Required when such transmission is required under the insurance contract between the sponsor and payer. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Salary Grade Code	O 1	AN	1/5
NOT USED	ICM06	100	Currency Code	O 1	ID	3/3

SEGMENT DETAIL

AMT - MEMBER POLICY AMOUNTS

X12 Segment Name: Monetary Amount Information

X12 Purpose: To indicate the total monetary amount

Loop: 2100A — MEMBER NAME

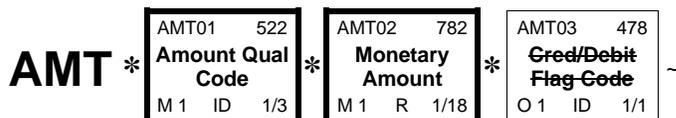
Segment Repeat: 7

Usage: SITUATIONAL

Situational Rule: Required when such transmission is required under the insurance contract between the sponsor and payer. If not required by this implementation guide, do not send.

TR3 Example: AMT*D2*100~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																
REQUIRED	AMT01	522	Amount Qualifier Code Code to qualify amount	M 1 ID 1/3																
			<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>B9</td> <td>Co-insurance - Actual This will contain any co-insurance selection amount. The option of adjusting this amount to produce the actual co-insurance can be defined in the insurance contract.</td> </tr> <tr> <td>C1</td> <td>Co-Payment Amount</td> </tr> <tr> <td>D2</td> <td>Deductible Amount</td> </tr> <tr> <td>EBA</td> <td>Expected Expenditure Amount</td> </tr> <tr> <td>FK</td> <td>Other Unlisted Amount</td> </tr> <tr> <td>P3</td> <td>Premium Amount</td> </tr> <tr> <td>R</td> <td>Spend Down</td> </tr> </tbody> </table>	CODE	DEFINITION	B9	Co-insurance - Actual This will contain any co-insurance selection amount. The option of adjusting this amount to produce the actual co-insurance can be defined in the insurance contract.	C1	Co-Payment Amount	D2	Deductible Amount	EBA	Expected Expenditure Amount	FK	Other Unlisted Amount	P3	Premium Amount	R	Spend Down	
CODE	DEFINITION																			
B9	Co-insurance - Actual This will contain any co-insurance selection amount. The option of adjusting this amount to produce the actual co-insurance can be defined in the insurance contract.																			
C1	Co-Payment Amount																			
D2	Deductible Amount																			
EBA	Expected Expenditure Amount																			
FK	Other Unlisted Amount																			
P3	Premium Amount																			
R	Spend Down																			
REQUIRED	AMT02	782	Monetary Amount Monetary amount	M 1 R 1/18																
			IMPLEMENTATION NAME: Contract Amount																	
NOT USED	AMT03	478	Credit/Debit Flag Code	O 1 ID 1/1																

SEGMENT DETAIL

HLH - MEMBER HEALTH INFORMATION

X12 Segment Name: Health Information

X12 Purpose: To provide health information

Loop: 2100A — MEMBER NAME

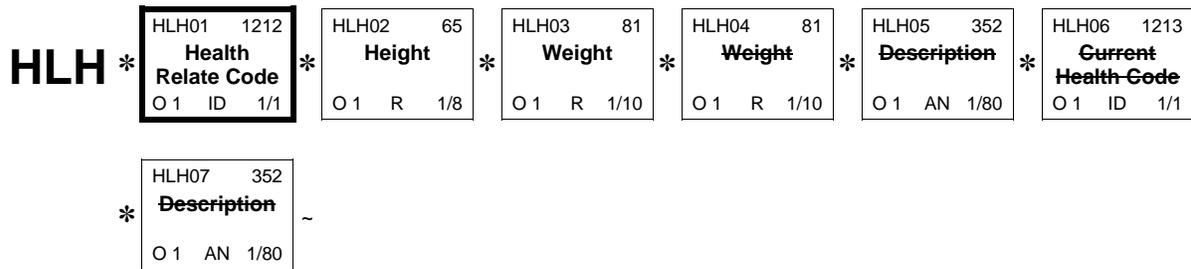
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required on initial enrollment of a member when appropriate medical information about the member is available. If not required by this implementation guide, do not send.

TR3 Example: HLH*X*74*210~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HLH01	1212	Health-Related Code Code indicating a specific health situation	O 1 ID 1/1
IMPLEMENTATION NAME: Health Related Code				
			<u>CODE</u>	<u>DEFINITION</u>
			N	None
			S	Substance Abuse
			T	Tobacco Use
			U	Unknown
			X	Tobacco Use and Substance Abuse
SITUATIONAL	HLH02	65	Height Vertical dimension of an object measured when the object is in the upright position	O 1 R 1/8
SITUATIONAL RULE: <i>Required when available. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Member Height				
The height must be reported in inches.				

SITUATIONAL	HLH03	81	Weight Numeric value of weight SEMANTIC: HLH03 is the current weight in pounds.	O 1	R	1/10
SITUATIONAL RULE: <i>Required when available. If not required by this implementation guide, do not send.</i>						
IMPLEMENTATION NAME: Member Weight						
NOT USED	HLH04	81	Weight	O 1	R	1/10
NOT USED	HLH05	352	Description	O 1	AN	1/80
NOT USED	HLH06	1213	Current Health Condition Code	O 1	ID	1/1
NOT USED	HLH07	352	Description	O 1	AN	1/80

SEGMENT DETAIL

LUI - MEMBER LANGUAGE

X12 Segment Name: Language Use

X12 Purpose: To specify language, type of usage, and proficiency or fluency

X12 Syntax: 1. **P0102**

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

2. **L040203**

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

Loop: 2100A — MEMBER NAME

Segment Repeat: >1

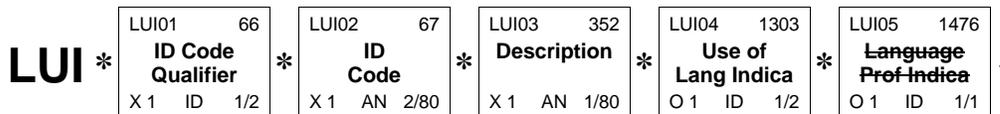
Usage: SITUATIONAL

Situational Rule: Required if the sponsor knows that the member’s primary language is not English, and such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. If not required by this implementation guide do not send.

TR3 Notes: 1. Any need to send/collect this information will need to be contained in the trading partner agreement.

TR3 Example: LUI*LD*123**8~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	LUI01	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0102	X 1 ID 1/2
<p>SITUATIONAL RULE: <i>Required when a value is being reported in the LUI02 element. If not required by this implementation guide, do not send.</i></p>				
			CODE	DEFINITION
			LD	NISO Z39.53 Language Codes CODE SOURCE 457: NISO Z39.53 Language Code List
			LE	ISO 639 Language Codes CODE SOURCE 102: Languages

SITUATIONAL LUI02 67 **Identification Code** X 1 AN 2/80

Code identifying a party or other code

SYNTAX: P0102, L040203

SEMANTIC: LUI02 is the language code.

SITUATIONAL RULE: *Required if the sponsor is able to code the language identification. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Language Code

SITUATIONAL LUI03 352 **Description** X 1 AN 1/80

A free-form description to clarify the related data elements and their content

SYNTAX: L040203

SEMANTIC: LUI03 is the name of the language.

SITUATIONAL RULE: *Required if the sender is unable to code the necessary language identification in LUI01 and LUI02. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Language Description

SITUATIONAL LUI04 1303 **Use of Language Indicator** O 1 ID 1/2

Code indicating the use of a language

SYNTAX: L040203

SITUATIONAL RULE: *Required if supplied by member. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Language Use Indicator

CODE	DEFINITION
5	Language Reading
6	Language Writing
7	Language Speaking
8	Native Language

NOT USED LUI05 1476 **Language Proficiency Indicator** O 1 ID 1/1

SEGMENT DETAIL

NM1 - INCORRECT MEMBER NAME

X12 Segment Name: Individual or Organizational Name

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

- X12 Syntax:**
1. **P0809**
If either NM108 or NM109 is present, then the other is required.
 2. **C1110**
If NM111 is present, then NM110 is required.
 3. **C1203**
If NM112 is present, then NM103 is required.

Loop: 2100B — INCORRECT MEMBER NAME **Loop Repeat:** 1

Segment Repeat: 1

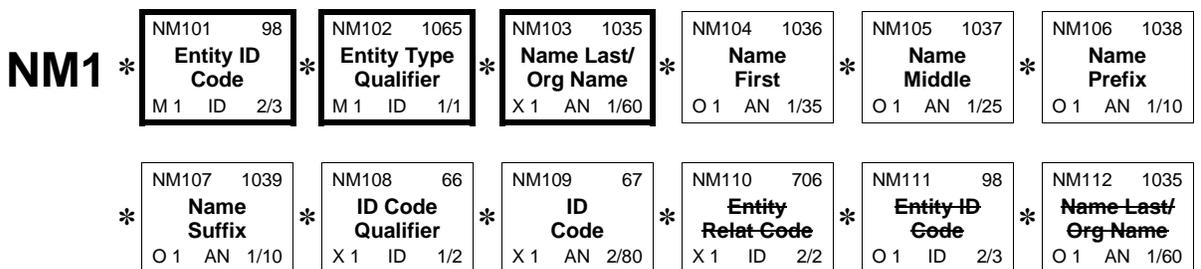
Usage: SITUATIONAL

Situational Rule: Required if a corrected name is being sent in loop 2100A or if previously supplied demographics are being changed. If only the demographics are being changed, the code in NM101 in loop 2100A will be IL, and the code in NM101 in this loop will be 70. If not required by this implementation guide, do not send.

TR3 Notes: 1. If only the demographics are being changed, the code in NM101 in loop 2100A will be IL, and the code in NM101 in this loop will be 70.

TR3 Example: NM1*70*1*SMYTH*JON~

DIAGRAM



ELEMENT DETAIL

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

This code identifies that the information that follows is previously reported enrollment information that is being corrected.

CODE	DEFINITION
70	Prior Incorrect Insured

REQUIRED	NM102	1065	Entity Type Qualifier	M 1	ID	1/1	
			Code qualifying the type of entity				
			SEMANTIC: NM102 qualifies NM103.				
			<u>CODE</u>		<u>DEFINITION</u>		
			1		Person		
REQUIRED	NM103	1035	Name Last or Organization Name	X 1	AN	1/60	
			Individual last name or organizational name				
			SYNTAX: C1203				
			IMPLEMENTATION NAME: Prior Incorrect Member Last Name				
SITUATIONAL	NM104	1036	Name First	O 1	AN	1/35	
			Individual first name				
			SITUATIONAL RULE: <i>Required when NM102 is equal to "1" (person) and the person has a first name. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Prior Incorrect Member First Name				
SITUATIONAL	NM105	1037	Name Middle	O 1	AN	1/25	
			Individual middle name or initial				
			SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Prior Incorrect Member Middle Name				
SITUATIONAL	NM106	1038	Name Prefix	O 1	AN	1/10	
			Prefix to individual name				
			SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Prior Incorrect Member Name Prefix				
SITUATIONAL	NM107	1039	Name Suffix	O 1	AN	1/10	
			Suffix to individual name				
			SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Prior Incorrect Member Name Suffix				
SITUATIONAL	NM108	66	Identification Code Qualifier	X 1	ID	1/2	
			Code designating the system/method of code structure used for Identification Code (67)				
			SYNTAX: P0809				
			SITUATIONAL RULE: <i>Required when a corrected value is being reported in the NM109 element. If not required by this implementation guide, do not send.</i>				
			<u>CODE</u>		<u>DEFINITION</u>		
			34		Social Security Number		
			The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.				

ZZ Mutually Defined

Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.

SITUATIONAL	NM109	67	Identification Code	X 1 AN 2/80
			Code identifying a party or other code	

SYNTAX: P0809

SITUATIONAL RULE: *Required when there was a previous error. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Prior Incorrect Insured Identifier

NM109 is the identifier that was previously sent in error. This allows matching with data on receiver's system.

NOT USED	NM110	706	Entity Relationship Code	X 1 ID 2/2
NOT USED	NM111	98	Entity Identifier Code	O 1 ID 2/3
NOT USED	NM112	1035	Name Last or Organization Name	O 1 AN 1/60

SEGMENT DETAIL

DMG - INCORRECT MEMBER DEMOGRAPHICS

X12 Segment Name: Demographic Information

X12 Purpose: To supply demographic information

X12 Syntax: 1. **P0102**

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

2. **P1011**

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

3. **C1105**

If DMG11 is present, then DMG05 is required.

Loop: 2100B — INCORRECT MEMBER NAME

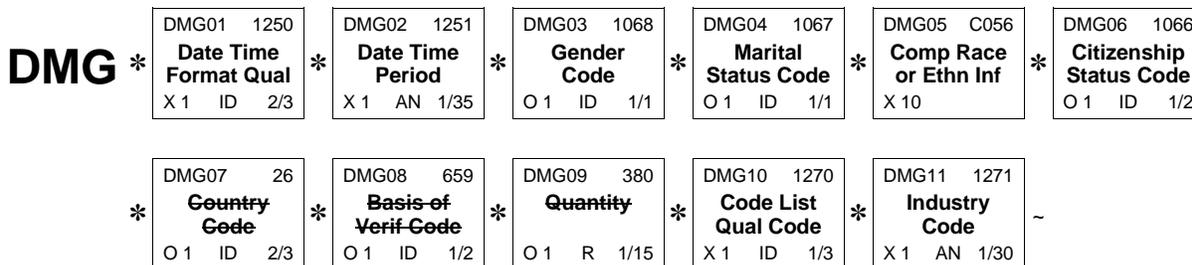
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when there is a change to the previously supplied demographic information. If not required by this implementation guide, do not send.

TR3 Example: DMG*D8*19450915*M~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	DMG01	1250	Date Time Period Format Qualifier	X 1 ID 2/3
Code indicating the date format, time format, or date and time format				
SYNTAX: P0102				
SITUATIONAL RULE: <i>Required when the members birth date is being corrected. If not required by this implementation guide, do not send.</i>				
		CODE	DEFINITION	
		D8	Date Expressed in Format CCYYMMDD	

SITUATIONAL **DMG02** **1251** **Date Time Period** **X 1 AN 1/35**

Expression of a date, a time, or range of dates, times or dates and times

SYNTAX: P0102

SEMANTIC: DMG02 is the date of birth.

SITUATIONAL RULE: *Required when the members birth date is being corrected. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Prior Incorrect Insured Birth Date

SITUATIONAL **DMG03** **1068** **Gender Code** **O 1 ID 1/1**

Code indicating the sex of the individual

SITUATIONAL RULE: *Required when the members gender is being corrected. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Prior Incorrect Insured Gender Code

CODE	DEFINITION
F	Female
M	Male
U	Unknown

SITUATIONAL **DMG04** **1067** **Marital Status Code** **O 1 ID 1/1**

Code defining the marital status of a person

SITUATIONAL RULE: *Required when the members Marital Status Code is being corrected. If not required this implementation guide, do not send.*

SITUATIONAL **DMG05** **C056** **COMPOSITE RACE OR ETHNICITY INFORMATION** **X 10**

To send general and detailed information on race or ethnicity

SYNTAX:
P0203

If either C05602 or C05603 is present, then the other is required.

SITUATIONAL RULE: *Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.*

SITUATIONAL **DMG05 - 1** **1109** **Race or Ethnicity Code** **O ID 1/1**

Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes

SITUATIONAL RULE: *Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.*

SITUATIONAL **DMG05 - 2** **1270** **Code List Qualifier Code** **X ID 1/3**

Code identifying a specific industry code list

SYNTAX:
P0203

SEMANTIC:
C056-02 and C056-03 are used to specify detailed information about race or ethnicity.

SITUATIONAL RULE: *Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.*

SITUATIONAL	DMG05 - 3	1271	Industry Code	X AN 1/30
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Code indicating a code from a specific industry code list

SYNTAX:
 P0203

SITUATIONAL RULE: *Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.*

IMPLEMENTATION NAME: Race or Ethnicity Code

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

SITUATIONAL RULE: *Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.*

NOT USED	DMG07	26	Country Code	O 1 ID 2/3
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NOT USED	DMG08	659	Basis of Verification Code	O 1 ID 1/2
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NOT USED	DMG09	380	Quantity	O 1 R 1/15
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SITUATIONAL	DMG10	1270	Code List Qualifier Code	X 1 ID 1/3
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Code identifying a specific industry code list

SYNTAX: P1011

SITUATIONAL RULE: *Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.*

SITUATIONAL	DMG11	1271	Industry Code	X 1 AN 1/30
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Code indicating a code from a specific industry code list

SYNTAX: P1011, C1105

SEMANTIC: DMG11 is used to specify how the information in DMG05, including repeats of C056, was collected.

SITUATIONAL RULE: *Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.*

IMPLEMENTATION NAME: Race or Ethnicity Collection Code

SEGMENT DETAIL

NM1 - MEMBER MAILING ADDRESS

X12 Segment Name: Individual or Organizational Name

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

X12 Syntax: 1. **P0809**

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

2. **C1110**

If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

Loop: 2100C — MEMBER MAILING ADDRESS **Loop Repeat:** 1

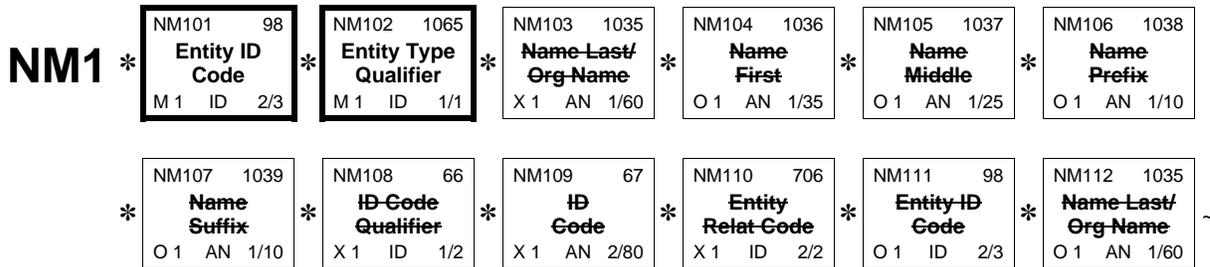
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the member mailing address is different from the residence address sent in loop 2100A or when the dependent's address is different from the subscriber. If not required by this implementation guide, do not send.

TR3 Example: NM1*31*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code	M 1 ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual	
			CODE DEFINITION	
			31 Postal Mailing Address	
REQUIRED	NM102	1065	Entity Type Qualifier	M 1 ID 1/1
			Code qualifying the type of entity	
			SEMANTIC: NM102 qualifies NM103.	
			CODE DEFINITION	
			1 Person	

NOT USED	NM103	1035	Name Last or Organization Name	X 1	AN	1/60
NOT USED	NM104	1036	Name First	O 1	AN	1/35
NOT USED	NM105	1037	Name Middle	O 1	AN	1/25
NOT USED	NM106	1038	Name Prefix	O 1	AN	1/10
NOT USED	NM107	1039	Name Suffix	O 1	AN	1/10
NOT USED	NM108	66	Identification Code Qualifier	X 1	ID	1/2
NOT USED	NM109	67	Identification Code	X 1	AN	2/80
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60

SEGMENT DETAIL

N3 - MEMBER MAIL STREET ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

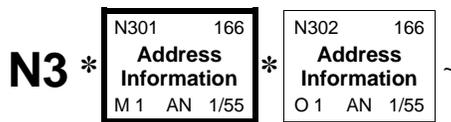
Loop: 2100C — MEMBER MAILING ADDRESS

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: N3*P.O. Box 1234~

DIAGRAM



ELEMENT DETAIL

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

SEGMENT DETAIL

N4 - MEMBER MAIL CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

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

- X12 Syntax:**
1. **E0207**
Only one of N402 or N407 may be present.
 2. **C0605**
If N406 is present, then N405 is required.
 3. **C0704**
If N407 is present, then N404 is required.

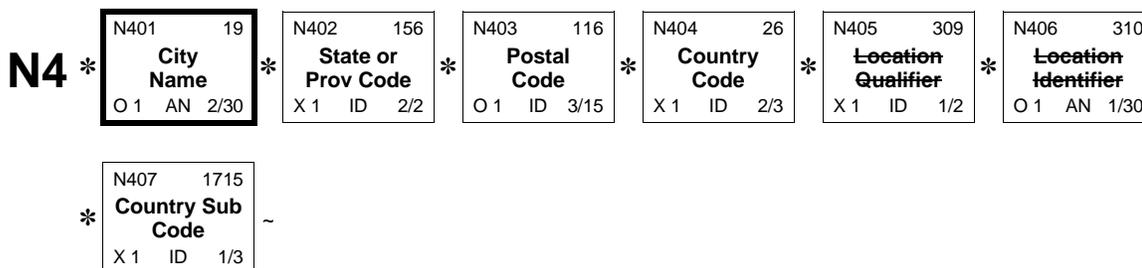
Loop: 2100C — MEMBER MAILING ADDRESS

Segment Repeat: 1

Usage: REQUIRED

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

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. IMPLEMENTATION NAME: Member Mail City Name	O 1 AN 2/30
SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: <i>Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Member Mail State Code CODE SOURCE 22: States and Provinces	X 1 ID 2/2

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

SEGMENT DETAIL

NM1 - MEMBER EMPLOYER

X12 Segment Name: Individual or Organizational Name

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

- X12 Syntax:**
1. **P0809**
If either NM108 or NM109 is present, then the other is required.
 2. **C1110**
If NM111 is present, then NM110 is required.
 3. **C1203**
If NM112 is present, then NM103 is required.

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

Segment Repeat: 1

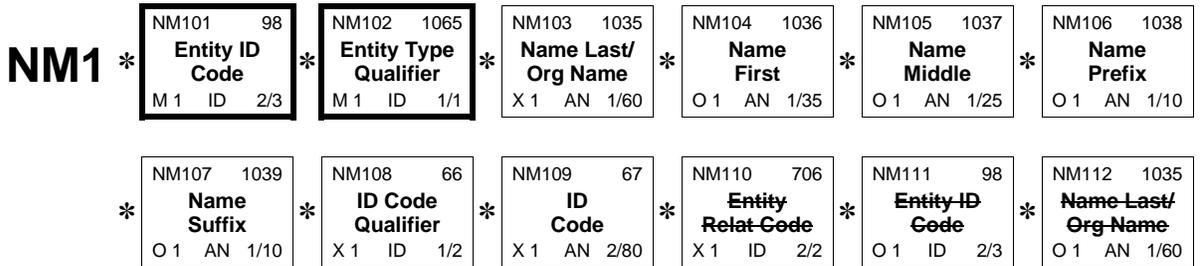
Usage: SITUATIONAL

Situational Rule: Required when the member is employed by someone other than the sponsor and the insurance contract requires the payer to be notified of such employment. If not required by this implementation guide, do not send.

TR3 Notes: 1. This segment is not used to collect Coordination of Benefits (COB) information. COB information must be passed in the 2320 loop.

TR3 Example: NM1*36*2*ABC CORP.~

DIAGRAM



ELEMENT DETAIL

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

REQUIRED	NM102	1065	Entity Type Qualifier	M 1	ID	1/1						
			Code qualifying the type of entity									
			SEMANTIC: NM102 qualifies NM103.									
			<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> </tr> <tr> <td>2</td> <td>Non-Person Entity</td> </tr> </tbody> </table>	CODE	DEFINITION	1	Person	2	Non-Person Entity			
CODE	DEFINITION											
1	Person											
2	Non-Person Entity											
SITUATIONAL	NM103	1035	Name Last or Organization Name	X 1	AN	1/60						
			Individual last name or organizational name									
			SYNTAX: C1203									
			SITUATIONAL RULE: <i>Required until the National Identifier for employer is implemented. If not required by this implementation guide, do not send.</i>									
			IMPLEMENTATION NAME: Member Employer Name									
SITUATIONAL	NM104	1036	Name First	O 1	AN	1/35						
			Individual first name									
			SITUATIONAL RULE: <i>Required when NM102 is equal to "1" (person) and the person has a first name. If not required by this implementation guide, do not send.</i>									
			IMPLEMENTATION NAME: Member Employer First Name									
SITUATIONAL	NM105	1037	Name Middle	O 1	AN	1/25						
			Individual middle name or initial									
			SITUATIONAL RULE: <i>Required if supplied by the member and NM102 equals '1'. If not required by this implementation guide, do not send.</i>									
			IMPLEMENTATION NAME: Member Employer Middle Name									
SITUATIONAL	NM106	1038	Name Prefix	O 1	AN	1/10						
			Prefix to individual name									
			SITUATIONAL RULE: <i>Required if supplied by the member and NM102 equals '1'. If not required by this implementation guide, do not send.</i>									
			IMPLEMENTATION NAME: Member Employer Name Prefix									
SITUATIONAL	NM107	1039	Name Suffix	O 1	AN	1/10						
			Suffix to individual name									
			SITUATIONAL RULE: <i>Required if supplied by the member and NM102 equals '1'. If not required by this implementation guide, do not send.</i>									
			IMPLEMENTATION NAME: Member Employer Name Suffix									

SITUATIONAL	NM108	66	Identification Code Qualifier	X 1	ID	1/2
			Code designating the system/method of code structure used for Identification Code (67)			
			SYNTAX: P0809			
			SITUATIONAL RULE: <i>Required when a value is being reported in the NM109 element. If not required by this implementation guide, do not send.</i>			
			CODE	DEFINITION		
			24	Employer's Identification Number		
				This is the "HIPAA Employer Identifier".		
			34	Social Security Number		
SITUATIONAL	NM109	67	Identification Code	X 1	AN	2/80
			Code identifying a party or other code			
			SYNTAX: P0809			
			SITUATIONAL RULE: <i>Required when available, and allowed under confidentiality regulations. If not required by this implementation guide, do not send.</i>			
			IMPLEMENTATION NAME: Member Employer Identifier			
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60

SEGMENT DETAIL

PER - MEMBER EMPLOYER COMMUNICATIONS NUMBERS

X12 Segment Name: Administrative Communications Contact

X12 Purpose: To identify a person or office to whom administrative communications should be directed

- X12 Syntax:**
1. **P0304**
If either PER03 or PER04 is present, then the other is required.
 2. **P0506**
If either PER05 or PER06 is present, then the other is required.
 3. **P0708**
If either PER07 or PER08 is present, then the other is required.

