ADDENDA

National Electronic Data Interchange Transaction Set Implementation Guide

Health Care Services Review — Request for Review and Response

278

ASC X12N 278 (004010X094A1)

October 2002

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1 Introduction to Modified Pages

This document is addenda to the X12N Health Care Services Review — Request for Review and Response Implementation Guide, originally published May 2000 as 004010X094. As a result of the post publication review process, items were identified that could be considered impediments to implementation. These items were passed to the X12N Health Care Work Group that created the original Implementation Guide for their review.

Modifications based on those comments were reflected in a draft version of the Addenda to the X12N 004010X094 Implementation Guide. Since the X12N 004010X094 Implementation Guide is named for use under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), an NPRM Draft Addenda went through a Notice of Proposed Rule Making (NPRM) comment process that began on May 31, 2002. The Addenda reflects changes based on comments received during the NPRM process and X12N's own review processes. Only the modifications noted in the NPRM Draft Addenda were considered in the NPRM and X12N review processes. The Addenda was approved for publication by X12N on October 10, 2002. When using the X12N Health Care Services Review — Request for Review and Response Implementation Guide, originally published May 2000 as 004010X094 and incorporating the changes identified in the Addenda, the value used in GS08 must be "004010X094A1".

Each of the changes made to the 004010X094 Implementation Guide has been annotated with a note in red and a line pointing to the location of the change. For convenience, the affected 004010X094 Implementation Guide page number is noted at the bottom of the page. Please note that as a result of insertion or deletion of material Addenda pages may not begin or end at the same place as the original referenced page. Because of this, Addenda pages are not page for page replacements and the original pages should be retained.

Changes in the Addenda may have caused changes to the Data Element Dictionary and the Data Element Name Index (Appendix E in the original Implementation Guide), but these changes are not identified in the Addenda. Changes in the Addenda may also have caused changes to the Examples and the EDI Transmission Examples (Section 4 in the original Implementation Guide), again these are not identified in the Addenda.

New Sub-section Added

2.1.3.1 Supplemental Service Review Information

Under some circumstances, UMOs may require additional patient information to determine the medical necessity of the services requested. The 278 supports the ability to reference paper documentation and to attach electronic documentation associated with the current health care services review.

The 278 request contains a PWK segment that the requester can use to reference an attachment (paper, electronic, or other medium) associated with the current health care services review. The attachment may be transmitted in a separate X12 functional group (e.g.: 275 Attachment). Refer to Section 2.2.5 for more information on attachments. Please note that the 275 functionality is not mandated by HIPAA.

2.1.4 Situational Data

Factors such as the type of certification requested, the condition of the patient, and the individual UMO's rules for processing certifications make it difficult to identify a single set of data elements that are required for all types of certifications. To meet the divergent needs of the UMOs and requesters, this guide includes many data elements and segments marked "situational". Wherever possible, this implementation guide includes notes indicating when to include a situational segment or element. If the segment or element does not have an explanatory note, interpret "situational" to mean "if the information is available and applicable to the certification request or response, include it."

2.1.5 Service Review Decisions

The UMO must respond to each 278 transaction set received. If the UMO can process the service review request, the UMO must return a 278 response that contains an HCR segment at the Service Level (Loop 2000F) in the response to indicate the status of the service review.

2.1.6 Rejected Transactions

Missing or incorrect application data on the 278 request can cause the UMO to reject the transaction. For these requests, the UMO must return a 278 response transaction that contains a AAA Request Validation segment at the appropriate level to indicate why the UMO rejected the transaction.

The AAA segments in Loop 2000A (UMO) enable both the clearinghouse and the reviewer to indicate when system availability issues prohibit routing of the request for processing.

2.1.7 Trace Numbers and Transaction Identifiers

This implementation guide provides several methods to enable requesters, clearinghouses, and UMOs to trace the transaction or match the response to the original request. This section describes the segments and data elements that carry these identifiers.

2.1.7.1 BHT03 - Submitter Transaction Identifier

BHT03 identifies the transaction at its highest level. This is particularly useful in reconciling 278 rejection transactions that may not contain all of the HL Loops. The receiver of the 278 request transaction (whether it is a clearinghouse or UMO) must return this identifier in the 278 response BHT03.

2.1.7.2 TRN Segment

The Patient loop (Loop 2000C or Loop 2000D) and the Service loop (Loop 2000F) each contain a TRN segment. This segment enables organizations to uniquely identify the request. The TRN at the Patient level uniquely identifies the patient event request. The Service level TRN uniquely identifies the request at its lowest logical level, the service. Both the requester (provider) and the clearinghouse can add a TRN segment to the request.

The requester (provider) can use this TRN segment to meet several needs. This enables the requester to accomplish the following:

- uniquely identify this request within the provider's environment
- uniquely identify each service requested. A single request transaction can contain requests for multiple services represented by multiple occurrences of Loop 2000F. This can generate more than one 278 response from the UMO. The UMO might certify some of these services immediately and pend others for external review.
- match the associated response to the request
- facilitate routing of this response in a large health care environment. For example, it might be necessary for the requester to identify the department within the provider environment that originated the transaction.

Text Revised

Clearinghouses can provide their own trace numbers in a separate TRN segment at the Patient level and at the Service level on the request to use for transaction tracking and matching purposes.

If the TRN segment is used on the request, the UMO must return the trace information supplied with the request transaction in the response transaction.

UMOs can add a trace number in their own TRN segment at the Patient level (Loop 2000C or Loop 2000D) and Service level (Loop 2000F) on the response. The UMO cannot use this trace number to identify the certification to the requester.

If the 278 request transaction passes through more than one clearinghouse, the second (and subsequent) clearinghouse may choose one of the following options:

1. If the second or subsequent clearinghouse needs to assign their own TRN segment they may replace the received TRN segment belonging to the sending clearinghouse with their own TRN segment. Upon returning a 278 response to the sending clearinghouse, they must remove their TRN segment and replace it with the sending clearinghouse's TRN segment.

New Text Added

2. If the second or subsequent clearinghouse does not need to assign their own TRN segment, they should merely pass all TRN segments received in the 278 request back in the 278 response transaction. If the 278 request passes through a clearinghouse that adds their own TRN in addition to a requester TRN, the clearinghouse will receive a response from the UMO containing two TRN segments

that contain the value “2" (Referenced Transaction Trace Number) in TRN01. If the UMO has assigned a TRN, the UMO’s TRN will contain the value ”1" (Current Transaction Trace Number) in TRN01. If the clearinghouse chooses to pass their own TRN values to the requester, the clearinghouse must change the value in their TRN01 to “1" because, from the requester’s perspective, this is not a referenced transaction trace number.

New Text Added

A TRN segment at the patient level (Subscriber or Dependent) is required if the provider needs to uniquely identify this patient event.

2.1.7.3 Patient Account Number

The requester (provider) can supply the patient account number as a supplemental identifier for the patient on the request. This value is carried in a REF segment where REF01 = “EJ” in Loop 2000C - Subscriber or Loop 2000D - Dependent, whichever is the patient. This information is optional for the requester. However if the UMO receives the patient account number, they must return it in the 278 response transaction.

2.1.8 Disclaimers

This implementation guide does not support the transmission of general disclaimers as part of the transaction. Trading partners must handle these disclaimers outside of this EDI transaction and should identify procedures for handling these disclaimers in their trading partner agreements.

2.1.9 Additional Patient Information

New Sub-section Added

Some health care service reviews may require additional information about the patient that is not supported in the 278 transaction. This implementation guide includes a PWK segment to identify this additional patient information. On the 278 request, the PWK segment enables the requester to reference paper documentation or to attach electronic documentation containing additional patient information associated with the services requested. The requester may provide additional information about the patient at the Patient level and/or specific information relevant to the service at the Service level.

In the 278 response, the UMO can indicate in the HCR segment that the review outcome is pended for additional medical necessity information. The UMO can use the PWK segment on a pended response to identify additional documentation required to complete the health care services review. The UMO can request information about the patient using the PWK segment at the Patient level and/or about the service using the PWK segment at the Service level.

In addition to the PWK segment, the UMO can use the HI segment at the Patient level and/or the HI segment at the Service level of the response to specify codes that identify the specific information that the UMO requires from the provider to complete the medical review. On the response, the HI segment supports the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINC®) List. These codes identify high-level health care information groupings, specific data elements, and associated modifiers.

The LOINC lists are external to ASC X12 standards. See Appendix C, External Code Sources, for instructions about how to obtain these lists. LOINC® is a registered trademark of Regenstrief Institute and the LOINC Committee.

The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.

Refer to Section 2.5.5 of this guide for more information on requesting additional patient information.

2.2 Data Use by Business Use

The 278 is divided into two levels, or tables. See Section 3, Transaction Set, for a description of the format presented in figure 5, Transaction Set Listing.

Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
010	ST	Transaction Set Header	M	1	
020	BHT	Beginning of Hierarchical Transaction	M	1	
...					

Table 2 - Detail

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
		LOOP ID - HL			**>1**
010	HL	Hierarchical Level	M	1	
020	TRN	Trace	O	9	
030	AAA	Request Validation	O	9	
040	UM	Health Care Services Review Information	O	1	
050	HCR	Health Care Services Review	O	1	
060	REF	Reference Identification	O	9	
070	DTP	Date or Time or Period	O	9	
080	HI	Health Care Information Codes	O	1	
...					

Figure 5. Transaction Set Listing

The Header level, Table 1, contains the purpose code for the transaction set as well as date and time stamps. For this implementation guide, BHT02 is either Request (13) or Response (11).

The Detail level, Table 2, contains all data relating to the requested transaction, including transaction participants, the patient, all providers, and services detail information. Table 2 uses a hierarchical data structure. For the types of business transactions that this implementation guide addresses, the following HL levels apply:

Loop 2000A contains the UMO

Loop 2000B contains the Requester

Loop 2000C contains the Subscriber

Loop 2000D contains the Dependent

Loop 2000E contains the Service Provider

Loop 2000F contains the Services

The following are sample Table 2 configurations.

The following example represents a response to a request for multiple services from multiple providers for a subscriber who is the patient.

UMO (Loop 2000A)

Requester (Loop 2000B)

Subscriber (Loop 2000C)

Service Provider (Loop 2000E)

Service (with Review Outcome Data)(Loop 2000F)

Service Provider (Loop 2000E)

Service (with Review Outcome Data)(Loop 2000F)

For a request transaction, matrix 1, Intended Segment Use for a Request Transaction, identifies the intended segment use by hierarchical level.

Segment Position	Segment ID	UMO HL	Requestor HL	Subscriber HL	Dependent HL	Service Provider HL	Service HL
010	HL	YES	YES	YES	YES	YES	YES
020	TRN			YES	YES		YES
030	AAA						
040	UM						YES
050	HCR						
060	REF						YES
070	DTP			YES	YES		YES
080	HI			YES	YES		YES
090	HSD						YES
100	CRC						YES
110	CL1						YES
120	CR1						YES
130	CR2						YES
140	CR5						YES
150	CR6						YES
155	PWK			YES	YES		YES
160	MSG					YES	YES
170	NM1	YES	YES	YES	YES	YES	
180	REF		YES	YES	YES	YES	
190	N2						
200	N3		YES			YES	
210	N4		YES			YES	
220	PER		YES			YES	
230	AAA						
240	PRV		YES			YES	
250	DMG			YES	YES		
260	INS				YES		
270	DTP						

Segment Use Added

PWK Segment Added

Matrix 1. Intended Segment Use for a Request Transaction

Matrix 2, Intended Segment Use for a Response Transaction, identifies the intended segment use by hierarchical level for a response transaction.

Segment Position	Segment ID	UMO HL	Requestor HL	Subscriber HL	Dependent HL	Service Provider HL	Service HL
010	HL	YES	YES	YES	YES	YES	YES
020	TRN			YES	YES		YES
030	AAA	YES		YES	YES		YES
040	UM						YES
050	HCR						YES
060	REF						YES
070	DTP			YES	YES		YES
080	HI			YES	YES		YES
090	HSD						YES
100	CRC						
110	CL1						YES
120	CR1						YES
130	CR2						YES
140	CR5						YES
150	CR6						YES
155	PWK			YES	YES		YES
160	MSG					YES	YES
170	NM1	YES	YES	YES	YES	YES	YES
180	REF		YES	YES	YES	YES	
190	N2						
200	N3			*	*	YES	YES
210	N4			*	*	YES	YES
220	PER	YES		*	*	YES	YES
230	AAA	YES	YES	YES	YES	YES	
240	PRV		YES			YES	
250	DMG			YES	YES		
260	INS				YES		
270	DTP						

Segment Use Added

PWK Segment Added

Asterisks Added

Segment Use Added

Matrix 2. Intended Segment Use for a Response Transaction
Note: An asterisk (*) denotes segments used only for NM1 loops 2010CB and 2010 DB for Additional Patient Information Contact Name Information

Note Added

NOTE
For the request/response scope of this implementation guide, the use of UMO, requester, subscriber, dependent, and service provider is consistent and stable across all transactions. Because the use of these levels is consistent, these levels are described one time. Because the use of the service level differentiates the transaction's use, this level is redefined several times to provide the reader with appropriate information and examples.

2.2.1 Transaction Participants (Loop 2000A, Loop 2000B)

The Loop 2000A and Loop 2000B hierarchical levels are used to convey information about the two primary participants in a health care service review transaction. Figure 6, Information Source and Receiver Levels, presents the Loop 2000A and Loop 2000B levels.

2.2.1.3.5 PRV Segment

The PRV segment enables the requester to specify the referring provider's role in the care of the patient and to indicate the referring provider's specialty. Use this segment if the UMO requires this additional information to determine if the referring provider is authorized to request these services for this patient.

2.2.2 Patient (Loop 2000C and Loop 2000D)

Subscriber Loop 2000C and Dependent Loop 2000D identify the patient. Loop 2000C is always required. Loop 2000D is used only when necessary to identify a patient who is a dependent. Figure 7. Subscriber and Dependent Levels shows the structure of these loops.

When the subscriber is the patient or when the patient has a unique identification number (different from the subscriber), only Loop 2000C is used. This situation is common when an insurance company issues a unique insurance identification card to each individual insured. In all other cases, Loop 2000C is used to identify the subscriber. Loop 2000D is used to identify the subscriber's dependent, who is the patient. This structure is more common in traditional group insurance where a patient is uniquely identified within the primary subscriber identifier.

2.2.2.1 Identifying the Patient

Loop ID Changed

The Subscriber Name Loop 2010CA and Dependent Name Loop 2010DA contain the segments and data elements that hold this patient identification information. The NM1 and DMG segments contain all the data needed for the requester and UMO to identify the patient.

Loop ID Changed

Identifying the Subscriber/Patient
In Subscriber Name Loop 2010CA, the member ID (NM108/NM109) is required and may be adequate to identify the subscriber to the UMO. However, the UMO can require additional information. The maximum data elements that the UMO can require to identify the subscriber, in addition to the member ID, are as follows:

Subscriber Last Name (NM103)
Subscriber First Name (NM104)
Subscriber Birth Date (DMG01 and DMG02).

The data requirements are the same for a dependent patient who has a unique identification number (different from the subscriber).

Identifying the Dependent
The Dependent Loop (2000D) is required in addition to Loop 2000C if the dependent does not have a unique (different from the subscriber) member ID. The maximum data elements in Loop 2010DA that can be required by a UMO to identify a dependent are as follows:

Loop ID Changed

Dependent Last Name (NM103)
Dependent First Name (NM104)
Dependent Birth Date (DMG01 and DMG02).

Table 2 - Subscriber Detail

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
		LOOP ID - 2000C SUBSCRIBER LEVEL			1
010	HL	Subscriber Level	R	1	
020	TRN	Patient Event Tracking Number	S	3	
030	AAA	Subscriber Request Validation	S	9	
070	DTP	Accident Date	S	1	
070	DTP	Last Menstrual Period Date	S	1	
070	DTP	Estimated Date of Birth	S	1	
070	DTP	Onset of Current Symptoms or Illness Date	S	1	
080	HI	Subscriber Diagnosis	S	1	
155	PWK	Additional Patient Information	S	10	
		LOOP ID - 2010CA SUBSCRIBER NAME			1
170	NM1	Subscriber Name	R	1	
180	REF	Subscriber Supplemental Identification	S	9	
230	AAA	Subscriber Request Validation	S	9	
250	DMG	Subscriber Demographic Information	S	1	
		LOOP ID - 2010CB ADDITIONAL PATIENT INFORMATION CONTACT NAME			1
170	NM1	Additional Patient Information Contact Name	S	1	
200	N3	Additional Patient Information Contact Address	S	1	
210	N4	Additional Patient Information Contact City/State/Zip Code	S	1	
220	PER	Additional Patient Information Contact Information	S	1	

New Segment Added
Loop ID Changed
New Loop Added

Table 2 - Dependent Detail

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
		LOOP ID - 2000D DEPENDENT LEVEL			1
010	HL	Dependent Level	S	1	
020	TRN	Patient Event Tracking Number	S	3	
030	AAA	Dependent Request Validation	S	9	
070	DTP	Accident Date	S	1	
070	DTP	Last Menstrual Period Date	S	1	
070	DTP	Estimated Date of Birth	S	1	
070	DTP	Onset of Current Symptoms or Illness Date	S	1	
080	HI	Dependent Diagnosis	S	1	
155	PWK	Additional Patient Information	S	10	
		LOOP ID - 2010DA DEPENDENT NAME			1
170	NM1	Dependent Name	R	1	
180	REF	Dependent Supplemental Identification	S	3	
230	AAA	Dependent Request Validation	S	9	
250	DMG	Dependent Demographic Information	S	1	
260	INS	Dependent Relationship	S	1	
		LOOP ID - 2010DB ADDITIONAL PATIENT INFORMATION CONTACT NAME			1
170	NM1	Additional Patient Information Contact Name	S	1	
200	N3	Additional Patient Information Contact Address	S	1	
210	N4	Additional Patient Information Contact City/State/Zip Code	S	1	
220	PER	Additional Patient Information Contact Information	S	1	

New Segment Added
Loop ID Changed
New Loop Added

Figure 7. Subscriber and Dependent Levels

Subscriber is the Patient

In those cases where the subscriber is the patient or the patient has a unique identification number (different from the subscriber), only Loop 2000C is used.

Refer to the segments that appear under Detail - Subscriber in Figure 7. Subscriber and Dependent Levels for a representation of all the segments available for use.

The following example demonstrates a sufficient way of identifying a patient who has a unique identification number.

```
HL*3*2*22*1~
HI*BF:41090~
NM1*IL*1*SMITH*JOE****MI*12345678901~
```

New Sub-section Added

2.2.2.2.1 TRN Segment

Use the TRN segment in Loop 2000C only if the subscriber is the patient. This segment is required if the requester needs to assign a unique tracking number to the patient event associated with this health care services review. It enables the requester to:

- uniquely identify this patient event request
- trace the request
- match the response to the request
- reference this request in any associated attachments containing additional patient information

This TRN segment can occur a maximum of two times per Loop 2000C on the request; once for the provider and once for the clearinghouse. If the TRN segment is used at this level on the request, the UMO must return it at the same level on the response.

The TRN segment can occur a maximum of three times per Loop 2000C on the response. The UMO can use this trace number to reference the request when asking for additional patient information associated with this health care services review. UMOs can add their own trace number to the response for tracking purposes. The UMO cannot use this trace number as the health care services review certification number.

2.2.2.2.2 DTP Segments

The DTP segments carry dates relating to the patient's current condition. This includes accident date, date of onset of current symptoms or illness, date of last menstrual period, and estimated date of birth. Date diagnosed is associated with a diagnosis and is contained in the HI segment.

2.2.2.2.3 HI Segment

The HI segment is used to convey diagnosis information. This information is always conveyed at the actual patient HL level. In the previous example, because the subscriber is the patient, the HI segment appears at Loop 2000C (there would be no Loop 2000D level). If Loop 2000D were used, this segment would appear at the Loop 2000D level and not at Loop 2000C.

New Paragraph Added

On the response, this HI segment supports the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINC®) List. The UMO can use the LOINC codes to request specific information concerning the patient diagnosis or condition that the UMO requires from the provider to complete the medi-

cal review. Refer to Section 2.2.5 for more information on UMO requests for additional information.

New Paragraph Added

The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.

New Sub-section Added

2.2.2.2.4 PWK Segment

Under some circumstances, the requester may need to provide additional information about the patient that is not supported in the 278. If the subscriber is the patient, the requester can use this PWK segment to reference paper documentation or to attach electronic documentation containing additional patient information associated with this patient event. This implementation guide supports a maximum of 10 occurrences of the PWK segment at the Patient (Subscriber or Dependent) level.

The UMO can use the PWK segment on a pended response to identify additional documentation required to complete the medical review.

NOTE:
The PWK segment also occurs in the Service loop. Use the PWK segment in the Service loop if you are requesting multiple services and the additional information pertains to a specific service and not to all the services requested.

2.2.2.2.5 NM1 Loops

Sub-section Name Changed

Loop ID Changed

The Loop 2010CA NM1 segment is used to convey the subscriber's name and identification number. In the preceding example, this is also the name of the patient. This segment should always carry the primary identification number for the insured. The REF segment in Loop 2010CA should be used only to transmit secondary identification numbers. In the NM1 segment, the identification number transmitted is the primary member identifier used by the UMO. In most cases the REF segment contains a supplemental member identifier used by the UMO. However, it can carry a patient identifier, such as a Patient Account Number, used by the requester. If Loop 2010CA of the request contains a REF segment where REF01 = "EJ" (Patient Account Number), the UMO must return the same REF segment on the response.

Loop ID Changed

Loop ID Changed

New Text Added

The Loop 2010CB NM1 and associated N3, N4, and PER segments are used only on the response. This loop enables the UMO to specify UMO contact information for the additional patient information requested in the UMO's 278 response. This segment is used in the response at this level only when all of the following conditions are present.

- The subscriber is the patient
- The UMO has requested additional patient information at this level of the response
- The contact information for the additional patient information response differs from the information provided in the UMO Name Level (Loop 2010A) of the 278 response

New Paragraph Added

The N3 and N4 segments should be valued only if the response to the request for additional information must be routed to a specific office location.

2.2.2.2.6 DMG Segment

The DMG segment is used to provide additional information, such as birth date (DMG01, DMG02), about the patient/subscriber. This segment is used only when more information is required to identify the patient/subscriber.

2.2.2.2.7 AAA Segment

The AAA segment is used only in a response. The segment is used to identify an error condition in the original request at the Subscriber level that prohibits processing the original request. Two AAA segments are provided. The first AAA identifies error conditions in the data contained in Loop 2000C. These pertain to invalid or missing diagnosis codes and dates and patient condition dates. The second AAA in Loop 2010CA identifies invalid or missing subscriber identification information.

Loop ID Changed

2.2.2.3 Dependent is the Patient

In those cases when the dependent is the patient and has not been issued a unique identification number, both Loop 2000C and Loop 2000D are required. Loop 2000C conveys insurance information and Loop 2000D conveys patient-related information. Until the HIPAA Unique Patient Identifier is mandated, if the patient is a dependent of a subscriber and does not have a unique member ID, the maximum data elements that can be required by a UMO in loop 2010CA and 2010DA to identify a patient are:

Loop ID Changed

Loop 2010CA
Subscriber's Member ID

Loop 2010DA
Patient's First Name
Patient's Last Name
Patient's Date of Birth

If all four of these elements are present the UMO must generate a response if the patient is in the UMO's database. All UMOs are required to support the above search option if their system does not have unique Member Identifiers assigned to dependents. Figure 7, Subscriber and Dependent Levels, presents Loop 2000C and Loop 2000D.

The following example demonstrates a sufficient way of identifying a patient who is the dependent of a subscriber. The example also illustrates the use of other segments.

```
HL*3*2*22*1~
NM1*IL*1*SMITH*JOE****MI*12345678901~

HL*4*3*23*1~
HI*BF:41090~
NM1*QC*1*SMITH*SEAN~
DMG*D8*19781229*M~
INS*N*19~
```

2.2.2.3.1 TRN Segment

New Sub-section Added

If Loop 2000D is valued, this TRN segment is required if the requester needs to assign a unique tracking number to the patient event associated with this health care services review. It enables the requester to:

- uniquely identify this patient event request
- trace the request
- match the response to the request
- reference this request in any associated attachments containing additional patient information

This TRN segment can occur a maximum of two times per Loop 2000D on the request; once for the provider and once for the clearinghouse. If the TRN segment is used at this level on the request, the UMO must return it at the same level on the response.

The TRN segment can occur a maximum of three times per Loop 2000D on the response. The UMO can use this trace number to reference the request when asking for additional patient information associated with this health care services review. UMOs can add their own trace number to the response for tracking purposes. The UMO cannot use this trace number as the health care services review certification number.

2.2.2.3.2 DTP Segments

The DTP segments carry dates relating to the dependent's current condition. This includes accident date, date of onset of current symptoms or illness, date of last menstrual period, and estimated date of birth. Date diagnosed is associated with a diagnosis and is contained in the HI segment.

2.2.2.3.3 HI Segment

The HI segment is used to convey diagnosis information. This information is always conveyed at the actual patient HL level. Note that in the previous example, the HI segment appears in Loop 2000D.

New Paragraph Added

On the response, this HI segment supports the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINC®) List. The UMO can use the LOINC codes to identify specific information concerning the patient diagnosis or condition that the UMO requires from the provider to complete the medical review. Refer to Section 2.2.5 for more information on UMO requests for additional information.

New Paragraph Added

The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.

2.2.2.3.4 PWK Segment

New Sub-section Added

Under some circumstances, the requester may need to provide additional information about the patient that is not supported in the 278. The requester can use this PWK segment to reference paper documentation or to attach electronic documentation containing additional patient information associated with this patient event. This implementation guide supports a maximum of 10 occurrences of the PWK segment at the Patient (Subscriber or Dependent) level.

The UMO can use the PWK segment on a pended response to identify additional documentation required to complete the medical review.

NOTE:
The PWK segment also occurs in the Service loop. Use the PWK segment in the Service loop if you are requesting multiple services and the additional information pertains to a specific service and not to all the services requested.

2.2.2.3.5 NM1 Loops

Sub-section Name Changed

Loop ID Changed

Loop ID Changed

The Loop 2010CA NM1 segment is used to convey the subscriber's name and identification number. The identification number transferred is the UMO's identification number for the subscriber. The Loop 2010DA NM1 segment is used to convey the dependent's name when the dependent is the patient. There is no UMO primary identifier for the dependent. In most cases the REF segment in Loop 2010DA contains a supplemental identifier used by the UMO. However, it can carry a patient identifier, such as a Patient Account Number, used by the requester. If Loop 2010DA of the request contains a REF segment where REF01 = "EJ" (Patient Account Number), the UMO must return the same REF segment on the response.

Loop ID Changed

Loop ID Changed

In the previous example, Sean Smith is a dependent of Joe Smith whose identification number is 12345678901. Sean Smith is the patient.

New Text Added

The Loop 2010DB NM1 and associated N3, N4, and PER segments are used only on the response. This loop enables the UMO to specify UMO contact information for the additional patient information requested at the Dependent level in the UMO's 278 response. This segment is used in the response at this level only when the following conditions are present.

- The UMO has requested additional patient information at this level of the response
- The contact information for the additional patient information response differs from the information provided in the UMO Name Level (Loop 2010A) of the 278 response

New Paragraph Added

The N3 and N4 segments should be valued only if the response to the request for additional information must be routed to a specific office location.

2.2.2.3.6 DMG Segment

The DMG segment is used to provide additional information about the dependent, such as date of birth (DMG01, DMG02). In the previous example, Sean Smith is a male born on December 29, 1978.

2.2.2.3.7 INS Segment

The INS segment is used only at the Loop 2000D level. The INS segment is used to convey the relationship of the dependent to the subscriber for identification purposes.

For example:

INS*N*19~

INS01 = N
This value indicates that the insured is a dependent.

INS02 = 19
This value indicates that the patient is a child of the subscriber.

2.2.2.3.8 AAA Segment

The AAA segment is only used in a response. The AAA segment is used to identify an error condition in the original request at the Dependent level that prohibits processing the original request. Two AAA segments are provided. The first AAA identifies error conditions in the data contained in Loop 2000D. These pertain to invalid or missing diagnosis codes and dates and patient condition dates. The second AAA in Loop 2010DA identifies invalid or missing dependent identification information.

Loop ID Changed

2.2.3 Service (Referred-to) Provider (Loop 2000E)

The Loop 2000E hierarchical level is used to identify the health care service provider (the provider of services). Figure 8, Service Provider Level, presents the Loop 2000E level.

Table 2 - Detail, Service Provider Level

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
		LOOP ID - 2000E SERVICE PROVIDER LEVEL			**>1**
010	HL	Service Provider Level	R	1	
160	MSG	Message Text	S	1	
		LOOP ID - 2010E SERVICE PROVIDER NAME			**3**
170	NM1	Service Provider Name	R	1	
180	REF	Service Provider Supplemental Identification	S	7	
200	N3	Service Provider Address	S	1	
210	N4	Service Provider City State ZIP Code	S	1	
220	PER	Service Provider Contact Information	S	1	
230	AAA	Service Provider Request Validation	S	9	
240	PRV	Service Provider Information	S	1	

Figure 8. Service Provider Level

2.2.3.1 MSG Segment

The MSG segment is used on both the request and the response to carry free-form text about the service provider or specialty requested. Normally, this segment is not used.

2.2.3.2 NM1 Segment

The primary identification number for the service provider should appear in the NM1 segment. The N3 and N4 segments are provided to supply extra information about the service provider. Implementers should use the N3 and N4 segments when there is no commonly known ID for the service provider.

2.2.3.3 PRV Segment

The PRV segment is used in two different ways. First, the segment is used when referrals are requested for a specialty rather than for a specific service provider. In this case, only the NM101 and NM102 elements would be used on the preced-

Table 2 - Service Detail

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
		LOOP ID - 2000F SERVICE LEVEL			**>1**
010	HL	Service Level	R	1	
020	TRN	Service Trace Number	S	3	
030	AAA	Service Request Validation	S	9	
040	UM	Health Care Services Review Information	R	1	
050	HCR	Health Care Services Review	S	1	
060	REF	Previous Certification Identification	S	1	
070	DTP	Service Date	S	1	
070	DTP	Admission Date	S	1	
070	DTP	Discharge Date	S	1	
070	DTP	Surgery Date	S	1	
070	DTP	Certification Issue Date	S	1	
070	DTP	Certification Expiration Date	S	1	
070	DTP	Certification Effective Date	S	1	
080	HI	Procedures	S	1	
090	HSD	Health Care Services Delivery	S	1	
110	CL1	Institutional Claim Code	S	1	
120	CR1	Ambulance Transport Information	S	1	
130	CR2	Spinal Manipulation Service Information	S	1	
140	CR5	Home Oxygen Therapy Information	S	1	
150	CR6	Home Health Care Information	S	1	
155	PWK	Additional Service Information — New Segment Added	S	10	
160	MSG	Message Text	S	1	
		LOOP ID - 2010F ADDITIONAL SERVICE INFORMATION CONTACT NAME — New Loop Added			**1**
170	NM1	Additional Service Information Contact Name	S	1	
200	N3	Additional Service Information Contact Address	S	1	
210	N4	Additional Service Information Contact City/State/Zip Code	S	1	
220	PER	Additional Service Information Contact Information	S	1	

Figure 9. Services Level

2.2.4 Services (Loop 2000F)

The Loop 2000F hierarchical level is used to identify the services requested for the identified patient and to be supplied by the provider identified in Loop 2000E. Loop 2000F is used also to convey the outcome of the service review request in the service response. Figure 9, Services Level, presents the Service Loop 2000F.

The service level of this transaction allows the inclusion of various patient condition or certification reason indicators. For example, a provider can specify the reason a request may have been delayed and not made within the timeframe required by a UMO.

Factors such as the type of certification request, the condition of the patient, and the individual UMO's business rules for processing certifications make it difficult to identify a single set of data elements that are required for all types of certifications. If the information is available and applicable to the certification request or response, include it.

Sections 2.2.4.1 Specialty Care Referrals, 2.2.4.2 Health Services Review, and 2.2.4.3 Admission Review provide examples of the segments and elements to in-

clude in the different types of certification requests. All the examples are based on the segments as illustrated in figure 9.

2.2.4.1 Specialty Care Referrals

Specialty care referrals encompass those transactions where a provider requests permission to refer or send a patient to another provider, generally a specialist. These types of transactions generally are shared between a primary care physician and a UMO. However, they may just as easily be shared between any two providers or UMOs.

2.2.4.1.1 Initial Request - Office Visit or Service

2.2.4.1.1.1 UM Segment

The UM segment is used to identify the type of health care services request.

