	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**278 Services Review Response - HIPAA 4010X094A1 Implementation Guide**															**Tennessee Specific Values**	
2	**Element ID**	**Elem Use**	**Min Len**	**Max Len**	**DataType**	**Seg Use**	**Seg Rep**	**Loop ID**	**LoopName**	**Loop Rep**	**Comp Seq ID**	**DED Name**	**Industry Name or Alias**	**HIPAA Valid Values**	**HIPAA Notes**	**TN Valid Values**	**TN Notes**
3	ISA01	R	2	2	ID	**R**	**1**		INTERCHANGE CONTROL HEADER			Authorization Information Qualifier		00, 03		00, 03	Preferred value is 00
4	ISA02	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Authorization Information					
5	ISA03	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Security Information Qualifier		00, 01		00, 01	Preferred value is 00
6	ISA04	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Security Information					
7	ISA05	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ			Preferred value is ZZ
8	ISA06	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Sender ID				626001445TC	TennCare's ID 626001445TC for Outbound Transactions.
9	ISA07	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ			Preferred value is ZZ
10	ISA08	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Receiver ID					Sender Trading Partner ID for Outbound Transactions. Same as 278 Request ISA06 value.
11	ISA09	R	6	6	DT	R	1		INTERCHANGE CONTROL HEADER			Interchange Date		Format: YYMMDD			
12	ISA10	R	4	4	TM	R	1		INTERCHANGE CONTROL HEADER			Interchange Time		Format: HHMM			
13	ISA11	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Standards ID		U			
14	ISA12	R	5	5	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Version Number		00401			
15	ISA13	R	9	9	N0	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Number					=IEA02
16	ISA14	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Acknowledgment Requested		0, 1			
17	ISA15	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Usage Indicator		P, T			
18	ISA16	R	1	1		R	1		INTERCHANGE CONTROL HEADER			Component Element Separator				;	Semicolon (;)
19	GS01	R	2	2	ID	**R**	**1**		FUNCTIONAL GROUP HEADER			Functional Identifier Code		HI			
20	GS02	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Sender's Code					Same as ISA06
21	GS03	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Receiver's Code					Same as ISA08
22	GS04	R	8	8	DT	R	1		FUNCTIONAL GROUP HEADER			Date		Format: CCYYMMDD			
23	GS05	R	4	8	TM	R	1		FUNCTIONAL GROUP HEADER			Time					
24	GS06	R	1	9	N0	R	1		FUNCTIONAL GROUP HEADER			Group Control Number					=GE02
25	GS07	R	1	2	ID	R	1		FUNCTIONAL GROUP HEADER			Responsible Agency Code		X			
26	GS08	R	1	12	AN	R	1		FUNCTIONAL GROUP HEADER			Version/Release/ Industry ID Code		004010X094A1			

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**278 Services Review Response - HIPAA 4010X094A1 Implementation Guide**															**Tennessee Specific Values**	
2	**Element ID**	**Elem Use**	**Min Len**	**Max Len**	**DataType**	**Seg Use**	**Seg Rep**	**Loop ID**	**LoopName**	**Loop Rep**	**Comp Seq ID**	**DED Name**	**Industry Name or Alias**	**HIPAA Valid Values**	**HIPAA Notes**	**TN Valid Values**	**TN Notes**
27	ST01	R	3	3	ID	R	1					Transaction Set Identifier Code	Transaction Set Identifier Code	278		278	Value being auto plugged by translation map
28	ST02	R	4	9	AN	R	1					Transaction Set Control Number	Transaction Set Control Number				Value being auto plugged by translation map. Same as SE02.
29	BHT01	R	4	4	ID	R	1					Hierarchical Structure Code	Hierarchical Structure Code	0078		0078	Value being auto plugged by translation map
30	BHT02	R	2	2	ID	R	1					Transaction Set Purpose Code	Transaction Set Purpose Code	11			Value being auto plugged by translation map
31	BHT03	R	1	30	AN	R	1					Reference Identification	Submitter Transaction Identifier				
32	BHT04	R	8	8	DT	R	1					Date	Transaction Set Creation Date				Value being auto plugged by translation map
33	BHT05	R	4	8	TM	R	1					Time	Transaction Set Creation Time		Formats: HHMM, HHMMSS, HHMMSSD, HHMMSSDD		Value being auto plugged by translation map
34	BHT06	S	2	2	ID	R	1					Transaction Type Code	Transaction Type Code	18, 19, AT		18	Value being auto plugged by translation map
35	HL01	R	1	12	AN	R	1	2000A	UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL	1		Hierarchical ID Number	Hierarchical ID Number				Value being auto plugged by translation map