Loop: 2100D — MEMBER EMPLOYER

Segment Repeat: 1

Usage: SITUATIONAL

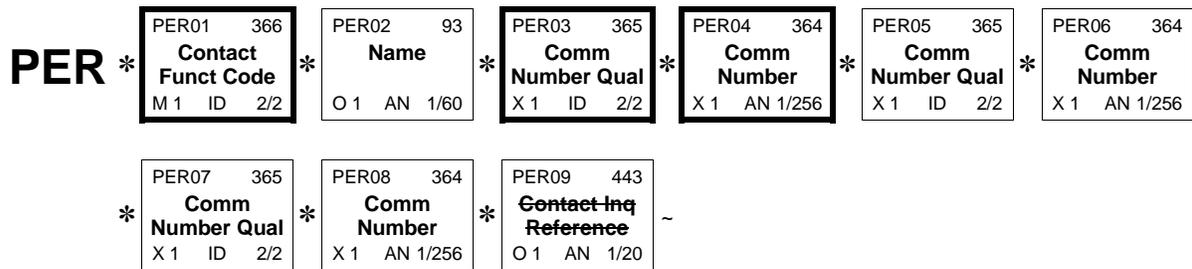
Situational Rule: Required when the Member Employers contact information is provided to the sponsor. If not required by this implementation guide, do not send.

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 always includes 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).

TR3 Example: PER*EP**TE*8001234567~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PER01	366	Contact Function Code Code identifying the major duty or responsibility of the person or group named	M 1 ID 2/2
			CODE	DEFINITION
			EP	Employer Contact
SITUATIONAL	PER02	93	Name Free-form name	O 1 AN 1/60
SITUATIONAL RULE: <i>Required if member employer communication contact name is supplied by the member. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Member Employer Communications Contact Name				
REQUIRED	PER03	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0304	X 1 ID 2/2
			CODE	DEFINITION
			AP	Alternate Telephone
			BN	Beeper Number
			CP	Cellular Phone
			EM	Electronic Mail
			EX	Telephone Extension
			FX	Facsimile
			TE	Telephone
REQUIRED	PER04	364	Communication Number Complete communications number including country or area code when applicable SYNTAX: P0304	X 1 AN 1/256
SITUATIONAL	PER05	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0506	X 1 ID 2/2
SITUATIONAL RULE: <i>Required when a value is being reported in the PER06 element. If not required by this implementation guide, do not send.</i>				
			CODE	DEFINITION
			AP	Alternate Telephone
			BN	Beeper Number
			CP	Cellular Phone
			EM	Electronic Mail
			EX	Telephone Extension
			FX	Facsimile
			TE	Telephone

SITUATIONAL PER06 364 **Communication Number** X 1 AN 1/256
 Complete communications number including country or area code when applicable

SYNTAX: P0506

SITUATIONAL RULE: *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

SITUATIONAL PER07 365 **Communication Number Qualifier** X 1 ID 2/2
 Code identifying the type of communication number

SYNTAX: P0708

SITUATIONAL RULE: *Required when a value is being reported in the PER08 element. If not required by this implementation guide, do not send.*

CODE	DEFINITION
AP	Alternate Telephone
BN	Beeper Number
CP	Cellular Phone
EM	Electronic Mail
EX	Telephone Extension
FX	Facsimile
TE	Telephone

SITUATIONAL PER08 364 **Communication Number** X 1 AN 1/256
 Complete communications number including country or area code when applicable

SYNTAX: P0708

SITUATIONAL RULE: *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

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

SEGMENT DETAIL

N3 - MEMBER EMPLOYER STREET ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2100D — MEMBER EMPLOYER

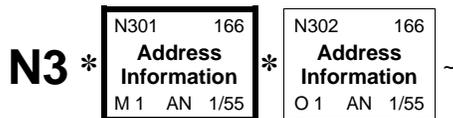
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the member’s employer is not the sponsor and the employer address is provided to the sponsor by the member. If not required by this implementation guide, do not send.

TR3 Example: N3*50 ORCHARD STREET~

DIAGRAM



ELEMENT DETAIL

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

SEGMENT DETAIL

N4 - MEMBER EMPLOYER CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

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

- X12 Syntax:**
1. **E0207**
Only one of N402 or N407 may be present.
 2. **C0605**
If N406 is present, then N405 is required.
 3. **C0704**
If N407 is present, then N404 is required.

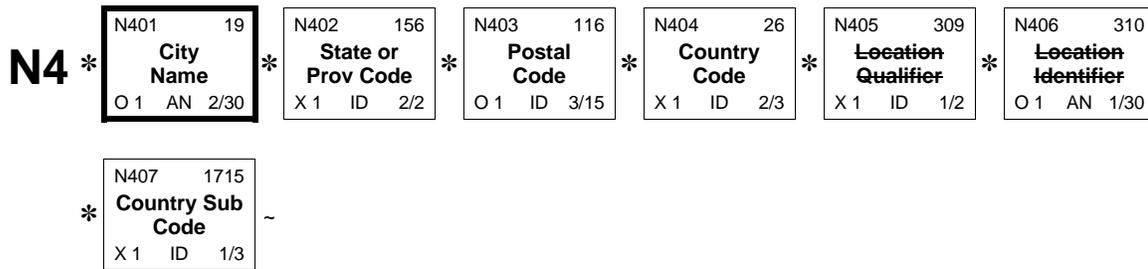
Loop: 2100D — MEMBER EMPLOYER

Segment Repeat: 1

Usage: REQUIRED

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

DIAGRAM



ELEMENT DETAIL

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

SITUATIONAL N402 156 **State or Province Code** X 1 ID 2/2
 Code (Standard State/Province) as defined by appropriate government agency
 SYNTAX: E0207

COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.

SITUATIONAL RULE: *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: **Member Employer State Code**

CODE SOURCE 22: States and Provinces

SITUATIONAL N403 116 **Postal Code** O 1 ID 3/15
 Code defining international postal zone code excluding punctuation and blanks
 (zip code for United States)

SITUATIONAL RULE: *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: **Member Employer Postal Zone or ZIP Code**

CODE SOURCE 51: ZIP Code
 CODE SOURCE 932: Universal Postal Codes

SITUATIONAL N404 26 **Country Code** X 1 ID 2/3
 Code identifying the country
 SYNTAX: C0704

SITUATIONAL RULE: *Required when the address is outside the United States of America. If not required by this implementation guide, do not send.*

CODE SOURCE 5: Countries, Currencies and Funds

Use the alpha-2 country codes from Part 1 of ISO 3166.

NOT USED N405 309 **Location Qualifier** X 1 ID 1/2
NOT USED N406 310 **Location Identifier** O 1 AN 1/30

SITUATIONAL N407 1715 **Country Subdivision Code** X 1 ID 1/3
 Code identifying the country subdivision
 SYNTAX: E0207, C0704

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

CODE SOURCE 5: Countries, Currencies and Funds

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

SEGMENT DETAIL

NM1 - MEMBER SCHOOL

X12 Segment Name: Individual or Organizational Name

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

X12 Syntax: 1. **P0809**

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

2. **C1110**

If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

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

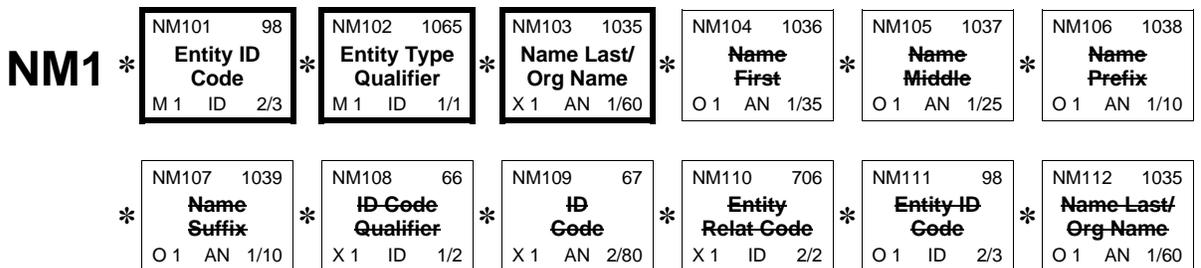
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the member is enrolled in school and the payer is required to be notified under the insurance contract between the sponsor and the payer. If not required by this implementation guide, do not send.

TR3 Example: NM1*M8*2*University of Utah~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			CODE	DEFINITION
			M8	Educational Institution
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M 1 ID 1/1
			CODE	DEFINITION
			2	Non-Person Entity

REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203	X 1	AN	1/60
IMPLEMENTATION NAME: School Name						
NOT USED	NM104	1036	Name First	O 1	AN	1/35
NOT USED	NM105	1037	Name Middle	O 1	AN	1/25
NOT USED	NM106	1038	Name Prefix	O 1	AN	1/10
NOT USED	NM107	1039	Name Suffix	O 1	AN	1/10
NOT USED	NM108	66	Identification Code Qualifier	X 1	ID	1/2
NOT USED	NM109	67	Identification Code	X 1	AN	2/80
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60

SEGMENT DETAIL

PER - MEMBER SCHOOL COMMUNICATIONS NUMBERS

X12 Segment Name: Administrative Communications Contact

X12 Purpose: To identify a person or office to whom administrative communications should be directed

- X12 Syntax:**
1. **P0304**
If either PER03 or PER04 is present, then the other is required.
 2. **P0506**
If either PER05 or PER06 is present, then the other is required.
 3. **P0708**
If either PER07 or PER08 is present, then the other is required.

Loop: 2100E — MEMBER SCHOOL

Segment Repeat: 1

Usage: SITUATIONAL

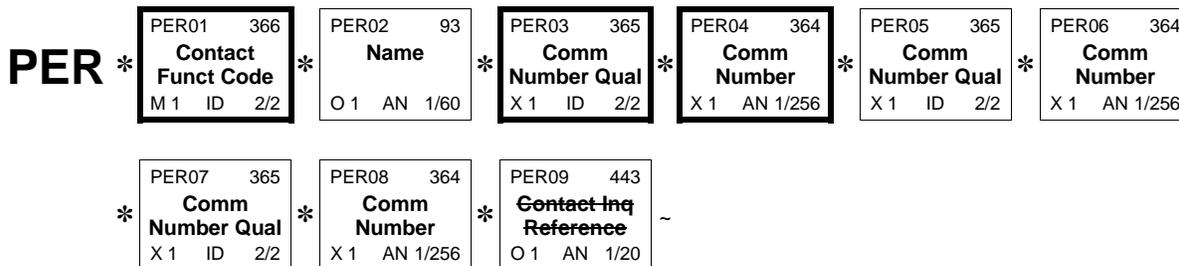
Situational Rule: Required when the Member School contact information is provided to the sponsor. If not required by this implementation guide, do not send.

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 always includes 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).

TR3 Example: PER*SK**TE*8001234567~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PER01	366	Contact Function Code Code identifying the major duty or responsibility of the person or group named	M 1 ID 2/2
			SK School Clerk	
SITUATIONAL	PER02	93	Name Free-form name	O 1 AN 1/60
SITUATIONAL RULE: <i>Required if member school communication contact name is supplied by the member. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Member School Communications Contact Name				
REQUIRED	PER03	365	Communication Number Qualifier Code identifying the type of communication number	X 1 ID 2/2
			SYNTAX: P0304	
			EM Electronic Mail	
			EX Telephone Extension	
			FX Facsimile	
			TE Telephone	
REQUIRED	PER04	364	Communication Number Complete communications number including country or area code when applicable	X 1 AN 1/256
			SYNTAX: P0304	
SITUATIONAL	PER05	365	Communication Number Qualifier Code identifying the type of communication number	X 1 ID 2/2
			SYNTAX: P0506	
SITUATIONAL RULE: <i>Required when a value is being reported in the PER06 element. If not required by this implementation guide, do not send.</i>				
			EM Electronic Mail	
			EX Telephone Extension	
			FX Facsimile	
			TE Telephone	
SITUATIONAL	PER06	364	Communication Number Complete communications number including country or area code when applicable	X 1 AN 1/256
			SYNTAX: P0506	
SITUATIONAL RULE: <i>Required when additional communication numbers are available. If not required by this implementation guide, do not send.</i>				

SITUATIONAL PER07 365 **Communication Number Qualifier** X 1 ID 2/2

Code identifying the type of communication number

SYNTAX: P0708

SITUATIONAL RULE: *Required when a value is being reported in the PER08 element. If not required by this implementation guide, do not send.*

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

SITUATIONAL PER08 364 **Communication Number** X 1 AN 1/256

Complete communications number including country or area code when applicable

SYNTAX: P0708

SITUATIONAL RULE: *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

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

SEGMENT DETAIL

N3 - MEMBER SCHOOL STREET ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2100E — MEMBER SCHOOL

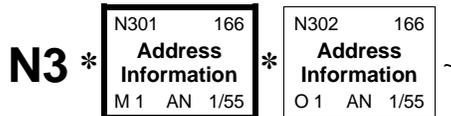
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the member is enrolled in school and the school address is provided to the sponsor by the member. If not required by this implementation guide, do not send.

TR3 Example: N3*P.O. Box 1234~

DIAGRAM



ELEMENT DETAIL

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

SEGMENT DETAIL

N4 - MEMBER SCHOOL CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

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

- X12 Syntax:**
1. **E0207**
Only one of N402 or N407 may be present.
 2. **C0605**
If N406 is present, then N405 is required.
 3. **C0704**
If N407 is present, then N404 is required.

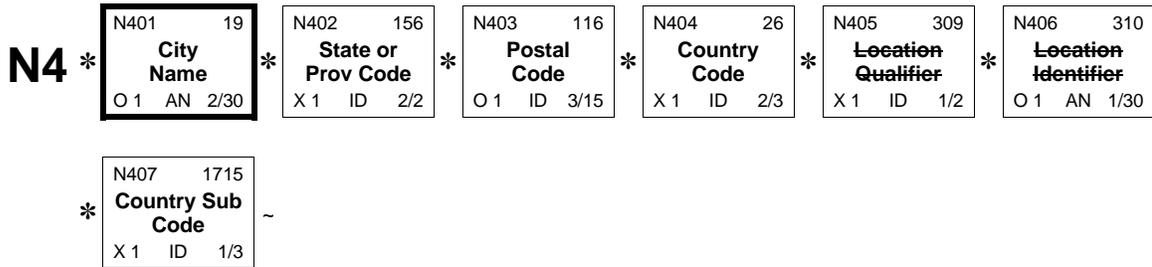
Loop: 2100E — MEMBER SCHOOL

Segment Repeat: 1

Usage: REQUIRED

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

DIAGRAM



ELEMENT DETAIL

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

SITUATIONAL N402 156 **State or Province Code** X 1 ID 2/2
 Code (Standard State/Province) as defined by appropriate government agency
 SYNTAX: E0207

COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.

SITUATIONAL RULE: *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: **Member School State Code**

CODE SOURCE 22: States and Provinces

SITUATIONAL N403 116 **Postal Code** O 1 ID 3/15
 Code defining international postal zone code excluding punctuation and blanks
 (zip code for United States)

SITUATIONAL RULE: *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: **Member School Postal Zone or ZIP Code**

CODE SOURCE 51: ZIP Code
 CODE SOURCE 932: Universal Postal Codes

SITUATIONAL N404 26 **Country Code** X 1 ID 2/3
 Code identifying the country
 SYNTAX: C0704

SITUATIONAL RULE: *Required when the address is outside the United States of America. If not required by this implementation guide, do not send.*

CODE SOURCE 5: Countries, Currencies and Funds

Use the alpha-2 country codes from Part 1 of ISO 3166.

NOT USED N405 309 **Location Qualifier** X 1 ID 1/2
NOT USED N406 310 **Location Identifier** O 1 AN 1/30

SITUATIONAL N407 1715 **Country Subdivision Code** X 1 ID 1/3
 Code identifying the country subdivision
 SYNTAX: E0207, C0704

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

CODE SOURCE 5: Countries, Currencies and Funds

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

SEGMENT DETAIL

NM1 - CUSTODIAL PARENT

X12 Segment Name: Individual or Organizational Name

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

- X12 Syntax:**
1. **P0809**
If either NM108 or NM109 is present, then the other is required.
 2. **C1110**
If NM111 is present, then NM110 is required.
 3. **C1203**
If NM112 is present, then NM103 is required.

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

Segment Repeat: 1

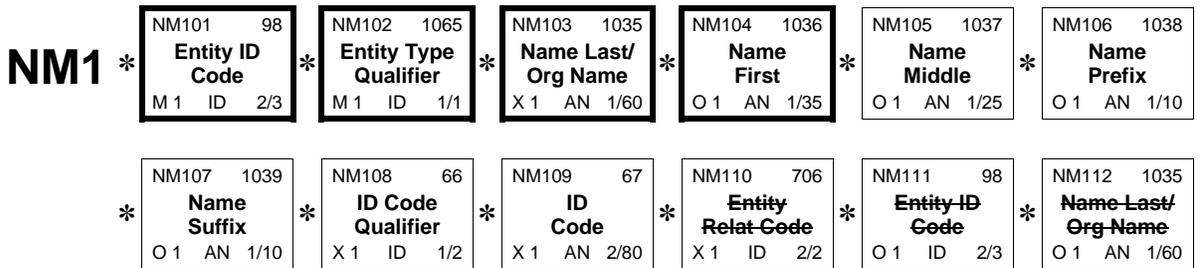
Usage: SITUATIONAL

Situational Rule: Required when the custodial parent of a minor dependent is someone other than the subscriber. If not required by this implementation guide, do not send.

TR3 Notes: 1. Any other situation, (examples: Guardianship, Legal Indemnity, Power of Attorney, and/or Separation Agreements) would be handled under the Responsible Party NM1 segment.

TR3 Example: NM1*S3*1*JONES*MARY~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			CODE	DEFINITION
			S3	Custodial Parent

REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M 1	ID	1/1						
			<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> </tr> </tbody> </table>	CODE	DEFINITION	1	Person					
CODE	DEFINITION											
1	Person											
REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203	X 1	AN	1/60						
			IMPLEMENTATION NAME: Custodial Parent Last Name									
REQUIRED	NM104	1036	Name First Individual first name	O 1	AN	1/35						
			IMPLEMENTATION NAME: Custodial Parent First Name									
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	O 1	AN	1/25						
			SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>									
			IMPLEMENTATION NAME: Custodial Parent Middle Name									
SITUATIONAL	NM106	1038	Name Prefix Prefix to individual name	O 1	AN	1/10						
			SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>									
			IMPLEMENTATION NAME: Custodial Parent Name Prefix									
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	O 1	AN	1/10						
			SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i>									
			IMPLEMENTATION NAME: Custodial Parent Name Suffix									
SITUATIONAL	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809	X 1	ID	1/2						
			SITUATIONAL RULE: <i>Required when a value is being reported in the NM109 element. If not required by this implementation guide, do not send.</i>									
			<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>34</td> <td>Social Security Number The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.</td> </tr> <tr> <td>ZZ</td> <td>Mutually Defined Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.</td> </tr> </tbody> </table>	CODE	DEFINITION	34	Social Security Number The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.	ZZ	Mutually Defined Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.			
CODE	DEFINITION											
34	Social Security Number The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.											
ZZ	Mutually Defined Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.											

SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code SYNTAX: P0809	X 1 AN 2/80
<p>SITUATIONAL RULE: <i>Required when available, and allowed under confidentiality regulations. If not required by this implementation guide, do not send.</i></p> <p>IMPLEMENTATION NAME: Custodial Parent Identifier</p>				
NOT USED	NM110	706	Entity Relationship Code	X 1 ID 2/2
NOT USED	NM111	98	Entity Identifier Code	O 1 ID 2/3
NOT USED	NM112	1035	Name Last or Organization Name	O 1 AN 1/60

SEGMENT DETAIL

PER - CUSTODIAL PARENT COMMUNICATIONS NUMBERS

X12 Segment Name: Administrative Communications Contact

X12 Purpose: To identify a person or office to whom administrative communications should be directed

- X12 Syntax:**
1. **P0304**
If either PER03 or PER04 is present, then the other is required.
 2. **P0506**
If either PER05 or PER06 is present, then the other is required.
 3. **P0708**
If either PER07 or PER08 is present, then the other is required.

Loop: 2100F — CUSTODIAL PARENT

Segment Repeat: 1

Usage: SITUATIONAL

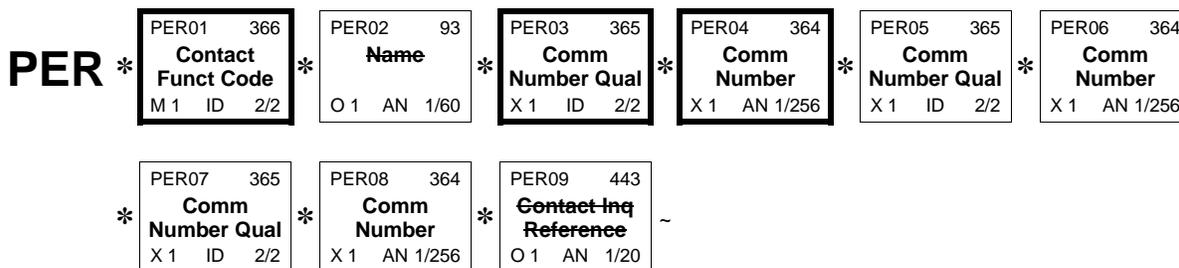
Situational Rule: Required when the Custodial Parent contact information is provided to the sponsor. If not required by this implementation guide, do not send.

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 always includes 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).

TR3 Example: PER*PQ**TE*8001234567~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PER01	366	Contact Function Code Code identifying the major duty or responsibility of the person or group named	M 1 ID 2/2
			<u>CODE</u>	<u>DEFINITION</u>
			PQ	Parent or Guardian
NOT USED	PER02	93	Name	O 1 AN 1/60
REQUIRED	PER03	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0304	X 1 ID 2/2
			<u>CODE</u>	<u>DEFINITION</u>
			AP	Alternate Telephone
			BN	Beeper Number
			CP	Cellular Phone
			EM	Electronic Mail
			EX	Telephone Extension
			FX	Facsimile
			HP	Home Phone Number
			TE	Telephone
			WP	Work Phone Number
REQUIRED	PER04	364	Communication Number Complete communications number including country or area code when applicable SYNTAX: P0304	X 1 AN 1/256
SITUATIONAL	PER05	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0506 SITUATIONAL RULE: <i>Required when a value is being reported in the PER06 element. If not required by this implementation guide, do not send.</i>	X 1 ID 2/2
			<u>CODE</u>	<u>DEFINITION</u>
			AP	Alternate Telephone
			BN	Beeper Number
			CP	Cellular Phone
			EM	Electronic Mail
			EX	Telephone Extension
			FX	Facsimile
			HP	Home Phone Number
			TE	Telephone
			WP	Work Phone Number

SITUATIONAL **PER06** **364** **Communication Number** **X 1 AN 1/256**
 Complete communications number including country or area code when applicable

SYNTAX: P0506

SITUATIONAL RULE: *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

SITUATIONAL **PER07** **365** **Communication Number Qualifier** **X 1 ID 2/2**
 Code identifying the type of communication number

SYNTAX: P0708

SITUATIONAL RULE: *Required when a value is being reported in the PER08 element. If not required by this implementation guide, do not send.*

CODE	DEFINITION
AP	Alternate Telephone
BN	Beeper Number
CP	Cellular Phone
EM	Electronic Mail
EX	Telephone Extension
HP	Home Phone Number
TE	Telephone
WP	Work Phone Number

SITUATIONAL **PER08** **364** **Communication Number** **X 1 AN 1/256**
 Complete communications number including country or area code when applicable

SYNTAX: P0708

SITUATIONAL RULE: *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

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

SEGMENT DETAIL

N3 - CUSTODIAL PARENT STREET ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2100F — CUSTODIAL PARENT

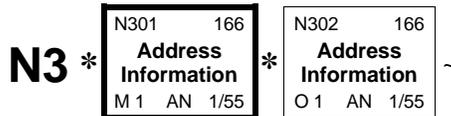
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the custodial parent of a minor dependent is someone other than the subscriber and the information is provided to the sponsor. If not required by this implementation guide, do not send.

TR3 Example: N3*50 ORCHARD STREET~

DIAGRAM



ELEMENT DETAIL

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

SEGMENT DETAIL

N4 - CUSTODIAL PARENT CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

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

- X12 Syntax:**
1. **E0207**
Only one of N402 or N407 may be present.
 2. **C0605**
If N406 is present, then N405 is required.
 3. **C0704**
If N407 is present, then N404 is required.

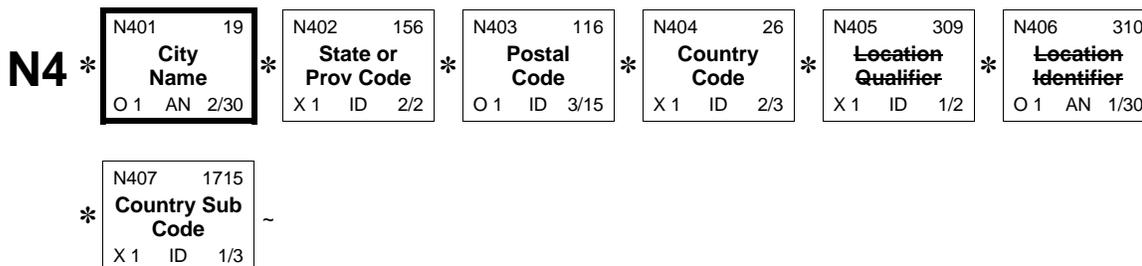
Loop: 2100F — CUSTODIAL PARENT

Segment Repeat: 1

Usage: REQUIRED

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

DIAGRAM



ELEMENT DETAIL

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

SITUATIONAL N402 156 **State or Province Code** X 1 ID 2/2
 Code (Standard State/Province) as defined by appropriate government agency
 SYNTAX: E0207

COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.