UM*SC*I*****Y~**

UM01 = SC (Specialty Care Review)
UM02 = I (Initial Request)
UM09 = Y (Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim)

Other data elements in this segment carry additional information about the type of request and the condition of the patient. Value these additional data elements only if they provide information relevant to the medical decision.

2.2.4.1.1.2 HSD Segment and HI Segments

The HSD and HI segments are used according to need, either individually or in conjunction with each other, to describe the service and/or quantity of service being requested.

The HSD segment is used to identify a number of visits. The following example indicates two visits.

HSD*VS*2~

HSD01 = VS (Visits)
HSD02 = 2

The HSD segment can also be used to identify a delivery pattern. The following example indicates a pattern of three hours per week for four months.

HSD*HS*3*WK34*4~**

HSD01 = HS (Hours)
HSD02 = 3
HSD03 = WK (Per week)
HSD05 = 34 (Month)
HSD06 = 4

In the following example, the initial service requested is for a single office visit for a consultation at the provider's office (per HCFA code table).

HL*5*4*SS*0~
TRN*1*111099*9012345678~
UM*SC*I*3*11:B***Y~**
HSD*VS*1~

The HI segment is used to request that a specific service be performed.

HI*BO:49000::::1~

HI01 - 1 = BO (Health Care Financing Administration Common Procedural Coding System)
HI01 - 2 = 49000 (Incision, exploratory laparotomy)
HI01 - 6 = 1 (Quantity)

In some cases, it might be convenient to employ both segments. In the following example, physical therapy is being prescribed at three visits per week for two months.

HI*BO:97110~
HSD*VS*3*WK34*2~**

New Paragraph Added

NOTE:
On the response, this HI segment supports the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINC®) List. The UMO can use the LOINC codes to request specific information concerning the specific service or procedure that the UMO requires from the provider to complete the medical review. Refer to Section 2.2.5 for more information on UMO requests for additional information.

New Paragraph Added

The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.

2.2.4.1.2 Response

A response transaction is used to indicate approval, approval with modification, or denial of a previous request. Note that the service level segments contained in a response transaction can vary from the requested level of service. For example, a primary care provider (PCP) may request ten visits to a specialist for a patient. However, the UMO may decide to approve only eight visits (perhaps the maximum remaining benefit).

The HCR segment is required to provide the results of the review as well as an associated reference number.

2.2.4.1.2.1 Approval

To approve the specialty care referral request as described previously, the following service level would be returned:

HL*5*4*SS*0~
TRN*2*111099*9012345678~
UM*SC*I*3*11:B~
HCR*A1*0081096G~
HSD*VS*1~

This set of values indicates approval of the request in full. Note that the original service level details respecting the services requested are returned so that there is no confusion as to what is being approved.

A reference number 0081096G is supplied and is critical if the provider wishes to initiate further transactions concerning this service.

ports a request for certification of services related to a specific treatment or extended care associated with a single patient event.

It does not support a request for approval of multiple treatment plans related to long-term care or case management. Such complex treatment plans or case management comprise multiple patient events.

The 278 transaction set does not provide support for approval of case management or for tracking individual service review requests within a case.

2.2.4.2.1 Initial Request

2.2.4.2.1.1 UM Segment

The UM segment is used to identify the type of health care services requested.

UM01 = HS (Health Services Review)
UM02 = I (Initial Request)
UM09 = Y (Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim)

Other data elements in this segment carry additional information about the type of request and the condition of the patient. Value these additional data elements only if they provide information that is relevant to the medical decision on this service review request.

2.2.4.2.1.2 HSD and HI Segments

In a single 2000F service loop, the requester can specify multiple procedures associated with a single treatment. The HI Procedures segment can carry up to 12 procedure codes (HI01 through HI12). All the procedures specified must relate to one episode of care. The requester can use the HSD segment to specify a delivery pattern for that episode of care to indicate that all the procedures specified must occur within a single episode, but that episode can be repeated.

Each patient request can handle multiple 2000F loops. This means that the request can handle different services associated with a single patient event.

New Paragraph Added

NOTE:
On the response, this HI segment supports the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINC®) List. The UMO can use the LOINC codes to request specific information concerning the specific service or procedure that the UMO requires from the provider to complete the medical review. Refer to Section 2.2.5 for more information on UMO requests for additional information.

New Paragraph Added

The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.

2.2.4.2.1.3 CRC Segments

The CRC segment enables the requester to provide additional patient condition information that the UMO can use to determine the medical necessity of the services requested. Because this segment does not contain information on the services or treatment requested, it is not used in the response.

2.2.4.3.1.2 DTP Segment

When identifying a service at a facility (an admission), the DTP segment should be used to specify the anticipated admission date.

For example:

```
DTP*435*D8*19980830~
```

This value indicates that the anticipated admission date is August 30, 1998.

The DTP segment may be used to indicate a range of dates (see the original example). However, when dealing with an admission, the DTP segment should indicate a time period for admission and not the actual start and end date for the hospitalization. The length of stay should not be calculated for the DTP segment values (see HSD).

2.2.4.3.1.3 HSD Segment

The HSD segment is used to specify the length of stay at a facility. For example, this segment indicates a length of stay of 3 days:

```
HSD*DY*3~
```

2.2.4.3.1.4 CL1 Segment

The CL1 segment was used in the example to focus the UMO's attention on the admission request. Note the use of the urgent code.

2.2.4.3.2 Response

Admission review response uses are identical to those defined in the specialty care referrals response section.

2.2.4.3.3 Request for Extension

Admission review request for extension uses are identical to those defined in the specialty care referrals request for extension section.

2.2.4.3.4 Request for Appeal

Admission review request for appeal uses are identical to those defined in the specialty care referrals request for appeal section.

2.2.4.4 Other Service Line Segments

2.2.4.4.1 TRN Segment

Paragraph Changed

The TRN segment enables the requester to assign a unique trace number to each service (Loop 2000F) requested for a patient. The requester can use this to trace the transaction or match the response to the request. In situations where the request contains multiple service loops, the UMO might return a medical decision on some services immediately and pend others for review. In this case, the final decisions on each service may be returned by the UMO at different times. Use of trace numbers at this level can facilitate matching these different responses to the original request.

The clearinghouse can also add a trace number at this level on the request. Therefore, this TRN segment can occur a maximum of two times per Loop 2000F on the request; once for the provider and once for the clearinghouse. If the TRN

segment is used at this level on the request, the UMO must return it at the same level on the response.

Paragraph Changed

The TRN segment can occur a maximum of three times per Loop 2000F on the response. UMOs can add their own trace numbers to the response for tracking purposes. The UMO cannot use this trace number as the certification number. The segment is supplied solely for the convenience of the organization that originated it.

This guide's authors recommend that requesters use this TRN segment.

2.2.4.4.2 AAA Segment

The AAA and HCR segments are used only in the response. If Loop 2000F is present, either the AAA segment or the HCR segment must be returned. If the UMO was unable to review the request due to missing or invalid application data at this level, the UMO must return a 278 response containing a AAA segment at this level. It identifies the primary error condition in Loop 2000F of the original request that prohibits processing of the original request.

2.2.4.4.3 HCR Segment

The HCR segment is required if the UMO has reviewed the request. It provides information on the outcome of the medical review. If the request has been certified in total or certified as modified, the UMO must return a certification number in this segment. This number identifies the certification to the requester. If the request has been pended, denied, or does not require a medical decision, HCR03 conveys the reason for the non-certification or other status of the request.

2.2.4.4.4 PWK Segment

New Sub-section Added

Under some circumstances, the requester may need to provide additional information about the patient that is not supported in the 278. The requester can use this PWK segment to reference paper documentation or to attach electronic documentation containing additional patient information associated with the services requested in this Service loop. This implementation guide supports a maximum of 10 occurrences of the PWK segment at the Service level.

The UMO can use the PWK segment on a pended response to identify additional paper or electronic documentation required to complete the medical review for the services requested in this loop.

NOTE:
The PWK segment also occurs in the Patient loop (Loop 2000C or Loop 2000D). Use the PWK segment in the Service loop if you are requesting multiple services and the additional information pertains to a specific service and not to all the services requested.

2.2.4.4.5 NM1 Loop

New Sub-section Added

The Loop 2010F NM1 and associated N3, N4, and PER segments are used only on the response. This loop enables the UMO to specify UMO contact information for the additional service information requested in the PWK segment(s) in the same Service level (Loop 2000F) in the UMO's 278 response. This segment is used in the response at this level only when all the following conditions are present.

- The UMO has requested additional service information at this level

- The contact information for the additional service information response differs from the information provided in the UMO Name Level (Loop 2010A) of the 278 response

The N3 and N4 segments should be valued only if the response to the request for additional information must be routed to a specific office location.

2.2.5 278 Support for Additional Service Review Information

New Sub-section Added

Section 2 of this guide describes the health care services review information that the requester and UMO can house within the 278 transaction (ST to SE). It also describes segments and data elements that enable both the requester and the UMO to reference additional information associated with a health care services review that is not contained within the 278. This section provides guidelines for using these segments and data elements.

2.2.5.1 Background on the Need Addressed

New Sub-section Added

Under some circumstances, UMOs may require additional patient information to determine the medical necessity of the services requested. This additional information concerns patient condition or service detail data not supported in the 278 (ST to SE). Depending on the type of health care services review, the requester might know of additional information required of the UMO at the time the request is initiated. Or, when the UMO receives the health care services review request, the UMO may determine that additional information is required to complete the review.

2.2.5.2 Attaching Additional Information to the 278 Request

New Sub-section Added

The 278 request contains a PWK segment that the requester can use to reference an attachment (paper, electronic, or other medium) associated with the current health care services review. The attachment may be transmitted in a separate X12 functional group (e.g.: 275 Attachment).

2.2.5.2.1 PWK Segments

New Sub-section Added

The 278 request supports 10 occurrences of the PWK segment at the Patient level (Loop 2000C and Loop 2000D) and at the Service level (Loop 2000F). This enables the requester to attach up to 10 items pertaining to the patient's condition and/or up to 10 items pertaining to each occurrence of Loop 2000F of the request.

2.2.5.2.2 TRN Segments

New Sub-section Added

In addition to the PWK segment, the 278 supports a TRN segment at the Patient level and at the Service level. The Patient level TRN segment (Patient Event Tracking Number) is required if the requester needs to assign a unique trace number to the patient event request. This enables the requester to

- uniquely identify this patient event request
- reconcile the request
- match the response to the request

- reference this request in any associated attachments containing additional patient information related to this patient event request.

The Service level TRN Segment (Service Trace Number) is required if the request contains more than one Service level and the requester needs to track each service level request. This enables the requester to

- uniquely identify each service level request
- reconcile this request with its associated service level response
- reference this request in any associated attachments containing additional information related to this service level request

The UMO can reference these numbers when requesting additional information pertaining to the patient event or to the services requested.

2.2.5.2.3 Guidelines for Referencing Attachments

New Sub-section Added

1. The PWK segment is required if the requester has additional documentation (electronic, paper, or other medium) associated with this health care services review that applies to the patient event and/or the services requested and the 278 request (ST to SE) does not support this information.
2. Use the PWK segment at the Patient level if the attachment pertains to this patient event and/or all the services requested.
3. Use the PWK segment at the Service level if the information pertains to a specific service identified in Loop 2000F.
4. The PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group (e.g., 275) rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 should be referenced in the electronic attachment.

   Please note that the 275 functionality is not mandated by HIPAA. 275 refers to the X12N 275 Patient Information Transaction Set. At the time of this writing, there is no adopted standard implementation of the 275 for use with the 278 Health Care Services Review. A draft 275 Additional Information to Support a Health Care Services Review implementation guide is in progress. The 275 can be used

   1) If a new rule names the 275 Additional Information to Support a Health Care Services Review as a standard for use with this implementation of the 278.
   2) For business uses of the 278 not covered under HIPAA. Use of the 275 should be mutually agreed to by trading partners.
   3) To increase the functionality of the 278 request provided that it is understood that this functionality is not mandated by HIPAA and must be mutually agreed to by trading partners.
5. The requester can also use the PWK segment to identify paperwork that is held at the provider's office and is available upon request by the UMO (or appropriate entity).

2.2.5.3 Requesting Additional Information on the 278 Response

New Sub-section Added

When responding to a 278 request, the UMO might determine that additional information is required to complete the health care services review. The 278 response enables the UMO to

- indicate that the review outcome is pended for additional medical necessity information
- request this additional information by referencing paperwork that the requester must complete or by specifying codified information that the requester must provide
- identify a specific contact or destination for the response to this request for additional information

2.2.5.3.1 BHT Segment

New Sub-section Added

In the BHT segment, BHT02 identifies the purpose of the 278 transaction and BHT06 identifies the type. A 278 response that contains a request for additional information must specify the following values:

BHT02 = 11 (Response)
BHT06 = AT (Administrative Action)

2.2.5.3.2 HCR Segment

New Sub-section Added

If the UMO system can process the service review request, the UMO must return a 278 response that contains an HCR segment at the Service Level (Loop 2000F) in the response to indicate the status of the service review. The UMO must value the HCR segment to indicate that the review outcome has been pended for additional medical necessity information. If the UMO uses the 278 response to request this additional information, the UMO system must value the HCR segment as follows:

```
HCR*A4**90~
```

Where:

HCR01 = “A4" (pended)
HCR03 = “90" (Requested Information Not Received)

2.2.5.3.3 PWK Segments

New Sub-section Added

The UMO can use the PWK segment on a pended response to identify additional documentation required to complete the health care services review. The UMO can request information about the patient using the PWK segment at the Patient level (Loop 2000C or Loop 2000D) and/or about the service using the PWK segment at the Service level (Loop 2000F). This implementation supports 10 occurrences of the PWK at the Patient level and at the Service level to enable the UMO to request multiple attachments.

The UMO can use this segment to identify the type of documentation needed such as forms that the provider must complete. The UMO can also indicate what medium it has used to send these forms.

Guidelines for Use of PWK Segments

1. The PWK segment is required if the UMO is requesting additional documentation (electronic, paper, or other medium) associated with this health care services review that applies to the patient event and/or the services requested and the UMO does not use LOINC in the HI segments to request this information.
2. Paperwork requested at the patient level should apply to the patient event and/or all the services requested. Use the PWK segment in the appropriate Service loop if requesting medical necessity information for a specific service.
3. This PWK segment is required to identify requests for specific data that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or using LOINC in the HI segments of the response. PWK06 is used to identify the attached electronic questionnaire. The number in PWK06 should be referenced in the corresponding electronic attachment.

   NOTE:
   At the time of this writing, there is no adopted standard implementation or draft implementation of another X12 functional group (such as the 277) for use with the 278.
4. This PWK segment should not be used if the requester should have provided the information within the 278 request (ST-SE) but failed to do so. In this case the UMO should use the AAA segments in the 278 response to indicate the data that is missing or invalid.

2.2.5.3.4

New Sub-section Added

HI Segments

In addition to or in place of the PWK segment, the UMO can use the HI Diagnosis segment at the Patient level and/or the HI Procedures segment at the Service level of the pended response to specify codes that identify the specific information that the UMO requires from the provider to complete the medical review. On the response, the HI segment supports the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINC®) List. These codes identify high-level health care information groupings, specific data elements, and associated modifiers.

The UMO can use each occurrence of the Health Care Code Information composite (C022) in the HI segment to specify codes that identify the information needed. In the C022 composite, data elements 1270 and 1271 support the LOINC. Each HI segment supports 12 occurrences of the C022 composite.

LOINC codes are used to request specific information. LOINC modifier codes are used to qualify the scope of the request for information. For example, LOINC code 18657-7 requests the Rehabilitation treatment plan, plan of treatment (narrative). A LOINC modifier code of 18803-7 would qualify the requested information to include all data of the selected type that represents observations made 30 days or fewer before the starting date of service.

The LOINC lists are external to ASC X12 standards. See Appendix C, External Code Sources, for instructions about how to obtain these lists. LOINC® is a registered trademark of Regenstrief Institute and the LOINC Committee.

To request additional information using LOINC, value the HI segment as follows:

```
HI*LOI:18657-7*LOI:18803-7~
```

Where “LOI” indicates that the code list used is Logical Observation Identifier Names and Codes and 18657-7 is the high-level grouping and 18803-7 is the modifier.

Guidelines for Use of LOI (LOINC) HI Segments

1. The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.
2. Even if the trading partners can accommodate the use of LOINC on the 278 response containing the request for additional information, the UMO cannot require that the original requester respond to this request using LOINC in the follow-up response.
3. LOINC specified in the HI Diagnosis segment at the Patient level should apply to the patient event and/or all the services requested. Use the HI Procedures segment in the appropriate Service loop if using LOINC to request medical necessity information for specific services or procedures.
4. If the LOINC request pertains to a specific diagnosis code or procedure code, place the specific diagnosis or procedure code in the HI C022 composite that precedes the HI C022 composite(s) containing the LOINC. For example:

   ```
   HI*BO:490000*LOI:18657-7*LOI:18803-7~
   ```

   Where BO:49000 identifies the procedure for which additional information is required.

   The Patient level supports only one occurrence of the HI Diagnosis segment. If the original request contained more than six diagnosis codes and you are using LOINC to request additional information for each diagnosis code or if you need to specify multiple questions/LOINC codes you cannot exceed the limit of 12 occurrences of the C022 composite. Similarly, the Service level supports only one occurrence of the HI Procedures segment. However, the Service level can repeat. So, you can use multiple occurrences of Loop 2000F, if necessary, to accommodate more than 12 occurrences of the C022 composite.
5. LOINC should not be used if the requester should have provided the information in the 278 request (ST-SE) but failed to do so. In this case the UMO should use the AAA segments in the 278 response to indicate the data that is missing or invalid.

2.2.5.3.5 NM1 Loops - Additional Information Contact Name

New Sub-section Added

The 278 response includes NM1 loops to identify the person, office location, or other destination to route the response to the UMO request for additional information. NM1 Loop 2010CB and NM1 Loop 2010DB identify additional patient information contact name, address, and communication number information and are intended for use with requests for additional information contained in the PWK or HI segments at the Patient level. NM1 Loop 2010F identifies additional service information contact name, address, and communication number information for

use with requests for additional information contained in the PWK or HI segments at the Service level.

Guidelines for Use of NM1 Loops

1. Information in this loop overrides information supplied in the UMO Name NM1 loop (Loop 2010A).
2. Use this NM1 loop only if
   a. the destination for the response to the request for additional patient information differs from the information specified in the UMO Name NM1 loop (Loop 2010A).
   b. either the PWK segment or HI segment in the associated loop contain a request for additional information.
   c. the request for additional information is not transmitted in another X12 functional group where PWK02 = EL.
3. This NM1 segment is required if this loop is used.

New Sub-section Added

2.2.5.3.6 TRN Segments

The UMO must return the trace information supplied with the request transaction in the response transaction. The UMO must return the Patient Event Tracking Number and, if used, the Service Trace Number in the appropriate location of the response. If the UMO has requested additional information at the Patient level or at the Service level, the UMO should retain the Patient Event Tracking Number or Service Trace Number from the request.

In addition, UMOs can add a trace number in their own TRN segment at the Patient level (Loop 2000C or Loop 2000D) or at the Service level (Loop 2000F) on the response.

2.2.5.4 Responding to a Request for Additional Information

New Sub-section Added

If the 278 response contains a request for additional information, that request must be specified either in LOINC® or in a separate attachment as specified in the PWK segment of the response.

In either case, the appropriate reply to a 278 response containing a request for additional information is **not** another 278.

The LOINC® code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners. If LOINC® is used in the UMO response it is assumed that the trading partners have agreed on the appropriate format for the follow-up reply. This guide does not require a provider to respond to this codified request for additional information by using EDI or, specifically, by using another X12 functional group. However, if the provider wants to respond using an EDI transaction, the preferred EDI transaction method is a 275. Otherwise it is assumed that the provider will elect a non-EDI method to respond to the request for additional information. Use of 275 functionality with the 278 is not mandated by HIPAA and is only used when mutually agreed to by trading partners.

If the PWK segment is used, it indicates that the request for additional information is contained in a non-EDI format such as fax, email, paper mail, or voicemail.

It is assumed that the provider will convey the reply to that request for additional information in a corresponding non-EDI format.

IMPLEMENTATION

278 Health Care Services Review — Request for Review

It is recommended that separate transaction sets be used for different patients.

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
62	010	ST	Transaction Set Header	R	1	
63	020	BHT	Beginning of Hierarchical Transaction	R	1	

Table 2 - Utilization Management Organization (UMO) Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL			1
65	010	HL	Utilization Management Organization (UMO) Level	R	1	
			LOOP ID - 2010A UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME			1
67	170	NM1	Utilization Management Organization (UMO) Name	R	1	

Table 2 - Requester Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B REQUESTER LEVEL			1
70	010	HL	Requester Level	R	1	
			LOOP ID - 2010B REQUESTER NAME			1
72	170	NM1	Requester Name	R	1	
75	180	REF	Requester Supplemental Identification	S	8	
77	200	N3	Requester Address	S	1	
78	210	N4	Requester City/State/ZIP Code	S	1	
80	220	PER	Requester Contact Information	S	1	
83	240	PRV	Requester Provider Information	S	1	

Table 2 - Subscriber Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000C SUBSCRIBER LEVEL			1
85	010	HL	Subscriber Level	R	1	
87	020	TRN	Patient Event Tracking Number ——— Segment Added	S	2	
89	070	DTP	Accident Date	S	1	
90	070	DTP	Last Menstrual Period Date	S	1	
91	070	DTP	Estimated Date of Birth	S	1	
92	070	DTP	Onset of Current Symptoms or Illness Date	S	1	
94	080	HI	Subscriber Diagnosis	S	1	

103	155	PWK	Additional Patient Information — Segment Added	S	10	
Loop ID Changed —			**LOOP ID - 2010CA SUBSCRIBER NAME**			1
108	170	NM1	Subscriber Name	R	1	
111	180	REF	Subscriber Supplemental Identification	S	9	
113	250	DMG	Subscriber Demographic Information	S	1	

Table 2 - Dependent Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000D DEPENDENT LEVEL			1
115	010	HL	Dependent Level	S	1	
117	020	TRN	Patient Event Tracking Number — Segment Added	S	2	
119	070	DTP	Accident Date	S	1	
120	070	DTP	Last Menstrual Period Date	S	1	
121	070	DTP	Estimated Date of Birth	S	1	
122	070	DTP	Onset of Current Symptoms or Illness Date	S	1	
124	080	HI	Dependent Diagnosis	S	1	
133	155	PWK	Additional Patient Information — Segment Added	S	10	
Loop ID Changed —			**LOOP ID - 2010DA DEPENDENT NAME**			1
138	170	NM1	Dependent Name	R	1	
140	180	REF	Dependent Supplemental Identification	S	3	
142	250	DMG	Dependent Demographic Information	S	1	
144	260	INS	Dependent Relationship	S	1	

Loop Diagram Line Changed

Table 2 - Service Provider Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000E SERVICE PROVIDER LEVEL			>1
147	010	HL	Service Provider Level	R	1	
149	160	MSG	Message Text	S	1	
			LOOP ID - 2010E SERVICE PROVIDER NAME			3
150	170	NM1	Service Provider Name	R	1	
153	180	REF	Service Provider Supplemental Identification	S	7	
155	200	N3	Service Provider Address	S	1	
156	210	N4	Service Provider City/State/ZIP Code	S	1	
158	220	PER	Service Provider Contact Information	S	1	
161	240	PRV	Service Provider Information	S	1	

Loop Diagram Line Changed

Table 2 - Service Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000F SERVICE LEVEL			>1
163	010	HL	Service Level	R	1	
165	020	TRN	Service Trace Number	S	2	
167	040	UM	Health Care Services Review Information	R	1	
176	060	REF	Previous Certification Identification	S	1	
178	070	DTP	Service Date	S	1	
180	070	DTP	Admission Date	S	1	
182	070	DTP	Discharge Date	S	1	

183	070	DTP	Surgery Date	S	1
185	080	HI	Procedures	S	1
204	090	HSD	Health Care Services Delivery	S	1
209	100	CRC	Patient Condition Information	S	6
221	110	CL1	Institutional Claim Code	S	1
223	120	CR1	Ambulance Transport Information	S	1
226	130	CR2	Spinal Manipulation Service Information	S	1
232	140	CR5	Home Oxygen Therapy Information	S	1
237	150	CR6	Home Health Care Information	S	1
243	155	PWK	Additional Service Information — Segment Added	S	10
248	160	MSG	Message Text	S	1
249	280	SE	Transaction Set Trailer	R	1

IMPLEMENTATION

PATIENT EVENT TRACKING NUMBER

Loop: 2000C — SUBSCRIBER LEVEL

Usage: SITUATIONAL

Repeat: 2

Notes:

1. This TRN segment is required if the subscriber is the patient and the requester needs to assign a unique trace number to the patient event request. This enables the requester to
   - uniquely identify this patient event request
   - trace the request
   - match the response to the request
   - reference this request in any associated attachments containing additional patient information related to this patient event request.

2. If the transaction is routed through a clearinghouse, the clearinghouse may add their own TRN segment. If the transaction passes through multiple clearinghouses, and the second clearinghouse needs to assign their own TRN segment, they must replace the TRN from the first clearinghouse and retain it to be returned in the 278 response. If the second clearinghouse does not need to assign a TRN segment, they should pass all received TRN segments.

3. Each trace number provided in the TRN segment at this level on the request must be returned by the UMO in the TRN segment at the corresponding level of the response.

Example: TRN*1*2001042801*9012345678*CARDIOLOGY~

STANDARD

TRN Trace

Level: Detail

Position: 020

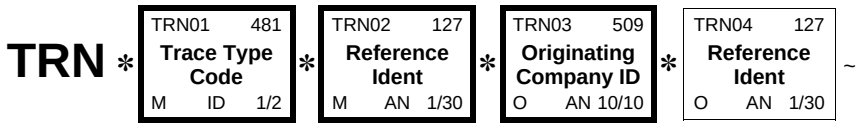
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To uniquely identify a transaction to an application

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	TRN01	481	**Trace Type Code** Code identifying which transaction is being referenced CODE: 1 — DEFINITION: Current Transaction Trace Numbers	M ID 1/2
REQUIRED	TRN02	127	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Patient Event Tracking Number*** SEMANTIC: TRN02 provides unique identification for the transaction.	M AN 1/30
REQUIRED	TRN03	509	**Originating Company Identifier** A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 *INDUSTRY:* ***Trace Assigning Entity Identifier*** SEMANTIC: TRN03 identifies an organization. **Use this element to identify the organization that assigned this trace number. TRN03 must be completed to aid requesters and clearinghouses in identifying their TRN in the 278 response.** **The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.**	O AN 10/10
SITUATIONAL	TRN04	127	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Trace Assigning Entity Additional Identifier*** SEMANTIC: TRN04 identifies a further subdivision within the organization. **Use this information if necessary to further identify a specific component, such as a specific division or group, of the company identified in the previous data element (TRN03).**	O AN 1/30

IMPLEMENTATION

ADDITIONAL PATIENT INFORMATION

Loop: **2000C — SUBSCRIBER LEVEL**

Usage: **SITUATIONAL**

Repeat: **10**

Notes:

1. **This PWK segment is used only if the subscriber is the patient.**

2. **This PWK segment is required if the requester has additional documentation (electronic, paper, or other medium) associated with this health care services review that applies to the patient event and/or all the services requested. This PWK segment should not be used if**

   a. the 278 request (ST-SE) supports this information in its segments and data elements, or

   b. the 278 request (ST-SE) does not support this information and the needed information pertains to a specific service identified in Loop 2000F and not to all the services requested.

3. **This PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or other medium. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be referenced in the electronic attachment.**

4. **The requester can also use this PWK segment to identify paperwork that is held at the provider's office and is available upon request by the UMO (or appropriate entity). Use code AA in PWK02 to convey this specific use of the PWK segment. See code note under PWK02, code AA.**

   Refer to Section 2.2.5 for more information on using this PWK segment.