36	HL03	R	1	2	ID	R	1	2000A	UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL	1		Hierarchical Level Code	Hierarchical Level Code	20		20	Value being auto plugged by translation map
37	HL04	R	1	1	ID	R	1	2000A	UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL	1		Hierarchical Child Code	Hierarchical Child Code	1		1	Value being auto plugged by translation map
38	NM101	R	2	3	ID	R	1	2010A	UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME	1		Entity Identifier Code	Entity Identifier Code	X3		X3	Value being auto plugged by translation map
39	NM102	R	1	1	ID	R	1	2010A	UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME	1		Entity Type Qualifier		1, 2		2	Value being auto plugged by translation map
40	NM103	S	1	35	AN	R	1	2010A	UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME	1		Name Last or Organization Name	UMO Last or Organization Name			TennCare	Value being auto plugged by translation map
41	NM108	R	1	2	ID	R	1	2010A	UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME	1		Identification Code Qualifier		24, 34, 46, PI, XV, XX		PI	Value being auto plugged by translation map
42	NM109	R	2	80	AN	R	1	2010A	UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME	1		Identification Code	UMO Identifier			62-6001445	Value being auto plugged by translation map
43	PER01	R	2	2	ID	S	1	2010A	UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME	1		Contact Function Code	Contact Function Code	IC		IC	Value being auto plugged by translation map
44	PER02	S	1	60	AN	S	1	2010A	UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME	1		Name	UMO Contact Name			TennCare	Value being auto plugged by translation map
45	PER03	S	2	2	ID	S	1	2010A	UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME	1		Communication Number Qualifier	Communication Number Qualifier	EM, FX, TE		TE	Value being auto plugged by translation map
46	PER04	S	1	80	AN	S	1	2010A	UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME	1		Communication Number	UMO Contact Communication Number			8003423145	Value being auto plugged by translation map

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	278 Services Review Response - HIPAA 4010X094A1 Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	DataType	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
47	HL01	R	1	12	AN	R	1	2000B	REQUESTER LEVEL	1		Hierarchical ID Number	Hierarchical ID Number				Value being auto plugged by translation map
48	HL02	R	1	12	AN	R	1	2000B	REQUESTER LEVEL	1		Hierarchical Parent ID Number	Hierarchical Parent ID Number				Value being auto plugged by translation map
49	HL03	R	1	2	ID	R	1	2000B	REQUESTER LEVEL	1		Hierarchical Level Code	Hierarchical Level Code	21		21	Value being auto plugged by translation map
50	HL04	R	1	1	ID	R	1	2000B	REQUESTER LEVEL	1		Hierarchical Child Code	Hierarchical Child Code	1		1	Value being auto plugged by translation map
51	NM101	R	2	3	ID	R	1	2010B	REQUESTER NAME	1		Entity Identifier Code	Entity Identifier Code	1P, FA			
52	NM102	R	1	1	ID	R	1	2010B	REQUESTER NAME	1		Entity Type Qualifier	Entity Type Qualifier	1, 2			
53	NM103	S	1	35	AN	R	1	2010B	REQUESTER NAME	1		Name Last or Organization Name	Requester Last Name or Organization Name				
54	NM104	S	1	25	AN	R	1	2010B	REQUESTER NAME	1		Name First	Requester First Name				
55	NM105	S	1	25	AN	R	1	2010B	REQUESTER NAME	1		Name Middle	Requester Middle Name				
56	NM108	R	1	2	ID	R	1	2010B	REQUESTER NAME	1		Identification Code Qualifier	Identification Code Qualifier	24, 34, 46, XX			
57	NM109	R	2	80	AN	R	1	2010B	REQUESTER NAME	1		Identification Code	Requester Identifier				
58	REF01	R	2	3	ID	S	8	2010B	REQUESTER SUPPLEMENTAL IDENTIFICATION	1		Reference Identification Qualifyer	Reference Identification Qualifyer	1G, 1J, CT, EI, N5, N7, SY, ZH		N5	Value being auto plugged by translation map
59	REF02	R	1	30	AN	S	8	2010B	REQUESTER SUPPLEMENTAL IDENTIFICATION	1		Reference Identification	Requester Supplemental Identifier				
60	HL01	R	1	12	AN	R	1	2000C	SUBSCRIBER LEVEL	1		Hierarchical ID Number	Hierarchical ID Number				Value being auto plugged by translation map
61	HL02	R	1	12	AN	R	1	2000C	SUBSCRIBER LEVEL	1		Hierarchical Parent ID Number	Hierarchical Parent ID Number				Value being auto plugged by translation map
62	HL03	R	1	2	ID	R	1	2000C	SUBSCRIBER LEVEL	1		Hierarchical Level Code	Hierarchical Level Code	22		22	Value being auto plugged by translation map