SITUATIONAL RULE: *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: Custodial Parent State Code

CODE SOURCE 22: States and Provinces

SITUATIONAL N403 116 **Postal Code** O 1 ID 3/15
 Code defining international postal zone code excluding punctuation and blanks
 (zip code for United States)

SITUATIONAL RULE: *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: Custodial Parent Postal Zone or ZIP Code

CODE SOURCE 51: ZIP Code
 CODE SOURCE 932: Universal Postal Codes

SITUATIONAL N404 26 **Country Code** X 1 ID 2/3
 Code identifying the country
 SYNTAX: C0704

SITUATIONAL RULE: *Required when the address is outside the United States of America. If not required by this implementation guide, do not send.*

CODE SOURCE 5: Countries, Currencies and Funds

Use the alpha-2 country codes from Part 1 of ISO 3166.

NOT USED N405 309 **Location Qualifier** X 1 ID 1/2
NOT USED N406 310 **Location Identifier** O 1 AN 1/30

SITUATIONAL N407 1715 **Country Subdivision Code** X 1 ID 1/3
 Code identifying the country subdivision

SYNTAX: E0207, C0704

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

CODE SOURCE 5: Countries, Currencies and Funds

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

SEGMENT DETAIL

NM1 - RESPONSIBLE PERSON

X12 Segment Name: Individual or Organizational Name

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

X12 Syntax: 1. **P0809**

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

2. **C1110**

If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

Loop: 2100G — RESPONSIBLE PERSON **Loop Repeat:** 13

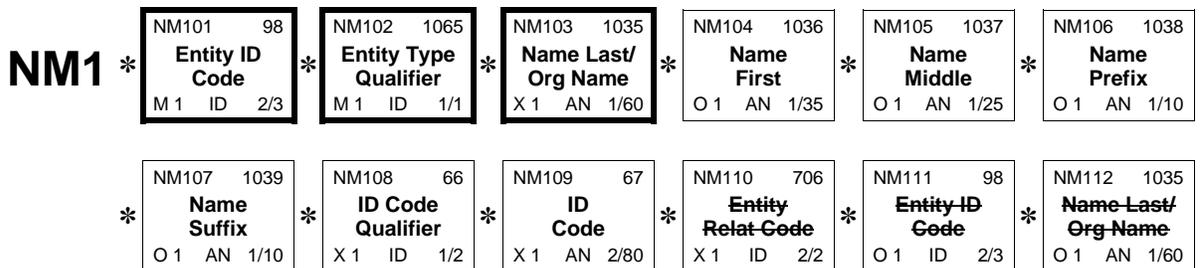
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required to identify the person(s), other than the subscriber, who are responsible for the member. If not required by this implementation guide, do not send.

TR3 Example: NM1*QD*1*CASE*JOHN~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code	M 1 ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual	
			CODE	DEFINITION
			6Y	Case Manager
			9K	Key Person
			E1	Person or Other Entity Legally Responsible for a Child
				Used to identify a legal indemnity situation.
				This code is used when a Qualified Medical Child Support Order (QMSCO) is present.

			EI	Executor of Estate			
				This is used when the subscriber is deceased and the executor/responsible party is other than a surviving spouse.			
			EXS	Ex-spouse			
				This is used to identify a separated spouse under a separation agreement, or that the member is the divorced spouse and self responsible. This is NOT USED to identify the custodial parent for dependent children after a divorce.			
			GB	Other Insured			
			GD	Guardian			
			J6	Power of Attorney			
			LR	Legal Representative			
			QD	Responsible Party			
			S1	Parent			
			TZ	Significant Other			
			X4	Spouse			
REQUIRED	NM102	1065	Entity Type Qualifier		M 1	ID	1/1
			Code qualifying the type of entity				
			SEMANTIC: NM102 qualifies NM103.				
			CODE	DEFINITION			
			1	Person			
REQUIRED	NM103	1035	Name Last or Organization Name		X 1	AN	1/60
			Individual last name or organizational name				
			SYNTAX: C1203				
			IMPLEMENTATION NAME: Responsible Party Last or Organization Name				
SITUATIONAL	NM104	1036	Name First		O 1	AN	1/35
			Individual first name				
			SITUATIONAL RULE: Required when NM102 is equal to "1" (person) and the person has a first name. If not required by this implementation guide, do not send.				
			IMPLEMENTATION NAME: Responsible Party First Name				
SITUATIONAL	NM105	1037	Name Middle		O 1	AN	1/25
			Individual middle name or initial				
			SITUATIONAL RULE: Required if supplied by member. If not required by this implementation guide, do not send.				
			IMPLEMENTATION NAME: Responsible Party Middle Name				
SITUATIONAL	NM106	1038	Name Prefix		O 1	AN	1/10
			Prefix to individual name				
			SITUATIONAL RULE: Required if supplied by member. If not required by this implementation guide, do not send.				
			IMPLEMENTATION NAME: Responsible Party Name Prefix				

SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	O 1 AN	1/10						
<p>SITUATIONAL RULE: <i>Required if supplied by member. If not required by this implementation guide, do not send.</i></p>											
<p>IMPLEMENTATION NAME: Responsible Party Suffix Name</p>											
SITUATIONAL	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67)	X 1 ID	1/2						
<p>SYNTAX: P0809</p>											
<p>SITUATIONAL RULE: <i>Required when a value is being reported in the NM109 element. If not required by this implementation guide, do not send.</i></p>											
<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>34</td> <td>Social Security Number The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.</td> </tr> <tr> <td>ZZ</td> <td>Mutually Defined Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.</td> </tr> </tbody> </table>						CODE	DEFINITION	34	Social Security Number The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.	ZZ	Mutually Defined Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.
CODE	DEFINITION										
34	Social Security Number The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.										
ZZ	Mutually Defined Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.										
SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code	X 1 AN	2/80						
<p>SYNTAX: P0809</p>											
<p>SITUATIONAL RULE: <i>Required when available, and allowed under confidentiality regulations. If not required by this implementation guide, do not send.</i></p>											
<p>IMPLEMENTATION NAME: Responsible Party Identifier</p>											
NOT USED	NM110	706	Entity Relationship Code	X 1 ID	2/2						
NOT USED	NM111	98	Entity Identifier Code	O 1 ID	2/3						
NOT USED	NM112	1035	Name Last or Organization Name	O 1 AN	1/60						

SEGMENT DETAIL

PER - RESPONSIBLE PERSON COMMUNICATIONS NUMBERS

X12 Segment Name: Administrative Communications Contact

X12 Purpose: To identify a person or office to whom administrative communications should be directed

- X12 Syntax:**
1. **P0304**
If either PER03 or PER04 is present, then the other is required.
 2. **P0506**
If either PER05 or PER06 is present, then the other is required.
 3. **P0708**
If either PER07 or PER08 is present, then the other is required.

Loop: 2100G — RESPONSIBLE PERSON

Segment Repeat: 1

Usage: SITUATIONAL

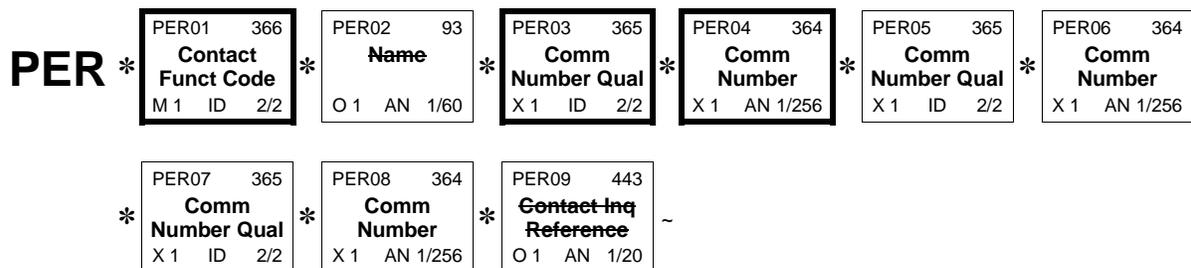
Situational Rule: Required when the Responsible Person contact information is provided to the sponsor. If not required by this implementation guide, do not send.

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 always includes 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).

TR3 Example: PER*RP**HP*8015554321~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PER01	366	Contact Function Code Code identifying the major duty or responsibility of the person or group named	M 1 ID 2/2
			CODE	DEFINITION
			RP	Responsible Person
NOT USED	PER02	93	Name	O 1 AN 1/60
REQUIRED	PER03	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0304	X 1 ID 2/2
			CODE	DEFINITION
			AP	Alternate Telephone
			BN	Beeper Number
			CP	Cellular Phone
			EM	Electronic Mail
			EX	Telephone Extension
			FX	Facsimile
			HP	Home Phone Number
			TE	Telephone
			WP	Work Phone Number
REQUIRED	PER04	364	Communication Number Complete communications number including country or area code when applicable SYNTAX: P0304	X 1 AN 1/256
SITUATIONAL	PER05	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0506 SITUATIONAL RULE: <i>Required when a value is being reported in the PER06 element. If not required by this implementation guide, do not send.</i>	X 1 ID 2/2
			CODE	DEFINITION
			AP	Alternate Telephone
			BN	Beeper Number
			CP	Cellular Phone
			EM	Electronic Mail
			EX	Telephone Extension
			FX	Facsimile
			HP	Home Phone Number
			TE	Telephone
			WP	Work Phone Number

SITUATIONAL	PER06	364	Communication Number Complete communications number including country or area code when applicable SYNTAX: P0506 SITUATIONAL RULE: <i>Required when additional communication numbers are available. If not required by this implementation guide, do not send.</i>	X 1 AN 1/256																				
SITUATIONAL	PER07	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0708 SITUATIONAL RULE: <i>Required when a value is being reported in the PER08 element. If not required by this implementation guide, do not send.</i>	X 1 ID 2/2																				
			<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>AP</td> <td>Alternate Telephone</td> </tr> <tr> <td>BN</td> <td>Beeper Number</td> </tr> <tr> <td>CP</td> <td>Cellular Phone</td> </tr> <tr> <td>EM</td> <td>Electronic Mail</td> </tr> <tr> <td>EX</td> <td>Telephone Extension</td> </tr> <tr> <td>FX</td> <td>Facsimile</td> </tr> <tr> <td>HP</td> <td>Home Phone Number</td> </tr> <tr> <td>TE</td> <td>Telephone</td> </tr> <tr> <td>WP</td> <td>Work Phone Number</td> </tr> </tbody> </table>	CODE	DEFINITION	AP	Alternate Telephone	BN	Beeper Number	CP	Cellular Phone	EM	Electronic Mail	EX	Telephone Extension	FX	Facsimile	HP	Home Phone Number	TE	Telephone	WP	Work Phone Number	
CODE	DEFINITION																							
AP	Alternate Telephone																							
BN	Beeper Number																							
CP	Cellular Phone																							
EM	Electronic Mail																							
EX	Telephone Extension																							
FX	Facsimile																							
HP	Home Phone Number																							
TE	Telephone																							
WP	Work Phone Number																							
SITUATIONAL	PER08	364	Communication Number Complete communications number including country or area code when applicable SYNTAX: P0708 SITUATIONAL RULE: <i>Required when additional communication numbers are available. If not required by this implementation guide, do not send.</i>	X 1 AN 1/256																				
NOT USED	PER09	443	Contact Inquiry Reference	O 1 AN 1/20																				

SEGMENT DETAIL

N3 - RESPONSIBLE PERSON STREET ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2100G — RESPONSIBLE PERSON

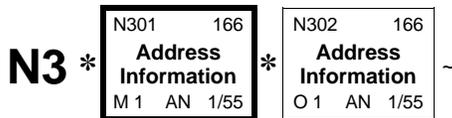
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when there is a person other than the subscriber who is responsible for the member and the responsible person's address is provided to the sponsor. If not required by this implementation guide, do not send.

TR3 Example: N3*50 ORCHARD STREET~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Responsible Party Address Line				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: Required if a second address line exists. If not required by this implementation guide, do not send.				
IMPLEMENTATION NAME: Responsible Party Address Line				

SEGMENT DETAIL

N4 - RESPONSIBLE PERSON CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

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

- X12 Syntax:**
1. **E0207**
Only one of N402 or N407 may be present.
 2. **C0605**
If N406 is present, then N405 is required.
 3. **C0704**
If N407 is present, then N404 is required.

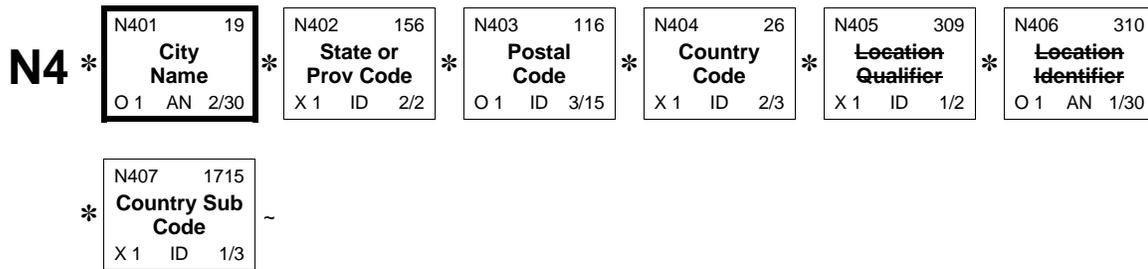
Loop: 2100G — RESPONSIBLE PERSON

Segment Repeat: 1

Usage: REQUIRED

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

DIAGRAM



ELEMENT DETAIL

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

SITUATIONAL N402 156 **State or Province Code** X 1 ID 2/2
 Code (Standard State/Province) as defined by appropriate government agency
 SYNTAX: E0207

COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.

SITUATIONAL RULE: *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: Responsible Person State Code

CODE SOURCE 22: States and Provinces

SITUATIONAL N403 116 **Postal Code** O 1 ID 3/15
 Code defining international postal zone code excluding punctuation and blanks
 (zip code for United States)

SITUATIONAL RULE: *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: Responsible Person Postal Zone or ZIP Code

CODE SOURCE 51: ZIP Code
 CODE SOURCE 932: Universal Postal Codes

SITUATIONAL N404 26 **Country Code** X 1 ID 2/3
 Code identifying the country
 SYNTAX: C0704

SITUATIONAL RULE: *Required when the address is outside the United States of America. If not required by this implementation guide, do not send.*

CODE SOURCE 5: Countries, Currencies and Funds

Use the alpha-2 country codes from Part 1 of ISO 3166.

NOT USED N405 309 **Location Qualifier** X 1 ID 1/2
NOT USED N406 310 **Location Identifier** O 1 AN 1/30

SITUATIONAL N407 1715 **Country Subdivision Code** X 1 ID 1/3
 Code identifying the country subdivision
 SYNTAX: E0207, C0704

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

CODE SOURCE 5: Countries, Currencies and Funds

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

SEGMENT DETAIL

NM1 - DROP OFF LOCATION

X12 Segment Name: Individual or Organizational Name

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

X12 Syntax: 1. **P0809**

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

2. **C1110**

If NM111 is present, then NM110 is required.

3. **C1203**

If NM112 is present, then NM103 is required.

Loop: 2100H — DROP OFF LOCATION **Loop Repeat:** 1

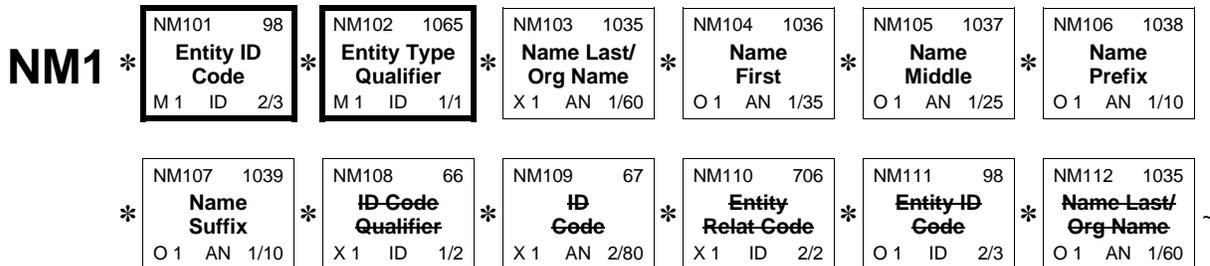
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when member has requested shipments to be sent to an address other than their residence or mailing. If not required by this implementation guide, do not send.

TR3 Example: NM1*45*1*CASE*JOHN~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			<u>CODE</u> <u>DEFINITION</u>	
		45	Drop-off Location	
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M 1 ID 1/1
			<u>CODE</u> <u>DEFINITION</u>	
		1	Person	

SITUATIONAL	NM103	1035	Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203 SITUATIONAL RULE: <i>Required if supplied by the member. If not required by this implementation guide, do not send.</i>	X 1	AN	1/60
SITUATIONAL	NM104	1036	Name First Individual first name SITUATIONAL RULE: <i>Required if supplied by the member. If not required by this implementation guide, do not send.</i>	O 1	AN	1/35
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial SITUATIONAL RULE: <i>Required if supplied by the member. If not required by this implementation guide, do not send.</i>	O 1	AN	1/25
SITUATIONAL	NM106	1038	Name Prefix Prefix to individual name SITUATIONAL RULE: <i>Required if supplied by the member. If not required by this implementation guide, do not send.</i>	O 1	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name SITUATIONAL RULE: <i>Required if supplied by the member. If not required by this implementation guide, do not send.</i>	O 1	AN	1/10
NOT USED	NM108	66	Identification Code Qualifier	X 1	ID	1/2
NOT USED	NM109	67	Identification Code	X 1	AN	2/80
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60

SEGMENT DETAIL

N3 - DROP OFF LOCATION STREET ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2100H — DROP OFF LOCATION

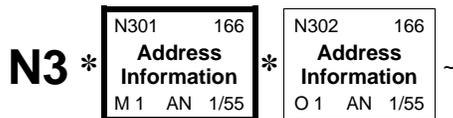
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when member has requested shipments to be sent to an address other than their residence or mailing. If not required by this implementation guide, do not send.

TR3 Example: N3*50 ORCHARD STREET~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Drop Off Location Address Line				
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: <i>Required if a second address line exists. If not required by this implementation guide, do not send.</i>				
IMPLEMENTATION NAME: Drop Off Location Address Line				

SEGMENT DETAIL

N4 - DROP OFF LOCATION CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

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

- X12 Syntax:**
1. **E0207**
Only one of N402 or N407 may be present.
 2. **C0605**
If N406 is present, then N405 is required.
 3. **C0704**
If N407 is present, then N404 is required.

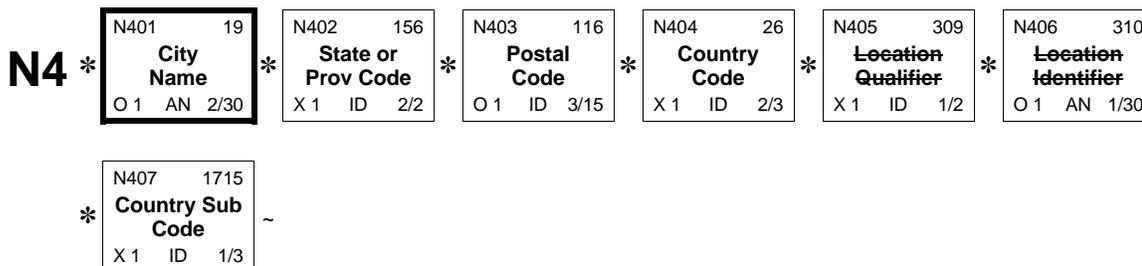
Loop: 2100H — DROP OFF LOCATION

Segment Repeat: 1

Usage: REQUIRED

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

DIAGRAM



ELEMENT DETAIL

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

SITUATIONAL N402 156 **State or Province Code** X 1 ID 2/2
 Code (Standard State/Province) as defined by appropriate government agency
 SYNTAX: E0207

COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.

SITUATIONAL RULE: *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: Drop Off Location State Code

CODE SOURCE 22: States and Provinces

SITUATIONAL N403 116 **Postal Code** O 1 ID 3/15
 Code defining international postal zone code excluding punctuation and blanks
 (zip code for United States)

SITUATIONAL RULE: *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: Drop Off Location Postal Zone or ZIP Code

CODE SOURCE 51: ZIP Code
 CODE SOURCE 932: Universal Postal Codes

SITUATIONAL N404 26 **Country Code** X 1 ID 2/3
 Code identifying the country
 SYNTAX: C0704

SITUATIONAL RULE: *Required when the address is outside the United States of America. If not required by this implementation guide, do not send.*

CODE SOURCE 5: Countries, Currencies and Funds

Use the alpha-2 country codes from Part 1 of ISO 3166.

NOT USED N405 309 **Location Qualifier** X 1 ID 1/2
NOT USED N406 310 **Location Identifier** O 1 AN 1/30

SITUATIONAL N407 1715 **Country Subdivision Code** X 1 ID 1/3
 Code identifying the country subdivision
 SYNTAX: E0207, C0704

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

CODE SOURCE 5: Countries, Currencies and Funds

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

SEGMENT DETAIL

DSB - DISABILITY INFORMATION

X12 Segment Name: Disability Information

X12 Purpose: To supply disability information

X12 Syntax: 1. P0708

If either DSB07 or DSB08 is present, then the other is required.

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

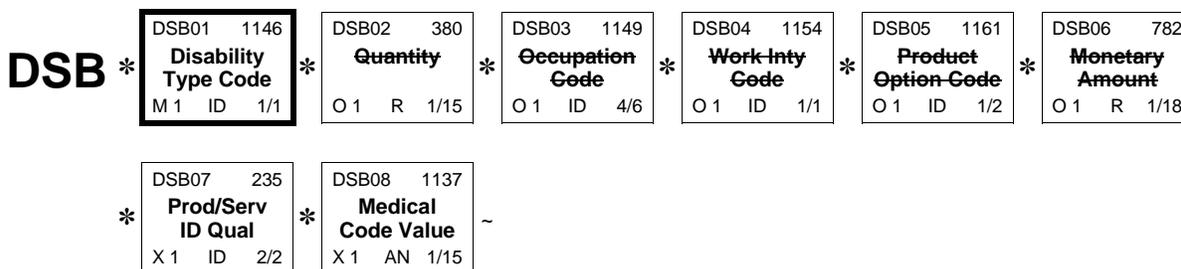
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when enrolling a disabled member or when disability information about an existing member is added or changed. If not required by this implementation guide, do not send.

TR3 Example: DSB*2*****DX*585~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DSB01	1146	Disability Type Code Code identifying the disability status of the individual	M 1 ID 1/1
			CODE	DEFINITION
			1	Short Term Disability
			2	Long Term Disability
			3	Permanent or Total Disability
			4	No Disability
NOT USED	DSB02	380	Quantity	O 1 R 1/15
NOT USED	DSB03	1149	Occupation Code	O 1 ID 4/6
NOT USED	DSB04	1154	Work Intensity Code	O 1 ID 1/1
NOT USED	DSB05	1161	Product Option Code	O 1 ID 1/2
NOT USED	DSB06	782	Monetary Amount	O 1 R 1/18

SITUATIONAL **DSB07** **235** **Product/Service ID Qualifier** **X 1 ID 2/2**

Code identifying the type/source of the descriptive number used in Product/Service ID (234)

SYNTAX: P0708

SITUATIONAL RULE: *Required when a value is being reported in the DSB08 element. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Product or Service ID Qualifier

CODE	DEFINITION
DX	International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) - Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
ZZ	Mutually Defined To be used for the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) - Diagnosis. CODE SOURCE: 896 International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

SITUATIONAL **DSB08** **1137** **Medical Code Value** **X 1 AN 1/15**

Code value for describing a medical condition or procedure

SYNTAX: P0708

SEMANTIC: DSB08 is the functional status code for the disability.

SITUATIONAL RULE: *Required when called for in the insurance contract between the sponsor and payer and allowed by federal and state regulations. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Diagnosis Code

SEGMENT DETAIL

DTP - DISABILITY ELIGIBILITY DATES

X12 Segment Name: Date or Time or Period

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

Loop: 2200 — DISABILITY INFORMATION

Segment Repeat: 2

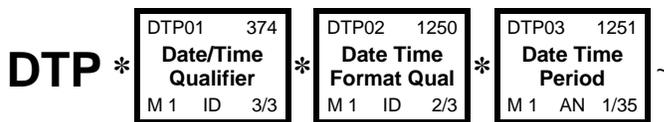
Usage: SITUATIONAL

Situational Rule: Required when enrolling a disabled member or when disability dates change for an existing member, and the disability dates are known by the sponsor. If not required by this implementation guide, do not send.

TR3 Notes: 1. This segment is used to send the first and last date of disability.

TR3 Example: DTP*360*D8*19961001~

DIAGRAM



ELEMENT DETAIL

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

SEGMENT DETAIL

HD - HEALTH COVERAGE

X12 Segment Name: Health Coverage

X12 Purpose: To provide information on health coverage

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

Segment Repeat: 1

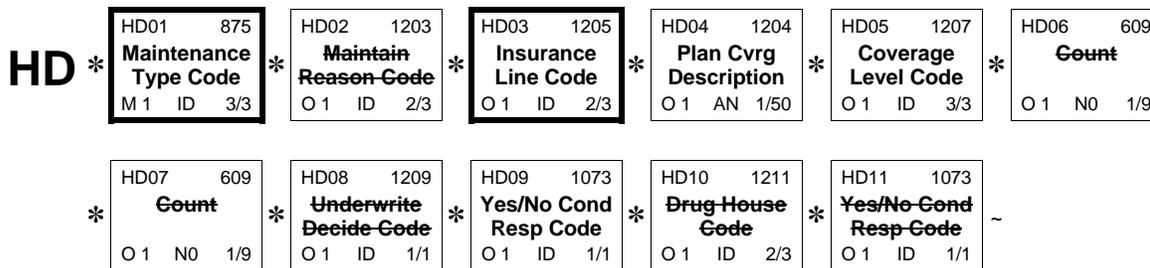
Usage: SITUATIONAL

Situational Rule: Required when enrolling a new member or when adding, updating, removing coverage or auditing an existing member. If not required by this implementation guide, do not send.

TR3 Notes: 1. Refer to section 1.10.5 “Termination” for additional information relative to removing a member’s coverage.