Example: **PWK*OB*BM***AC*DMN0012~**

STANDARD

PWK Paperwork

Level: Detail

Position: 155

Loop: HL

Requirement: Optional

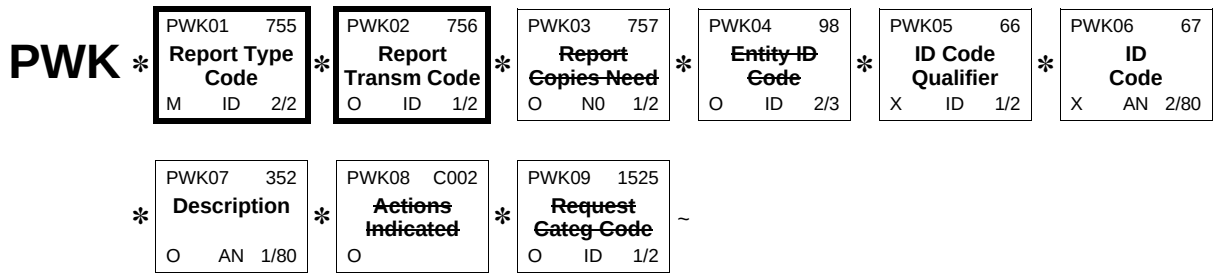
Max Use: >1

Purpose: To identify the type or transmission or both of paperwork or supporting information

Syntax:

1. **P0506**
   If either PWK05 or PWK06 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PWK01**	**755**	**Report Type Code** Code indicating the title or contents of a document, report or supporting item	**M ID 2/2**

INDUSTRY: ***Attachment Report Type Code***

CODE	DEFINITION
03	Report Justifying Treatment Beyond Utilization Guidelines
04	Drugs Administered
05	Treatment Diagnosis
06	Initial Assessment
07	Functional Goals Expected outcomes of rehabilitative services.
08	Plan of Treatment
09	Progress Report
10	Continued Treatment
11	Chemical Analysis
13	Certified Test Report
15	Justification for Admission
21	Recovery Plan
48	Social Security Benefit Letter
55	Rental Agreement Use for medical or dental equipment rental.
59	Benefit Letter
77	Support Data for Verification
A3	Allergies/Sensitivities Document
A4	Autopsy Report

AM	Ambulance Certification Information to support necessity of ambulance trip.
AS	Admission Summary A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital.
AT	Purchase Order Attachment Use for purchase of medical or dental equipment.
B2	Prescription
B3	Physician Order
BR	Benchmark Testing Results
BS	Baseline
BT	Blanket Test Results
CB	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment.
CK	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes
OB	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document

OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
P7	Periodontal Reports
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
QC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

REQUIRED **PWK02** **756** **Report Transmission Code** **O ID 1/2**

Code defining timing, transmission method or format by which reports are to be sent

INDUSTRY: ***Attachment Transmission Code***

CODE	DEFINITION
AA	Available on Request at Provider Site This means that the paperwork is not being sent with the request at this time. Instead, it is available to the UMO (or appropriate entity) on request.
BM	By Mail
EL	Electronically Only Use to indicate that the attachment is being transmitted in a separate X12 functional group.
EM	E-Mail

			FX **By Fax**			
			VO **Voice** **Use this for voicemail or phone communication.**			
NOT USED	**PWK03**	**757**	**Report Copies Needed**	**O**	**N0**	**1/2**
NOT USED	**PWK04**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**
SITUATIONAL	**PWK05**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) **SYNTAX:** P0506 **COMMENT:** PWK05 and PWK06 may be used to identify the addressee by a code number. **This data element is required when PWK02 DOES NOT equal "AA" or "VO". The requester can use it when PWK02 equals "AA" if the requester wants to send a document control number for an attachment remaining at the Provider's office.**	**X**	**ID**	**1/2**
			CODE / DEFINITION **AC** **Attachment Control Number**			
SITUATIONAL	**PWK06**	**67**	**Identification Code** Code identifying a party or other code ***INDUSTRY:*** ***Attachment Control Number*** **SYNTAX:** P0506 **Required if PWK02 equals BM, EL, EM or FX.**	**X**	**AN**	**2/80**
SITUATIONAL	**PWK07**	**352**	**Description** A free-form description to clarify the related data elements and their content ***INDUSTRY:*** ***Attachment Description*** **COMMENT:** PWK07 may be used to indicate special information to be shown on the specified report. **This data element is used to add any additional information about the attachment described in this segment.**	**O**	**AN**	**1/80**
NOT USED	**PWK08**	**C002**	**ACTIONS INDICATED**	**O**		
NOT USED	**PWK09**	**1525**	**Request Category Code**	**O**	**ID**	**1/2**

IMPLEMENTATION Loop ID Changed

SUBSCRIBER NAME

Loop: **2010CA — SUBSCRIBER NAME** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **Use this segment to convey the name and identification number of the subscriber (who may also be the patient).**

2. **The Member Identification Number (NM108/NM109) is required and may be adequate to identify the subscriber to the UMO. However, the UMO can require additional information. The maximum data elements that the UMO can require to identify the subscriber, in addition to the member ID are as follows:**
   Subscriber Last Name (NM103)
   Subscriber First Name (NM104)
   Subscriber Birth Date (DMG01 and DMG02)

3. **Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.**

Example: **NM1*IL*1*SMITH*JOE****MI*12345678901~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 170

Loop: HL/NM1 **Repeat:** >1

Requirement: Optional

Max Use: 1

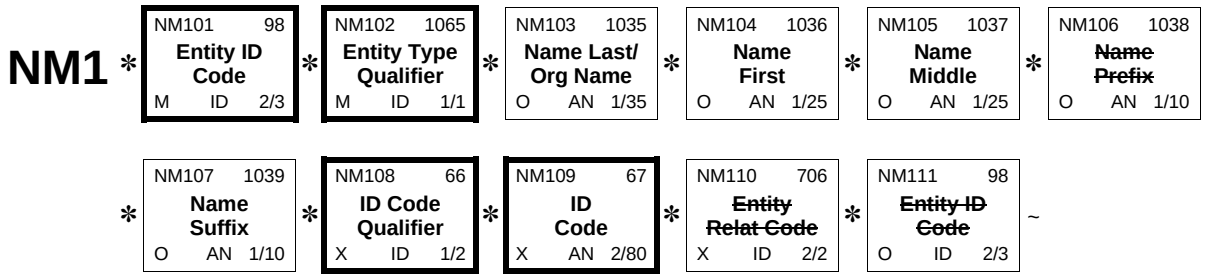
Purpose: To supply the full name of an individual or organizational entity

Syntax:

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

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

DIAGRAM



Loop ID Changed

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE: IL — DEFINITION: Insured or Subscriber	M ID 2/3
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE: 1 — DEFINITION: Person	M ID 1/1
SITUATIONAL	NM103	1035	**Name Last or Organization Name** Individual last name or organizational name INDUSTRY: ***Subscriber Last Name*** **Use if name information is needed to identify the subscriber.**	O AN 1/35
SITUATIONAL	NM104	1036	**Name First** Individual first name INDUSTRY: ***Subscriber First Name*** **Use if name information is needed to identify the subscriber.**	O AN 1/25
SITUATIONAL	NM105	1037	**Name Middle** Individual middle name or initial INDUSTRY: ***Subscriber Middle Name*** **Use if name information is needed to identify the subscriber and middle name/initial of the subscriber is known.**	O AN 1/25
NOT USED	NM106	1038	**Name Prefix**	O AN 1/10
SITUATIONAL	NM107	1039	**Name Suffix** Suffix to individual name INDUSTRY: ***Subscriber Name Suffix*** **Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.**	O AN 1/10
REQUIRED	NM108	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 CODE: MI — DEFINITION: **Member Identification Number** **The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Use MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.**	X ID 1/2

Loop ID Changed

			ZZ	**Mutually Defined** **The value "ZZ", when used in this data element, shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of Health and Human Services must adopt a standard individual identifier for use in this transaction.**		
REQUIRED	**NM109**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Subscriber Primary Identifier*** *ALIAS:* ***Subscriber Member Number*** SYNTAX: P0809	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

Loop ID Changed

IMPLEMENTATION

SUBSCRIBER SUPPLEMENTAL IDENTIFICATION

Loop: 2010CA — SUBSCRIBER NAME

Loop ID Changed

Usage: SITUATIONAL

Repeat: 9

Notes:

1. **Use this segment when needed to provide a supplemental identifier for the subscriber. The primary identifier is the Member Identification Number in the NM1 segment.**

2. **Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number a UMO knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.**

3. **If the requester values this segment with the Patient Account Number (REF01="EJ") on the request, the UMO must return the same value in this segment on the response.**

Example: **REF*SY*123456789~**

STANDARD

REF Reference Identification

Level: Detail

Position: 180

Loop: HL/NM1

Requirement: Optional

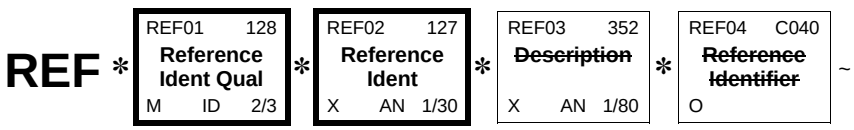
Max Use: 9

Purpose: To specify identifying information

Syntax:

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

DIAGRAM



Loop ID Changed

ELEMENT SUMMARY

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

CODE	DEFINITION
1L	**Group or Policy Number** **Use this code only if you cannot determine if the number is a Group Number (6P) or a Policy Number (IG).**
1W	**Member Identification Number** **Do not use if NM108 = MI.**
6P	**Group Number**
A6	**Employee Identification Number**
EJ	**Patient Account Number** **Use this code only if the subscriber is the patient.**
F6	**Health Insurance Claim (HIC) Number** **Use the NM1 (Subscriber Name) segment if the subscriber's HIC number is the primary identifier for his or her coverage. Use this code only in a REF segment when the payer has a different member number, and there is also a need to pass the subscriber's HIC number. This might occur in a Medicare HMO situation.**
HJ	**Identity Card Number** **Use this code when the Identity Card Number differs from the Member Identification Number. This is particularly prevalent in the Medicaid environment.**
IG	**Insurance Policy Number**
N6	**Plan Network Identification Number**
NQ	**Medicaid Recipient Identification Number**
SY	**Social Security Number** **Use this code only if the Social Security Number was not used by the payer as its primary method of identifying the subscriber. The social security number may not be used for Medicare.**

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

Loop ID Changed

IMPLEMENTATION

Loop ID Changed

SUBSCRIBER DEMOGRAPHIC INFORMATION

Loop: **2010CA — SUBSCRIBER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Required only when birth date and/or gender information is needed to identify the subscriber/patient.**
2. **Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.**

Example: **DMG*D8*19580322*M~**

STANDARD

DMG Demographic Information

Level: Detail

Position: 250

Loop: HL/NM1

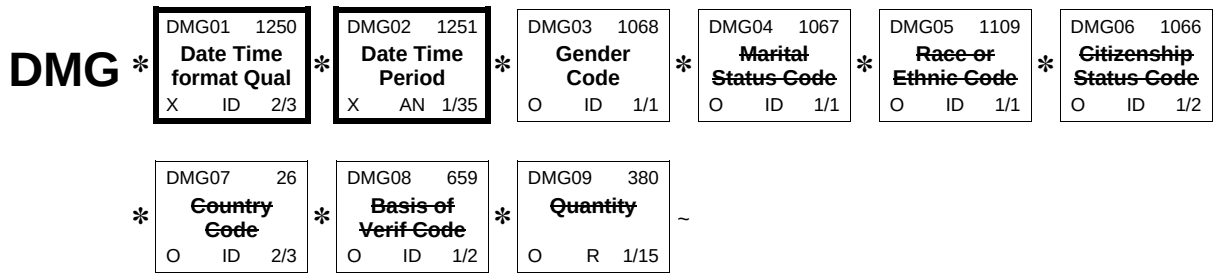
Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

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

DIAGRAM



ELEMENT SUMMARY

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

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

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

Loop ID Changed

CODE	DEFINITION
F	Female
M	Male
U	Unknown

IMPLEMENTATION

PATIENT EVENT TRACKING NUMBER

Loop: 2000D — DEPENDENT LEVEL

Usage: SITUATIONAL

Repeat: 2

Notes:

1. This TRN segment is required if the dependent is the patient and the requester needs to assign a unique trace number to the patient event request. This enables the requester to
   - uniquely identify this patient event request
   - trace the request
   - match the response to the request
   - reference this request in any associated attachments containing additional patient information related to this patient event request.

2. If the transaction is routed through a clearinghouse, the clearinghouse may add their own TRN segment. If the transaction passes through multiple clearinghouses, and the second clearinghouse needs to assign their own TRN segment, they must replace the TRN from the first clearinghouse and retain it to be returned in the 278 response. If the second clearinghouse does not need to assign a TRN segment, they should pass all received TRN segments.

3. Each trace number provided in the TRN segment at this level on the request must be returned by the UMO in the TRN segment at the corresponding level of the response.

Example: TRN*1*2001042801*9012345678*CARDIOLOGY~

STANDARD

TRN Trace

Level: Detail

Position: 020

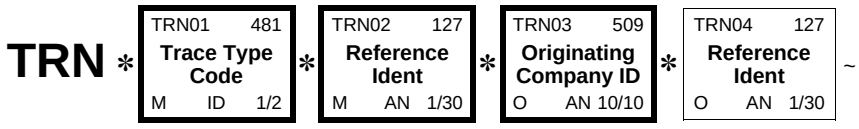
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To uniquely identify a transaction to an application

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**TRN01**	**481**	**Trace Type Code** Code identifying which transaction is being referenced CODE: **1** DEFINITION: **Current Transaction Trace Numbers**	**M ID 1/2**
REQUIRED	**TRN02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Patient Event Tracking Number*** **SEMANTIC:** TRN02 provides unique identification for the transaction.	**M AN 1/30**
REQUIRED	**TRN03**	**509**	**Originating Company Identifier** A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 *INDUSTRY:* ***Trace Assigning Entity Identifier*** **SEMANTIC:** TRN03 identifies an organization. **Use this element to identify the organization that assigned this trace number. TRN03 must be completed to aid requesters and clearinghouses in identifying their TRN in the 278 response.** **The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.**	**O AN 10/10**
SITUATIONAL	**TRN04**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Trace Assigning Entity Additional Identifier*** **SEMANTIC:** TRN04 identifies a further subdivision within the organization. **Use this information if necessary to further identify a specific component, such as a specific division or group, of the company identified in the previous data element (TRN03).**	**O AN 1/30**

IMPLEMENTATION

ADDITIONAL PATIENT INFORMATION

Loop: **2000D — DEPENDENT LEVEL**

Usage: **SITUATIONAL**

Repeat: **10**

Notes:

1. **This PWK segment is required if the requester has additional documentation (electronic, paper, or other medium) associated with this health care services review that applies to the patient event and/or all the services requested. This PWK segment should not be used if**

   a. the 278 request (ST-SE) supports this information in its segments and data elements, or

   b. the 278 request (ST-SE) does not support this information and the needed information pertains to a specific service identified in Loop 2000F and not to all the services requested.

2. **This PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or other medium. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be referenced in the electronic attachment.**

3. **The requester can also use this PWK segment to identify paperwork that is held at the provider's office and is available upon request by the UMO (or appropriate entity). Use code AA in PWK02 to convey this specific use of the PWK segment. See code note under PWK02, code AA.**

   Refer to Section 2.2.5 for more information on using this PWK segment.

Example: **PWK*OB*BM***AC*DMN0012~**

STANDARD

PWK Paperwork

Level: Detail

Position: 155

Loop: HL

Requirement: Optional

Max Use: >1

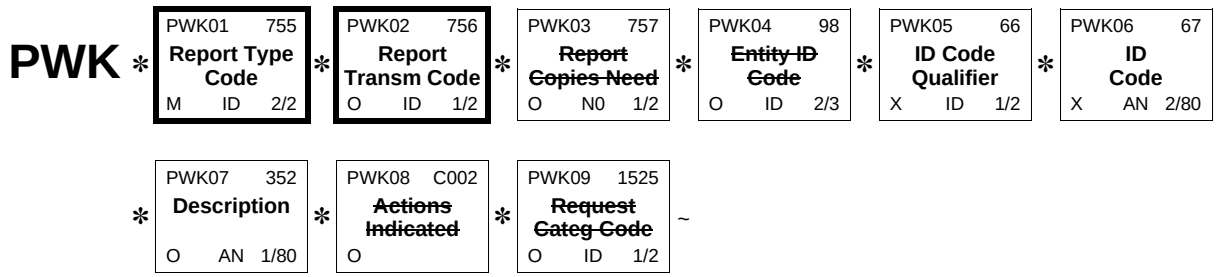
Purpose: To identify the type or transmission or both of paperwork or supporting information

Syntax:

1. **P0506**
   If either PWK05 or PWK06 is present, then the other is required.

New Segment Added

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PWK01**	**755**	**Report Type Code** Code indicating the title or contents of a document, report or supporting item	**M ID 2/2**

INDUSTRY: ***Attachment Report Type Code***

CODE	DEFINITION
03	Report Justifying Treatment Beyond Utilization Guidelines
04	Drugs Administered
05	Treatment Diagnosis
06	Initial Assessment
07	Functional Goals Expected outcomes of rehabilitative services.
08	Plan of Treatment
09	Progress Report
10	Continued Treatment
11	Chemical Analysis
13	Certified Test Report
15	Justification for Admission
21	Recovery Plan
48	Social Security Benefit Letter
55	Rental Agreement Use for medical or dental equipment rental.
59	Benefit Letter
77	Support Data for Verification
A3	Allergies/Sensitivities Document
A4	Autopsy Report

 New Page inserted after page 111 dated May 2000

AM	**Ambulance Certification** **Information to support necessity of ambulance trip.**
AS	**Admission Summary** **A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital.**
AT	**Purchase Order Attachment** **Use for purchase of medical or dental equipment.**
B2	**Prescription**
B3	**Physician Order**
BR	**Benchmark Testing Results**
BS	**Baseline**
BT	**Blanket Test Results**
CB	**Chiropractic Justification** **Lists the reasons chiropractic is just and appropriate treatment.**
CK	**Consent Form(s)**
D2	**Drug Profile Document**
DA	**Dental Models**
DB	**Durable Medical Equipment Prescription**
DG	**Diagnostic Report**
DJ	**Discharge Monitoring Report**
DS	**Discharge Summary**
FM	**Family Medical History Document**
HC	**Health Certificate**
HR	**Health Clinic Records**
I5	**Immunization Record**
IR	**State School Immunization Records**
LA	**Laboratory Results**
M1	**Medical Record Attachment**
NN	**Nursing Notes**
OB	**Operative Note**
OC	**Oxygen Content Averaging Report**
OD	**Orders and Treatments Document**

OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
P7	Periodontal Reports
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
QC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

REQUIRED **PWK02** **756** **Report Transmission Code** **O ID 1/2**

Code defining timing, transmission method or format by which reports are to be sent

INDUSTRY: ***Attachment Transmission Code***

CODE	DEFINITION
AA	Available on Request at Provider Site This means that the paperwork is not being sent with the request at this time. Instead, it is available to the UMO (or appropriate entity) on request.
BM	By Mail
EL	Electronically Only Use to indicate that the attachment is being transmitted in a separate X12 functional group.
EM	E-Mail

			FX **By Fax**			
			VO **Voice** **Use this for voicemail or phone communication.**			
NOT USED	**PWK03**	**757**	**Report Copies Needed**	**O**	**N0**	**1/2**
NOT USED	**PWK04**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**
SITUATIONAL	**PWK05**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) **SYNTAX:** P0506 **COMMENT:** PWK05 and PWK06 may be used to identify the addressee by a code number. **This data element is required when PWK02 DOES NOT equal "AA" or "VO". The requester can use it when PWK02 equals "AA" if the requester wants to send a document control number for an attachment remaining at the Provider's office.**	**X**	**ID**	**1/2**
			CODE / DEFINITION **AC** **Attachment Control Number**			
SITUATIONAL	**PWK06**	**67**	**Identification Code** Code identifying a party or other code ***INDUSTRY:*** ***Attachment Control Number*** **SYNTAX:** P0506 **Required if PWK02 equals BM, EL, EM or FX.**	**X**	**AN**	**2/80**
SITUATIONAL	**PWK07**	**352**	**Description** A free-form description to clarify the related data elements and their content ***INDUSTRY:*** ***Attachment Description*** **COMMENT:** PWK07 may be used to indicate special information to be shown on the specified report. **This data element is used to add any additional information about the attachment described in this segment.**	**O**	**AN**	**1/80**
NOT USED	**PWK08**	**C002**	**ACTIONS INDICATED**	**O**		
NOT USED	**PWK09**	**1525**	**Request Category Code**	**O**	**ID**	**1/2**

IMPLEMENTATION Loop ID Changed

DEPENDENT NAME

Loop: **2010DA — DEPENDENT NAME** **Repeat:** **1**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **Use this segment to convey the name of the dependent who is the patient.**
2. **The maximum data elements in Loop 2010D that can be required by a UMO to identify a dependent are as follows:**
   Dependent Last Name (NM103)
   Dependent First Name (NM104)
   Dependent Birth Date (DMG01 and DMG02)
3. **Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.**

Example: **NM1*QC*1*SMITH*MARY~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 170

Loop: HL/NM1 **Repeat:** >1

Requirement: Optional

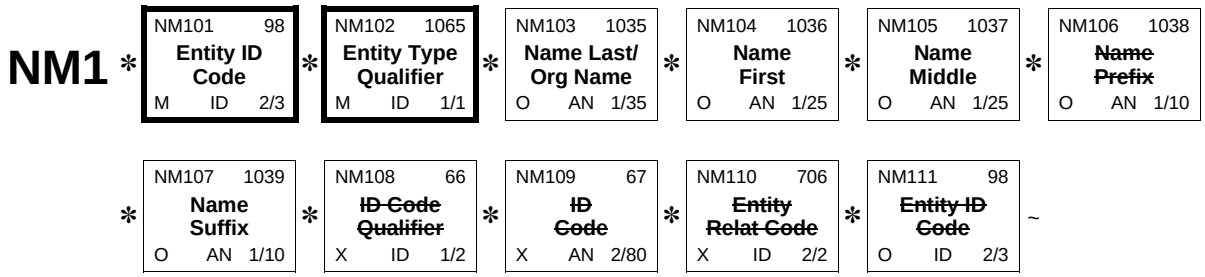
Max Use: 1

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

Syntax:

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

DIAGRAM



Loop ID Changed

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE: QC — DEFINITION: Patient	M ID 2/3
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE: 1 — DEFINITION: Person	M ID 1/1
SITUATIONAL	NM103	1035	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY: **Dependent Last Name*** **Use if name information is needed to identify the dependent.**	O AN 1/35
SITUATIONAL	NM104	1036	**Name First** Individual first name *INDUSTRY: **Dependent First Name*** **Use if name information is needed to identify the dependent.**	O AN 1/25
SITUATIONAL	NM105	1037	**Name Middle** Individual middle name or initial *INDUSTRY: **Dependent Middle Name*** **Use if name information is needed to identify the dependent and the middle name/initial of the dependent is known.**	O AN 1/25
NOT USED	NM106	1038	**Name Prefix**	O AN 1/10
SITUATIONAL	NM107	1039	**Name Suffix** Suffix to individual name *INDUSTRY: **Dependent Name Suffix*** **Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.**	O AN 1/10
NOT USED	NM108	66	**Identification Code Qualifier**	X ID 1/2
NOT USED	NM109	67	**Identification Code**	X AN 2/80
NOT USED	NM110	706	**Entity Relationship Code**	X ID 2/2
NOT USED	NM111	98	**Entity Identifier Code**	O ID 2/3

IMPLEMENTATION Loop ID Changed

DEPENDENT SUPPLEMENTAL IDENTIFICATION

Loop: 2010DA — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 3

Notes:

1. **Use this segment when necessary to provide supplemental identifiers for the dependent.**
2. **Use the Subscriber Supplemental Identifier (REF) segment in Loop 2010C for supplemental identifiers related to the subscriber's policy or group number.**
3. **If the requester values this segment with the Patient Account Number (REF01 = "EJ") on the request, the UMO must return the same value in this segment on the response.**

Example: REF*SY*123456789~

STANDARD

REF Reference Identification

Level: Detail

Position: 180

Loop: HL/NM1

Requirement: Optional

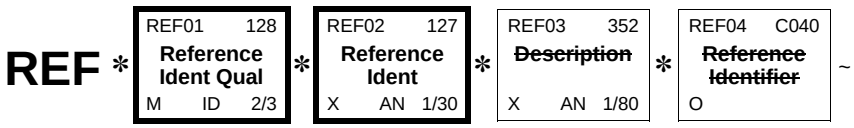
Max Use: 9

Purpose: To specify identifying information

Syntax:

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

DIAGRAM



ELEMENT SUMMARY

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

CODE	DEFINITION
A6	**Employee Identification Number**
EJ	**Patient Account Number**

Loop ID Changed

			SY **Social Security Number** **The social security number may not be used for Medicare.**			
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Dependent Supplemental Identifier*** SYNTAX: R0203	**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION Loop ID Changed

DEPENDENT DEMOGRAPHIC INFORMATION

Loop: **2010DA — DEPENDENT NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Required only when birth date and/or gender information is needed to identify the dependent.**
2. **Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.**

Example: **DMG*D8*19580322*M~**

STANDARD

DMG Demographic Information

Level: Detail

Position: 250

Loop: HL/NM1

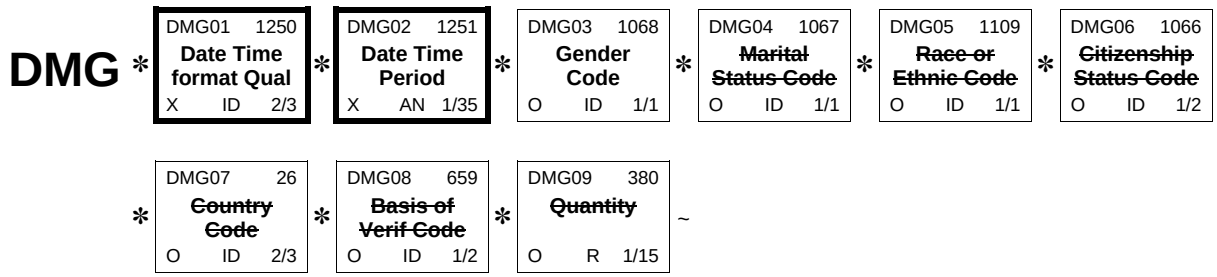
Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

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

DIAGRAM



ELEMENT SUMMARY

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

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

Loop ID Changed

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

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

IMPLEMENTATION Loop ID Changed

DEPENDENT RELATIONSHIP

Loop: **2010DA — DEPENDENT NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Use this segment to convey information on the relationship of the dependent to the insured.**
2. **Required when necessary to further identify the patient. Examples include identifying a patient in a multiple birth or differentiating dependents with the same name.**

Example: **INS*N*19~**

STANDARD

INS Insured Benefit

Level: Detail

Position: 260

Loop: HL/NM1

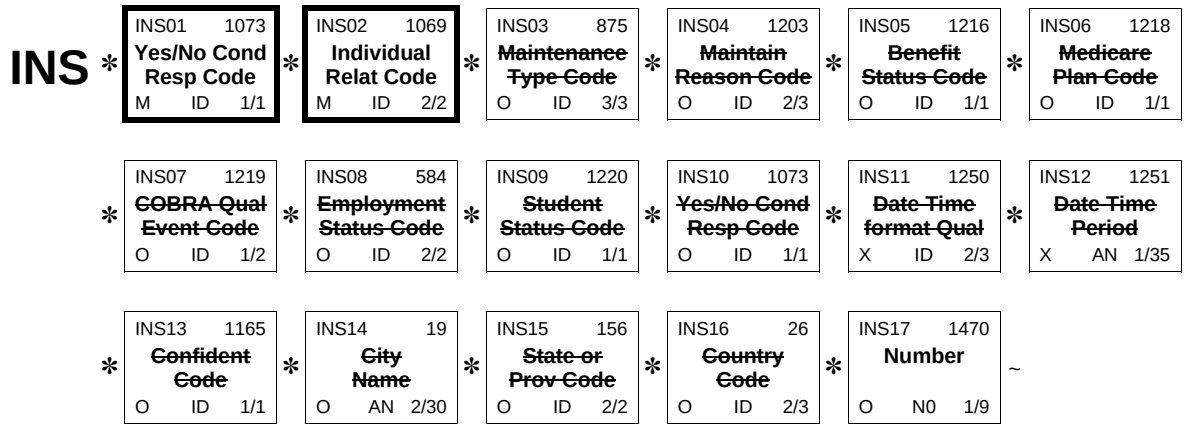
Requirement: Optional

Max Use: 1

Purpose: To provide benefit information on insured entities

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

DIAGRAM



Loop ID Changed

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	INS01	1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Insured Indicator*** **SEMANTIC:** INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber: an "N" value indicates the insured is a dependent.	M ID 1/1

CODE	DEFINITION
N	No

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	INS02	1069	**Individual Relationship Code** Code indicating the relationship between two individuals or entities *ALIAS:* ***Relationship to Insured Code***	M ID 2/2

CODE	DEFINITION
01	Spouse
04	Grandfather or Grandmother
05	Grandson or Granddaughter
07	Nephew or Niece
09	Adopted Child
10	Foster Child
15	Ward
17	Stepson or Stepdaughter
19	Child
20	Employee
21	Unknown
22	Handicapped Dependent
23	Sponsored Dependent
24	Dependent of a Minor Dependent
29	Significant Other
32	Mother
33	Father
34	Other Adult
36	Emancipated Minor
39	Organ Donor
40	Cadaver Donor
41	Injured Plaintiff

Loop ID Changed

			43	**Child Where Insured Has No Financial Responsibility**			
			53	**Life Partner**			
			G8	**Other Relationship**			
NOT USED	**INS03**	**875**	**Maintenance Type Code**		**O**	**ID**	**3/3**
NOT USED	**INS04**	**1203**	**Maintenance Reason Code**		**O**	**ID**	**2/3**
NOT USED	**INS05**	**1216**	**Benefit Status Code**		**O**	**ID**	**1/1**
NOT USED	**INS06**	**1218**	**Medicare Plan Code**		**O**	**ID**	**1/1**
NOT USED	**INS07**	**1219**	**Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying**		**O**	**ID**	**1/2**
NOT USED	**INS08**	**584**	**Employment Status Code**		**O**	**ID**	**2/2**
NOT USED	**INS09**	**1220**	**Student Status Code**		**O**	**ID**	**1/1**
NOT USED	**INS10**	**1073**	**Yes/No Condition or Response Code**		**O**	**ID**	**1/1**
NOT USED	**INS11**	**1250**	**Date Time Period Format Qualifier**		**X**	**ID**	**2/3**
NOT USED	**INS12**	**1251**	**Date Time Period**		**X**	**AN**	**1/35**
NOT USED	**INS13**	**1165**	**Confidentiality Code**		**O**	**ID**	**1/1**
NOT USED	**INS14**	**19**	**City Name**		**O**	**AN**	**2/30**
NOT USED	**INS15**	**156**	**State or Province Code**		**O**	**ID**	**2/2**
NOT USED	**INS16**	**26**	**Country Code**		**O**	**ID**	**2/3**
SITUATIONAL	**INS17**	**1470**	**Number** A generic number		**O**	**N0**	**1/9**

INDUSTRY: ***Birth Sequence Number***

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

This data element is not used unless the dependent is a child from a multiple birth.

IMPLEMENTATION

SERVICE TRACE NUMBER

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 2

Notes:

1. **Use this segment to assign a unique trace number to this service request. It is recommended that requesters assign a unique trace number to each service request. The requester can send one TRN segment in each service level (Loop 2000F) on the request to aid in the reconciliation of the 278 response.**

2. **If the transaction is routed through a clearinghouse, the clearinghouse may add their own TRN segment. If the transaction passes through multiple clearinghouses, and the second clearinghouse needs to assign their own TRN segment, they must replace the TRN from the first clearinghouse and retain it to be returned in the 278 response. If the second clearinghouse does not need to assign a TRN segment, they should pass all received TRN segments.**

3. **Each trace number provided in the TRN segment at this level on the request must be returned by the UMO in the TRN segment at the corresponding level of the response.**

New Note 4. Added —— 4. **If the request contains more than one occurrence of Loop 2000F and the requester needs to uniquely identify each service level request this TRN segment is required in each Service loop.**

Example: **TRN*1*111099*9012345678*RADIOLOGY~**

STANDARD

TRN Trace

Level: Detail

Position: 020

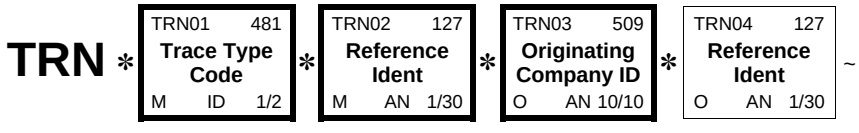
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To uniquely identify a transaction to an application

DIAGRAM



IMPLEMENTATION

PROCEDURES

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes:
1. Use this segment to request specific services and procedures.
2. Use the most current version of the code list identified in HIxx-1 Code List Qualifier Code (Data Element 1270).

Example: HI*BO*49000:D8:19950121::1~

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 080

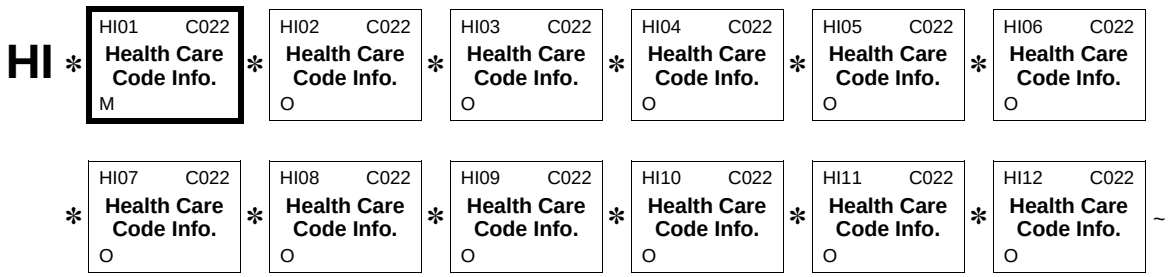
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HI01**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Procedure Code 1***	**M**
REQUIRED	**HI01 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M ID 1/3**

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**

New Code Added

			BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.** CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System			
			BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
			JP	**National Standard Tooth Numbering System** CODE SOURCE **135:** American Dental Association Codes			
			NDC	**National Drug Code (NDC)** CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format			
			ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.** **This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.**			

New Note Added

REQUIRED	**HI01 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Procedure Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI01 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**	**X**	**ID**	**2/3**

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

SITUATIONAL	**HI01 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Procedure Date*** **Required if proposed or actual procedure date is known.**	**X**	**AN**	**1/35**
SITUATIONAL	**HI01 - 5**	**782**	**Monetary Amount** Monetary amount *INDUSTRY:* ***Procedure Monetary Amount*** **Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.**	**O**	**R**	**1/18**

Usage Changed
Industry Name Added
New Note Added

SITUATIONAL	**HI01 - 6**		**380**	**Quantity** Numeric value of quantity	**O**	**R**	**1/15**

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI01-2 for the same time period.

SITUATIONAL	**HI01 - 7**		**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm	**O**	**AN**	**1/30**

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI01-1 has a version identifier. Otherwise Not Used.

SITUATIONAL	**HI02**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**	

ALIAS: ***Procedure Code 2***

Use this for the second procedure.

REQUIRED	**HI02 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

New Code Added

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE 135: American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE 134: National Drug Code **CODE SOURCE 240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.**

New Note Added

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.

REQUIRED **HI02 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI02 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI02 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

SITUATIONAL **HI02 - 5** **782** **Monetary Amount** **O R 1/18**
Monetary amount

Usage Changed
Industry Name Added
Note Added

INDUSTRY: ***Procedure Monetary Amount***

Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.

SITUATIONAL **HI02 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI02-2 for the same time period.

SITUATIONAL **HI02 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI02-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI03** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 3***

Use this for the third procedure.

REQUIRED **HI03 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**

New Code Added

			BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.** CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System			
			BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
			JP	**National Standard Tooth Numbering System** CODE SOURCE **135:** American Dental Association Codes			
			NDC	**National Drug Code (NDC)** CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format			
			ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.** **This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.**			

New Note Added

REQUIRED	**HI03 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Procedure Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI03 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**	**X**	**ID**	**2/3**

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

SITUATIONAL	**HI03 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Procedure Date*** **Required if proposed or actual procedure date is known.**	**X**	**AN**	**1/35**
SITUATIONAL	**HI03 - 5**	**782**	**Monetary Amount** Monetary amount *INDUSTRY:* ***Procedure Monetary Amount*** **Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.**	**O**	**R**	**1/18**

Usage Changed
Industry Name Added
Note Added

SITUATIONAL	HI03 - 6	380	**Quantity** Numeric value of quantity	O	R	1/15

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI03-2 for the same time period.

SITUATIONAL	HI03 - 7	799	**Version Identifier** Revision level of a particular format, program, technique or algorithm	O	AN	1/30

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI03-1 has a version identifier. Otherwise Not Used.

