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National Electronic Data Interchange Transaction Set Implementation Guide

Health Care Services Review — Request for Review and Response

278

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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. 2.1.3.1

New Sub-section Added

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 clearing-house 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.

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.

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 clear-inghouse will receive a response from the UMO containing two TRN segments

Text Revised

> New Text Added

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

New Sub-section Added

Additional Patient Information

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.

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEA
010	ST	Transaction Set Header	М	1	
020	BHT	Beginning of Hierarchical Transaction	М	1	
	Table	2 - Detail			
POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEA
		LOOP ID - HL			>1
010	HL	Hierarchical Level	М	1	
020	TRN	Trace	0	9	
030	AAA	Request Validation	0	9	
040	UM	Health Care Services Review Information	0	1	
050	HCR	Health Care Services Review	0	1	
060	REF	Reference Identification	0	9	
070	DTP	Date or Time or Period	0	9	
	н	Health Care Information Codes	0	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.

				ents a resp subscriber v			r multiple	services
	UMO	(Loop 200	00A)					
		Requeste		00B)				
		-		,				
		Subs	scriber (Lo	op 2000C)				
			Service F	Provider (Lo	oop 2000E)		
			Ser	vice (with F	Review Ou	itcome Dat	a)(Loop 2	000F)
			Service F	Provider (Lo	2000E מסכ	.)		
					•	,	a)//	
			Ser	vice (with F	Review OL	itcome Dat	a)(Loop 2	000F)
				trix 1, Inter segment u	-		/el.	est Trans
	Segment Position	Segment ID	UMO HL	Requestor HL	Subscribe HL	r 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		Se	egment Vs	e Added		
	060	REF			<u>\</u>			YES
	070	DTP			YES	YES		YES
	080	HI			YES	YES		YES
	090	HSD				```		YES
	100	CRC						YES
	110	CL1						YES
	120	CR1					\longrightarrow	YES
	130	CR2					\longrightarrow	YES
	140	CR5					\longrightarrow	YES
	150	CR6						YES
VK Segment	155	PWK			YES	YES		YES
ded	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	
				YES			YES	
	220	PER						
	230	AAA					VEC	
	230 240	AAA PRV		YES	VEC	VEO	YES	
	230 240 250	AAA PRV DMG			YES	YES	YES	
	230 240	AAA PRV			YES	YES YES	YES	

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			\wedge			YES
	050	HCR			V			YES
	060	REF		S	egment Us	e Added		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
PWK Segment —	155	PWK			YES	YES		YES
Added	160	MSG					YES	YES
	170	NM1	YES	YES	YES	YES	YES	YES
	180	REF		YES	YES	YES	YES	
	190	N2	Asterisk	s Added -			//	
	200	N3		$\neg \neg$	*	*	YES	/ YES
	210	N4			*	*	YES	YES
	220	PER	YES	(\checkmark	*	YES	/ YES
	230	AAA	YES	YES	YES	YES	YES	
	240	PRV		YES			YES 🖊	
	250	DMG			YES	YES Segr	ment Use	Added
	260	INS				YES		
	270	DTP						

Matrix 2. Intended Segment Use for a Response Transaction

Note Added

Note: An asterisk (*) denotes segments used only for NM1 loops 2010CB and 2010 DB for Additional Patient Information Contact Name Information

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.

Loop ID Changed

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

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:

Dependent Last Name (NM103) Dependent First Name (NM104)

Loop ID Changed

Dependent Birth Date (DMG01 and DMG02).

	Table				
POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEA
		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 New Segment Adde	ed 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 New Loc INFORMATION CONTACT NAME	p Adde	ed	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	

Table 2 - Subscriber Detail

Table 2 - Dependent Detail

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPE
		LOOP ID - 2000D DEPENDENT LEVEL			
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 New Segment Add	ed 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 Loop ID Change	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			1
		INFORMATION CONTACT NAME	on Adde		
170	NM1	Additional Patient Information Contact Name	op Adde	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	

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~
```

TRN Segment

New Sub-section Added

2.2.2.2.1

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 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 addi- tional 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.
2.2.2.2.4	PWK Segment
New Sub-section Added	Under some circumstances, the requester may need to provide additional infor- mation 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 documenta- tion or to attach electronic documentation containing additional patient informa- tion 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 — Loop ID 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.
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 infor- mation for the additional patient information requested in the UMO's 278 re- sponse. This segment is used in the response at this level only when all of the fol- lowing conditions are present.
	The subscriber is the patient
	• The UMO has requested additional patient information at this level of the re- sponse
	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

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.

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** 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 **New Sub-section** care services review. It enables the requester to: Added · 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 On the response, this HI segment supports the use of codes supplied from the Added 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. The Logical Observation Identifier Names and Codes (LOINC®) code set was in-New Paragraph tended to increase the functionality of the 278 transaction set and it is not man-Added dated by HIPAA and is only used when mutually agreed to by trading partners. 2.2.2.3.4 **PWK Segment** Under some circumstances, the requester may need to provide additional infor-**New Sub-section** mation about the patient that is not supported in the 278. The requester can use Added this PWK segment to reference paper documentation or to attach electronic documentation containing additional patient information associated with this patient

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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 — Loop ID 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.
	In the previous example, Sean Smith is a dependent of Joe Smith whose identifi- cation 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 infor- mation 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 re- sponse
	• 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 depend- ent, 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:
	INS01 = N This value indicates that the insured is a dependent.

Loop 2000E level.

	INS02 = 19 This value indicates that the patient is a child of the subscriber.
2.2.2.3.8	AAA Segment
Loop ID Changed —	The AAA segment is only used in a response. The AAA segment is used to iden- tify 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.
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

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 freeform 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-

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 New Loop	Adde	d ——— t	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 include 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*WK**34*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*WK**34*2~
New Paragraph — Added	
Audeu	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 in- tended to increase the functionality of the 278 transaction set and it is not man- dated 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 exam- ple, a primary care provider (PCP) may request ten visits to a specialist for a pa- tient. 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 follow- ing 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 ex- tended 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 manage- ment 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 as- sociated 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 deliv- ery 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 re- quest 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 ex- ample). However, when dealing with an admission, the DTP segment should indi- cate a time period for admission and not the actual start and end date for the hos- pitalization. The length of stay should not be calculated for the DTP segment val- ues (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 —	 The TRN segment enables the requester to assign a unique trace number to
Changed	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

2.2.4.4.5

New Sub-section

Added

New Sub-section

Added

PWK Segment

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.

NM1 Loop

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

2.2.5

 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.

278 Support for Additional Service Review Information

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.

Background on the Need Addressed

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.

Attaching Additional Information to the 278 Request

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).

PWK Segments

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.

TRN Segments

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

2.2.5.1

New Sub-section

Added

New Sub-section Added

2.2.5.2

New Sub-section

```
2.2.5.2.1
```

New Sub-section Added

2.2.5.2.2

New Sub-section Added • 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

Guidelines for Referencing Attachments

- 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

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.
- 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

New Sub-section Added

Requesting Additional Information on the 278 Response

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

BHT Segment

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)

HCR Segment

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)

PWK Segments

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.

2.2.5.3.1

New Sub-section Added