TR3 Example: HD*021**HLT*PLAN A BCD*FAM~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HD01	875	Maintenance Type Code Code identifying the specific type of item maintenance	M 1 ID 3/3
Required to identify the specific type of item maintenance.				
			CODE	DEFINITION
			001	Change
			002	Delete
				Use this code for deleting an incorrect coverage record.
			021	Addition
			024	Cancellation or Termination
				Use this code for cancelling/terminating a coverage.
			025	Reinstatement
			026	Correction
				This code is used to correct an incorrect record.

			030	Audit or Compare			
			032	Employee Information Not Applicable			
				Certain situations, such as military duty and CHAMPUS/TRICARE, classify the subscriber as ineligible for coverage or benefits. However, dependents of the subscribers are still eligible for coverage or benefits under the subscriber. Subscriber identifying elements are needed to accurately identify dependents.			
NOT USED	HD02	1203		Maintenance Reason Code	O 1	ID	2/3
REQUIRED	HD03	1205		Insurance Line Code	O 1	ID	2/3
				Code identifying a group of insurance products			
				CODE		DEFINITION	
			AG	Preventative Care/Wellness			
			AH	24 Hour Care			
			AJ	Medicare Risk			
			AK	Mental Health			
			DCP	Dental Capitation			
				This identifies a dental managed care organization (DMO).			
			DEN	Dental			
			EPO	Exclusive Provider Organization			
			FAC	Facility			
			HE	Hearing			
			HLT	Health			
				Includes both hospital and professional coverage.			
			HMO	Health Maintenance Organization			
			LTC	Long-Term Care			
			LTD	Long-Term Disability			
			MM	Major Medical			
			MOD	Mail Order Drug			
			PDG	Prescription Drug			
			POS	Point of Service			
			PPO	Preferred Provider Organization			
			PRA	Practitioners			
			STD	Short-Term Disability			
			UR	Utilization Review			
			VIS	Vision			
SITUATIONAL	HD04	1204		Plan Coverage Description	O 1	AN	1/50
				A description or number that identifies the plan or coverage			
				SITUATIONAL RULE: <i>Required when additional information is needed to describe the exact type of coverage being provided. If not required by this implementation guide, do not send.</i>			

SITUATIONAL	HD05	1207	Coverage Level Code	O 1	ID	3/3
			Code indicating the level of coverage being provided for this insured			
<p>SITUATIONAL RULE: <i>Required when called for in the insurance contract between the sponsor and payer and allowed by federal and state regulations. If not required by this implementation guide, do not send.</i></p>						
<p>See section 1.4.6, Coverage Levels and Dependents, for additional information.</p>						
			CODE	DEFINITION		
			CHD	Children Only		
			DEP	Dependents Only		
			E1D	Employee and One Dependent		
				For this code, the dependent is a non-spouse dependent. This code is not used for identification of Employee and Spouse. See code ESP.		
			E2D	Employee and Two Dependents		
			E3D	Employee and Three Dependents		
			E5D	Employee and One or More Dependents		
			E6D	Employee and Two or More Dependents		
			E7D	Employee and Three or More Dependents		
			E8D	Employee and Four or More Dependents		
			E9D	Employee and Five or More Dependents		
			ECH	Employee and Children		
			EMP	Employee Only		
			ESP	Employee and Spouse		
			FAM	Family		
			IND	Individual		
			SPC	Spouse and Children		
			SPO	Spouse Only		
			TWO	Two Party		
NOT USED	HD06	609	Count	O 1	N0	1/9
NOT USED	HD07	609	Count	O 1	N0	1/9
NOT USED	HD08	1209	Underwriting Decision Code	O 1	ID	1/1
SITUATIONAL	HD09	1073	Yes/No Condition or Response Code	O 1	ID	1/1
			Code indicating a Yes or No condition or response			
<p>SEMANTIC: HD09 is a late enrollee indicator. A "Y" value indicates the insured is a late enrollee, which can result in a reduction of benefits; an "N" value indicates the insured is a regular enrollee.</p>						
<p>SITUATIONAL RULE: <i>Required when there is a need to designate a member as a late enrollee. If not required by this implementation guide, do not send.</i></p>						
<p>IMPLEMENTATION NAME: Late Enrollment Indicator</p>						
NOT USED	HD10	1211	Drug House Code	O 1	ID	2/3
NOT USED	HD11	1073	Yes/No Condition or Response Code	O 1	ID	1/1

SEGMENT DETAIL

DTP - HEALTH COVERAGE DATES

X12 Segment Name: Date or Time or Period

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

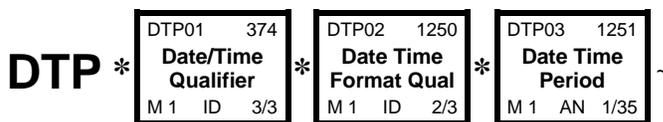
Loop: 2300 — HEALTH COVERAGE

Segment Repeat: 6

Usage: REQUIRED

TR3 Example: DTP*348*D8*19961001~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION
			300	Enrollment Signature Date
			303	Maintenance Effective
				This is the effective date of a change where a member's coverage is not being added or removed.
			343	Premium Paid to Date End
			348	Benefit Begin
				This is the effective date of coverage. This code must always be sent when adding or reinstating coverage.
			349	Benefit End
				The termination date represents the last date of coverage in which claims will be paid for the individual being terminated. For example, if a date of 02/28/2001 is passed then claims for this individual will be paid through 11:59 p.m. on 2/28/01.
			543	Last Premium Paid Date
			695	Previous Period
				This value is only to be used when reporting Previous Coverage Months.

REQUIRED **DTP02** **1250** **Date Time Period Format Qualifier** **M 1 ID 2/3**
Code indicating the date format, time format, or date and time format

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

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

This value is only to be used when reporting Previous Coverage Months.

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

IMPLEMENTATION NAME: Coverage Period

SEGMENT DETAIL

AMT - HEALTH COVERAGE POLICY

X12 Segment Name: Monetary Amount Information

X12 Purpose: To indicate the total monetary amount

Loop: 2300 — HEALTH COVERAGE

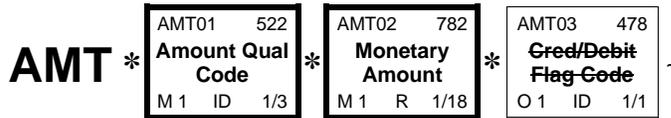
Segment Repeat: 9

Usage: SITUATIONAL

Situational Rule: Required when such transmission is required under the insurance contract between the sponsor and the payer. If not required by this implementation guide, do not send.

TR3 Example: AMT*C1*20~

DIAGRAM



ELEMENT DETAIL

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

SEGMENT DETAIL

REF - HEALTH COVERAGE POLICY NUMBER

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2300 — HEALTH COVERAGE

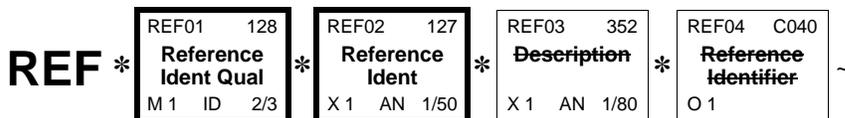
Segment Repeat: 14

Usage: SITUATIONAL

Situational Rule: Required when such transmission is required under the insurance contract between the sponsor and the payer. If not required by this implementation guide, do not send.

TR3 Example: REF*1L*123456~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			<u>CODE</u>	<u>DEFINITION</u>
			17	Client Reporting Category
			1L	Group or Policy Number
				Required when a group number that applies to this individual's participation in the coverage passed in this HD loop is required by the terms of the contract between the sponsor (sender) and payer (receiver); if not required may be sent at the sender's discretion.
			9V	Payment Category
			CE	Class of Contract Code
			E8	Service Contract (Coverage) Number
			M7	Medical Assistance Category
			PID	Program Identification Number
			RB	Rate code number
			X9	Internal Control Number
			XM	Issuer Number
			XX1	Special Program Code

			XX2	Service Area Code				
			ZX	County Code				
			ZZ	Mutually Defined				
			Use this code for the Payment Plan Type Code (Annual or Quarterly) until a standard code is assigned.					
REQUIRED	REF02	127	Reference Identification		X 1	AN	1/50	
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier					
			SYNTAX: R0203					
			IMPLEMENTATION NAME: Member Group or Policy Number					
NOT USED	REF03	352	Description		X 1	AN	1/80	
NOT USED	REF04	C040	REFERENCE IDENTIFIER		O 1			

SEGMENT DETAIL

REF - PRIOR COVERAGE MONTHS

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2300 — HEALTH COVERAGE

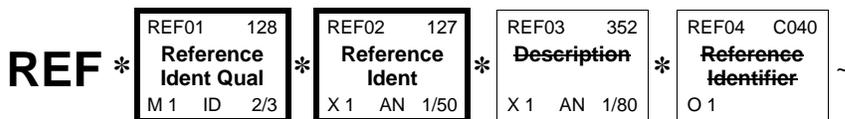
Segment Repeat: 1

Usage: SITUATIONAL

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

TR3 Example: REF*QQ*0~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			QQ	Unit Number
				This code is used in this implementation guide to indicate that the value in REF02 is the response required under the portability provisions of HIPAA.
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1 AN 1/50
			SYNTAX: R0203	
			IMPLEMENTATION NAME: Prior Coverage Month Count	
			Indicator identifying the number of prior months insurance coverage that may apply under the portability provisions of the Health Insurance Portability and Accountability Act.	
			This field will contain the number of months of prior health insurance coverage that meets the portability requirements of the HIPAA certification requirements. To be sent on new enrollments when available.	

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

SEGMENT DETAIL

IDC - IDENTIFICATION CARD

X12 Segment Name: Identification Card

X12 Purpose: To provide notification to produce replacement identification card(s)

Loop: 2300 — HEALTH COVERAGE

Segment Repeat: 3

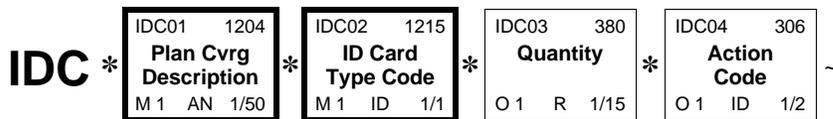
Usage: SITUATIONAL

Situational Rule: Required when requesting the production of an identification card as the result of an enrollment add, change, or statement. If not required by this implementation guide, do not send.

TR3 Notes: 1. An enrollment statement refers to a situation where no change is being made to the enrollment except to request a replacement ID card.

TR3 Example: IDC*12345*H~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	IDC01	1204	Plan Coverage Description A description or number that identifies the plan or coverage	M 1 AN 1/50
If no additional information is needed, this element will be sent as a single zero.				
REQUIRED	IDC02	1215	Identification Card Type Code Code identifying the type of identification card	M 1 ID 1/1
This code is used to identify that the card issued will be specific to the coverage identified in the related HD segment.				

CODE	DEFINITION
D	Dental Insurance
H	Health Insurance
P	Prescription Drug Service Drug Insurance

SITUATIONAL IDC03 380 **Quantity** O 1 R 1/15

Numeric value of quantity

SEMANTIC: IDC03 is the number of cards being requested.

SITUATIONAL RULE: *Required if the number of card requests is greater than 1. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Identification Card Count

Only non-negative integer values are to be sent.

SITUATIONAL IDC04 306 **Action Code** O 1 ID 1/2

Code indicating type of action

SEMANTIC: IDC04 is the reason for the card being requested, i.e., add or a change.

SITUATIONAL RULE: *Required if the sender knows the reason for the card request. If not required by this implementation guide, do not send.*

CODE	DEFINITION
------	------------

1	Add
2	Change (Update)
RX	Replace

Use when requesting replacement cards with no change to data.

SEGMENT DETAIL

LX - PROVIDER INFORMATION

X12 Segment Name: Transaction Set Line Number

X12 Purpose: To reference a line number in a transaction set

X12 Set Notes: 1. Loop 2310 contains information about the primary care providers for the subscriber or the dependent, and about the beneficiaries of any employer-sponsored life insurance for the subscriber.

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

Segment Repeat: 1

Usage: SITUATIONAL

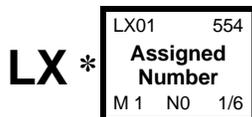
Situational Rule: Required to provide information about the primary care or capitated physicians and pharmacies chosen by the enrollee in a managed care plan when that selection is made through the sponsor. If not required by this implementation guide, do not send.

TR3 Notes: 1. Use one iteration of the loop to identify each applicable health care service provider.

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

TR3 Example: LX*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	LX01	554	Assigned Number Number assigned for differentiation within a transaction set	M 1 NO 1/6
<p>This is a sequential number representing the number of loops for this insured person. Begin with 1 for each insured person.</p>				

SEGMENT DETAIL

NM1 - PROVIDER NAME

X12 Segment Name: Individual or Organizational Name

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

X12 Set Notes: 1. Either NM1 or N1 will be included depending on whether an individual or organization is being specified.

X12 Syntax: 1. **P0809**
 If either NM108 or NM109 is present, then the other is required.

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

3. **C1203**
 If NM112 is present, then NM103 is required.

Loop: 2310 — PROVIDER INFORMATION

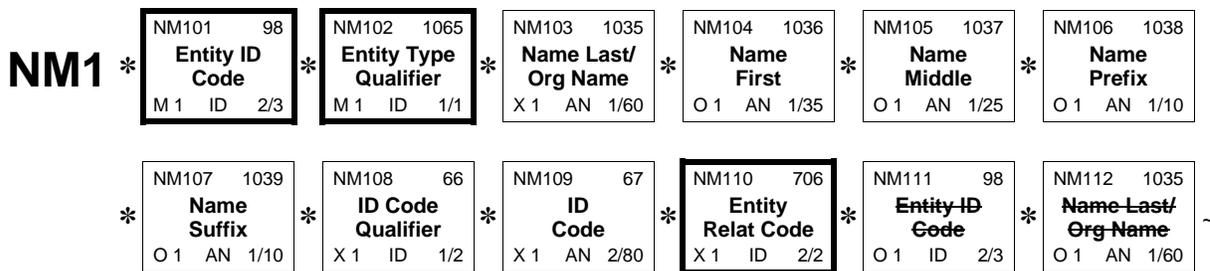
Segment Repeat: 1

Usage: REQUIRED

TR3 Notes: 1. The National Provider ID must be passed in NM109. Until that ID is available, the Federal Taxpayer's Identification Number or another identification number that is necessary to identify the entity must be sent if available. If the identification number is not available then the Provider's Name must be passed using elements NM103 through NM107 as outlined in segment note 2.

TR3 Example: NM1*P3*1*****SV*25341234567*25~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code	M 1 ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual	
			CODE	DEFINITION
			1X	Laboratory
			3D	Obstetrics and Gynecology Facility

			80	Hospital			
			FA	Facility			
			OD	Doctor of Optometry			
			P3	Primary Care Provider			
			QA	Pharmacy			
			QN	Dentist			
			Y2	Managed Care Organization			
REQUIRED	NM102	1065	Entity Type Qualifier		M 1	ID	1/1
			Code qualifying the type of entity				
			SEMANTIC: NM102 qualifies NM103.				
			CODE	DEFINITION			
			1	Person			
			2	Non-Person Entity			
SITUATIONAL	NM103	1035	Name Last or Organization Name		X 1	AN	1/60
			Individual last name or organizational name				
			SYNTAX: C1203				
			SITUATIONAL RULE: <i>Required when NM102 is equal to '1' or '2' and the sponsor is not able to provide the standard ID in element NM109. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Provider Last or Organization Name				
SITUATIONAL	NM104	1036	Name First		O 1	AN	1/35
			Individual first name				
			SITUATIONAL RULE: <i>Required when NM102 is equal to '1' and the sponsor is not able to provide the standard ID in element NM109. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Provider First Name				
SITUATIONAL	NM105	1037	Name Middle		O 1	AN	1/25
			Individual middle name or initial				
			SITUATIONAL RULE: <i>Required when NM102 is equal to '1' and the sponsor is not able to provide the standard ID in element NM109 and has this information. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Provider Middle Name				
SITUATIONAL	NM106	1038	Name Prefix		O 1	AN	1/10
			Prefix to individual name				
			SITUATIONAL RULE: <i>Required when NM102 is equal to '1' and the sponsor is not able to provide the standard ID in element NM109 and has this information. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Provider Name Prefix				

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

SITUATIONAL RULE: *Required when NM102 is equal to '1' and the sponsor is not able to provide the standard ID in element NM109 and has this information. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Provider Name Suffix

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

SYNTAX: P0809

SITUATIONAL RULE: *Required for providers in the United States or its territories when the provider has received an NPI. If not required by this implementation guide, do not send.*

CODE	DEFINITION
------	------------

34 Social Security Number

The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.

FI Federal Taxpayer's Identification Number

SV Service Provider Number

This is a number assigned by the payer used to identify a provider.

XX Centers for Medicare and Medicaid Services National Provider Identifier

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

SITUATIONAL NM109 67 **Identification Code** X 1 AN 2/80
 Code identifying a party or other code

SYNTAX: P0809

SITUATIONAL RULE: *Required for providers in the United States or its territories when the provider has received an NPI. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Provider Identifier

REQUIRED NM110 706 **Entity Relationship Code** X 1 ID 2/2
 Code describing entity relationship

SYNTAX: C1110

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

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

CODE	DEFINITION
------	------------

25 Established Patient

26 Not Established Patient

72 Unknown

NOT USED NM111 98 **Entity Identifier Code** O 1 ID 2/3

NOT USED NM112 1035 **Name Last or Organization Name** O 1 AN 1/60

SEGMENT DETAIL

N3 - PROVIDER ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2310 — PROVIDER INFORMATION

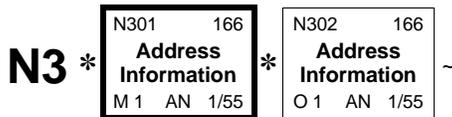
Segment Repeat: 2

Usage: SITUATIONAL

Situational Rule: Required when the location of the named provider needs to be reported. If not required by this implementation guide, do not send.

TR3 Example: N3*50 ORCHARD STREET~

DIAGRAM



ELEMENT DETAIL

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

SEGMENT DETAIL

N4 - PROVIDER CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

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

- X12 Syntax:**
1. **E0207**
Only one of N402 or N407 may be present.
 2. **C0605**
If N406 is present, then N405 is required.
 3. **C0704**
If N407 is present, then N404 is required.

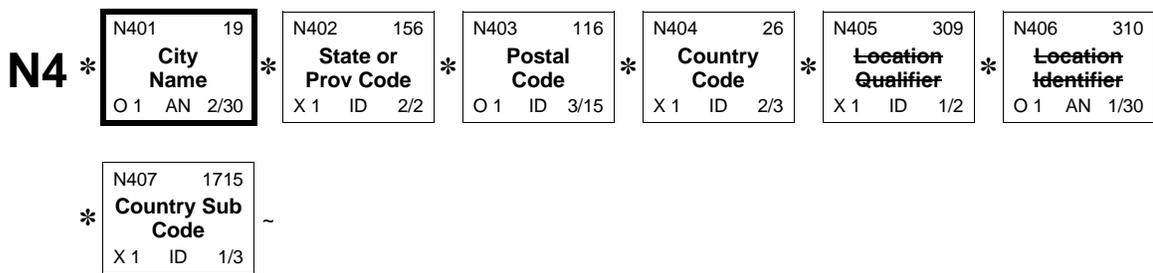
Loop: 2310 — PROVIDER INFORMATION

Segment Repeat: 1

Usage: REQUIRED

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

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. IMPLEMENTATION NAME: Provider City Name	O 1 AN 2/30
SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: 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: Provider State Code CODE SOURCE 22: States and Provinces	X 1 ID 2/2

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

SEGMENT DETAIL

PER - PROVIDER COMMUNICATIONS NUMBERS

X12 Segment Name: Administrative Communications Contact

X12 Purpose: To identify a person or office to whom administrative communications should be directed

- X12 Syntax:**
1. **P0304**
If either PER03 or PER04 is present, then the other is required.
 2. **P0506**
If either PER05 or PER06 is present, then the other is required.
 3. **P0708**
If either PER07 or PER08 is present, then the other is required.

Loop: 2310 — PROVIDER INFORMATION

Segment Repeat: 2

Usage: SITUATIONAL

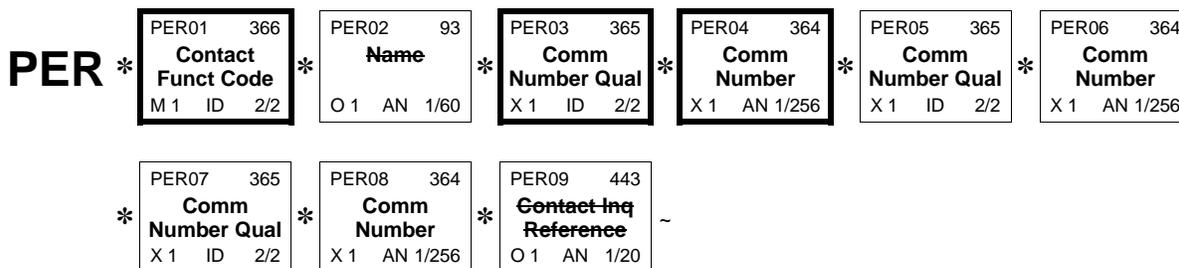
Situational Rule: Required when the Provider contact information is provided to the sponsor. If not required by this implementation guide, do not send.

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 always includes 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).

TR3 Example: PER*IC**HP*8015554321~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PER01	366	Contact Function Code Code identifying the major duty or responsibility of the person or group named	M 1 ID 2/2
			IC	Information Contact
NOT USED	PER02	93	Name	O 1 AN 1/60
REQUIRED	PER03	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0304	X 1 ID 2/2
			AP	Alternate Telephone
			BN	Beeper Number
			CP	Cellular Phone
			EM	Electronic Mail
			EX	Telephone Extension
			FX	Facsimile
			HP	Home Phone Number
			TE	Telephone
			WP	Work Phone Number
REQUIRED	PER04	364	Communication Number Complete communications number including country or area code when applicable SYNTAX: P0304	X 1 AN 1/256
SITUATIONAL	PER05	365	Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0506 SITUATIONAL RULE: <i>Required when a value is being reported in the PER06 element. If not required by this implementation guide, do not send.</i>	X 1 ID 2/2
			AP	Alternate Telephone
			BN	Beeper Number
			CP	Cellular Phone
			EM	Electronic Mail
			EX	Telephone Extension
			FX	Facsimile
			HP	Home Phone Number
			TE	Telephone
			WP	Work Phone Number

SITUATIONAL **PER06** **364** **Communication Number** **X 1 AN 1/256**
 Complete communications number including country or area code when applicable

SYNTAX: P0506

SITUATIONAL RULE: *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

SITUATIONAL **PER07** **365** **Communication Number Qualifier** **X 1 ID 2/2**
 Code identifying the type of communication number

SYNTAX: P0708

SITUATIONAL RULE: *Required when a value is being reported in the PER08 element. If not required by this implementation guide, do not send.*

CODE	DEFINITION
AP	Alternate Telephone
BN	Beeper Number
CP	Cellular Phone
EM	Electronic Mail
EX	Telephone Extension
FX	Facsimile
HP	Home Phone Number
TE	Telephone
WP	Work Phone Number

SITUATIONAL **PER08** **364** **Communication Number** **X 1 AN 1/256**
 Complete communications number including country or area code when applicable

SYNTAX: P0708

SITUATIONAL RULE: *Required when additional communication numbers are available. If not required by this implementation guide, do not send.*

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

SEGMENT DETAIL

PLA - PROVIDER CHANGE REASON

X12 Segment Name: Place or Location

X12 Purpose: To indicate action to be taken for the location specified and to qualify the location specified

Loop: 2310 — PROVIDER INFORMATION

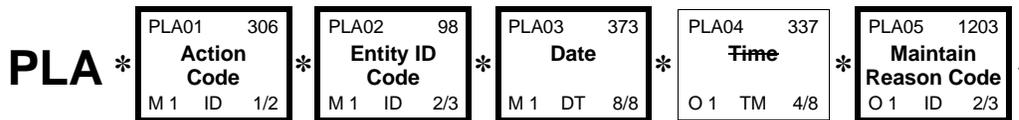
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required to report the reason and the effective date that a member changes providers as described by the NM1 segment in Loop 2310. If not required by this implementation guide, do not send.

TR3 Example: PLA*2*1P*19970628**AI~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PLA01	306	Action Code Code indicating type of action	M 1 ID 1/2
			CODE DEFINITION	
			2 Change (Update)	
REQUIRED	PLA02	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			CODE DEFINITION	
			1P Provider	
REQUIRED	PLA03	373	Date Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year	M 1 DT 8/8
			SEMANTIC: PLA03 is the effective date for the action identified in PLA01.	
			IMPLEMENTATION NAME: Provider Effective Date	
			This is the effective date of the change of PCP.	
NOT USED	PLA04	337	Time	O 1 TM 4/8

REQUIRED

PLA05

1203

Maintenance Reason Code

O 1 ID 2/3

Code identifying the reason for the maintenance change

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

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

SEGMENT DETAIL

COB - COORDINATION OF BENEFITS

X12 Segment Name: Coordination of Benefits

X12 Purpose: To supply information on coordination of benefits

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

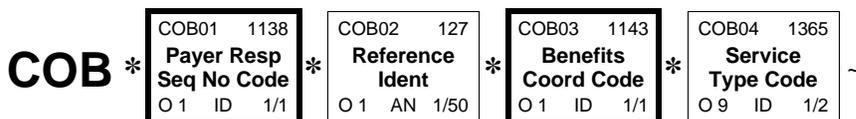
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required whenever an individual has another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. If not required by this implementation guide, do not send.