63	HL04	R	1	1	ID	R	1	2000C	SUBSCRIBER LEVEL	1		Hierarchical Child Code	Hierarchical Child Code	1		1	Value being auto plugged by translation map
64	TRN01	R	1	2	ID	S	3	2000C	SUBSCRIBER LEVEL PATIENT EVENT TRACKING NUMBER	1		Trace Type Code		1, 2		2	Value being auto plugged by translation map
65	TRN02	R	1	30	AN	S	3	2000C	SUBSCRIBER LEVEL PATIENT EVENT TRACKING NUMBER	1		Reference Identification	Patient Event Tracking Number				
66	TRN03	R	10	10	AN	S	3	2000C	SUBSCRIBER LEVEL PATIENT EVENT TRACKING NUMBER	1		Originating Company Identifier	Trace Assigning Entity Identifier				
67	TRN04	S	1	30	AN	S	3	2000C	SUBSCRIBER LEVEL PATIENT EVENT TRACKING NUMBER	1		Reference Identification	Trace Assigning Entity Additional Identifier				
68	AAA01	R	1	1	ID	S	9	2000C	SUBSCRIBER LEVEL SUBSCRIBER REQUEST VALIDATION	1		Yes/No Condition or Response Code	Valid Request Indicator	N, Y			Derived in the PA subsytem and sent back in the XML to translation

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	278 Services Review Response - HIPAA 4010X094A1 Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	DataType	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
69	AAA03	S	2	2	ID	S	9	2000C	SUBSCRIBER LEVEL SUBSCRIBER REQUEST VALIDATION	1		Reject Reason Code		15, 33, 56	Required if AAA01 = "N".		Derived in the PA subsytem and sent back in the XML to translation
70	AAA04	S	1	1	ID	S	9	2000C	SUBSCRIBER LEVEL SUBSCRIBER REQUEST VALIDATION	1		Follow-up Action Code	Follow-up Action Code	C, N	Required if AAA03 is present and indicates that the rejection is due to invalid or missing subscriber or patient data.		Derived in the PA subsytem and sent back in the XML to translation
71	HI01	R	1	3	ID	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI01-1	Code List Qualifier Code	Diagnosis Type Code	BF, BJ, BK, LOI			
72	HI01	R	1	30	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI01-2	Industry Code	Diagnosis Code				
73	HI01	S	1	35	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI01-4	Date Time Period	Diagnosis Date				
74	HI02	R	1	3	ID	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI02-1	Code List Qualifier Code	Diagnosis Type Code	BF, BJ, LOI			
75	HI02	R	1	30	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI02-2	Industry Code	Diagnosis Code				
76	HI02	S	1	35	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI02-4	Date Time Period	Diagnosis Date				
77	HI03	R	1	3	ID	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI03-1	Code List Qualifier Code	Diagnosis Type Code	BF, LOI			
78	HI03	R	1	30	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI03-2	Industry Code	Diagnosis Code				
79	HI03	S	1	35	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI03-4	Date Time Period	Diagnosis Date				
80	HI04	R	1	3	ID	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI04-1	Code List Qualifier Code	Diagnosis Type Code	BF, LOI			
81	HI04	R	1	30	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI04-2	Industry Code	Diagnosis Code				
82	HI04	S	1	35	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI04-4	Date Time Period	Diagnosis Date				
83	HI05	R	1	3	ID	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI05-1	Code List Qualifier Code	Diagnosis Type Code	BF, LOI			

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	278 Services Review Response - HIPAA 4010X094A1 Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	DataType	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
84	HI05	R	1	30	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI05-2	Industry Code	Diagnosis Code				
85	HI05	S	1	35	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI05-4	Date Time Period	Diagnosis Date				
86	HI06	R	1	3	ID	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI06-1	Code List Qualifier Code	Diagnosis Type Code	BF, LOI			
87	HI06	R	1	30	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI06-2	Industry Code	Diagnosis Code				
88	HI06	S	1	35	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI06-4	Date Time Period	Diagnosis Date				
89	HI07	R	1	3	ID	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI07-1	Code List Qualifier Code	Diagnosis Type Code	BF LOI			
90	HI07	R	1	30	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI07-2	Industry Code	Diagnosis Code				