```
2.2.5.3.2
```

New Sub-section

2.2.5.3.3

New Sub-section Added

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.

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:

2.2.5.3.4

New Sub-section Added

Whe	HI*LOI:18657-7*LOI:18803-7~ ere "LOI" indicates that the code list used is Logical Observation Identifier
	nes and Codes and 18657-7 is the high-level grouping and 18803-7 is the difier.
Gui	delines 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 ap- ply to the patient event and/or all the services requested. Use the HI Proce- dures 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 seg- ment. 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 occur- rences of Loop 2000F, if necessary, to accommodate more than 12 occur- rences of the C022 composite.
5.	LOINC should not be used if the requester should have provided the infor- mation 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.
NM	1 Loops - Additional Information Contact Name
othe tion mat inter HI s	278 response includes NM1 loops to identify the person, office location, or er destination to route the response to the UMO request for additional informa- . NM1 Loop 2010CB and NM1 Loop 2010DB identify additional patient infor- ion contact name, address, and communication number information and are inded for use with requests for additional information contained in the PWK or regments at the Patient level. NM1 Loop 2010F identifies additional service in- nation contact name, address, and communication number information for

2.2.5.3.5

New Sub-section Added 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.

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

New Sub-section Added

Responding to a Request for Additional Information

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.

New Sub-section Added

2.2.5.3.6

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

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	

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103		PWK		Segment Added	S	10	
Loop ID	Cha	nged -	LOOP ID - 2010CA SUBSCRIBER NAM	E			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 II	D Char	nged <mark>—</mark>	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 Li	ne Chai	benc	

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	

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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	

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~

Example.	
STANDARD	
	TRN Trace
Level:	Detail
Position:	020
Loop:	HL
Requirement:	Optional
Max Use:	9
Purpose:	To uniquely identify a transaction to an application
DIAGRAM	
TRN * Trace Typ Code	181 TRN02 127 Reference TRN03 509 Ident Originating M AN 1/30 TRN03 509 Originating Reference Ident O O AN 1/2 AN

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIB	UTES
REQUIRED	TRN01	481	Trace Type Code Code identifying which transaction is being referenced CODE DEFINITION	M	ID	1/2
			1 Current Transaction Trace Nu	mbers		
REQUIRED	TRN02	127	Reference Identification Reference information as defined for a particular Tran by the Reference Identification Qualifier	M saction Se	AN t or as s	1/30 pecified
			INDUSTRY: Patient Event Tracking Number			
			SEMANTIC: TRN02 provides unique identification for the	transactio	n.	
REQUIRED	TRN03	509	Originating Company Identifier A unique identifier designating the company initiating instructions. The first character is one-digit ANSI iden (ICD) followed by the nine-digit identification number employer identification number (EIN), data universal r or a user assigned number; the ICD for an EIN is 1, D number is 9	ification co vhich may umbering	de desig be an IF system (άs (DUNS),
			INDUSTRY: Trace Assigning Entity Identifier			
			SEMANTIC: TRN03 identifies an organization.			
			Use this element to identify the organization trace number. TRN03 must be completed to clearinghouses in identifying their TRN in th	aid reque	sters a	Ind
			The first position must be either a "1" if an E DUNS is used or a "9" if a user assigned ide			' if a
SITUATIONAL	TRN04	127	Reference Identification Reference information as defined for a particular Tran by the Reference Identification Qualifier	O saction Se	AN t or as s	1/30 pecified
			INDUSTRY: Trace Assigning Entity Additional Id	entifier		
			SEMANTIC: TRN04 identifies a further subdivision within	the organ	ization.	
			Use this information if necessary to further i component, such as a specific division or gr identified in the previous data element (TRN	oup, of th	-	

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

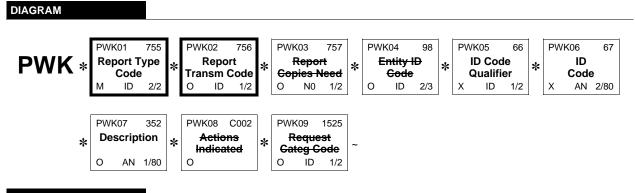
Requirement: Optional

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.



ELEMENT S	UMMARY
-----------	--------

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	PWK01	755	Report Type Code indicating	Code g the title or contents of a document, report o	M r supp	ID orting it	2/2 em
			INDUSTRY: Atta	chment Report Type Code			
			CODE	DEFINITION			
			03	Report Justifying Treatment Beyo Guidelines	nd Ut	ilizatio	n
			04	Drugs Administered			
			05	Treatment Diagnosis			
			06	Initial Assessment			
			07	Functional Goals			
				Expected outcomes of rehabilitative	ve sei	rvices.	
			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 equipme	ent rei	ntal.	
			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.
10	
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
вт	Blanket Test Results
СВ	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment.
СК	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
НС	Health Certificate
HR	Health Clinic Records
15	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes
ОВ	Operative Note
00	Oxygen Content Averaging Report
OD	Orders and Treatments Document

		IMPLEMENTATION GUIDE
	OE	Objective Physical Examination (including vital signs) Document
	ОХ	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
	РО	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
	ХР	Photographs
6	Report Transm Code defining tim sent	ission Code O ID 1/2 ing, transmission method or format by which reports are to be
	INDUSTRY: Attach	ment 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.

REQUIRED

PWK02 756

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 NO NOT USED PWK04 98 Entity Identifier Code O ID SITUATIONAL PWK05 66 Identification Code Qualifier Code designating the system/method of code structure used for Identificati Code (67) X ID SYNTAX: P0506 Comment: PWK05 and PWK06 may be used to identify the addressee by a number. This data element is required when PWK02 DOES NOT equal ' or "VO". The requester can use it when PWK02 equals "AA" in requester wants to send a document control number for an attachment remaining at the Provider's office.	1/2 2/3 1/2 ion
NOT USED PWK03 757 Report Copies Needed O NO NOT USED PWK04 98 Entity Identifier Code O ID SITUATIONAL PWK05 66 Identification Code Qualifier X ID Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0506 SYNTAX: P0506 COMMENT: PWK05 and PWK06 may be used to identify the addressee by a number. This data element is required when PWK02 DOES NOT equal or "VO". The requester can use it when PWK02 equals "AA" in requester wants to send a document control number for an	1/2 2/3 1/2 ion
NOT USED PWK03 757 Report Copies Needed O NO NOT USED PWK04 98 Entity Identifier Code O ID SITUATIONAL PWK05 66 Identification Code Qualifier X ID Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0506 SYNTAX: P0506 COMMENT: PWK05 and PWK06 may be used to identify the addressee by a number. This data element is required when PWK02 DOES NOT equal for "VO". The requester can use it when PWK02 equals "AA" in requester wants to send a document control number for an	1/2 2/3 1/2 ion
NOT USED PWK04 98 Entity Identifier Code O ID SITUATIONAL PWK05 66 Identification Code Qualifier X ID Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0506 SYNTAX: P0506 COMMENT: PWK05 and PWK06 may be used to identify the addressee by a number. This data element is required when PWK02 DOES NOT equal for "VO". The requester can use it when PWK02 equals "AA" in requester wants to send a document control number for an	2/3 1/2 ion
SITUATIONAL PWK05 66 Identification Code Qualifier X ID Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0506 SYNTAX: P0506 COMMENT: PWK05 and PWK06 may be used to identify the addressee by a number. This data element is required when PWK02 DOES NOT equal 4 or "VO". The requester can use it when PWK02 equals "AA" in requester wants to send a document control number for an	1/2 ion code "AA"
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 number. This data element is required when PWK02 DOES NOT equal for "VO". The requester can use it when PWK02 equals "AA" in requester wants to send a document control number for an	ion code "AA"
COMMENT: PWK05 and PWK06 may be used to identify the addressee by a number. This data element is required when PWK02 DOES NOT equal or "VO". The requester can use it when PWK02 equals "AA" in requester wants to send a document control number for an	" A A"
number. This data element is required when PWK02 DOES NOT equal ' or "VO". The requester can use it when PWK02 equals "AA" i requester wants to send a document control number for an	" A A"
or "VO". The requester can use it when PWK02 equals "AA" i requester wants to send a document control number for an	
-	
CODE DEFINITION	
AC Attachment Control Number	
SITUATIONAL PWK06 67 Identification Code X AN Code identifying a party or other code Code identifying a party or other code X AN	2/80
INDUSTRY: Attachment Control Number	
syntax: P0506	
Required if PWK02 equals BM, EL, EM or FX.	
SITUATIONAL PWK07 352 Description A free-form description to clarify the related data elements and their contert	1/80 nt
INDUSTRY: Attachment Description	
INDUSTRY: Attachment Description COMMENT : PWK07 may be used to indicate special information to be shown specified report.	1 on the
соммемт: PWK07 may be used to indicate special information to be shown	
соммемт: PWK07 may be used to indicate special information to be shown specified report. This data element is used to add any additional information al	

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).
	 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:	-
Position:	170
Loop:	HL/NM1 Repeat: >1
Requirement:	-
Max Use:	1
Purpose:	To supply the full name of an individual or organizational entity
-	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	
NM101 Entity ID Code M ID	98 NM102 1065 NM103 1035 NM104 1036 NM105 1037 NM106 1038 2/3 N ID 1/1 NM103 1035 Name Prefix O AN 1/10 O AN 1/10 NAN 1/10 NAN 1/10 NAN 1/10 NAN NAN 1/10 1/10 NAN 1/10 NAN 1/10 <
NM107 10 * Name Suffix O AN 1.	NM108 66 NM109 67 NM110 706 ID Code Qualifier ID ID ID Entity Relat Code NM111 98 /10 X ID 1/2 X AN 2/80 ID 2/2 NM111 98

ELEMENT SUMMARY

Loop ID Changed

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	NM101	98	Entity Identifie Code identifying individual	er Code an organizational entity, a physical location	M , prop	ID perty or a	2/3 an
			CODE	DEFINITION			
			IL	Insured or Subscriber			
REQUIRED	NM102	1065	Entity Type Q Code qualifying t		М	ID	1/1
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
SITUATIONAL	NM103	1035		Organization Name ame or organizational name	0	AN	1/35
			INDUSTRY: Subse	criber Last Name			
			Use if name in	nformation is needed to identify the	subs	criber.	
SITUATIONAL	NM104	1036	Name First Individual first na	ame	0	AN	1/25
			INDUSTRY: Subse	criber First Name			
			Use if name in	nformation is needed to identify the	subs	criber.	
SITUATIONAL	NM105	1037	Name Middle Individual middle	e name or initial	0	AN	1/25
			INDUSTRY: Subse	criber Middle Name			
				nformation is needed to identify the initial of the subscriber is known.	subs	criber	and
NOT USED	NM106	1038	Name Prefix		ο	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individu	al name	0	AN	1/10
			INDUSTRY: Subse	criber Name Suffix			
			Use this for th	ne suffix of an individual's name; e.g	l., Sr	., Jr., o	r III.
REQUIRED	NM108	66		Code Qualifier g the system/method of code structure used	X d for I	ID dentifica	1/2 Ition
				DEFINITION			
				Member Identification Number			
				The code MI is intended to be the	subs	criber'	S
				identification number as assigned Payers use different terminology t same number. Use MI - Member Id Number to convey the following te	by ti o coi entif	he paye nvey the ication	er. Ie
				Insured's ID, Subscriber's ID, Heal Claim Number (HIC), etc.	th In	suranc	e

004010X094A1 ● 27 SUBSCRIBER NAM		NM1	ASC X12N • IN			MMITTEE
			ZZ Mutually Defined			
	Loop ID Ch	anged	The value "ZZ", when used in shall be defined as "HIPAA In once this identifier has been Health Insurance Portability of 1996, the Secretary of Hea must adopt a standard indivi this transaction.	ndividual la adopted. I and Accou	dentifi Under Intabil Iman S	er" the ity Act services
REQUIRED	NM109	67	Identification Code Code identifying a party or other code	Х	AN	2/80
			INDUSTRY: Subscriber Primary Identifier			
			ALIAS: Subscriber Member Number			
			syntax: P0809			
NOT USED	NM110	706	Entity Relationship Code	х	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	ο	ID	2/3

Loop ID Changed 1

SUBSCRIBER SUPPLEMENTAL IDENTIFICATION

Loop: 2010CA SUBSCRIBER NAME

Usage: SITUATIONAL Loop ID Changed

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

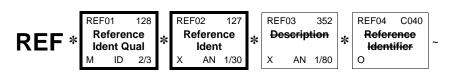
Max Use: 9

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



004010X094A1 • 278 • 2010CA • REF
SUBSCRIBER SUPPLEMENTAL DENTIFICATION

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES	
REQUIRED	REF01	EF01 128		Reference Identification QualifierMCode qualifying the Reference Identification			2/3	
			CODE	DEFINITION				
			1L	Group or Policy Number				
				Use this code only if you canno number is a Group Number (6P) (IG).				
			1W	Member Identification Number Do not use if NM108 = MI.				
			6P	Group Number				
			A6	Employee Identification Number	r			
			EJ	Patient Account Number				
				Use this code only if the subscriber is the patient.				
		F6	Health Insurance Claim (HIC) Nu Use the NM1 (Subscriber Name) subscriber's HIC number is the his or her coverage. Use this co segment when the payer has a c number, and there is also a need subscriber's HIC number. This r Medicare HMO situation.) segme primary de only differen d to pas	/ identi / in a R t meml ss the	ifier f EF ber		
			HJ	Identity Card Number				
				Use this code when the Identity from the Member Identification I particularly prevalent in the Mec	Number	r. This	is	
			IG	Insurance Policy Number				
			N6	Plan Network Identification Num	nber			
			NQ	Medicaid Recipient Identification	n Numb	er		
			SY	Social Security Number				
				Use this code only if the Social was not used by the payer as its	s prima	ry metl	hod o	
				identifying the subscriber. The s number may not be used for Me		ecurity	/	
REQUIRED	REF02	127		number may not be used for Me	dicare. X	AN	1/3	
REQUIRED	REF02	127	Reference info by the Referen	number may not be used for Me entification mation as defined for a particular Transac	dicare. X	AN	1/3	
REQUIRED	REF02	127 352	Reference info by the Referen	number may not be used for Me entification mation as defined for a particular Transac ce Identification Qualifier	dicare. X	AN	1/3	

IMPLEMENTATION GUIDE		SUBSCRIBER DEMOGRA	APHIC INFORMATION
IMPLEMENTATION		Loop ID Char	nged
Loop ID Changed 🔪	SUBSCR	RIBER DEMOGRAPHIC INFO	RMATION
		IBSCRIBER NAME	
Usage: S	SITUATIONAL	-	
Repeat:	1		
Notes:		only when birth date and/or gender information subscriber/patient.	on is needed to
		Section 2.2.2.1 Identifying the Patient for spec b identify an individual to a UMO.	ific information
Example: 1	DMG*D8*195	580322*M~	
STANDARD			
	DMG Demo	ographic Information	
Level:	Detail		
Position: 2	250		
Loop:	HL/NM1		
Requirement:	Optional		
Max Use:	1		
Purpose:	To supply dem	ographic information	
Syntax:	1. P0102		
	If either DI	MG01 or DMG02 is present, then the other is req	uired.
DIAGRAM			
DMG01 1250 Date Time format Qual X ID 2/3	Bate Time Period	e * Gender * Marital * Race or Code * Status Code * Race or	* DMG06 1066 Citizenship Status Code O ID 1/2
DMG07 20		59 DMG09 380	
* Country Code	* Basis of Verif Code		
O ID 2/3	3 O ID [·]	1/2 O R 1/15	
ELEMENT SUMMARY			
USAGE REF DES	E. DATA B. ELEMENT	NAME	ATTRIBUTES
REQUIRED DMG0		Date Time Period Format Qualifier	X ID 2/3
		Code indicating the date format, time format, or date and tim	e format
		SYNTAX: P0102	
		CODE DEFINITION	
		D8 Date Expressed in Format CCYYM	עטוי

REQUIRED	DMG02	1251	Date Time P	eriod	х	AN	1/35
	-/			a date, a time, or range of date	= =		.,
Loop ID (Jhangeo		INDUSTRY: Sub	scriber Birth Date			
			syntax: P0102				
			SEMANTIC: DMC	602 is the date of birth.			
SITUATIONAL	DMG03	1068	Gender Cod Code indicating	e g the sex of the individual	0	ID	1/1
			INDUSTRY: Sub	scriber Gender Code			
			Use if gende	er is needed to identify the	e subscriber.		
			CODE	DEFINITION			
			F	Female			
			Μ	Male			
			U	Unknown			
NOT USED	DMG04	1067	Marital Statu	is Code	0	ID	1/1
NOT USED	DMG05	1109	Race or Ethi	nicity Code	0	ID	1/1
NOT USED	DMG06	1066	Citizenship	Status Code	0	ID	1/2
NOT USED	DMG07	26	Country Coo	le	0	ID	2/3
NOT USED	DMG08	659	Basis of Ver	ification Code	0	ID	1/2
NOT USED	DMG09	380	Quantity		0	R	1/15

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	
TRN * Trace Type Code	481 TRN02 127 TRN03 509 TRN04 127 De * Reference Ident * Originating Company ID * Reference Ident ~

AN 10/10

0

 \cap

AN 1/30

ID

1/2

Μ

М

AN 1/30

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIB	UTES	
REQUIRED	TRN01	481	Trace Type Code Code identifying which transaction is being referenced CODE DEFINITION	M	ID	1/2	
			1 Current Transaction Trace Nu	mbers			
REQUIRED	TRN02	127	Reference Identification Reference information as defined for a particular Tran by the Reference Identification Qualifier	M saction Se	AN t or as s	1/30 pecified	
			INDUSTRY: Patient Event Tracking Number				
			SEMANTIC: TRN02 provides unique identification for the	transactio	n.		
REQUIRED	TRN03	509	Originating Company Identifier A unique identifier designating the company initiating instructions. The first character is one-digit ANSI iden (ICD) followed by the nine-digit identification number employer identification number (EIN), data universal r or a user assigned number; the ICD for an EIN is 1, D number is 9	ification co vhich may umbering	de desig be an IF system (άs (DUNS),	
			INDUSTRY: Trace Assigning Entity Identifier				
			SEMANTIC: TRN03 identifies an organization.				
			Use this element to identify the organization that assigned trace number. TRN03 must be completed to aid requesters clearinghouses in identifying their TRN in the 278 response				
			The first position must be either a "1" if an E DUNS is used or a "9" if a user assigned ide			' if a	
SITUATIONAL	TRN04	127	Reference Identification Reference information as defined for a particular Tran by the Reference Identification Qualifier	O saction Se	AN t or as s	1/30 pecified	
			INDUSTRY: Trace Assigning Entity Additional Id	entifier			
			SEMANTIC: TRN04 identifies a further subdivision within	the organ	ization.		
			Use this information if necessary to further i component, such as a specific division or gr identified in the previous data element (TRN	oup, of th	-		

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.

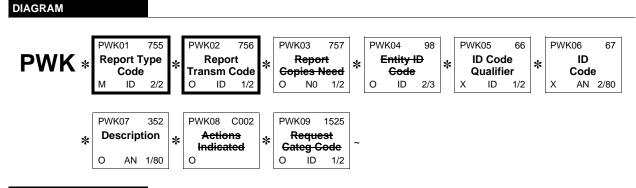
Example: PWK*OB*BM***AC*DMN0012~

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.



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES				
REQUIRED	PWK01	755	Report Type CodeMID2/2Code indicating the title or contents of a document, report or supporting item						
			INDUSTRY: Attac	chment Report Type Code					
			CODE	DEFINITION					
			03	Report Justifying Treatment Beyon Guidelines	d Utilization				
			04	Drugs Administered					
			05	Treatment Diagnosis					
			06	Initial Assessment					
			07	Functional Goals					
				Expected outcomes of rehabilitativ	e 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	nt rental.				
			59	Benefit Letter					
			77	Support Data for Verification	ent				
			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
ВТ	Blanket Test Results
СВ	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment.
СК	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
15	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes
ОВ	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document

New Obginerit	IMPLEMENTATION GUIDE
OE	Objective Physical Examination (including vital signs) Document
ох	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
РО	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
ХР	Photographs
Report Transm Code defining tim sent	hission Code O ID 1/2 ing, transmission method or format by which reports are to be
INDUSTRY: Attach	ment 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

DEALUDED	
REQUIRED	

PWK02 756

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 of	omm	unicati	on.
NOT USED	PWK03	757	Report Copie	es Needed	0	N0	1/2
NOT USED	PWK04	98	Entity Identif	ier Code	ο	ID	2/3
SITUATIONAL	PWK05	66	Code designation Code (67)	Code Qualifier ng the system/method of code structure us	X ed for	ID Identifica	1/2 ation
			syntax: P0506				
			COMMENT: PWK	05 and PWK06 may be used to identify the	addre	ssee by	a code
			or "VO". The requester wa	ment is required when PWK02 DOE e requester can use it when PWK02 ints to send a document control nu emaining at the Provider's office.	equa	s "AA'	
			CODE	DEFINITION			
			AC	Attachment Control Number			
SITUATIONAL	PWK06	67	Identification		x	AN	2/80
SITUATIONAL	PWK06	67	Identification Code identifying	n Code	x	AN	2/80
SITUATIONAL	PWK06	67	Identification Code identifying	a Code g a party or other code	x	AN	2/80
SITUATIONAL	PWK06	67	Identification Code identifying INDUSTRY: Attac SYNTAX: P0506	a Code g a party or other code	X	AN	2/80
SITUATIONAL	PWK06 PWK07	67 352	Identification Code identifying <i>INDUSTRY: Attac</i> SYNTAX: P0506 Required if P Description	a Code g a party or other code chment Control Number	0	AN	1/80
			Identification Code identifying INDUSTRY: Attac SYNTAX: P0506 Required if P Description A free-form des	a Code g a party or other code chment Control Number WK02 equals BM, EL, EM or FX.	0	AN	1/80
			Identification Code identifying <i>INDUSTRY: Attac</i> SYNTAX: P0506 Required if P Description A free-form des <i>INDUSTRY: Attac</i>	a Code g a party or other code chment Control Number PWK02 equals BM, EL, EM or FX. scription to clarify the related data elements chment Description 07 may be used to indicate special informa	O and th	AN neir cont	1/80 Jent
			Identification Code identifying INDUSTRY: Attac SYNTAX: P0506 Required if P Description A free-form des INDUSTRY: Attac COMMENT: PWKK Specified report This data ele	a Code g a party or other code chment Control Number PWK02 equals BM, EL, EM or FX. scription to clarify the related data elements chment Description 07 may be used to indicate special informa	O and th	AN heir cont	1/80 tent vn on the
			Identification Code identifying INDUSTRY: Attac SYNTAX: P0506 Required if P Description A free-form des INDUSTRY: Attac COMMENT: PWKK Specified report This data ele	A Code g a party or other code chment Control Number PWK02 equals BM, EL, EM or FX. Acception to clarify the related data elements chment Description 07 may be used to indicate special information ment is used to add any additional ent described in this segment.	O and th	AN heir cont	1/80 tent vn on the
SITUATIONAL	PWK07	352	Identification Code identifying INDUSTRY: Attac SYNTAX: P0506 Required if P Description A free-form des INDUSTRY: Attac COMMENT: PWKK specified report This data ele the attachme	A Code g a party or other code chment Control Number PWK02 equals BM, EL, EM or FX. Acception to clarify the related data elements chment Description 07 may be used to indicate special information ment is used to add any additional ent described in this segment. DICATED	O and th tion to inform	AN heir cont	1/80 tent vn on the

oop ID Changed IMPLEMENTATION 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 1. P0809 Syntax: If either NM108 or NM109 is present, then the other is required. 2. C1110 If NM111 is present, then NM110 is required. DIAGRAM NM103 NM101 98 NM102 1065 1035 NM104 1036 NM105 1037 NM106 1038 Entity ID **Entity Type** Name Last/ Name Name Name NM1 * * * * * Code Qualifier **Org Name** Middle Prefix First 0 AN 1/25 0 AN 1/25 0 ID ID 0 2/3 М 1/1 AN 1/35 AN 1/10 NM107 1039 NM108 66 NM109 67 NM110 706 NM111 98 Name ID Code ₩ Entity Entity ID * * * * * Qualifier Code Relat Code Suffix Code 0 AN 1/10 Х ID 1/2 х AN 2/80 Х ID 2/2 0 ID 2/3

ELEMENT SUMMARY

Loop ID Changed -

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUT	ES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location individual	M , prop	ID perty or a	2/3 n
			CODE DEFINITION			
			QC Patient			
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity	Μ	ID	1/1
			SEMANTIC: NM102 qualifies NM103.			
			CODE DEFINITION			
			1 Person			
SITUATIONAL	NM103	1035	Name Last or Organization Name Individual last name or organizational name	0	AN	1/35
			INDUSTRY: Dependent Last Name			
			Use if name information is needed to identify the	depe	ndent.	
SITUATIONAL	NM104	1036	Name First Individual first name	0	AN	1/25
			INDUSTRY: Dependent First Name			
			Use if name information is needed to identify the	depe	ndent.	
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	0	AN	1/25
			INDUSTRY: Dependent Middle Name			
			Use if name information is needed to identify the the middle name/initial of the dependent is known		ndent a	nd
NOT USED	NM106	1038	Name Prefix	ο	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	0	AN	1/10
			INDUSTRY: Dependent Name Suffix			
			Use this for the suffix of an individual's name; e.g	., Sr.	, Jr., or	III.
NOT USED	NM108	66	Identification Code Qualifier	Х	ID	1/2
NOT USED	NM109	67	Identification Code	Х	AN	2/80
NOT USED	NM110	706	Entity Relationship Code	х	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	ο	ID	2/3

Loop ID Changed IMPLEMENTATION 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 REF01 128 REF02 127 REF03 352 REF04 C040 Reference Reference **Description** Reference * * REF * Ident Qual Ident **Identifier** ID 2/3AN 1/30 х AN 1/80 0 **ELEMENT SUMMARY** REF. DATA ELEMENT USAGE NAME ATTRIBUTES REQUIRED REF01 128 **Reference Identification Qualifier** ID 2/3 Μ Code qualifying the Reference Identification CODE DEFINITION A6 **Employee Identification Number** EJ Patient Account Number

			SY	Loop ID Cl Social Security Number	nanged '			
			The social security number may not be used for Medicare.					
REQUIRED	REF02	127	Reference Ide	х	AN	1/30		
			Reference information as defined for a particular Transaction Set or as specifie by the Reference Identification Qualifier					
			INDUSTRY: Dependent Supplemental Identifier					