TR3 Example: COB*P*XYZ123*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	COB01	1138	Payer Responsibility Sequence Number Code Code identifying the insurance carrier's level of responsibility for a payment of a claim	O 1 ID 1/1
			CODE	DEFINITION
			P	Primary
			S	Secondary
			T	Tertiary
			U	Unknown
SITUATIONAL	COB02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	O 1 AN 1/50
			SEMANTIC: COB02 is the policy number.	
			SITUATIONAL RULE: <i>Required when the policy number is available. If not required by this implementation guide, do not send.</i>	
			IMPLEMENTATION NAME: Member Group or Policy Number	
REQUIRED	COB03	1143	Coordination of Benefits Code Code identifying whether there is a coordination of benefits	O 1 ID 1/1
			CODE	DEFINITION
			1	Coordination of Benefits
			5	Unknown

6 No Coordination of Benefits

This code is sent when it has been determined that there is no COB.

SITUATIONAL **COB04** **1365**

Service Type Code

O 9 ID 1/2

Code identifying the classification of service

SITUATIONAL RULE: *Required when detailed COB coverage information is agreed to be exchanged. If not required by this implementation guide, do not send.*

CODE	DEFINITION
1	Medical Care
35	Dental Care
48	Hospital - Inpatient
50	Hospital - Outpatient
54	Long Term Care
89	Free Standing Prescription Drug
90	Mail Order Prescription Drug
A4	Psychiatric
AG	Skilled Nursing Care
AL	Vision (Optometry)
BB	Partial Hospitalization (Psychiatric)

SEGMENT DETAIL

REF - ADDITIONAL COORDINATION OF BENEFITS IDENTIFIERS

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2320 — COORDINATION OF BENEFITS

Segment Repeat: 4

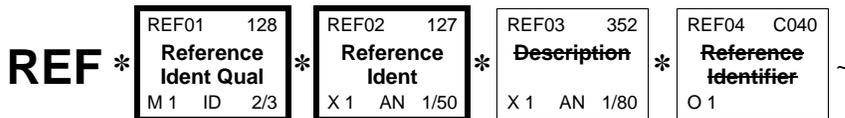
Usage: SITUATIONAL

Situational Rule: Required if additional COB identifiers are supplied by the subscriber. If not required by this implementation guide, do not send.

TR3 Notes: 1. Use the Social Security Number until the National ID Number for individuals is available.

TR3 Example: REF*6P*AZ12345~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			60	Account Suffix Code
			6P	Group Number
			SY	Social Security Number
				The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS/TRICARE.
			ZZ	Mutually Defined
				Mutually Defined, will be used in this REF01 for National Individual Identifier until a standard code is defined.

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

SEGMENT DETAIL

DTP - COORDINATION OF BENEFITS ELIGIBILITY DATES

X12 Segment Name: Date or Time or Period

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

Loop: 2320 — COORDINATION OF BENEFITS

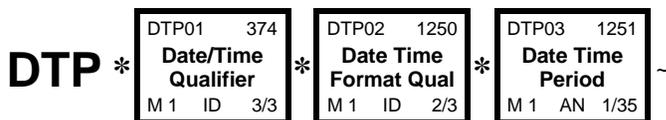
Segment Repeat: 2

Usage: SITUATIONAL

Situational Rule: Required when the submitter needs to send effective dates for coordination of benefits. If not required by this implementation guide, do not send.

TR3 Example: DTP*344*D8*19960401~

DIAGRAM



ELEMENT DETAIL

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

SEGMENT DETAIL

NM1 - COORDINATION OF BENEFITS RELATED ENTITY

X12 Segment Name: Individual or Organizational Name

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

- X12 Syntax:**
1. **P0809**
 If either NM108 or NM109 is present, then the other is required.
 2. **C1110**
 If NM111 is present, then NM110 is required.
 3. **C1203**
 If NM112 is present, then NM103 is required.

Loop: 2330 — COORDINATION OF BENEFITS RELATED ENTITY **Loop**
Repeat: 3

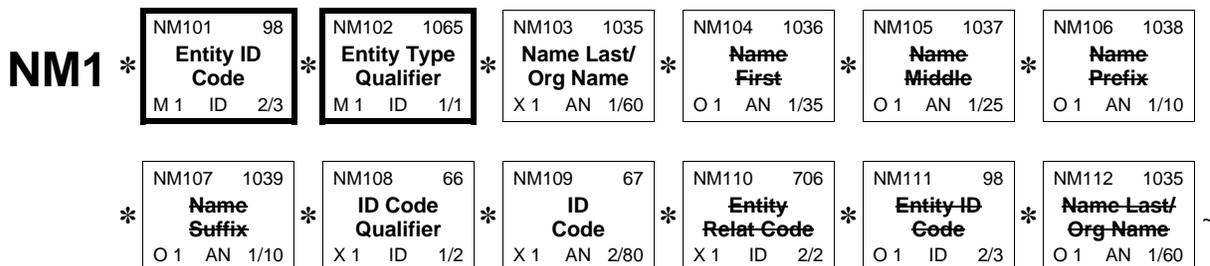
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required to send the name of the insurance company when provided to the sponsor. If not required by this implementation guide, do not send.

TR3 Example: NM1*IN*2*ABC INSURANCE CO~

DIAGRAM



ELEMENT DETAIL

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

REQUIRED	NM102	1065	Entity Type Qualifier	M 1	ID	1/1
			Code qualifying the type of entity			
			SEMANTIC: NM102 qualifies NM103.			
			CODE		DEFINITION	
			2		Non-Person Entity	
SITUATIONAL	NM103	1035	Name Last or Organization Name	X 1	AN	1/60
			Individual last name or organizational name			
			SYNTAX: C1203			
			SITUATIONAL RULE: <i>Required to send the insurance company name if no standard identifier is available to pass in NM109. If not required by this implementation guide, do not send.</i>			
			IMPLEMENTATION NAME: Coordination of Benefits Insurer Name			
NOT USED	NM104	1036	Name First	O 1	AN	1/35
NOT USED	NM105	1037	Name Middle	O 1	AN	1/25
NOT USED	NM106	1038	Name Prefix	O 1	AN	1/10
NOT USED	NM107	1039	Name Suffix	O 1	AN	1/10
SITUATIONAL	NM108	66	Identification Code Qualifier	X 1	ID	1/2
			Code designating the system/method of code structure used for Identification Code (67)			
			SYNTAX: P0809			
			SITUATIONAL RULE: <i>Required when a value is being reported in the NM109 element. If not required by this implementation guide, do not send.</i>			
			CODE		DEFINITION	
			FI		Federal Taxpayer's Identification Number	
			NI		National Association of Insurance Commissioners (NAIC) Identification	
			XV		Centers for Medicare and Medicaid Services PlanID	
					CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID	
SITUATIONAL	NM109	67	Identification Code	X 1	AN	2/80
			Code identifying a party or other code			
			SYNTAX: P0809			
			SITUATIONAL RULE: <i>Required when supplied by the employee to the sponsor. If not required by this implementation guide, do not send.</i>			
			IMPLEMENTATION NAME: Coordination of Benefits Insurer Identification Code			
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60

SEGMENT DETAIL

N3 - COORDINATION OF BENEFITS RELATED ENTITY ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2330 — COORDINATION OF BENEFITS RELATED ENTITY

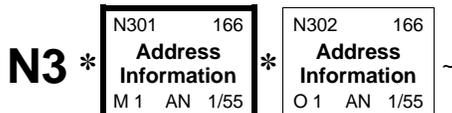
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when detailed COB coverage information is agreed to be exchanged. If not required by this implementation guide, do not send.

TR3 Example: N3*50 ORCHARD STREET~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	Address Information Address information	M 1 AN 1/55
SITUATIONAL	N302	166	Address Information Address information	O 1 AN 1/55

SITUATIONAL RULE: *Required if a second address line exists. If not required by this implementation guide, do not send.*

SEGMENT DETAIL

N4 - COORDINATION OF BENEFITS OTHER INSURANCE COMPANY CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

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

- X12 Syntax:**
1. **E0207**
Only one of N402 or N407 may be present.
 2. **C0605**
If N406 is present, then N405 is required.
 3. **C0704**
If N407 is present, then N404 is required.

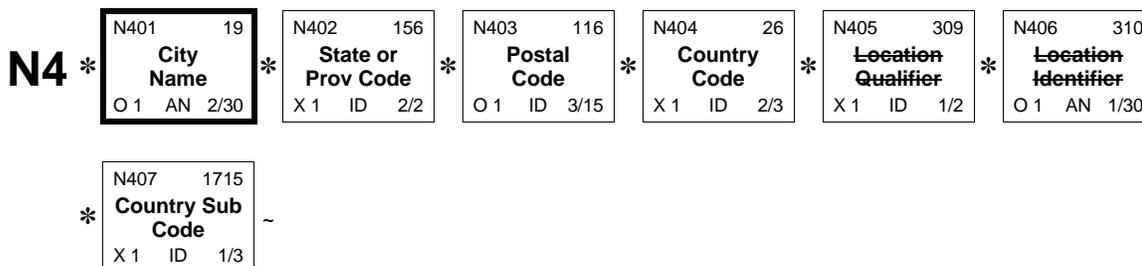
Loop: 2330 — COORDINATION OF BENEFITS RELATED ENTITY

Segment Repeat: 1

Usage: REQUIRED

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

DIAGRAM



ELEMENT DETAIL

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

SITUATIONAL **N402** **156** **State or Province Code** **X 1 ID 2/2**
 Code (Standard State/Province) as defined by appropriate government agency

SYNTAX: E0207

COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.

SITUATIONAL RULE: *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: Coordination of Benefits Other Insurance Company State Code

CODE SOURCE 22: States and Provinces

SITUATIONAL **N403** **116** **Postal Code** **O 1 ID 3/15**
 Code defining international postal zone code excluding punctuation and blanks (zip code for United States)

SITUATIONAL RULE: *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: Coordination of Benefits Other Insurance Company Postal Zone or ZIP Code

CODE SOURCE 51: ZIP Code
 CODE SOURCE 932: Universal Postal Codes

SITUATIONAL **N404** **26** **Country Code** **X 1 ID 2/3**
 Code identifying the country

SYNTAX: C0704

SITUATIONAL RULE: *Required when the address is outside the United States of America. If not required by this implementation guide, do not send.*

CODE SOURCE 5: Countries, Currencies and Funds

Use the alpha-2 country codes from Part 1 of ISO 3166.

NOT USED **N405** **309** **Location Qualifier** **X 1 ID 1/2**

NOT USED **N406** **310** **Location Identifier** **O 1 AN 1/30**

SITUATIONAL **N407** **1715** **Country Subdivision Code** **X 1 ID 1/3**
 Code identifying the country subdivision

SYNTAX: E0207, C0704

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

CODE SOURCE 5: Countries, Currencies and Funds

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

SEGMENT DETAIL

PER - ADMINISTRATIVE COMMUNICATIONS CONTACT

X12 Segment Name: Administrative Communications Contact

X12 Purpose: To identify a person or office to whom administrative communications should be directed

- X12 Syntax:**
1. **P0304**
If either PER03 or PER04 is present, then the other is required.
 2. **P0506**
If either PER05 or PER06 is present, then the other is required.
 3. **P0708**
If either PER07 or PER08 is present, then the other is required.

Loop: 2330 — COORDINATION OF BENEFITS RELATED ENTITY

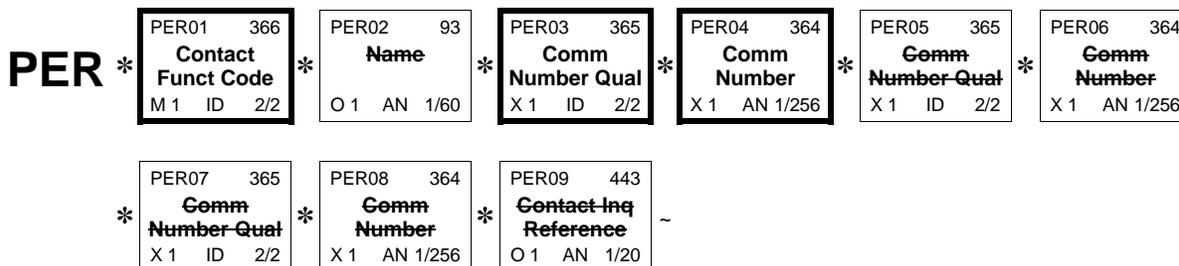
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when detailed COB coverage information is agreed to be exchanged. If not required by this implementation guide, do not send.

TR3 Example: PER*CN**TE*8015554321~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PER01	366	Contact Function Code Code identifying the major duty or responsibility of the person or group named	M 1 ID 2/2
			CODE	DEFINITION
			CN	General Contact
NOT USED	PER02	93	Name	O 1 AN 1/60

REQUIRED	PER03	365	Communication Number Qualifier	X 1	ID	2/2
			Code identifying the type of communication number			
			SYNTAX: P0304			
			<u>CODE</u>		<u>DEFINITION</u>	
			TE		Telephone	
REQUIRED	PER04	364	Communication Number	X 1	AN	1/256
			Complete communications number including country or area code when applicable			
			SYNTAX: P0304			
NOT USED	PER05	365	Communication Number Qualifier	X 1	ID	2/2
NOT USED	PER06	364	Communication Number	X 1	AN	1/256
NOT USED	PER07	365	Communication Number Qualifier	X 1	ID	2/2
NOT USED	PER08	364	Communication Number	X 1	AN	1/256
NOT USED	PER09	443	Contact Inquiry Reference	O 1	AN	1/20

SEGMENT DETAIL

LS - ADDITIONAL REPORTING CATEGORIES

X12 Segment Name: Loop Header

X12 Purpose: To indicate that the next segment begins a loop

X12 Semantic: 1. One loop may be nested contained within another loop, provided the inner nested loop terminates before the outer loop. When specified by the standard setting body as mandatory, this segment in combination with "LE", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.

Loop: 2700 — ADDITIONAL REPORTING CATEGORIES LOOP

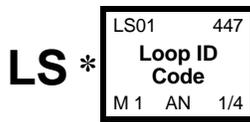
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when needed to provide additional reporting categories about the member. If not required by this implementation guide, do not send.

TR3 Example: LS*2700~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	LS01	447	Loop Identifier Code The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE	M 1 AN 1/4
Use the value 2700.				

SEGMENT DETAIL

LX - MEMBER REPORTING CATEGORIES

X12 Segment Name: Transaction Set Line Number

X12 Purpose: To reference a line number in a transaction set

Loop: 2710 — MEMBER REPORTING CATEGORIES **Loop Repeat:** >1

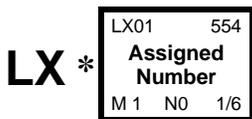
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when needed to provide additional reporting categories about the member. If not required by this implementation guide, do not send.

TR3 Example: LX*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	LX01	554	Assigned Number Number assigned for differentiation within a transaction set	M 1 NO 1/6

Use this sequential non-negative integer for LX loops for this member's additional reporting categories.

SEGMENT DETAIL

N1 - REPORTING CATEGORY

X12 Segment Name: Party Identification

X12 Purpose: To identify a party by type of organization, name, and code

X12 Syntax: 1. **R0203**

At least one of N102 or N103 is required.

2. **P0304**

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

Loop: 2750 — REPORTING CATEGORY **Loop Repeat:** 1

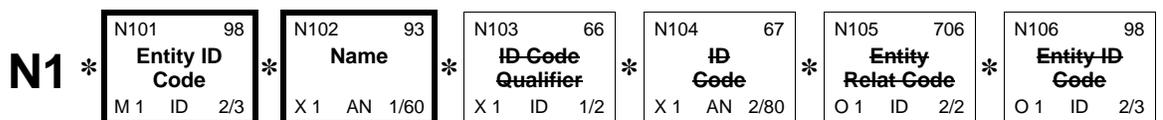
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required to specify the name of the reporting category of the member's participating entity.

TR3 Example: N1*75*SOUTHEASTERN UNION~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1 ID 2/3
			75 Participant	
REQUIRED	N102	93	Name Free-form name SYNTAX: R0203	X 1 AN 1/60
			IMPLEMENTATION NAME: Member Reporting Category Name	
NOT USED	N103	66	Identification Code Qualifier	X 1 ID 1/2
NOT USED	N104	67	Identification Code	X 1 AN 2/80
NOT USED	N105	706	Entity Relationship Code	O 1 ID 2/2
NOT USED	N106	98	Entity Identifier Code	O 1 ID 2/3

SEGMENT DETAIL

REF - REPORTING CATEGORY REFERENCE

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2750 — REPORTING CATEGORY

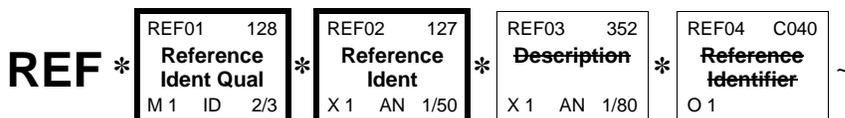
Segment Repeat: 16

Usage: SITUATIONAL

Situational Rule: Required to specify the reference identifier associated with the reporting category of the member's participating entity.

TR3 Example: REF*26*442~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			00	Contracting District Number
			17	Client Reporting Category
			18	Plan Number
			19	Division Identifier
			26	Union Number
			3L	Branch Identifier
			6M	Application Number
			9V	Payment Category
			9X	Account Category
			GE	Geographic Number
			LU	Location Number
			PID	Program Identification Number
			XX1	Special Program Code
			XX2	Service Area Code
			YY	Geographic Key
			ZZ	Mutually Defined

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

SEGMENT DETAIL

DTP - REPORTING CATEGORY DATE

X12 Segment Name: Date or Time or Period

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

Loop: 2750 — REPORTING CATEGORY

Segment Repeat: 1

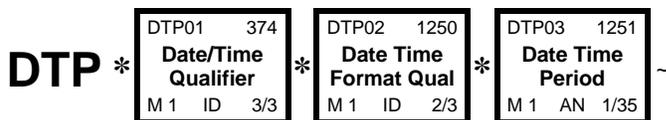
Usage: SITUATIONAL

Situational Rule: Required when called for in the insurance contract between the sponsor and payer. If not required by this implementation guide, do not send.

TR3 Notes: 1. Use this segment to associate a date or date range with a reporting category.

TR3 Example: DTP*007*RD8*20040101-20040531~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION
			007	Effective
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	M 1 ID 2/3
SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
			RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
<p>A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY. MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date.</p>				

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

IMPLEMENTATION NAME: Member Reporting Category Effective Date(s)

SEGMENT DETAIL

LE - ADDITIONAL REPORTING CATEGORIES LOOP TERMINATION

X12 Segment Name: Loop Trailer

X12 Purpose: To indicate that the loop immediately preceding this segment is complete

X12 Semantic: 1. One loop may be nested contained within another loop, provided the inner nested loop terminates before the other loop. When specified by the standards setting body as mandatory, this segment in combination with "LS", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop beginning segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.

Loop: 2700 — ADDITIONAL REPORTING CATEGORIES LOOP

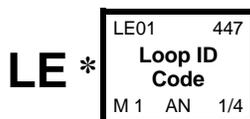
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the LS segment in position 6880 is sent. If not required by this implementation guide, do not send.

TR3 Example: LE*2700~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	LE01	447	Loop Identifier Code The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE	M 1 AN 1/4
Use the value 2700.				

SEGMENT DETAIL

SE - TRANSACTION SET TRAILER

X12 Segment Name: Transaction Set Trailer

X12 Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

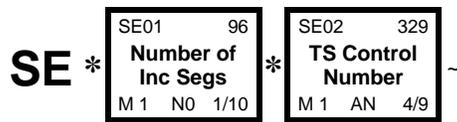
X12 Comments: 1. SE is the last segment of each transaction set.

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: SE*39*0001~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SE01	96	Number of Included Segments Total number of segments included in a transaction set including ST and SE segments IMPLEMENTATION NAME: Transaction Segment Count	M 1 NO 1/10
REQUIRED	SE02	329	Transaction Set Control Number Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges.	M 1 AN 4/9

3 Examples

3.1 Business Case Scenario 1 -- Enroll an Employee in Multiple Health Care Insurance Products

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

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*021*20*A***FT~	Beginning of Table 2. Indicates that the subscriber (John Doe) is adding coverage as an active employee.
REF*0F*123456789~	John's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*356*D8*19960523~	The eligibility date for this transaction is 5/23/1996.
NM1*IL*1*DOE*JOHN*P***34* 123456789~	Subscriber's name.
PER*IP**HP*7172343334*WP* 7172341240~	John's home phone number is (717)234-3334 and his work number is (717)234-1240
N3*100 MARKET ST*APT 3G~	This is John's street address.
N4*CAMP HILL*PA*17011**CY*CUMBERLAND~	This is John's city, state zip code and county.
DMG*D8*19400816*M~	This is John's date of birth and gender

X12 SYNTAX	COMMENTS
HD*021**HLT~	John is enrolling in a health benefit.
DTP*348*D8*19960601~	The benefits under this plan begin 6/01/1996
COB*P*890111*5~	This lets the carrier know that John has COB with another company.
HD*021**DEN~	John is enrolling in the Dental benefit.
DTP*348*D8*19960601~	The benefits under this plan begin 6/01/1996
HD*021**VIS~	John is enrolling in the Vision benefit.
DTP*348*D8*19960601~	The benefits under this plan begin 6/01/1996
SE*21*12345~	End of transaction set. 21 segments were sent and the control number in the ST segment is 12345.

3.2 Business Case Scenario 2 -- Add a Dependent (Full-time Student) to an Existing Enrollment

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

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.

X12 SYNTAX	COMMENTS
INS*N*19*021*28*A***F~	Beginning of Table 2. Indicates that the dependent (James Doe) is adding coverage as a full time student.
REF*0F*123456789~	John's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*351*D8*19980515~	The expected graduation date from Penn State is 5/15/1998
NM1*IL*1*DOE*JAMES*E***34* 103229876~	Dependents name and ssn.
DMG*D8*19770816*M~	This is James date of birth and gender
NM1*M8*2*PENN STATE UNIVERSITY~	This is the school that James attends.
HD*021*HLT~	James is enrolling in a health benefit.
DTP*348*D8*19960601~	The benefits under this plan begin 6/01/1996
SE*15*12345~	End of transaction set. 15 segments were sent and the control number in the ST segment is 12345.

3.3 Business Case Scenario 3 -- Enroll an Employee in a Managed Care Product

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

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200***2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.

X12 SYNTAX	COMMENTS
INS*Y*18*021*20*A***FT~	Beginning of Table 2. Indicates that the subscriber (William Smith) is receiving benefits as an active fulltime employee.
REF*0F*202443307~	William's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*356*D8*19960112~	William first became eligible for coverage on 1/12/96.
NM1*IL*1*SMITH*WILLIAM***** 34*202443307~	Subscriber's name and SSN.
PER*IP**HP*7172343334*WP* 7172341240~	William's home phone number is (717)234-3334 and his work number is (717)234-1240
N3*1715 SOUTHWIND AVENUE~	This is William's street address.
N4*ANYTOWN*PA*171110000~	This is Williams's city, state zip code and county.
DMG*D8*19700614*M~	This is William's date of birth and gender
HD*021**HMO~	William is enrolling in a HMO benefit.
DTP*348*D8*19960601~	The benefits under this plan begin 6/01/1996
LX*01~	This starts the provider information.
NM1*P3*1*BROWN*BERNARD**DR** SV*143766*25~	This gives the provider name, ID number and indicates William is a previous patient of Dr. Brown.
SE*18*12345~	End of transaction set. 18 segments were sent and the control number in the ST segment is 12345.

3.4 Business Case Scenario 4 -- Add Subscriber Coverage

William Smith is adding dental coverage as a benefit, which will be effective on 7/1/2002.

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.

X12 SYNTAX	COMMENTS
BGN*00*12456*20020601*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 6/1/2002 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*001*22*A***FT~	Beginning of Table 2. Indicates that the subscriber (William Smith) is updating coverage as an active employee.
REF*0F*202443307~	Williams subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
NM1*IL*1*SMITH*WILLIAM**** ZZ*2024433307~	Subscriber's name.
HD*021**DEN~	William is enrolling in the Dental benefit.
DTP*348*D8*20020701~	The benefits under this plan begin 7/1/2002.
SE*12*12345~	End of transaction set. 12 segments were sent and the control number in the ST segment is 12345.

NOTE

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

3.5 Business Case Scenario 5 -- Change subscriber information

John Doe is correcting his date of birth.

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.

X12 SYNTAX	COMMENTS
BGN*00*12456*19980520*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
N1*P5*GENERIC INC~	Specifies the sponsor/sender's tax ID number.
N1*IN*ABC INSURANCE*FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*001*25*A***FT~	Beginning of Table 2. Indicates that the subscriber (John Doe) is updating coverage as an active employee.
REF*0F*123456789~	John's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
NM1*IL*1*DOE*JAMES*E***34*103229876~	Members name and ssn.
DMG*D8*19500415*M~	This is John's date of birth and gender
NM1*70*1*DOE*JAMES*E~	Subscriber's name. The NM101 = 70 indicates that this is a change to information previously sent.
DMG*D8*19500416*M~	This is John's incorrect date of birth.
SE*12*12345~	End of transaction set. 12 segments were sent and the control number in the ST segment is 12345.

3.6 Business Case Scenario 6 -- Cancel a dependent

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

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).

X12 SYNTAX	COMMENTS
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*N*19*024*07*A~	Beginning of Table 2. Indicates that the dependent (James Doe) is terminating all coverage's.
REF*0F*123456789~	John's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*357*D8*19960801~	The benefits under this plan are terminating 8/01/1996.
NM1*IL*1*DOE*JAMES*E***34* 103229876~	Dependent's name and SSN.
DMG*D8*19770816*M~	This is James' date of birth and gender.
SE*12*12345~	End of transaction set. 12 segments were sent and the control number in the ST segment is 12345.

3.7 Business Case Scenario 7 -- Terminate Eligibility for a Subscriber

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

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*024*08*A***TE~	Beginning of Table 2. Indicates that the subscriber (John Doe) is terminating all coverage.
REF*0F*123456789~	John's subscriber ID number.

X12 SYNTAX	COMMENTS
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*357*D8*19961001~	The benefits under this plan are terminating 10/01/1996.
NM1*IL*1*DOE*JOHN*E***34* 103229876~	Subscriber's name.
SE*10*12345~	End of transaction set. 10 segments were sent and the control number in the ST segment is 12345.