91	HI07	S	2	3	ID	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI07-3	Date Time Period Format Qualifier	Date Time Period Format QualifierA	D8			Value being auto plugged by translation map
92	HI07	S	1	35	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI07-4	Date Time Period	Diagnosis Date				
93	HI08	R	1	3	ID	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI08-1	Code List Qualifier Code	Diagnosis Type Code	BF, LOI			
94	HI08	R	1	30	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI08-2	Industry Code	Diagnosis Code				
95	HI08	S	1	35	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI08-4	Date Time Period	Diagnosis Date				
96	HI09	R	1	3	ID	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI09-1	Code List Qualifier Code	Diagnosis Type Code	BF, LOI			
97	HI09	R	1	30	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI09-2	Industry Code	Diagnosis Code				
98	HI09	S	1	35	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI09-4	Date Time Period	Diagnosis Date				
99	HI10	R	1	3	ID	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI10-1	Code List Qualifier Code	Diagnosis Type Code	BF, LOI			

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	278 Services Review Response - HIPAA 4010X094A1 Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	DataType	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
100	HI10	R	1	30	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI10-2	Industry Code	Diagnosis Code				
101	HI10	S	1	35	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI10-4	Date Time Period	Diagnosis Date				
102	HI11	R	1	3	ID	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI11-1	Code List Qualifier Code	Diagnosis Type Code	BF, LOI			
103	HI11	R	1	30	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI11-2	Industry Code	Diagnosis Code				
104	HI11	S	1	35	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI11-4	Date Time Period	Diagnosis Date				
105	HI12	R	1	3	ID	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI12-1	Code List Qualifier Code	Diagnosis Type Code	BF, LOI			
106	HI12	R	1	30	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI12-2	Industry Code	Diagnosis Code				
107	HI12	S	2	3	ID	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI12-3	Date Time Period Format Qualifier	Date Time Period Format Qualifier	D8			Value being auto plugged by translation map
108	HI12	S	1	35	AN	S	1	2000C	SUBSCRIBER LEVEL SUBSCRIBER DIAGNOSIS	1	HI12-4	Date Time Period	Diagnosis Date				
109	NM101	R	2	3	ID	R	1	2010C	SUBSCRIBER LEVEL SUBSCRIBER NAME	1		Entity Identifier Code	Entity Identifier Code	IL			
110	NM102	R	1	1	ID	R	1	2010C	SUBSCRIBER LEVEL SUBSCRIBER NAME	1		Entity Type Qualifier		1			
111	NM103	S	1	35	AN	R	1	2010C	SUBSCRIBER LEVEL SUBSCRIBER NAME	1		Name Last or Organization Name	Subscriber Last Name				
112	NM104	S	1	25	AN	R	1	2010C	SUBSCRIBER LEVEL SUBSCRIBER NAME	1		Name First	Subscriber First Name				
113	NM105	S	1	25	AN	R	1	2010C	SUBSCRIBER LEVEL SUBSCRIBER NAME	1		Name Middle	Subscriber Middle Name				
114	NM108	R	1	2	ID	R	1	2010C	SUBSCRIBER LEVEL SUBSCRIBER NAME	1		Identification Code Qualifier	Identification Code Qualifie	MI, ZZ			
115	NM109	R	2	80	AN	R	1	2010C	SUBSCRIBER LEVEL SUBSCRIBER NAME	1		Identification Code	Subscriber Primary Identifier				

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	278 Services Review Response - HIPAA 4010X094A1 Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	DataType	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
116	REF01	R	2	3	ID	S	9	2010C	SUBSCRIBER LEVEL SUPPLEMENTAL IDENTIFICATION	1		Reference Identification Qualifier	Reference Identification Qualifier	1L, 1W, 6P, A6, EJ, F6, HJ, IG, N6, NQ, SY			
117	REF02	R	1	30	AN	S	9	2010C	SUBSCRIBER LEVEL SUPPLEMENTAL IDENTIFICATION	1		Reference Identification	Subscriber Supplemental Identifier				
118	AAA01	R	1	1	ID	S	9	2010C	SUBSCRIBER LEVEL SUBSCRIBER REQUEST VALIDATION	1		Yes/No Condition or Response Code	Valid Request Indicator	N, Y			Derived in the PA subsytem and sent back in the XML to translation
119	AAA03	S	2	2	ID	S	9	2010C	SUBSCRIBER LEVEL SUBSCRIBER REQUEST VALIDATION	1		Reject Reason Code		15, 58, 64, 65, 66, 67, 68, 71, 72, 73, 74, 75, 76, 77, 78, 79, 95			Derived in the PA subsytem and sent back in the XML to translation
120	AAA04	S	1	1	ID	S	9	2010C	SUBSCRIBER LEVEL SUBSCRIBER REQUEST VALIDATION	1		Date Time Period Format Qualifier		D8	Date expressed in Format CCYYMMDD		