SITUATIONAL	HI04	C022	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	O

ALIAS: ***Procedure Code 4***

Use this for the fourth procedure.

REQUIRED	HI04 - 1	1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE 135: American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE 134: National Drug Code **CODE SOURCE 240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.** **This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.**

New Code Added

New Note Added

REQUIRED **HI04 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI04 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI04 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

SITUATIONAL **HI04 - 5** **782** **Monetary Amount** **O R 1/18**
Monetary amount

Usage Changed
Industry Name Added
Note Added

INDUSTRY: ***Procedure Monetary Amount***

Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.

SITUATIONAL **HI04 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI04-2 for the same time period.

SITUATIONAL **HI04 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI04-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI05** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 5***

Use this for the fifth procedure.

REQUIRED **HI05 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**

New Code Added

			BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.** CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System			
			BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
			JP	**National Standard Tooth Numbering System** CODE SOURCE **135:** American Dental Association Codes			
			NDC	**National Drug Code (NDC)** CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format			
			ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.** **This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.**			

New Note Added

REQUIRED	**HI05 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Procedure Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI05 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**	**X**	**ID**	**2/3**

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

SITUATIONAL	**HI05 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Procedure Date*** **Required if proposed or actual procedure date is known.**	**X**	**AN**	**1/35**
SITUATIONAL	**HI05 - 5**	**782**	**Monetary Amount** Monetary amount *INDUSTRY:* ***Procedure Monetary Amount*** **Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.**	**O**	**R**	**1/18**

Usage Changed
Industry Name Added
Note Added

SITUATIONAL	**HI05 - 6**		**380**	**Quantity** Numeric value of quantity	**O**	**R**	**1/15**

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI05-2 for the same time period.

SITUATIONAL	**HI05 - 7**		**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm	**O**	**AN**	**1/30**

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI05-1 has a version identifier. Otherwise Not Used.

SITUATIONAL	**HI06**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**	

ALIAS: ***Procedure Code 6***

Use this for the sixth procedure.

REQUIRED	**HI06 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

New Code Added

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.** **CODE SOURCE 130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System** **CODE SOURCE 135:** American Dental Association Codes
NDC	**National Drug Code (NDC)** **CODE SOURCE 134:** National Drug Code **CODE SOURCE 240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.**

New Note Added

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.

REQUIRED **HI06 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI06 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI06 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

SITUATIONAL **HI06 - 5** **782** **Monetary Amount** **O R 1/18**
Monetary amount

Usage Changed
Industry Name Added
Note Added

INDUSTRY: ***Procedure Monetary Amount***

Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.

SITUATIONAL **HI06 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI06-2 for the same time period.

SITUATIONAL **HI06 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI06-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI07** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 7***

Use this for the seventh procedure.

REQUIRED **HI07 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**

New Code Added

			BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.** CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System			
			BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
			JP	**National Standard Tooth Numbering System** CODE SOURCE **135:** American Dental Association Codes			
			NDC	**National Drug Code (NDC)** CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format			
			ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.** **This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.**			

New Note Added

REQUIRED	**HI07 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Procedure Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI07 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**	**X**	**ID**	**2/3**

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

SITUATIONAL	**HI07 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Procedure Date*** **Required if proposed or actual procedure date is known.**	**X**	**AN**	**1/35**
SITUATIONAL	**HI07 - 5**	**782**	**Monetary Amount** Monetary amount *INDUSTRY:* ***Procedure Monetary Amount*** **Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.**	**O**	**R**	**1/18**

Usage Changed
Industry Name Added
Note Added

SITUATIONAL	**HI07 - 6**	**380**	**Quantity** Numeric value of quantity	**O**	**R**	**1/15**

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI07-2 for the same time period.

SITUATIONAL	**HI07 - 7**	**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm	**O**	**AN**	**1/30**

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI07-1 has a version identifier. Otherwise Not Used.

SITUATIONAL	**HI08**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**

ALIAS: ***Procedure Code 8***

Use this for the eighth procedure.

REQUIRED	**HI08 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

New Code Added

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE 135: American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE 134: National Drug Code **CODE SOURCE 240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.**

New Note Added

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.

REQUIRED **HI08 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI08 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI08 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

SITUATIONAL **HI08 - 5** **782** **Monetary Amount** **O R 1/18**
Monetary amount

Usage Changed
Industry Name Added
Note Added

INDUSTRY: ***Procedure Monetary Amount***

Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.

SITUATIONAL **HI08 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI08-2 for the same time period.

SITUATIONAL **HI08 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI08-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI09** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 9***

Use this for the ninth procedure.

REQUIRED **HI09 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**

New Code Added

			BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.** CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System			
			BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
			JP	**National Standard Tooth Numbering System** CODE SOURCE **135:** American Dental Association Codes			
			NDC	**National Drug Code (NDC)** CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format			
			ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.** **This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.**			

New Note Added

REQUIRED	**HI09 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Procedure Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI09 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**	**X**	**ID**	**2/3**

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

SITUATIONAL	**HI09 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Procedure Date*** **Required if proposed or actual procedure date is known.**	**X**	**AN**	**1/35**
SITUATIONAL	**HI09 - 5**	**782**	**Monetary Amount** Monetary amount *INDUSTRY:* ***Procedure Monetary Amount*** **Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.**	**O**	**R**	**1/18**

Usage Changed
Industry Name Added
Note Added

SITUATIONAL	**HI09 - 6**		**380**	**Quantity** Numeric value of quantity	**O**	**R**	**1/15**

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI09-2 for the same time period.

SITUATIONAL	**HI09 - 7**		**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm	**O**	**AN**	**1/30**

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI09-1 has a version identifier. Otherwise Not Used.

SITUATIONAL	**HI10**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**	

ALIAS: ***Procedure Code 10***

Use this for the tenth procedure.

REQUIRED	**HI10 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

New Code Added

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.** **CODE SOURCE 130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System** **CODE SOURCE 135:** American Dental Association Codes
NDC	**National Drug Code (NDC)** **CODE SOURCE 134:** National Drug Code **CODE SOURCE 240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.**

New Note Added

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.

REQUIRED **HI10 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI10 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI10 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

SITUATIONAL **HI10 - 5** **782** **Monetary Amount** **O R 1/18**
Monetary amount

Usage Changed
Industry Name Added
Note Added

INDUSTRY: ***Procedure Monetary Amount***

Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.

SITUATIONAL **HI10 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI10-2 for the same time period.

SITUATIONAL **HI10 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI10-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI11** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 11***

Use this for the eleventh procedure.

REQUIRED **HI11 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**

New Code Added

			BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.** CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System			
			BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
			JP	**National Standard Tooth Numbering System** CODE SOURCE **135:** American Dental Association Codes			
			NDC	**National Drug Code (NDC)** CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format			
			ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.** **This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.**			

New Note Added

REQUIRED	**HI11 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Procedure Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI11 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**	**X**	**ID**	**2/3**

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

SITUATIONAL	**HI11 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Procedure Date*** **Required if proposed or actual procedure date is known.**	**X**	**AN**	**1/35**
SITUATIONAL	**HI11 - 5**	**782**	**Monetary Amount** Monetary amount *INDUSTRY:* ***Procedure Monetary Amount*** **Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.**	**O**	**R**	**1/18**

Usage Changed
Industry Name Added
Note Added

SITUATIONAL	**HI11 - 6**	**380**	**Quantity** Numeric value of quantity	**O**	**R**	**1/15**

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI11-2 for the same time period.

SITUATIONAL	**HI11 - 7**	**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm	**O**	**AN**	**1/30**

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI11-1 has a version identifier. Otherwise Not Used.

SITUATIONAL	**HI12**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**

ALIAS: ***Procedure Code 12***

Use this for the twelfth procedure.

REQUIRED	**HI12 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

New Code Added

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE 135: American Dental Association Codes
NDC	**National Drug Code (NDC)**
	CODE SOURCE 134: National Drug Code **CODE SOURCE 240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.**

New Note Added

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.

REQUIRED	**HI12 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**
			INDUSTRY: ***Procedure Code***			
SITUATIONAL	**HI12 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**
			Required if X12N syntax conditions apply.			

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

SITUATIONAL	**HI12 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**
			INDUSTRY: ***Procedure Date***			
			Required if proposed or actual procedure date is known.			
SITUATIONAL	**HI12 - 5**	**782**	**Monetary Amount** Monetary amount	**O**	**R**	**1/18**
			INDUSTRY: ***Procedure Monetary Amount***			
			Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.			
SITUATIONAL	**HI12 - 6**	**380**	**Quantity** Numeric value of quantity	**O**	**R**	**1/15**
			INDUSTRY: ***Procedure Quantity***			
			Required if requesting authorization for more than one occurrence of the procedure identified in HI12-2 for the same time period.			
SITUATIONAL	**HI12 - 7**	**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm	**O**	**AN**	**1/30**
			INDUSTRY: ***Version, Release, or Industry Identifier***			
			Required if the code list referenced in HI12-1 has a version identifier. Otherwise Not Used.			

Usage Changed
Industry Name Added
Note Added

IMPLEMENTATION

PATIENT CONDITION INFORMATION

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 6

Notes: 1. Use this segment to provide additional patient condition information needed to justify the medical necessity of the services requested.

Example: CRC*75*Y*12~

STANDARD

CRC Conditions Indicator

Level: Detail

Position: 100

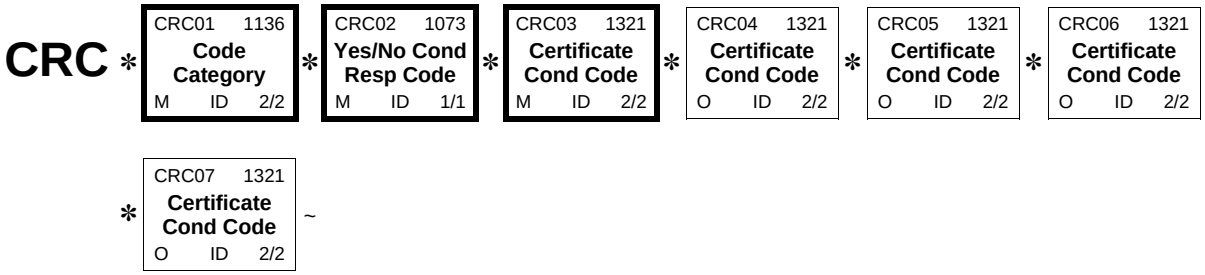
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To supply information on conditions

DIAGRAM



ELEMENT SUMMARY

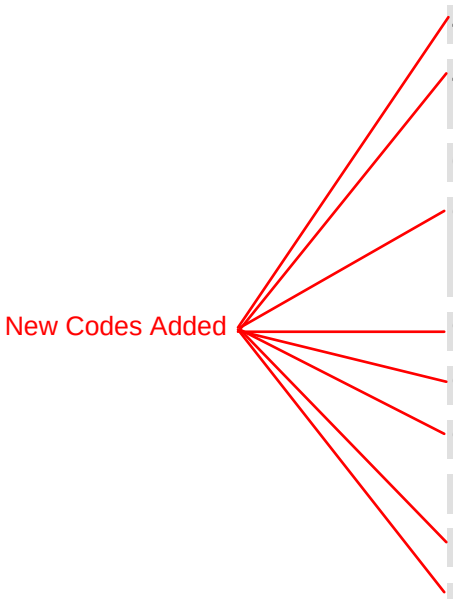
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**CRC01**	**1136**	**Code Category** Specifies the situation or category to which the code applies *ALIAS:* ***Condition Code Category*** **SEMANTIC:** CRC01 qualifies CRC03 through CRC07.	**M ID 2/2**

CODE	DEFINITION
07	**Ambulance Certification**
08	**Chiropractic Certification**
11	**Oxygen Therapy Certification**
75	**Functional Limitations**

			76	**Activities Permitted**			
			77	**Mental Status**			
REQUIRED	**CRC02**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Certification Condition Indicator*** **SEMANTIC:** CRC02 is a Certification Condition Code applies indicator. A “Y” value indicates the condition codes in CRC03 through CRC07 apply; an “N” value indicates the condition codes in CRC03 through CRC07 do not apply.	**M**	**ID**	**1/1**
			N	**No**			
			Y	**Yes**			
REQUIRED	**CRC03**	**1321**	**Condition Indicator** Code indicating a condition *INDUSTRY:* ***Condition Code***	**M**	**ID**	**2/2**
			01	**Patient was admitted to a hospital**			
			02	**Patient was bed confined before the ambulance service**			
			03	**Patient was bed confined after the ambulance service**			
			04	**Patient was moved by stretcher**			
			05	**Patient was unconscious or in shock**			
			06	**Patient was transported in an emergency situation**			
			07	**Patient had to be physically restrained**			
			08	**Patient had visible hemorrhaging**			
			09	**Ambulance service was medically necessary**			
			10	**Patient is ambulatory**			
			11	**Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility**			
			12	**Patient is confined to a bed or chair**			
			13	**Patient is Confined to a Room or an Area Without Bathroom Facilities**			
			14	**Ambulation is Impaired and Walking Aid is Used for Mobility**			
			15	**Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed**			

16	Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
17	Patient's Ability to Breathe is Severely Impaired
18	Patient condition requires frequent and/or immediate changes in body positions
19	Patient can operate controls
20	Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
21	Patient owns equipment
22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
23	Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
25	Item has been prescribed as part of a planned regimen of treatment in patient home
26	Patient is highly susceptible to decubitus ulcers
27	Patient or a care-giver has been instructed in use of equipment
30	Without the equipment, the patient would require surgery
31	Patient has had a total knee replacement
35	This Feeding is the Only Form of Nutritional Intake for This Patient
37	Oxygen delivery equipment is stationary
39	Patient Has Mobilizing Respiratory Tract Secretions
40	Patient or Caregiver is Capable of Using the Equipment Without Technical or Professional Supervision
41	Patient or Caregiver is Unable to Propel or Lift a Standard Weight Wheelchair
42	Patient Requires Leg Elevation for Edema or Body Alignment
43	Patient Weight or Usage Needs Necessitate a Heavy Duty Wheelchair
44	Patient Requires Reclining Function of a Wheelchair

New Codes Added



45	Patient is Unable to Operate a Wheelchair Manually
46	Patient or Caregiver Requires Side Transfer into Wheelchair, Commode or Other
60	Transportation Was To the Nearest Facility
9D	Lack of Appropriate Facility within Reasonable Distance to Treat Patient in the Event of Complications
9H	Patient Requires Intensive IV Therapy
9J	Patient Requires Protective Isolation
9K	Patient Requires Frequent Monitoring
IH	Independent at Home
LB	Legally Blind
SL	Speech Limitations

SITUATIONAL **CRC04** **1321** **Condition Indicator** **O** **ID** **2/2**

Code indicating a condition

INDUSTRY: ***Condition Code***

Use this data element to specify additional codes indicating a patient's condition.

Use if multiple conditions apply to the certification.

CODE	DEFINITION
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
10	Patient is ambulatory
11	Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
12	Patient is confined to a bed or chair

13	Patient is Confined to a Room or an Area Without Bathroom Facilities
14	Ambulation is Impaired and Walking Aid is Used for Mobility
15	Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
16	Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
17	Patient's Ability to Breathe is Severely Impaired
18	Patient condition requires frequent and/or immediate changes in body positions
19	Patient can operate controls
20	Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
21	Patient owns equipment
22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
23	Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
25	Item has been prescribed as part of a planned regimen of treatment in patient home
26	Patient is highly susceptible to decubitus ulcers
27	Patient or a care-giver has been instructed in use of equipment
30	Without the equipment, the patient would require surgery
31	Patient has had a total knee replacement
35	This Feeding is the Only Form of Nutritional Intake for This Patient
37	Oxygen delivery equipment is stationary
39	Patient Has Mobilizing Respiratory Tract Secretions
40	Patient or Caregiver is Capable of Using the Equipment Without Technical or Professional Supervision

New Codes Added

New Codes Added

41	Patient or Caregiver is Unable to Propel or Lift a Standard Weight Wheelchair
42	Patient Requires Leg Elevation for Edema or Body Alignment
43	Patient Weight or Usage Needs Necessitate a Heavy Duty Wheelchair
44	Patient Requires Reclining Function of a Wheelchair
45	Patient is Unable to Operate a Wheelchair Manually
46	Patient or Caregiver Requires Side Transfer into Wheelchair, Commode or Other
60	Transportation Was To the Nearest Facility
9D	Lack of Appropriate Facility within Reasonable Distance to Treat Patient in the Event of Complications
9H	Patient Requires Intensive IV Therapy
9J	Patient Requires Protective Isolation
9K	Patient Requires Frequent Monitoring
IH	Independent at Home
LB	Legally Blind
SL	Speech Limitations

SITUATIONAL **CRC05** **1321** **Condition Indicator** **O** **ID** **2/2**
Code indicating a condition

INDUSTRY: ***Condition Code***

Use this data element to specify additional codes indicating a patient's condition.

Use if multiple conditions apply to the certification.

CODE	DEFINITION
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging

09	Ambulance service was medically necessary
10	Patient is ambulatory
11	Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
12	Patient is confined to a bed or chair
13	Patient is Confined to a Room or an Area Without Bathroom Facilities
14	Ambulation is Impaired and Walking Aid is Used for Mobility
15	Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
16	Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
17	Patient's Ability to Breathe is Severely Impaired
18	Patient condition requires frequent and/or immediate changes in body positions
19	Patient can operate controls
20	Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
21	Patient owns equipment
22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
23	Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
25	Item has been prescribed as part of a planned regimen of treatment in patient home
26	Patient is highly susceptible to decubitus ulcers
27	Patient or a care-giver has been instructed in use of equipment
30	Without the equipment, the patient would require surgery
31	Patient has had a total knee replacement
35	This Feeding is the Only Form of Nutritional Intake for This Patient

New Codes Added

New Codes Added

37	Oxygen delivery equipment is stationary
39	Patient Has Mobilizing Respiratory Tract Secretions
40	Patient or Caregiver is Capable of Using the Equipment Without Technical or Professional Supervision
41	Patient or Caregiver is Unable to Propel or Lift a Standard Weight Wheelchair
42	Patient Requires Leg Elevation for Edema or Body Alignment
43	Patient Weight or Usage Needs Necessitate a Heavy Duty Wheelchair
44	Patient Requires Reclining Function of a Wheelchair
45	Patient is Unable to Operate a Wheelchair Manually
46	Patient or Caregiver Requires Side Transfer into Wheelchair, Commode or Other
60	Transportation Was To the Nearest Facility
9D	Lack of Appropriate Facility within Reasonable Distance to Treat Patient in the Event of Complications
9H	Patient Requires Intensive IV Therapy
9J	Patient Requires Protective Isolation
9K	Patient Requires Frequent Monitoring
IH	Independent at Home
LB	Legally Blind
SL	Speech Limitations

SITUATIONAL **CRC06** **1321** **Condition Indicator** **O** **ID** **2/2**
Code indicating a condition

INDUSTRY: ***Condition Code***

Use this data element to specify additional codes indicating a patient's condition.

Use if multiple conditions apply to the certification.

CODE	DEFINITION
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher

05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
10	Patient is ambulatory
11	Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
12	Patient is confined to a bed or chair
13	Patient is Confined to a Room or an Area Without Bathroom Facilities
14	Ambulation is Impaired and Walking Aid is Used for Mobility
15	Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
16	Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
17	Patient's Ability to Breathe is Severely Impaired
18	Patient condition requires frequent and/or immediate changes in body positions
19	Patient can operate controls
20	Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
21	Patient owns equipment
22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
23	Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
25	Item has been prescribed as part of a planned regimen of treatment in patient home
26	Patient is highly susceptible to decubitus ulcers
27	Patient or a care-giver has been instructed in use of equipment

New Codes Added

	30	Without the equipment, the patient would require surgery
	31	Patient has had a total knee replacement
	35	This Feeding is the Only Form of Nutritional Intake for This Patient
	37	Oxygen delivery equipment is stationary
	39	Patient Has Mobilizing Respiratory Tract Secretions
	40	Patient or Caregiver is Capable of Using the Equipment Without Technical or Professional Supervision
	41	Patient or Caregiver is Unable to Propel or Lift a Standard Weight Wheelchair
	42	Patient Requires Leg Elevation for Edema or Body Alignment
	43	Patient Weight or Usage Needs Necessitate a Heavy Duty Wheelchair
	44	Patient Requires Reclining Function of a Wheelchair
	45	Patient is Unable to Operate a Wheelchair Manually
	46	Patient or Caregiver Requires Side Transfer into Wheelchair, Commode or Other
	60	Transportation Was To the Nearest Facility
	9D	Lack of Appropriate Facility within Reasonable Distance to Treat Patient in the Event of Complications
	9H	Patient Requires Intensive IV Therapy
	9J	Patient Requires Protective Isolation
	9K	Patient Requires Frequent Monitoring
	IH	Independent at Home
	LB	Legally Blind
	SL	Speech Limitations

SITUATIONAL **CRC07** **1321** **Condition Indicator** **O** **ID** **2/2**
Code indicating a condition

INDUSTRY: ***Condition Code***

Use this data element to specify additional codes indicating a patient's condition.

Use if multiple conditions apply to the certification.

CODE	DEFINITION
01	Patient was admitted to a hospital

02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
10	Patient is ambulatory
11	Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
12	Patient is confined to a bed or chair
13	Patient is Confined to a Room or an Area Without Bathroom Facilities
14	Ambulation is Impaired and Walking Aid is Used for Mobility
15	Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
16	Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
17	Patient's Ability to Breathe is Severely Impaired
18	Patient condition requires frequent and/or immediate changes in body positions
19	Patient can operate controls
20	Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
21	Patient owns equipment
22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
23	Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use

25	Item has been prescribed as part of a planned regimen of treatment in patient home
26	Patient is highly susceptible to decubitus ulcers
27	Patient or a care-giver has been instructed in use of equipment
30	Without the equipment, the patient would require surgery
31	Patient has had a total knee replacement
35	This Feeding is the Only Form of Nutritional Intake for This Patient
37	Oxygen delivery equipment is stationary
39	Patient Has Mobilizing Respiratory Tract Secretions
40	Patient or Caregiver is Capable of Using the Equipment Without Technical or Professional Supervision
41	Patient or Caregiver is Unable to Propel or Lift a Standard Weight Wheelchair
42	Patient Requires Leg Elevation for Edema or Body Alignment
43	Patient Weight or Usage Needs Necessitate a Heavy Duty Wheelchair
44	Patient Requires Reclining Function of a Wheelchair
45	Patient is Unable to Operate a Wheelchair Manually
46	Patient or Caregiver Requires Side Transfer into Wheelchair, Commode or Other
60	Transportation Was To the Nearest Facility
9D	Lack of Appropriate Facility within Reasonable Distance to Treat Patient in the Event of Complications
9H	Patient Requires Intensive IV Therapy
9J	Patient Requires Protective Isolation
9K	Patient Requires Frequent Monitoring
IH	Independent at Home
LB	Legally Blind
SL	Speech Limitations

IMPLEMENTATION

ADDITIONAL SERVICE INFORMATION

Loop: **2000F — SERVICE LEVEL**

Usage: **SITUATIONAL**

Repeat: **10**

Notes:

1. **This PWK segment is required if the requester has additional documentation (electronic, paper, or other medium) associated with this health care services review that applies to the service(s) requested in this Service loop. This PWK segment should not be used if**

   a. the 278 request (ST-SE) supports this information in its segments and data elements, or

   b. the 278 request (ST-SE) does not support this information and the needed information pertains to the health care services review and not to a specific service.

2. **This PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or other medium. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be referenced in the electronic attachment.**

3. **The requester can also use this PWK segment to identify paperwork that is held at the provider's office and is available upon request by the UMO (or appropriate entity). Use code AA in PWK02 to convey this specific use of the PWK segment. See code note under PWK02, code AA.**

   Refer to Section 2.2.5 for more information on using this PWK segment.

Example: **PWK*OB*BM***AC*DMN0012~**

STANDARD

PWK Paperwork

Level: Detail

Position: 155

Loop: HL

Requirement: Optional

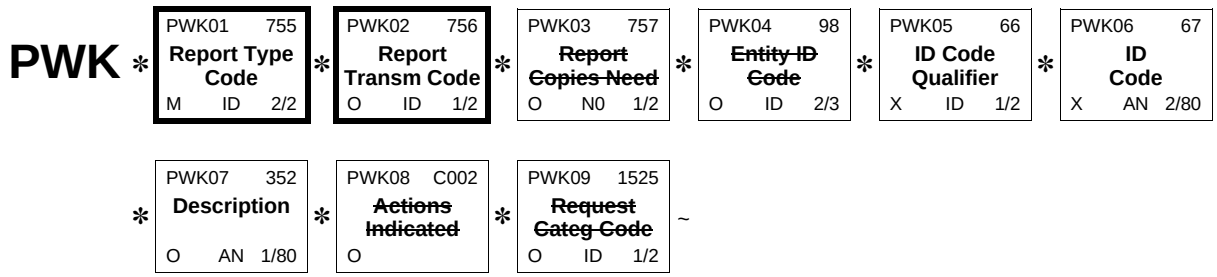
Max Use: >1

Purpose: To identify the type or transmission or both of paperwork or supporting information

Syntax:

1. **P0506**
   If either PWK05 or PWK06 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PWK01**	**755**	**Report Type Code** Code indicating the title or contents of a document, report or supporting item	**M ID 2/2**

INDUSTRY: ***Attachment Report Type Code***

CODE	DEFINITION
03	Report Justifying Treatment Beyond Utilization Guidelines
04	Drugs Administered
05	Treatment Diagnosis
06	Initial Assessment
07	Functional Goals Expected outcomes of rehabilitative services.
08	Plan of Treatment
09	Progress Report
10	Continued Treatment
11	Chemical Analysis
13	Certified Test Report
15	Justification for Admission
21	Recovery Plan
48	Social Security Benefit Letter
55	Rental Agreement Use for medical or dental equipment rental.
59	Benefit Letter
77	Support Data for Verification
A3	Allergies/Sensitivities Document
A4	Autopsy Report

AM	Ambulance Certification Information to support necessity of ambulance trip.
AS	Admission Summary A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital.
AT	Purchase Order Attachment Use for purchase of medical or dental equipment.
B2	Prescription
B3	Physician Order
BR	Benchmark Testing Results
BS	Baseline
BT	Blanket Test Results
CB	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment.
CK	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes
OB	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document

OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
P7	Periodontal Reports
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
QC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

REQUIRED **PWK02** **756** **Report Transmission Code** **O ID 1/2**

Code defining timing, transmission method or format by which reports are to be sent

INDUSTRY: ***Attachment Transmission Code***

CODE	DEFINITION
AA	Available on Request at Provider Site This means that the paperwork is not being sent with the request at this time. Instead, it is available to the UMO (or appropriate entity) on request.
BM	By Mail
EL	Electronically Only Use to indicate that the attachment is being transmitted in a separate X12 functional group.
EM	E-Mail

			FX **By Fax**			
			VO **Voice** **Use this for voicemail or phone communication.**			
NOT USED	**PWK03**	**757**	**Report Copies Needed**	**O**	**N0**	**1/2**
NOT USED	**PWK04**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**
SITUATIONAL	**PWK05**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) **SYNTAX:** P0506 **COMMENT:** PWK05 and PWK06 may be used to identify the addressee by a code number. **This data element is required when PWK02 DOES NOT equal "AA" or "VO". The requester can use it when PWK02 equals "AA" if the requester wants to send a document control number for an attachment remaining at the Provider's office.** CODE DEFINITION **AC** **Attachment Control Number**	**X**	**ID**	**1/2**
SITUATIONAL	**PWK06**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Attachment Control Number*** **SYNTAX:** P0506 **Required if PWK02 equals BM, EL, EM or FX.**	**X**	**AN**	**2/80**
SITUATIONAL	**PWK07**	**352**	**Description** A free-form description to clarify the related data elements and their content *INDUSTRY:* ***Attachment Description*** **COMMENT:** PWK07 may be used to indicate special information to be shown on the specified report. **This data element is used to add any additional information about the attachment described in this segment.**	**O**	**AN**	**1/80**
NOT USED	**PWK08**	**C002**	**ACTIONS INDICATED**	**O**		
NOT USED	**PWK09**	**1525**	**Request Category Code**	**O**	**ID**	**1/2**

IMPLEMENTATION

278 Health Care Services Review — Response to Request for Review

It is recommended that separate transaction sets be used for different patients.

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
256	010	ST	Transaction Set Header	R	1	
257	020	BHT	Beginning of Hierarchical Transaction	R	1	

Table 2 - Utilization Management Organization (UMO) Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL			1
259	010	HL	Utilization Management Organization (UMO) Level	R	1	
261	030	AAA	Request Validation	S	9	
			LOOP ID - 2010A UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME			1
263	170	NM1	Utilization Management Organization (UMO) Name	R	1	
266	220	PER	Utilization Management Organization (UMO) Contact Information	S	1	
269	230	AAA	Utilization Management Organization (UMO) Request Validation	S	9	

Table 2 - Requester Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B REQUESTER LEVEL			1
272	010	HL	Requester Level	R	1	
			LOOP ID - 2010B REQUESTER NAME			1
274	170	NM1	Requester Name	R	1	
277	180	REF	Requester Supplemental Identification	S	8	
279	230	AAA	Requester Request Validation	S	9	
281	240	PRV	Requester Provider Information	S	1	

Table 2 - Subscriber Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000C SUBSCRIBER LEVEL			1
283	010	HL	Subscriber Level	R	1	
286	020	TRN	Patient Event Tracking Number — New Segment Added	S	3	
288	030	AAA	Subscriber Request Validation	S	9	

290	070	DTP	Accident Date	S	1	
291	070	DTP	Last Menstrual Period Date	S	1	
292	070	DTP	Estimated Date of Birth	S	1	
293	070	DTP	Onset of Current Symptoms or Illness Date	S	1	
294	080	HI	Subscriber Diagnosis	S	1	
305	155	PWK	Additional Patient Information — New Segment Added	S	10	
			LOOP ID - 2010CA SUBSCRIBER NAME			1
310	170	NM1	Subscriber Name — Segment ID Changed	R	1	
313	180	REF	Subscriber Supplemental Identification	S	9	
315	230	AAA	Subscriber Request Validation	S	9	
317	250	DMG	Subscriber Demographic Information	S	1	
			LOOP ID - 2010CB ADDITIONAL PATIENT INFORMATION CONTACT NAME — New Loop Added			1
319	170	NM1	Additional Patient Information Contact Name	S	1	
323	200	N3	Additional Patient Information Contact Address	S	1	
324	210	N4	Additional Patient Information Contact City/State/Zip Code	S	1	
326	220	PER	Additional Patient Information Contact Information	S	1	

Table 2 - Dependent Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000D DEPENDENT LEVEL			1
330	010	HL	Dependent Level	S	1	
332	020	TRN	Patient Event Tracking Number — New Segment Added	S	3	
335	030	AAA	Dependent Request Validation	S	9	
337	070	DTP	Accident Date	S	1	
338	070	DTP	Last Menstrual Period Date	S	1	
339	070	DTP	Estimated Date of Birth	S	1	
340	070	DTP	Onset of Current Symptoms or Illness Date	S	1	
341	080	HI	Dependent Diagnosis	S	1	
352	155	PWK	Additional Patient Information — New Segment Added	S	10	
			LOOP ID - 2010DA DEPENDENT NAME			1
357	170	NM1	Dependent Name — Loop ID Changed	R	1	
360	180	REF	Dependent Supplemental Identification	S	3	
362	230	AAA	Dependent Request Validation	S	9	
364	250	DMG	Dependent Demographic Information	S	1	
366	260	INS	Dependent Relationship	S	1	
			LOOP ID - 2010DB ADDITIONAL PATIENT INFORMATION CONTACT NAME — New Loop Added			1
369	170	NM1	Additional Patient Information Contact Name	S	1	
373	200	N3	Additional Patient Information Contact Address	S	1	
374	210	N4	Additional Patient Information Contact City/State/Zip Code	S	1	
376	220	PER	Additional Patient Information Contact Information	S	1	

Table 2 - Service Provider Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000E SERVICE PROVIDER LEVEL			**>1**
380	010	HL	Service Provider Level	R	1	
382	160	MSG	Message Text	S	1	
			LOOP ID - 2010E SERVICE PROVIDER NAME			**3**
383	170	NM1	Service Provider Name	R	1	
386	180	REF	Service Provider Supplemental Identification	S	7	
388	200	N3	Service Provider Address	S	1	
389	210	N4	Service Provider City/State/ZIP Code	S	1	
391	220	PER	Service Provider Contact Information	S	1	
394	230	AAA	Service Provider Request Validation	S	9	
396	240	PRV	Service Provider Information	S	1	

Table 2 - Service Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000F SERVICE LEVEL			**>1**
398	010	HL	Service Level	R	1	
400	020	TRN	Service Trace Number	S	3	
403	030	AAA	Service Request Validation	S	9	
405	040	UM	Health Care Services Review Information	R	1	
411	050	HCR	Health Care Services Review	S	1	
414	060	REF	Previous Certification Identification	S	1	
415	070	DTP	Service Date	S	1	
417	070	DTP	Admission Date	S	1	
419	070	DTP	Discharge Date	S	1	
421	070	DTP	Surgery Date	S	1	
423	070	DTP	Certification Issue Date	S	1	
424	070	DTP	Certification Expiration Date	S	1	
425	070	DTP	Certification Effective Date	S	1	
426	080	HI	Procedures	S	1	
446	090	HSD	Health Care Services Delivery	S	1	
451	110	CL1	Institutional Claim Code	S	1	
453	120	CR1	Ambulance Transport Information	S	1	
455	130	CR2	Spinal Manipulation Service Information	S	1	
460	140	CR5	Home Oxygen Therapy Information	S	1	
464	150	CR6	Home Health Care Information	S	1	
467	155	PWK	Additional Service Information — New Segment Added	S	10	
472	160	MSG	Message Text	S	1	
			LOOP ID - 2010F ADDITIONAL SERVICE INFORMATION CONTACT NAME — New Loop Added			**1**
473	170	NM1	Additional Service Information Contact Name	S	1	
477	200	N3	Additional Service Information Contact Address	S	1	
478	210	N4	Additional Service Information Contact City/State/Zip Code	S	1	
480	220	PER	Additional Service Information Contact Information	S	1	
484	280	SE	Transaction Set Trailer	R	1	

REQUIRED **BHT03** **127** **Reference Identification** **O** **AN** **1/30**

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

INDUSTRY: ***Submitter Transaction Identifier***

SEMANTIC: BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.