			syntax: R0203					
NOT USED	REF03	352	Description		Х	AN	1/80	
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0			

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

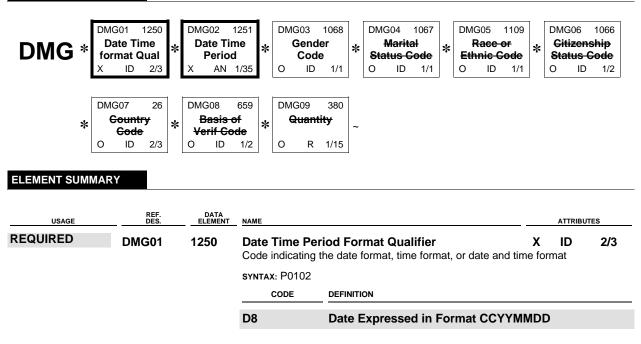
Requirement: Optional

Max Use: 1

- Purpose: To supply demographic information
 - Syntax: 1. P0102

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

DIAGRAM



ASC X12N • INSURA		MMITTEE			004010X094A1 • DEPENDENT DEMOGR				
REQUIRED	DMG02	1251	Date Time Period Expression of a date, a time, or r		Loop ID Changed	X es an	AN d times	1/35	
			INDUSTRY: Depe	endent Birth Da	ate				
			SYNTAX: P0102						
			SEMANTIC: DMG	02 is the date of I	birth.				
SITUATIONAL	DMG03	1068	Gender Code Code indicating the sex of the individual				ID	1/1	
			INDUSTRY: Depe	INDUSTRY: Dependent Gender Code					
			Use if gende	r is needed to	identify the Dependent				
			CODE	DEFINITION					
			F	Female					
			М	Male					
			U	Unknown					
NOT USED	DMG04	1067	Marital Statu	s Code		ο	ID	1/1	
NOT USED	DMG05	1109	Race or Ethn	icity Code		0	ID	1/1	
NOT USED	DMG06	1066	Citizenship S	Status Code		0	ID	1/2	
NOT USED	DMG07	26	Country Cod	е		0	ID	2/3	
NOT USED	DMG08	659	Basis of Veri	fication Code		ο	ID	1/2	
NOT USED	DMG09	380	Quantity			0	R	1/15	

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

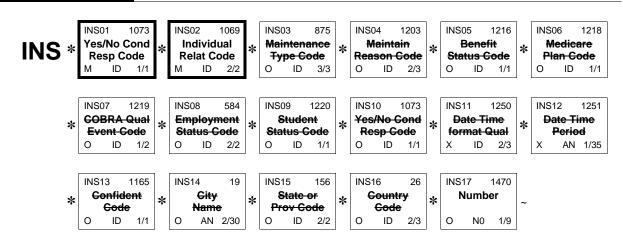
Max Use: 1

Purpose: To provide benefit information on insured entities

Syntax: 1. P1112

If either INS11 or INS12 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

Loop ID Changed -

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED INSO	INS01	1073		ition or Response Code a Yes or No condition or response	М	ID	1/1
			INDUSTRY: INSUI	red Indicator			
			SEMANTIC: INSO ² is a subscriber:	1 indicates status of the insured. A "Y" val an "N" value indicates the insured is a de	ue indica pendent	ates the	insured
			CODE	DEFINITION			
			Ν	No			
REQUIRED	INS02	1069		lationship Code the relationship between two individuals	M or entitie	ID s	2/2
		ALIAS: Relation	nship to Insured Code				
			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 Dependen	t		
			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	43 Child Where Insured Has No Financial Responsibility					
	Loop in onaligou		53	Life Partner		•	,	
			55					
			G8	Other Relationship				
NOT USED	INS03	875	Maintenance ⁻	Type Code	0	ID	3/3	
NOT USED	INS04	1203	Maintenance I	Reason Code	0	ID	2/3	
NOT USED	INS05	1216	Benefit Status	S Code	ο	ID	1/1	
NOT USED	INS06	1218	Medicare Plan	ο	ID	1/1		
NOT USED	INS07	1219	Consolidated Act (COBRA)	0	ID	1/2		
NOT USED	INS08	584	Employment S	Status Code	ο	ID	2/2	
NOT USED	INS09	1220	Student Statu	s Code	ο	ID	1/1	
NOT USED	INS10	1073	Yes/No Condi	tion or Response Code	ο	ID	1/1	
NOT USED	INS11	1250	Date Time Per	riod Format Qualifier	Х	ID	2/3	
NOT USED	INS12	1251	Date Time Per	iod	Х	AN	1/35	
NOT USED	INS13	1165	Confidentiality	y Code	ο	ID	1/1	
NOT USED	INS14	19	City Name		0	AN	2/30	
NOT USED	INS15	156	State or Provi	nce Code	ο	ID	2/2	
NOT USED	INS16	26	Country Code	1	0	ID	2/3	
SITUATIONAL	INS17	1470	Number A generic numbe	er	0	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.

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

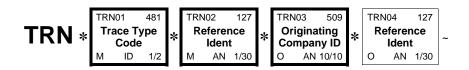
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To uniquely identify a transaction to an application

DIAGRAM



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

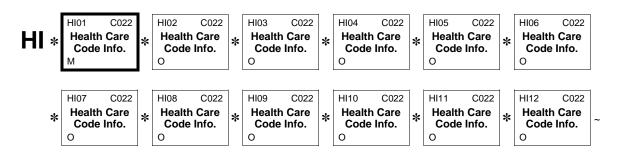
Loop: HL

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				ATTRIBL	ITES	
REQUIRED	HI01	C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amo				and qua	ntities	
			ALIAS: Procedure Code 1						
REQUIRED	HI01 - 1		1270	Code Code id	М	ID	1/3		
			C	ODE	DEFINITION				
New Code Ad	ded ———		ABR		Assigned by Receiver Use ABR for Revenue Codes in C National Uniform Billing Commit				

		TROCEDORES
	во	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 HI01 - 2	1271	Industry CodeMAN1/30Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
SITUATIONAL HI01 - 3	1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	C	ODE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
SITUATIONAL HI01 - 4	1251	Date Time PeriodXAN1/35Expression 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 HI01 - 5 Usage Changed	782	Monetary Amount O R 1/18 Monetary amount
Industry Name Added		INDUSTRY: Procedure Monetary Amount
New Note Added ——		Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.

004010X094A1 • 278 • 2000F • HI PROCEDURES		ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE
SITUATIONAL HI01 - 6	380	Quantity O R 1/15 Numeric value of quantity 0
		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 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 HI01-1 has a version identifier. Otherwise Not Used.
SITUATIONAL HI02 C022		TH CARE CODE INFORMATION O I health care codes and their associated dates, amounts and quantities
	ALIAS: F	Procedure Code 2
	Use th	is for the second procedure.
REQUIRED HI02 - 1	1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list
	C	ODE DEFINITION
New Code Added	ABR	Assigned by Receiver
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.
	во	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.

ASC X12N • INSURANCE SUB IMPLEMENTATION GUIDE	BCOMMITTEE			004	010X094A1 •		2000F • H CEDURE
REQUIRED HI02	- 2	1271	Industry Code ind	y Code icating a code from a specific ind	M ustry code list	AN	1/30
			INDUSTRY	Procedure Code			
SITUATIONAL HI02	- 3	1250		me Period Format Qualifier icating the date format, time form	X at, or date and	ID d time fo	2/3 ormat
			Require	ed if X12N syntax conditions	s apply.		
		C	ODE	DEFINITION			
		D8		Date Expressed in Format (CYYMMDD	I	
		RD8		Range of Dates Expressed	in Format C	СҮҮМ	MDD-
SITUATIONAL HI02	- 4	1251		me Period on of a date, a time, or range of d	X ates, times or	AN dates a	1/35 and times
			INDUSTRY	Procedure Date			
			Require	ed if proposed or actual proc	cedure date	is kno	wn.
SITUATIONAL HI02	-	782	Moneta Monetary	ry Amount / amount	0	R	1/18
Usage Changed Industry Name Added			INDUSTRY	Procedure Monetary Amou	int		
Note Ad	ded ———		to appr	ne procedure charge amour ove a monetary limitation fo s requested.		-	e UMO
SITUATIONAL HI02	HI02 - 6	380	Quantit Numeric	y value of quantity	0	R	1/15
			INDUSTRY	Procedure Quantity			
			occurre	ed if requesting authorizatio nce of the procedure idention me period.			
SITUATIONAL HI02	- 7	799		l dentifier level of a particular format, progra	O am, technique	AN or algo	1/30 rithm
			INDUSTRY	Version, Release, or Indust	try Identifier		
				ed if the code list referenced er. Otherwise Not Used.	l in Hl02-1 h	as a v	ersion
SITUATIONAL HI03	C022			CODE INFORMATION	O tes, amounts a	and qua	ntities
		ALIAS: Procedure Code 3					
		Use th	is for the	third procedure.			
REQUIRED HI03	- 1	1270		ist Qualifier Code ntifying a specific industry code li	M	ID	1/3
		C	ODE	DEFINITION			
New Code Added -		ABR		Assigned by Receiver			
				Use ABR for Revenue Code National Uniform Billing Co			

		во		Health Care Financing Administrati Procedural Coding System	on C	ommor	n
			Because the AMA's CPT codes are HCPCS codes, they are reported un				
			CODE SOURCE 130: Health Care Financing A Common Procedural Coding System	۱dmin	istration		
		BQ		International Classification of Disea Modification (ICD-9-CM) Procedure		Clinica	l
				code source 131: International Classificati Clinical Mod (ICD-9-CM) Procedure	on of	Disease	S
		JP	l	National Standard Tooth Numberin	g Sys	stem	
				CODE SOURCE 135: American Dental Associ	ation	Codes	
		NDC		National Drug Code (NDC)			
				CODE SOURCE 134: National Drug Code CODE SOURCE 240: National Drug Code by	Forma	at	
		ZZ		Mutually Defined			
				Use ZZ for Code Source 513: Home Coalition (HIEC) Product/Service C			JI
New Note	Added			This code set is not allowed for use the time of this writing. The qualifie used 1) If a new rule names HIEC a code set under HIPAA. 2) For Prope claims/encounters that are not cov HIPAA.	er car s an a erty &	n only b allowat & Casua	be ble
REQUIRED	HI03 - 2	1271	Industry Code indi	y Code licating a code from a specific industry cod	M e list	AN	1/30
			INDUSTRY:	Procedure Code			
SITUATIONAL	HI03 - 3	1250		me Period Format Qualifier licating the date format, time format, or dat	X e and	ID time for	2/3 mat
			Require	ed if X12N syntax conditions apply.			
		СС	DDE I	DEFINITION			
		D8		Data Expressed in Format COVVM			
		00		Date Expressed in Format CCYYM	ססו		
		RD8		Range of Dates Expressed in Form CCYYMMDD	at CC	YYMM	DD-
SITUATIONAL	HI03 - 4	1251		me Period on of a date, a time, or range of dates, time	X es or c	AN dates and	1/35 d times
			INDUSTRY:	Procedure Date			
			Require	ed if proposed or actual procedure of	date i	is know	/n.
SITUATIONAL	HI03 - 5	782	Monoto	n/ Amount	0	R	1/18
SHUALONAL	Usage Changed	102	Monetary	ry Amount / amount	0	N	1/10
	Industry Name Added		INDUSTRY:	Procedure Monetary Amount			
	Note Added ———		to appro	he procedure charge amount is nee ove a monetary limitation for the he s requested.			JMO

ASC X12N • INSURAN		IMITTEE			004010>	(094A1 •		000F • HI EDURES		
SITUATIONAL	HI03 - 6		380		value of quantity	0	R	1/15		
					Y: Procedure Quantity					
				occurr	ed if requesting authorization fo ence of the procedure identified ime period.					
SITUATIONAL	HI03 - 7		799		n Identifier n level of a particular format, program, t	O echnique	AN or algor	1/30 rithm		
				INDUSTR	Y: Version, Release, or Industry le	dentifier	,			
				-	ed if the code list referenced in l ier. Otherwise Not Used.	-1103-1 h	as a ve	ersion		
SITUATIONAL	HI04	C022			E CODE INFORMATION are codes and their associated dates, a	O imounts a	ind quar	ntities		
			ALIAS: F	Procedur	re Code 4					
			Use this for the fourth procedure.							
REQUIRED	HI04 - 1		1270	Code L	List Qualifier Code entifying a specific industry code list	М	ID	1/3		
			CODE		DEFINITION					
New Code Added			ABR		Assigned by Receiver					
				Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.						
			во		Health Care Financing Adminis Procedural Coding System	tration (Commo	on		
					Because the AMA's CPT codes HCPCS codes, they are reporte			1		
					CODE SOURCE 130: Health Care Finance Common Procedural Coding System	ing Admiı	nistratior	٦		
			BQ		International Classification of D Modification (ICD-9-CM) Procee		Clinic	al		
					CODE SOURCE 131: International Classi Clinical Mod (ICD-9-CM) Procedure	fication of	Diseas	es		
			JP		National Standard Tooth Numb	ering Sy	stem			
					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: H Coalition (HIEC) Product/Servic			DI		
New Note Add	ded ———				This code set is not allowed for the time of this writing. The qua used 1) If a new rule names HIE code set under HIPAA. 2) For P claims/encounters that are not HIPAA.	alifier ca C as an roperty	n only allowa & Casu	be able ualty		

REQUIRED HI04 - 2 1271 Industry Code indicating a code from a specific industry code list moustry: Procedure Code M AN 1/30 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. 2/2 code Date Expressed in Format CCYYMMDD R08 Range of Dates Expressed in Format CCYYMMDD SITUATIONAL HI04 - 4 1251 Date Time Period A AN 1/30 AN 1/30 SITUATIONAL HI04 - 4 1251 Date Time Period A AN 1/30 AN 1/30 SITUATIONAL HI04 - 5 782 Monetary Amount Note Added 0 R 1/18 SITUATIONAL HI04 - 6 380 Quantity Monetary Monut Monetary Amount Monetary Monut Monetary Monut Monetary Monut Monetary Imitation for the health care services requested. 0 R 1/15 SITUATIONAL HI04 - 7 799 Version Identifier Monetary Monute Identified in HI04-2 for the same time period. AN 1/30 SITUATIONAL HI04 - 7 799 Version Identifier Requestion format, program, technique or algorithm moustry: Version, Release, or Industry Identifier Requered if the coced is it	004010X094A1 • 278 • 2000F • HI PROCEDURES			ASC X12N • INSURA IMP			MMITTEE		
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	REQUIRED HI04 - 2	1271					1/30		
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 time <i>moustrar: Procedure Date</i> Required if proposed or actual procedure date is known. SITUATIONAL HI04 - 5 782 Monetary Amount O R 1/18 Usage Changed Industry Name Added <i>moustrar: Procedure Monetary Amount</i> Note Added <i>usustrar: Procedure Quantity</i> SITUATIONAL HI04 - 6 380 Quantity O R 1/18 SITUATIONAL HI04 - 7 799 Version Identifier O AN 1/30 SITUATIONAL HI04 - 7 799 Version Identifier O AN 1/30 SITUATIONAL HI04 - 7 799 Version Identifier O AN 1/30 SITUATIONAL 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 <i>auxa: Procedure Code 5</i> Use this for the fifth procedure. REQUIRED HI05 - 1 1270 Code List Qualifier Code M ID 1/3			INDUSTRY	r: Procedure Code					
CODE DEFINITION D8 Date Expressed in Format CCYYMMDD- CCYYMMDD- CCYYMMDD SITUATIONAL HI04 - 4 1251 Date Time Period Expression of a date, a time, or range of dates, times or dates and times <i>noustry: Procedure Date</i> SITUATIONAL HI04 - 5 782 Monetary Amount Monetary amount O R 1/18 SITUATIONAL HI04 - 6 782 Monetary Amount Monetary amount O R 1/18 SITUATIONAL HI04 - 6 782 Monetary Amount Monetary amount O R 1/18 SITUATIONAL HI04 - 6 782 Monetary Amount Monetary amount O R 1/18 SITUATIONAL HI04 - 6 782 Monetary Amount Monetary amount O R 1/18 SITUATIONAL HI04 - 6 380 Quantity Numeric value of quantity O R 1/15 SITUATIONAL HI04 - 7 799 Version Identifier Required if requesting authorization for more than one occurrence of the procedure identified in HI04-2 for the same time period. AN 1/30 SITUATIONAL HI04 - 7 799 Version	SITUATIONAL HI04 - 3	1250			~ ~				
D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD-CCYYMMDD SITUATIONAL HI04 - 4 1251 Date Time Period X AN 1/35 SITUATIONAL HI04 - 5 Totate Time Period X AN 1/35 SITUATIONAL HI04 - 5 T82 Monetary Amount O R 1/18 Visage Changed Industry Name Added Woretary Amount O R 1/18 Visage Changed Industry Name Added Woretary amount O R 1/18 Visage Changed Industry Name Added Woretary amount O R 1/18 Visage Changed Industry Name Added Woretary amount O R 1/18 SITUATIONAL HI04 - 6 380 Quantity O R 1/15 SITUATIONAL HI04 - 7 799 Version Identifier Required if requesting authorization for more than one occurrence of the procedure identified in HI04-2 for the same time period. AN 1/30 SITUATIONAL HI04 - 7 799 Version Identifier Required if the code list ref			Requir	ed if X12N syntax conditions apply	•				
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 wousray: Procedure Date Required if proposed or actual procedure date is known. SITUATIONAL HI04 - 5 782 Monetary Amount O R 1/18 Usage Changed Industry Name Added wousray: Procedure Monetary Amount O R 1/18 Note Added wousray: 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 SITUATIONAL HI04 - 7 799 Version Identifier O AN 1/30 SITUATIONAL HI04 - 7 799 Version Identifier O AN 1/30 SITUATIONAL HI04 - 7 799 Version Identifier Numeric value of quantity O AN 1/30 SITUATIONAL HI04 - 7 799 Version Release, or Industry Identifier Required if the code list referenced in HI04-1 has a version identifier. Otherwise Not Used. Situational To		C	ODE	DEFINITION					
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 wousray: Procedure Date Required if proposed or actual procedure date is known. SITUATIONAL HI04 - 5 782 Monetary Amount O R 1/18 Usage Changed Monetary Amount O R 1/18 Note Added Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested. O R 1/15 SITUATIONAL HI04 - 6 380 Quantity O R 1/15 Numeric value of quantity Numeric value of a pericular format, program, technique or algorithm wousray: Version, Release, or Industry Identifier SITUATIONAL 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 Aus: Procedure Code 5 Use this for the fifth procedure. Iuse this for the fifth procedure.		D8		Date Expressed in Format CCYYM	MDD	I			
Expression of a date, a time, or range of dates, times or dates and times Note Added No		RD8			nat C	CYYM	MDD-		
SITUATIONAL HI04 - 5 782 Monetary Amount Monetary amount O R 1/18 Usage Changed Industry Name Added Wowstry: Procedure Monetary Amount Note Added O R 1/18 SITUATIONAL HI04 - 6 380 Quantity Numeric value of quantity O R 1/15 SITUATIONAL HI04 - 6 380 Quantity Numeric value of quantity O R 1/15 SITUATIONAL HI04 - 7 799 Version Identifier Required if requesting authorization for more than one occurrence of the procedure identified in HI04-2 for the same time period. AN 1/30 SITUATIONAL HI04 - 7 799 Version Identifier Required if requesting authorization for more than one occurrence of the procedure identified in HI04-1 has a version identifier. Otherwise Not Used. AN 1/30 SITUATIONAL HI04 - 7 799 Version Release, or Industry Identifier Required if the code list referenced in HI04-1 has a version identifier. Otherwise Not Used. O To send health care codes and their associated dates, amounts and quantities ALUAS: Procedure Code 5 Use this for the fifth procedure. Its for the fifth procedure. M Its /13	SITUATIONAL HI04 - 4	1251							
SITUATIONAL HI04 - 5 782 Monetary Amount O R 1/18 Monetary amount Monetary amount Monetary amount Monetary amount Monetary Amount Visage Changed Industry Name Added Woustray: 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 SITUATIONAL HI04 - 7 380 Quantity O R 1/15 Numeric value of quantity Noustray: 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 Noustray: Version, Release, or Industry Identifier Required if the code list referenced in HI04-1 has a version identifier. Otherwise Not Used. O To send health care codes and their associated dates, amounts and quantities ALIAS: Procedure Code 5 Use this for the fifth procedure. Its this for the fifth procedure. M ID 1/3			INDUSTRY: Procedure Date						
Monetary amount Monetary amount Industry Name Added Movesray: Procedure Monetary Amount Note Added 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 Numeric value of quantity Numeric value of quantity O R 1/15 SITUATIONAL HI04 - 7 799 Version Identifier O AN 1/30 SITUATIONAL HI04 - 7 799 Version Identifier O AN 1/30 SITUATIONAL HI04 - 7 799 Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm Nousstay: 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 aluas: Procedure Code 5 Use this for the fifth procedure. REQUIRED HI05 - 1 1270 Code List Qualifier Code M ID			Required if proposed or actual procedure date is known.						
Industry Name Added INDUSTRY: Procedure Monetary Amount Note Added 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 Numeric value of quantity O R 1/15 NUDESTRY: Procedure Quantity NUDESTRY: 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 SITUATIONAL HI04 - 7 799 Version Identifier O AN 1/30 SITUATIONAL HI04 - 7 799 Version Identifier O AN 1/30 Required if the code list referenced in HI04-1 has a version identifier. Required if the code list referenced in HI04-1 has a version identifier. INDUSTRY: Version, Release, or Industry Identifier Required if the code sand their associated dates, amounts and quantities ALIAS: Procedure Code 5 Use this for the fifth procedure. Iso for the fifth procedure. Iso for the fifth procedure.		782			0	R	1/18		
SITUATIONAL HI04 - 6 380 Quantity O R 1/15 Numeric value of quantity Numeric value of quantity Numeric value of quantity O R 1/15 SITUATIONAL HI04 - 6 380 Quantity O R 1/15 Numeric value of quantity SITUATIONAL HI04 - 7 799 Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm Nuoustrav: 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 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	Industry Name Added		INDUSTRY	r: Procedure Monetary Amount					
Numeric value of quantity Noustray: 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 Revision level of a particular format, program, technique or algorithm NUDUSTRY: 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	Note Added		to appr	rove a monetary limitation for the h			UMO		
SITUATIONAL HI04 - 7 799 Version Identifier of a particular format, program, technique or algorithm <i>NousTRY: Version, Release, or Industry Identifier</i> Required if the code list referenced in HI04-1 has a version identifier. Otherwise Not Used. SITUATIONAL HI05 C022 HEALTH CARE CODE INFORMATION or To send health care codes and their associated dates, amounts and quantities <i>ALIAS: Procedure Code 5</i> Use this for the fifth procedure. REQUIRED HI05 - 1	SITUATIONAL HI04 - 6	380			ο	R	1/15		
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. Iso the fifth procedure. REQUIRED HI05 - 1 1270 Code List Qualifier Code M ID 1/3			INDUSTRY	r: Procedure Quantity					
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			occurr	ence of the procedure identified in					
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 O REQUIRED HI05 - 1 1270 Code List Qualifier Code M ID 1/3	SITUATIONAL HI04 - 7	799			O nnique				
identifier. Otherwise Not Used. SITUATIONAL HI05 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities <i>ALIAS: Procedure Code 5</i> O Use this for the fifth procedure. Use this for the fifth procedure. M ID 1/3			INDUSTRY	x: Version, Release, or Industry Ider	ntifier				
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					4-1 h	as a ve	ersion		
Use this for the fifth procedure. REQUIRED HI05 - 1 1270 Code List Qualifier Code M ID 1/3	SITUATIONAL HI05 C022								
REQUIRED HI05 - 1 1270 Code List Qualifier Code M ID 1/3		ALIAS: F	ALIAS: Procedure Code 5						
		Use this for the fifth procedure.							
	REQUIRED HI05 - 1	1270			М	ID	1/3		
CODE DEFINITION		C	ODE	DEFINITION					
New Code Added ABR Assigned by Receiver	New Code Added ————	ABR		Assigned by Receiver					
Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.									

		TROOLDORED
		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 HI05 - 2	1271	Industry CodeMAN1/30Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
SITUATIONAL HI05 - 3	1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	C	DDE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
SITUATIONAL HI05 - 4	1251	Date Time PeriodXAN1/35Expression 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 HI05 - 5 Usage Changed	782	Monetary AmountOR1/18Monetary amount
Industry Name Added		INDUSTRY: Procedure Monetary Amount
Note Added ———		Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.

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SITUATIONAL	HI05 -	6		380	Quantity Numeric value of quantity	0	R	1/15
					INDUSTRY: Procedure Quantity			
					Required if requesting authorization occurrence of the procedure identifi same time period.			
SITUATIONAL	HI05 -	7		799	Version Identifier Revision level of a particular format, progra	O am, technique	AN or algo	1/30 rithm
					INDUSTRY: Version, Release, or Indust	ry Identifier	•	
					Required if the code list referenced identifier. Otherwise Not Used.	in HI05-1 h	as a v	ersion
SITUATIONAL	HI06		C022		TH CARE CODE INFORMATION d health care codes and their associated dat	O es, amounts a	and qua	ntities
				alias: F	Procedure Code 6			
				Use th	is for the sixth procedure.			
REQUIRED	HI06 -	1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				c	ODE DEFINITION			
New Code A	dded -			ABR	Assigned by Receiver			
					Use ABR for Revenue Code National Uniform Billing Co			-
				во	Health Care Financing Adm Procedural Coding System	inistration (Comm	on
					Because the AMA's CPT co HCPCS codes, they are repo			1
					code source 130: Health Care Fin Common Procedural Coding Syst		nistratio	n
				BQ	International Classification Modification (ICD-9-CM) Pro		Clinic	al
					CODE SOURCE 131: International C Clinical Mod (ICD-9-CM) Procedu		Diseas	es
				JP	National Standard Tooth Nu	mbering Sy	vstem	
					code source 135: American Dent	al Association	Codes	
				NDC	National Drug Code (NDC)	De el e		
					code source 134: National Drug (code source 240: National Drug (at	
				ZZ	Mutually Defined			
					Use ZZ for Code Source 513 Coalition (HIEC) Product/Se			EDI
New Note Ad	ided —				This code set is not allowed the time of this writing. The used 1) If a new rule names code set under HIPAA. 2) Fo claims/encounters that are HIPAA.	qualifier ca HIEC as an or Property	n only allow & Cas	be able ualty

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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 QualifierXID2/3Code indicating the date format, time format, or date and time format						
		Required if X12N syntax conditions apply.						
	C	DDE DEFINITION						
	D8	Date Expressed in Format CCYYMMDD						
	RD8	Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD						
SITUATIONAL HI06 - 4	1251	Date Time PeriodXAN1/35Expression of a date, a time, or range of dates, times or dates and time						
		INDUSTRY: Procedure Date						
		Required if proposed or actual procedure date is known.						
SITUATIONAL HI06 - 5 Usage Changed	782	Monetary Amount O R 1/18 Monetary amount						
Industry Name Added		- INDUSTRY: Procedure Monetary Amount						
Note Added ———		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 0 R 1/15						
		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: P	Procedure Code 7						
	Use th	is for the seventh procedure.						
REQUIRED HI07 - 1	1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list						
	C	ODE DEFINITION						
New Code Added ————	ABR	Assigned by Receiver						
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.						

		во		lealth Care Financing Admin Procedural Coding System	istration C	commo	n	
			_	Because the AMA's CPT code ICPCS codes, they are repor				
				ODE SOURCE 130: Health Care Fina Common Procedural Coding System		istration		
		BQ		nternational Classification of Iodification (ICD-9-CM) Proc		Clinica	il	
				ode source 131: International Clas linical Mod (ICD-9-CM) Procedure		Disease	s	
		JP	Ν	lational Standard Tooth Nun	nbering Sy	stem		
			С	ODE SOURCE 135: American Dental	Association	Codes		
		NDC	N	lational Drug Code (NDC)				
				ODE SOURCE 134: National Drug Co ODE SOURCE 240: National Drug Co		at		
		ZZ	M	lutually Defined				
			-	Ise ZZ for Code Source 513: Coalition (HIEC) Product/Serv			DI	
New Note	Added		th u: ci	This code set is not allowed f the time of this writing. The q used 1) If a new rule names H ode set under HIPAA. 2) For laims/encounters that are no IIPAA.	ualifier ca IIEC as an Property	n only k allowal & Casu	be ble	
REQUIRED	HI07 - 2	1271	Industry Code indic	Code cating a code from a specific indus	M try code list	AN	1/30	
			INDUSTRY: F	Procedure Code				
SITUATIONAL	HI07 - 3	1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format					
			Required	I if X12N syntax conditions a	pply.			
		C	DDE DE	EFINITION				
		D8		Date Expressed in Format CC				
		20		-				
		RD8		Range of Dates Expressed in CYYMMDD	Format C	CYYMM	IDD-	
SITUATIONAL	HI07 - 4	1251	Date Time	e Period n of a date, a time, or range of dat	X es, times or	AN dates an	1/35 d times	
			INDUSTRY: F	Procedure Date				
			Required	l if proposed or actual proce	dure date	is knov	vn.	
SITUATIONAL	HI07 - 5	782	Monotan	Amount	ο	R	1/18	
SHUALDINAL	Usage Changed	102	Monetary a	y Amount amount	0	n	1/10	