121	DMG01	R	2	3	ID	S	1	2010C	SUBSCRIBER LEVEL SUBSCRIBER DEMOGRAPHIC INFORMATION	1		Date Time Period	Subscriber Birth Date				
122	DMG02	R	1	35	AN	S	1	2010C	SUBSCRIBER LEVEL SUBSCRIBER DEMOGRAPHIC INFORMATION	1		Date Time Period	Subscriber Birth Date				
123	DMG03	S	1	1	ID	S	1	2010C	SUBSCRIBER LEVEL SUBSCRIBER DEMOGRAPHIC INFORMATION	1		Gender Code	Subscriber Gender Gode	F, M, U			
124	HL01	R	1	12	AN	R	1	2000E	SERVICE PROVIDER LEVEL	>1		Hierarchical ID Number					Value being auto plugged by translation map
125	HL02	R	1	12	AN	R	1	2000E	SERVICE PROVIDER LEVEL	>1		Hierarchical Parent ID Number					Value being auto plugged by translation map
126	HL03	R	1	2	ID	R	1	2000E	SERVICE PROVIDER LEVEL	>1		Hierarchical Level Code		19		19	Value being auto plugged by translation map
127	HL04	R	1	1	ID	R	1	2000E	SERVICE PROVIDER LEVEL	>1		Hierarchical Child Code		1		1	Value being auto plugged by translation map
128	NM101	R	2	3	ID	R	1	2010E	SERVICE PROVIDER NAME	3		Entity Identifier Code	Entity Identifier Code	1T, FA, SJ			
129	NM102	R	1	1	ID	R	1	2010E	SERVICE PROVIDER NAME	3		Entity Type Qualifier	Entity Type Qualifier	1, 2			
130	NM103	S	1	35	AN	R	1	2010E	SERVICE PROVIDER NAME	3		Name Last or Organization Name	Service Provider Last or Organization Name				
131	NM104	S	1	25	AN	R	1	2010E	SERVICE PROVIDER NAME	3		Name First	Service Provider First Name				
132	NM105	S	1	25	AN	R	1	2010E	SERVICE PROVIDER NAME	3		Name Middle	Service Provider Middle Name				
133	NM108	S	1	2	ID	R	1	2010E	SERVICE PROVIDER NAME	3		Identification Code Qualifier	Identification Code Qualifier	24, 34, 46, XX			
134	NM109	S	2	80	AN	R	1	2010E	SERVICE PROVIDER NAME	3		Identification Code	Service Provider Identifier				
135	REF01	R	2	3	ID	S	7	2010E	SERVICE PROVIDER SUPPLEMENTAL IDENTIFICATION	3		Reference Identification Qualifier		1G, 1J, CT, EI, N5, N7, SY, ZH			Value being auto plugged by translation map

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	278 Services Review Response - HIPAA 4010X094A1 Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	DataType	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
136	REF02	R	1	30	AN	S	7	2010E	SERVICE PROVIDER SUPPLEMENTAL IDENTIFICATION	3		Reference Identification	Service Provider Supplemental Identifier				
137	AAA01	S	1	1	ID	S	9	2010E	SERVICE PROVIDER REQUEST VALIDATION	3		Yes/No Condition or Response	Valid Request Indicator	N, Y			Derived in the PA subsytem and sent back in the XML to translation
138	AAA03	S	2	2	ID	S	9	2010E	SERVICE PROVIDER REQUEST VALIDATION	3		Reject Reason Code	Reject Reason Code	15, 33, 35, 41, 43, 44, 45, 46, 47, 49, 51, 52, 79, 97			Derived in the PA subsytem and sent back in the XML to translation
139	AAA04	S	1	1	ID	S	9	2010E	SERVICE PROVIDER REQUEST VALIDATION	3		Follow-up Action Code		C, N	Required if AAA03 is present.		Derived in the PA subsytem and sent back in the XML to translation
140	HL01	R	1	12	AN	R	1	2000F	SERVICE LEVEL	>1		Hierarchical ID Number	Hierarchical ID Number				Value being auto plugged by translation map
141	HL02	R	1	12	AN	R	1	2000F	SERVICE LEVEL	>1		Hierarchical Parent ID Number	Hierarchical Parent ID Number				Value being auto plugged by translation map
142	HL03	R	1	2	ID	R	1	2000F	SERVICE LEVEL	>1		Hierarchical Level Code	Hierarchical Level Code	SS		SS	Value being auto plugged by translation map
143	TRN01	R	1	2	ID	S	3	2000F	SERVICE TRACE NUMBER	>1		Trace Type Code	Trace Type Code	1, 2		2	Value being auto plugged by translation map
144	TRN02	R	1	30	AN	S	3	2000F	SERVICE TRACE NUMBER	>1		Reference Identification	Service Trace Number				
145	TRN03	R	10	10	AN	S	3	2000F	SERVICE TRACE NUMBER	>1		Originating Company Identifier	Trace Assigning Entity Identifier				
146	TRN04	S	1	30	AN	S	3	2000F	SERVICE TRACE NUMBER	>1		Reference Identification	Trace Assigning Entity Additional Identifier				
147	AAA01	R	1	1	ID	S	1	2000F	SERVICE REQUEST VALIDATION	>1		Yes/No Condition or Response Code	Valid Request Indicator	N, Y			Derived in the PA subsytem and sent back in the XML to translation
148	AAA03	S	2	2	ID	S	1	2000F	SERVICE REQUEST VALIDATION	>1		Reject Reason Code	Reject Reason Code	15, 33, 52, 57, 60, 61, 62, T5			Derived in the PA subsytem and sent back in the XML to translation