Return the transaction identifier entered in BHT03 on the 278 request.

REQUIRED **BHT04** **373** **Date** **O** **DT** **8/8**

Date expressed as CCYYMMDD

INDUSTRY: ***Transaction Set Creation Date***

SEMANTIC: BHT04 is the date the transaction was created within the business application system.

REQUIRED **BHT05** **337** **Time** **O** **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)

INDUSTRY: ***Transaction Set Creation Time***

SEMANTIC: BHT05 is the time the transaction was created within the business application system.

SITUATIONAL **BHT06** **640** **Transaction Type Code** **O** **ID** **2/2**

Code specifying the type of transaction

If BHT06 is not valued on the response, the value "18" (Response - No Further Updates to Follow) is assumed.

CODE	DEFINITION
18	**Response - No Further Updates to Follow** **Use this code to indicate that this is a final response. If the final response reports a medical decision it contains an HCR01 value of A1, A3, A6, or NA in Loop 2000F. This indicates that no additional EDI responses are necessary or forthcoming from the UMO in relation to the original request.** ***Note:*** **If you use HCR01 = CT to indicate a non-EDI delivery of the medical decision, use it in combination with BHT06 = 18.**
19	**Response - Further Updates to Follow** **Use this code to indicate that the final medical decision is pending further review. A pended response contains an HCR01 value of A4 or CT. This, in combination with BHT06 = 19, indicates that the final EDI response will be delivered later.**
AT	**Administrative Action** **BHT06 must be valued with "AT" if this 278 response contains a request for additional information.**

Note moved from Code 19 to Code 18

Text Revised

New Code Added

IMPLEMENTATION

PATIENT EVENT TRACKING NUMBER

Loop: **2000C — SUBSCRIBER LEVEL**

Usage: **SITUATIONAL**

Repeat: **3**

Notes:

1. **Any trace numbers provided at this level on the request must be returned by the UMO at this level of the 278 response.**

2. **The UMO can assign a trace number to this patient event for tracking purposes.**

3. **If the 278 request transaction passes through more than one clearinghouse, the second (and subsequent) clearinghouse may choose one of the following options.**

   If the second or subsequent clearinghouse needs to assign their own TRN segment they may replace the received TRN segment belonging to the sending clearinghouse with their own TRN segment. Upon returning a 278 response to the sending clearinghouse, they must remove their TRN segment and replace it with the sending clearinghouse's TRN segment.

   If the second or subsequent clearinghouse does not need to assign their own TRN segment, they should merely pass all TRN segments received in the 278 response transaction.

4. **If the 278 request passes through a clearinghouse that adds their own TRN in addition to a requester TRN, the clearinghouse will receive a response from the UMO containing two TRN segments that contain the value "2" (Referenced Transaction Trace Number) in TRN01. If the UMO has assigned a TRN, the UMO's TRN will contain the value "1" (Current Transaction Trace Number) in TRN01. If the clearinghouse chooses to pass their own TRN values to the requester, the clearinghouse must change the value in their TRN01 to "1" because, from the requester's perspective, this is not a referenced transaction trace number.**

Example: **TRN*2*2001042801*9012345678*CARDIOLOGY~**

STANDARD

TRN Trace

Level: Detail

Position: 020

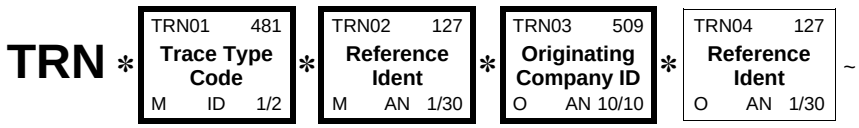
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To uniquely identify a transaction to an application

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	TRN01	481	**Trace Type Code** Code identifying which transaction is being referenced	M ID 1/2

CODE	DEFINITION
1	**Current Transaction Trace Numbers** **The term "Current Transaction Trace Number" refers to the trace number assigned by the creator of the 278 response transaction (the UMO).**
2	**Referenced Transaction Trace Numbers** **The term "Referenced Transaction Trace Number" refers to the trace number originally sent in the 278 request transaction.**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	TRN02	127	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30

INDUSTRY: ***Patient Event Tracking Number***

SEMANTIC: TRN02 provides unique identification for the transaction.

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	TRN03	509	**Originating Company Identifier** A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9	O AN 10/10

INDUSTRY: ***Trace Assigning Entity Number***

SEMANTIC: TRN03 identifies an organization.

Use this element to identify the organization that assigned this trace number. If TRN01 is "2", this is the value received in the original 278 request transaction. If TRN01 is "1", use this information to identify the UMO organization that assigned this trace number.

The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.

SITUATIONAL	**TRN04**	**127**	**Reference Identification**	**O**	**AN**	**1/30**

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

INDUSTRY: ***Trace Assigning Entity Additional Identifier***

SEMANTIC: TRN04 identifies a further subdivision within the organization.

Use this information if necessary to further identify a specific component, such as a specific division or group, of the company identified in the previous data element (TRN03).

IMPLEMENTATION

SUBSCRIBER DIAGNOSIS

Loop: 2000C — SUBSCRIBER LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes:

Text Revised

1. **Required if valued on the request and used by the UMO to render a decision. If the response has not been rendered and this segment is used to request additional information associated with a specific diagnosis, place the specific diagnosis code in the HI C022 composite that precedes the HI C022 composite(s) containing the LOINC. If the original request contained more than six diagnosis codes and you are using LOINC to request additional information for each of these diagnosis codes or if you need to specify multiple questions/LOINC codes per diagnosis you cannot exceed the limit of 12 occurrences of the C022 composite.**

2. **It is recommended that the UMO retain the diagnosis information carried on the request for use in subsequent health care service review inquiries and notifications related to the original request.**

New Note 3. Added

3. **The UMO can use each occurrence of the Health Care Code Information composite (C022) to specify codes that identify the specific information that the UMO requires from the provider to complete the medical review. In the C022 composite, data elements 1270 and 1271 support the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINC®) List. These codes identify high-level health care information groupings, specific data elements, and associated modifiers.**

   The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.

   Refer to Section 2.2.5 of this guide for more information on requesting additional information in the 278 response.

Example: **HI*BF:41090~**

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 080

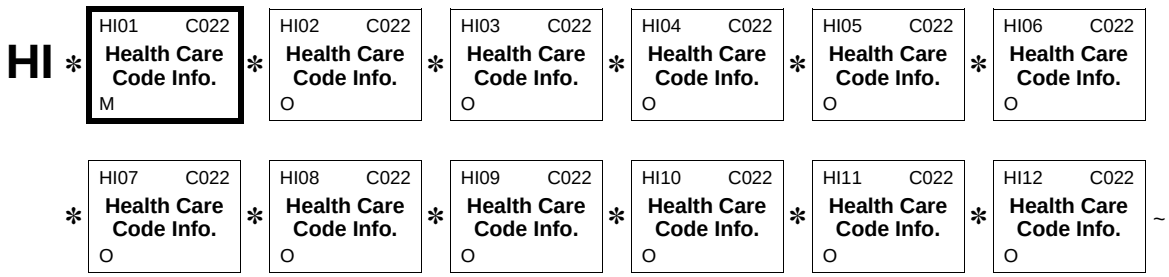
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HI01**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 1***	**M**
REQUIRED	**HI01 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code***	**M ID 1/3**

CODE	DEFINITION
BF	**Diagnosis** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
BJ	**Admitting Diagnosis** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
BK	**Principal Diagnosis** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
New Code Added → **LOI**	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.** **CODE SOURCE 663:** Logical Observation Identifier Names and Codes (LOINC)

REQUIRED	**HI01 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	**M AN 1/30**

SITUATIONAL **HI01 - 3** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI01 - 4** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI01 - 5** **782** **Monetary Amount** **O** **R** **1/18**

NOT USED **HI01 - 6** **380** **Quantity** **O** **R** **1/15**

NOT USED **HI01 - 7** **799** **Version Identifier** **O** **AN** **1/30**

SITUATIONAL **HI02** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 2***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI02 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
BJ	**Admitting Diagnosis**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE **663:** Logical Observation Identifier Names and Codes (LOINC)

New Code Added

REQUIRED **HI02 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	**HI02 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**

Required if X12N syntax conditions apply.

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

SITUATIONAL	**HI02 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED	**HI02 - 5**	**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI02 - 6**	**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI02 - 7**	**799**	**Version Identifier**	**O**	**AN**	**1/30**

SITUATIONAL	**HI03**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**	

ALIAS: ***Diagnosis 3***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED	**HI03 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

New Code Value

REQUIRED	**HI03 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	**HI03 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**

Required if X12N syntax conditions apply.

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

SITUATIONAL	HI03 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED	HI03 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI03 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI03 - 7		799	**Version Identifier**	O	AN	1/30
SITUATIONAL	HI04	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	O		

ALIAS: ***Diagnosis 4***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED	HI04 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.** **CODE SOURCE 663:** Logical Observation Identifier Names and Codes (LOINC)

New Code Added

REQUIRED	HI04 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	HI04 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

Required if X12N syntax conditions apply.

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

SITUATIONAL	HI04 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED	HI04 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI04 - 6		380	**Quantity**	O	R	1/15

NOT USED	HI04 - 7		799	Version Identifier	O	AN	1/30	
SITUATIONAL	HI05	C022	HEALTH CARE CODE INFORMATION		O			

To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 5***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED	HI05 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3	

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**

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

New Code Added

CODE	DEFINITION
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**

CODE SOURCE **663:** Logical Observation Identifier Names and Codes (LOINC)

REQUIRED	HI05 - 2	1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30	

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	HI05 - 3	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID	2/3	

Required if X12N syntax conditions apply.

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

SITUATIONAL	HI05 - 4	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35	

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED	HI05 - 5	782	Monetary Amount	O	R	1/18	
NOT USED	HI05 - 6	380	Quantity	O	R	1/15	
NOT USED	HI05 - 7	799	Version Identifier	O	AN	1/30	

SITUATIONAL	**HI06**	**C022**	**HEALTH CARE CODE INFORMATION**		**O**		
			To send health care codes and their associated dates, amounts and quantities				
			ALIAS: ***Diagnosis 6***				
			Required if valued on the request and used by the UMO to render a decision.				
REQUIRED	**HI06 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**
				INDUSTRY: ***Diagnosis Type Code***			
			CODE	**DEFINITION**			
			BF	**Diagnosis**			
				CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
New Code Added			**LOI**	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**			
				CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)			
REQUIRED	**HI06 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**
				INDUSTRY: ***Diagnosis Code***			
SITUATIONAL	**HI06 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**
				Required if X12N syntax conditions apply.			
			CODE	**DEFINITION**			
			D8	**Date Expressed in Format CCYYMMDD**			
SITUATIONAL	**HI06 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**
				INDUSTRY: ***Diagnosis Date***			
				Use only when the date diagnosed is known.			
NOT USED	**HI06 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI06 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI06 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
SITUATIONAL	**HI07**	**C022**	**HEALTH CARE CODE INFORMATION**		**O**		
			To send health care codes and their associated dates, amounts and quantities				
			ALIAS: ***Diagnosis 7***				
			Required if valued on the request and used by the UMO to render a decision.				

REQUIRED **HI07 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

New Code Added

REQUIRED **HI07 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI07 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI07 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI07 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI07 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI07 - 7** **799** **Version Identifier** **O AN 1/30**

SITUATIONAL **HI08** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 8***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED	**HI08 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

New Code Added

REQUIRED	**HI08 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	**HI08 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**

Required if X12N syntax conditions apply.

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

SITUATIONAL	**HI08 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED	**HI08 - 5**	**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI08 - 6**	**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI08 - 7**	**799**	**Version Identifier**	**O**	**AN**	**1/30**

SITUATIONAL	**HI09**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**		

ALIAS: ***Diagnosis 9***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI09 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

New Code Added

REQUIRED **HI09 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI09 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI09 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI09 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI09 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI09 - 7** **799** **Version Identifier** **O AN 1/30**

SITUATIONAL **HI10** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 10***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED	**HI10 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

New Code Added

REQUIRED	**HI10 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	**HI10 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**

Required if X12N syntax conditions apply.

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

SITUATIONAL	**HI10 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED	**HI10 - 5**	**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI10 - 6**	**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI10 - 7**	**799**	**Version Identifier**	**O**	**AN**	**1/30**

SITUATIONAL	**HI11**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**		

ALIAS: ***Diagnosis 11***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED	**HI11 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code***	**M**	**ID**	**1/3**

CODE	DEFINITION
BF	**Diagnosis** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.** CODE SOURCE **663:** Logical Observation Identifier Names and Codes (LOINC)

New Code Added

REQUIRED	**HI11 - 2**		**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI11 - 3**		**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**	**X**	**ID**	**2/3**

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

SITUATIONAL	**HI11 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Diagnosis Date*** **Use only when the date diagnosed is known.**	**X**	**AN**	**1/35**
NOT USED	**HI11 - 5**		**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI11 - 6**		**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI11 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
SITUATIONAL	**HI12**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 12*** **Required if valued on the request and used by the UMO to render a decision.**		**O**		

REQUIRED **HI12 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

New Code Added

REQUIRED **HI12 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI12 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI12 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI12 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI12 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI12 - 7** **799** **Version Identifier** **O AN 1/30**

IMPLEMENTATION

ADDITIONAL PATIENT INFORMATION

Loop: **2000C — SUBSCRIBER LEVEL**

Usage: **SITUATIONAL**

Repeat: **10**

Notes:

1. **This PWK segment is used only if the subscriber is the patient.**

2. **The UMO can use this PWK segment on the response to request additional patient information. If the UMO has pended the decision on this health care services review request (HCR01 = A4) because additional medical necessity information is required (HCR03 = 90), the UMO can use this segment to identify the type of documentation needed such as forms that the provider must complete. The UMO can also indicate what medium it has used to send these forms.**

3. **Paperwork requested at the patient level should apply to the patient event and/or all the services requested. Use the PWK segment in the appropriate Service loop if requesting medical necessity information for a specific service.**

4. **This PWK segment is required to identify requests for specific data that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or using LOINC in the HI segments of the response. PWK06 is used to identify the attached electronic questionnaire. The number in PWK06 should be referenced in the corresponding electronic attachment.**

5. **This PWK segment should not be used if**
   a. the requester should have provided the information within the 278 request (ST-SE) but failed to do so. In this case the UMO should use the AAA segments in the 278 response to indicate the data that is missing or invalid.

   b. the 278 request (ST-SE) does not support this information and the needed information pertains to a specific service identified in Loop 2000F and not to all the services requested.

   Refer to Section 2.2.5 for more information on using this segment.

Example: **PWK*OB*BM***AC*DMN0012~**

STANDARD

PWK Paperwork

Level: Detail

Position: 155

Loop: HL

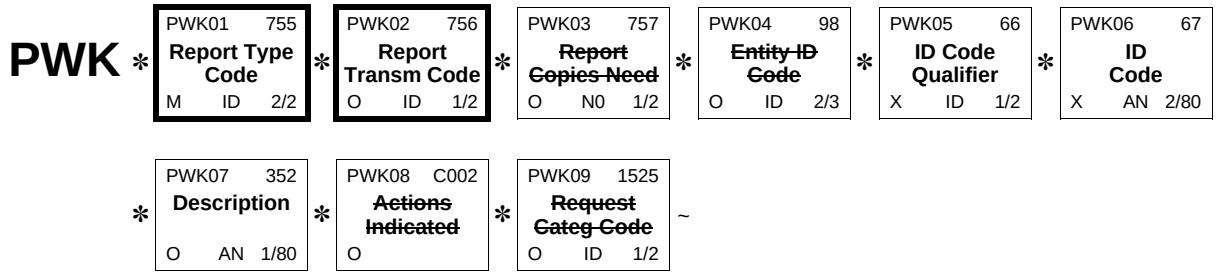
Requirement: Optional

Max Use: >1

Purpose: To identify the type or transmission or both of paperwork or supporting information

Syntax: **1. P0506**
If either PWK05 or PWK06 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PWK01**	**755**	**Report Type Code** Code indicating the title or contents of a document, report or supporting item	**M ID 2/2**

INDUSTRY: ***Attachment Report Type Code***

CODE	DEFINITION
03	**Report Justifying Treatment Beyond Utilization Guidelines**
04	**Drugs Administered**
05	**Treatment Diagnosis**
06	**Initial Assessment**
07	**Functional Goals** **Expected outcomes of rehabilitative services.**
08	**Plan of Treatment**
09	**Progress Report**
10	**Continued Treatment**
11	**Chemical Analysis**
13	**Certified Test Report**
15	**Justification for Admission**
21	**Recovery Plan**
48	**Social Security Benefit Letter**
55	**Rental Agreement** **Use for medical or dental equipment rental.**
59	**Benefit Letter**

77	Support Data for Verification
A3	Allergies/Sensitivities Document
A4	Autopsy Report
AM	Ambulance Certification Information to support necessity of ambulance trip.
AS	Admission Summary A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital.
AT	Purchase Order Attachment Use for purchase of medical or dental equipment.
B2	Prescription
B3	Physician Order
BR	Benchmark Testing Results
BS	Baseline
BT	Blanket Test Results
CB	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment.
CK	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes

OB	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
P7	Periodontal Reports
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
QC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

REQUIRED **PWK02** **756** **Report Transmission Code** **O ID 1/2**

Code defining timing, transmission method or format by which reports are to be sent

INDUSTRY: ***Attachment Transmission Code***

CODE	DEFINITION
BM	By Mail
EL	Electronically Only Use to indicate that attachment is being transmitted in a separate X12 functional group.

			EM	**E-Mail**			
			FX	**By Fax**			
			VO	**Voice** **Use this for voicemail or phone communication.**			
NOT USED	**PWK03**	**757**	**Report Copies Needed**		**O**	**N0**	**1/2**
NOT USED	**PWK04**	**98**	**Entity Identifier Code**		**O**	**ID**	**2/3**
SITUATIONAL	**PWK05**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) **SYNTAX:** P0506 **COMMENT:** PWK05 and PWK06 may be used to identify the addressee by a code number. **This data element is required when PWK02 DOES NOT equal "VO".** CODE / DEFINITION **AC** **Attachment Control Number**		**X**	**ID**	**1/2**
SITUATIONAL	**PWK06**	**67**	**Identification Code** Code identifying a party or other code ***INDUSTRY:* *Attachment Control Number*** **SYNTAX:** P0506 **Required if PWK02 equals BM, EL, EM or FX.**		**X**	**AN**	**2/80**
SITUATIONAL	**PWK07**	**352**	**Description** A free-form description to clarify the related data elements and their content ***INDUSTRY:* *Attachment Description*** **ADVISORY:** Under most circumstances, this element is not sent. **COMMENT:** PWK07 may be used to indicate special information to be shown on the specified report. **This data element is used to add any additional information about the attachment described in this segment.**		**O**	**AN**	**1/80**
NOT USED	**PWK08**	**C002**	**ACTIONS INDICATED** **ADVISORY:** Under most circumstances, this composite is not sent.		**O**		
NOT USED	**PWK09**	**1525**	**Request Category Code**		**O**	**ID**	**1/2**

IMPLEMENTATION

SUBSCRIBER NAME

Loop: **2010CA — SUBSCRIBER NAME** **Repeat:** **1**

Loop ID Changed

Usage: **REQUIRED**

Repeat: **1**

Example: **NM1*IL*1*SMITH*JOE****MI*12345678901~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 170

Loop: HL/NM1 **Repeat:** >1

Requirement: Optional

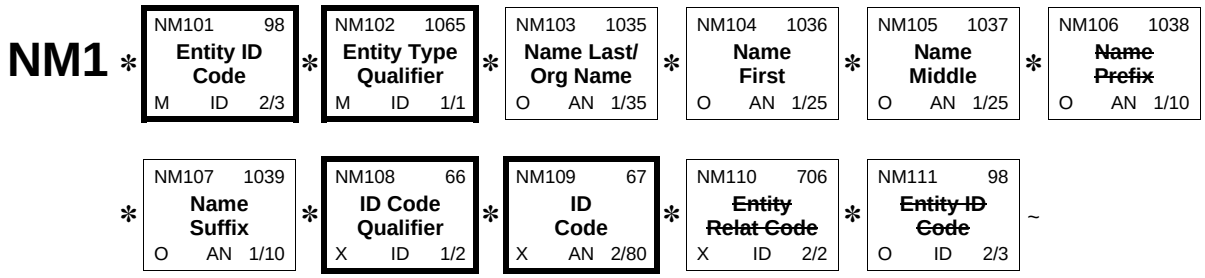
Max Use: 1

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

Syntax:

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

DIAGRAM



ELEMENT SUMMARY

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

SITUATIONAL	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY:* ***Subscriber Last Name*** **Required if valued on the request.**	**O**	**AN**	**1/35**
SITUATIONAL	**NM104**	**1036**	**Name First** Individual first name *INDUSTRY:* ***Subscriber First Name*** **Required if valued on the request.**	**O**	**AN**	**1/25**
SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial *INDUSTRY:* ***Subscriber Middle Name*** **Use if NM104 is valued and the middle name/initial of the subscriber is known.**	**O**	**AN**	**1/25**
NOT USED	**NM106**	**1038**	**Name Prefix**	**O**	**AN**	**1/10**
SITUATIONAL	**NM107**	**1039**	**Name Suffix** Suffix to individual name *INDUSTRY:* ***Subscriber Name Suffix*** **Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.**	**O**	**AN**	**1/10**
REQUIRED	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809	**X**	**ID**	**1/2**

CODE	DEFINITION
MI	**Member Identification Number** **The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Use MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.**
ZZ	**Mutually Defined** **The value "ZZ", when used in this data element, shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of Health and Human Services must adopt a standard individual identifier for use in this transaction.**

REQUIRED	**NM109**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Subscriber Primary Identifier*** *ALIAS:* ***Subscriber Member Number*** SYNTAX: P0809	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**

Loop ID Changed

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

IMPLEMENTATION Loop ID Changed

SUBSCRIBER SUPPLEMENTAL IDENTIFICATION

Loop: 2010CA — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 9

Notes:

1. **Use this segment when needed to provide a supplemental identifier for the subscriber. The primary identifier is the Member Identification Number in the NM1 segment.**

2. **Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number a UMO knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.**

3. **If the requester valued this segment with the Patient Account Number (REF01 = "EJ") on the request, the UMO must return the same value in this segment on the response.**

Example: **REF*SY*123456789~**

STANDARD

REF Reference Identification

Level: Detail

Position: 180

Loop: HL/NM1

Requirement: Optional

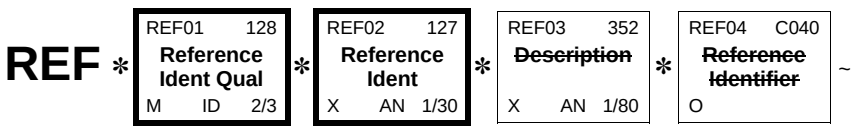
Max Use: 9

Purpose: To specify identifying information

Syntax:

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

DIAGRAM



Loop ID Changed

ELEMENT SUMMARY

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

CODE	DEFINITION
1L	**Group or Policy Number** **Use this code only if you cannot determine if the number is a Group Number (6P) or a Policy Number (IG).**
1W	**Member Identification Number** **Do not use if NM108 = MI.**
6P	**Group Number**
A6	**Employee Identification Number**
EJ	**Patient Account Number**
F6	**Health Insurance Claim (HIC) Number** **Use the NM1 (Subscriber Name) segment if the subscriber's HIC number is the primary identifier for his or her coverage. Use this code only in a REF segment when the payer has a different member number, and there also is a need to pass the dependent's HIC number. This might occur in a Medicare HMO situation.**
HJ	**Identity Card Number** **Use this code when the Identity Card Number differs from the Member Identification Number. This is particularly prevalent in the Medicaid environment.**
IG	**Insurance Policy Number**
N6	**Plan Network Identification Number**
NQ	**Medicaid Recipient Identification Number**
SY	**Social Security Number** **Use this code only if the Social Security Number is not the primary identifier for the subscriber. The social security number may not be used for Medicare.**

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

IMPLEMENTATION Loop ID Changed

SUBSCRIBER REQUEST VALIDATION

Loop: **2010CA — SUBSCRIBER NAME**

Usage: **SITUATIONAL**

Repeat: **9**

Notes: **1. Required only if the request is not valid at this level.**

Example: **AAA*N**67~**

STANDARD

AAA Request Validation

Level: Detail

Position: 230

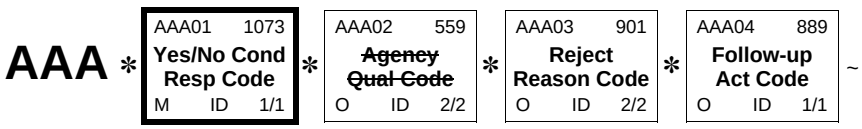
Loop: HL/NM1

Requirement: Optional

Max Use: 9

Purpose: To specify the validity of the request and indicate follow-up action authorized

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AAA01**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Valid Request Indicator*** **SEMANTIC:** AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.	**M ID 1/1**
			CODE / **DEFINITION** **N** — **No** **Y** — **Yes**	
NOT USED	**AAA02**	**559**	**Agency Qualifier Code**	**O ID 2/2**

Loop ID Changed

SITUATIONAL	**AAA03**	**901**	**Reject Reason Code** Code assigned by issuer to identify reason for rejection	**O**	**ID**	**2/2**

Required if AAA01 = "N".

CODE	DEFINITION
15	**Required application data missing** **Use when data is missing that is not covered by another Reject Reason Code. Use to indicate that there is not enough data to identify the subscriber.**
58	**Invalid/Missing Date-of-Birth**
64	**Invalid/Missing Patient ID**
65	**Invalid/Missing Patient Name**
66	**Invalid/Missing Patient Gender Code**
67	**Patient Not Found**
68	**Duplicate Patient ID Number**
71	**Patient Birth Date Does Not Match That for the Patient on the Database**
72	**Invalid/Missing Subscriber/Insured ID**
73	**Invalid/Missing Subscriber/Insured Name**
74	**Invalid/Missing Subscriber/Insured Gender Code**
75	**Subscriber/Insured Not Found**
76	**Duplicate Subscriber/Insured ID Number**
77	**Subscriber Found, Patient Not Found**
78	**Subscriber/Insured Not in Group/Plan Identified**
79	**Invalid Participant Identification** **Use for invalid/missing subscriber supplemental identifier.**
95	**Patient Not Eligible**

SITUATIONAL	**AAA04**	**889**	**Follow-up Action Code** Code identifying follow-up actions allowed	**O**	**ID**	**1/1**

Required if AAA03 is present and indicates that the rejection is due to invalid or missing subscriber or patient data.

CODE	DEFINITION
C	**Please Correct and Resubmit**
N	**Resubmission Not Allowed**

IMPLEMENTATION Loop ID Changed

SUBSCRIBER DEMOGRAPHIC INFORMATION

Loop: **2010CA — SUBSCRIBER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Use this segment to convey birth date or gender demographic information about the subscriber.**
2. **Required if the information is available in the UMO's database unless a rejection response was generated and the elements were not valued on the request.**

Example: **DMG*D8*19580322*M~**

STANDARD

DMG Demographic Information

Level: Detail

Position: 250

Loop: HL/NM1

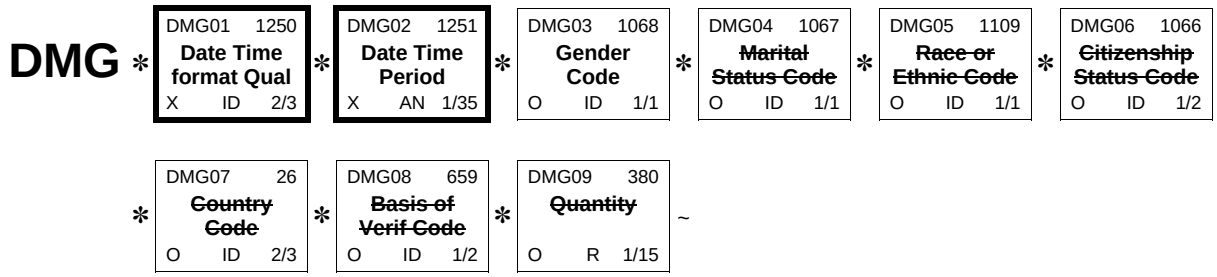
Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

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

DIAGRAM



ELEMENT SUMMARY

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

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

Loop ID Changed

REQUIRED	**DMG02**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Subscriber Birth Date*** SYNTAX: P0102 SEMANTIC: DMG02 is the date of birth.	**X**	**AN**	**1/35**
SITUATIONAL	**DMG03**	**1068**	**Gender Code** Code indicating the sex of the individual *INDUSTRY:* ***Subscriber Gender Code*** **Required if valued on the request.**	**O**	**ID**	**1/1**

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

NOT USED	**DMG04**	**1067**	**Marital Status Code**	**O**	**ID**	**1/1**
NOT USED	**DMG05**	**1109**	**Race or Ethnicity Code**	**O**	**ID**	**1/1**
NOT USED	**DMG06**	**1066**	**Citizenship Status Code**	**O**	**ID**	**1/2**
NOT USED	**DMG07**	**26**	**Country Code**	**O**	**ID**	**2/3**
NOT USED	**DMG08**	**659**	**Basis of Verification Code**	**O**	**ID**	**1/2**
NOT USED	**DMG09**	**380**	**Quantity**	**O**	**R**	**1/15**

IMPLEMENTATION

ADDITIONAL PATIENT INFORMATION CONTACT NAME

Loop: **2010CB — ADDITIONAL PATIENT INFORMATION CONTACT NAME**
Repeat: **1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this NM1 loop to identify the destination location to route the response for the requested additional patient information.**

2. **Use this NM1 loop only if**
   a. the subscriber is the patient
   b. the response contains a request for additional patient information in loop 2000C
   c. the destination for the response to the request for additional patient information differs from the information specified in the UMO Name NM1 loop (Loop 2010A)
   d. the request for additional patient information is not transmitted in another X12 functional group

3. **Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.**

   Refer to Section 2.2.5 for more information on this NM1 loop.