3.8 Business Case Scenario 8 -- Reinstate an Employee

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

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200***2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*025*20*A***FT~	Beginning of Table 2. Indicates that the subscriber (John Doe) is reinstating all coverages.
REF*0F*123456789~	John's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*303*D8*19961001~	The benefits under this plan are reinstated as of 6/01/1996.
NM1*IL*1*DOE*JAMES*E***34* 103229876~	Subscriber's name.
SE*11*12345~	End of transaction set. 11 segments were sent and the control number in the ST segment is 12345.

3.9 Business Case Scenario 9 -- Reinstate the Employee at the Coverage (HD) Level

William Smith is reinstating his dental coverage.

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*20020601*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 6/01/2002 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*025**A***FT~	Beginning of Table 2. Indicates that the subscriber (William Smith) is submitting a reinstate to an his existing record.
REF*0F*202443307~	William's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
NM1*IL*1*SMITH*WILLIAM**** ZZ*202443307~	William's subscriber ID number.
HD*025**DEN~	William is reinstating in the Dental benefit.
DTP*348*D8*20020701~	The reinstate of coverage begins 7/1/2002.
SE*12*12345~	End of transaction set. 12 segments were sent and the control number in the ST segment is 12345.

3.10 Business Case Scenario 10 -- Reinstate member eligibility (INS)

This example illustrates the reinstatement of the person as eligible without reinstatement of coverage in a particular benefit.

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*20020601*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 6/01/2002 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*025**A***FT~	Beginning of Table 2. Indicates that the subscriber (William Smith) is submitting a change to his existing record.
REF*0F*202443307~	William's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
NMI*IL*1*SMITH*WILLIAM**** ZZ*202443307~	Subscriber's name.
SE*10*12345~	End of transaction set. 10 segments were sent and the control number in the ST segment is 12345.

A External Code Sources

A.1 External Code Sources

5 Countries, Currencies and Funds

SIMPLE DATA ELEMENT/CODE REFERENCES

26, 100, 1715, 66/38, 235/CH, 955/SP

SOURCE

Codes for Representation of Names of Countries, ISO 3166-(Latest Release)

Codes for Representation of Currencies and Funds, ISO 4217-(Latest Release)

AVAILABLE FROM

American National Standards Institute
25 West 43rd Street, 4th Floor
New York, NY 10036

ABSTRACT

Part 1 (Country codes) of the ISO 3166 international standard establishes codes that represent the current names of countries, dependencies, and other areas of special geopolitical interest, on the basis of lists of country names obtained from the United Nations. Part 2 (Country subdivision codes) establishes a code that represents the names of the principal administrative divisions, or similar areas, of the countries, etc. included in Part 1. Part 3 (Codes for formerly used names of countries) establishes a code that represents non-current country names, i.e., the country names deleted from ISO 3166 since its first publication in 1974. Most currencies are those of the geopolitical entities that are listed in ISO 3166 Part 1, Codes for the Representation of Names of Countries. The code may be a three-character alphabetic or three-digit numeric. The two leftmost characters of the alphabetic code identify the currency authority to which the code is assigned (using the two character alphabetic code from ISO 3166 Part 1, if applicable). The rightmost character is a mnemonic derived from the name of the major currency unit or fund. For currencies not associated with a single geographic entity, a specially-allocated two-character alphabetic code, in the range XA to XZ identifies the currency authority. The rightmost character is derived from the name of the geographic area concerned, and is mnemonic to the extent possible. The numeric codes are identical to those assigned to the geographic entities listed in ISO 3166 Part 1. The range 950-998

is reserved for identification of funds and currencies not associated with a single entity listed in ISO 3166 Part 1.

22 States and Provinces

SIMPLE DATA ELEMENT/CODE REFERENCES

156, 66/SJ, 235/A5, 771/009

SOURCE

U.S. Postal Service or

Canada Post or
Bureau of Transportation Statistics

AVAILABLE FROM

The U.S. state codes may be obtained from:

U.S. Postal Service
National Information Data Center
P.O. Box 2977
Washington, DC 20013
www.usps.gov

The Canadian province codes may be obtained from:

<http://www.canadapost.ca>

The Mexican state codes may be obtained from:

www.bts.gov/ntda/tbscd/mex-states.html

ABSTRACT

Provides names, abbreviations, and two character codes for the states, provinces and sub-country divisions as defined by the appropriate government agency of the United States, Canada, and Mexico.

51 ZIP Code

SIMPLE DATA ELEMENT/CODE REFERENCES

116, 66/16, 309/PQ, 309/PR, 309/PS, 771/010

SOURCE

National ZIP Code and Post Office Directory, Publication 65

The USPS Domestic Mail Manual

AVAILABLE FROM

U.S Postal Service
Washington, DC 20260
New Orders
Superintendent of Documents
P.O. Box 371954
Pittsburgh, PA 15250-7954

ABSTRACT

The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two rightmost digits identify a local delivery area. In the nine-digit ZIP Code, the four digits that follow the hyphen further subdivide the delivery area. The two leftmost digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes. The USPS Domestic Mail Manual includes information on the use of the new 11-digit zip code.

94 International Organization for Standardization (Date and Time)

SIMPLE DATA ELEMENT/CODE REFERENCES

623

SOURCE

ISO 8601

AVAILABLE FROM

American National Standards Institute
25 West 43rd Street, 4th Floor
New York, NY 10036

ABSTRACT

ISO Standards code list for representation of date and time.

102 Languages

SIMPLE DATA ELEMENT/CODE REFERENCES

819, 66/LE

SOURCE

Code for the representation of names of languages (ISO 639)

AVAILABLE FROM

American National Standards Institute
25 West 43rd Street, 4th Floor
New York, NY 10036

ABSTRACT

A set of symbols used to designate languages.

131 International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

SIMPLE DATA ELEMENT/CODE REFERENCES

128/ICD, 235/DX, 235/ID, 1270/BF, 1270/BJ, 1270/BK, 1270/BN, 1270/BQ, 1270/BR, 1270/DD, 1270/PR, 1270/SD, 1270/TD, 1270/AAU, 1270/AAV, 1270/AAX

SOURCE

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes I, II and III

AVAILABLE FROM

Superintendent of Documents
U.S. Government Printing Office
P.O. Box 371954
Pittsburgh, PA 15250

ABSTRACT

The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes I, II (diagnoses) and III (procedures) describes the classification of morbidity and mortality information for statistical purposes and for the indexing of healthcare records by diseases and procedures.

206 Government Bill of Lading Office Code

SIMPLE DATA ELEMENT/CODE REFERENCES

309

SOURCE

Defense Traffic Management Regulation (DTMR), Appendix I - Government Bill of Lading Codes

AVAILABLE FROM

Military Traffic Management Command (MTMC)
Attn: Programs and Systems Support (MTIN-P)
5611 Columbia Pike
Falls Church, VA 22041-5050

ABSTRACT

Defines the regulations for managing the transportation of goods owned or purchased by the Department of Defense.

307 National Council for Prescription Drug Programs Pharmacy Number

SIMPLE DATA ELEMENT/CODE REFERENCES

128/D3

SOURCE

National Council for Prescription Drug Programs (NCPDP) Provider Number Database and Listing

AVAILABLE FROM

National Council for Prescription Drug Programs (NCPDP)
9240 East Raintree Drive
Scottsdale, AZ 85260

ABSTRACT

A unique number assigned in the U.S. and its territories to individual clinic, hospital, chain, and independent pharmacy and dispensing physician locations that conduct business by billing third-party and dispensing physician locations that conduct business by billing third-party drug benefit payers. The National Council for Prescription Drug Programs (NCPDP) maintains this database. The NCPDP Provider Number is a

seven-digit number with the following format SSNNNNC, where SS=NCPDP assigned state code number, NNNN=sequential numbering scheme assigned to pharmacy locations, and C=check digit calculate by algorithm from previous six digits.

457 NISO Z39.53 Language Code List

SIMPLE DATA ELEMENT/CODE REFERENCES

66/LD

SOURCE

Code list for the representation of names of written languages (NISO Z39.53)

AVAILABLE FROM

National Information Standards Organization Press
P.O. 338
Oxon Hill, MD 20750-0338

ABSTRACT

A set of codes to designate written languages.

537 Centers for Medicare and Medicaid Services National Provider Identifier

SIMPLE DATA ELEMENT/CODE REFERENCES

66/XX, 128/HPI

SOURCE

National Provider System

AVAILABLE FROM

Centers for Medicare and Medicaid Services
Office of Financial Management
Division of Provider/Supplier Enrollment
C4-10-07
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT

The Centers for Medicare and Medicaid Services is developing the National Provider Identifier (NPI), which has been proposed as the standard unique identifier for each

health care provider under the Health Insurance Portability and Accountability Act of 1996.

540 Centers for Medicare and Medicaid Services PlanID

SIMPLE DATA ELEMENT/CODE REFERENCES

66/XV, 128/ABY

SOURCE

PlanID Database

AVAILABLE FROM

Centers for Medicare and Medicaid Services
Center of Beneficiary Services, Membership Operations Group
Division of Benefit Coordination
S1-05-06
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT

The Centers for Medicare and Medicaid Services has joined with other payers to develop a unique national payer identification number. The Centers for Medicare and Medicaid Services is the authorizing agent for enumerating payers through the services of a PlanID Registrar. It may also be used by other payers on a voluntary basis.

859 Classification of Race or Ethnicity

SIMPLE DATA ELEMENT/CODE REFERENCES

1270/RET

SOURCE

Classification of Race or Ethnicity

AVAILABLE FROM

Health Information and Surveillance Systems Board
Centers for Disease Control and Prevention
Mailstop C08
1600 Clifton Road, NE
Atlanta, Georgia 30333

ABSTRACT

The Classification of Race or Ethnicity provides a detailed, hierarchical classification of race and ethnicity that complies with the U.S. Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity and is consistent with the classification of race and ethnicity used by the U.S. Bureau of the Census.

860 Race or Ethnicity Collection Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1270/REC

SOURCE

Race or Ethnicity Collection Code

AVAILABLE FROM

Health Information and Surveillance Systems Board
Centers for Disease Control and Prevention
Mailstop C08
1600 Clifton Road, NE
Atlanta, Georgia 30333

ABSTRACT

The Race or Ethnicity Collection code provides a method of describing how information on race or ethnicity is collected in various data gathering systems.

896 International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

SIMPLE DATA ELEMENT/CODE REFERENCES

235/IP, 1270/BBQ, 1270/BBR

SOURCE

International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

AVAILABLE FROM

CMM, HAPG, Division of Acute Care
Centers for Medicare and Medicaid Services
7500 Security Boulevard

Baltimore, MD 21244

ABSTRACT

The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS), describes the classification of inpatient procedures for statistical purposes and for the indexing of healthcare records by procedures.

932 Universal Postal Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

116

SOURCE

Universal Postal Union website

AVAILABLE FROM

International Bureau of the Universal Postal Union

POST*CODE

Case postale 13

3000 BERNE 15 Switzerland

ABSTRACT

The postcode is the fundamental, essential element of an address. A unique, universal identifier, it unambiguously identifies the addressee's locality and assists in the transmission and sorting of mail items. At present, 105 UPU member countries use postcodes as part of their addressing systems.

B Nomenclature

B.1 ASC X12 Nomenclature

B.1.1 Interchange and Application Control Structures

Appendix B is provided as a reference to the X12 syntax, usage, and related information. It is not a full statement of Interchange and Control Structure rules. The full X12 Interchange and Control Structures and other rules (X12.5, X12.6, X12.59, X12 dictionaries, other X12 standards and official documents) apply unless specifically modified in the detailed instructions of this implementation guide (see Section B.1.1.3.1.2 - *Decimal* for an example of such a modification).

B.1.1.1 Interchange Control Structure

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

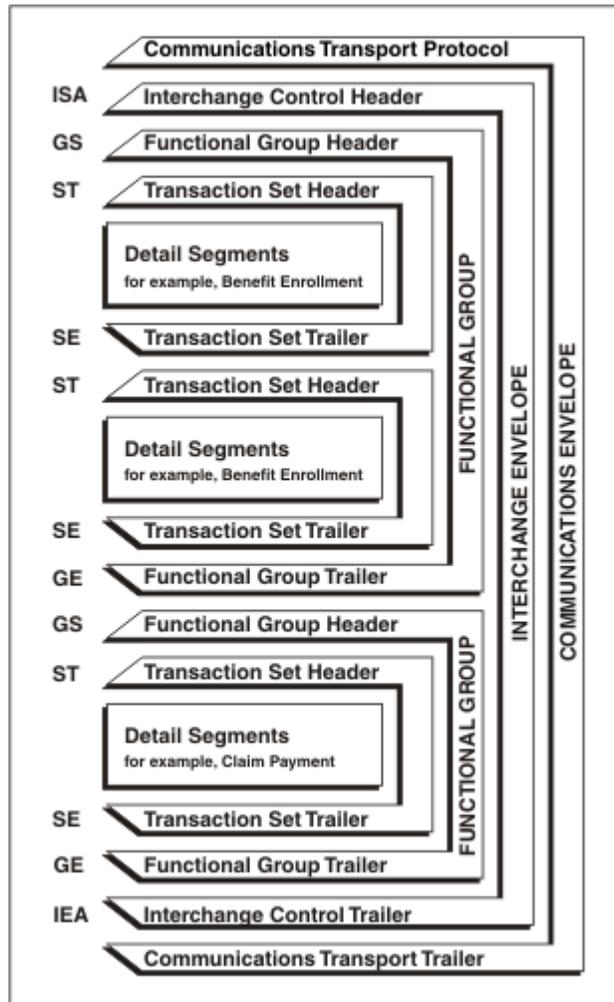
Each transaction set contains groups of logically related data in units called segments. For instance, the N4 segment used in the transaction set conveys the city, state, ZIP Code, and other geographic information. A transaction set contains multiple segments, so the addresses of the different parties,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

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

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

Figure B.1 - *Transmission Control Schematic*, illustrates this interchange control.

Figure B.1 - Transmission Control Schematic



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

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

B.1.1.2 Application Control Structure Definitions and Concepts

B.1.1.2.1 Basic Structure

A data element corresponds to a data field in data processing terminology. A data segment corresponds to a record in data processing terminology. The data segment

begins with a segment ID and contains related data elements. A control segment has the same structure as a data segment; the distinction is in the use. The data segment is used primarily to convey user information, but the control segment is used primarily to convey control information and to group data segments.

B.1.1.2.2 Basic Character Set

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

The basic character set of this standard, shown in Table B.1 - *Basic Character Set*, includes those selected from the uppercase letters, digits, space, and special characters as specified below.

Table B.1 - Basic Character Set

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

B.1.1.2.3 Extended Character Set

An extended character set may be used by negotiation between the two parties and includes the lowercase letters and other special characters as specified in Table B.2 - *Extended Character Set*.

Table B.2 - Extended Character Set

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

Note that the extended characters include several character codes that have multiple graphical representations for a specific bit pattern. The complete list appears in other standards such as CCITT S.5. Use of the USA graphics for these codes presents no problem unless data is exchanged with an international partner. Other problems, such as the translation of item descriptions from English to French, arise when exchanging data with an international partner, but minimizing the use of codes with multiple graphics eliminates one of the more obvious problems.

For implementations compliant with this guide, either the entire extended character set must be acceptable, or the entire extended character set must not be used. In the absence of a specific trading partner agreement to the contrary, trading partners will assume that the extended character set is acceptable. Use of the extended character set allows the use of the "@" character in email addresses within the PER segment. Users should note that characters in the extended character set, as well as the basic character set, may be used as delimiters only when they do not occur in the data as stated in Section B.1.1.2.4.1 - *Base Control Set*.

B.1.1.2.4 Control Characters

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

B.1.1.2.4.1 Base Control Set

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

Table B.3 - Base Control Set

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

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

B.1.1.2.4.2 Extended Control Set

The extended control set includes those that may have an effect on a transmission system. These are shown in Table B.4 - *Extended Control Set*.

Table B.4 - Extended Control Set

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

B.1.1.2.5 Delimiters

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

Delimiters are specified in the interchange header segment, ISA. The ISA segment can be considered in implementations compliant with this guide (see Appendix C, ISA Segment Note 1) to be a 105 byte fixed length record, followed by a segment terminator. The data element separator is byte number 4; the repetition separator is byte number

83; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator.

Once specified in the interchange header, the delimiters are not to be used in a data element value elsewhere in the interchange. For consistency, this implementation guide uses the delimiters shown in Table B.5 - *Delimiters*, in all examples of EDI transmissions.

Table B.5 - Delimiters

CHARACTER	NAME	DELIMITER
*	Asterisk	Data Element Separator
^	Carat	Repetition Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator

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

B.1.1.3 Business Transaction Structure Definitions and Concepts

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

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

B.1.1.3.1 Data Element

The data element is the smallest named unit of information in the ASC X12 standard. Data elements are identified as either simple or component. A data element that occurs as an ordinal member of a composite data structure is identified as a component data element. A data element that occurs in a segment outside the defined boundaries of a composite data structure is identified as a simple data element. The

distinction between simple and component data elements is strictly a matter of context because a data element can be used in either capacity.

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

A simple data element within a segment may have an attribute indicating that it may occur once or a specific number of times more than once. The number of permitted repeats are defined as an attribute in the individual segment where the repeated data element occurs.

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

The data element types shown in Table B.6 - *Data Element Types*, appear in this implementation guide.

Table B.6 - Data Element Types

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

The data element minimum and maximum lengths may be restricted in this implementation guide for a compliant implementation. Such restrictions may occur by virtue of the allowed qualifier for the data element or by specific instructions regarding length or format as stated in this implementation guide.

B.1.1.3.1.1 Numeric

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

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

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

EXAMPLE

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

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

B.1.1.3.1.2 Decimal

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

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

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

EXAMPLE

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

While the ASC X12 standard supports usage of exponential notation, this guide prohibits that usage.

For implementation of this guide under the rules promulgated under the Health Insurance Portability and Accountability Act (HIPAA), decimal data elements in Data Element 782 (Monetary Amount) will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). Note the statement in the preceding paragraph that the decimal point and leading sign, if sent, are not part of the character count.

EXAMPLE

For implementations mandated under HIPAA rules:

- The following transmitted value represents the largest positive dollar amount that can be sent: 99999999.99
- The following transmitted value is the longest string of characters that can be sent representing whole dollars: 99999999
- The following transmitted value is the longest string of characters that can be sent representing negative dollars and cents: -99999999.99
- The following transmitted value is the longest string of characters that can be sent representing negative whole dollars: -99999999

B.1.1.3.1.3 Identifier

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

B.1.1.3.1.4 String

A string data element is a sequence of any characters from the basic or extended character sets. The string data element must contain at least one non-space character. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is "AN."

B.1.1.3.1.5 Date

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the

month (01 to 31). The representation for this data element type is "DT." Users of this guide should note that all dates within transactions are 8-character dates (millennium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment and the TA1 segment where the century is easily determined because of the nature of an interchange header.

B.1.1.3.1.6 Time

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

EXAMPLE

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

B.1.1.3.1.7 Binary

The binary data element is any sequence of octets ranging in value from binary 00000000 to binary 11111111. This data element type has no defined maximum length. Actual length is specified by the immediately preceding data element. Within the body of a transaction set (from ST to SE) implemented according to this technical report, the binary data element type is only used in the segments Binary Data Segment BIN, and Binary Data Structure BDS. Within those segments, Data Element 785 Binary Data is a string of octets which can assume any binary pattern from hexadecimal 00 to FF, and can be used to send text as well as coded data, including data from another application in its native format. The binary data type is also used in some control and security structures.

Not all transaction sets use the Binary Data Segment BIN or Binary Data Structure BDS.

B.1.1.3.2 Repeating Data Elements

Simple or composite data elements within a segment can be designated as repeating data elements. Repeating data elements are adjacent data elements that occur up to a number of times specified in the standard as number of repeats. The implementation guide may also specify the number of repeats of a repeating data element in a specific location in the transaction that are permitted in a compliant implementation. Adjacent occurrences of the same repeating simple data element or composite data structure in a segment shall be separated by a repetition separator.

B.1.1.3.3 Composite Data Structure

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

Each composite data structure has a unique four-character identifier, a name, and a purpose. The identifier serves as a label for the composite. A composite data structure can be further defined through the use of syntax notes, semantic notes, and comments. Each component within the composite is further characterized by a reference designator and a condition designator. The reference designators and the condition designators are described in Section B.1.1.3.8 - *Reference Designator* and Section B.1.1.3.9 - *Condition Designator*.

A composite data structure within a segment may have an attribute indicating that it may occur once or a specific number of times more than once. The number of permitted repeats are defined as an attribute in the individual segment where the repeated composite data structure occurs.

B.1.1.3.4 Data Segment

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

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

B.1.1.3.5 Syntax Notes

Syntax notes describe relational conditions among two or more data segment units within the same segment, or among two or more component data elements within the same composite data structure. For a complete description of the relational conditions, See Section B.1.1.3.9 - *Condition Designator*.

B.1.1.3.6 Semantic Notes

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

B.1.1.3.7 Comments

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

B.1.1.3.8 Reference Designator

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

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

EXAMPLE

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

B.1.1.3.9 Condition Designator

This section provides information about X12 standard conditions designators. It is provided so that users will have information about the general standard. Implementation guides may impose other conditions designators. See implementation guide section 2.1 Presentation Examples for detailed information about the implementation guide Industry Usage requirements for compliant implementation.

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

Table B.7 - Condition Designator

DESIGNATOR	DESCRIPTION								
M- Mandatory	The designation of mandatory is absolute in the sense that there is no dependency on other data elements. This designation may apply to either simple data elements or composite data structures. If the designation applies to a composite data structure, then at least one value of a component data element in that composite data structure shall be included in the data segment.								
O- Optional	The designation of optional means that there is no requirement for a simple data element or composite data structure to be present in the segment. The presence of a value for a simple data element or the presence of value for any of the component data elements of a composite data structure is at the option of the sender.								
X- Relational	Relational conditions may exist among two or more simple data elements within the same data segment based on the presence or absence of one of those data elements (presence means a data element must not be empty). Relational conditions are specified by a condition code (see table below) and the reference designators of the affected data elements. A data element may be subject to more than one relational condition.								
	The definitions for each of the condition codes used within syntax notes are detailed below:								
	<table border="1"> <thead> <tr> <th data-bbox="537 1251 824 1318">CONDITION CODE</th> <th data-bbox="824 1251 1427 1318">DEFINITION</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 1318 824 1470">P- Paired or Multiple</td> <td data-bbox="824 1318 1427 1470">If any element specified in the relational condition is present, then all of the elements specified must be present.</td> </tr> <tr> <td data-bbox="537 1470 824 1579">R- Required</td> <td data-bbox="824 1470 1427 1579">At least one of the elements specified in the condition must be present.</td> </tr> <tr> <td data-bbox="537 1579 824 1688">E- Exclusion</td> <td data-bbox="824 1579 1427 1688">Not more than one of the elements specified in the condition may be present.</td> </tr> </tbody> </table>	CONDITION CODE	DEFINITION	P- Paired or Multiple	If any element specified in the relational condition is present, then all of the elements specified must be present.	R- Required	At least one of the elements specified in the condition must be present.	E- Exclusion	Not more than one of the elements specified in the condition may be present.
CONDITION CODE	DEFINITION								
P- Paired or Multiple	If any element specified in the relational condition is present, then all of the elements specified must be present.								
R- Required	At least one of the elements specified in the condition must be present.								
E- Exclusion	Not more than one of the elements specified in the condition may be present.								

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

B.1.1.3.10 Absence of Data

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

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

If a segment has no data in any data element within the segment (an "empty" segment), that segment must not be sent.

B.1.1.3.11 Control Segments

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

B.1.1.3.11.1 Loop Control Segments

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

B.1.1.3.11.2 Transaction Set Control Segments

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

B.1.1.3.11.3 Functional Group Control Segments

The functional group is delineated by the functional group header (GS segment) and the functional group trailer (GE segment). The functional group header starts and identifies one or more related transaction sets and provides a control number and application identification information. The functional group trailer defines the end of the functional group of related transaction sets and provides a count of contained transaction sets.

B.1.1.3.11.4 Relations among Control Segments

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

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

ST Transaction Set Header, starts a transaction set.

LS Loop Header, starts a bounded loop of data segments but is not part of the loop.

LS Loop Header, starts an inner, nested, bounded loop.

LE Loop Trailer, ends an inner, nested bounded loop.

LE Loop Trailer, ends a bounded loop of data segments but is not part of the loop.

SE Transaction Set Trailer, ends a transaction set.

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

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

B.1.1.3.12 Transaction Set

The transaction set is the smallest meaningful set of information exchanged between trading partners. The transaction set consists of a transaction set header segment, one or more data segments in a specified order, and a transaction set trailer segment. See Figure B.1 - *Transmission Control Schematic*.

B.1.1.3.12.1 Transaction Set Header and Trailer

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

B.1.1.3.12.2 Data Segment Groups

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

B.1.1.3.12.3 Repeated Occurrences of Single Data Segments

When a single data segment is allowed to be repeated, it may have a specified maximum number of occurrences defined at each specified position within a given transaction set standard. Alternatively, a segment may be allowed to repeat an unlimited number of times. The notation for an unlimited number of repetitions is ">1."

B.1.1.3.12.4 Loops of Data Segments

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

Unbounded Loops

To establish the iteration of a loop, the first data segment in the loop must appear once and only once in each iteration. Loops may have a specified maximum number of

repetitions. Alternatively, the loop may be specified as having an unlimited number of iterations. The notation for an unlimited number of repetitions is ">1."

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

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

Bounded Loops

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

B.1.1.3.12.5 Data Segments in a Transaction Set

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

B.1.1.3.12.6 Data Segment Requirement Designators

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

Table B.8 - Data Segment Requirement Designators

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

B.1.1.3.12.7 Data Segment Position

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

B.1.1.3.12.8 Data Segment Occurrence

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

B.1.1.3.13 Functional Group

A functional group is a group of similar transaction sets that is bounded by a functional group header segment and a functional group trailer segment. The functional identifier defines the group of transactions that may be included within the functional group. The value for the functional group control number in the header and trailer control segments must be identical for any given group. The value for the number of included transaction sets is the total number of transaction sets in the group. See Figure B.1 - *Transmission Control Schematic*.