149	AAA04	S	1	1	ID	S	1	2000F	SERVICE REQUEST VALIDATION	>1		Follow-up Action Code	Follow-up Action Code	C, N			Derived in the PA subsytem and sent back in the XML to translation
150	UM01	R	1	2	ID	R	1	2000F	HEALTH CARE SERVICES REVIEW INFORMATION	>1		Request Category Code	Request Category Code	AR, HS, SC			
151	UM02	R	1	1	ID	R	1	2000F	HEALTH CARE SERVICES REVIEW INFORMATION	>1		Certification Type Code	Certification Type Code	1, 2, 3, 4, I, R, S			
152	UM03	S	1	2	ID	R	1	2000F	HEALTH CARE SERVICES REVIEW INFORMATION	>1		Service Type Code	Service Type Code	1-8, 12, 14-18, 20, 21, 23-28, 33-40, 42, 44-46, 48, 50-54, 56-59, 61-65, 67-80, 82-86, 93-95, 98, 99, A0-A4, A6-A9, AB-AG, AI-AL, AR, BB-BG			
153	UM04	R	1	2	AN	R	1	2000F	HEALTH CARE SERVICES REVIEW INFORMATION	>1	UM04-1	Facility Code Value	Facility Type Code				
154	UM04	R	1	2	ID	R	1	2000F	HEALTH CARE SERVICES REVIEW INFORMATION	>1	UM04-2	Facility Code Qualifier	Facility Code Qualifier	A, B			

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	278 Services Review Response - HIPAA 4010X094A1 Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	DataType	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
155	HCR01	R	1	2	ID	S	1	2000F	HEALTH CARE SERVICES REVIEW	>1		Action Code	Certification Action Code	A1, A3, A4, A6, CT, NA		A4	Value being auto plugged by translation map
156	HCR02	S	1	30	AN	S	1	2000F	HEALTH CARE SERVICES REVIEW	>1		Reference Identification	Certification Number				
157	HCR03	S	2	2	ID	S	1	2000F	HEALTH CARE SERVICES REVIEW	>1		Reject Reason Code	Reject Reason Code	35, 36, 37, 41, 53, 69, 70, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 96, 98,		E8	Value being auto plugged by translation map
158	HCR04	S	1	1	ID	S	1	2000F	HEALTH CARE SERVICES REVIEW	>1		Yes/No Condition or Response Code	Second Surgical Opinion Indicator	N, Y			
159	HI01	S	N/A	N/A	N/A	S	1	2000F	PROCEDURES	>1		Health Care Code Information	Procedure Code 1				
160	HI01	R	1	3	ID	S	1	2000F	PROCEDURES	>1	HI01-1	Code List Qualifier Code	Code List Qualifier Code	ABR, BO, BQ, JP, LOI, NDC , ZZ			
161	HI01	R	1	30	AN	S	1	2000F	PROCEDURES	>1	HI01-2	Industry Code	Procedure Code				
162	HI01	S	2	3	ID	S	1	2000F	PROCEDURES	>1	HI01-3	Date Time Period Format Qualifier	Date Time Period Format Qualifier	D8, RD8			
163	HI01	S	1	35	AN	S	1	2000F	PROCEDURES	>1	HI01-4	Date Time Period	Procedure Date				
164	HI01	S	1	10	R	S	1	2000F	PROCEDURES	>1	HI01-5	Monetary Amount	Procedure Monetary Amount				
165	HI01	S	1	15	R	S	1	2000F	PROCEDURES	>1	HI01-6	Quanity	Procedure Quantity				
166	HI01	S	1	30	AN	S	1	2000F	PROCEDURES	>1	HI01-7	Version Identifier	Version, Release, Industry Identifier				
167	HI02	S	N/A	N/A	N/A	S	1	2000F	PROCEDURES	>1		Health Care Code Information	Procedure Code 2				
168	HI02	R	1	3	ID	S	1	2000F	PROCEDURES	>1	HI02-1	Code List Qualifier Code	Code List Qualifier Code	ABR, B0, BQ, JP, LOI, NDC, ZZ			
169	HI02	R	1	30	AN	S	1	2000F	PROCEDURES	>1	HI02-2	Industry Code	Procedure Code				
170	HI02	S	2	3	ID	S	1	2000F	PROCEDURES	>1	HI02-3	Date Time Period Format Qualifier	Date Time Period Format Qualifier	D8, RD8			
171	HI02	S	1	35	AN	S	1	2000F	PROCEDURES	>1	HI02-4	Date Time Period	Date Time Period				
172	HI02	S	1	10	R	S	1	2000F	PROCEDURES	>1	HI02-5	Monetary Amount	Procedure Monetary Amount				
173	HI02	S	1	15	R	S	1	2000F	PROCEDURES	>1	HI02-6	Quanity	Procedure Quantity				
174	HI02	S	1	30	AN	S	1	2000F	PROCEDURES	>1	HI02-7	Version Identifier	Version, Release, Industry Identifier				
175	HI03	S	N/A	N/A	N/A	S	1	2000F	PROCEDURES	>1	NA	Health Care Code Information	Procedure Code 3				
176	HI03	R	1	3	ID	S	1	2000F	PROCEDURES	>1	HI03-1	Code List Qualifier Code	Code List Qualifier Code	ABR, B0, BQ, JP, LOI, NDC, ZZ			
177	HI03	R	1	30	AN	S	1	2000F	PROCEDURES	>1	HI03-2	Industry Code	Procedure Code				
178	HI03	S	2	3	ID	S	1	2000F	PROCEDURES	>1	HI03-3	Date Time Period Format Qualifier	Date Time Period Format Qualifier	D8, RD8			
179	HI03	S	1	35	AN	S	1	2000F	PROCEDURES	>1	HI03-4	Date Time Period	Procedure Date				
180	HI03	S	1	10	R	S	1	2000F	PROCEDURES	>1	HI03-5	Monetary Amount	Procedure Monetary Amount				
181	HI03	S	1	15	R	S	1	2000F	PROCEDURES	>1	HI03-6	Quanity	Procedure Quantity				
182	HI03	S	1	30	AN	S	1	2000F	PROCEDURES	>1	HI03-7	Version Identifier	Version, Release, Industry Identifier				
183	HI04	S	N/A	N/A	N/A	S	1	2000F	PROCEDURES	>1		Health Care Code Information	Procedure Code 4				