	Industry Name Adde	k	INDUSTRY: F	Procedure Monetary Amount	t			
	Note Added ———		to approv	e procedure charge amount ve a monetary limitation for requested.			UMO	

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SITUATIONAL HI07 - 6	380	Quantity O R 1/15 Numeric value of quantity Image: Contract of the second seco						
		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 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 HI07-1 has a version identifier. Otherwise Not Used.						
SITUATIONAL HI08 C022		TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts and quantities						
	ALIAS: F	Procedure Code 8						
	Use th	is for the eighth procedure.						
REQUIRED HI08 - 1	1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list						
	с	ODE 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						
	NDA	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.						

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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.						
	C	ODE DEFINITION						
	D8	Date Expressed in Format CCYYMMDD						
	RD8	Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD						
SITUATIONAL HI08 - 4	1251	Date Time PeriodXAN1/35Expression 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 Usage Changed	782	Monetary AmountOR1/18Monetary amount						
Industry Name Added		- INDUSTRY: Procedure Monetary Amount						
Note Added ———		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	QuantityOR1/15Numeric 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: P	Procedure Code 9						
	Use th	is for the ninth procedure.						
REQUIRED HI09 - 1	1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list						
	C	ODE DEFINITION						
New Code Added	ABR	Assigned by Receiver						
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.						

		TROOLDONLO
	во	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 HI09 - 2	1271	Industry CodeMAN1/30Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
SITUATIONAL HI09 - 3	1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	C	ODE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
SITUATIONAL HI09 - 4	1251	Date Time PeriodXAN1/35Expression 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 HI09 - 5 Usage Changed	782	Monetary Amount O R 1/18 Monetary amount
Industry Name Addec Note Added	ł	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 HI09 - 6 380 Quantity Numeric value of quantity O NUMERIC value of quantity NUMERIC value of quantity NUMERIC value of quantity NUMERIC value of quantity NUMERIC value of the procedure Quantity Required if requesting authorization for more to occurrence of the procedure identified in HI09-same time period. O SITUATIONAL HI09 - 7 799 Version Identifier Revision level of a particular format, program, technique INDUSTRY: Version, Release, or Industry Identifier Required if the code list referenced in HI09-1 has identifier. Otherwise Not Used.	2 for ti	
SITUATIONAL HI09 - 7 799 Version Identifier O Revision level of a particular format, program, technique INDUSTRY: Version, Release, or Industry Identifier Required if the code list referenced in HI09-1 has	2 for ti	
SITUATIONAL HI09 - 7 799 Version Identifier O Revision level of a particular format, program, technique INDUSTRY: Version, Release, or Industry Identifier Required if the code list referenced in HI09-1 has	2 for ti	
Revision level of a particular format, program, technique INDUSTRY: Version, Release, or Industry Identifier Required if the code list referenced in HI09-1 h		
Required if the code list referenced in HI09-1 h		1/30 prithm
	•	
	as a ve	ersion
SITUATIONAL HI10 C022 HEALTH CARE CODE INFORMATION O To send health care codes and their associated dates, amounts a	and qua	ntities
ALIAS: Procedure Code 10		
Use this for the tenth procedure.		
REQUIRED HI10 - 1 1270 Code List Qualifier Code M Code identifying a specific industry code list Code identifying a specific industry code list M	ID	1/3
CODE DEFINITION		
New Code Added ABR Assigned by Receiver		
Use ABR for Revenue Codes in Code S National Uniform Billing Committee (NU		-
BO Health Care Financing Administration O Procedural Coding System	Commo	on
Because the AMA's CPT codes are also HCPCS codes, they are reported under		1
code source 130: Health Care Financing Admir Common Procedural Coding System	nistratio	n
BQInternational Classification of DiseasesModification (ICD-9-CM) Procedure	Clinic	al
CODE SOURCE 131: International Classification of Clinical Mod (ICD-9-CM) Procedure	Diseas	ies
JP National Standard Tooth Numbering Sy	stem	
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 Form	at	
ZZ Mutually Defined		
Use ZZ for Code Source 513: Home Infu Coalition (HIEC) Product/Service Code		EDI
New Note Added This code set is not allowed for use und the time of this writing. The qualifier ca used 1) If a new rule names HIEC as an code set under HIPAA. 2) For Property claims/encounters that are not covered HIPAA.	n only allowa & Casi	y be able ualty

ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE			004010X094 <i>/</i>	A1 •		2000F • HI CEDURES		
REQUIRED HI10 - 2	1271	Industry Code indi	/ Code icating a code from a specific industry code	M e list	AN	1/30		
		INDUSTRY:	Procedure Code					
SITUATIONAL HI10 - 3	1250		ne Period Format Qualifier icating the date format, time format, or date	X e and	ID time fo	2/3 ormat		
		Require	d if X12N syntax conditions apply.					
	C	DDE I	DEFINITION					
	D8	l	Date Expressed in Format CCYYMM	/IDD				
	RD8		Range of Dates Expressed in Form CCYYMMDD	at C	СҮҮМ	MDD-		
SITUATIONAL HI10 - 4	1251		ne Period on of a date, a time, or range of dates, time	X es or	AN dates a	1/35 and times		
		INDUSTRY: Procedure Date						
		Require	d if proposed or actual procedure of	late	is kno	wn.		
SITUATIONAL HI10 - 5 Usage Changed	782	Monetar Monetary	r y Amount amount	0	R	1/18		
Industry Name Added		INDUSTRY:	Procedure Monetary Amount					
Note Added		to appro	ne procedure charge amount is nee ove a monetary limitation for the he s requested.		-	e UMO		
SITUATIONAL HI10 - 6	380	Quantity Numeric	y value of quantity	0	R	1/15		
		INDUSTRY:	Procedure Quantity					
		occurre	d if requesting authorization for mo nce of the procedure identified in H me period.					
SITUATIONAL HI10 - 7	799		Identifier level of a particular format, program, techr	O iique	AN or algo	1/30 prithm		
		INDUSTRY: Version, Release, or Industry Identifier						
		-	d if the code list referenced in HI10 er. Otherwise Not Used.	-1 ha	as a v	ersion		
SITUATIONAL HI11 C022	HEALTH CARE CODE INFORMATION O To send health care codes and their associated dates, amounts and quantities							
	ALIAS: P	rocedure	Code 11					
	Use th	is for the	eleventh procedure.					
REQUIRED HI11 - 1	1270		st Qualifier Code ntifying a specific industry code list	м	ID	1/3		
	C	DDE I	DEFINITION					
New Code Added	ABR		Assigned by Receiver					
		I	Use ABR for Revenue Codes in Cod National Uniform Billing Committee					

		во		Health Care Financing Administration Common Procedural Coding System						
				Because the AMA's CPT codes are ICPCS codes, they are reported un						
				CODE SOURCE 130: Health Care Financing A Common Procedural Coding System	dmini	stration				
		BQ		nternational Classification of Disea Modification (ICD-9-CM) Procedure	ises	Clinica	I			
			-	Code source 131: International Classification Clinical Mod (ICD-9-CM) Procedure	on of I	Diseases	S			
		JP	N	National Standard Tooth Numbering	g Sys	stem				
			C	CODE SOURCE 135: American Dental Associa	ation (Codes				
		NDC	N	National Drug Code (NDC)						
				CODE SOURCE 134: National Drug Code CODE SOURCE 240: National Drug Code by F	⁻ orma	t				
		ZZ	N	Mutually Defined						
				Use ZZ for Code Source 513: Home Infusion EDI						
				Coalition (HIEC) Product/Service Code List.						
New Note	Added		ti u c	This code set is not allowed for use he time of this writing. The qualifie used 1) If a new rule names HIEC as code set under HIPAA. 2) For Prope claims/encounters that are not cove HIPAA.	er can s an a erty 8	allowat Casua	pe ple			
REQUIRED	HI11 - 2	1271	Industry Code indic	Code cating a code from a specific industry code	M e list	AN	1/30			
			INDUSTRY:	Procedure Code						
SITUATIONAL	HI11 - 3	1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format							
			Required	d if X12N syntax conditions apply.						
		СС	DDE D	DEFINITION						
		D8								
		00	Ľ	Date Expressed in Format CCYYMN	ששו					
		RD8		Range of Dates Expressed in Forma CCYYMMDD	at CC	YYMM	DD-			
SITUATIONAL	HI11 - 4	1251		ne Period n of a date, a time, or range of dates, time		AN lates and	1/35 d times			
			INDUSTRY:	Procedure Date						
			Required	d if proposed or actual procedure o	late i	s know	/n.			
SITUATIONAL	HI11 - 5	782	Monster	v Amount	0	D	1/10			
SHUANUNAL	Usage Changed	102	Monetary Monetary a	y Amount amount	0	R	1/18			
	Industry Name Addec		INDUSTRY:	Procedure Monetary Amount						
	Note Added ———		to approv	e procedure charge amount is nee we a monetary limitation for the he requested.			JMO			

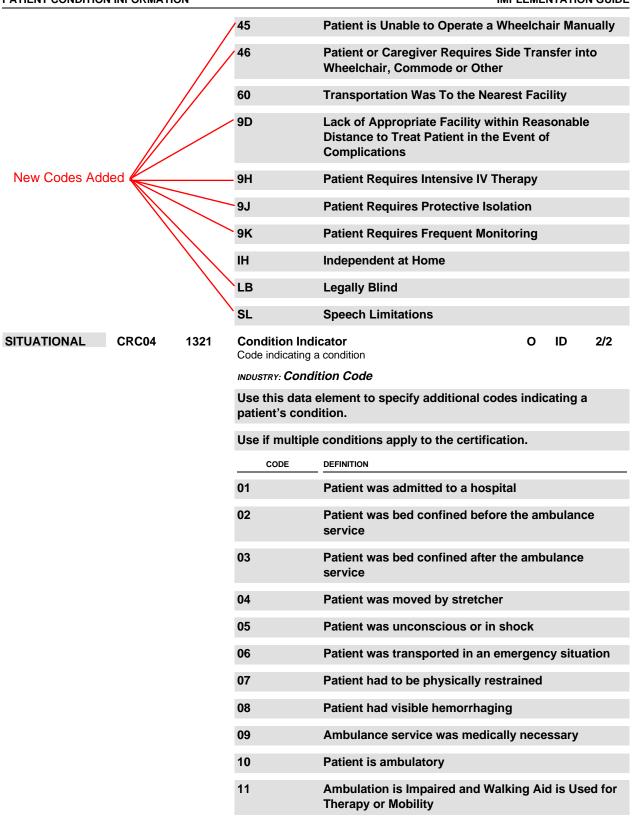
ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE			004010X094	A1 •		000F • HI CEDURES	
SITUATIONAL HI11 - 6	380	Quanti Numeric	ty ⊵value of quantity	0	R	1/15	
		INDUSTRY	Y: Procedure Quantity				
		occurr	ed if requesting authorization for me ence of the procedure identified in H ime period.				
SITUATIONAL HI11 - 7			n Identifier n level of a particular format, program, tech	O nique	AN or algo	1/30 rithm	
		INDUSTRY	r: Version, Release, or Industry Iden	tifier			
		-	ed if the code list referenced in HI11 ier. Otherwise Not Used.	-1 h	as a ve	ersion	
SITUATIONAL HI12 C022	HEALTH CARE CODE INFORMATION O To send health care codes and their associated dates, amounts and quantities			ntities			
	alias: F	Procedur	e Code 12				
	Use th	is for the	e twelfth procedure.				
REQUIRED HI12 - 1	1270		.ist Qualifier Code entifying a specific industry code list	М	ID	1/3	
	CODE		DEFINITION				
New Code Added	ABR		Assigned by Receiver				
			Use ABR for Revenue Codes in Co National Uniform Billing Committee			-	
	во		Health Care Financing Administrat Procedural Coding System	ion (Commo	on	
			Because the AMA's CPT codes are HCPCS codes, they are reported up			1	
			CODE SOURCE 130: Health Care Financing / Common Procedural Coding System	\dmir	nistratio	n	
	BQ		International Classification of Dise Modification (ICD-9-CM) Procedure		Clinic	al	
	JP		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
			National Standard Tooth Numbering System				
			CODE SOURCE 135: American Dental Assoc	ation	Codes		
	NDC		National Drug Code (NDC) code source 134: National Drug Code				
			code source 240: National Drug Code by	Form	at		
	ZZ		Mutually Defined				
			Use ZZ for Code Source 513: Home Coalition (HIEC) Product/Service C			EDI	
New Note Added			This code set is not allowed for use the time of this writing. The qualifie used 1) If a new rule names HIEC a code set under HIPAA. 2) For Prop claims/encounters that are not cov HIPAA.	er ca s an erty	n only allowa & Casi	be able ualty	

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REQUIRED	HI12 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
			INDUSTRY: Procedure Code
SITUATIONAL	HI12 - 3	1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format
			Required if X12N syntax conditions apply.
		с	CODE DEFINITION
			Date Expressed in Format CCYYMMDD
		RD8	Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
SITUATIONAL	HI12 - 4	1251	Date Time PeriodXAN1/35Expression 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	HI12 - 5 Usage Changed	782	Monetary AmountOR1/18Monetary amount
	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	HI12 - 6	380	Quantity O R 1/15 Numeric value of quantity 0 0 1/15 0 0 0 0 0 0 0 1/15 0 0 0 0 0 0 1/15 0 0 0 0 0 0 0 1/15 0
			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 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 HI12-1 has a version identifier. Otherwise Not Used.

IMPLEMENTATION						
				ITION INFORMATION		
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	peat: 6 otes: 1.	llaa thia	composit to r	revide additional nations conditio	n inform	otion
N				provide additional patient conditio medical necessity of the services		
Exar	nple: CRC	*75*Y*	:12~			
STANDARD						
	CR		ditions Indicate	or		
L	evel: Deta	il				
Pos	ition: 100					
L	.oop: HL					
Requirer	nent: Optio	onal				
Мах	Use: 9					
Purp	Purpose: To supply information on conditions					
DIAGRAM						
	Code ategory ID 2/2	CRC02 Yes/No C Resp Cc M ID		Code 🌋 Cond Code 🌋 Cond Code	* Cond	1321 ficate Code D 2/2
ELEMENT SUMMARY	Y					
	REF.	DATA				
	CRC01	<u>ELEMENT</u>	Code Catego			2/2
REQUIRED	CRCUT	1130		tuation or category to which the code applies		212
			ALIAS: Conditio	on Code Category		
			SEMANTIC: CRC(01 qualifies CRC03 through CRC07.		
			CODE	DEFINITION		
			07	Ambulance Certification		
			08	Chiropractic Certification		
			11	Oxygen Therapy Certification		
			75	Functional Limitations		

			76	Activities Permitted				
			77	Mental Status				
REQUIRED	EQUIRED CRC02 1073	1073		tion or Response Code M ID 1/1 a Yes or No condition or response				
			INDUSTRY: Certifi	ication Condition Indicator				
		indicates the con	2 is a Certification Condition Code applies indicator. A "Y" value dition codes in CRC03 through CRC07 apply; an "N" value dition codes in CRC03 through CRC07 do not apply.					
			CODE	DEFINITION				
			Ν	No				
			Y	Yes				
REQUIRED	CRC03	1321	Condition Indi					
			INDUSTRY: Condi	ition Code				
			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
New Codes Added	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



12 Patient is confined to a bed or chair

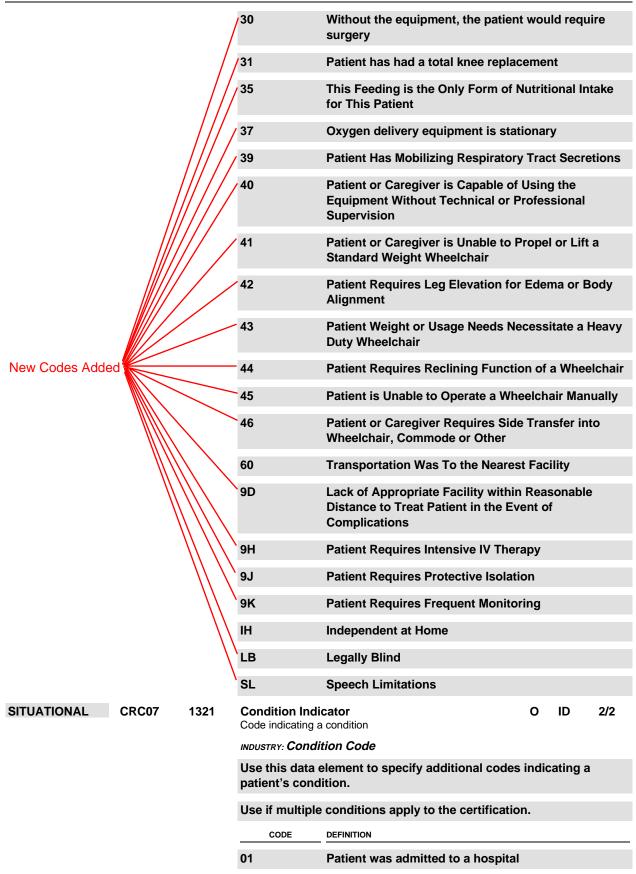
	13	Patient is Confined to a Room or an Area Without Bathroom Facilities
	14	Ambulation is Impaired and Walking Aid is Used for Mobility
	15	Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
	16	Patient needs a trapeze bar to 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	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

PATIENT CONDITION INFORMATION		IMPLEMENTATION GUIDE
/	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
New Codes Added	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
	, 91	Patient Requires Protective Isolation
	9K	Patient Requires Frequent Monitoring
	IH	Independent at Home
\sim	LB	Legally Blind
Ň	SL	Speech Limitations
SITUATIONAL CRC05 1321	Condition Indi	
	INDUSTRY: Condi	ition Code
	Use this data of patient's cond	element to specify additional codes indicating a lition.
	Use if multiple	e 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

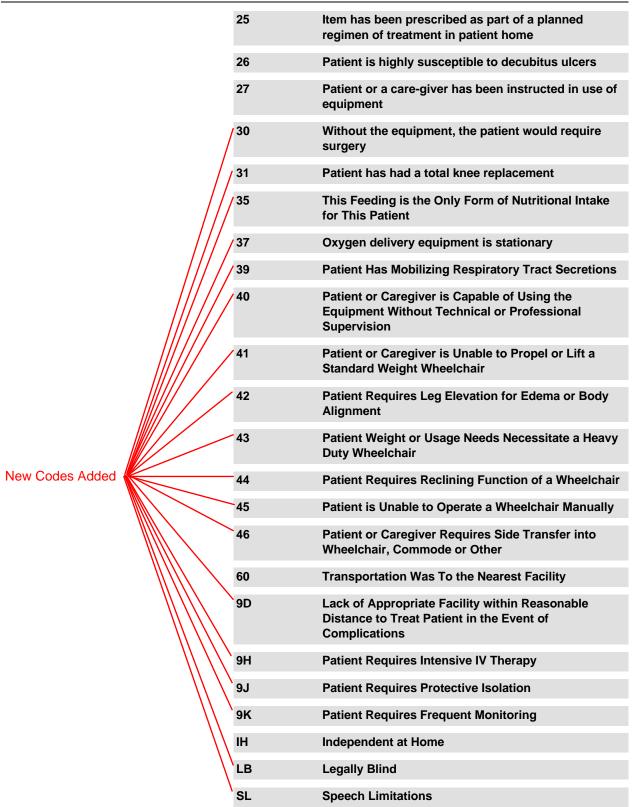
	09	Ambulance service was medically necessary
	10	Patient is ambulatory
	11	Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
	12	Patient is confined to a bed or chair
	13	Patient is Confined to a Room or an Area Without Bathroom Facilities
	14	Ambulation is Impaired and Walking Aid 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
New Codes Added	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		
New Codes Added	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 Indi			
	INDUSTRY: Condi	ition Code		
	Use this data of patient's cond	element to specify additional codes indicating a lition.		
	Use if multiple	e 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



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



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

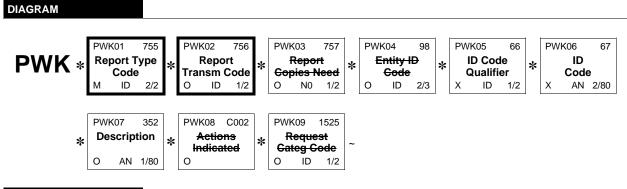
PWK Paperwork

- 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.

New Segment Added



	ENT	CIII	
- 19			

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	PWK01	755	Report Type Code indicating	Code the title or contents of a document, report of	M r supp	ID orting it	2/2 em
			INDUSTRY: Atta	chment Report Type Code			
			CODE	DEFINITION			
			03	Report Justifying Treatment Beyo Guidelines	nd Ut	ilizatio	'n
			04	Drugs Administered			
			05	Treatment Diagnosis			
			06	Initial Assessment			
			07	Functional Goals			
				Expected outcomes of rehabilitative	ve se	rvices.	
			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 equipme	ent re	ntal.	
			59	Benefit Letter			
			77	Support Data for Verification			
			A3	Allergies/Sensitivities Document			
			A4	Autopsy Report			

New Segment Added

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
СВ	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment.
СК	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
НС	Health Certificate
HR	Health Clinic Records
15	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes
ОВ	Operative Note
00	Oxygen Content Averaging Report
OD	Orders and Treatments Document

REQUIRED

New Segment Added

ION	g	IMPLEMENTATION GUIDE
	OE	Objective Physical Examination (including vital signs) Document
	ОХ	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
	ХР	Photographs
756	Report Transm Code defining tim sent	hission Code O ID 1/2 hing, transmission method or format by which reports are to be
	INDUSTRY: Attach	ment 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.
	ВМ	By Mail

Electronically Only Use to indicate that the attachment is being transmitted in a separate X12 functional group.

EL

EM

E-Mail

PWK02

ASC X12N • INSURA IMPLEMENTATION C		MMITTEE	New Segment Added	004010X094A1 • 278 • 2000F • PWK ADDITIONAL SERVICE INFORMATION
			FX By Fax	
			VO Voice	
			Use this for void	cemail 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 Code (67)	X ID 1/2 of code structure used for Identification
			syntax: P0506	
			COMMENT : PWK05 and PWK06 may b number.	e used to identify the addressee by a code
			CODE DEFINITION	
			AC Attachment Cor	ntrol Number
SITUATIONAL	PWK06	67	Identification Code Code identifying a party or other code	X AN 2/80
			INDUSTRY: Attachment Control Nu	ımber
			syntax: P0506	
			Required if PWK02 equals BM,	EL, EM or FX.
SITUATIONAL	PWK07	352	Description A free-form description to clarify the r	O AN 1/80 elated data elements and their content
			INDUSTRY: Attachment Description	n
			COMMENT: PWK07 may be used to ind specified report.	licate special information to be shown on the
			This data element is used to ac the attachment described in the	Id any additional information about is segment.
NOT USED	PWK08	C002	ACTIONS INDICATED	0
NOT USED	PWK09	1525	Request Category Code	O ID 1/2

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 Adde	ds	3	
288	030	AAA	Subscriber Request Validation	S	9	

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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	p 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 Adde	ds	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	op Add	ed	1
369	170	NM1	Additional Patient Information Contact Name	่ร	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	JSAGE	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 New LO	op Ad	ded ——	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	I

ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE				004010X094A1 ● 278 ● BH BEGINNING OF HIERARCHICAL TRANSACTIO	
REQUIRED	ВНТ03	127		Ientification O AN 1/30 rmation as defined for a particular Transaction Set or as specified ce Identification Qualifier	
			INDUSTRY: Submitter Transaction Identifier		
				03 is the number assigned by the originator to identify the hin the originator's business application system.	
			Return the transformed request.	ransaction identifier entered in BHT03 on the 278	
REQUIRED	BHT04	373	Date Date expresse	d as CCYYMMDD	
			INDUSTRY: Trar	saction 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 Code specifyin	Type CodeOID2/2g 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		
Note moved — from Code 19 to Code 18 Text Revised —				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. 	
New Code Added			AT	Administrative Action	
				BHT06 must be valued with "AT" if this 278 response contains a request for additional information.	

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

New Segment Added

DIAGRAM								
	N01 481 ace Type Code ID 1/2	TRN02 Reference Ident M AN	Company ID [*] Ident [~]					
ELEMENT SUMMAR	Y							
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 Number	rs				
			The term "Current Transaction Tra refers to the trace number assigned of the 278 response transaction (t	ed by the creator				
			2 Referenced Transaction Trace Nu	mbers				
			The term "Referenced Transactior refers to the trace number original request transaction.					
REQUIRED	TRN02	127	Reference Identification Reference information as defined for a particular Transactic by the Reference Identification Qualifier	M AN 1/30 on Set or as specified				
			INDUSTRY: Patient Event Tracking Number					
			SEMANTIC: TRN02 provides unique identification for the trans	saction.				
REQUIRED	JIRED TRN03 509		Originating Company Identifier A unique identifier designating the company initiating the fu instructions. The first character is one-digit ANSI identificatio (ICD) followed by the nine-digit identification number which employer identification number (EIN), data universal number or a user assigned number; the ICD for an EIN is 1, DUNS number is 9	on code designation may be an IRS ering system (DUNS),				
			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 DUNS is used or a "9" if a user assigned identifie					

004010X094A1 • 278 • 2000C • TRN PATIENT EVENT TRACKING NUMBER		New Segment Added	ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE				
SITUATIONAL TRN04 127	by the Reference Identification Qua INDUSTRY: Trace Assigning Enti						
			Use this information if neces	sary to further identify a specific ic division or group, of the company			

IMPLEMENTATION

SUBSCRIBER DIAGNOSIS

- Loop: 2000C SUBSCRIBER LEVEL
- Usage: SITUATIONAL
- Repeat: 1
- Notes: 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

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DIAGRAM								
HI01 C022 Health Care Code Info. M	*	HI03 C022 Health Care Code Info. O	HI04 C022 Health Care Code Info. O	*	HI05 C022 Health Care Code Info. O	*	HI06 Health Code I O	
HI07 C022 HI08 Code Info. O O	~	HI09 C022 Health Care Code Info. O	HI10 C022 Health Care Code Info. O	*	HI11 C022 Health Care Code Info. O	*	HI12 Health Code I O	
ELEMENT SUMMARY								
USAGE REF. DATA USAGE DES. ELEMENT	NAME						ATTRIBUT	res
REQUIRED HI01 C022		TH CARE COD			ed dates, amou	M nts a	and quan	itities
	ALIAS: 🛛	Diagnosis 1						
REQUIRED HI01 - 1	1270	Code List Qu Code identifying	alifier Code g a specific indust	try c	ode list	Μ	ID	1/3
		INDUSTRY: Diag	nosis Type Co	de				
	C		TION					
	BF	Diagr						
			al Mod (ICD-9-CN			on o	f Disease	es
	BJ		tting Diagnosi					
			OURCE 131: Interr al Mod (ICD-9-CM			on o	f Disease	es
	BK	Princ	ipal Diagnosis	5				
			OURCE 131: Interr al Mod (ICD-9-CM			on o	f Disease	es
New Code Added	LOI	-	al Observation	n Id	entifier Nam	es a	Ind Cod	les
		The L Code the fu not m mutu See S	Logical Observes (LOINC [®]) counctionality of nandated by HI ally agreed to Section 2.2.5 for est additional i	de s the IPA by f by f	set was inten 278 transact A and is only trading partn formation o	ideo tion v us ers	d to inci set and ed whe	rease d it is n
		CODE S	OURCE 663: Logic			ntifie	r Names	and
REQUIRED HI01 - 2	1271	Industry Cod	s (LOINC) le j a code from a sp	pecif	fic industry code	M e list	AN	1/30
		INDUSTRY: Diag	nosis Code					

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SITUATIONAL	HI01 - 3		1250	Date Time Period Format Qualifier X ID Code indicating the date format, time format, or date and time	2/3 format						
				Required if X12N syntax conditions apply.							
			с	DE DEFINITION							
			D8	Date Expressed in Format CCYYMMDD							
SITUATIONAL	HI01 - 4		1251	Date Time Period X AN Expression of a date, a time, or range of dates, times or dates	1/35 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		H CARE CODE INFORMATION O health care codes and their associated dates, amounts and qu	uantities						
			ALIAS: [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 CodeMIDCode identifying a specific industry code list	1/3						
				INDUSTRY: Diagnosis Type Code							
			с	DE DEFINITION							
			BF	Diagnosis							
				CODE SOURCE 131: International Classification of Dise Clinical Mod (ICD-9-CM) Procedure	ases						
			BJ	Admitting Diagnosis							
				CODE SOURCE 131: International Classification of Dise Clinical Mod (ICD-9-CM) Procedure	ases						
New Code A	dded —		LOI	Logical Observation Identifier Names and C (LOINC) Codes	odes						
				The Logical Observation Identifier Names a Codes (LOINC [®]) code set was intended to in the functionality of the 278 transaction set a not mandated by HIPAA and is only used w mutually agreed to by trading partners.	ncrease and it is						
				See Section 2.2.5 for information on using I request additional information.	OINC to						
				CODE SOURCE 663: Logical Observation Identifier Nan Codes (LOINC)	nes and						
REQUIRED	HI02 - 2		1271	Industry Code M AN Code indicating a code from a specific industry code list	1/30						
				INDUSTRY: Diagnosis Code							

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SITUATIONAL	HI02 - 3		1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format					
				Required if X12N syntax conditions apply.					
			C	CODE DEFINITION					
			D8	Date Expressed in Format CCYYMMDD					
SITUATIONAL	HI02 - 4		1251	Date Time PeriodXAN1/35Expression of a date, a time, or range of dates, times or dates and time					
				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		TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts and quantities					
			ALIAS: Diagnosis 3						
			Requir decisi	red if valued on the request and used by the UMO to render a on.					
REQUIRED	HI03 - 1		1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list					
				INDUSTRY: Diagnosis Type Code					
			C	ODE DEFINITION					
			BF	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	HI03 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list					
				INDUSTRY: Diagnosis Code					
SITUATIONAL	HI03 - 3		1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format					
				Required if X12N syntax conditions apply.					
			C	CODE DEFINITION					
			D8	Date Expressed in Format CCYYMMDD					

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SITUATIONAL	HI03 -	4	1251	Date Time Period Expression of a date, a time, or range of date	X s, times or	AN dates a	1/35 and times
				INDUSTRY: Diagnosis Date	known		
				Use only when the date diagnosed is			
	HI03 -	-	782	Monetary Amount	0	R	1/18
	HI03 -	-	380	Quantity	0	R	1/15
NOT USED	HI03 -	-	799	Version Identifier	0	AN	1/30
SITUATIONAL	TUATIONAL HI04 C022	C022	To send	H CARE CODE INFORMATION health care codes and their associated dates, iagnosis 4	O amounts a	and qua	ntities
				ed if valued on the request and used b	y the UM	O to re	ender a
REQUIRED	RED HI04 - 1	1	1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				INDUSTRY: Diagnosis Type Code			