Example: **NM1*2B*2*ACME THIRD PARTY ADMINISTRATOR~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 170

Loop: HL/NM1 **Repeat:** >1

Requirement: Optional

Max Use: 1

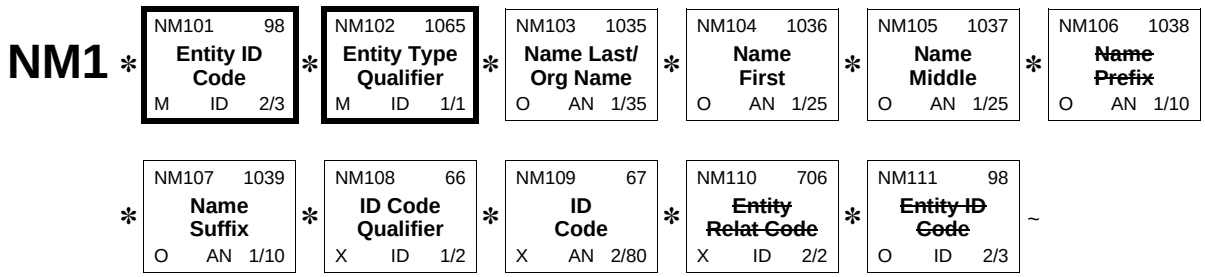
Purpose: To supply the full name of an individual or organizational entity

Syntax:

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

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

DIAGRAM



ELEMENT SUMMARY

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

CODE	DEFINITION
1P	**Provider**
2B	**Third-Party Administrator**
ABG	**Organization** **Use when the destination is an entity other than those listed.**
FA	**Facility**
PR	**Payer**
X3	**Utilization Management Organization**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity **SEMANTIC:** NM102 qualifies NM103.	**M ID 1/1**

CODE	DEFINITION
1	**Person** **Use this name only if the destination is an individual, such as an individual primary care physician.**
2	**Non-Person Entity**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name	**O AN 1/35**

INDUSTRY:* *Response Contact Last or Organization Name

Required if the responder needs to identify the destination by name.

SITUATIONAL	**NM104**	**1036**	**Name First** Individual first name	**O**	**AN**	**1/25**
			INDUSTRY: ***Response Contact First Name***			
			Use if NM103 is valued and the destination is an individual (NM102 = 1), such as a primary care provider.			
SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial	**O**	**AN**	**1/25**
			INDUSTRY: ***Response Contact Middle Name***			
			Use if NM104 is present and the middle name/initial of the person is known.			
NOT USED	**NM106**	**1038**	**Name Prefix**	**O**	**AN**	**1/10**
SITUATIONAL	**NM107**	**1039**	**Name Suffix** Suffix to individual name	**O**	**AN**	**1/10**
			INDUSTRY: ***Response Contact Name Suffix***			
			Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.			
SITUATIONAL	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67)	**X**	**ID**	**1/2**
			SYNTAX: P0809			
			Required if the responder needs to use an identifier to identify the destination.			

CODE	DEFINITION
24	**Employer's Identification Number**
34	**Social Security Number**
46	**Electronic Transmitter Identification Number (ETIN)**
PI	**Payor Identification** **Use until the National PlanID is mandated if the destination is a payer.**
XV	**Health Care Financing Administration National PlanID** ***Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.*** **Use if the destination is a payer.**
	CODE SOURCE **540:** Health Care Financing Administration National PlanID
XX	**Health Care Financing Administration National Provider Identifier** ***Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.*** **Use if the destination is a provider.**

SITUATIONAL	**NM109**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Response Contact Identifier*** **SYNTAX:** P0809 **Required if NM108 is used.**	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

ADDITIONAL PATIENT INFORMATION CONTACT ADDRESS

Loop: 2010CB — ADDITIONAL PATIENT INFORMATION CONTACT NAME

Usage: SITUATIONAL

Repeat: 1

Notes:

1. This segment identifies the office location to route the response to the request for additional patient information.
2. Use this segment only if the subscriber is the patient and the response to the request for additional patient information must be routed to a specific office location.
3. Do not use if the request for additional patient information is in another X12 functional group.

Example: N3*43 SUNRISE BLVD*SUITE 1000~

STANDARD

N3 Address Information

Level: Detail

Position: 200

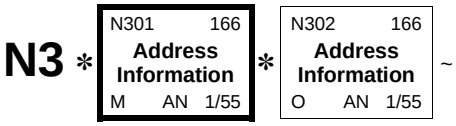
Loop: HL/NM1

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	N301	166	**Address Information** Address information *INDUSTRY:* ***Response Contact Address Line*** **Use this element for the first line of the requester's address.**	M	AN	1/55
SITUATIONAL	N302	166	**Address Information** Address information *INDUSTRY:* ***Response Contact Address Line*** **Required only if a second address line exists.**	O	AN	1/55

IMPLEMENTATION

ADDITIONAL PATIENT INFORMATION CONTACT CITY/STATE/ZIP CODE

Loop: 2010CB — ADDITIONAL PATIENT INFORMATION CONTACT NAME

Usage: SITUATIONAL

Repeat: 1

Notes:
1. This segment identifies the office location to route the response to the request for additional patient information.
2. Use this segment only if the subscriber is the patient and the response to the request for additional patient information must be routed to a specific office location.
3. Do not use if the request for additional patient information is in another X12 functional group.

Example: N4*MIAMI*FL*33131**DP*UTILIZATION REVIEW DEPT~

STANDARD

N4 Geographic Location

Level: Detail

Position: 210

Loop: HL/NM1

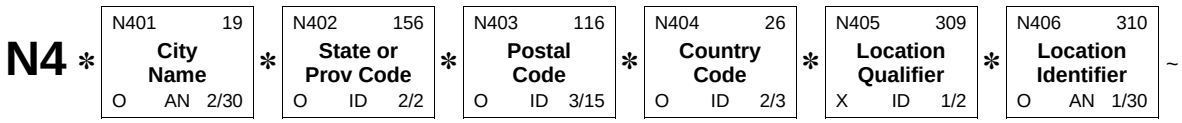
Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	N401	19	**City Name** Free-form text for city name *INDUSTRY:* ***Response Contact City Name*** COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. **Use when necessary to provide this data as part of the response contact location identification.**	O AN 2/30

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

INDUSTRY: ***Response Contact State or Province Code***

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

CODE SOURCE 22: States and Outlying Areas of the U.S.

Use when necessary to provide this data as part of the response contact location identification.

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

INDUSTRY: ***Response Contact Postal Zone or ZIP Code***

CODE SOURCE 51: ZIP Code

Use when necessary to provide this data as part of the response contact location identification.

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

INDUSTRY: ***Response Contact Country Code***

CODE SOURCE 5: Countries, Currencies and Funds

Use only if the address is out of the U.S.

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

SYNTAX: C0605

Required if N406 is valued.

CODE	DEFINITION
B1	**Branch**
DP	**Department**

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

INDUSTRY: ***Response Contact Specific Location***

SYNTAX: C0605

Required if N405 is valued.

Value this field if the response to the request for additional information must be directed to a particular domain.

IMPLEMENTATION

ADDITIONAL PATIENT INFORMATION CONTACT INFORMATION

Loop: **2010CB — ADDITIONAL PATIENT INFORMATION CONTACT NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Required if the provider must direct the response to the request for additional patient information to a specific requester contact, electronic mail, facsimile, or phone number other than the contact provided in the PER segment in the UMO Name loop (Loop 2010A) PER segment of this 278 response.**
2. **Use this segment only if the subscriber is the patient.**
3. **Do not use if the request for additional patient information is in another X12 functional group.**
4. **When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.**
5. **By definition of the standard, if PER03 is used, PER04 is required.**

Example: **PER*IC*MARY*FX*3135554321~**

STANDARD

PER Administrative Communications Contact

Level: Detail

Position: 220

Loop: HL/NM1

Requirement: Optional

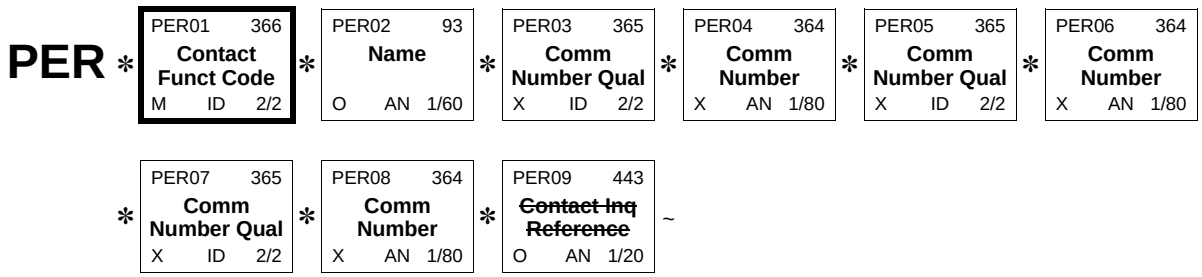
Max Use: 3

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

Syntax:

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PER01**	**366**	**Contact Function Code** Code identifying the major duty or responsibility of the person or group named	**M ID 2/2**
			CODE: **IC** — DEFINITION: **Information Contact**	
SITUATIONAL	**PER02**	**93**	**Name** Free-form name	**O AN 1/60**
			INDUSTRY: ***Response Contact Name***	
			Used only when response must be directed to a particular contact.	
			Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).	
SITUATIONAL	**PER03**	**365**	**Communication Number Qualifier** Code identifying the type of communication number	**X ID 2/2**
			SYNTAX: P0304	
			Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.	
			CODE: **EM** — DEFINITION: **Electronic Mail**	
			CODE: **FX** — DEFINITION: **Facsimile**	
			CODE: **TE** — DEFINITION: **Telephone**	
SITUATIONAL	**PER04**	**364**	**Communication Number** Complete communications number including country or area code when applicable	**X AN 1/80**
			INDUSTRY: ***Response Contact Communication Number***	
			SYNTAX: P0304	
			Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.	

SITUATIONAL	**PER05**	**365**	**Communication Number Qualifier** Code identifying the type of communication number **SYNTAX:** P0506 **Used only when the telephone extension or multiple communication types are available.**	**X**	**ID**	**2/2**

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

SITUATIONAL	**PER06**	**364**	**Communication Number** Complete communications number including country or area code when applicable ***INDUSTRY:*** ***Response Contact Communication Number*** **SYNTAX:** P0506 **Used only when the telephone extension or multiple communication types are available.**	**X**	**AN**	**1/80**
SITUATIONAL	**PER07**	**365**	**Communication Number Qualifier** Code identifying the type of communication number **SYNTAX:** P0708 **Used only when the telephone extension or multiple communication types are available.**	**X**	**ID**	**2/2**

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

SITUATIONAL	**PER08**	**364**	**Communication Number** Complete communications number including country or area code when applicable ***INDUSTRY:*** ***Response Contact Communication Number*** **SYNTAX:** P0708 **Used only when the telephone extension or multiple communication types are available.**	**X**	**AN**	**1/80**
NOT USED	**PER09**	**443**	**Contact Inquiry Reference**	**O**	**AN**	**1/20**

IMPLEMENTATION

PATIENT EVENT TRACKING NUMBER

Loop: **2000D — DEPENDENT LEVEL**

Usage: **SITUATIONAL**

Repeat: **3**

Notes:

1. **Any trace numbers provided at this level on the request must be returned by the UMO at this level of the 278 response.**

2. **The UMO can assign a trace number to this patient event for tracking purposes.**

3. **If the 278 request transaction passes through more than one clearinghouse, the second (and subsequent) clearinghouse may choose one of the following options:**

   If the second or subsequent clearinghouse needs to assign their own TRN segment they may replace the received TRN segment belonging to the sending clearinghouse with their own TRN segment. Upon returning a 278 response to the sending clearinghouse, they must remove their TRN segment and replace it with the sending clearinghouse's TRN segment.

   If the second or subsequent clearinghouse does not need to assign their own TRN segment, they should merely pass all TRN segments received in the 278 request in the 278 response transaction.

4. **If the 278 request passes through a clearinghouse that adds their own TRN in addition to a requester TRN, the clearinghouse will receive a response from the UMO containing two TRN segments that contain the value "2" (Referenced Transaction Trace Number) in TRN01. If the UMO has assigned a TRN, the UMO's TRN will contain the value "1" (Current Transaction Trace Number) in TRN01. If the clearinghouse chooses to pass their own TRN values to the requester, the clearinghouse must change the value in their TRN01 to "1" because, from the requester's perspective, this is not a referenced transaction trace number.**

Example: **TRN*2*2001042801*9012345678*CARDIOLOGY~**

STANDARD

TRN Trace

Level: Detail

Position: 020

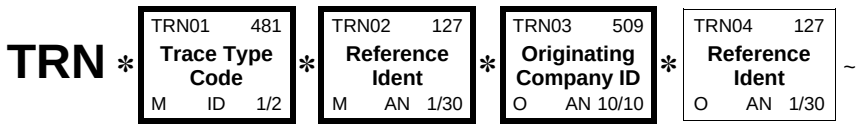
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To uniquely identify a transaction to an application

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**TRN01**	**481**	**Trace Type Code** Code identifying which transaction is being referenced	**M ID 1/2**

CODE	DEFINITION
1	**Current Transaction Trace Numbers** **The term "Current Transaction Trace Number" refers to the trace number assigned by the creator of the 278 response transaction (the UMO).**
2	**Referenced Transaction Trace Numbers** **The term "Referenced Transaction Trace Number" refers to the trace number originally sent in the 278 request transaction.**

REQUIRED	**TRN02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	**M AN 1/30**

INDUSTRY: ***Patient Event Tracking Number***

SEMANTIC: TRN02 provides unique identification for the transaction.

REQUIRED	**TRN03**	**509**	**Originating Company Identifier** A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9	**O AN 10/10**

INDUSTRY: ***Trace Assigning Entity Identifier***

SEMANTIC: TRN03 identifies an organization.

Use this element to identify the organization that assigned this trace number. If TRN01 is "2", this is the value received in the original 278 request transaction. If TRN01 is "1", use this information to identify the UMO organization that assigned this trace number.

The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.

SITUATIONAL	**TRN04**	**127**	**Reference Identification**	**O**	**AN**	**1/30**

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

INDUSTRY: ***Trace Assigning Entity Additional Identifier***

SEMANTIC: TRN04 identifies a further subdivision within the organization.

Use this information if necessary to further identify a specific component, such as a specific division or group, of the company identified in the previous data element (TRN03).

IMPLEMENTATION

DEPENDENT DIAGNOSIS

Loop: 2000D — DEPENDENT LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes:

Text Revised

1. **Required if valued on the request and used by the UMO to render a decision. If the response has not been rendered and this segment is used to request additional information associated with a specific diagnosis, place the specific diagnosis code in the HI C022 composite that precedes the HI C022 composite(s) containing the LOINC. If the original request contained more than six diagnosis codes and you are using LOINC to request additional information for each of these diagnosis codes or if you need to specify multiple questions/LOINC codes per diagnosis you cannot exceed the limit of 12 occurrences of the C022 composite.**

2. **It is recommended that the UMO retain the diagnosis information carried on the request for use in subsequent health care service review inquiries and notifications related to the original request.**

New Note 3. Added

3. **The UMO can use each occurrence of the Health Care Code Information composite (C022) to specify codes that identify the specific information that the UMO requires from the provider to complete the medical review. In the C022 composite, data elements 1270 and 1271 support the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINC®) List. These codes identify high-level health care information groupings, specific data elements, and associated modifiers.**

   The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.

   Refer to Section 2.2.5 of this guide for more information on requesting additional information in the 278 response.

Example: **HI*BF:41090~**

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 080

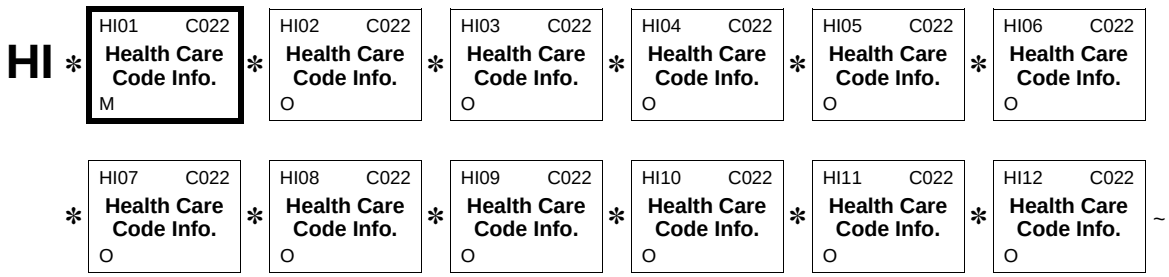
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HI01**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Diagnosis 1***	**M**
REQUIRED	**HI01 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list *INDUSTRY:* ***Diagnosis Type Code***	**M ID 1/3**

CODE	DEFINITION
BF	**Diagnosis** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
BJ	**Admitting Diagnosis** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
BK	**Principal Diagnosis** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
New Code Added → **LOI**	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.** **CODE SOURCE 663:** Logical Observation Identifier Names and Codes (LOINC)

REQUIRED	**HI01 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Diagnosis Code***	**M AN 1/30**

SITUATIONAL **HI01 - 3** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI01 - 4** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI01 - 5** **782** **Monetary Amount** **O** **R** **1/18**

NOT USED **HI01 - 6** **380** **Quantity** **O** **R** **1/15**

NOT USED **HI01 - 7** **799** **Version Identifier** **O** **AN** **1/30**

SITUATIONAL **HI02** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 2***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI02 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
BJ	**Admitting Diagnosis**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE **663:** Logical Observation Identifier Names and Codes (LOINC)

New Code Value

REQUIRED **HI02 - 2** **1271** **Industry Code** **M** **AN** **1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	HI02 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL	HI02 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED	HI02 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI02 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI02 - 7		799	**Version Identifier**	O	AN	1/30
SITUATIONAL	HI03	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	O		

ALIAS: ***Diagnosis 3***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED	HI03 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.** CODE SOURCE **663:** Logical Observation Identifier Names and Codes (LOINC)

New Code Value

REQUIRED	HI03 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	HI03 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

Required if X12N syntax conditions apply.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL	HI03 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED	HI03 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI03 - 6		380	**Quantity**	O	R	1/15
NOT USED	HI03 - 7		799	**Version Identifier**	O	AN	1/30
SITUATIONAL	HI04	C022		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	O		

ALIAS: ***Diagnosis 4***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED	HI04 - 1		1270	**Code List Qualifier Code** Code identifying a specific industry code list	M	ID	1/3

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.** **CODE SOURCE 663:** Logical Observation Identifier Names and Codes (LOINC)

New Code Value

REQUIRED	HI04 - 2		1271	**Industry Code** Code indicating a code from a specific industry code list	M	AN	1/30

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	HI04 - 3		1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

Required if X12N syntax conditions apply.

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

SITUATIONAL	HI04 - 4		1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED	HI04 - 5		782	**Monetary Amount**	O	R	1/18
NOT USED	HI04 - 6		380	**Quantity**	O	R	1/15

NOT USED	**HI04 - 7**		**799**	**Version Identifier**	**O**	**AN**	**1/30**
SITUATIONAL	**HI05**	**C022**	**HEALTH CARE CODE INFORMATION**		**O**		

To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 5***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED	**HI05 - 1**	**1270**	**Code List Qualifier Code**	**M**	**ID**	**1/3**

Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE **663:** Logical Observation Identifier Names and Codes (LOINC)

New Code Value

REQUIRED	**HI05 - 2**	**1271**	**Industry Code**	**M**	**AN**	**1/30**

Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	**HI05 - 3**	**1250**	**Date Time Period Format Qualifier**	**X**	**ID**	**2/3**

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

Required if X12N syntax conditions apply.

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

SITUATIONAL	**HI05 - 4**	**1251**	**Date Time Period**	**X**	**AN**	**1/35**

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

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED	**HI05 - 5**	**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI05 - 6**	**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI05 - 7**	**799**	**Version Identifier**	**O**	**AN**	**1/30**

SITUATIONAL	**HI06**	**C022**	**HEALTH CARE CODE INFORMATION**	**O**		
			To send health care codes and their associated dates, amounts and quantities			
			ALIAS: ***Diagnosis 6***			
			Required if valued on the request and used by the UMO to render a decision.			
REQUIRED	**HI06 - 1**		**1270 Code List Qualifier Code**	**M**	**ID**	**1/3**
			Code identifying a specific industry code list			
			INDUSTRY: ***Diagnosis Type Code***			
			CODE: **BF** — DEFINITION: **Diagnosis**			
			CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
New Code Value →			**LOI** — **Logical Observation Identifier Names and Codes (LOINC) Codes**			
			The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.			
			See Section 2.2.5 for information on using LOINC to request additional information.			
			CODE SOURCE **663:** Logical Observation Identifier Names and Codes (LOINC)			
REQUIRED	**HI06 - 2**		**1271 Industry Code**	**M**	**AN**	**1/30**
			Code indicating a code from a specific industry code list			
			INDUSTRY: ***Diagnosis Code***			
SITUATIONAL	**HI06 - 3**		**1250 Date Time Period Format Qualifier**	**X**	**ID**	**2/3**
			Code indicating the date format, time format, or date and time format			
			Required if X12N syntax conditions apply.			
			CODE: **D8** — DEFINITION: **Date Expressed in Format CCYYMMDD**			
SITUATIONAL	**HI06 - 4**		**1251 Date Time Period**	**X**	**AN**	**1/35**
			Expression of a date, a time, or range of dates, times or dates and times			
			INDUSTRY: ***Diagnosis Date***			
			Use only when the date diagnosed is known.			
NOT USED	**HI06 - 5**		**782 Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI06 - 6**		**380 Quantity**	**O**	**R**	**1/15**
NOT USED	**HI06 - 7**		**799 Version Identifier**	**O**	**AN**	**1/30**
SITUATIONAL	**HI07**	**C022**	**HEALTH CARE CODE INFORMATION**	**O**		
			To send health care codes and their associated dates, amounts and quantities			
			ALIAS: ***Diagnosis 7***			
			Required if valued on the request and used by the UMO to render a decision.			

REQUIRED **HI07 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

New Code Value

REQUIRED **HI07 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI07 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI07 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI07 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI07 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI07 - 7** **799** **Version Identifier** **O AN 1/30**

SITUATIONAL **HI08** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 8***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED	**HI08 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

New Code Value

REQUIRED	**HI08 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	**HI08 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**

Required if X12N syntax conditions apply.

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

SITUATIONAL	**HI08 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED	**HI08 - 5**	**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI08 - 6**	**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI08 - 7**	**799**	**Version Identifier**	**O**	**AN**	**1/30**

SITUATIONAL	**HI09**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**		

ALIAS: ***Diagnosis 9***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI09 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

New Code Value

REQUIRED **HI09 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI09 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI09 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI09 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI09 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI09 - 7** **799** **Version Identifier** **O AN 1/30**

SITUATIONAL **HI10** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 10***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED **HI10 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

New Code Value

REQUIRED **HI10 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Diagnosis Code***

SITUATIONAL **HI10 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI10 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED **HI10 - 5** **782** **Monetary Amount** **O R 1/18**

NOT USED **HI10 - 6** **380** **Quantity** **O R 1/15**

NOT USED **HI10 - 7** **799** **Version Identifier** **O AN 1/30**

SITUATIONAL **HI11** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Diagnosis 11***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED	**HI11 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

New Code Value

REQUIRED	**HI11 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	**HI11 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**

Required if X12N syntax conditions apply.

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

SITUATIONAL	**HI11 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED	**HI11 - 5**	**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI11 - 6**	**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI11 - 7**	**799**	**Version Identifier**	**O**	**AN**	**1/30**

SITUATIONAL	**HI12**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**		

ALIAS: ***Diagnosis 12***

Required if valued on the request and used by the UMO to render a decision.

REQUIRED	**HI12 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

INDUSTRY: ***Diagnosis Type Code***

CODE	DEFINITION
BF	**Diagnosis**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

New Code Value

REQUIRED	**HI12 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**

INDUSTRY: ***Diagnosis Code***

SITUATIONAL	**HI12 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**

Required if X12N syntax conditions apply.

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

SITUATIONAL	**HI12 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**

INDUSTRY: ***Diagnosis Date***

Use only when the date diagnosed is known.

NOT USED	**HI12 - 5**	**782**	**Monetary Amount**	**O**	**R**	**1/18**
NOT USED	**HI12 - 6**	**380**	**Quantity**	**O**	**R**	**1/15**
NOT USED	**HI12 - 7**	**799**	**Version Identifier**	**O**	**AN**	**1/30**

IMPLEMENTATION

ADDITIONAL PATIENT INFORMATION

Loop: 2000D — DEPENDENT LEVEL

Usage: SITUATIONAL

Repeat: 10

Notes:

1. The UMO can use this PWK segment on the response to request additional patient information. If the UMO has pended the decision on this health care services review request (HCR01 = A4) because additional medical necessity information is required (HCR03 = 90), the UMO can use this segment to identify the type of documentation needed such as forms that the provider must complete. The UMO can also indicate what medium it has used to send these forms.

2. Paperwork requested at the patient level should apply to the patient event and/or all the services requested. Use the PWK segment in the appropriate Service loop if requesting medical necessity information for a specific service.

3. This PWK segment is required to identify requests for specific data that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or using LOINC in the HI segments of the response. PWK06 is used to identify the attached electronic questionnaire. The number in PWK06 should be referenced in the corresponding electronic attachment.

4. This PWK segment should not be used if
   a. the requester should have provided the information within the 278 request (ST-SE) but failed to do so. In this case the UMO should use the AAA segments in the 278 response to indicate the data that is missing or invalid.

   b. the 278 request (ST-SE) does not support this information and the needed information pertains to a specific service identified in Loop 2000F and not to all the services requested.

   Refer to Section 2.2.5 for more information on using this segment.

Example: PWK*OB*BM***AC*DMN0012~

STANDARD

PWK Paperwork

Level: Detail

Position: 155

Loop: HL

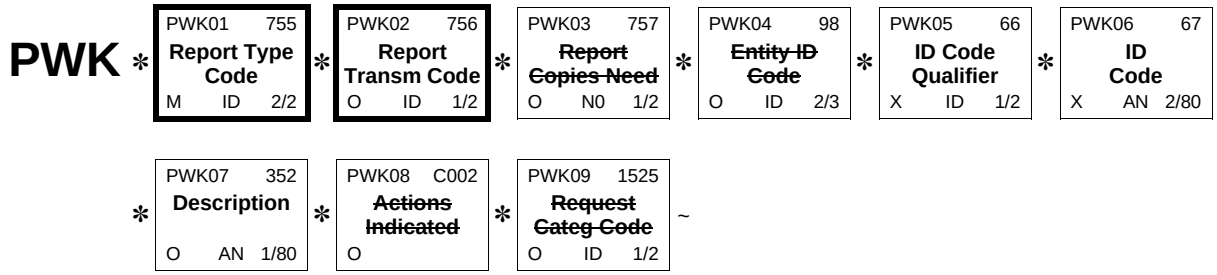
Requirement: Optional

Max Use: >1

Purpose: To identify the type or transmission or both of paperwork or supporting information

Syntax: **1. P0506**
If either PWK05 or PWK06 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PWK01**	**755**	**Report Type Code** Code indicating the title or contents of a document, report or supporting item	**M ID 2/2**

INDUSTRY: ***Attachment Report Type Code***

CODE	DEFINITION
03	**Report Justifying Treatment Beyond Utilization Guidelines**
04	**Drugs Administered**
05	**Treatment Diagnosis**
06	**Initial Assessment**
07	**Functional Goals** **Expected outcomes of rehabilitative services.**
08	**Plan of Treatment**
09	**Progress Report**
10	**Continued Treatment**
11	**Chemical Analysis**
13	**Certified Test Report**
15	**Justification for Admission**
21	**Recovery Plan**
48	**Social Security Benefit Letter**
55	**Rental Agreement** **Use for medical or dental equipment rental.**
59	**Benefit Letter**

77	Support Data for Verification
A3	Allergies/Sensitivities Document
A4	Autopsy Report
AM	Ambulance Certification Information to support necessity of ambulance trip.
AS	Admission Summary A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital.
AT	Purchase Order Attachment Use for purchase of medical or dental equipment.
B2	Prescription
B3	Physician Order
BR	Benchmark Testing Results
BS	Baseline
BT	Blanket Test Results
CB	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment.
CK	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes

OB	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
P7	Periodontal Reports
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
QC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

REQUIRED **PWK02** **756** **Report Transmission Code** **O ID 1/2**

Code defining timing, transmission method or format by which reports are to be sent

INDUSTRY: ***Attachment Transmission Code***

CODE	DEFINITION
BM	By Mail
EL	Electronically Only Use to indicate that attachment is being transmitted in a separate X12 functional group.

			EM	**E-Mail**			
			FX	**By Fax**			
			VO	**Voice** **Use this for voicemail or phone communication.**			
NOT USED	**PWK03**	**757**	**Report Copies Needed**		**O**	**N0**	**1/2**
NOT USED	**PWK04**	**98**	**Entity Identifier Code**		**O**	**ID**	**2/3**
SITUATIONAL	**PWK05**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) **SYNTAX:** P0506 **COMMENT:** PWK05 and PWK06 may be used to identify the addressee by a code number. **This data element is required when PWK02 DOES NOT equal "VO".**		**X**	**ID**	**1/2**
			CODE	**DEFINITION**			
			AC	**Attachment Control Number**			
SITUATIONAL	**PWK06**	**67**	**Identification Code** Code identifying a party or other code ***INDUSTRY:* *Attachment Control Number*** **SYNTAX:** P0506 **Required if PWK02 equals BM, EL, EM or FX.**		**X**	**AN**	**2/80**
SITUATIONAL	**PWK07**	**352**	**Description** A free-form description to clarify the related data elements and their content ***INDUSTRY:* *Attachment Description*** **COMMENT:** PWK07 may be used to indicate special information to be shown on the specified report. **This data element is used to add any additional information about the attachment described in this segment.**		**O**	**AN**	**1/80**
NOT USED	**PWK08**	**C002**	**ACTIONS INDICATED**		**O**		
NOT USED	**PWK09**	**1525**	**Request Category Code**		**O**	**ID**	**1/2**

IMPLEMENTATION

DEPENDENT NAME

Loop: **2010DA — DEPENDENT NAME** **Repeat:** **1**

Loop ID Changed

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **Use this segment to convey the name of the dependent who is the patient.**

2. **NM108 and NM109 are situational on the response but Not Used on the request. This enables the UMO to return a unique member ID for the dependent that was not known to the requester at the time of the request. Normally, if the dependent has a unique member ID, Loop 2000D is not used.**

Example: **NM1*QC*1*SMITH*MARY~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 170

Loop: HL/NM1 **Repeat:** >1

Requirement: Optional

Max Use: 1

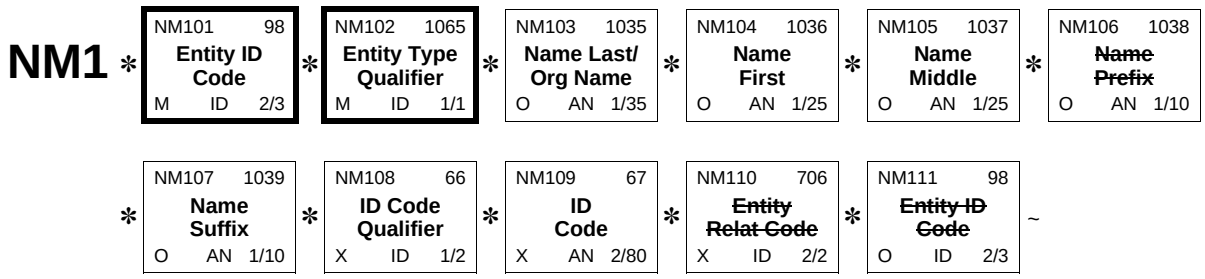
Purpose: To supply the full name of an individual or organizational entity

Syntax:

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

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

DIAGRAM



Loop ID Changed

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE: QC — DEFINITION: Patient	M ID 2/3
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE: 1 — DEFINITION: Person	M ID 1/1
SITUATIONAL	NM103	1035	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY:* ***Dependent Last Name*** **Required if valued on the request.**	O AN 1/35
SITUATIONAL	NM104	1036	**Name First** Individual first name *INDUSTRY:* ***Dependent First Name*** **Required if valued on the request.**	O AN 1/25
SITUATIONAL	NM105	1037	**Name Middle** Individual middle name or initial *INDUSTRY:* ***Dependent Middle Name*** **Use if NM104 is valued and the middle name/initial of the dependent is known.**	O AN 1/25
NOT USED	NM106	1038	**Name Prefix**	O AN 1/10
SITUATIONAL	NM107	1039	**Name Suffix** Suffix to individual name *INDUSTRY:* ***Dependent Name Suffix*** **Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.**	O AN 1/10
SITUATIONAL	NM108	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 CODE: MI — DEFINITION: **Member Identification Number** **Use this code for the payer-assigned identifier for the dependent, even if the payer calls its number a policy number, recipient number, HIC number, or some other synonym.** CODE: ZZ — DEFINITION: Mutually Defined	X ID 1/2

			The value "ZZ", when used in this data element, shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of Health and Human Services must adopt a standard individual identifier for use in this transaction.			
SITUATIONAL	**NM109**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Dependent Primary Identifier*** *ALIAS:* ***Dependent Member Number*** SYNTAX: P0809 **Value only if the dependent has a unique member ID that is known by the UMO. Under most circumstances, this data element is not used.**	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION Loop ID Changed

DEPENDENT SUPPLEMENTAL IDENTIFICATION

Loop: 2010DA — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 3

Notes:
1. **Use this segment when necessary to provide supplemental identifiers for the dependent.**
2. **If the requester valued this segment with the Patient Account Number (REF01 = "EJ") on the request, the UMO must return the same value in this segment on the response.**

Example: **REF*SY*123456789~**

STANDARD

REF Reference Identification

Level: Detail

Position: 180

Loop: HL/NM1

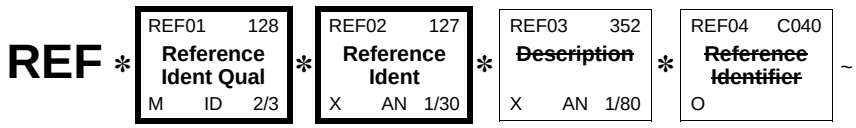
Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

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

DIAGRAM



ELEMENT SUMMARY

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

CODE	DEFINITION
A6	**Employee Identification Number**
EJ	**Patient Account Number**
SY	**Social Security Number** **The social security number may not be used for Medicare.**

Loop ID Changed

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

IMPLEMENTATION Loop ID Changed

DEPENDENT REQUEST VALIDATION

Loop: **2010DA — DEPENDENT NAME**

Usage: **SITUATIONAL**

Repeat: **9**

Notes: **1. Required only if the request is not valid at this level.**

Example: **AAA*N**67~**

STANDARD

AAA Request Validation

Level: Detail

Position: 230

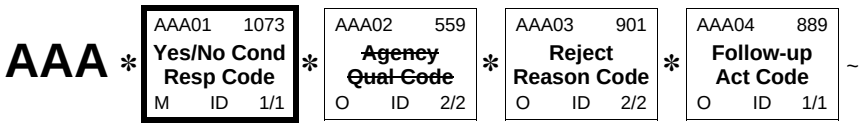
Loop: HL/NM1

Requirement: Optional

Max Use: 9

Purpose: To specify the validity of the request and indicate follow-up action authorized

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**AAA01**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Valid Request Indicator*** **SEMANTIC:** AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.	**M ID 1/1**

CODE	DEFINITION
N	**No**
Y	**Yes**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
NOT USED	**AAA02**	**559**	**Agency Qualifier Code**	**O ID 2/2**

SITUATIONAL	AAA03	901	**Reject Reason Code** Loop ID Changed Code assigned by issuer to identify reason for rejection	O	ID	2/2

Required if AAA01 = "N".