184	HI04	S	1	3	ID	S	1	2000F	PROCEDURES	>1	HI04-1	Code List Qualifier Code	Code List Qualifier Code	ABR, BO, BQ, JP, LOI, NDC, ZZ			

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	278 Services Review Response - HIPAA 4010X094A1 Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	DataType	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
185	HI04	R	1	30	AN	S	1	2000F	PROCEDURES	>1	HI04-2	Industry Code	Procedure Code				
186	HI04	S	2	3	ID	S	1	2000F	PROCEDURES	>1	HI04-3	Date Time Period Format Qualifier	Date Time Period Format Qualifier	D8, RD8			
187	HI04	S	1	35	AN	S	1	2000F	PROCEDURES	>1	HI04-4	Date Time Period	Procedure Date				
188	HI04	S	1	10	R	S	1	2000F	PROCEDURES	>1	HI04-5	Monetary Amount	Procedure Monetary Amount				
189	HI04	S	1	15	R	S	1	2000F	PROCEDURES	>1	HI04-6	Quanity	Procedure Quantity				
190	HI04	S	1	30	AN	S	1	2000F	PROCEDURES	>1	HI04-7	Version Identifier	Version, Release, Industry Identifier				
191	HI05	S	N/A	N/A	N/A	S	1	2000F	PROCEDURES	>1		Health Care Code Information	Procedure Code 5				
192	HI05	R	1	3	ID	S	1	2000F	PROCEDURES	>1	HI05-1	Code List Qualifier Code	Code List Qualifier Code	ABR, BO, BQ, JP, LOI, NDC , ZZ			
193	HI05	R	1	30	AN	S	1	2000F	PROCEDURES	>1	HI05-2	Industry Code	Procedure Code				
194	HI05	S	2	3	ID	S	1	2000F	PROCEDURES	>1	HI05-3	Date Time Period Format Qualifier	Date Time Period Format Qualifier	D8, RD8			
195	HI05	S	1	35	AN	S	1	2000F	PROCEDURES	>1	HI05-4	Date Time Period	Procedure Date				
196	HI05	S	1	10	R	S	1	2000F	PROCEDURES	>1	HI05-5	Monetary Amount	Procedure Monetary Amount				
197	HI05	S	1	15	R	S	1	2000F	PROCEDURES	>1	HI05-6	Quanity	Procedure Quantity				
198	HI05	S	1	30	AN	S	1	2000F	PROCEDURES	>1	HI05-7	Version Identifier	Version, Release, Industry Identifier				
199	HI06	S	N/A	N/A	N/A	S	1	2000F	PROCEDURES	>1		Health Care Code Information	Procedure Code 6				
200	HI06	R	1	3	ID	S	1	2000F	PROCEDURES	>1	HI06-1	Code List Qualifier Code	Code List Qualifier Code	ABR, BO, BQ, JP, LOI, NDC, ZZ			
201	H106	R	1	30	AN	S	1	2000F	PROCEDURES	>1	HI06-2	Industry Code	Procedure Code				
202	HI06	S	2	3	ID	S	1	2000F	PROCEDURES	>1	HI06-3	Date Time Period Format Qualifier	Date Time Period Format Qualifier	D8, RD8			
203	HI06	S	1	35	AN	S	1	2000F	PROCEDURES	>1	HI06-4	Date Time Period	Procedure Date				
204	HI06	S	1	10	R	S	1	2000F	PROCEDURES	>1	HI06-5	Monetary Amount	Procedure Monetary Amount				
205	HI06	S	1	15	R	S	1	2000F	PROCEDURES	>1	HI06-6	Quanity	Procedure Quantity				
206	HI06	S	1	30	AN	S	1	2000F	PROCEDURES	>1	HI06-7	Version Identifier	Version, Release, Industry Identifier				
207	HI07	S	N/A	N/A	N/A	S	1	2000F	PROCEDURES	>1		Health Care Code Information	Procedure Code 7				
208	HI07	R	1	3	ID	S	1	2000F	PROCEDURES	>1	HI07-1	Code List Qualifier Code	Code List Qualifier Code	ABR, BO, BQ, JP, LOI, NDC, ZZ			
209	HI07	R	1	30	AN	S	1	2000F	PROCEDURES	>1	HI07-2	Industry Code	Procedure Code				
210	HI07	S	2	3	ID	S	1	2000F	PROCEDURES	>1	HI07-3	Date Time Period Format Qualifier	Date Time Period Format Qualifier	D8, RD8			
211	HI07	S	1	35	AN	S	1	2000F	PROCEDURES	>1	HI07-4	Date Time Period	Procedure Date				
212	HI07	S	1	10	R	S	1	2000F	PROCEDURES	>1	HI07-5	Monetary Amount	Procedure Monetary Amount				
213	HI07	S	1	15	R	S	1	2000F	PROCEDURES	>1	HI07-6	Quanity	Procedure Quantity				
214	HI07	S	1	30	AN	S	1	2000F	PROCEDURES	>1	HI07-7	Version Identifier	Version, Release, Industry Identifier				
215	HI08	S	N/A	N/A	N/A	S	1	2000F	PROCEDURES	>1		Health Care Code Information	Procedure Code 8				
216	HI08	R	1	3	ID	S	1	2000F	PROCEDURES	>1	HI08-1	Code List Qualifier Code	Code List Qualifier Code	ABR, BO, BQ, JP, LOI, NDC, ZZ			
217	HI08	R	1	30	AN	S	1	2000F	PROCEDURES	>1	HI08-2	Industry Code	Procedure Code				
218	HI08	S	2	3	ID	S	1	2000F	PROCEDURES	>1	HI08-3	Date Time Period Format Qualifier	Date Time Period Format Qualifier	D8, RD8			
219	HI08	S	1	35	AN	S	1	2000F	PROCEDURES	>1	HI08-4	Date Time Period	Procedure Date				

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	278 Services Review Response - HIPAA 4010X094A1 Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	DataType	Seg Use	Seg Rep	Loop ID	LoopName	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
220	HI08	S	1	10	R	S	1	2000F	PROCEDURES	>1	HI08-5	Monetary Amount	Procedure Monetary Amount				
221	HI08	S	1	15	R	S	1	2000F	PROCEDURES	>1	HI08-6	Quanity	Procedure Quantity				