			с	DDE DEFINITION			
		BF	Diagnosis				
				CODE SOURCE 131: International Clas Clinical Mod (ICD-9-CM) Procedure	sification o	f Diseas	ses
New Code Added		LOI	Logical Observation Identifier (LOINC) Codes	Names a	nd Co	des	
			The Logical Observation Iden Codes (LOINC [®]) code set was the functionality of the 278 tra not mandated by HIPAA and is mutually agreed to by trading See Section 2.2.5 for informat request additional information	intendeo Insaction s only us partners ion on us	l to inc set an ed whe	rease d it is en	
				code source 663: Logical Observati Codes (LOINC)		r Name	s and
REQUIRED	HI04 -	2	1271	Industry Code Code indicating a code from a specific indust	M ry code list	AN	1/30
				INDUSTRY: Diagnosis Code			
SITUATIONAL	HI04 -	3	1250	Date Time Period Format Qualifier Code indicating the date format, time format,	X or date an	ID d time fo	2/3 ormat
				Required if X12N syntax conditions a	pply.		
			C	DDE DEFINITION			
			D8	Date Expressed in Format CC	YYMMDD)	
	HI04 -	4	1251	Date Time Period Expression of a date, a time, or range of date	X s, times or	AN dates a	1/35 and time
SITUATIONAL				INDUSTRY: Diagnosis Date			
SITUATIONAL				indecime diagneere date			
SITUATIONAL				Use only when the date diagnosed is	known.		
SITUATIONAL NOT USED	HI04 -	5	782	-	known. O	R	1/18

NOT USED	HI04 - 7		799	Version	ldentifier	ο	AN	1/30		
SITUATIONAL	HI05	C022		-	CODE INFORMATION	O	ind quar	ntities		
			To send health care codes and their associated dates, amounts and quantities <i>ALIAS: Diagnosis 5</i>							
			Requi decisi		ued on the request and used by th	e UM	O to re	nder a		
REQUIRED	HI05 - 1		1270		ist Qualifier Code entifying a specific industry code list	м	ID	1/3		
				INDUSTRY	: Diagnosis Type Code					
			с	ODE	DEFINITION					
			BF		Diagnosis					
					CODE SOURCE 131: International Classifica Clinical Mod (ICD-9-CM) Procedure	tion of	Diseas	es		
New Code A	dded ——		LOI		Logical Observation Identifier Nar (LOINC) Codes	nes a	nd Coo	des		
				The Logical Observation Identifier Codes (LOINC [®]) code set was inte the functionality of the 278 transa not mandated by HIPAA and is on mutually agreed to by trading part	ended ction ly use	l to inc set an ed whe	rease d it is			
					See Section 2.2.5 for information or request additional information.	on us	ing LO	INC to		
					code source 663: Logical Observation Id Codes (LOINC)	entifie	r Names	and		
REQUIRED	HI05 - 2		1271	Industr Code ind	y Code licating a code from a specific industry co	M de list	AN	1/30		
				INDUSTRY	: Diagnosis Code					
SITUATIONAL	HI05 - 3		1250		me Period Format Qualifier licating the date format, time format, or da	X ate and	ID d time fo	2/3 ormat		
				Require	ed if X12N syntax conditions apply	•				
			c	ODE	DEFINITION					
			D8		Date Expressed in Format CCYYN	IMDD				
SITUATIONAL	HI05 - 4		1251		me Period on of a date, a time, or range of dates, tin	X nes or	AN dates a	1/35 nd times		
				INDUSTRY	: Diagnosis Date					
				Use on	ly when the date diagnosed is kno	wn.				
NOT USED	HI05 - 5		782	Moneta	ry Amount	ο	R	1/18		
NOT USED	HI05 - 6		380	Quantit	у	0	R	1/15		
NOT USED	HI05 - 7		799	Version	n Identifier	0	AN	1/30		

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SITUATIONAL HI06 C022				HEALTH CARE CODE INFORMATION O To send health care codes and their associated dates, amounts and quantities					
			ALIAS: [Diagnosi	is 6				
			Requi decisi		lued on the request and used by t	he UM	O to re	ender a	
REQUIRED	HI06 - 1		1270		List Qualifier Code lentifying a specific industry code list	М	ID	1/3	
				INDUSTR	Y: Diagnosis Type Code				
			c	ODE	DEFINITION				
			BF		Diagnosis				
					CODE SOURCE 131: International Classifi Clinical Mod (ICD-9-CM) Procedure	cation o	f Diseas	es	
New Code A	dded —		-LOI		Logical Observation Identifier Na (LOINC) Codes	ames a	nd Co	des	
					The Logical Observation Identifi Codes (LOINC [®]) code set was in the functionality of the 278 trans not mandated by HIPAA and is o mutually agreed to by trading pa	tendeo action only us	l to inc set an ed who	rease d it is	
					See Section 2.2.5 for information request additional information.	n on us	ing LC	OINC to	
					CODE SOURCE 663: Logical Observation Codes (LOINC)	Identifie	r Name	s and	
REQUIRED	HI06 - 2		1271		ry Code dicating a code from a specific industry of	M code list	AN	1/30	
				INDUSTR	γ: Diagnosis Code				
SITUATIONAL	HI06 - 3		1250		ime Period Format Qualifier Idicating the date format, time format, or	X date an	ID d time fo	2/3 ormat	
				Requir	red if X12N syntax conditions app	ly.			
			c	ODE	DEFINITION				
			D8		Date Expressed in Format CCYY	MMDD)		
SITUATIONAL	HI06 - 4		1251		ime Period sion of a date, a time, or range of dates,	X times or	AN dates a	1/35 and times	
				INDUSTR	γ: Diagnosis Date				
				Use or	nly when the date diagnosed is kn	own.			
NOT USED	HI06 - 5		782	Monet	ary Amount	ο	R	1/18	
NOT USED	HI06 - 6		380	Quant	ity	о	R	1/15	
NOT USED	HI06 - 7		799	Versio	n Identifier	о	AN	1/30	
SITUATIONAL	HI07	C022			E CODE INFORMATION are codes and their associated dates, ar	O nounts a	and qua	ntities	
			ALIAS: [Diagnosi	is 7				
			Requi decisi		lued on the request and used by t	he UM	O to re	ender a	

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SUBSCRIBER DIAGNOSIS	

REQUIRED	HI07 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list Diamondation Diamondation Diamondation
				INDUSTRY: Diagnosis Type Code
			C	ODE 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	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 QualifierXID2/3Code indicating the date format, time format, or date and time format
				Required if X12N syntax conditions apply.
			C	
			D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI07 - 4		1251	Date Time PeriodXAN1/35Expression 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	To send	TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts and quantities
				Diagnosis 8
			Requi	red if valued on the request and used by the UMO to render a

decision.

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REQUIRED	HI08 - 1		1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list
				INDUSTRY: Diagnosis Type Code
			с	CODE DEFINITION
			BF	Diagnosis
				CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
New Coc	le 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	HI08 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Diagnosis Code
SITUATIONAL	HI08 - 3		1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format
				Required if X12N syntax conditions apply.
			с	CODE DEFINITION
			D8	Date Expressed in Format 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 time
				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	HEAL	TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts and quantities
			ALIAS: [Diagnosis 9
			Requi	red if valued on the request and used by the UMO to render a
			docisi	• •

decision.

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SUBSCRIBER DIAGNOSIS

REQUIRED	HI09 - 1		1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list				
				INDUSTRY: Diagnosis Type Code				
		c	ODE 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	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 QualifierXID2/3Code indicating the date format, time format, or date and time format				
				Required if X12N syntax conditions apply.				
			c	ODE DEFINITION				
			D8	Date Expressed in Format CCYYMMDD				
SITUATIONAL	HI09 - 4		1251	Date Time PeriodXAN1/35Expression 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		TH CARE CODE INFORMATION O d 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					

Required if vi decision.

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REQUIRED	HI10 - 1		1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list				
				INDUSTRY: Diagnosis Type Code				
			C	ODE DEFINITION				
			BF	Diagnosis				
				CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
New Coo	de 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	HI10 - 2		1271	Industry CodeMAN1/30Code indicating a code from a specific industry code list				
				INDUSTRY: Diagnosis Code				
SITUATIONAL	HI10 - 3		1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format				
				Required if X12N syntax conditions apply.				
			C	CODE DEFINITION				
			D8	Date Expressed in Format CCYYMMDD				
SITUATIONAL	HI10 - 4		1251	Date Time PeriodXAN1/35Expression 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		TH CARE CODE INFORMATION O d 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.

004010X094A1 • 278 • 2000C • H	1
SUBSCRIBER DIAGNOSIS	

REQUIRED HI11 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list Diamaging Tampa Code M ID 1/3						
		INDUSTRY: Diagnosis Type Code						
	CC	DDE 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 HI11 - 2	1271	Industry CodeMAN1/30Code indicating a code from a specific industry code list						
		INDUSTRY: Diagnosis Code						
SITUATIONAL HI11 - 3	1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format						
		Required if X12N syntax conditions apply.						
	CC	DDE DEFINITION						
	D8	Date Expressed in Format CCYYMMDD						
SITUATIONAL HI11 - 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 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		H CARE CODE INFORMATION O health care codes and their associated dates, amounts and quantities						
	ALIAS: D	iagnosis 12						
	Requir	Required if valued on the request and used by the UMO to render a						

decision.

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REQUIRED HI12 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
		INDUSTRY: Diagnosis Type Code			
	C	ODE DEFINITION			
	BF	Diagnosis			
		CODE SOURCE 131: International Class Clinical Mod (ICD-9-CM) Procedure	ification of	f Diseas	es
New Code Added	LOI	Logical Observation Identifier I (LOINC) Codes	Names a	nd Co	des
		The Logical Observation Identi Codes (LOINC [®]) code set was the functionality of the 278 trar not mandated by HIPAA and is mutually agreed to by trading p	intendeo saction only use	l to inc set an ed whe	rease d it is
		See Section 2.2.5 for information request additional information.		ing LC	INC to
		CODE SOURCE 663: Logical Observatio Codes (LOINC)	n Identifie	r Name:	s and
REQUIRED HI12 - 2	1271	Industry Code Code indicating a code from a specific industry	M ∕ code list	AN	1/30
		INDUSTRY: Diagnosis Code			
SITUATIONAL HI12 - 3	1250	Date Time Period Format Qualifier Code indicating the date format, time format, c	X or date and	ID d time fo	2/3 ormat
		Required if X12N syntax conditions ap	ply.		
	C	ODE DEFINITION			
	D8	Date Expressed in Format CCY	YMMDD)	
SITUATIONAL HI12 - 4	1251	Date Time Period Expression of a date, a time, or range of dates	X s, times or	AN dates a	1/35 nd times
		INDUSTRY: Diagnosis Date			
		Use only when the date diagnosed is k	nown.		
NOT USED HI12 - 5	782	Monetary Amount	ο	R	1/18
NOT USED HI12 - 6	380	Quantity	0	R	1/15

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~

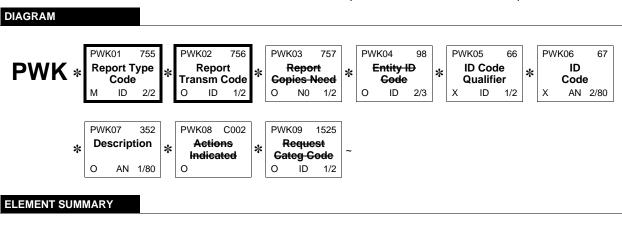
STANDARD

PWK PaperworkLevel:DetailPosition:155Loop:HLRequirement:OptionalMax 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.



USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES				
REQUIRED	PWK01	755	Report Type C Code indicating t	Code the title or contents of a document, report o	M ID 2/2 supporting item				
			INDUSTRY: Attachment Report Type Code						
			CODE	DEFINITION					
			03	Report Justifying Treatment Beyor Guidelines	nd Utilization				
			04	Drugs Administered					
			05	Treatment Diagnosis					
			06	Initial Assessment					
			07	Functional Goals					
				Expected outcomes of rehabilitative	ve services.				
			08	Plan of Treatment	reatment				
			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 equipme	nt rental.				
			59	Benefit Letter					

New Segment Added

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
СВ	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment.
СК	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
15	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes

New Segment Added

OB	Operative Note
00	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
ох	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
ХР	Photographs
Report Transn Code defining tim sent	nission Code O ID 1/2 ning, transmission method or format by which reports are to be
INDUSTRY: Attach	nment Transmission Code
CODE	DEFINITION
BM	By Mail

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

REQUIRED

PWK02 756

EM E-Mail FX By Fax VO Voice Use this for voicemail or phone communication. NOT USED PWK03 757 Report Copies Needed O NO 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) X ID 1/2 SITUATIONAL PWK05 66 Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) X ID 1/2 SITUATIONAL PWK06 67 Identification Code Code identify ing a party or other code X AN 2/80 SITUATIONAL PWK06 67 Identification Code Moustrix: Attachment Control Number X AN 2/80 SITUATIONAL PWK07 352 Description A free-form description to clarify the related data elements and their content moustrix: Attachment Description Auvisory: Under most circumstances, this element is not sent. Commert: PWK07 may be used to indicate special information to be shown on the specified report. SITUATIONAL PWK08 C002	004010X094A1 • 278 ADDITIONAL PATIEN			New Segment Added ASC	X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE
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 Identification Code Qualifier X ID 1/2 SITUATIONAL PWK05 66 Identification Code Qualifier X ID 1/2 SITUATIONAL PWK05 66 Identification Code Qualifier X ID 1/2 SITUATIONAL PWK05 66 Identification Code Code Graphing the system/method of code structure used for Identification Code (67) SYNTAX: P0506 comment: PWK06 and PWK06 may be used to identify the addressee by a code number. SITUATIONAL PWK06 67 Identification Code Attachment Control Number V V V VO'. CODE DEFINITION AC Attachment Control Number VIA N 2/80 SITUATIONAL PWK06 67 Identification Code Musure: Attachment Control Number SYNTAX: P0506 Required if PWK02 equals BM, EL, EM or FX. SITUATIONAL PWK07 352 Description Attachment Description A free-form description Avisory: Under most circumstances, this element is not sen				EM E-Mail	
Use this for voicemail or phone communication. NOT USED PWK03 757 Report Copies Needed 0 No 1/2 NOT USED PWK04 98 Entity Identifier Code 0 ID 2/3 SITUATIONAL PWK05 66 Identification Code Qualifier X ID 1/2 SWX3 757 Report Copies Needed 0 ID 2/3 SITUATIONAL PWK05 66 Identification Code Qualifier X ID 1/2 SWX3 70506 Code designating the system/method of code structure used for Identification Code (67) SWX3 Fore Code Identification Identification Identification Code Identification Code Identification Identi				FX By Fax	
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SITUATIONAL PWK05 66 Identification Code Qualifier X ID 1/2 Code designating the system/method of code structure used for Identification Code (67) SVNTAX: P0506 Commerce Code (67) SITUATIONAL PWK06 This data element is required when PWK02 DOES NOT equal "VO". CODE DEFINITION AC Attachment Control Number X AN 2/80 SITUATIONAL PWK06 67 Identification Code Code identifying a party or other code X AN 2/80 SITUATIONAL PWK06 67 Identification Code Code identifying a party or other code X AN 2/80 SITUATIONAL PWK07 352 Description A O AN 1/80 A free-form description to clarify the related data elements and their content Incourser: PMK07 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. NOT USED PWK08 C002 ACTIONS INDICATED O NOT USED PWK08 C02 ACTIONS INDICATED O	NOT USED	PWK03	757	Report Copies Needed	O N0 1/2
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				Code identifying a party or other code INDUSTRY: Attachment Control Number SYNTAX: P0506 Required if PWK02 equals BM, EL, E Description A free-form description to clarify the related INDUSTRY: Attachment Description ADVISORY: Under most circumstances, this e comment: PWK07 may be used to indicate specified report. This data element is used to add an	EM or FX. O AN 1/80 d data elements and their content element is not sent. special information to be shown on the by additional information about
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NOT OCED TWINDS TO25 Request category code 0 ID 1/2	SITUATIONAL	PWK07	352	Code identifying a party or other code INDUSTRY: Attachment Control Number SYNTAX: P0506 Required if PWK02 equals BM, EL, E Description A free-form description to clarify the related INDUSTRY: Attachment Description ADVISORY: Under most circumstances, this e COMMENT: PWK07 may be used to indicate specified report. This data element is used to add an the attachment described in this seg ACTIONS INDICATED	EM or FX. O AN 1/80 d data elements and their content element is not sent. special information to be shown on the y additional information about gment. O

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

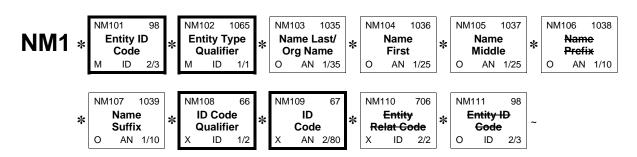
Requirement: Optional

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			ATTRIBU	ITES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location individual			ID berty or a	2/3 an
			CODE	DEFINITION			
			IL	Insured or Subscriber			
REQUIRED	NM102	1065	Entity Type Qu Code qualifying t		М	ID	1/1
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			

004010X094A1 • 278 SUBSCRIBER NAME	• 20 <u>10CA • N</u>	IM1_Loop	ID Changed	ASC X12N	• INSURANCE IMPLEME		MMITTEE DN GUIDE		
SITUATIONAL	NM103	1035		Organization Name	0	AN	1/35		
			INDUSTRY: Subse	criber Last Name					
			Required if va	lued on the request.					
SITUATIONAL	NM104	1036	Name First Individual first na	ame	0	AN	1/25		
			INDUSTRY: Subse	criber First Name					
			Required if va	lued on the request.					
SITUATIONAL	NM105	1037	Name Middle Individual middle	name or initial	0	AN	1/25		
			INDUSTRY: Subse	criber Middle Name					
			Use if NM104 subscriber is	is valued and the middle n known.	ame/initial of	the			
NOT USED	NM106	1038	Name Prefix		0	AN	1/10		
SITUATIONAL	NM107	1039	Name Suffix Suffix to individu	al name	0	AN	1/10		
			INDUSTRY: Subscriber Name Suffix						
			Use this for th	ne suffix of an individual's	name; e.g., Sr	., Jr., o	r III.		
REQUIRED	NM108	66		Code Qualifier g the system/method of code st	X ructure used for	ID dentifica	1/2 ation		
			SYNTAX: P0809						
			CODE	DEFINITION					
			МІ	Member Identification Nu	ımber				
				The code MI is intended					
				identification number as Payers use different tern					
				same number. Use MI - M	lember Identif	ication			
				Number to convey the fo Subscriber's ID, Health In (HIC), etc.					
			ZZ	Mutually Defined					
				The value "ZZ", when us shall be defined as "HIP/ once this identifier has b Health Insurance Portabi of 1996, the Secretary of	A Individual I een adopted. lity and Accou	dentifie Under untabili	er" the ty Act		
				must adopt a standard ir this transaction.					
REQUIRED	NM109	67	Identification Code identifying	Code a party or other code	x	AN	2/80		
			INDUSTRY: Subse	criber Primary Identifier					
			ALIAS: Subscrib	per Member Number					
			syntax: P0809						
NOT USED	NM110	706	Entity Relation	nship Code	X	ID	2/2		

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IMPLEMENTATION GUIDE			Loop ID Changed		SUBSCRIBER NAM			
NOT USED	NM111	98	Entity Identifier Code	0	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

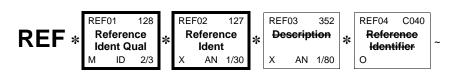
Max Use: 9

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

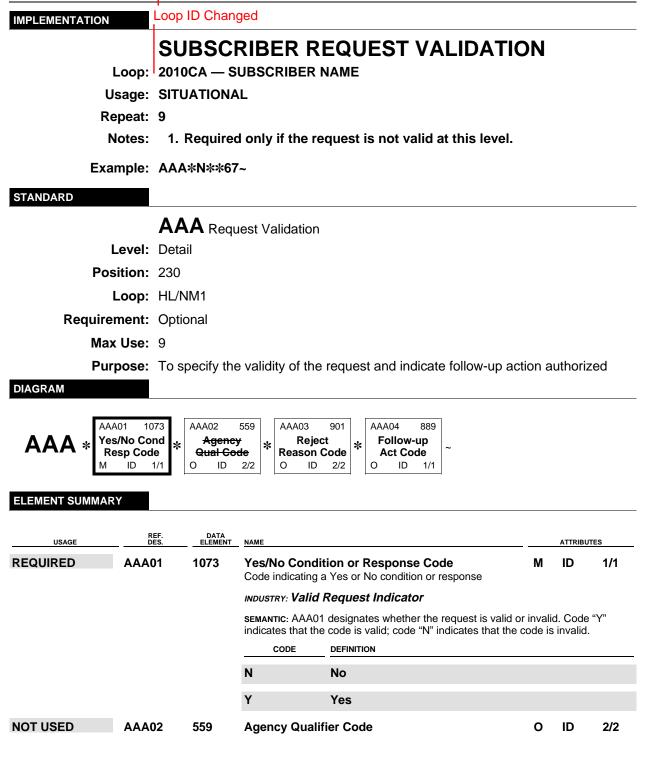
DIAGRAM



ELEMENT SUMMARY

Loop ID Changed

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	REF01	128		entification Qualifier the Reference Identification	М	ID	2/3
			CODE	DEFINITION			
			1L	Group or Policy Number			
				Use this code only if you cannot d number is a Group Number (6P) or (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) Num Use the NM1 (Subscriber Name) so subscriber's HIC number is the pr his or her coverage. Use this code segment when the payer has a diff number, and there also is a need t dependent's HIC number. This mig Medicare HMO situation.	egme imary only feren o pas	/ identi / in a R t memi ss the	fier for EF ber
			HJ	Identity Card Number Use this code when the Identity Ca from the Member Identification Nu particularly prevalent in the Medic	mbe	r. This i	is
			IG	Insurance Policy Number			
			N6	Plan Network Identification Number	er		
			NQ	Medicaid Recipient Identification	Numb	ber	
			SY	Social Security Number			
				Use this code only if the Social Se not the primary identifier for the se social security number may not be Medicare.	ubsc	riber. T	
REQUIRED	REF02	127		entification nation as defined for a particular Transactic e Identification Qualifier	X on Set	AN or as sp	1/30 becified
			INDUSTRY: Subs	criber Supplemental Identifier			
			syntax: R0203				
NOT USED	REF03	352	Description		Х	AN	1/80
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0		



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004010X094A1 • 278 • 2	010CA • AAA
SUBSCRIBER REQUEST	VALIDATION

SITUATIONAL AAA03	AAA03	A03 901	Reject Reason Code assigned b	A Code Loop ID Changed O ID 2/2 y issuer to identify reason for rejection					
			Required if AA	A01 = "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 Act	ion Code O ID 1/1 follow-up actions allowed					
				A03 is present and indicates that the rejection is due issing subscriber or patient data.					
			CODE	DEFINITION					
			С	Please Correct and Resubmit					
			Ν	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

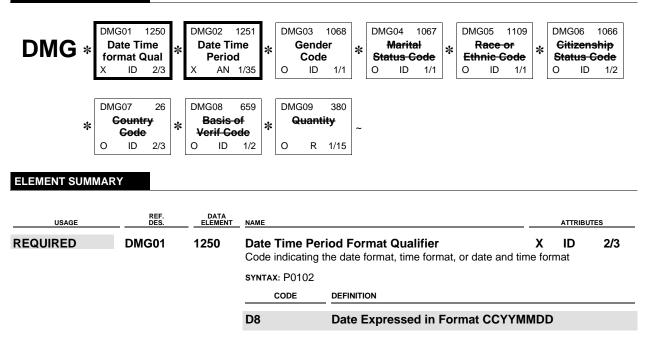
Max Use: 1

Purpose: To supply demographic information

Syntax: 1. P0102

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

DIAGRAM



ASC X12N • INSURA IMPLEMENTATION C		MMITTEE			0X094A1 • 278 DEMOGRAPH					
REQUIRED	DMG02	1251	Date Time Pe Expression of a	eriod Loop ID (a date, a time, or range of dates, ti	- ^	AN d times	1/35			
			INDUSTRY: Sub	scriber Birth Date						
			SYNTAX: P0102							
			SEMANTIC: DMG	02 is the date of birth.						
SITUATIONAL	DMG03	1068	Gender Code Code indicating	e I the sex of the individual	0	ID	1/1			
			INDUSTRY: Sub	INDUSTRY: Subscriber Gender Code						
			Required if v	Required if valued on the request.						
			CODE	DEFINITION						
			F	Female						
			Μ	Male						
			U	Unknown						
NOT USED	DMG04	1067	Marital Statu	s Code	ο	ID	1/1			
NOT USED	DMG05	1109	Race or Ethr	icity Code	0	ID	1/1			
NOT USED	DMG06	1066	Citizenship S	Status Code	0	ID	1/2			
NOT USED	DMG07	26	Country Cod	е	0	ID	2/3			
NOT USED	DMG08	659	Basis of Veri	fication Code	0	ID	1/2			
NOT USED	DMG09	380	Quantity		0	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										
	01 98 ntity ID Code ID 2/3	NM102 Entity Ty Qualifie M ID	er ^{**} Org Na		NM104 1036 Name First O AN 1/25	*	NM105 1037 Name Middle O AN 1/25	*	NM106 Nam Pref O AN	-
*	07 1039 Name Suffix AN 1/10	NM108 ID Cod Qualifie X ID	er [*] Code	67 • * 2/80	NM110 706 Entity Relat Code X ID 2/2	*	NM111 98 Entity ID Code O ID 2/3	~		
	REF. DES.	DATA	NAME						ATTRIBU	TES
REQUIRED	NM101	98	Entity Identifie Code identifying individual CODE		nizational entity,	a pl	hysical location	M , pro	ID	2/3
			1P	Provi	der					
			2B	Third	Party Admini	stra	ator			
			ABG	Use w	nization /hen the desti listed.	inat	ion is an ent	ity c	other the	an
			FA	Facili	ty					
			PR	Payer						
			X3	Utiliza	ation Manage	mei	nt Organizati	on		
REQUIRED	NM102	1065	Entity Type Q Code qualifying SEMANTIC: NM102	the type	-			М	ID	1/1
			CODE	DEFINIT	ION					
			1		his name only dual, such as					
			2	Non-F	Person Entity					
SITUATIONAL	NM103	1035	Name Last or Individual last na			ne		0	AN	1/35
			INDUSTRY: Respo				-			
			Required if the	e respo	onder needs to	o id	entify the de	stin	ation by	/ name

SITUATIONAL	NM104	1036	Name First		ο	AN	1/25
			Individual first n				
			,	onse Contact First Name			
				is valued and the destination is a primary care provider.	s an indivi	idual (N	NM102
SITUATIONAL	NM105	1037	Name Middle Individual middle	e name or initial	0	AN	1/25
			INDUSTRY: Resp	onse Contact Middle Name			
			Use if NM104 known.	is present and the middle name	e/initial of	the pe	rson is
NOT USED	NM106	1038	Name Prefix		о	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individu	ial name	ο	AN	1/10
			INDUSTRY: Resp	onse Contact Name Suffix			
			Use this for the	he suffix of an individual's nam	e; e.g., Sr	., Jr., o	r III.
SITUATIONAL	NM108	66		Code Qualifier ng the system/method of code structur	X re used for I	ID dentifica	1/2 ation
			SYNTAX: P0809				
			Required if the destination.	e responder needs to use an id	lentifier to	identi	fy the
			CODE	DEFINITION			
			24	Employer's Identification Nur	nber		
			34	Social Security Number			
			46	Electronic Transmitter Identif	ication Nu	umber	(ETIN)
			PI	Payor Identification			
				Use until the National PlanID destination is a payer.	is mandat	ted if th	ıe
			xv	Health Care Financing Admin PlanID Required if the National Plan Otherwise, one of the other li used.	D is mand	dated f	or use.
				Use if the destination is a pay	er		
				code source 540: Health Care Fina National PlanID		nistratio	n
			XX	Health Care Financing Admin Provider Identifier Required value if the Nationa mandated for use. Otherwise codes may be used.	l Provider	ID is	

ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE			New Segment Added 004010X094A1 • 278 • 2010CB • I ADDITIONAL PATIENT INFORMATION CONTACT N					
SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code	X	AN	2/80		
			INDUSTRY: Response Contact Identifier					
			syntax: P0809					
			Required if NM108 is used.					
NOT USED	NM110	706	Entity Relationship Code	Х	ID	2/2		
NOT USED	NM111	98	Entity Identifier Code	ο	ID	2/3		

IMPLEMENTATION										
		ONAL PATIENT INFORMATIC	N							
Loop:	2010CB — Al	DDITIONAL PATIENT INFORMATION CONTAC	CT N	AME						
Usage:	SITUATIONA	L								
Repeat:	1									
Notes:	-	ment identifies the office location to route the or additional patient information.	res	ponse	to the					
	response	segment only if the subscriber is the patient a e to the request for additional patient informate a specific office location.			e					
3. Do not use if the request for additional patient information is in another X12 functional group.										
Example:	N3*43 SUNR	ISE BLVD*SUITE 1000~								
STANDARD										
OTANDARD										
	N3 Address	Information								
Level:	Detail	Detail								
Position:	200	200								
Loop:	HL/NM1									
Requirement:	Optional									
Max Use:	1									
Purpose:	To specify the	location of the named party								
DIAGRAM										
N301 1 Address Informatic M AN 1	Address	on ~								
ELEMENT SUMMARY										
USAGE R	EF. DATA ES. ELEMENT	NAME		ATTRIBUT	ES					
REQUIRED N301	166	Address Information	М	AN	1/55					
		INDUSTRY: Response Contact Address Line								
		Use this element for the first line of the requester	's ad	dress.						
SITUATIONAL N302	166	Address Information	ο	AN	1/55					