CODE	DEFINITION
15	**Required application data missing** **Use this code to indicate missing dependent relationship information.**
33	**Input Errors** **Use this code to indicate invalid dependent relationship information.**
58	**Invalid/Missing Date-of-Birth**
64	**Invalid/Missing Patient ID**
65	**Invalid/Missing Patient Name**
66	**Invalid/Missing Patient Gender Code**
67	**Patient Not Found**
68	**Duplicate Patient ID Number**
71	**Patient Birth Date Does Not Match That for the Patient on the Database**
77	**Subscriber Found, Patient Not Found**
95	**Patient Not Eligible**

SITUATIONAL	AAA04	889	**Follow-up Action Code** Code identifying follow-up actions allowed	O	ID	1/1

Required if AAA03 is present and indicates that the rejection is due to invalid or missing dependent or patient data.

CODE	DEFINITION
C	**Please Correct and Resubmit**
N	**Resubmission Not Allowed**

IMPLEMENTATION Loop ID Changed

DEPENDENT DEMOGRAPHIC INFORMATION

Loop: **2010DA — DEPENDENT NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Use this segment to convey birth date or gender demographic information about the dependent.**
2. **Required if the information is available in the UMO's database unless a rejection response was generated and the elements were not valued on the request.**

Example: **DMG*D8*19580322*M~**

STANDARD

DMG Demographic Information

Level: Detail

Position: 250

Loop: HL/NM1

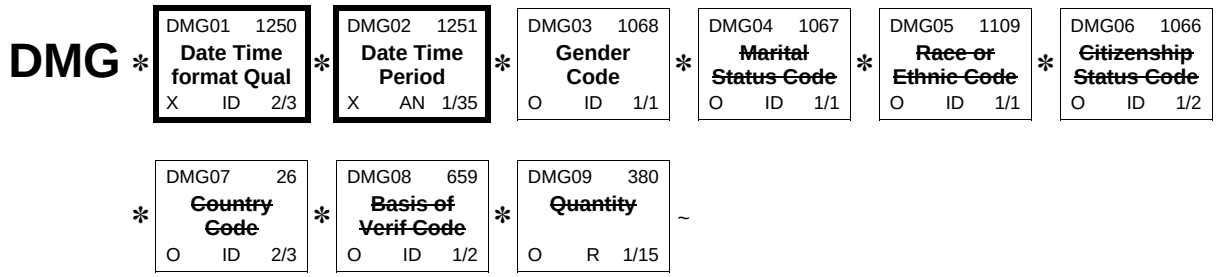
Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

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

DIAGRAM



ELEMENT SUMMARY

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

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

Loop ID Changed

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

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

IMPLEMENTATION Loop ID Changed

DEPENDENT RELATIONSHIP

Loop: **2010DA — DEPENDENT NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Use this segment to convey information on the relationship of the dependent to the insured.**
2. **Required if the information is available in the UMO's database unless a rejection response was generated and the elements were not valued on the request.**

Example: **INS*N*19~**

STANDARD

INS Insured Benefit

Level: Detail

Position: 260

Loop: HL/NM1

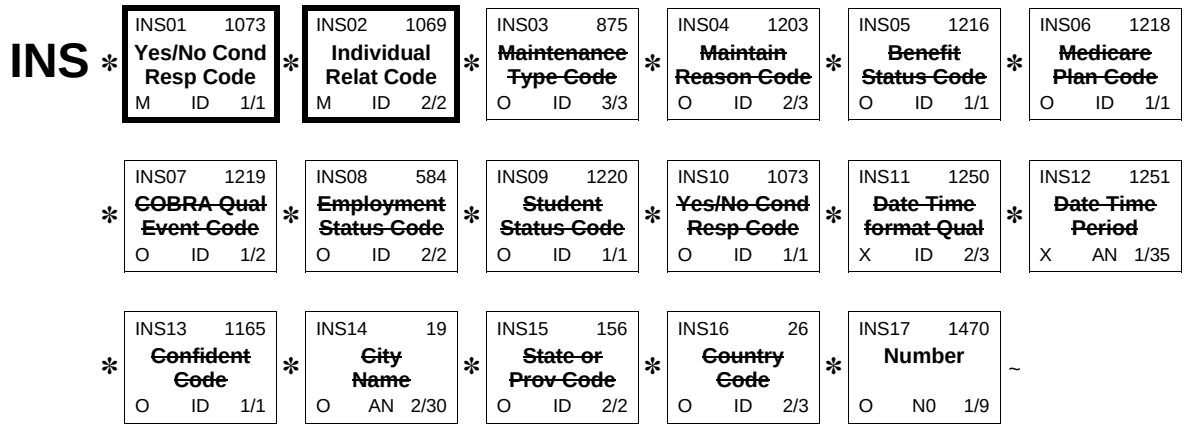
Requirement: Optional

Max Use: 1

Purpose: To provide benefit information on insured entities

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

DIAGRAM



Loop ID Changed

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	INS01	1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Insured Indicator*** **SEMANTIC:** INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber: an "N" value indicates the insured is a dependent.	M ID 1/1

CODE	DEFINITION
N	No

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	INS02	1069	**Individual Relationship Code** Code indicating the relationship between two individuals or entities *ALIAS:* ***Relationship to Insured***	M ID 2/2

CODE	DEFINITION
01	Spouse
04	Grandfather or Grandmother
05	Grandson or Granddaughter
07	Nephew or Niece
09	Adopted Child
10	Foster Child
15	Ward
17	Stepson or Stepdaughter
19	Child
20	Employee
21	Unknown
22	Handicapped Dependent
23	Sponsored Dependent
24	Dependent of a Minor Dependent
29	Significant Other
32	Mother
33	Father
34	Other Adult
39	Organ Donor
40	Cadaver Donor
41	Injured Plaintiff
43	Child Where Insured Has No Financial Responsibility

Loop ID Changed

			53 **Life Partner**			
			G8 **Other Relationship**			
NOT USED	INS03	875	Maintenance Type Code	O	ID	3/3
NOT USED	INS04	1203	Maintenance Reason Code	O	ID	2/3
NOT USED	INS05	1216	Benefit Status Code	O	ID	1/1
NOT USED	INS06	1218	Medicare Plan Code	O	ID	1/1
NOT USED	INS07	1219	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying	O	ID	1/2
NOT USED	INS08	584	Employment Status Code	O	ID	2/2
NOT USED	INS09	1220	Student Status Code	O	ID	1/1
NOT USED	INS10	1073	Yes/No Condition or Response Code	O	ID	1/1
NOT USED	INS11	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	INS12	1251	Date Time Period	X	AN	1/35
NOT USED	INS13	1165	Confidentiality Code	O	ID	1/1
NOT USED	INS14	19	City Name	O	AN	2/30
NOT USED	INS15	156	State or Province Code	O	ID	2/2
NOT USED	INS16	26	Country Code	O	ID	2/3
SITUATIONAL	INS17	1470	Number A generic number	O	N0	1/9

INDUSTRY: ***Birth Sequence Number***

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

This data element is not used unless the dependent is a child from a multiple birth.

IMPLEMENTATION

ADDITIONAL PATIENT INFORMATION CONTACT NAME

Loop: **2010DB — ADDITIONAL PATIENT INFORMATION CONTACT NAME**
Repeat: **1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this NM1 loop to identify the destination location to route the response for the requested additional patient information.**

2. **Use this NM1 loop only if**
   a. the response contains a request for additional patient information in loop 2000D

   b. the destination for the response to the request for additional patient information differs from the information specified in the UMO Name NM1 loop (Loop 2010A)

   c. the request for additional patient information is not transmitted in another X12 functional group

3. **Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.**

   Refer to Section 2.2.5 for more information on this NM1 loop.

Example: **NM1*2B*2*ACME THIRD PARTY ADMINISTRATOR~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 170

Loop: HL/NM1 **Repeat:** >1

Requirement: Optional

Max Use: 1

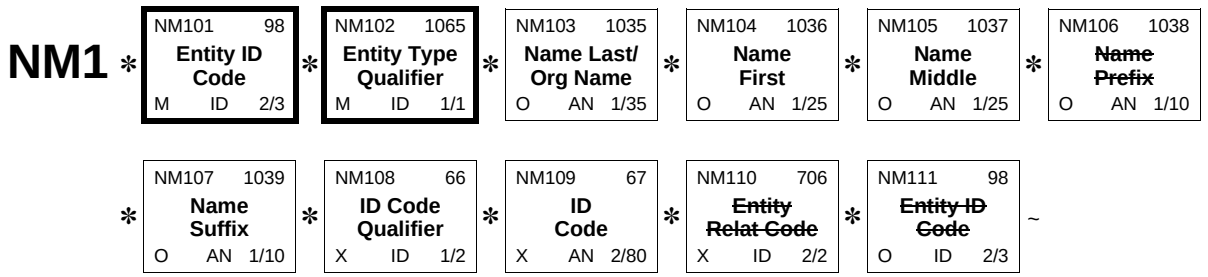
Purpose: To supply the full name of an individual or organizational entity

Syntax:

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

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

DIAGRAM



ELEMENT SUMMARY

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

CODE	DEFINITION
1P	**Provider**
2B	**Third-Party Administrator**
ABG	**Organization** **Use when the destination is an entity other than those listed.**
FA	**Facility**
PR	**Payer**
X3	**Utilization Management Organization**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity **SEMANTIC:** NM102 qualifies NM103.	**M ID 1/1**

CODE	DEFINITION
1	**Person** **Use this name only if the destination is an individual, such as an individual primary care physician.**
2	**Non-Person Entity**

SITUATIONAL	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name	**O**	**AN**	**1/35**

INDUSTRY: ***Response Contact Last or Organization Name***

Required if the responder needs to identify the destination by name.

SITUATIONAL	**NM104**	**1036**	**Name First** Individual first name	**O**	**AN**	**1/25**

INDUSTRY: ***Response Contact First Name***

Use if NM103 is valued and the destination is an individual (NM102 = 1), such as a primary care provider.

SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial	**O**	**AN**	**1/25**

INDUSTRY: ***Response Contact Middle Name***

Use if NM104 is present and the middle name/initial of the person is known.

NOT USED	**NM106**	**1038**	**Name Prefix**	**O**	**AN**	**1/10**
SITUATIONAL	**NM107**	**1039**	**Name Suffix** Suffix to individual name	**O**	**AN**	**1/10**

INDUSTRY: ***Response Contact Name Suffix***

Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.

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

SYNTAX: P0809

Required if the responder needs to use an identifier to identify the destination.

CODE	DEFINITION
24	**Employer's Identification Number**
34	**Social Security Number**
46	**Electronic Transmitter Identification Number (ETIN)**
PI	**Payor Identification** **Use until the National PlanID is mandated if the destination is a payer.**
XV	**Health Care Financing Administration National PlanID** ***Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.*** **Use if the destination is a payer.**

CODE SOURCE 540: Health Care Financing Administration National PlanID

			XX **Health Care Financing Administration National Provider Identifier** ***Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.*** **Use if the destination is a provider.**			
SITUATIONAL	**NM109**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Response Contact Identifier*** **SYNTAX:** P0809 **Required if NM108 is used.**	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

ADDITIONAL PATIENT INFORMATION CONTACT ADDRESS

Loop: **2010DB — ADDITIONAL PATIENT INFORMATION CONTACT NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **This segment identifies the office location to route the response to the request for additional patient information.**
2. **Use this segment only if the response to the request for additional patient information must be routed to a specific office location.**
3. **Do not use if the request for additional patient information is in another X12 functional group.**

Example: **N3*43 SUNRISE BLVD*SUITE 1000~**

STANDARD

N3 Address Information

Level: Detail

Position: 200

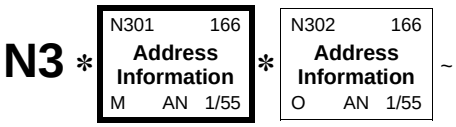
Loop: HL/NM1

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**N301**	**166**	**Address Information** Address information	**M**	**AN**	**1/55**
			INDUSTRY: ***Response Contact Address Line***			
			Use this element for the first line of the requester's address.			
SITUATIONAL	**N302**	**166**	**Address Information** Address information	**O**	**AN**	**1/55**
			INDUSTRY: ***Response Contact Address Line***			
			Required only if a second address line exists.			

IMPLEMENTATION

ADDITIONAL PATIENT INFORMATION CONTACT CITY/STATE/ZIP CODE

Loop: 2010DB — ADDITIONAL PATIENT INFORMATION CONTACT NAME

Usage: SITUATIONAL

Repeat: 1

Notes:

1. **This segment identifies the office location to route the response to the request for additional patient information.**
2. **Use this segment only if the subscriber is the patient and the response to the request for additional patient information must be routed to a specific office location.**
3. **Do not use if the request for additional patient information is in another X12 functional group.**

Example: N4*MIAMI*FL*33131**DP*UTILIZATION REVIEW DEPT~

STANDARD

N4 Geographic Location

Level: Detail

Position: 210

Loop: HL/NM1

Requirement: Optional

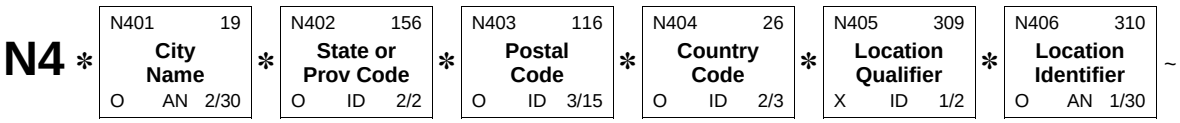
Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax:

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	N401	19	**City Name** Free-form text for city name *INDUSTRY:* ***Response Contact City Name*** COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. **Use when necessary to provide this data as part of the response contact location identification.**	O AN 2/30

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

INDUSTRY: ***Response Contact State or Province Code***

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

CODE SOURCE 22: States and Outlying Areas of the U.S.

Use when necessary to provide this data as part of the response contact location identification.

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

INDUSTRY: ***Response Contact Postal Zone or ZIP Code***

CODE SOURCE 51: ZIP Code

Use when necessary to provide this data as part of the response contact location identification.

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

INDUSTRY: ***Response Contact Country Code***

CODE SOURCE 5: Countries, Currencies and Funds

Use only if the address is out of the U.S.

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

SYNTAX: C0605

Required if N406 is valued.

CODE	DEFINITION
B1	**Branch**
DP	**Department**

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

INDUSTRY: ***Response Contact Specific Information***

SYNTAX: C0605

Required if N405 is valued.

Value this field if the response to the request for additional information must be directed to a particular domain.

IMPLEMENTATION

ADDITIONAL PATIENT INFORMATION CONTACT INFORMATION

Loop: **2010DB — ADDITIONAL PATIENT INFORMATION CONTACT NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Required if the provider must direct the response to the request for additional patient information to a specific requester contact, electronic mail, facsimile, or phone number other than the contact provided in the PER segment in the UMO Name loop (Loop 2010A) PER segment of this 278 response.**

2. **Do not use if the request for additional patient information is in another X12 functional group.**

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

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

Example: **PER*IC*MARY*FX*3135554321~**

STANDARD

PER Administrative Communications Contact

Level: Detail

Position: 220

Loop: HL/NM1

Requirement: Optional

Max Use: 3

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

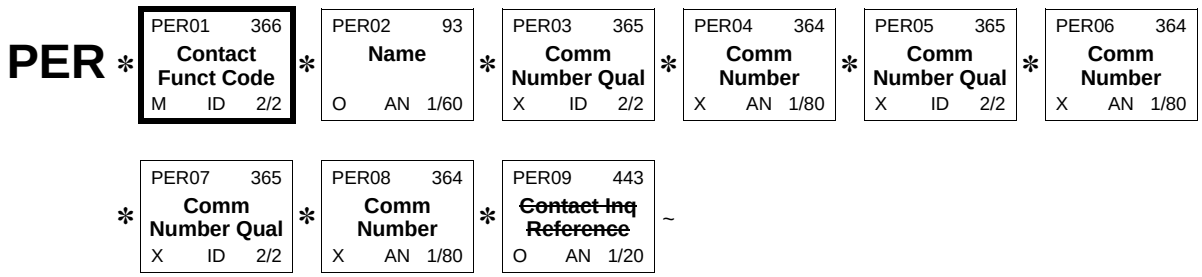
Syntax:

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

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

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PER01**	**366**	**Contact Function Code** Code identifying the major duty or responsibility of the person or group named	**M ID 2/2**
			CODE: **IC** — DEFINITION: **Information Contact**	
SITUATIONAL	**PER02**	**93**	**Name** Free-form name	**O AN 1/60**
			INDUSTRY: ***Response Contact Name***	
			Used only when response must be directed to a particular contact.	
			Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).	
SITUATIONAL	**PER03**	**365**	**Communication Number Qualifier** Code identifying the type of communication number	**X ID 2/2**
			SYNTAX: P0304	
			Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.	
			CODE: **EM** — DEFINITION: **Electronic Mail**	
			CODE: **FX** — DEFINITION: **Facsimile**	
			CODE: **TE** — DEFINITION: **Telephone**	
SITUATIONAL	**PER04**	**364**	**Communication Number** Complete communications number including country or area code when applicable	**X AN 1/80**
			INDUSTRY: ***Response Contact Communication Number***	
			SYNTAX: P0304	
			Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.	

SITUATIONAL	**PER05**	**365**	**Communication Number Qualifier** Code identifying the type of communication number **SYNTAX:** P0506 **Used only when the telephone extension or multiple communication types are available.**	**X**	**ID**	**2/2**

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

SITUATIONAL	**PER06**	**364**	**Communication Number** Complete communications number including country or area code when applicable ***INDUSTRY:* *Response Contact Communication Number*** **SYNTAX:** P0506 **Used only when the telephone extension or multiple communication types are available.**	**X**	**AN**	**1/80**
SITUATIONAL	**PER07**	**365**	**Communication Number Qualifier** Code identifying the type of communication number **SYNTAX:** P0708 **Used only when the telephone extension or multiple communication types are available.**	**X**	**ID**	**2/2**

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

SITUATIONAL	**PER08**	**364**	**Communication Number** Complete communications number including country or area code when applicable ***INDUSTRY:* *Response Contact Communication Number*** **SYNTAX:** P0708 **Used only when the telephone extension or multiple communication types are available.**	**X**	**AN**	**1/80**
NOT USED	**PER09**	**443**	**Contact Inquiry Reference**	**O**	**AN**	**1/20**

IMPLEMENTATION

HEALTH CARE SERVICES REVIEW

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes:

1. **Use this segment to provide review outcome information and an associated reference number.**

2. **Required if the UMO has reviewed the request. If the UMO was unable to review the request due to missing or invalid application data at this level, the UMO must return a 278 response containing a AAA segment at this level.**

3. **If Loop 2000F is present, either the AAA segment or the HCR segment must be returned.**

New Note 4. Added

4. **If the review outcome is pending additional medical information and the 278 response includes a request for additional information using either a PWK segment or an HI segment that specifies LOINC values, then the associated HCR segment must be valued with HCR01 = A4 (pended) and HCR03 = 90 (Requested Information Not Received)**

   Refer to Section 2.2.5 for more information.

Example: HCR*A1*19950713~

STANDARD

HCR Health Care Services Review

Level: Detail

Position: 050

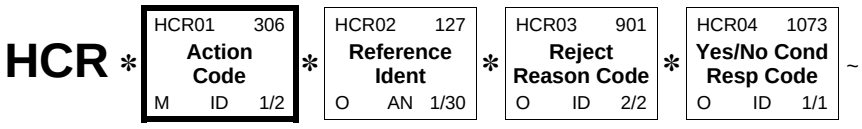
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To specify the outcome of a health care services review

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HCR01	306	**Action Code** Code indicating type of action *ALIAS:* ***Certification Action Code***	M ID 1/2

CODE	DEFINITION
A1	Certified in total
A3	Not Certified
A4	Pended
A6	Modified
CT	Contact Payer
NA	No Action Required Use only if certification is not required.

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	HCR02	127	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Certification Number*** **SEMANTIC:** HCR02 is the number assigned by the information source to this review outcome. **Required if HCR01 = A1 or A6.**	O AN 1/30
SITUATIONAL	HCR03	901	**Reject Reason Code** Code assigned by issuer to identify reason for rejection **Required if HCR01 = A3 or A4. Use to indicate the primary reason for the code assigned in HCR01.**	O ID 2/2

CODE	DEFINITION
35	Out of Network
36	Testing not Included
37	Request Forwarded To and Decision Response Forthcoming From an External Review Organization
41	Authorization/Access Restrictions Use to indicate that the service requested requires PCP authorization.
53	Inquired Benefit Inconsistent with Provider Type
69	Inconsistent with Patient's Age
70	Inconsistent with Patient's Gender
82	Not Medically Necessary
83	Level of Care Not Appropriate
84	Certification Not Required for this Service

85	Certification Responsibility of External Review Organization
86	Primary Care Service
87	Exceeds Plan Maximums
88	Non-covered Service Use for services not covered by the patient's plan such as Worker's Compensation or Auto Accident.
89	No Prior Approval
90	Requested Information Not Received Use with HCR01 = A4 to indicate that the review outcome is pending additional medical necessity information.
91	Duplicate Request
92	Service Inconsistent with Diagnosis
96	Pre-existing Condition
98	Experimental Service or Procedure
E8	Requires Medical Review Use to indicate that a review by medical personnel is necessary.

New Note Added

SITUATIONAL **HCR04** **1073** **Yes/No Condition or Response Code** **O** **ID** **1/1**

Code indicating a Yes or No condition or response

INDUSTRY: ***Second Surgical Opinion Indicator***

SEMANTIC: HCR04 is the second surgical opinion indicator. A "Y" value indicates a second surgical opinion is required; an "N" value indicates a second surgical opinion is not required for this request.

Use when certification pertains to a surgical procedure and the contract under which the patient is covered has provisions regarding a second surgical opinion.

CODE	DEFINITION
N	No
Y	Yes

IMPLEMENTATION

PROCEDURES

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes:

1. **Use this segment for specific services and procedures.**

2. **Required if the UMO authorizes specific procedure codes.**

New Note 3. Added

3. **The UMO can use each occurrence of the Health Care Code Information composite (C022) to specify codes that identify the specific information that the UMO requires from the provider to complete the medical review. In the C022 composite, data elements 1270 and 1271 support the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINC®) List. These codes identify high-level health care information groupings, specific data elements, and associated modifiers.**

   The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.

New Note Added

4. **If this segment is used to request additional information associated with a specific procedure, place the specific procedure code in the HI C022 composite that precedes the HI C022 composite(s) containing the LOINC. If the original request contained more than six procedure codes and you are using LOINC to request additional information for each of these procedure codes or if you need to specify multiple questions/LOINC codes per procedure you cannot exceed the limit of 12 occurrences of the C022 composite in this HI segment. If necessary, use additional occurrences of Loop 2000F.**

   Refer to Section 2.2.5 of this guide for more information on requesting additional information.

Example: **HI*BO:490000:D8:19980121::1~**

STANDARD

HI Health Care Information Codes

Level: Detail

Position: 080

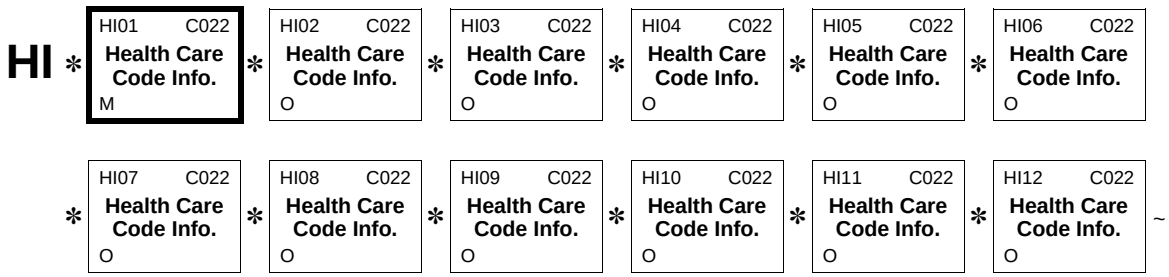
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HI01**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities *ALIAS:* ***Procedure Code 1***	**M**
REQUIRED	**HI01 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M ID 1/3**

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.** **CODE SOURCE 130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure** **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System** **CODE SOURCE 135:** American Dental Association Codes
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.** **CODE SOURCE 663:** Logical Observation Identifier Names and Codes (LOINC)

New Code Added

			NDC	**National Drug Code (NDC)**			
				CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format			
			ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**			
New Note Added				**This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.**			
REQUIRED	**HI01 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list		**M**	**AN**	**1/30**
			INDUSTRY: ***Procedure Code***				
			Procedure Code identifying the service.				
SITUATIONAL	**HI01 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format		**X**	**ID**	**2/3**
			Required if X12N syntax conditions apply.				
			CODE	DEFINITION			
			D8	**Date Expressed in Format CCYYMMDD**			
			RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**			
SITUATIONAL	**HI01 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times		**X**	**AN**	**1/35**
			INDUSTRY: ***Procedure Date***				
			Required if proposed or actual procedure date is known.				
SITUATIONAL	**HI01 - 5**	**782**	**Monetary Amount** Monetary amount		**O**	**R**	**1/18**
Usage Changed Industry Name Added			*INDUSTRY:* ***Procedure Monetary Amount***				
Note Added			**Use if the UMO has approved the health care service with monetary limitations.**				
SITUATIONAL	**HI01 - 6**	**380**	**Quantity** Numeric value of quantity		**O**	**R**	**1/15**
			INDUSTRY: ***Procedure Quantity***				
			Required if requesting authorization for more than one occurrence of the procedure identified in HI01-2 for the same time period.				
SITUATIONAL	**HI01 - 7**	**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm		**O**	**AN**	**1/30**
			INDUSTRY: ***Version, Release, or Industry Identifier***				
			Required if the code list referenced in HI01-1 has a version identifier. Otherwise Not Used.				

SITUATIONAL **HI02** **C022** **HEALTH CARE CODE INFORMATION** **O**

To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 2***

Use this for the second procedure.

REQUIRED **HI02 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**

Code identifying a specific industry code list

New Code Added

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE **663:** Logical Observation Identifier Names and Codes (LOINC)
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**

New Note Added

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.

REQUIRED **HI02 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI02 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI02 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

SITUATIONAL **HI02 - 5** **782** **Monetary Amount** **O R 1/18**
Monetary amount

Usage Changed
Industry Name Added
Note Added

INDUSTRY: ***Procedure Monetary Amount***

Use if the UMO has approved the health care service with monetary limitations.

SITUATIONAL **HI02 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI02-2 for the same time period.

SITUATIONAL **HI02 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI02-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI03** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 3***

Use this for the third procedure.

REQUIRED **HI03 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
ABR	Assigned by Receiver Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.

New Code Added

	BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
		CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
	BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
		CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
	JP	**National Standard Tooth Numbering System**
		CODE SOURCE **135:** American Dental Association Codes
New Code Added	**LOI**	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
		CODE SOURCE **663:** Logical Observation Identifier Names and Codes (LOINC)
	NDC	**National Drug Code (NDC)**
		CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
	ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**
New Note Added		**This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.**

REQUIRED **HI03 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI03 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI03 - 4** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

SITUATIONAL **HI03 - 5** **782** **Monetary Amount** **O** **R** **1/18**
Monetary amount

Usage Changed
Industry Name Added
Note Added

INDUSTRY: ***Procedure Monetary Amount***

Use if the UMO has approved the health care service with monetary limitations.

SITUATIONAL **HI03 - 6** **380** **Quantity** **O** **R** **1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI03-2 for the same time period.

SITUATIONAL **HI03 - 7** **799** **Version Identifier** **O** **AN** **1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI03-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI04** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 4***

Use this for the fourth procedure.

REQUIRED **HI04 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**
Code identifying a specific industry code list

CODE	DEFINITION
New Code Added → **ABR**	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes

New Code Added

	LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
		CODE SOURCE **663:** Logical Observation Identifier Names and Codes (LOINC)
	NDC	**National Drug Code (NDC)**
		CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
	ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**

New Note Added

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.

REQUIRED **HI04 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI04 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI04 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

SITUATIONAL **HI04 - 5** **782** **Monetary Amount** **O R 1/18**
Monetary amount

Usage Changed
Industry Name Added

INDUSTRY: ***Procedure Monetary Amount***

Note Added

Use if the UMO has approved the health care service with monetary limitations.

SITUATIONAL **HI04 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI04-2 for the same time period.

SITUATIONAL **HI04 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI04-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI05** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 5***

Use this for the fifth procedure.

REQUIRED **HI05 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

New Code Added

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE 135: American Dental Association Codes
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)
NDC	**National Drug Code (NDC)**
	CODE SOURCE 134: National Drug Code

CODE SOURCE **240:** National Drug Code by Format

			ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**				
New Note Added				**This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.**				
REQUIRED	**HI05 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Procedure Code***		**M**	**AN**	**1/30**
SITUATIONAL	**HI05 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**		**X**	**ID**	**2/3**
			CODE	**DEFINITION**			
			D8	**Date Expressed in Format CCYYMMDD**			
			RD8	**Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD**			
SITUATIONAL	**HI05 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Procedure Date*** **Required if proposed or actual procedure date is known.**		**X**	**AN**	**1/35**
SITUATIONAL	**HI05 - 5**	**782**	**Monetary Amount** Monetary amount		**O**	**R**	**1/18**
Usage Changed Industry Name Added			*INDUSTRY:* ***Procedure Monetary Amount***				
Note Added			**Use if the UMO has approved the health care service with monetary limitations.**				
SITUATIONAL	**HI05 - 6**	**380**	**Quantity** Numeric value of quantity *INDUSTRY:* ***Procedure Quantity*** **Required if requesting authorization for more than one occurrence of the procedure identified in HI05-2 for the same time period.**		**O**	**R**	**1/15**
SITUATIONAL	**HI05 - 7**	**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm *INDUSTRY:* ***Version, Release, or Industry Identifier*** **Required if the code list referenced in HI05-1 has a version identifier. Otherwise Not Used.**		**O**	**AN**	**1/30**

SITUATIONAL	**HI06**	**C022**	**HEALTH CARE CODE INFORMATION**	**O**	

To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 6***

Use this for the sixth procedure.