B.1.1.4 Envelopes and Control Structures

B.1.1.4.1 Interchange Control Structures

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

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

Data Element ISA12, Interchange Control Version Number, indicates the version of the ISA/IEA envelope. GS08 indicates the version of the transaction sets contained within the ISA/IEA envelope. The versions are not required to be the same. An Interchange

Acknowledgment can be requested through data element ISA14. The interchange acknowledgement is the TA1 segment. Data element ISA15, Test Indicator, is used between trading partners to indicate that the transmission is in a "test" or "production" mode. Data element ISA16, Subelement Separator, is used by the translator for interpretation of composite data elements.

The ending component of the interchange or ISA/IEA envelope is the IEA segment. Data element IEA01 indicates the number of functional groups that are included within the interchange. In most commercial translation software products, an aggregate count of functional groups is kept while interpreting the interchange. This count is then verified with data element IEA01. If there is a discrepancy, in most commercial products, the interchange is suspended. The other data element in the IEA segment is IEA02 which is referenced above.

See Appendix C, EDI Control Directory, for a complete detailing of the interchange control header and trailer. The authors recommend that when two transactions with different X12 versions numbers are sent in one interchange control structure (multiple functional groups within one ISA/IEA envelope), the Interchange Control version used should be that of the most recent transaction version included in the envelope. For the transmission of HIPAA transactions with mixed versions, this would be a compliant enveloping structure.

B.1.1.4.2 Functional Groups

Control structures within the functional group envelope include the functional identifier code in GS01. The Functional Identifier Code is used by the commercial translation software during interpretation of the interchange to determine the different transaction sets that may be included within the functional group. If an inappropriate transaction set is contained within the functional group, most commercial translation software will suspend the functional group within the interchange. The Application Sender's Code in GS02 can be used to identify the sending unit of the transmission. The Application Receiver's Code in GS03 can be used to identify the receiving unit of the transmission. The functional group contains a creation date (GS04) and creation time (GS05) for the functional group. The Group Control Number is contained in GS06. These data elements (GS04, GS05, and GS06) can be used for debugging purposes. GS08, Version/Release/Industry Identifier Code is the version/release/sub-release of the transaction sets being transmitted in this functional group.

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

count of the transaction sets is kept while interpreting the functional group. This count is then verified with data element GE01.

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

B.1.1.4.3 HL Structures

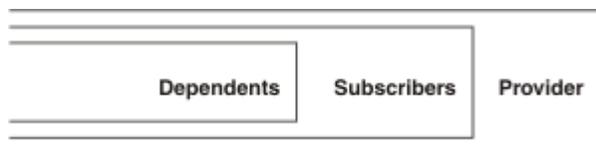
The HL segment is used in several X12 transaction sets to identify levels of detail information using a hierarchical structure, such as relating dependents to a subscriber. Hierarchical levels may differ from guide to guide.

For example, each provider can bill for one or more subscribers, each subscriber can have one or more dependents and the subscriber and the dependents can make one or more claims.

Each guide states what levels are available, the level's usage, number of repeats, and whether that level has subordinate levels within a transaction set.

For implementations compliant with this guide, the repeats of the loops identified by the HL structure shall appear in the hierarchical order specified in BHT01, when those particular hierarchical levels exist. That is, an HL parent loop must be followed by the subordinate child loops, if any, prior to commencing a new HL parent loop at the same hierarchical level.

The following diagram, from transaction set 837, illustrates a typical hierarchy.



The two examples below illustrate this requirement:

Example 1 based on Implementation Guide 811X201: INSURER

- First STATE in transaction (child of INSURER)
- First POLICY in transaction (child of first STATE)
- First VEHICLE in transaction (child of first POLICY)
- Second POLICY in transaction (child of first STATE)
- Second VEHICLE in transaction (child of second POLICY)
- Third VEHICLE in transaction (child of second POLICY)

Second STATE in transaction (child of INSURER)
Third POLICY in transaction (child of second STATE)
Fourth VEHICLE in transaction (child of third POLICY)

Example 2 based on Implementation Guide 837X141

First PROVIDER in transaction
 First SUBSCRIBER in transaction (child of first PROVIDER)
Second PROVIDER in transaction
 Second SUBSCRIBER in transaction (child of second PROVIDER)
 First DEPENDENT in transaction (child of second SUBSCRIBER)
 Second DEPENDENT in transaction (child of second SUBSCRIBER)
Third SUBSCRIBER in transaction (child of second PROVIDER)
Third PROVIDER in transaction
 Fourth SUBSCRIBER in transaction (child of third PROVIDER)
 Fifth SUBSCRIBER in transaction (child of third PROVIDER)
 Third DEPENDENT in transaction (child of fifth SUBSCRIBER)

B.1.1.5 Acknowledgments

B.1.1.5.1 Interchange Acknowledgment, TA1

The TA1 segment provides the capability for the interchange receiver to notify the sender that a valid envelope was received or that problems were encountered with the interchange control structure. The TA1 verifies the envelopes only. Transaction set-specific verification is accomplished through use of the Functional Acknowledgment Transaction Set, 997. See Section B.1.1.5.2 - *Functional Acknowledgment, 997*, for more details. The TA1 is unique in that it is a single segment transmitted without the GS/GE envelope structure. A TA1 can be included in an interchange with other functional groups and transactions.

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

B.1.1.5.2 Functional Acknowledgment, 997

The Functional Acknowledgment Transaction Set, 997, has been designed to allow trading partners to establish a comprehensive control function as a part of their business exchange process. This acknowledgment process facilitates control of EDI. There is a one-to-one correspondence between a 997 and a functional group. Segments within the 997 can identify the acceptance or rejection of the functional group, transaction sets or segments. Data elements in error can also be identified. There are many EDI implementations that have incorporated the acknowledgment process in all of their electronic communications. The 997 is used as a functional acknowledgment to a previously transmitted functional group.

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

B.2 Object Descriptors

Object Descriptors (OD) provide a method to uniquely identify specific locations within an implementation guide. There is an OD assigned at every level of the X12N implementation:

1. Transaction Set
2. Loop
3. Segment
4. Composite Data Element
5. Component Data Element
6. Simple Data Element

ODs at the first four levels are coded using X12 identifiers separated by underbars:

Entity	Example
1. Transaction Set Identifier plus a unique 2 character value	837Q1
2. Above plus under bar plus Loop Identifier as assigned within an implementation guide	837Q1_2330C
3. Above plus under bar plus Segment Identifier	837Q1_2330C_NM1
4. Above plus Reference Designator plus under bar plus Composite Identifier	837Q1_2400_SV101_C003

The fifth and sixth levels add a name derived from the "Industry Term" defined in the X12N Data Dictionary. The name is derived by removing the spaces.

Entity	Example
5. Number 4 above plus composite sequence plus under bar plus name	837Q1_2400_SV101_C00302_ProcedureCode
6. Number 3 above plus Reference Designator plus two under bars plus name	837Q1_2330C_NM109__OtherPayerPatientPrimaryIdentifier

Said in another way, ODs contain a coded component specifying a location in an implementation guide, a separator, and a name portion. For example:



Since ODs are unique across all X12N implementation guides, they can be used for a variety of purposes. For example, as a cross reference to older data transmission systems, like the National Standard Format for health care claims, or to form XML tags for newer data transmission systems.

C EDI Control Directory

C.1 Control Segments

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

SEGMENT DETAIL

ISA - INTERCHANGE CONTROL HEADER

X12 Segment Name: Interchange Control Header

X12 Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Segment Repeat: 1

Usage: REQUIRED

TR3 Notes: 1. All positions within each of the data elements must be filled.

2. For compliant implementations under this implementation guide, ISA13, the interchange Control Number, must be a positive unsigned number. Therefore, the ISA segment can be considered a fixed record length segment.

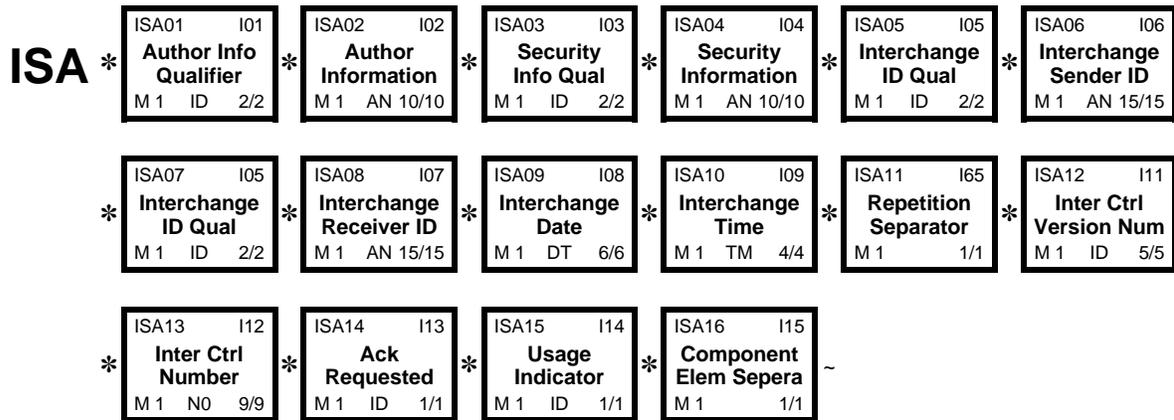
3. The first element separator defines the element separator to be used through the entire interchange.

4. The ISA segment terminator defines the segment terminator used throughout the entire interchange.

5. Spaces in the example interchanges are represented by “.” for clarity.

TR3 Example: ISA*00*.....*01*SECRET....*ZZ*SUBMITTERS.ID..*ZZ*
 RECEIVERS.ID...*030101*1253*^*00501*000000905*1*T*::~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	ISA01	I01	Authorization Information Qualifier Code identifying the type of information in the Authorization Information	M 1 ID 2/2
			00 No Authorization Information Present (No Meaningful Information in I02)	
			03 Additional Data Identification	
REQUIRED	ISA02	I02	Authorization Information Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	M 1 AN 10/10
REQUIRED	ISA03	I03	Security Information Qualifier Code identifying the type of information in the Security Information	M 1 ID 2/2
			00 No Security Information Present (No Meaningful Information in I04)	
			01 Password	
REQUIRED	ISA04	I04	Security Information This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)	M 1 AN 10/10
REQUIRED	ISA05	I05	Interchange ID Qualifier Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified	M 1 ID 2/2
			This ID qualifies the Sender in ISA06.	
			01 Duns (Dun & Bradstreet)	
			14 Duns Plus Suffix	
			20 Health Industry Number (HIN) CODE SOURCE 121: Health Industry Number	
			27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)	
			28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)	
			29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)	
			30 U.S. Federal Tax Identification Number	
			33 National Association of Insurance Commissioners Company Code (NAIC)	
			ZZ Mutually Defined	
REQUIRED	ISA06	I06	Interchange Sender ID Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element	M 1 AN 15/15

REQUIRED	ISA07	I05	Interchange ID Qualifier	M 1 ID 2/2
Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified				

This ID qualifies the Receiver in ISA08.

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

REQUIRED	ISA08	I07	Interchange Receiver ID	M 1 AN 15/15
Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them				

REQUIRED	ISA09	I08	Interchange Date	M 1 DT 6/6
Date of the interchange				

The date format is YYMMDD.

REQUIRED	ISA10	I09	Interchange Time	M 1 TM 4/4
Time of the interchange				

The time format is HHMM.

REQUIRED	ISA11	I65	Repetition Separator	M 1 1/1
Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator				

REQUIRED	ISA12	I11	Interchange Control Version Number	M 1 ID 5/5
Code specifying the version number of the interchange control segments				

CODE	DEFINITION
00501	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003

REQUIRED	ISA13	I12	Interchange Control Number	M 1 N0 9/9
A control number assigned by the interchange sender				

The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.

Must be a positive unsigned number and must be identical to the value in IEA02.

CONTROL SEGMENTS

REQUIRED	ISA14	I13	Acknowledgment Requested Code indicating sender's request for an interchange acknowledgment	M 1 ID 1/1
See Section B.1.1.5.1 for interchange acknowledgment information.				
		CODE	DEFINITION	
		0	No Interchange Acknowledgment Requested	
		1	Interchange Acknowledgment Requested (TA1)	
REQUIRED	ISA15	I14	Interchange Usage Indicator Code indicating whether data enclosed by this interchange envelope is test, production or information	M 1 ID 1/1
		CODE	DEFINITION	
		P	Production Data	
		T	Test Data	
REQUIRED	ISA16	I15	Component Element Separator Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator	M 1 1/1

SEGMENT DETAIL

GS - FUNCTIONAL GROUP HEADER

X12 Segment Name: Functional Group Header

X12 Purpose: To indicate the beginning of a functional group and to provide control information

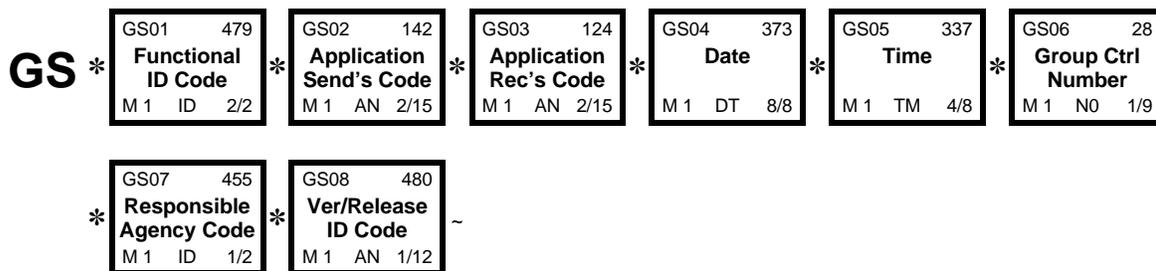
X12 Comments: 1. A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: GS*BE*SENDER CODE*RECEIVER CODE*19991231*0802*1*X*005010X220~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	GS01	479	Functional Identifier Code Code identifying a group of application related transaction sets	M 1 ID 2/2
<p>This is the 2-character Functional Identifier Code assigned to each transaction set by X12. The specific code for a transaction set defined by this implementation guide is presented in section 1.2, Version Information.</p>				
REQUIRED	GS02	142	Application Sender's Code Code identifying party sending transmission; codes agreed to by trading partners	M 1 AN 2/15
<p>Use this code to identify the unit sending the information.</p>				
REQUIRED	GS03	124	Application Receiver's Code Code identifying party receiving transmission; codes agreed to by trading partners	M 1 AN 2/15
<p>Use this code to identify the unit receiving the information.</p>				
REQUIRED	GS04	373	Date Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year	M 1 DT 8/8
<p>SEMANTIC: GS04 is the group date.</p>				
<p>Use this date for the functional group creation date.</p>				

CONTROL SEGMENTS

REQUIRED	GS05	337	Time	M 1 TM 4/8				
Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)								
SEMANTIC: GS05 is the group time.								
Use this time for the creation time. The recommended format is HHMM.								
REQUIRED	GS06	28	Group Control Number	M 1 N0 1/9				
Assigned number originated and maintained by the sender								
SEMANTIC: The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.								
For implementations compliant with this guide, GS06 must be unique within a single transmission (that is, within a single ISA to IEA enveloping structure). The authors recommend that GS06 be unique within all transmissions over a period of time to be determined by the sender.								
REQUIRED	GS07	455	Responsible Agency Code	M 1 ID 1/2				
Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480								
<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>X</td> <td>Accredited Standards Committee X12</td> </tr> </tbody> </table>					CODE	DEFINITION	X	Accredited Standards Committee X12
CODE	DEFINITION							
X	Accredited Standards Committee X12							
REQUIRED	GS08	480	Version / Release / Industry Identifier Code	M 1 AN 1/12				
Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed								
CODE SOURCE 881: Version / Release / Industry Identifier Code								
This is the unique Version/Release/Industry Identifier Code assigned to an implementation by X12N. The specific code for a transaction set defined by this implementation guide is presented in section 1.2, Version Information.								
<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>005010X220</td> <td>Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003</td> </tr> </tbody> </table>					CODE	DEFINITION	005010X220	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
CODE	DEFINITION							
005010X220	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003							

SEGMENT DETAIL

GE - FUNCTIONAL GROUP TRAILER

X12 Segment Name: Functional Group Trailer

X12 Purpose: To indicate the end of a functional group and to provide control information

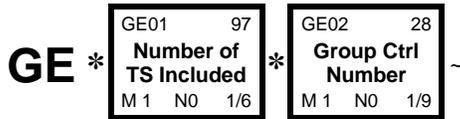
X12 Comments: 1. The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: GE*1*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	GE01	97	Number of Transaction Sets Included Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M 1 NO 1/6
REQUIRED	GE02	28	Group Control Number Assigned number originated and maintained by the sender	M 1 NO 1/9

SEMANTIC: The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

SEGMENT DETAIL

IEA - INTERCHANGE CONTROL TRAILER

X12 Segment Name: Interchange Control Trailer

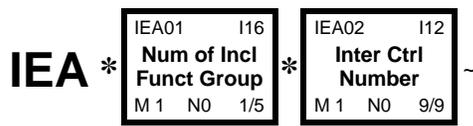
X12 Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: IEA*1*00000905~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	IEA01	I16	Number of Included Functional Groups A count of the number of functional groups included in an interchange	M 1 NO 1/5
REQUIRED	IEA02	I12	Interchange Control Number A control number assigned by the interchange sender	M 1 NO 9/9

D Change Summary

This Implementation Guide defines X12N implementation 005010X220 of the Benefit Enrollment and Maintenance. It is based on version/release/subrelease 005010 of the ASC X12 standards.

The previous X12N implementation of the Benefit Enrollment and Maintenance was 004050X125. It was based on the version/release/subrelease 004050 of the ASC X12 standards.

Implementation of 005010X220 contains significant changes and clarifications. It can only be used with other trading partners who have also implemented 005010X220. Below is a high-level description of the changes in the implementation of 005010X220.

Changes to the Section 1

1. Section 1.1 changed version to 5010.
2. Section 1.2 changed version to 5010.
3. Section 1.3.1 updated last paragraph.
4. Section 1.3.2 new paragraph added.
5. Section 1.4.1 wording changed
6. Section 1.4.5 new paragraph added.
7. Section 1.5 new section added.
8. Section 1.6.1 new section added.
9. Section 1.6.2 new section added.
10. Section 1.6.3 new section added.
11. Section 1.4 new section added.

Changes to the Section 2

834 Changes

1. ST03 and ST03 wording changed to match the 837 TR3's.
2. BGN08 added code RX
3. Header QTY segment added. Valid codes are ET, DT, TO.
4. 1000B Header N103 'advised' removed from code value XV.
5. 2000 INS02 note changed.
6. 2000 INS03 note changed for code value 30.
7. 2000 INS13 note changed.
7. 2000 INS04 note changed
8. 2000 INS04 new codes added AA, AB, AC, AD, AE, AF, AG, AH, AJ, AL and EC.
9. 2000 INS04 note changed for codes 22, 26, 27, 28, 29, XN, XT.

10. 2000 INS13 changed the usage from 'Not Used' to 'Situational' and added a usage note.
11. 2000 INS17 note changed.
12. 2000 REF increased the repeat to 10.
13. 2000 REF TR3 note corrected.
14. 2000 REF note changed.
15. 2000 REF01 added codes 4A and P5.
16. 2000 DTP increased the repeat to 24 from 22.
17. 2000 DTP note changed.
18. 2000 DTP01 note changed for code 357.
19. 2100A NM104 changed usage from 'Required' to 'Situational' and added a usage note.
20. 2100A NM108 note changed.
21. 2100A NM109 note changed.
22. 2100A PER note changed.
23. 2100A PER05 note changed.
24. 2100A PER07 note changed.
25. 2100A N3 note changed.
26. 2100A N406 note changed.
27. 2100A DMG03 note changed.
28. 2100A DMG06 note changed.
29. 2100A AMT increase repeat to 7 from 4.
30. 2100A AMT01 added codes R, FK and EBA.
31. 2100A HLH02 note changed.
32. 2100A LUI note changed.
33. 2100A LUI01 note changed.
34. 2100B NM1 note changed.
35. 2100B NM101 note removed.
36. 2100B NM108 note changed.
37. 2100B NM109 note changed.
38. 2100B DMG01 changed usage from 'Required' to 'Situational' and added a usage note.
39. 2100B DMG02 changed usage from 'Required' to 'Situational' and added a usage note.
40. 2100B DMG03 changed usage from 'Required' to 'Situational' and added a usage note.
41. 2100D NM1 note changed.

42. 2100D NM105 note changed.
43. 2100D NM106 note changed.
44. 2100D NM107 note changed.
45. 2100D NM108 note changed.
46. 2100D NM109 note changed.
47. 2100D PER note changed.
48. 2100D PER05 note changed.
49. 2100D PER07 note changed.
50. 2100E PER note changed.
51. 2100E PER05 note changed.
52. 2100E PER07 note changed.
53. 2100F NM108 note changed.
54. 2100F NM109 note changed
55. 2100F PER note changed.
56. 2100F PER05 note changed.
57. 2100F PER07 note changed.
58. 2100G NM1 note changed.
59. 2100G NM1 increased repeat from 1 to 13.
60. 2100G NM101 added codes 6Y, 9K, LR, GB, TZ, X4.
61. 2100G NM101 note changed for code EI.
62. 2100G NM104-NM107 - usage changed to situational
63. 2100G NM108 note changed.
64. 2100G NM109 note changed
65. 2100G PER note changed.
66. 2100G PER05 note changed.
67. 2100G PER07 note changed.
68. 2100H new 'Drop-Off Location' loop.
69. 2200 DSB07 note changed and added code ZZ.
70. 2200 DSB08 note changed.
71. 2200 DTP note changed.
72. 2300 REF01 added codes CE, E8, M7, RB, ZX, PID, XX1 and XX2.
73. 2300 REF01 removed notes from codes 17, 9V.
74. 2300 HD03 added codes AC, ADD, AF, AP, AR, LL, and UL.
75. 2300 HD04 note changed.
76. 2300 HD05 note changed.
77. 2300 HD06 usage changed.

78. 2300 HD09 changed usage from 'Not Used' to 'Situational' and added a usage note.
79. 2300 DTP01 increased usage to 6.
80. 2300 DTP01 note changed for code 348.
81. 2300 DTP01 note changed for code 349.
82. 2300 DTP01 added codes 300 and 695.
83. 2300 DTP02 added code RD8.
84. 2300 AMT increased repeat to 9.
85. 2300 AMT01 added codes R, FK, EBA and IO.
86. 2300 REF increased repeat to 12 from 4.
87. 2300 REF note added.
88. 2300 IDC01 note changed.
89. 2300 IDC02 note changed.
90. 2310 LX note changed.
91. 2310 NM108 and NM109 note changed.
92. 2310 N3 note changed.
93. 2310 N3 segment added.
94. 2310 N4 note changed.
95. 2310 N405 usage changed.
96. 2310 PER note changed.
97. 2310 PER05 note changed.
98. 2310 PER07 note changed.
99. 2310 PLA segment name changed.
100. 2320 COB04 usage changed to situational.
101. 2320 COB04 code values 1, 48, 50, 35, BB, A4, 54, AG, 90, AL added.
102. 2320 REF note changed.
103. 2330 NM1 loop renamed to Coordination of Benefits Other Insurance Company.
104. 2330 NM1 segment repeat increased to 3.
105. 2330 NM101 code values GW,36 added.
106. 2330 NM103 implementation name changed to Coordination of Benefits Insurer Name.
107. 2330 NM109 implementation name changed to Coordination of Benefits Insurer Identification Code.
108. 2330 NM108 note changed.
109. 2330 NM109 note changed.
110. 2330 N3 segment added

111. 2330 N4 segment added
112. 2330 PER segment added
113. 2700 new 'Additional Reporting Categories' loop added.
114. 2710 LX new segment added.
115. 2750 N1 new segment added.
116. 2750 REF new segment added
117. 2750 DTP new segment added.

Changes to Section 3

1. Business Case Scenario 9 added.
2. Business Case Scenario 10 added.

Changes to Section E

1. Data element definition supplied for Late Enrollment Indicator.
2. Data element definition supplied for Member Reporting Category Effective Date
3. Data element definition supplied for Member Reporting Category Reference ID.
4. Data element definition supplied for Member Reporting Category Name.

E Data Element Glossary

E.1 Data Element Name Index

This section contains an alphabetic listing of data elements used in this implementation guide. Consult the X12N Data Element Dictionary for a complete list of all X12N Data Elements. Data element names in normal type are generic ASC X12 names. *Italic type* indicates a health care industry defined name.

Number - Name	1 - <i>Payment Date</i>
Definition	Date of payment.
Transaction Set ID	277
Locator Key	D 2200D SPA12 C001-2 373 156
H=Header, D=Detail, S=Summary	
Loop ID	
Segment ID/Reference Designator	
Composite ID-Sequence	
Data Element Number	
Page Number	

Action Code

Code indicating type of action

H		BGN08	-	306 35
D	2300	IDC04	-	306 151
D	2310	PLA01	-	306 162

Address Information

Address information.

D	2330	N301	-	166 171
D	2330	N302	-	166 171

Amount Qualifier Code

Code to qualify amount.

D	2100A	AMT01	-	522 81
D	2300	AMT01	-	522 145

Assigned Number

Number assigned for differentiation within a transaction set.

D	2310	LX01	-	554 152
D	2710	LX01	-	554 177

Benefit Status Code

The type of coverage under which benefits are paid.

D	2000	INS05	-	1216 51
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Birth Sequence Number

A number indicating the order of birth for the identified person in relationship to family members with the same date of birth.

D	2000	INS17	-	1470 54
---	------	-------	---	---------------

Citizenship Status Code

Code indicating citizenship status

D	2100A	DMG06	-	1066 74
D	2100B	DMG06	-	1066 91

Code List Qualifier Code

Code identifying a specific industry code list.