Required only if a second address line exists.

INDUSTRY: Response Contact Address Line

Address information

IMPLEMENTATION			
		ONAL PATIENT INFORMATION CT CITY/STATE/ZIP CODE	
Loop:	2010CB — A	ADDITIONAL PATIENT INFORMATION CONTACT NAME	
Usage:	SITUATIONA	AL	
Repeat:	1		
Notes:	-	gment identifies the office location to route the response t t for additional patient information.	o the
	response	s segment only if the subscriber is the patient and the se to the request for additional patient information must be to a specific office location.	e
		use if the request for additional patient information is in r X12 functional group.	
Example:	N4*MIAMI*F	FL*33131**DP*UTILIZATION REVIEW DEPT~	
STANDARD			
	N4 Geograp	aphic Location	
Level:	• •		
Position:	210		
Loop:	HL/NM1		
Requirement:			
Max Use:	1		
Purpose:	To specify the	ne geographic place of the named party	
Syntax:	1. C0605		
·	If N406 is	is present, then N405 is required.	
DIAGRAM			
N4 * N401 City Name	19 * N402 * State of Prov Coo		
O AN 2/			1/30
ELEMENT SUMMARY			
USAGE R	EF. DATA ES. ELEMENT	T NAMEATTRIBUTE	s
SITUATIONAL N401	19	City NameOANFree-form text for city name	2/30
		INDUSTRY: Response Contact City Name	
		соммент: A combination of either N401 through N404, or N405 and N406 r adequate to specify a location.	nay be
		Use when necessary to provide this data as part of the respon contact location identification.	ISE

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SITUATIONAL	N402	156	State or Provi Code (Standard		defined by appropriate	O gover	ID nment a	2/2 gency		
			INDUSTRY: Resp	INDUSTRY: Response Contact State or Province Code						
			COMMENT: N402	is required only if cit	y name (N401) is in th	e U.S.	or Cana	da.		
			CODE SOURCE 22:	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 in (zip code for Uni		one code excluding pu	O nctuati	ID on and b	3/15 blanks		
			INDUSTRY: Resp	onse Contact Po	stal Zone or ZIP C	ode				
			CODE SOURCE 51:	ZIP Code						
				cessary to provid on identification	de this data as part	of the	e respo	onse		
SITUATIONAL	IATIONAL N404 26		Country Code Code identifying			0	ID	2/3		
			INDUSTRY: Resp	onse Contact Co	ountry Code					
			CODE SOURCE 5: (Countries, Currencie	es and Funds					
			Use only if the	e address is out	of the U.S.					
SITUATIONAL	N405	309	Location Qua Code identifying			X	ID	1/2		
			syntax: C0605							
			Required if N4	406 is valued.						
			CODE	DEFINITION						
			B1	Branch						
			DP	Department						
SITUATIONAL	N406	310	Location Iden Code which ider	tifier ntifies a specific loca	ition	0	AN	1/30		
			INDUSTRY: Resp	onse Contact Sp	ecific Location					
			syntax: C0605							
			Required if N4	405 is valued.						
					e to the request for to a particular dom		ional			

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								
	R01 366 Contact unct Code ID 2/2	PER02 Name O AN	1/60 * Number (X ID	Qual X Number 2/2 X AN 1/80	PER05 363 Comm Number Qua X ID 2/1	*	PER06 Com Num X AN	
*	RY 365 Comm Imber Qual ID 2/2	PER08 Comm Numbe X AN	er [*] Referen	ce ' ~				
USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBU	TES
REQUIRED	PER01	366	Contact Funct Code identifying t	ion Code he major duty or respon DEFINITION	sibility of the pers	M on or	ID group na	2/2 amed
			IC	Information Contac	:t			
SITUATIONAL	PER02	93	Name Free-form name			0	AN	1/60
			INDUSTRY: Respo	nse Contact Name				
			Use this data e not already de	en response must be element when the na fined or is different t (e.g. N1 or NM1).	me of the indiv	idua	l to cor	tact is
SITUATIONAL	TUATIONAL PER03 365		Code identifying t	n Number Qualifier he type of communication	on number	x	ID	2/2
			-	R02 is not valued ar tact communication	-	l if ne	ecessai	y to
			CODE	DEFINITION				
			EM	Electronic Mail				
			FX	Facsimile				
			ТЕ	Telephone				
SITUATIONAL	PER04	364	Communicatio Complete commu applicable	n Number nications number incluc	ling country or are	X a cod	AN e when	1/80
			-	nse Contact Comm	unication Num	ber		
			SYNTAX: P0304					
			-	R02 is not valued ar tact communication	-	l if ne	ecessai	ry to

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SITUATIONAL	PER05	365	Communication Number QualifierXIDCode identifying the type of communication number							
			syntax: P0506							
				en the telephone extension or mult on types are available.	iple					
			CODE	DEFINITION						
			EM	Electronic Mail						
			EX	Telephone Extension						
			FX	Facsimile						
			TE	Telephone						
SITUATIONAL	PER06	364	Communication Complete comm	on Number unications number including country or are	X ea code	AN when	1/80			
			INDUSTRY: Response Contact Communication Number							
			syntax: P0506							
				en the telephone extension or mult on types are available.	iple					
SITUATIONAL PER07 365		365		on Number Qualifier the type of communication number	X	ID	2/2			
			SYNTAX: P0708							
				en the telephone extension or mult on types are available.	iple					
			CODE	DEFINITION						
			EM	Electronic Mail						
			EX	Telephone Extension						
			FX	Facsimile						
			TE	Telephone						
SITUATIONAL	PER08	364	Communication Complete comm	on Number unications number including country or are	X ea code	AN when	1/80			
			INDUSTRY: Resp	onse Contact Communication Num	ber					
			syntax: P0708							
			-	en the telephone extension or mult on types are available.	iple					
NOT USED	PER09	443	Contact Inqui	ry Reference	ο	AN	1/20			

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

New Segment Added

DIAGRAM							
	N01 481 ace Type Code ID 1/2	TRN02 Referent Ident M AN	* Company ID * Ident ~				
ELEMENT SUMMAR	Y						
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 Number	rs			
			The term "Current Transaction Tra refers to the trace number assigned of the 278 response transaction (the	ed by the creator			
			2 Referenced Transaction Trace Nu	mbers			
			The term "Referenced Transactior refers to the trace number original request transaction.				
REQUIRED	TRN02	127	Reference Identification Reference information as defined for a particular Transaction by the Reference Identification Qualifier	M AN 1/30 on Set or as specified			
			INDUSTRY: Patient Event Tracking Number				
			SEMANTIC: TRN02 provides unique identification for the trans	saction.			
REQUIRED	REQUIRED TRN03 509		Originating Company Identifier O AN A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designs (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DU or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assign number is 9				
			INDUSTRY: Trace Assigning Entity Identifier				
			SEMANTIC: TRN03 identifies an organization.				
			Use this element to identify the organization that trace number. If TRN01 is "2", this is the value red original 278 request transaction. If TRN01 is "1", or information to identify the UMO organization that trace number.	ceived in the use this			
			The first position must be either a "1" if an EIN is DUNS is used or a "9" if a user assigned identifie				

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SITUATIONAL TRN04 127	Reference Identification Reference information as defined by the Reference Identification G	O AN 1/30 d for a particular Transaction Set or as specified Qualifier							
		INDUSTRY: Trace Assigning Entity Additional Identifier							
	SEMANTIC: TRN04 identifies a further subdivision within the organization.								
		essary to further identify a specific cific division or group, of the company ata element (TRN03).							

DEPENDENT DIAGNOSIS

- Loop: 2000D DEPENDENT LEVEL
- Usage: SITUATIONAL
- Repeat: 1
- Notes: 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 CodesLevel:DetailPosition:080Loop:HLRequirement:OptionalMax Use:1Purpose:To supply information related to the delivery of health care

004010X094A1 • 278 • 2000D • HI DEPENDENT DIAGNOSIS

DIAGRAM								
HI * Health Care Code Info. M • • • • • • • • • • • • • • • • • • •	fo. *	O Code Info.	HI04 C022 Health Care Code Info. O	*	HI05 C022 Health Care Code Info. O	*	Health C Code In O	ifo.
HI07 C022 HI08 HI08	*	HI09 C022 Health Care Code Info. O	HI10 C022 Health Care Code Info. O	*	HI11 C022 Health Care Code Info. O	*	HI12 Health C Code In O	
ELEMENT SUMMARY								
REF. DATA USAGE DES. ELEMENT	NAME						ATTRIBUTE	:S
REQUIRED HI01 C022			DE INFORMATIO		ed dates, amou	M	and quant	ities
		Diagnosis 1						
REQUIRED HI01 - 1	1270		ualifier Code	trv c	ode list	м	ID	1/3
			gnosis Type Co					
	C		ITION					
	BF	Diag	Inosis					
			source 131: Intern cal Mod (ICD-9-CM			on c	f Disease	S
	BJ	Adm	nitting Diagnosis	s				
			source 131: Intern cal Mod (ICD-9-CM			on c	f Disease	S
	BK	Prin	cipal Diagnosis					
			source 131: Intern cal Mod (ICD-9-CM			on c	f Disease	S
New Code Added	LOI	-	ical Observatior NC) Codes	n Id	entifier Nam	es a	and Code	es
		The Code the f not r mut	Logical Observ es (LOINC [®]) coo functionality of mandated by HI ually agreed to I Section 2.2.5 fo	de s the PA by f	set was inter 278 transact A and is only trading partn nformation on	nde tion / us iers	d to incro set and ed when	it is
		CODE	source 663: Logic			ntifie	er Names a	and
REQUIRED HI01 - 2	1271	Industry Co	es (LOINC) de lg a code from a sp		fic industry and	M	AN	1/30
			gnosis Code			6 113		

ASC X12N • INSURA		MMITTEE		004010X094A1 • 278 • 2000D • DEPENDENT DIAGNOS					
SITUATIONAL	HI01 - 3		1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format					
				Required if X12N syntax conditions apply.					
			c						
			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		TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts and quantities					
			alias: E	s: Diagnosis 2					
			Required if valued on the request and used by the UMO to render a decision.						
REQUIRED	HI02 - 1		1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list					
				INDUSTRY: Diagnosis Type Code					
			с	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					
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	HI02 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list					
				INDUSTRY: Diagnosis Code					

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SITUATIONAL	HI02 - 3		1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format					
				Required if X12N syntax conditions apply.					
			C	CODE DEFINITION					
			D8	Date Expressed in Format CCYYMMDD					
SITUATIONAL	HI02 - 4		1251	Date Time PeriodXAN1/35Expression of a date, a time, or range of dates, times or dates and time					
				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		TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts and quantities					
			ALIAS: Diagnosis 3						
			Requir decisi	red if valued on the request and used by the UMO to render a on.					
REQUIRED	HI03 - 1		1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list					
				INDUSTRY: Diagnosis Type Code					
			C	ODE DEFINITION					
			BF	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	HI03 - 2		1271	Industry CodeMAN1/30Code indicating a code from a specific industry code list					
				INDUSTRY: Diagnosis Code					
SITUATIONAL	HI03 - 3		1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format					
				Required if X12N syntax conditions apply.					
			C	CODE DEFINITION					
			D8	Date Expressed in Format CCYYMMDD					

ASC X12N • INSUR IMPLEMENTATION				004010X094A1 ◆ 278 ◆ 20000 ↔ DEPENDENT DIAGNO
SITUATIONAL	HI03 - 4		1251	Date Time PeriodXAN1/35Expression of a date, a time, or range of dates, times or dates and time
				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 1/1
NOT USED	HI03 - 7		799	Version Identifier O AN 1/30
SITUATIONAL	HI04	C022		TH CARE CODE INFORMATION O In health care codes and their associated dates, amounts and quantities
			ALIAS: [Diagnosis 4
			Requi decisi	ired if valued on the request and used by the UMO to render a ion.
REQUIRED	HI04 - 1		1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list
				INDUSTRY: Diagnosis Type Code
			c	
			BF	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	HI04 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Diagnosis Code
			1250	Date Time Period Format Qualifier X ID 2/3
SITUATIONAL	HI04 - 3			Code indicating the date format, time format, or date and time format
SITUATIONAL	HI04 - 3			
SITUATIONAL	HI04 - 3		C	Code indicating the date format, time format, or date and time format
SITUATIONAL	HI04 - 3		<u>с</u> D8	Code indicating the date format, time format, or date and time format Required if X12N syntax conditions apply.
	HI04 - 3 HI04 - 4			Code indicating the date format, time format, or date and time format Required if X12N syntax conditions apply. CODE DEFINITION
			D8	Code indicating the date format, time format, or date and time format Required if X12N syntax conditions apply. CODE DEFINITION Date Expressed in Format CCYYMMDD Date Time Period X AN 1/35
			D8	Code indicating the date format, time format, or date and time format Required if X12N syntax conditions apply. CODE DEFINITION Date Expressed in Format CCYYMMDD Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and time
SITUATIONAL SITUATIONAL			D8	Code indicating the date format, time format, or date and time format Required if X12N syntax conditions apply. CODE DEFINITION Date Expressed in Format CCYYMMDD Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and time INDUSTRY: Diagnosis Date

NOT USED HI04 - 7		799	Version Identifier O AN 1/30						
SITUATIONAL HI05		HEALTH CARE CODE INFORMATION O To send health care codes and their associated dates, amounts and quantities							
		ALIAS: Diagnosis 5							
		Requir decisio	red if valued on the request and used by the UMO to render a on.						
REQUIRED HI05 - 1		1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list						
			INDUSTRY: Diagnosis Type Code						
		c	CODE DEFINITION						
		BF	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 HI05 - 2		1271	Industry CodeMAN1/30Code indicating a code from a specific industry code list						
			INDUSTRY: Diagnosis Code						
SITUATIONAL HI05 - 3		1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format						
			Required if X12N syntax conditions apply.						
		C	ODE DEFINITION						
		D8	Date Expressed in Format CCYYMMDD						
SITUATIONAL HI05 - 4		1251	Date Time PeriodXAN1/35Expression 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 REQUIRED HI06 - 1 New Code Value	C022	To sen ALIAS: L Requi decisi 1270	d health ca Diagnosis red if val on. Code L Code ide	List Qualifier Code entifying a specific industry code list y: Diagnosis Type Code DEFINITION Diagnosis code source 131: International Classifica Clinical Mod (ICD-9-CM) Procedure	e UM M	O to re ID	nder a 1/3
		Requi decisi 1270 C BF	red if val on. Code L Code ide	List Qualifier Code entifying a specific industry code list r: Diagnosis Type Code DEFINITION Diagnosis code source 131: International Classifica Clinical Mod (ICD-9-CM) Procedure	M ation of	ID	1/3
		decisi 1270 BF	on. Code L Code ide	List Qualifier Code entifying a specific industry code list Y: Diagnosis Type Code DEFINITION Diagnosis CODE SOURCE 131: International Classifica Clinical Mod (ICD-9-CM) Procedure	M ation of	ID	1/3
		BF	Code ide	entifying a specific industry code list Y: Diagnosis Type Code DEFINITION Diagnosis code source 131: International Classifica Clinical Mod (ICD-9-CM) Procedure	ation of		
New Code Value —		BF		DEFINITION Diagnosis CODE SOURCE 131: International Classifica Clinical Mod (ICD-9-CM) Procedure		f Diseas	es
New Code Value		BF	ODE	Diagnosis code source 131: International Classifica Clinical Mod (ICD-9-CM) Procedure		fDiseas	es
New Code Value				CODE SOURCE 131: International Classifica Clinical Mod (ICD-9-CM) Procedure		f Diseas	es
New Code Value		- LOI		Clinical Mod (ICD-9-CM) Procedure		f Diseas	es
New Code Value		- LOI		Levised Observations I to still all			-
				Logical Observation Identifier Nar (LOINC) Codes	nes a	nd Coo	des
				The Logical Observation Identifier Codes (LOINC [®]) code set was inte the functionality of the 278 transa not mandated by HIPAA and is on mutually agreed to by trading part	endec ction ly us	l to inc set an ed whe	rease d it is
				See Section 2.2.5 for information or request additional information.	on us	ing LO	INC to
				CODE SOURCE 663: Logical Observation Id Codes (LOINC)	entifie	r Names	s and
REQUIRED HI06 - 2		1271		ry Code dicating a code from a specific industry co	M de list	AN	1/30
			INDUSTRY	Y: Diagnosis Code			
SITUATIONAL HI06 - 3				ime Period Format Qualifier dicating the date format, time format, or date	X ate and	ID d time fo	2/3 ormat
			Require	red if X12N syntax conditions apply			
		C	ODE	DEFINITION			
		D8		Date Expressed in Format CCYYM	IMDD)	
SITUATIONAL HI06 - 4		1251		ime Period sion of a date, a time, or range of dates, tin	X nes or	AN dates a	1/35 nd time:
			INDUSTRY	r: Diagnosis Date			
			Use on	nly when the date diagnosed is kno	wn.		
NOT USED HI06 - 5		782	Moneta	ary Amount	0	R	1/18
HI06 - 6		380	Quantit	ity	0	R	1/15
HI06 - 7		799	Version	n Identifier	0	AN	1/30
ITUATIONAL HI07	C022			E CODE INFORMATION are codes and their associated dates, amo	O ounts a	and quar	ntities
		ALIAS: 🛛	Diagnosis	is 7			
		Requi decisi		lued on the request and used by th	e UM	O to re	nder a

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REQUIRED	HI07 - 1		1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code listINDUSTRY: Diagnosis Type Code
			С	ODE DEFINITION
			BF	Diagnosis
				соре 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	HI07 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Diagnosis Code
SITUATIONAL	SITUATIONAL HI07 - 3		1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format
				Required if X12N syntax conditions apply.
			C	ODE DEFINITION
			D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI07 - 4		1251	Date Time PeriodXAN1/35Expression 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		TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts and quantities
			ALIAS: D	Diagnosis 8
			Requi	red if valued on the request and used by the UMO to render a

REQUIRED	HI08 - 1		1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code listINDUSTRY: Diagnosis Type Code
			с	
			BF	
			БГ	Diagnosis code source 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
New Code V	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	HI08 - 2		1271	Industry CodeMAN1/30Code indicating a code from a specific industry code list
				INDUSTRY: Diagnosis Code
SITUATIONAL	HI08 - 3		1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format
				Required if X12N syntax conditions apply.
			с	CODE DEFINITION
			D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI08 - 4		1251	Date Time PeriodXAN1/35Expression 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	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		TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts and quantities
			ALIAS: [Diagnosis 9
			Requi	red if valued on the request and used by the UMO to render a

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REQUIRED	HI09 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list Image: Code Image: Code Image: Code
				INDUSTRY: Diagnosis Type Code
			C	ODE DEFINITION
			BF	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	HI09 - 2		1271	Industry CodeMAN1/30Code indicating a code from a specific industry code list
				INDUSTRY: Diagnosis Code
SITUATIONAL	HI09 - 3		1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format
				Required if X12N syntax conditions apply.
			С	ODE 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 time
				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		TH CARE CODE INFORMATION O I health care codes and their associated dates, amounts and quantities
				Diagnosis 10
			Requi	red if valued on the request and used by the UMO to render a

REQUIRED	HI10 - 1		1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list			
				INDUSTRY: Diagnosis Type Code			
			C	ODE DEFINITION			
			BF	Diagnosis			
				CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
New Code	e 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	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 QualifierXID2/3Code indicating the date format, time format, or date and time format			
				Required if X12N syntax conditions apply.			
			C	ODE 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 time			
				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		TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts and quantities			
			ALIAS: D	Diagnosis 11			
			Requir	red if valued on the request and used by the UMO to render a			
			1				

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REQUIRED	HI11 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list Diagramme Code M ID 1/3
				INDUSTRY: Diagnosis Type Code
			C	ODE DEFINITION
			BF	Diagnosis
				CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
New Code	e 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	HI11 - 2		1271	Industry CodeMAN1/30Code indicating a code from a specific industry code list
				INDUSTRY: Diagnosis Code
SITUATIONAL	HI11 - 3		1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format
				Required if X12N syntax conditions apply.
			C	ODE DEFINITION
			D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI11 - 4		1251	Date Time PeriodXAN1/35Expression 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	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		TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts and quantities
			ALIAS: D	Diagnosis 12
			Requi	red if valued on the request and used by the UMO to render a

REQUIRED	HI12 - 1	1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list
			INDUSTRY: Diagnosis Type Code
		C	
		BF	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 t request additional information.
			CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)
REQUIRED	HI12 - 2	1271	Industry CodeMAN1/3Code indicating a code from a specific industry code list
			INDUSTRY: Diagnosis Code
SITUATIONAL	HI12 - 3	1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format
			Required if X12N syntax conditions apply.
		c	CODE DEFINITION
		D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI12 - 4	1251	Date Time Period X AN 1/3 Expression of a date, a time, or range of dates, times or dates and time
			INDUSTRY: Diagnosis Date
			Use only when the date diagnosed is known.
NOT USED	HI12 - 5	782	Monetary Amount O R 1/1
NOT USED	HI12 - 6	380	Quantity O R 1/1
NOT USED	HI12 - 7	799	Version Identifier O AN 1/3

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

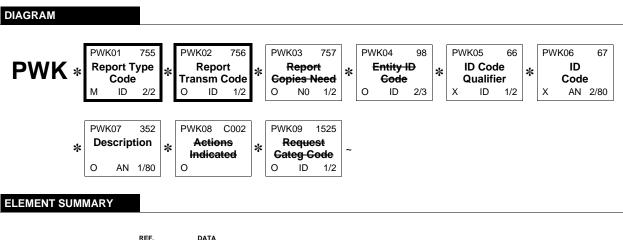
PWK Paperwork

- 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.



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES	
REQUIRED	PWK01	755	Report Type C Code indicating t	code the title or contents of a document, report or		ID rting ite	2/2 em	
			INDUSTRY: Attachment Report Type Code					
			CODE	DEFINITION				
			03	Report Justifying Treatment Beyon Guidelines	d Util	izatio	n	
			04	Drugs Administered				
			05	Treatment Diagnosis				
			06	Initial Assessment				
			07	Functional Goals				
				Expected outcomes of rehabilitativ	e ser\	vices.		
			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	nt ren	tal.		
			59	Benefit Letter				

New Segment Added

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
СВ	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment.
СК	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
15	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes

New Segment Added

New Segment	Added ADDITIONAL PATIENT INFORMATION
ОВ	Operative Note
00	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
ох	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
РО	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
ХР	Photographs
sent	ning, transmission method or format by which reports are to be
	nment Transmission Code
CODE	DEFINITION
BM	By Mail

INDUSTRY: Attacl

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

REQUIRED

PWK02 756

	NT INFORMA	WK TION	New Segment Added	ASC X12N • INSUR IMI		INTATI	ON GUID
			EM E-Mail				
			FX By Fax				
			VO Voice				
			Use thi	s for voicemail or phone c	omm	unicati	on.
NOT USED	PWK03	757	Report Copies Needed	I	0	N0	1/2
NOT USED	PWK04	98	Entity Identifier Code		0	ID	2/3
SITUATIONAL	PWK05	66	Identification Code Qu Code designating the syste Code (67)	alifier m/method of code structure use	X ed for l	ID dentific	1/2 ation
			syntax: P0506				
			COMMENT: PWK05 and PWI number.	K06 may be used to identify the	addre	ssee by	a code
			This data element is re	equired when PWK02 DOE	S NO	Г equa	l "VO".
			CODE DEFINITIO	N			
			AC Attachi	ment Control Number			
SITUATIONAL	PWK06	67	Identification Code Code identifying a party or		x	AN	2/80
SITUATIONAL	PWK06	67		other code	X	AN	2/80
SITUATIONAL	PWK06	67	Code identifying a party or	other code	X	AN	2/80
SITUATIONAL	PWK06	67	Code identifying a party or <i>INDUSTRY: Attachment Co</i>	other code ontrol Number	x	AN	2/80
SITUATIONAL	PWK06 PWK07	67 352	Code identifying a party or INDUSTRY: Attachment Co SYNTAX: P0506 Required if PWK02 eq Description	other code ontrol Number	0	AN	1/80
		-	Code identifying a party or INDUSTRY: Attachment Co SYNTAX: P0506 Required if PWK02 eq Description	other code ontrol Number uals BM, EL, EM or FX.	0	AN	1/80
		-	Code identifying a party or INDUSTRY: Attachment Co SYNTAX: P0506 Required if PWK02 equination Description A free-form description to co INDUSTRY: Attachment Description to co	other code ontrol Number uals BM, EL, EM or FX.	O and th	AN eir cont	1/80 ent
		-	Code identifying a party or INDUSTRY: Attachment Co SYNTAX: P0506 Required if PWK02 equination A free-form description to co INDUSTRY: Attachment Do COMMENT: PWK07 may be a specified report.	other code ontrol Number uals BM, EL, EM or FX. larify the related data elements escription used to indicate special informational i	O and th	AN eir cont	1/80 Tent Tent the
		-	Code identifying a party or INDUSTRY: Attachment Co SYNTAX: P0506 Required if PWK02 eq Description A free-form description to co INDUSTRY: Attachment Do COMMENT: PWK07 may be of specified report. This data element is up	other code ontrol Number uals BM, EL, EM or FX. larify the related data elements escription used to indicate special informational i	O and th	AN eir cont	1/80 Tent Tent the

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

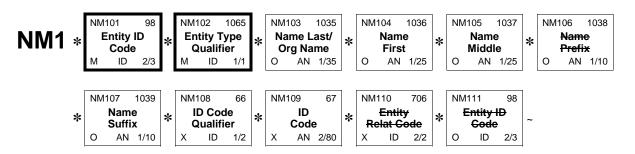
- **Purpose:** To supply the full name of an individual or organizational entity
 - Syntax: 1. P0809

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

2. C1110

If NM111 is present, then NM110 is required.

DIAGRAM



004010X094A1 • 278 • 2010DA • NM1 DEPENDENT NAME

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES		
REQUIRED	NM101	98	Entity Identifie Code identifying individual	er Code an organizational entity, a physical location,	M prop	ID berty or a	2/3 an		
			CODE DEFINITION						
			QC	Patient					
REQUIRED	NM102	1065	Entity Type Qu Code qualifying t		М	ID	1/1		
			SEMANTIC: NM102	2 qualifies NM103.					