222	HI08	S	1	30	AN	S	1	2000F	PROCEDURES	>1	HI08-7	Version Identifier	Version, Release, Industry Identifier				
223	HI09	S	N/A	N/A	N/A	S	1	2000F	PROCEDURES	>1		Health Care Code Information	Procedure Code 9				
224	HI09	R	1	3	ID	S	1	2000F	PROCEDURES	>1	HI09-1	Code List Qualifier Code	Code List Qualifier Code	ABR, BO, BQ, JP, LOI, NDC, ZZ			
225	H109	R	1	30	AN	S	1	2000F	PROCEDURES	>1	HI09-2	Industry Code	Procedure Code				
226	HI09	S	2	3	ID	S	1	2000F	PROCEDURES	>1	HI09-3	Date Time Period Format Qualifier	Date Time Period Format Qualifier	D8, RD8			
227	HI09	S	1	35	AN	S	1	2000F	PROCEDURES	>1	HI09-4	Date Time Period	Procedure Date				
228	HI09	S	1	10	R	S	1	2000F	PROCEDURES	>1	HI09-5	Monetary Amount	Procedure Monetary Amount				
229	HI09	S	1	15	R	S	1	2000F	PROCEDURES	>1	HI09-6	Quanity	Procedure Quantity				
230	HI09	S	1	30	AN	S	1	2000F	PROCEDURES	>1	HI09-7	Version Identifier	Version, Release, Industry Identifier				
231	HI10	S	N/A	N/A	N/A	S	1	2000F	PROCEDURES	>1	NA	Health Care Code Information	Procedure Code 10				
232	HI10	R	1	3	ID	S	1	2000F	PROCEDURES	>1	HI10-1	Code List Qualifier Code	Code List Qualifier Code	ABR, B0, BQ, JP, LOI, NDC, ZZ			
233	HI10	R	1	30	AN	S	1	2000F	PROCEDURES	>1	HI10-2	Industry Code	Procedure Code				
234	HI10	S	2	3	ID	S	1	2000F	PROCEDURES	>1	HI10-3	Date Time Period Format Qualifier	Date Time Period Format Qualifier	D8, RD8			
235	HI10	S	1	35	AN	S	1	2000F	PROCEDURES	>1	HI10-4	Date Time Period	Procedure Date				
236	HI10	S	1	10	R	S	1	2000F	PROCEDURES	>1	HI10-5	Monetary Amount	Procedure Monetary Amount				
237	HI10	S	1	15	R	S	1	2000F	PROCEDURES	>1	HI10-6	Quanity	Procedure Quantity				
238	HI10	S	1	30	AN	S	1	2000F	PROCEDURES	>1	HI10-7	Version Identifier	Version, Release, Industry Identifier				
239	HI11	S	N/A	N/A	N/A	S	1	2000F	PROCEDURES	>1		Health Care Code Information	Procedure Code 11				
240	HI11	R	1	3	ID	S	1	2000F	PROCEDURES	>1	HI11-1	Code List Qualifier Code	Code List Qualifier Code	ABR, BO, BQ, JP, LOI, NDC, ZZ			
241	HI11	R	1	30	AN	S	1	2000F	PROCEDURES	>1	HI11-2	Industry Code	Procedure Code				
242	HI11	S	2	3	ID	S	1	2000F	PROCEDURES	>1	HI11-3	Date Time Period Format Qualifier	Date Time Period Format Qualifier	D8, RD8			
243	HI11	NU	1	35	AN	S	1	2000F	PROCEDURES	>1	HI11-4	Date Time Period	Procedure Date				
244	HI11	S	1	10	R	S	1	2000F	PROCEDURES	>1	HI11-5	Monetary Amount	Procedure Monetary Amount				
245	HI11	S	1	15	R	S	1	2000F	PROCEDURES	>1	HI11-6	Quanity	Procedure Quantity				
246	HI11	S	1	30	AN	S	1	2000F	Service Level	>1	HI11-7	Version Identifier	Version, Release, Industry Identifier				
247	HI12	S	N/A	N/A	N/A	S	1	2000F	PROCEDURES	>1		Health Care Code Information	Procedure Code12				
248	HI12	R	1	3	ID	S	1	2000F	PROCEDURES	>1	HI12-1	Code List Qualifier Code	Code List Qualifier Code	ABR, BO, BQ, JP, LOI, NDC, ZZ			
249	H112	R	1	30	AN	S	1	2000F	PROCEDURES	>1	HI12-2	Industry Code	Procedure Code				
250	HI12	S	2	3	ID	S	1	2000F	PROCEDURES	>1	HI12-3	Date Time Period Format Qualifier	Date Time Period Format Qualifier	D8, RD8			
251	HI12	S	1	35	AN	S	1	2000F	PROCEDURES	>1	HI12-4	Date Time Period	Procedure Date				
252	HI12	S	1	10	R	S	1	2000F	PROCEDURES	>1	HI12-5	Monetary Amount	Procedure Monetary Amount				
253	HI12	S	1	15	R	S	1	2000F	PROCEDURES	>1	HI12-6	Quanity	Procedure Quantity				

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**278 Services Review Response - HIPAA 4010X094A1 Implementation Guide**															**Tennessee Specific Values**	
2	**Element ID**	**Elem Use**	**Min Len**	**Max Len**	**DataType**	**Seg Use**	**Seg Rep**	**Loop ID**	**LoopName**	**Loop Rep**	**Comp Seq ID**	**DED Name**	**Industry Name or Alias**	**HIPAA Valid Values**	**HIPAA Notes**	**TN Valid Values**	**TN Notes**
254	HI12	S	1	30	AN	S	1	2000F	PROCEDURES	>1	HI12-7	Version Identifier	Version, Release, Industry Identifier				
255	SE01	R	1	10	N0	R			TRANSACTION SET TRAILER	1		Total number of segments included including ST and SE segments					
256	SE02	R	4	9	AN	R			TRANSACTION SET TRAILER	1		Transaction Set Control Number		=ST02		=ST02	
257	GE01	R	1	6	N0	R			FUNCTIONAL GROUP TRAILER			Number of Transaction Sets Included					
258	GE02	R	1	9	N0	R			FUNCTIONAL GROUP TRAILER			Group Control Number		= GS06		= GS06	
259	IEA01	R	1	5	N0	R			INTERCHANGE CONTROL TRAILER			Number of Included Functional Groups					
260	IEA02	R	9	9	N0	R			INTERCHANGE CONTROL TRAILER			Interchange Control Number		= ISA13		= ISA13	