REQUIRED	**HI06 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE **663:** Logical Observation Identifier Names and Codes (LOINC)
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.** **This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.**

New Code Added

New Note Added

REQUIRED **HI06 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI06 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI06 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

SITUATIONAL **HI06 - 5** **782** **Monetary Amount** **O R 1/18**
Monetary amount

Usage Changed
Industry Name Added
Note Added

INDUSTRY: ***Procedure Monetary Amount***

Use if the UMO has approved the health care service with monetary limitations.

SITUATIONAL **HI06 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI06-2 for the same time period.

SITUATIONAL **HI06 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI06-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI07** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 7***

Use this for the seventh procedure.

REQUIRED **HI07 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**

New Code Added

	BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.** CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
	BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure** CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
	JP	**National Standard Tooth Numbering System** CODE SOURCE **135:** American Dental Association Codes
New Code Added	**LOI**	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.** CODE SOURCE **663:** Logical Observation Identifier Names and Codes (LOINC)
	NDC	**National Drug Code (NDC)** CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
New Note Added	**ZZ**	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.** **This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.**

REQUIRED **HI07 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI07 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL	**HI07 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**
				INDUSTRY: ***Procedure Date***			
				Required if proposed or actual procedure date is known.			
SITUATIONAL	**HI07 - 5**		**782**	**Monetary Amount** Monetary amount	**O**	**R**	**1/18**
				INDUSTRY: ***Procedure Monetary Amount***			
				Use if the UMO has approved the health care service with monetary limitations.			
SITUATIONAL	**HI07 - 6**		**380**	**Quantity** Numeric value of quantity	**O**	**R**	**1/15**
				INDUSTRY: ***Procedure Quantity***			
				Required if requesting authorization for more than one occurrence of the procedure identified in HI07-2 for the same time period.			
SITUATIONAL	**HI07 - 7**		**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm	**O**	**AN**	**1/30**
				INDUSTRY: ***Version, Release, or Industry Identifier***			
				Required if the code list referenced in HI07-1 has a version identifier. Otherwise Not Used.			
SITUATIONAL	**HI08**	**C022**		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**		
				ALIAS: ***Procedure Code 8***			
				Use this for the eighth procedure.			
REQUIRED	**HI08 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes

Usage Changed
Industry Name Added
Note Added
New Code Added

New Code Added

		LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**			
			CODE SOURCE **663:** Logical Observation Identifier Names and Codes (LOINC)			
		NDC	**National Drug Code (NDC)**			
			CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format			
		ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**			

New Note Added

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.

REQUIRED	**HI08 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Procedure Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI08 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**	**X**	**ID**	**2/3**

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

SITUATIONAL	**HI08 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Procedure Date*** **Required if proposed or actual procedure date is known.**	**X**	**AN**	**1/35**
SITUATIONAL	**HI08 - 5**	**782**	**Monetary Amount** Monetary amount *INDUSTRY:* ***Procedure Monetary Amount*** **Use if the UMO has approved the health care service with monetary limitations.**	**O**	**R**	**1/18**

Usage Changed
Industry Name Added
Note Added

SITUATIONAL	**HI08 - 6**	**380**	**Quantity** Numeric value of quantity	**O**	**R**	**1/15**

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI08-2 for the same time period.

SITUATIONAL	**HI08 - 7**	**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm	**O**	**AN**	**1/30**

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI08-1 has a version identifier. Otherwise Not Used.

SITUATIONAL	**HI09**	**C022**	**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**

ALIAS: ***Procedure Code 9***

Use this for the ninth procedure.

REQUIRED	**HI09 - 1**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE 135: American Dental Association Codes
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)
NDC	**National Drug Code (NDC)**
	CODE SOURCE 134: National Drug Code

New Code Added

CODE SOURCE **240:** National Drug Code by Format

			ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.** **This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.**		

New Note Added

REQUIRED	**HI09 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list *INDUSTRY:* ***Procedure Code***	**M**	**AN**	**1/30**
SITUATIONAL	**HI09 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format **Required if X12N syntax conditions apply.**	**X**	**ID**	**2/3**

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

SITUATIONAL	**HI09 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY:* ***Procedure Date*** **Required if proposed or actual procedure date is known.**	**X**	**AN**	**1/35**
SITUATIONAL	**HI09 - 5**	**782**	**Monetary Amount** Monetary amount *INDUSTRY:* ***Procedure Monetary Amount*** **Use if the UMO has approved the health care service with monetary limitations.**	**O**	**R**	**1/18**
SITUATIONAL	**HI09 - 6**	**380**	**Quantity** Numeric value of quantity *INDUSTRY:* ***Procedure Quantity*** **Required if requesting authorization for more than one occurrence of the procedure identified in HI09-2 for the same time period.**	**O**	**R**	**1/15**
SITUATIONAL	**HI09 - 7**	**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm *INDUSTRY:* ***Version, Release, or Industry Identifier*** **Required if the code list referenced in HI09-1 has a version identifier. Otherwise Not Used.**	**O**	**AN**	**1/30**

Usage Changed
Industry Name Added
Note Added

SITUATIONAL **HI10** **C022** **HEALTH CARE CODE INFORMATION** **O**

To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 10***

Use this for the tenth procedure.

REQUIRED **HI10 - 1** **1270** **Code List Qualifier Code** **M** **ID** **1/3**

Code identifying a specific industry code list

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE **663:** Logical Observation Identifier Names and Codes (LOINC)
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.** **This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.**

New Code Added

New Note Added

REQUIRED **HI10 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI10 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL **HI10 - 4** **1251** **Date Time Period** **X AN 1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Procedure Date***

Required if proposed or actual procedure date is known.

SITUATIONAL **HI10 - 5** **782** **Monetary Amount** **O R 1/18**
Monetary amount

Usage Changed
Industry Name Added
Note Added

INDUSTRY: ***Procedure Monetary Amount***

Use if the UMO has approved the health care service with monetary limitations.

SITUATIONAL **HI10 - 6** **380** **Quantity** **O R 1/15**
Numeric value of quantity

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI10-2 for the same time period.

SITUATIONAL **HI10 - 7** **799** **Version Identifier** **O AN 1/30**
Revision level of a particular format, program, technique or algorithm

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI10-1 has a version identifier. Otherwise Not Used.

SITUATIONAL **HI11** **C022** **HEALTH CARE CODE INFORMATION** **O**
To send health care codes and their associated dates, amounts and quantities

ALIAS: ***Procedure Code 11***

Use this for the eleventh procedure.

REQUIRED **HI11 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**
Code identifying a specific industry code list

CODE	DEFINITION
ABR	Assigned by Receiver Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.

New Code Added

BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE **131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE **135:** American Dental Association Codes
LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**
	CODE SOURCE **663:** Logical Observation Identifier Names and Codes (LOINC)
NDC	**National Drug Code (NDC)**
	CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format
ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.** **This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.**

New Code Added

New Note Added

REQUIRED **HI11 - 2** **1271** **Industry Code** **M AN 1/30**
Code indicating a code from a specific industry code list

INDUSTRY: ***Procedure Code***

SITUATIONAL **HI11 - 3** **1250** **Date Time Period Format Qualifier** **X ID 2/3**
Code indicating the date format, time format, or date and time format

Required if X12N syntax conditions apply.

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

SITUATIONAL	**HI11 - 4**		**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**
				INDUSTRY: ***Procedure Date***			
				Required if proposed or actual procedure date is known.			
SITUATIONAL	**HI11 - 5**		**782**	**Monetary Amount** Monetary amount	**O**	**R**	**1/18**
				INDUSTRY: ***Procedure Monetary Amount***			
				Use if the UMO has approved the health care service with monetary limitations.			
SITUATIONAL	**HI11 - 6**		**380**	**Quantity** Numeric value of quantity	**O**	**R**	**1/15**
				INDUSTRY: ***Procedure Quantity***			
				Required if requesting authorization for more than one occurrence of the procedure identified in HI11-2 for the same time period.			
SITUATIONAL	**HI11 - 7**		**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm	**O**	**AN**	**1/30**
				INDUSTRY: ***Version, Release, or Industry Identifier***			
				Required if the code list referenced in HI11-1 has a version identifier. Otherwise Not Used.			
SITUATIONAL	**HI12**	**C022**		**HEALTH CARE CODE INFORMATION** To send health care codes and their associated dates, amounts and quantities	**O**		
				ALIAS: ***Procedure Code 12***			
				Use this for the twelfth procedure.			
REQUIRED	**HI12 - 1**		**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**M**	**ID**	**1/3**

CODE	DEFINITION
ABR	**Assigned by Receiver** **Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.**
BO	**Health Care Financing Administration Common Procedural Coding System** **Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.**
	CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
BQ	**International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	**National Standard Tooth Numbering System**
	CODE SOURCE 135: American Dental Association Codes

Usage Changed
Industry Name Added
Note Added

New Code Added

New Code Added

		LOI	**Logical Observation Identifier Names and Codes (LOINC) Codes** **The Logical Observation Identifier Names and Codes (LOINC®) code set was intended to increase the functionality of the 278 transaction set and it is not mandated by HIPAA and is only used when mutually agreed to by trading partners.** **See Section 2.2.5 for information on using LOINC to request additional information.**			
			CODE SOURCE **663:** Logical Observation Identifier Names and Codes (LOINC)			
		NDC	**National Drug Code (NDC)**			
			CODE SOURCE **134:** National Drug Code CODE SOURCE **240:** National Drug Code by Format			
		ZZ	**Mutually Defined** **Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.**			

New Note Added

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.

REQUIRED	**HI12 - 2**	**1271**	**Industry Code** Code indicating a code from a specific industry code list	**M**	**AN**	**1/30**
			INDUSTRY: ***Procedure Code***			
SITUATIONAL	**HI12 - 3**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**
			Required if X12N syntax conditions apply.			

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

SITUATIONAL	**HI12 - 4**	**1251**	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	**X**	**AN**	**1/35**
			INDUSTRY: ***Procedure Date***			
			Required if proposed or actual procedure date is known.			
SITUATIONAL	**HI12 - 5**	**782**	**Monetary Amount** Monetary amount	**O**	**R**	**1/18**

Usage Changed
Industry Name Added

INDUSTRY: ***Procedure Monetary Amount***

Note Added

Use if the UMO has approved the health care service with monetary limitations.

SITUATIONAL	**HI12 - 6**	**380**	**Quantity** Numeric value of quantity	**O**	**R**	**1/15**

INDUSTRY: ***Procedure Quantity***

Required if requesting authorization for more than one occurrence of the procedure identified in HI12-2 for the same time period.

SITUATIONAL	**HI12 - 7**	**799**	**Version Identifier** Revision level of a particular format, program, technique or algorithm	**O**	**AN**	**1/30**

INDUSTRY: ***Version, Release, or Industry Identifier***

Required if the code list referenced in HI12-1 has a version identifier. Otherwise Not Used.

IMPLEMENTATION

ADDITIONAL SERVICE INFORMATION

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 10

Notes:

1. **The UMO can use this PWK segment on the response to request additional information that applies to the service(s) requested in this Service loop. If the UMO has pended the decision on this health care services review request (HCR01 = A4) because additional medical necessity information is required (HCR03 = 90), the UMO can use this segment to identify the type of documentation needed such as forms that the provider must complete. The UMO can also indicate what medium it has used to send these forms.**

2. **Additional information requested at the Service level should apply to a specific service and/or all the services requested in this service loop.**

3. **This PWK segment is required to identify requests for specific data that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or using LOINC in the HI segments of the response. PWK06 is used to identify the attached electronic questionnaire. The number in PWK06 should be referenced in the corresponding electronic attachment.**

4. **This PWK segment should not be used if**
   a. the requester should have provided the information within the 278 request (ST-SE) but failed to do so. In this case the UMO should use the AAA segments in the 278 response to indicate the data that is missing or invalid.

   b. the 278 request (ST-SE) does not support this information and the needed information pertains to all the services requested and not to a specific service. Use the PWK segment at the Patient level (Loop 2000C or Loop 2000D) if requesting medical necessity information that applies to all the services requested

   Refer to Section 2.2.5 for more information on using this segment.

Example: **PWK*OB*BM***AC*DMN0012~**

STANDARD

PWK Paperwork

Level: Detail

Position: 155

Loop: HL

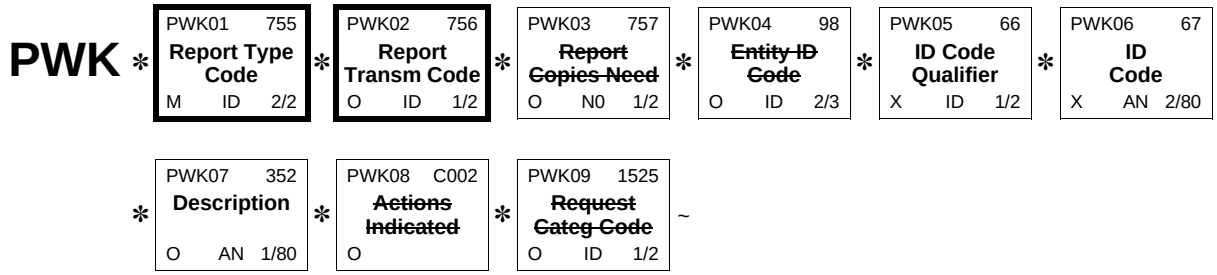
Requirement: Optional

Max Use: >1

Purpose: To identify the type or transmission or both of paperwork or supporting information

Syntax: **1. P0506**
If either PWK05 or PWK06 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PWK01	755	**Report Type Code** Code indicating the title or contents of a document, report or supporting item	M ID 2/2

INDUSTRY: ***Attachment Report Type Code***

CODE	DEFINITION
03	Report Justifying Treatment Beyond Utilization Guidelines
04	Drugs Administered
05	Treatment Diagnosis
06	Initial Assessment
07	Functional Goals Expected outcomes of rehabilitative services.
08	Plan of Treatment
09	Progress Report
10	Continued Treatment
11	Chemical Analysis
13	Certified Test Report
15	Justification for Admission
21	Recovery Plan
48	Social Security Benefit Letter
55	Rental Agreement Use for medical or dental equipment rental.
59	Benefit Letter

77	Support Data for Verification
A3	Allergies/Sensitivities Document
A4	Autopsy Report
AM	Ambulance Certification Information to support necessity of ambulance trip.
AS	Admission Summary A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital.
AT	Purchase Order Attachment Use for purchase of medical or dental equipment.
B2	Prescription
B3	Physician Order
BR	Benchmark Testing Results
BS	Baseline
BT	Blanket Test Results
CB	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment.
CK	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes

OB	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
P7	Periodontal Reports
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
QC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

REQUIRED **PWK02** **756** **Report Transmission Code** **O ID 1/2**

Code defining timing, transmission method or format by which reports are to be sent

INDUSTRY: ***Attachment Transmission Code***

CODE	DEFINITION
BM	By Mail
EL	Electronically Only Use to indicate that attachment is being transmitted in a separate X12 functional group.

			EM	**E-Mail**			
			FX	**By Fax**			
			VO	**Voice** **Use this for voicemail or phone communication.**			
NOT USED	**PWK03**	**757**	**Report Copies Needed**		**O**	**N0**	**1/2**
NOT USED	**PWK04**	**98**	**Entity Identifier Code**		**O**	**ID**	**2/3**
SITUATIONAL	**PWK05**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) **SYNTAX:** P0506 **COMMENT:** PWK05 and PWK06 may be used to identify the addressee by a code number. **This data element is required when PWK02 DOES NOT equal "VO".** CODE / DEFINITION **AC** **Attachment Control Number**		**X**	**ID**	**1/2**
SITUATIONAL	**PWK06**	**67**	**Identification Code** Code identifying a party or other code ***INDUSTRY:*** ***Attachment Control Number*** **SYNTAX:** P0506 **Required if PWK02 equals BM, EL, EM or FX.**		**X**	**AN**	**2/80**
SITUATIONAL	**PWK07**	**352**	**Description** A free-form description to clarify the related data elements and their content ***INDUSTRY:*** ***Attachment Description*** **COMMENT:** PWK07 may be used to indicate special information to be shown on the specified report. **This data element is used to add any additional information about the attachment described in this segment.**		**O**	**AN**	**1/80**
NOT USED	**PWK08**	**C002**	**ACTIONS INDICATED**		**O**		
NOT USED	**PWK09**	**1525**	**Request Category Code**		**O**	**ID**	**1/2**

IMPLEMENTATION

ADDITIONAL SERVICE INFORMATION CONTACT NAME

Loop: **2010F — ADDITIONAL SERVICE INFORMATION CONTACT NAME**
Repeat: **1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Use this NM1 loop to identify the destination location to route the response for the requested additional information.**

2. **Use this NM1 loop only if**
   a. the response contains a request for additional information in this service loop.

   b. the destination for the response to the request for additional information differs from the information specified in the UMO Name NM1 loop (Loop 2010A)

   c. the request for additional service information is not transmitted in another X12 functional group

3. **Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.**

   Refer to Section 2.2.5 for more information on this NM1 loop.

Example: **NM1*2B*2*ACME THIRD PARTY ADMINISTRATOR~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 170

Loop: HL/NM1 **Repeat:** >1

Requirement: Optional

Max Use: 1

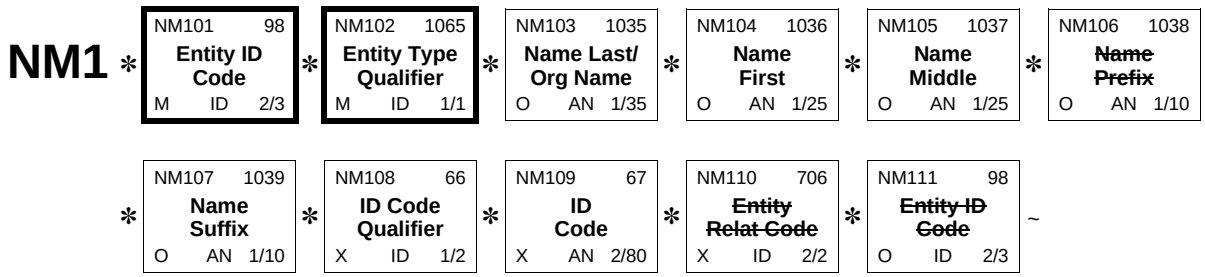
Purpose: To supply the full name of an individual or organizational entity

Syntax:

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

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

DIAGRAM



ELEMENT SUMMARY

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

CODE	DEFINITION
1P	**Provider**
2B	**Third-Party Administrator**
ABG	**Organization** **Use when the destination is an entity other than those listed.**
FA	**Facility**
PR	**Payer**
X3	**Utilization Management Organization**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity **SEMANTIC:** NM102 qualifies NM103.	**M ID 1/1**

CODE	DEFINITION
1	**Person** **Use this name only if the destination is an individual, such as an individual primary care physician.**
2	**Non-Person Entity**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name	**O AN 1/35**

INDUSTRY: ***Response Contact Last or Organization Name***

Required if the responder needs to identify the destination by name.

SITUATIONAL	**NM104**	**1036**	**Name First** Individual first name	**O**	**AN**	**1/25**

INDUSTRY: ***Response Contact First Name***

Use if NM103 is valued and the destination is an individual (NM102 = 1), such as a primary care provider.

SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial	**O**	**AN**	**1/25**

INDUSTRY: ***Response Contact Middle Name***

Use if NM104 is present and the middle name/initial of the person is known.

NOT USED	**NM106**	**1038**	**Name Prefix**	**O**	**AN**	**1/10**
SITUATIONAL	**NM107**	**1039**	**Name Suffix** Suffix to individual name	**O**	**AN**	**1/10**

INDUSTRY: ***Response Contact Name Suffix***

Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.

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

SYNTAX: P0809

Required if the responder needs to use an identifier to identify the destination.

CODE	DEFINITION
24	**Employer's Identification Number**
34	**Social Security Number**
46	**Electronic Transmitter Identification Number (ETIN)**
PI	**Payor Identification** **Use until the National PlanID is mandated if the destination is a payer.**
XV	**Health Care Financing Administration National PlanID** ***Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.*** **Use if the destination is a payer.**
	CODE SOURCE 540: Health Care Financing Administration National PlanID
XX	**Health Care Financing Administration National Provider Identifier** ***Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.*** **Use if the destination is a provider.**

SITUATIONAL	**NM109**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Response Contact Identifier*** **SYNTAX:** P0809 **Required if NM108 is used.**	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

ADDITIONAL SERVICE INFORMATION CONTACT ADDRESS

Loop: 2010F — ADDITIONAL SERVICE INFORMATION CONTACT NAME

Usage: SITUATIONAL

Repeat: 1

Notes:

1. This segment identifies the office location to route the response to the request for additional service information.
2. Use this segment only if the response to the request for additional service information must be routed to a specific office location.
3. Do not use if the request for additional service information is in another X12 functional group.

Example: N3*43 SUNRISE BLVD*SUITE 1000~

STANDARD

N3 Address Information

Level: Detail

Position: 200

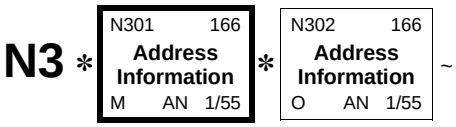
Loop: HL/NM1

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	N301	166	**Address Information** Address information *INDUSTRY:* ***Response Contact Address Line*** **Use this element for the first line of the requester's address.**	M	AN	1/55
SITUATIONAL	N302	166	**Address Information** Address information *INDUSTRY:* ***Response Contact Address Line*** **Required only if a second address line exists.**	O	AN	1/55

IMPLEMENTATION

ADDITIONAL SERVICE INFORMATION CONTACT CITY/STATE/ZIP CODE

Loop: **2010F — ADDITIONAL SERVICE INFORMATION CONTACT NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **This segment identifies the office location to route the response to the request for additional service information.**
2. **Use this segment only if the response to the request for additional service information must be routed to a specific office location.**
3. **Do not use if the request for additional service information is in another X12 functional group.**

Example: **N4*MIAMI*FL*33131**DP*UTILIZATION REVIEW DEPT~**

STANDARD

N4 Geographic Location

Level: Detail

Position: 210

Loop: HL/NM1

Requirement: Optional

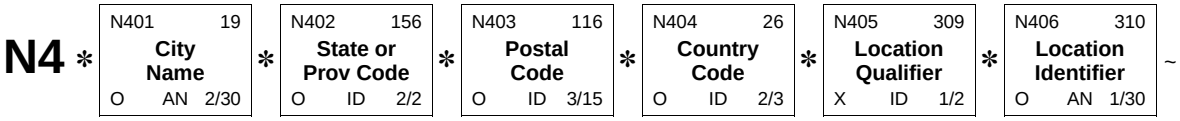
Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax:

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	**N401**	**19**	**City Name** Free-form text for city name *INDUSTRY:* ***Response Contact City Name*** COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. **Use when necessary to provide this data as part of the response contact location identification.**	**O AN 2/30**

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

INDUSTRY: ***Response Contact State or Province Code***

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

CODE SOURCE 22: States and Outlying Areas of the U.S.

Use when necessary to provide this data as part of the response contact location identification.

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

INDUSTRY: ***Response Contact Postal Zone or ZIP Code***

CODE SOURCE 51: ZIP Code

Use when necessary to provide this data as part of the response contact location identification.

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

INDUSTRY: ***Response Contact Country Code***

CODE SOURCE 5: Countries, Currencies and Funds

Use only if the address is out of the U.S.

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

SYNTAX: C0605

Required if N406 is valued.

CODE	DEFINITION
B1	**Branch**
DP	**Department**

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

INDUSTRY: ***Response Contact Specific Location***

SYNTAX: C0605

Required if N405 is valued.

Value this field if the response to the request for additional information must be directed to a particular domain.

IMPLEMENTATION

ADDITIONAL SERVICE INFORMATION CONTACT INFORMATION

Loop: **2010F — ADDITIONAL SERVICE INFORMATION CONTACT NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Required if the provider must direct the response to the request for additional service information to a specific requester contact, electronic mail, facsimile, or phone number other than the contact provided in the PER segment in the UMO Name loop (Loop 2010A) PER segment of this 278 response.**

2. **Do not use if the request for additional service information is in another X12 functional group.**

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

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

Example: **PER*IC*MARY*FX*3135554321~**

STANDARD

PER Administrative Communications Contact

Level: Detail

Position: 220

Loop: HL/NM1

Requirement: Optional

Max Use: 3

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

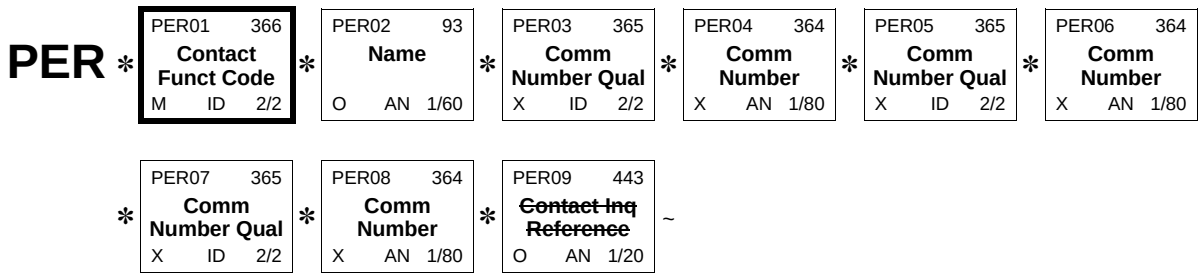
Syntax:

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

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

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PER01**	**366**	**Contact Function Code** Code identifying the major duty or responsibility of the person or group named	**M ID 2/2**
			CODE: **IC** — DEFINITION: **Information Contact**	
SITUATIONAL	**PER02**	**93**	**Name** Free-form name	**O AN 1/60**
			INDUSTRY: ***Response Contact Name***	
			Used only when response must be directed to a particular contact.	
			Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).	
SITUATIONAL	**PER03**	**365**	**Communication Number Qualifier** Code identifying the type of communication number	**X ID 2/2**
			SYNTAX: P0304	
			Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.	
			CODE: **EM** — DEFINITION: **Electronic Mail**	
			CODE: **FX** — DEFINITION: **Facsimile**	
			CODE: **TE** — DEFINITION: **Telephone**	
SITUATIONAL	**PER04**	**364**	**Communication Number** Complete communications number including country or area code when applicable	**X AN 1/80**
			INDUSTRY: ***Response Contact Communication Number***	
			SYNTAX: P0304	
			Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.	

SITUATIONAL	**PER05**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0506 **Used only when the telephone extension or multiple communication types are available.**	**X**	**ID**	**2/2**

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

SITUATIONAL	**PER06**	**364**	**Communication Number** Complete communications number including country or area code when applicable INDUSTRY: ***Response Contact Communication Number*** SYNTAX: P0506 **Used only when the telephone extension or multiple communication types are available.**	**X**	**AN**	**1/80**
SITUATIONAL	**PER07**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0708 **Used only when the telephone extension or multiple communication types are available.**	**X**	**ID**	**2/2**

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

SITUATIONAL	**PER08**	**364**	**Communication Number** Complete communications number including country or area code when applicable INDUSTRY: ***Response Contact Communication Number*** SYNTAX: P0708 **Used only when the telephone extension or multiple communication types are available.**	**X**	**AN**	**1/80**
NOT USED	**PER09**	**443**	**Contact Inquiry Reference**	**O**	**AN**	**1/20**

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

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

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

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

Matrix A4. Data Element Types

A.1.3.1.1 Numeric

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

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

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

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

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

A.1.3.1.2 Decimal

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

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

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

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

New note

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.

A.1.3.1.3 Identifier

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

A.1.3.1.4 String

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

A.1.3.1.5 Date

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

A.1.3.1.6 Time

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

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

IMPLEMENTATION

FUNCTIONAL GROUP HEADER

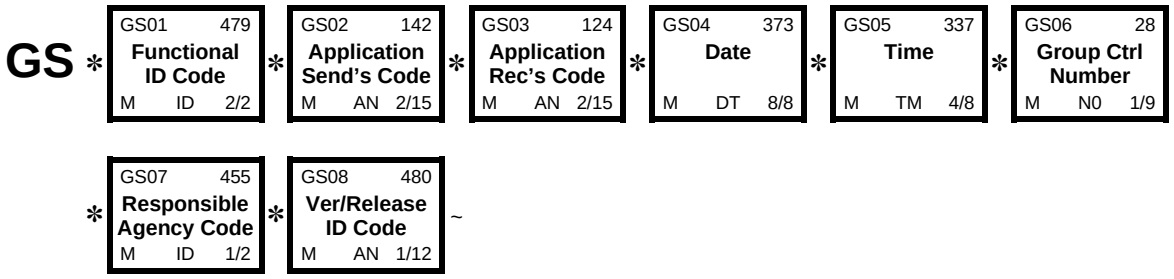
Example: **GS*HI*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X094A1~** ——— Example changed

STANDARD

GS Functional Group Header

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

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**GS01**	**479**	**Functional Identifier Code** Code identifying a group of application related transaction sets	**M ID 2/2**
			CODE: **HI** — DEFINITION: **Health Care Services Review Information (278)**	
REQUIRED	**GS02**	**142**	**Application Sender's Code** Code identifying party sending transmission; codes agreed to by trading partners	**M AN 2/15**
			Use this code to identify the unit sending the information.	
REQUIRED	**GS03**	**124**	**Application Receiver's Code** Code identifying party receiving transmission. Codes agreed to by trading partners	**M AN 2/15**
			Use this code to identify the unit receiving the information.	
REQUIRED	**GS04**	**373**	**Date** Date expressed as CCYYMMDD **SEMANTIC:** GS04 is the group date.	**M DT 8/8**
			Use this date for the functional group creation date.	
REQUIRED	**GS05**	**337**	**Time** Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) **SEMANTIC:** GS05 is the group time.	**M TM 4/8**
			Use this time for the creation time. The recommended format is HHMM.	

REQUIRED	**GS06**	**28**	**Group Control Number**	**M**	**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.

REQUIRED	**GS07**	**455**	**Responsible Agency Code**	**M**	**ID**	**1/2**

Code used in conjunction with Data Element 480 to identify the issuer of the standard

CODE	DEFINITION
X	**Accredited Standards Committee X12**

REQUIRED	**GS08**	**480**	**Version / Release / Industry Identifier Code**	**M**	**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	DEFINITION
004010X094A1	**Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.** **When using the X12N Health Care Services Review — Request for Review and Response Implementation Guide, originally published May 2000 as 004010X094 and incorporating the changes identified in the Addenda, the value used in GS08 must be "004010X094A1".**

New code value

1968 Green Road
Ann Arbor, MI 48105

ABSTRACT

The International Classification of Diseases, 9th Revision, Clinical Modification, describes the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations.

New Code Set

132 National Uniform Billing Committee (NUBC) Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

235/RB, 235/NU, 1270/BE, 1270/BG, 1270/BH, 1270/BI

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee
American Hospital Association
840 Lake Shore Drive
Chicago, IL 60697

ABSTRACT

Revenue codes are a classification of hospital charges in a standard grouping that is controlled by the National Uniform Billing Committee. Place of service codes specify the type of location where a service is provided.

134 National Drug Code

SIMPLE DATA ELEMENT/CODE REFERENCES

235/ND, 1270/NDC

SOURCE

Blue Book, Price Alert, National Drug Data File

AVAILABLE FROM

First Databank, The Hearst Corporation
1111 Bayhill Drive
San Bruno, CA 94066

ABSTRACT

The National Drug Code is a coding convention established by the Food and Drug Administration to identify the labeler, product number, and package sizes of FDA-approved prescription drugs. There are over 170,000 National Drug Codes on file.

540 Health Care Financing Administration National PlanID

SIMPLE DATA ELEMENT/CODE REFERENCES

66/XV

SOURCE

PlanID Database

AVAILABLE FROM

Health Care Financing Administration
Center for Beneficiary Services
Administration Group
Division of Membership Operations
S1-05-06
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT

The Health care Financing Administration is developing the PlanID, which will be proposed as the standard unique identifier for each health plan under the Health Insurance Portability and Accountability Act of 1996.

New Code Set

663 Logical Observation Identifier Names and Codes (LOINC)

SIMPLE DATA ELEMENT/CODE REFERENCES

128/LOI, 235/LB, 1270/LOI

SOURCE

Logical Observation Identifier Names and Codes (LOINC)

AVAILABLE FROM

Reginstriff Institute
Indiana University School of Medicine
1001 West 10th Street
5th Floor RHC
Indianapolis, IN 46202

ABSTRACT

List of descriptive terms and identifying codes for reporting precise test methods in medicine.

URL

http://www.mcis.duke.edu/standards/termcode/loinc.htm