			CODE	DEFINITION					
			1	Person					
SITUATIONAL	NM103	1035		Organization Name me or organizational name	0	AN	1/35		
			INDUSTRY: Deper	ndent Last Name					
			Required if va	lued on the request.					
SITUATIONAL	NM104	1036	Name First Individual first na	ime	0	AN	1/25		
			INDUSTRY: Dependent First Name						
			Required if va	lued on the request.					
SITUATIONAL	SITUATIONAL NM105 1037		Name Middle Individual middle	name or initial	0	AN	1/25		
			INDUSTRY: Deper	ndent Middle Name					
			Use if NM104 i is known.	is valued and the middle name/initia	l of t	he dep	endent		
NOT USED	NM106	1038	Name Prefix		0	AN	1/10		
SITUATIONAL	NM107	1039	Name Suffix Suffix to individua	al name	0	AN	1/10		
			INDUSTRY: Deper	ndent Name Suffix					
			Use this for th	e suffix of an individual's name; e.g.	., Sr.	., Jr., o	r III.		
SITUATIONAL	NM108	66		Code Qualifier g the system/method of code structure used	X I for I	ID dentifica	1/2 Ition		
			syntax: P0809						
			CODE	DEFINITION					
			МІ	Member Identification Number			_		
			Use this code for the payer-assigned the dependent, even if the payer calls policy number, recipient number, HIC some other synonym.				ber a		
			ZZ	Mutually Defined					

ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE				Loop ID Changed	004010X094A1			DA • NM1 NT NAME		
			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 identifying	ïer	X	AN	2/80			
			•	ent Member Number						
			syntax: P0809							
			Value only if the dependent has a unique member ID that by the UMO. Under most circumstances, this data elemen used.							
NOT USED	NM110	706	Entity Relatio	nship Code		х	ID	2/2		
NOT USED	NM111	98	Entity Identifie	er Code		ο	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

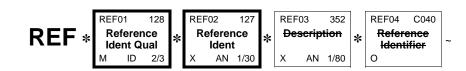
Max Use: 9

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

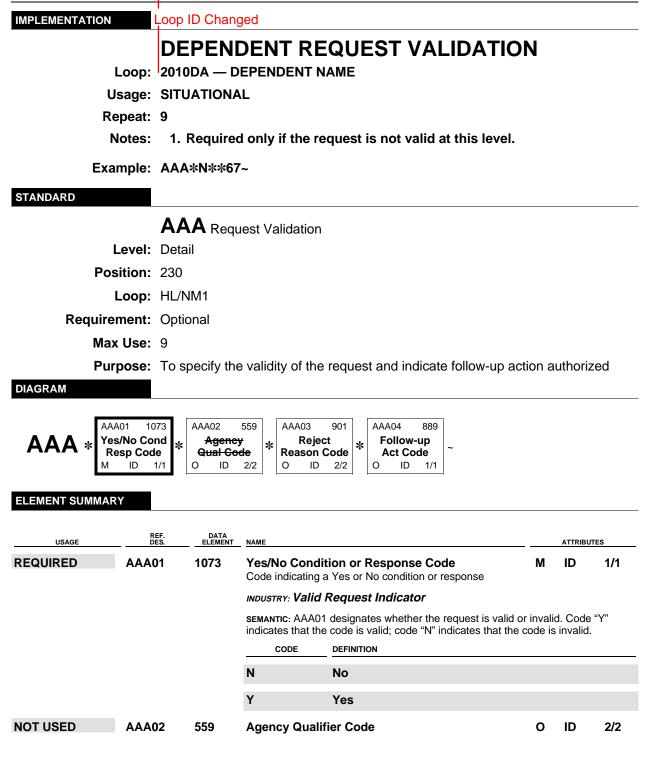
DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification			ID	2/3
			CODE	CODE DEFINITION			
			A6 Employee Identification Number				
			EJ Patient Account Number				
			SY	Social Security Number			
			The social security number may not be Medicare.			used	for

ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE			004010X094A1 • 278 • 2010DA • RI DEPENDENT SUPPLEMENTAL IDENTIFICATIO				
REQUIRED	REF02	127	Reference Identification Reference information as define by the Reference Identification		~	AN or as s	1/30 pecified
			INDUSTRY: Dependent Supplemental Identifier				
			syntax: R0203				
NOT USED	REF03	352	Description		Х	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER		0		



004010X094A1 • 278 • 2010DA • AAA
DEPENDENT REQUEST VALIDATION

SITUATIONAL AAA03	901	Reject Reaso	n Code Loop ID Changed O ID 2/2 by issuer to identify reason for rejection							
			Required if A	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 Act Code identifying	tion Code O ID 1/1 follow-up actions allowed						
				AA03 is present and indicates that the rejection is due nissing dependent or patient data.						
			CODE	DEFINITION						
			С	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

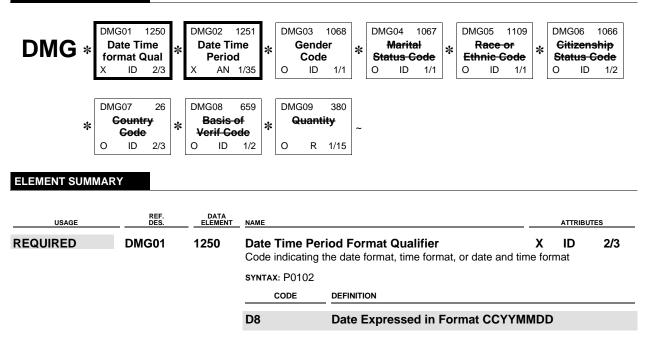
Max Use: 1

Purpose: To supply demographic information

Syntax: 1. P0102

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

DIAGRAM



ASC X12N • INSURA		MMITTEE			004010X094A1 DEPENDENT DEMOG			
REQUIRED	DMG02	1251	Date Time Po		Loop ID Changed ange of dates, times or da	~	AN d times	1/35
			INDUSTRY: Dep	INDUSTRY: Dependent Birth Date				
			syntax: P0102					
			SEMANTIC: DMG	602 is the date of b	irth.			
SITUATIONAL	DMG03	1068	Gender Code Code indicating	e g the sex of the inc	lividual	0	ID	1/1
			INDUSTRY: Dependent Gender Code					
			Required if v	Required if valued on the request.				
			CODE	DEFINITION				
			F	Female				
			Μ	Male				
			U	Unknown				
NOT USED	DMG04	1067	Marital Statu	is Code		0	ID	1/1
NOT USED	DMG05	1109	Race or Ethr	nicity Code		ο	ID	1/1
NOT USED	DMG06	1066	Citizenship S	Citizenship Status Code			ID	1/2
NOT USED	DMG07	26	Country Code			0	ID	2/3
NOT USED	DMG08	659	Basis of Veri	Basis of Verification Code			ID	1/2
NOT USED	DMG09	380	Quantity			ο	R	1/15

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

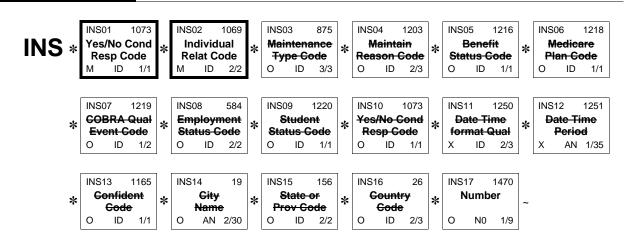
Max Use: 1

Purpose: To provide benefit information on insured entities

Syntax: 1. P1112

If either INS11 or INS12 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

Loop ID Changed

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	EQUIRED INS01			ition or Response Code a Yes or No condition or response	М	ID	1/1
			INDUSTRY: Insur	ed Indicator			
				indicates status of the insured. A "Y" val an "N" value indicates the insured is a de			insured
			CODE	DEFINITION			
			Ν	No			
REQUIRED	INS02	1069		ationship Code the relationship between two individuals of	M or entitie	ID s	2/2
			ALIAS: Relation	ship to Insured			
			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 Dependen	t		
			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 Fin			

	1						
Loop ID Changed		53	Life Partner				
			G8	Other Relationship			
NOT USED	INS03	875	Maintenan	ce Type Code	ο	ID	3/3
NOT USED	INS04	1203	Maintenan	ce Reason Code	ο	ID	2/3
NOT USED	INS05	1216	Benefit Sta	atus Code	ο	ID	1/1
NOT USED	INS06	1218	Medicare I	Plan Code	ο	ID	1/1
NOT USED	INS07	1219		ted Omnibus Budget Reconciliation RA) Qualifying	0	ID	1/2
NOT USED	INS08	584	Employme	ent Status Code	ο	ID	2/2
NOT USED	INS09	1220	Student St	atus Code	ο	ID	1/1
NOT USED	INS10	1073	Yes/No Co	ndition or Response Code	ο	ID	1/1
NOT USED	INS11	1250	Date Time	Period Format Qualifier	Х	ID	2/3
NOT USED	INS12	1251	Date Time	Period	Х	AN	1/35
NOT USED	INS13	1165	Confidenti	ality Code	ο	ID	1/1
NOT USED	INS14	19	City Name		ο	AN	2/30
NOT USED	INS15	156	State or Pr	ovince Code	ο	ID	2/2
NOT USED	INS16	26	Country C	ode	ο	ID	2/3
SITUATIONAL	INS17	1470	Number A generic nu	Imber	0	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.

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.

New Segment Added ASC X12N • INSURANCE SUBCOMMITTEE IF IMPLEMENTATION GUIDE 004010X094A1 • 278 • 2010DB • NM1 ADDITIONAL PATIENT INFORMATION CONTACT NAME

DIAGRAM															
	1101 98 Entity ID Code ID 2/3	Endided To		NM103 Name La Org Nar O AN	ne	NM1	04 1 Name First AN 1	036 * 1/25	k	NM105 Nai Mid D Al		*	NM O	106 Nam Prefi AN	-
* O	1107 1039 Name Suffix AN 1/10	NM108 ID Code Qualifie X ID		NM109 ID Code X AN			Entity lat Cod	706 de 2/2	k	NM111 Entit Co D IE	de	~			
USAGE	REF. DES.	DATA ELEMENT	NAME										A	TTRIBUT	res
	REF. DES. NM101	element 98	Entity	/ Identifie identifying a			onal en	tity, a∣	phy	vsical lo	ocation	M , prc	I	D	2/3
	DES.	ELEMENT	Entity Code individ	identifying a		nizatio	onal en	tity, a⊣	phy	vsical lo	ocation		I	D	2/3
	DES.	ELEMENT	Entity Code individ	identifying a ual	an orgai	nizatio 10N	onal en	tity, a∣	phy	sical lo	ocation		I	D	2/3
	DES.	ELEMENT	Entity Code individ	identifying a ual	an orgai DEFINIT	nizatio 10N der					ocation		I	D	2/3
	DES.	ELEMENT	Entity Code individ	identifying a ual	DEFINIT	nizatio non der -Part nizati vhen	y Adm on the de	ninist	rat	or		, pro	I opert	D y or a	2/3 in

Х3	Utilization Management Org

REQUIRED

NM102 1065

2

PR Payer ganization **Entity Type Qualifier** ID Μ 1/1 Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. DEFINITION CODE 1 Person Use this name only if the destination is an individual, such as an individual primary care physician.

Non-Person Entity

ASC X12N • INSURA		MMITTEE	New S	Segment Added 004010X09 ADDITIONAL PATIENT INFO				
SITUATIONAL	NM103	1035		r Organization Name ame or organizational name	0	AN	1/35	
			INDUSTRY: Resp	oonse Contact Last or Organizat	ion Name	•		
			Required if the	ne responder needs to identify t	he destina	ation b	y name.	
SITUATIONAL	NM104	1036	Name First Individual first n	ame	0	AN	1/25	
			INDUSTRY: Resp	oonse Contact First Name				
				is valued and the destination is a primary care provider.	an indivi	idual (N	NM102	
SITUATIONAL	NM105	1037	Name Middle Individual middl	e name or initial	ο	AN	1/25	
			INDUSTRY: Resp	oonse Contact Middle Name				
			Use if NM104 known.	is present and the middle name	e/initial of	the pe	rson is	
NOT USED	NM106	1038	Name Prefix		ο	AN	1/10	
SITUATIONAL	NM107	1039	Name Suffix Suffix to individu	ual name	ο	AN	1/10	
			INDUSTRY: Resp	oonse Contact Name Suffix				
			Use this for t	he suffix of an individual's name	e; e.g., Sr	., Jr., o	r III.	
SITUATIONAL	NM108	66	Code designatir Code (67) syntax: P0809	Code Qualifier ng the system/method of code structur ne responder needs to use an id				
			destination.	le responder needs to use an iu		luenti	iy the	
			CODE	DEFINITION				
			24	Employer's Identification Nun	nber			
			34	Social Security Number				
			46	Electronic Transmitter Identif	ication N	umber	(ETIN)	
			PI	Payor Identification				
				Use until the National PlanID destination is a payer.	is manda	ted if th	ne	
			xv	Health Care Financing Admin PlanID Required if the National PlanI Otherwise, one of the other lis used.	D is mano	dated f	or use.	
				Use if the destination is a pay				
				code source 540: Health Care Fina National PlanID	ncing Admi	nistratio	n	

004010X094A1 • 278 ADDITIONAL PATIEN			New Segment	t Added	ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE			
			XX	Provider Iden Required valu mandated for codes may be	value if the National Provider ID is I for use. Otherwise, one of the other li			
				Use in the des		••		
SITUATIONAL	SITUATIONAL NM109 6	67	Identification Code identifying	Code a party or other co	ode	Х	AN	2/80
			INDUSTRY: Respo	onse Contact lo	dentifier			
			syntax: P0809					
			Required if NM	/108 is used.				
NOT USED	NM110	706	Entity Relatior	nship Code		х	ID	2/2
NOT USED	NM111	98	Entity Identifie	er Code		ο	ID	2/3

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

	N30 ⁻	1	166	1	N30	2	166]
N3 *		ddre orma		*		ddre orma		~
	М	AN	1/55		0	AN	1/55	

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES					
REQUIRED	RED N301 166		Address Information Address information	М	AN	1/55			
			INDUSTRY: Response Contact Address Line						
			Use this element for the first line of the requester	s ad	dress.				
SITUATIONAL	TUATIONAL N302	166	Address Information Address information	0	AN	1/55			
			INDUSTRY: Response Contact Address Line						
			Required only if a second address line exists.						

IMPLEMENTATION			
	CONTAC	ONAL PATIENT INFORMATION CT CITY/STATE/ZIP CODE	
•		DDITIONAL PATIENT INFORMATION CONTACT	
-	SITUATIONA	L	
Repeat:			
Notes:	-	nent identifies the office location to route the r or additional patient information.	esponse to the
	response	segment only if the subscriber is the patient ar to the request for additional patient information a specific office location.	
		se if the request for additional patient informat (12 functional group.	ion is in
Example:	N4*MIAMI*F	L*33131**DP*UTILIZATION REVIEW DEPT~	
STANDARD			
	N4 Geograp	hiclocation	
Level:	0 1	The Education	
Position:	2 010		
	HL/NM1		
Requirement:			
Max Use:	•		
Purpose:	To specify the	geographic place of the named party	
Syntax:	1. C0605	3 - 3 - 4	
- J. I. J. I. J.		present, then N405 is required.	
DIAGRAM			
N4 * City	19 N402 * State or	156 N403 116 N404 26 N405 309 * Postal * Country * Location	N406 310 * Location
Name O AN 2/	Prov Coc	Ie * Code * Qualifier 2/2 O ID 3/15 O ID 2/3 X ID 1/2	Identifier O AN 1/30
ELEMENT SUMMARY			
R	EF. DATA		
	ES. ELEMENT		
SITUATIONAL N401	19	City Name Free-form text for city name	O AN 2/30
		INDUSTRY: Response Contact City Name	
		COMMENT: A combination of either N401 through N404, or N40 adequate to specify a location.	5 and N406 may be
		Use when necessary to provide this data as part of	the response
		contact location identification.	

ASC X12N • INSURAI IMPLEMENTATION G		MITTEE		Segment Added	004010X094A1 • 27 ON CONTACT CITY/5							
SITUATIONAL	N402	156	State or Prov Code (Standar	vince Code d State/Province) as defined	O by appropriate govern	ID nment a	2/2 gency					
			INDUSTRY: Res	INDUSTRY: Response Contact State or Province Code								
			COMMENT: N402	is required only if city name	(N401) is in the U.S.	or Cana	ida.					
			CODE SOURCE 22: States and Outlying Areas of the U.S.									
				ecessary to provide this tion identification.	data as part of the	e respo	onse					
ITUATIONAL N403		116	Postal Code Code defining i (zip code for U	nternational postal zone cod nited States)	O e excluding punctuation	ID on and b	3/15 planks					
			INDUSTRY: Res	oonse Contact Postal Zo	one or ZIP Code							
			code source 51: ZIP Code									
				ecessary to provide this tion identification.	data as part of the	e respo	onse					
SITUATIONAL	TUATIONAL N404 26		Country Cod Code identifyin	0	ID	2/3						
			INDUSTRY: Response Contact Country Code									
			CODE SOURCE 5: Countries, Currencies and Funds									
			Use only if the	ne address is out of the	U.S.							
SITUATIONAL	N405	309	Location Qu Code identifyin	alifier g type of location	x	ID	1/2					
			syntax: C0605									
			Required if N406 is valued.									
			CODE	DEFINITION								
			B1	Branch								
			DP	Department								
SITUATIONAL	N406	310	Location Ide Code which ide	ntifier entifies a specific location	0	AN	1/30					
			INDUSTRY: Res	oonse Contact Specific	Information							
			syntax: C0605									
			Required if N	I405 is valued.								
				eld if the response to the must be directed to a pa	-	ional						

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			
	Contact nct Code ID 2/2	PER02 Name O AN PER08 Comm Numbe X AN	Number Qual Number Number Number 1/60 X ID 2/2 X Number 364 X ID 2/2 X AN 364 Y PER09 443 Gontact Inq Reforence ~
ELEMENT SUMMAR	Y		
USAGE	REF. DES.	DATA ELEMENT	NAME ATTRIBUTES
REQUIRED	PER01	366	Contact Function Code M ID 2/2 Code identifying the major duty or responsibility of the person or group named
			IC Information Contact
SITUATIONAL	PER02	93	Name O AN 1/60 Free-form name
			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 QualifierXID2/2Code identifying the type of communication number
			syntax: P0304
			Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.
			CODE DEFINITION
			EM Electronic Mail
			FX Facsimile
			TE Telephone
SITUATIONAL	PER04	364	Communication Number X AN 1/80 Complete communications number including country or area code when applicable applicable b
			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		tion Number Qualifier g the type of communication number	Х	ID	2/2
			SYNTAX: P0506				
				hen the telephone extension or mu ion types are available.	ltiple		
			CODE	DEFINITION			
			EM	Electronic Mail			
			EX	Telephone Extension			
			FX	Facsimile			
			ТЕ	Telephone			
SITUATIONAL	ITUATIONAL PER06	364	Communicat Complete com applicable	tion Number munications number including country or a	X rea code	AN e when	1/80
			INDUSTRY: Res	ponse Contact Communication Nur	nber		
		syntax: P0506					
				hen the telephone extension or mu ion types are available.	ltiple		
SITUATIONAL	JATIONAL PER07	365		tion Number Qualifier g the type of communication number	x	ID	2/2
			SYNTAX: P0708				
			-	hen the telephone extension or mu ion types are available.	ltiple		
			CODE	DEFINITION			
			EM	Electronic Mail			
			EX	Telephone Extension			
			FX	Facsimile			
			TE	Telephone			
SITUATIONAL	PER08	364	Communicat Complete com applicable	tion Number munications number including country or a	X rea code	AN e when	1/80
			INDUSTRY: Res	ponse Contact Communication Nur	nber		
			syntax: P0708				
		Used only w	hen the telephone extension or mu	ltinle			

Contact Inquiry Reference

443

NOT USED

PER09

1/20

O AN

Loop:	HEALTH CARE SERVICES REVIEW 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.

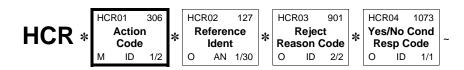
Example: HCR*A1*19950713~

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			ATTRIBU	TES
REQUIRED	HCR01	306	Action Code Code indicating t	ype of action	М	ID	1/2
			ALIAS: Certificat	tion Action Code			
			CODE	DEFINITION			
			A1	Certified in total			
			A3	Not Certified			
			A4	Pended			
			A6	Modified			
			СТ	Contact Payer			
			NA	No Action Required			
				Use only if certification is not requ	ired.		
SITUATIONAL	HCR02	127		ntification nation as defined for a particular Transactio Identification Qualifier	O n Set	AN or as sp	1/30 becified
			INDUSTRY: Certifi	ication Number			
			SEMANTIC: HCR02 outcome.	2 is the number assigned by the information	sour	ce to thi	s review
			Required if HC	CR01 = A1 or A6.			
SITUATIONAL HCR03	901	Reject Reason Code assigned b	Code y issuer to identify reason for rejection	0	ID	2/2	
			-	CR01 = A3 or A4. Use to indicate the ssigned in HCR01.	prim	nary re	ason
			CODE	DEFINITION			
			35	Out of Network			
			36	Testing not Included			
			37	Request Forwarded To and Decision Forthcoming From an External Rev		-	
			41	Authorization/Access Restrictions			
				Use to indicate that the service rec PCP authorization.	luest	ed req	uires
			53	Inquired Benefit Inconsistent with	Prov	ider Ty	/pe
			69	Inconsistent with Patient's Age			
			70	Inconsistent with Patient's Gender			
			82	Not Medically Necessary			
			82 83	Level of Care Not Appropriate			

	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				
New Note Added ————		 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.				
SITUATIONAL HCR04 1073		Yes/No Condition or Response CodeOID1/1Code indicating a Yes or No condition or response				
	INDUSTRY: Second Surgical Opinion Indicator					
	second surgical	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.				
	contract unde	rtification pertains to a surgical procedure and the er which the patient is covered has provisions econd surgical opinion.				
	CODE	DEFINITION				
	N	No				
	Y	Yes				

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

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DIAGRAM					
HI01 C022 Health Care Code Info. M	*				
HI07 C022 Health Care HI08 Code Info. HI08 O O	The second secon				
ELEMENT SUMMARY					
USAGE REF. DATA USAGE DES. ELEMENT	NAME	ATTRIBUTES			
REQUIRED HI01 C022		E CODE INFORMATION M are codes and their associated dates, amounts and quantities			
	ALIAS: Procedu	re Code 1			
REQUIRED HI01 - 1		List Qualifier Code M ID 1/3 lentifying 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.			
	во	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			
New Code Added	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)			

PROCEDURES		
	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 M AN 1/30 Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
		Procedure Code identifying the service.
SITUATIONAL HI01 - 3	1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	C	ODE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
SITUATIONAL HI01 - 4	1251	Date Time PeriodXAN1/35Expression 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 HI01 - 5 Usage Changed	782	Monetary AmountOR1/18Monetary amount
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	QuantityOR1/15Numeric value of quantity
		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 IdentifierOAN1/30Revision level of a particular format, program, technique or algorithm
		INDUSTRY: Version, Release, or Industry Identifier
		Required if the code list referenced in HI01-1 has a version identifier. Otherwise Not Used.

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SITUATIONAL HI02 C022	-	ARE CODE INFORMATION O h care codes and their associated dates, amounts and quantities					
	ALIAS: Proced	ALIAS: Procedure Code 2					
	Use this for	Use this for the second procedure.					
REQUIRED HI02 - 1		le List Qualifier Code M ID 1/3					
		e 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.					
	во	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.					

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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 QualifierXID2/3Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	c	ODE 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 AmountOR1/18Monetary amount
Usage Changed		INDUSTRY: Procedure Monetary Amount
Industry Name Added Note Added		Use if the UMO has approved the health care service with monetary limitations.
SITUATIONAL HI02 - 6	380	QuantityOR1/15Numeric 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		TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts and quantities
	alias: F	Procedure Code 3
	Use th	nis for the third procedure.
REQUIRED HI03 - 1	1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list
	С	CODE DEFINITION
	ABR	Assigned by Receiver
New Code Added		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.

		FROCEDORES
	во	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 CodeMAN1/30Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
SITUATIONAL HI03 - 3	1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	C	DDE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD

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SITUATIONAL HI03 - 4	1251	Date Time PeriodXAN1/35Expression 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 Usage Changed	782	Monetary AmountOR1/18Monetary amount			
Industry Name Added		- INDUSTRY: Procedure Monetary Amount			
Note Added		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 0 0 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 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		TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts and quantities			
	ALIAS: Procedure Code 4				
	Use th	his for the fourth procedure.			
REQUIRED HI04 - 1	1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list			
	C	CODE DEFINITION			
New Code Added	ABR	Assigned by Receiver			
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.			
	во	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			

		TROOLDONED
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 CodeMAN1/30Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
SITUATIONAL HI04 - 3	1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	С	ODE 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.

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SITUATIONAL HI04 - 6	380	QuantityOR1/15Numeric 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		TH CARE CODE INFORMATION O In health care codes and their associated dates, amounts and quantities
	ALIAS: F	Procedure Code 5
	Use th	his for the fifth procedure.
REQUIRED HI05 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list M ID 1/3
	c	CODE DEFINITION
	/ ABR	Assigned by Receiver
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.
	во	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.
New Code Added		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 M AN 1/30 Code indicating a code from a specific industry code list INDUSTRY: Procedure Code
SITUATIONAL HI05 - 3	1250	Date Time Period Format Qualifier X ID 2/3
SITUATIONAL HIUS - 3	1250	Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	CC	ODE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
SITUATIONAL HI05 - 4	1251	Date Time PeriodXAN1/35Expression 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 HI05 - 5 Usage Changed	782	Monetary AmountOR1/18Monetary amount
Industry Name Adde	d ———	INDUSTRY: Procedure Monetary Amount
Note Added		Use if the UMO has approved the health care service with monetary limitations.
SITUATIONAL HI05 - 6	380	QuantityOR1/15Numeric 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.
SITUATIONAL HI05 - 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 HI05-1 has a version identifier. Otherwise Not Used.

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SITUATIONAL HI06	Т		E CODE INFORMATION O are codes and their associated dates, amounts and quantities are Code 6
	U	Jse this for the	e sixth procedure.
REQUIRED HI06 - 1			-
	1.		.ist Qualifier Code M ID 1/3 entifying a specific industry code list
	_	CODE	DEFINITION
	A	BR	Assigned by Receiver
,			Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.
	B	30	Health Care Financing Administration Common Procedural Coding System
New Code Added			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
	B	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
			CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
	J	IP	National Standard Tooth Numbering System
			CODE SOURCE 135: American Dental Association Codes
	\ L	.01	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 t request additional information.
			CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)
	Ν	IDC	National Drug Code (NDC)
			CODE SOURCE 134: National Drug Code CODE SOURCE 240: National Drug Code by Format
	z	Z	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 a 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.

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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 QualifierXID2/3Code indicating the date format, time format, or date and time format			
		Required if X12N syntax conditions apply.			
	C	DDE DEFINITION			
	D8	Date Expressed in Format CCYYMMDD			
	RD8	Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD			
SITUATIONAL HI06 - 4	1251	Date Time PeriodXAN1/35Expression 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 Usage Changed	782	Monetary AmountOR1/18Monetary amount			
Industry Name Added		INDUSTRY: Procedure Monetary Amount			
Note Added		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 0 R 1/15			
		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		TH CARE CODE INFORMATION O I health care codes and their associated dates, amounts and quantities			
	ALIAS: F	ALIAS: Procedure Code 7			
	Use th	is for the seventh procedure.			
REQUIRED HI07 - 1	1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list			
	C	DDE DEFINITION			
New Code Added	ABR	Assigned by Receiver			
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.			

INCOLDUNED		
	во	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 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 QualifierXID2/3Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	C	ODE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD

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SITUATIONAL HI07 - 4	1251		i me Period ion of a date, a time, or range		X s or	AN dates a	1/35 nd times		
		INDUSTRY	r: Procedure Date						
		Requir	ed if proposed or actual	procedure d	ate	is kno	wn.		
SITUATIONAL HI07 - 5	782		a ry Amount y amount		0	R	1/18		
Industry Name Added		INDUSTRY	r: Procedure Monetary A	mount					
Note Added			the UMO has approved the unitations.	ne health car	e s	ervice	with		
SITUATIONAL HI07 - 6	380	Quanti Numeric	ty value of quantity		0	R	1/15		
		INDUSTRY	e Procedure Quantity						
		occurr	ed if requesting authoriz ence of the procedure id ime period.						
SITUATIONAL HI07 - 7	799		n Identifier n level of a particular format, p		O que	AN or algo	1/30 rithm		
		INDUSTRY: Version, Release, or Industry Identifier							
		-	ed if the code list referer er. Otherwise Not Used.	nced in HI07-	1 ha	as a ve	ersion		
SITUATIONAL HI08 C022		-	E CODE INFORMATION are codes and their associated		O nts a	nd quai	ntities		