D	2100A	DMG05	C056-2	1270 73
D	2100A	DMG10	-	1270 74
D	2100B	DMG05	C056-2	1270 90
D	2100B	DMG10	-	1270 91

Communication Number

Complete communications number including country or area code when applicable

D	2100A	PER04	-	364 66
D	2100A	PER06	-	364 67
D	2100A	PER08	-	364 67
D	2100D	PER04	-	364 101
D	2100D	PER06	-	364 102
D	2100D	PER08	-	364 102
D	2100E	PER04	-	364 109
D	2100E	PER06	-	364 109
D	2100E	PER08	-	364 110
D	2100F	PER04	-	364 118
D	2100F	PER06	-	364 119
D	2100F	PER08	-	364 119
D	2100G	PER04	-	364 127
D	2100G	PER06	-	364 128
D	2100G	PER08	-	364 128
D	2310	PER04	-	364 160
D	2310	PER06	-	364 161
D	2310	PER08	-	364 161
D	2330	PER04	-	364 175

Communication Number Qualifier

Code identifying the type of communication number.

D 2100A PER03 - 365	66
D 2100A PER05 - 365	66
D 2100A PER07 - 365	67
D 2100D PER03 - 365	101
D 2100D PER05 - 365	101
D 2100D PER07 - 365	102
D 2100E PER03 - 365	109
D 2100E PER05 - 365	109
D 2100E PER07 - 365	110
D 2100F PER03 - 365	118
D 2100F PER05 - 365	118
D 2100F PER07 - 365	119
D 2100G PER03 - 365	127
D 2100G PER05 - 365	127
D 2100G PER07 - 365	128
D 2310 PER03 - 365	160
D 2310 PER05 - 365	160
D 2310 PER07 - 365	161
D 2330 PER03 - 365	175

Confidentiality Code

Code indicating the access to insured information.

D 2000 INS13 - 1165.....	54
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Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code

A Qualifying Event is an event under the law which results in loss of coverage for a Qualified Beneficiary.

D 2000 INS07 - 1219	52
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Contact Function Code

Code identifying the major duty or responsibility of the person or group named.

D 2100A PER01 - 366	66
D 2100D PER01 - 366	101
D 2100E PER01 - 366	109
D 2100F PER01 - 366	118
D 2100G PER01 - 366	127
D 2310 PER01 - 366	160
D 2330 PER01 - 366	174

Contract Amount

Fixed monetary amount pertaining to the contract

D 2100A AMT02 - 782	81
D 2300 AMT02 - 782	145

Coordination of Benefits Code

Code identifying whether there is a coordination of benefits

D 2320 COB03 - 1143.....	164
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Coordination of Benefits Date

The dates of eligibility for coordination of benefits

D 2320 DTP03 - 1251	168
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Coordination of Benefits Insurer Identification Code

Code identifying the insurer for coordination of benefits.

D 2330 NM109 - 67	170
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Coordination of Benefits Insurer Name

Name of the insurer for coordination of benefits.

D 2330 NM103 - 1035	170
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Coordination of Benefits Other Insurance Company City Name

Name of the city in which the Other Insurance Company exists.

D 2330 N401 - 19	172
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Coordination of Benefits Other Insurance Company Postal Zone or ZIP Code

Zip code in which the Other Insurance Company exists.

D 2330 N403 - 116.....	173
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Coordination of Benefits Other Insurance Company State Code

State in which the Other Insurance Company exists.

D 2330 N402 - 156	173
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Country Code

Code indicating the geographic location.

D 2100A N404 - 26	70
D 2100C N404 - 26	96
D 2100D N404 - 26	105
D 2100E N404 - 26	113
D 2100F N404 - 26	122
D 2100G N404 - 26	131
D 2100H N404 - 26	136
D 2310 N404 - 26	158
D 2330 N404 - 26	173

Country Subdivision Code

Code identifying the country subdivision.

D 2100A N407 - 1715	70
D 2100C N407 - 1715	96
D 2100D N407 - 1715	105
D 2100E N407 - 1715	113
D 2100F N407 - 1715	122
D 2100G N407 - 1715	131
D 2100H N407 - 1715	136
D 2310 N407 - 1715	158
D 2330 N407 - 1715	173

Coverage Level Code

Code indicating the level of coverage being provided for this insured
 D | 2300 | HD05 | - | 1207 142

Coverage Period

The coverage period associated with this premium payment.
 D | 2300 | DTP03 | - | 1251 144

Custodial Parent Address Line

The first line of the address of the individual's parent who has legal custody of the individual.
 D | 2100F | N301 | - | 166 120
 D | 2100F | N302 | - | 166 120

Custodial Parent City Name

The city of the individual's parent who has legal custody of the individual.
 D | 2100F | N401 | - | 19 121

Custodial Parent First Name

The first name of the individual's parent who has legal custody of the individual.
 D | 2100F | NM104 | - | 1036 115

Custodial Parent Identifier

The identification number of the individual's parent who has legal custody of the individual.
 D | 2100F | NM109 | - | 67 116

Custodial Parent Last Name

The last name of the individual's parent who has legal custody of the individual.
 D | 2100F | NM103 | - | 1035 115

Custodial Parent Middle Name

The middle name of the individual's parent who has legal custody of the individual.
 D | 2100F | NM105 | - | 1037 115

Custodial Parent Name Prefix

The prefix to the name of the individual's parent who has legal custody of the individual.
 D | 2100F | NM106 | - | 1038 115

Custodial Parent Name Suffix

The suffix to the name of the individual's parent who has legal custody of the individual.
 D | 2100F | NM107 | - | 1039 115

Custodial Parent Postal Zone or ZIP Code

The postal ZIP code of the individual's parent who has legal custody of the individual.
 D | 2100F | N403 | - | 116 122

Custodial Parent State Code

The code for the state of the individual's parent who has legal custody of the individual.
 D | 2100F | N402 | - | 156 122

Date Time Period

Expression of a date, a time, or a range of dates, times, or dates and times.
 H | | DTP03 | - | 1251 37

Date Time Period Format Qualifier

Code indicating the date format, time format, or date and time format.
 H | | DTP02 | - | 1250 37
 D | 2000 | INS11 | - | 1250 53
 D | 2000 | DTP02 | - | 1250 60
 D | 2100A | DMG01 | - | 1250 71
 D | 2100B | DMG01 | - | 1250 89
 D | 2200 | DTP02 | - | 1250 139
 D | 2300 | DTP02 | - | 1250 144
 D | 2320 | DTP02 | - | 1250 168
 D | 2750 | DTP02 | - | 1250 181

Date Time Qualifier

Code specifying the type of date or time or both date and time.
 H | | DTP01 | - | 374 37
 D | 2000 | DTP01 | - | 374 59
 D | 2200 | DTP01 | - | 374 139
 D | 2300 | DTP01 | - | 374 143
 D | 2320 | DTP01 | - | 374 168
 D | 2750 | DTP01 | - | 374 181

Diagnosis Code

An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition.
 D | 2200 | DSB08 | - | 1137 138

Disability Eligibility Date

Date when individual became eligible for disability benefits.
 D | 2200 | DTP03 | - | 1251 139

Disability Type Code

An indicator to describe type of disability.
 D | 2200 | DSB01 | - | 1146 137

Drop Off Location Address Line

The address line of the drop off location.
 D | 2100H | N301 | - | 166 134
 D | 2100H | N302 | - | 166 134

Drop Off Location City Name

The city name of the drop off location address.
 D | 2100H | N401 | - | 19 135

Drop Off Location Postal Zone or ZIP Code

The postal ZIP code of the drop off location address.
 D | 2100H | N403 | - | 116..... 136

Drop Off Location State Code

The state code of the drop off location address.
 D | 2100H | N402 | - | 156..... 136

Employment Class Code

Code indicating category of employee.
 D | 2100A | EC01 | - | 1176..... 76
 D | 2100A | EC02 | - | 1176..... 77
 D | 2100A | EC03 | - | 1176..... 77

Employment Status Code

A code used to define the employment status of the individual covered by this insurance payer.
 D | 2000 | INS08 | - | 584..... 52

Entity Identifier Code

Code identifying an organizational entity, a physical location, property or an individual.
 H | 1000A | N101 | - | 98..... 39
 H | 1000B | N101 | - | 98..... 41
 H | 1000C | N101 | - | 98..... 43
 D | 2100A | NM101 | - | 98..... 62
 D | 2100B | NM101 | - | 98..... 86
 D | 2100C | NM101 | - | 98..... 92
 D | 2100D | NM101 | - | 98..... 97
 D | 2100E | NM101 | - | 98..... 106
 D | 2100F | NM101 | - | 98..... 114
 D | 2100G | NM101 | - | 98..... 123
 D | 2100H | NM101 | - | 98..... 132
 D | 2310 | NM101 | - | 98..... 153
 D | 2310 | PLA02 | - | 98..... 162
 D | 2330 | NM101 | - | 98..... 169
 D | 2750 | N101 | - | 98..... 178

Entity Relationship Code

Code describing the relationship of one identified person to another.
 D | 2310 | NM110 | - | 706..... 155

Entity Type Qualifier

Code qualifying the type of entity.
 D | 2100A | NM102 | - | 1065..... 63
 D | 2100B | NM102 | - | 1065..... 87
 D | 2100C | NM102 | - | 1065..... 92
 D | 2100D | NM102 | - | 1065..... 98
 D | 2100E | NM102 | - | 1065..... 106
 D | 2100F | NM102 | - | 1065..... 115
 D | 2100G | NM102 | - | 1065..... 124
 D | 2100H | NM102 | - | 1065..... 132
 D | 2310 | NM102 | - | 1065..... 154
 D | 2330 | NM102 | - | 1065..... 170

Frequency Code

Code indicating frequency or type of payment.
 D | 2100A | ICM01 | - | 594..... 79

Gender Code

A code indicating the gender of the patient or insured.
 D | 2100A | DMG03 | - | 1068..... 72

Handicap Indicator

Code indicating if individual is handicapped or not.
 D | 2000 | INS10 | - | 1073..... 53

Health Related Code

Code indicating a specific health situation.
 D | 2100A | HLH01 | - | 1212..... 82

Identification Card Count

The number of cards being requested.
 D | 2300 | IDC03 | - | 380..... 151

Identification Card Type Code

Code identifying the type of identification card
 D | 2300 | IDC02 | - | 1215..... 150

Identification Code Qualifier

Code designating the system/method of code structure used for Identification Code (67).
 H | 1000A | N103 | - | 66..... 40
 H | 1000B | N103 | - | 66..... 42
 H | 1000C | N103 | - | 66..... 44
 D | 2100A | NM108 | - | 66..... 64
 D | 2100A | LUJ01 | - | 66..... 84
 D | 2100B | NM108 | - | 66..... 87
 D | 2100D | NM108 | - | 66..... 99
 D | 2100F | NM108 | - | 66..... 115
 D | 2100G | NM108 | - | 66..... 125
 D | 2310 | NM108 | - | 66..... 155
 D | 2330 | NM108 | - | 66..... 170

Implementation Convention Reference

Reference assigned to identify Implementation Convention.
 H | | ST03 | - | 1705..... 31

Individual Relationship Code

Code indicating the relationship between two individuals or entities.
 D | 2000 | INS02 | - | 1069..... 48

Insurance Line Code

Code identifying a group of insurance products
 D | 2300 | HD03 | - | 1205..... 141

Insurer Identification Code

Code identifying the insurer providing coverage.
 H | 1000B | N104 | - | 67..... 42

Insurer Name

Name of the insurer providing coverage.
 H | 1000B | N102 | - | 93 41

Language Code

Code indicating the language spoken by an individual.
 D | 2100A | LUI02 | - | 67 85

Language Description

Narrative text indicating the language spoken by an individual.
 D | 2100A | LUI03 | - | 352 85

Language Use Indicator

Code indicating the way a language is used by an individual, such as speaking or reading.
 D | 2100A | LUI04 | - | 1303 85

Late Enrollment Indicator

Code identifying if the insured is a late enrollee.
 D | 2300 | HD09 | - | 1073 142

Location Identification Code

Code which identifies a specific location.
 D | 2100A | ICM04 | - | 310 80

Location Identifier

Code which identifies a specific location.
 D | 2100A | N406 | - | 310 70

Location Qualifier

Code identifying type of location.
 D | 2100A | N405 | - | 309 70

Loop Identifier Code

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE.
 D | 2000 | LS01 | - | 447 176
 D | 2000 | LE01 | - | 447 183

Maintenance Reason Code

Code identifying reason for the maintenance change
 D | 2000 | INS04 | - | 1203 49
 D | 2310 | PLA05 | - | 1203 163

Maintenance Type Code

Code identifying a specific type of item maintenance
 D | 2000 | INS03 | - | 875 49
 D | 2300 | HD01 | - | 875 140

Marital Status Code

Code defining the marital status of a person.
 D | 2100A | DMG04 | - | 1067 72
 D | 2100B | DMG04 | - | 1067 90

Master Policy Number

The identification of the master policy providing coverage for the entities identified in the transaction.
 H | | REF02 | - | 127 36

Medicare Eligibility Reason Code

Code specifying reason for Medicare eligibility.
 D | 2000 | INS06 | C052-2 | 1701 52

Medicare Plan Code

Code identifying the Medicare Plan.
 D | 2000 | INS06 | C052-1 | 1218 51

Member Address Line

Address line of the current mailing address of the insured member.
 D | 2100A | N301 | - | 166 68
 D | 2100A | N302 | - | 166 68
 D | 2100C | N301 | - | 166 94
 D | 2100C | N302 | - | 166 94

Member Birth Date

The date of birth of the member to the indicated coverage or policy.
 D | 2100A | DMG02 | - | 1251 71

Member City Name

City name of the member's mailing address.
 D | 2100A | N401 | - | 19 69

Member Employer Address Line

First line of the current mailing address of the member's employer.
 D | 2100D | N301 | - | 166 103
 D | 2100D | N302 | - | 166 103

Member Employer City Name

The city name of the member's employer.
 D | 2100D | N401 | - | 19 104

Member Employer Communications Contact Name

The name of the member's employer.
 D | 2100D | PER02 | - | 93 101

Member Employer First Name

First name of the member's employer.
 D | 2100D | NM104 | - | 1036 98

Member Employer Identifier

Identification number or reference for the member's employer.
 D | 2100D | NM109 | - | 67 99

Member Employer Middle Name

Middle name of the member's employer.
 D | 2100D | NM105 | - | 1037 98

Member Employer Name

The name of the member's individual's employer.
 D | 2100D | NM103 | - | 1035 98

Member Employer Name Prefix

Prefix to the name of the member's employer.
 D | 2100D | NM106 | - | 1038 98

Member Employer Name Suffix

Name suffix, including generation, of the member's employer.
 D | 2100D | NM107 | - | 1039 98

Member Employer Postal Zone or ZIP Code

The zip code of the member's employer.
 D | 2100D | N403 | - | 116 105

Member Employer State Code

The state postal code of the member's employer.
 D | 2100D | N402 | - | 156 105

Member First Name

The first name of the insured individual to the coverage.
 D | 2100A | NM104 | - | 1036 63

Member Group or Policy Number

The identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered.
 D | 2000 | REF02 | - | 127 56
 D | 2300 | REF02 | - | 127 147
 D | 2320 | COB02 | - | 127 164
 D | 2320 | REF02 | - | 127 167

Member Height

Height of member.
 D | 2100A | HLH02 | - | 65 82

Member Identifier

Member's unique identification number assigned by a payer.
 D | 2100A | NM109 | - | 67 64

Member Indicator

Indicates whether the member is the subscriber or a dependent.
 D | 2000 | INS01 | - | 1073 48

Member Individual Death Date

Date of death for subscriber or dependent.
 D | 2000 | INS12 | - | 1251 54

Member Last Name

The last name of the insured individual to the coverage.
 D | 2100A | NM103 | - | 1035 63

Member Mail City Name

Name of the city of the members mailing address.
 D | 2100C | N401 | - | 19 95

Member Mail Postal Zone or ZIP Code

Zip code of the members mailing address.
 D | 2100C | N403 | - | 116 96

Member Mail State Code

State of the members mailing address.
 D | 2100C | N402 | - | 156 95

Member Middle Name

The middle name of the insured individual to the coverage.
 D | 2100A | NM105 | - | 1037 63

Member Name Prefix

The name prefix of the insured individual to the coverage.
 D | 2100A | NM106 | - | 1038 63

Member Name Suffix

The name suffix of the insured individual to the coverage.
 D | 2100A | NM107 | - | 1039 63

Member Postal Zone or Zip Code

The postal zip code of the member's mailing address.
 D | 2100A | N403 | - | 116 70

**Member Reporting Category
 Effective Date(s)**

The date the reporting category is effective or terminated.
 D | 2750 | DTP03 | - | 1251 182

**Member Reporting Category
 Name**

The name of the reporting category.
 D | 2750 | N102 | - | 93 178

**Member Reporting Category
 Reference ID**

Identifier associated with the reporting category.
 D | 2750 | REF02 | - | 127 180

Member School City Name

Name of the city of the members school address.
 D | 2100E | N401 | - | 19 112

**Member School
 Communications Contact Name**

Name of school attended by referenced member.
 D | 2100E | PER02 | - | 93 109

**Member School Postal Zone or
 ZIP Code**

Zip code of the members school address.
 D | 2100E | N403 | - | 116 113

Member School State Code

State of the members school address.
 D | 2100E | N402 | - | 156 113

Member State Code

Member State Code.
 D | 2100A | N402 | - | 156 69

Member Supplemental Identifier

Identifies another or additional distinguishing code number associated with the member.
 D | 2000 | REF02 | - | 127 58

Member Weight

Weight of member.
 D | 2100A | HLH03 | - | 81 83

Name First

Individual first name.
 D | 2100H | NM104 | - | 1036 133

**Name Last or Organization
 Name**

Individual last name or organization name.
 D | 2100H | NM103 | - | 1035 133

Name Middle

Individual middle name or initial.
 D | 2100H | NM105 | - | 1037 133

Name Prefix

The prefix to an individual's name.
 D | 2100H | NM106 | - | 1038 133

Name Suffix

The suffix to an individual's name.
 D | 2100H | NM107 | - | 1039 133

**Original Transaction Set
 Reference Number**

Number that identified the original transaction set.
 H | | BGN06 | - | 127 35

**Payer Responsibility Sequence
 Number Code**

Code identifying the insurance carrier's level of responsibility for a payment of a claim
 D | 2320 | COB01 | - | 1138 164

Plan Coverage Description

A description or number that identifies the plan or coverage
 D | 2300 | HD04 | - | 1204 141
 D | 2300 | IDC01 | - | 1204 150

Plan Sponsor Name

The name of the entity providing coverage to the subscriber.
 H | 1000A | N102 | - | 93 39

Prior Coverage Month Count

Number of months of prior health insurance coverage.
 D | 2300 | REF02 | - | 127 148

**Prior Incorrect Insured Birth
 Date**

The birth date previously reported or used for an individual when corrected data is reported.
 D | 2100B | DMG02 | - | 1251 90

Prior Incorrect Insured Gender Code

The gender previously reported or used for an individual when corrected data is reported.
 D | 2100B | DMG03 | - | 1068 90

Prior Incorrect Insured Identifier

The identification number previously reported or used for an individual when a corrected name is reported.
 D | 2100B | NM109 | - | 67 88

Prior Incorrect Member First Name

The first name previously reported or used for an individual when a corrected name is reported.
 D | 2100B | NM104 | - | 1036 87

Prior Incorrect Member Last Name

The last name previously reported or used for an individual when a corrected name is reported.
 D | 2100B | NM103 | - | 1035 87

Prior Incorrect Member Middle Name

The middle name previously reported or used for an individual when a corrected name is reported.
 D | 2100B | NM105 | - | 1037 87

Prior Incorrect Member Name Prefix

The prefix to the name previously reported or used for an individual when a corrected name is reported.
 D | 2100B | NM106 | - | 1038 87

Prior Incorrect Member Name Suffix

The suffix to the name previously reported or used for an individual when a corrected name is reported.
 D | 2100B | NM107 | - | 1039 87

Product or Service ID Qualifier

Code identifying the type/source of the descriptive number used in Product/Service ID (234).
 D | 2200 | DSB07 | - | 235 138

Provider Address Line

The street address of the provider.
 D | 2310 | N301 | - | 166 156
 D | 2310 | N302 | - | 166 156

Provider City Name

The city name of the provider.
 D | 2310 | N401 | - | 19 157

Provider Effective Date

The date the change of the primary care provider is effective.
 D | 2310 | PLA03 | - | 373 162

Provider First Name

The first name of the provider of care submitting a transaction or related to the information provided in or request by the transaction.
 D | 2310 | NM104 | - | 1036 154

Provider Identifier

Number assigned by the payer, regulatory authority, or other authorized body or agency to identify the provider.
 D | 2310 | NM109 | - | 67 155

Provider Last or Organization Name

The last name of the provider of care or name of the provider organization submitting a transaction or related to the information provided in or request by the transaction.
 D | 2310 | NM103 | - | 1035 154

Provider Middle Name

The middle name of the provider of care submitting a transaction or related to the information provided in or request by the transaction.
 D | 2310 | NM105 | - | 1037 154

Provider Name Prefix

The name prefix of the provider of care submitting a transaction or related to the information provided in or request by the transaction.
 D | 2310 | NM106 | - | 1038 154

Provider Name Suffix

The name suffix of the provider of care submitting a transaction or related to the information provided in or request by the transaction.
 D | 2310 | NM107 | - | 1039 155

Provider Postal Zone or ZIP Code

The zip code of the provider.
 D | 2310 | N403 | - | 116 158

Provider State Code

The State Postal Code of the provider
 D | 2310 | N402 | - | 156 157

Quantity Qualifier

Code specifying the type of quantity.
 H | | QTY01 | - | 673 38

Race or Ethnicity Code

Code indicating the racial or ethnic background of a person.
 D | 2100A | DMG05 | C056-1 | 1109 73
 D | 2100A | DMG05 | C056-3 | 1271 74
 D | 2100B | DMG05 | C056-1 | 1109 90
 D | 2100B | DMG05 | C056-3 | 1271 91

Race or Ethnicity Collection Code

Code identifying how the Race or Ethnicity information was collected.
 D | 2100A | DMG11 | - | 1271 75
 D | 2100B | DMG11 | - | 1271 91

Record Totals

Total number of records in this transaction.
 H | | QTY02 | - | 380 38

Reference Identification Qualifier

Code qualifying the reference identification.
 H | | REF01 | - | 128 36
 D | 2000 | REF01 | - | 128 55
 D | 2000 | REF01 | - | 128 56
 D | 2000 | REF01 | - | 128 57
 D | 2300 | REF01 | - | 128 146
 D | 2300 | REF01 | - | 128 148
 D | 2320 | REF01 | - | 128 166
 D | 2750 | REF01 | - | 128 179

Responsible Party Address Line

Address line of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.
 D | 2100G | N301 | - | 166 129
 D | 2100G | N302 | - | 166 129

Responsible Party First Name

First name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.
 D | 2100G | NM104 | - | 1036 124

Responsible Party Identifier

The identification number of the individual responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.
 D | 2100G | NM109 | - | 67 125

Responsible Party Last or Organization Name

Last name or organization name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.
 D | 2100G | NM103 | - | 1035 124

Responsible Party Middle Name

Middle name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.
 D | 2100G | NM105 | - | 1037 124

Responsible Party Name Prefix

The prefix to the name of the individual responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.
 D | 2100G | NM106 | - | 1038 124

Responsible Party Suffix Name

Suffix for name of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.
 D | 2100G | NM107 | - | 1039 125

Responsible Person City Name

Name of the city of the Responsible Person.
 D | 2100G | N401 | - | 19 130

Responsible Person Postal Zone or ZIP Code

Zip code of the Responsible Person.
 D | 2100G | N403 | - | 116 131

Responsible Person State Code

State of the Responsible Person.
 D | 2100G | N402 | - | 156 131

Salary Grade Code

A code that identifies the salary or wage level of an employee.
 D | 2100A | ICM05 | - | 1214 80

School Address Line

Address line of address for school of referenced individual
 D | 2100E | N301 | - | 166 111
 D | 2100E | N302 | - | 166 111

School Name

Name of school attended by referenced person.
 D | 2100E | NM103 | - | 1035 107

Service Type Code

Code identifying the classification of service.
 D | 2320 | COB04 | - | 1365 165

Sponsor Identifier

Identification of the party paying for the coverage.
 H | 1000A | N104 | - | 67 40

Status Information Effective Date

The date that the status information provided is effective.
 D | 2000 | DTP03 | - | 1251 61

Student Status Code

Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured
 D | 2000 | INS09 | - | 1220 53

Subscriber Identifier

Insured's or subscriber's unique identification number assigned by a payer.
 D | 2000 | REF02 | - | 127 55

TPA or Broker Account Number

Account number assigned to the Third Party Administrator or broker
 H | 1100C | ACT01 | - | 508 45
 H | 1100C | ACT06 | - | 508 46

TPA or Broker Identification Code

Code identifying the Third Party Administrator or broker
 H | 1000C | N104 | - | 67 44

TPA or Broker Name

Name of the Third Party Administrator or Broker.
 H | 1000C | N102 | - | 93 43

Time Zone Code

Code identifying the time zone used in specifying a time.
 H | | BGN05 | - | 623 33

Transaction Segment Count

A tally of all segments between the ST and the SE segments including the ST and SE segments.
 D | | SE01 | - | 96 184

Transaction Set Control Number

The unique identification number within a transaction set.
 H | | ST02 | - | 329 31
 D | | SE02 | - | 329 184

Transaction Set Creation Date

Identifies the date the submitter created the transaction.
 H | | BGN03 | - | 373 33

Transaction Set Creation Time

Time file is created for transmission.
 H | | BGN04 | - | 337 33

Transaction Set Identifier Code

Code uniquely identifying a Transaction Set.
 H | | ST01 | - | 143 31

Transaction Set Purpose Code

Code identifying purpose of transaction set.
 H | | BGN01 | - | 353 32

Transaction Set Reference Number

Number uniquely identifying a transaction set.
 H | | BGN02 | - | 127 33

Wage Amount

Amount of wages or income for the specified period.
 D | 2100A | ICM02 | - | 782 80

Work Hours Count

Number of hours of employment for a specified period.
 D | 2100A | ICM03 | - | 380 80