	alias: F	Procedur	re Code 8						
	Use th	is for th	e eighth procedure.						
REQUIRED HI08 - 1	1270		ist Qualifier Code entifying a specific industry co		М	ID	1/3		
	c	ODE	DEFINITION						
New Code Added	ABR		Assigned by Receiver						
			Use ABR for Revenue C National Uniform Billing				-		
	во		Health Care Financing A Procedural Coding Syst		on C	Commo	on		
		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.							
			CODE SOURCE 130: Health Ca Common Procedural Coding		dmir	histratio	ſ		
	BQ		International Classificat Modification (ICD-9-CM)		ses	Clinic	al		
			CODE SOURCE 131: Internation Clinical Mod (ICD-9-CM) Pro		n of	Diseas	es		
	JP		National Standard Toot		-				
			CODE SOURCE 135: American	Dental Associa	tion	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 HI08 - 2	1271	Industry CodeMAN1/30Code indicating a code from a specific industry code list									
		INDUSTRY: Procedure Code									
SITUATIONAL HI08 - 3	1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format									
		Required if X12N syntax conditions apply.									
	C	ODE DEFINITION									
	D8	Date Expressed in Format CCYYMMDD									
	RD8	Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD									
SITUATIONAL HI08 - 4	1251	Date Time PeriodXAN1/35Expression 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: Procedure Monetary Amount									
Industry Name Added		- Use if the UMO has approved the health care service with									
		monetary limitations.									

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SITUATIONAL	HI08 - 6	5	380	QuantityOR1/15Numeric 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		TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts and quantities							
			ALIAS: F	Procedure Code 9							
			Use th	his for the ninth procedure.							
REQUIRED	HI09 - 1	I	1270	Code List Qualifier CodeMID1/3Code identifying a specific industry code list							
			с	ODE DEFINITION							
	ABR	Assigned by Receiver									
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.									
		во	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							
New Code Added	$\langle \rangle$		BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure							
		<		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure							
		\mathbf{i}	JP	National Standard Tooth Numbering System							
		\sim		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 HI09 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
SITUATIONAL HI09 - 3	1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	C	ODE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
SITUATIONAL HI09 - 4	1251	Date Time Period X AN 1/35
Ind - 4	1251	Expression of a date, a time, or range of dates, times or dates and times
INDATIONAL INDE 4	1231	
	1251	Expression of a date, a time, or range of dates, times or dates and times
SITUATIONAL HI09 - 5	782	Expression of a date, a time, or range of dates, times or dates and times <i>INDUSTRY:</i> Procedure Date
	-	Expression of a date, a time, or range of dates, times or dates and times <i>INDUSTRY: Procedure Date</i> Required if proposed or actual procedure date is known. Monetary Amount O R 1/18
SITUATIONAL HI09 - 5 Usage Changed	-	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. Monetary Amount O R 1/18 Monetary amount
SITUATIONAL HI09 - 5 Usage Changed Industry Name Added —	-	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. Monetary Amount O R 1/18 Monetary amount INDUSTRY: Procedure Monetary Amount Use if the UMO has approved the health care service with
SITUATIONAL HI09 - 5 Usage Changed Industry Name Added Note Added	782	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. Monetary Amount O R 1/18 Monetary amount O R 1/18 INDUSTRY: Procedure Monetary Amount Use if the UMO has approved the health care service with monetary limitations. O R 1/15
SITUATIONAL HI09 - 5 Usage Changed Industry Name Added Note Added	782	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. Monetary Amount O R 1/18 Monetary amount O R 1/18 INDUSTRY: Procedure Monetary Amount Use if the UMO has approved the health care service with monetary limitations. Quantity O R 1/15
SITUATIONAL HI09 - 5 Usage Changed Industry Name Added Note Added	782	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. Monetary Amount O R 1/18 Monetary amount O R 1/18 INDUSTRY: Procedure Monetary Amount Use if the UMO has approved the health care service with monetary limitations. Quantity O R 1/15 Numeric value of quantity INDUSTRY: Procedure Quantity Industry in the procedure Quantity Required if requesting authorization for more than one occurrence of the procedure identified in HI09-2 for the Integration of the procedure identified in HI09-2 for the
SITUATIONAL HI09 - 5 Usage Changed Industry Name Added Note Added SITUATIONAL HI09 - 6	782	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. Monetary Amount O R 1/18 Monetary amount O R 1/18 INDUSTRY: Procedure Monetary Amount Use if the UMO has approved the health care service with monetary limitations. Quantity O R 1/15 Numeric value of quantity INDUSTRY: Procedure Quantity Industry Required if requesting authorization for more than one occurrence of the procedure identified in HI09-2 for the same time period. O AN Version Identifier O AN 1/30
SITUATIONAL HI09 - 5 Usage Changed Industry Name Added Note Added SITUATIONAL HI09 - 6	782	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. Monetary Amount O R 1/18 Monetary amount O R 1/18 INDUSTRY: Procedure Monetary Amount Use if the UMO has approved the health care service with monetary limitations. O R 1/15 Quantity O R 1/15 Numeric value of quantity Industry: Procedure Quantity INDUSTRY: Procedure Quantity Numeric value of quantity O R 1/15 Numeric value of quantity O R 1/15 Numeric value of the procedure identified in HI09-2 for the same time period. Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm N 1/30 N

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SITUATIONAL HI10	C022	HEALTH CARE CODE INFORMATION O To send health care codes and their associated dates, amounts and quantities								
		ALIAS: Proced	ALIAS: Procedure Code 10							
		Use this for	the tenth procedure.							
REQUIRED HI10 - 1			e List Qualifier Code M ID 1/3 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.							
	во	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.								
New Code Added			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 Diseas Clinical Mod (ICD-9-CM) Procedure									
	\backslash	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. 							

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REQUIRED HI10 - 2	1271	Industry Code ind	y Code licating a code from a specific industry co	M de list	AN	1/30					
		INDUSTRY	Procedure Code								
SITUATIONAL HI10 - 3	1250		me Period Format Qualifier licating the date format, time format, or da	X ate and	ID I time fo	2/3 ormat					
		Require	ed if X12N syntax conditions apply								
	C	DDE	DEFINITION								
	D8		Date Expressed in Format CCYYN	IMDD							
	RD8		Range of Dates Expressed in Forr CCYYMMDD	nat C	СҮҮМІ	MDD-					
SITUATIONAL HI10 - 4	1251		me Period on of a date, a time, or range of dates, tin	X nes or	AN dates a	1/35 nd times					
		INDUSTRY	Procedure Date								
		Require	ed if proposed or actual procedure	date	is kno	wn.					
SITUATIONAL HI10 - 5	782	Moneta Monetary	ry Amount / amount	0	R	1/18					
Usage Changed Industry Name Added		INDUSTRY	Procedure Monetary Amount								
Note Added —			he UMO has approved the health c ry limitations.	are s	ervice	with					
SITUATIONAL HI10 - 6	380	Quantit Numeric	y value of quantity	ο	R	1/15					
		INDUSTRY	Procedure Quantity								
		occurre	ed if requesting authorization for n ence of the procedure identified in me period.								
SITUATIONAL HI10 - 7	799		Identifier level of a particular format, program, tech	O nnique	AN or algo	1/30 rithm					
		INDUSTRY	Version, Release, or Industry Ider	ntifier							
		-	ed if the code list referenced in HI1 er. Otherwise Not Used.	0-1 h	as a ve	ersion					
SITUATIONAL HI11 C022		-	ECODE INFORMATION re codes and their associated dates, amo	O ounts a	nd quar	ntities					
	ALIAS: P	ALIAS: Procedure Code 11									
	Use th	is for the	e eleventh procedure.								
REQUIRED HI11 - 1	1270		ist Qualifier Code entifying a specific industry code list	М	ID	1/3					
	C	DDE	DEFINITION								
New Code Added	ABR		Assigned by Receiver								
			Use ABR for Revenue Codes in Co National Uniform Billing Committee								

IMPLEMENTATION GOIDE					FRUCEDURES							
		во		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.								
				DE SOURCE 130: Health Care Financing Adminis mmon 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		ational Standard Tooth Numbering Syst	tem							
			COL	DE SOURCE 135: American Dental Association C	odes							
New Code Added		LOI		ogical Observation Identifier Names and OINC) Codes	d Codes							
		Co the no	ne Logical Observation Identifier Names odes (LOINC [®]) code set was intended to e functionality of the 278 transaction se ot mandated by HIPAA and is only used utually agreed to by trading partners.	o increase et and it is								
				See Section 2.2.5 for information on using LOINC to request additional information.								
				DE SOURCE 663: Logical Observation Identifier N odes (LOINC)	lames and							
		NDC		National Drug Code (NDC)								
				DE SOURCE 134: National Drug Code DE 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			the us co cla	his code set is not allowed for use under e time of this writing. The qualifier can sed 1) If a new rule names HIEC as an a ode set under HIPAA. 2) For Property & aims/encounters that are not covered u PAA.	only be llowable Casualty							
REQUIRED HI11 ·	• 2	1271		ting a code from a specific industry code list	AN 1/30							
			INDUSTRY: PI	rocedure Code								
SITUATIONAL HI11 -	- 3	1250		Time Period Format Qualifier X ID 2/3 le indicating the date format, time format, or date and time format								
			Required i	if X12N syntax conditions apply.								
		C	DDE DEF	FINITION								
		D8	Da	ate Expressed in Format CCYYMMDD								
		RD8		ange of Dates Expressed in Format CC CYYMMDD	YYMMDD-							

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SITUATIONAL HI11 - 4	1251		me Period ion of a date, a time, or range of dates, tim	X nes or	AN dates a	1/35 and times		
		INDUSTRY	e Procedure Date					
		Requir	ed if proposed or actual procedure	date	is kno	own.		
SITUATIONAL HI11 - 5 Usage Changed	782		a ry Amount y amount	0	R	1/18		
Industry Name Added		INDUSTRY	Procedure Monetary Amount					
Note Added			he UMO has approved the health c ary limitations.	are s	ervice	with		
SITUATIONAL HI11 - 6	380	Quanti Numeric	ty : value of quantity	0	R	1/15		
		INDUSTRY	e Procedure Quantity					
		occurr	ed if requesting authorization for mence of the procedure identified in ime period.					
SITUATIONAL HI11 - 7	799		n Identifier I level of a particular format, program, tech	O Inique	AN or algo	1/30 prithm		
			·· Version, Release, or Industry Ider		-			
		Required if the code list referenced in HI11-1 has a videntifier. Otherwise Not Used.						
SITUATIONAL HI12 C022	To send	health ca	E CODE INFORMATION are codes and their associated dates, amo e Code 12	O unts a	nd qua	ntities		
	Use th	is for the	e twelfth procedure.					
REQUIRED HI12 - 1	1270		ist Qualifier Code entifying a specific industry code list	М	ID	1/3		
	co	ODE	DEFINITION					
New Code Added	ABR		Assigned by Receiver					
			Use ABR for Revenue Codes in Co National Uniform Billing Committee			-		
	во		Health Care Financing Administration Procedural Coding System	tion C	Comm	on		
			Because the AMA's CPT codes are HCPCS codes, they are reported u			1		
			CODE SOURCE 130: Health Care Financing Common Procedural Coding System	Admir	nistratio	n		
	BQ		International Classification of Dise Modification (ICD-9-CM) Procedure		Clinic	al		
			CODE SOURCE 131: International Classifica Clinical Mod (ICD-9-CM) Procedure	tion of	Diseas	ses		
	JP		National Standard Tooth Numbering	ng Sy	stem			
			CODE SOURCE 135: American Dental Assoc	ciation	Codes			

		TROOEDORED					
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 CodeMAN1/30Code indicating a code from a specific industry code list					
		INDUSTRY: Procedure Code					
SITUATIONAL HI12 - 3	1250	Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format					
		Required if X12N syntax conditions apply.					
	С	DDE DEFINITION					
	D8	Date Expressed in Format CCYYMMDD					
	RD8	Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD					
SITUATIONAL HI12 - 4	1251	Date Time PeriodXAN1/35Expression 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 HI12 - 5	782	Monetary AmountOR1/18Monetary 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.					

004010X094A1	•	278	•	2000F •	нι
PROCEDURES					

SITUATIONAL	SITUATIONAL HI12 - 6 380	380	Quantity O R Numeric value of quantity INDUSTRY: Procedure Quantity					
		Required if requesting authorization for m occurrence of the procedure identified in a same time period.						
SITUATIONAL	HI12 - 7	799	Version Identifier Revision level of a particular format, program, tech INDUSTRY: Version, Release, or Industry Iden Required if the code list referenced in HI12 identifier. Otherwise Not Used.	tifier	0			

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.

Initial Assessment

Functional Goals

Plan of Treatment

Progress Report

Continued Treatment

Certified Test Report

Justification for Admission

Social Security Benefit Letter

Use for medical or dental equipment rental.

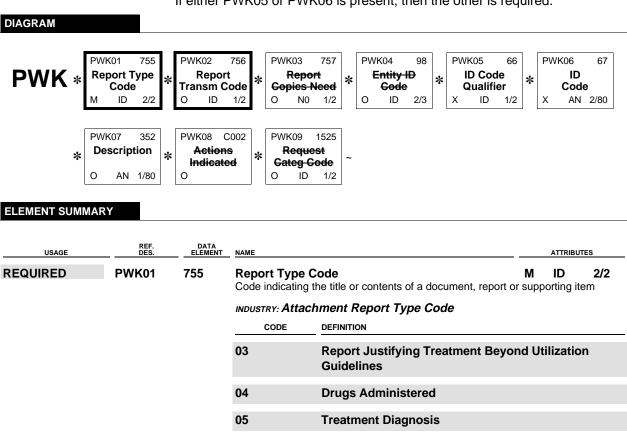
Chemical Analysis

Recovery Plan

Rental Agreement

Benefit Letter

Expected outcomes of rehabilitative services.



06 07

08

09

10

11 13

15

21

48

55

59

77	Support Data for Verification
A3	Allergies/Sensitivities Document
A4	Autopsy Report
АМ	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.
АТ	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
СВ	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment.
СК	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
НС	Health Certificate
HR	Health Clinic Records
15	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes

New Segment Added

New Seyment	Added	IMPLEMENTATION GUIDE
ОВ	Operative Note	
00	Oxygen Content Averaging Re	eport
OD	Orders and Treatments Docur	nent
OE	Objective Physical Examination signs) Document	on (including vital
ОХ	Oxygen Therapy Certification	
P4	Pathology Report	
P5	Patient Medical History Docur	nent
P6	Periodontal Charts	
P7	Periodontal Reports	
PE	Parenteral or Enteral Certifica	tion
PN	Physical Therapy Notes	
РО	Prosthetics or Orthotic Certifi	cation
PQ	Paramedical Results	
PY	Physician's Report	
PZ	Physical Therapy Certification	1
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 A	veraging Report
SG	Symptoms Document	
V5	Death Notification	
ХР	Photographs	
Report Transn Code defining tim sent	nission Code ning, transmission method or format b	O ID 1/2 by which reports are to be
INDUSTRY: Attach	nment Transmission Code	
CODE	DEFINITION	
BM	By Mail	
EL	Electronically Only	

Use to indicate that attachment is being transmitted in a separate X12 functional group.

REQUIRED

PWK02 756

ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE			New Segment Ac	dded 004010X09 ADDITIONAL				
			EM E-	Mail				
			FX By	y Fax				
			VO Vo	pice				
			Us	se this for voicemail or phone	commu	inicati	on.	
NOT USED	PWK03	757	Report Copies Ne	eeded	ο	N0	1/2	
NOT USED	PWK04	98	Entity Identifier C	Code	ο	ID	2/3	
SITUATIONAL	PWK05	66	Identification Coc Code designating the Code (67)	de Qualifier e system/method of code structure u	X used for I	ID dentifica	1/2 ation	
			syntax: P0506					
			соммент: PWK05 an number.	d PWK06 may be used to identify th	ne addres	ssee by	a code	
			This data elemen	t is required when PWK02 DO	ES NOT	r equal	"VO".	
			CODE DE	FINITION				
			AC At	ttachment Control Number				
SITUATIONAL	PWK06	67	Identification Coc Code identifying a pa		x	AN	2/80	
			INDUSTRY: Attachme	ent Control Number				
			syntax: P0506					
			Required if PWK0	02 equals BM, EL, EM or FX.				
SITUATIONAL	PWK07	352	Description A free-form description	on to clarify the related data elemen	O ts and th	AN eir conte	1/80 ent	
			INDUSTRY: Attachment Description					
			comment: PWK07 ma specified report.	ay be used to indicate special inform	nation to	be show	n on the	
				t is used to add any additiona escribed in this segment.	l inform	ation a	about	
NOT USED	PWK08	C002	ACTIONS INDICA	TED	ο			
					-			

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

Synta:
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					
	01 98 ntity ID Code ID 2/3	NM102 1 Entity Ty Qualifie M ID	er [*] Org Na		NM105 1037 NM106 1038 Name Middle O NM106 1038 Nm106 1038 O AN 1/25 * O AN 1/10
*	07 1039 Name Suffix AN 1/10	NM108 ID Code Qualifie X ID	er [*] Code	67 2/80 NM110 706 Entity Relat Code X ID 2/2	NM111 98 Entity ID - Code - O ID 2/3
ELEMENT SUMMARY	(
USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES
REQUIRED	98	Entity Identifie Code identifying individual CODE		M ID 2/3 a physical location, property or an	
			1P	Provider	
			2B	Third-Party Adminis	strator
			ABG	Organization Use when the destir those listed.	nation is an entity other than
			FA	Facility	
			PR	Payer	
			Х3	Utilization Managem	nent Organization
REQUIRED NM102		1065	Entity Type Q Code qualifying t SEMANTIC: NM102 CODE		M ID 1/1
			1		if the destination is an an individual primary care
			2	Non-Person Entity	
SITUATIONAL	NM103	1035		Organization Name me or organizational nam	O AN 1/35
				onse Contact Last or	
			Required if the	e responder needs to	identify the destination by name.

004010X094A1 • 278 ADDITIONAL SERVIC			TACT NAME <mark>New</mark>	ASC X12N • Segment Added	INSURANCE IMPLEME	SUBCO	MMITTE
SITUATIONAL	NM104	1036	Name First Individual first na	ame	0	AN	1/25
			INDUSTRY: Resp	onse Contact First Name			
				is valued and the destinatior a primary care provider.	n is an indiv	idual (N	NM102
SITUATIONAL	NM105	M105 1037	Name Middle Individual middle	e name or initial	0	AN	1/25
			INDUSTRY: Resp	onse Contact Middle Name			
			Use if NM104 known.	is present and the middle na	me/initial of	the pe	rson is
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individu	al name	0	AN	1/10
			INDUSTRY: Resp	onse Contact Name Suffix			
			Use this for the	ne suffix of an individual's na	ıme; e.g., Sr	., Jr., o	r III.
SITUATIONAL	NM108	66		Code Qualifier g the system/method of code struc	X ture used for I	ID dentifica	1/2 ation
		SYNTAX: P0809					
			Required if th destination.	e responder needs to use an	identifier to	identi	fy the
			CODE	DEFINITION			
			24	Employer's Identification N	lumber		
			34	Social Security Number			
			46	Electronic Transmitter Iden	tification N	umber	(ETIN)
			PI	Payor Identification			
				Use until the National Plan destination is a payer.	D is manda	ted if th	ne
			xv	Health Care Financing Adm PlanID Required if the National Pla Otherwise, one of the other used.	anID is mane	dated f	or use.
				Use if the destination is a p	ayer.		
				CODE SOURCE 540: Health Care F National PlanID	inancing Admi	nistratio	n
		xx	Health Care Financing Adm Provider Identifier Required value if the Nation mandated for use. Otherwis codes may be used.	nal Provider se, one of th	ID is		
				Use if the destination is a p	orovider.		

ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE			New Segment Added 004010X094A1 • 278 • 2010F • NM1 ADDITIONAL SERVICE INFORMATION CONTACT NAME				
SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code	х	AN	2/80	
			INDUSTRY: Response Contact Identifier				
			syntax: P0809				
			Required if NM108 is used.				
NOT USED	NM110	706	Entity Relationship Code	х	ID	2/2	
NOT USED	NM111	98	Entity Identifier Code	0	ID	2/3	

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

	N301 166				N302	2	166]
N3 *	Address Information			*		ddre orma		~
	М	AN	1/55		0	AN	1/55	

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	QUIRED N301 166	166	Address information		AN	1/55
			INDUSTRY: Response Contact Address Line Use this element for the first line of the requester	'e ad	droce	
			Ose this element for the first line of the requester	s au	uress.	
SITUATIONAL	N302	166	Address Information Address information	0	AN	1/55
			INDUSTRY: Response Contact Address Line			
			Required only if a second address line exists.			

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

Level:	N4 Geographic Location Detail						
Position:	210						
Loop:	L/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

0

AN 2/30

ID 2/2

0

0

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	JTES
SITUATIONAL N401 1		19	City Name Free-form text for city name	0	AN	2/30
		INDUSTRY: Response Contact City Name				
			COMMENT : A combination of either N401 through N404, or N4 adequate to specify a location.	105 ai	nd N406	6 may be
			Use when necessary to provide this data as part of contact location identification.	of the	e respo	onse

ID 3/15

0

ID 2/3

х

ID 1/2

0

AN 1/30

004010X094A1 • 278 • ADDITIONAL SERVICI			New Segment Added ASC X12N • INSURANCE SUBCOMMITTEE ITACT CITY/STATE/ZIP CODE IMPLEMENTATION GUIDE
SITUATIONAL	N402	156	State or Province Code O ID 2/2 Code (Standard State/Province) as defined by appropriate government agency
			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 O ID 3/15 Code defining international postal zone code excluding punctuation and blanks (zip code for United States)
			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	SITUATIONAL N404 26	26	Country CodeOID2/3Code identifying the country
			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 QualifierXID1/2Code identifying type of location
			syntax: C0605
			Required if N406 is valued.
			CODE DEFINITION
			B1 Branch
			DP Department
SITUATIONAL	TUATIONAL N406 31	310	Location IdentifierOAN1/30Code which identifies a specific location
			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.

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			
PFR *	R01 366 Contact ID 2/2	PER02 Name O AN	* Number Qual * Number * Number Qual * Number
*	R07 365 Comm mber Qual ID 2/2	PER08 Comm Numbe X AN	er <mark>* Reference</mark> ~
USAGE	REF. DES.	DATA ELEMENT	NAME ATTRIBUTES
REQUIRED	PER01	366	Contact Function Code M ID 2/2 Code identifying the major duty or responsibility of the person or group named
			IC Information Contact
SITUATIONAL	PER02	93	NameOAN1/60Free-form name
			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 QualifierXID2/2Code identifying the type of communication number
			syntax: P0304
			Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.
			CODE DEFINITION
			EM Electronic Mail
			FX Facsimile
			TE Telephone
SITUATIONAL	PER04	364	Communication NumberXAN1/80Complete communications number including country or area code when applicable
			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.

ASC X12N • INSURA		MMITTEE	-	ment Added 004010X094. DDITIONAL SERVICE INFORMATION CO	A1 • 27 DNTAC	'8 • 201 T INFOF	OF • PER RMATION	
SITUATIONAL	PER05	365		ion Number Qualifier g the type of communication number	Х	ID	2/2	
			SYNTAX: P0506					
			-	nen the telephone extension or multion types are available.	iple			
			CODE	DEFINITION				
			EM	Electronic Mail				
			EX	Telephone Extension				
			FX	Facsimile				
			TE	Telephone				
SITUATIONAL	PER06 3	364	Communicat Complete comm applicable	ion Number nunications number including country or an	X ea code	AN when	1/80	
			INDUSTRY: Response Contact Communication Number					
			syntax: P0506					
				nen the telephone extension or mult on types are available.	iple			
SITUATIONAL	PER07	R07 365	Code identifying	ion Number Qualifier g the type of communication number	x	ID	2/2	
			-	nen the telephone extension or mult on types are available.	iple			
			CODE	DEFINITION				
			EM	Electronic Mail				
			EX	Telephone Extension				
			FX	Facsimile				
			ТЕ	Telephone				
SITUATIONAL PER	PER08	PER08 364	Communicat Complete comm applicable	ion Number nunications number including country or an	X ea code	AN when	1/80	
			INDUSTRY: Response Contact Communication Number					
			syntax: P0708					
				nen the telephone extension or multion types are available.	iple			
NOT USED	PER09	443	Contact Inqu	iry Reference	ο	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					
ТМ	Time					
В	Binary					
Matrix A4. I	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.

FUNCTIONAL GROUP HEADER

Example: GS*HI*SENDER CODE*RECEIVER

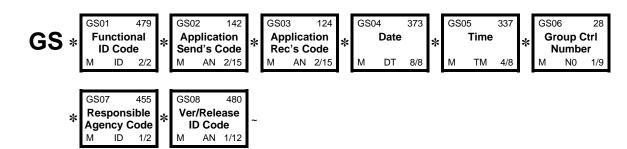
CODE*19940331*0802*1*X*004010X094A1~ Example changed

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	479	Code identifying a group of application related transaction CODE DEFINITION	M ction sets	ID	2/2	
			HI Health Care Services Review	Informati	rmation (278)		
REQUIRED	GS02	GS02 142	Application Sender's Code Code identifying party sending transmission; codes as	M greed to by	AN trading p	2/15 partners	
			Use this code to identify the unit sending the information.				
REQUIRED GS03	GS03	GS03 124	Application Receiver's Code Code identifying party receiving transmission. Codes	M agreed to b	AN y trading	2/15 partners	
			Use this code to identify the unit receiving the information.				
REQUIRED GS04	GS04	373	Date Date expressed as CCYYMMDD	м	DT	8/8	
			SEMANTIC: GS04 is the group date.				
			Use this date for the functional group creation date.				
REQUIRED	GS05 337	337	TimeMTM4/8Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)				
			SEMANTIC: GS05 is the group time.				
			Use this time for the creation time. The record HHMM.	mmended	format	is	

ASC X12N • INSURA IMPLEMENTATION		OMMITTEE			004010X0 FUNCTIONAL		278 • GS HEADER	
REQUIRED	GS06	28	Group Control Assigned numbe	I Number r originated and maintained by t	M the sender	N0	1/9	
			SEMANTIC : The da identical to the sa GE02.					
REQUIRED	GS07	455	Responsible A		М	ID	1/2	
			Code used in conjunction with Data Element 480 to identify the issuer of the standard					
			CODE	DEFINITION				
			Х	Accredited Standards Co	ommittee 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				
New code	value —		- 004010X094A1	Draft Standards Approve X12 Procedures Review E 1997, as published in this When using the X12N He Request for Review and E Guide, originally publishe and incorporating the cha Addenda, the value used	Board through s implementati alth Care Servi Response Imp ed May 2000 a anges identifie	Octob on gui ces Re lement s 0040 ed in th	per de. eview — tation 10X094	

1968 Green Road Ann Arbor, MI 48105

ABSTRACT

New Code Set

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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.

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.

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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.

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



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