



278 Health Care Services Review - Request for Review

**HIPAA/V4010X094A1/278 : 278 Health Care Services Review - Request for
Review**

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Company:	Medicaid North Dakota
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Notes:	This document is intended for use as a companion to the HIPAA-mandated ANSI

**ASC X12N 278 Health
Care Services Review -
Request for Review
transaction set addenda
Implementation Guide.
Specific payer
instructions contained in
this document are
provided for clarification
purposes only and should
be used in conjunction
with the applicable HIPAA
Implementation Guide.**

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278 Health Care Services Review - Request for Review

Functional Group=HI

Purpose: This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Services Review Information Transaction Set (278) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to transmit health care service information, such as subscriber, patient, demographic, diagnosis or treatment data for the purpose of request for review, certification, notification or reporting the outcome of a health care services review. Expected users of this transaction set are payors, plan sponsors, providers, utilization management and other entities involved in health care services review.

Not Defined:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
<u>LOOP ID - 2000A</u>					<u>1</u>		
<u>LOOP ID - 2010A</u>					<u>1</u>		
170	NM1	Utilization Management Organization (UMO) Name	O	1			Required
<u>LOOP ID - 2000B</u>					<u>1</u>		
<u>LOOP ID - 2010B</u>					<u>1</u>		
170	NM1	Requester Name	O	1			Required
180	REF	Requester Supplemental Identification	O	8			Situational
200	N3	Requester Address	O	1			Situational
210	N4	Requester City/State/ZIP Code	O	1			Situational
220	PER	Requester Contact Information	O	1			Situational
240	PRV	Requester Provider Information	O	1			Situational
<u>LOOP ID - 2000C</u>					<u>1</u>		
<u>LOOP ID - 2010CA</u>					<u>1</u>		
170	NM1	Subscriber Name	O	1			Required
<u>LOOP ID - 2000E</u>					<u>≥1</u>		
<u>LOOP ID - 2010E</u>					<u>3</u>		
180	REF	Service Provider Supplemental Identification	O	7			Situational
220	PER	Service Provider Contact Information	O	1			Situational
240	PRV	Service Provider Information	O	1			Situational
<u>LOOP ID - 2000F</u>					<u>≥1</u>		
060	REF	Previous Certification	O	1			Situational

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
		Identification					

Not Defined:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

Guideline Note 1:

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

ISA Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA01	I01	Authorization Information Qualifier	M	ID	2/2	Required

Description: Code to identify the type of information in the Authorization Information

CodeList Summary (Total Codes: 7, Included: 2)

Code Name

00 No Authorization Information Present (No Meaningful Information in I02)

03 Additional Data Identification

ISA02	I02	Authorization Information	M	AN	10/10	Required
-------	-----	----------------------------------	---	----	-------	----------

Description: Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)

ISA03	I03	Security Information Qualifier	M	ID	2/2	Required
-------	-----	---------------------------------------	---	----	-----	----------

Description: Code to identify the type of information in the Security Information

CodeList Summary (Total Codes: 2, Included: 2)

Code Name

00 No Security Information Present (No Meaningful Information in I04)

01 Password

ISA04	I04	Security Information	M	AN	10/10	Required
-------	-----	-----------------------------	---	----	-------	----------

Description: This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)

ISA05	I05	Interchange ID Qualifier	M	ID	2/2	Required
-------	-----	---------------------------------	---	----	-----	----------

Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

Guideline Note 5: This ID qualifies the Sender in ISA06.

State Specific Note 1:

2003-10 - ND - Enter the value "ZZ".

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
<p>CodeList Summary (Total Codes: 38, Included: 9)</p> <p>Code Name</p> <p>01 Duns (Dun & Bradstreet)</p> <p>14 Duns Plus Suffix</p> <p>20 Health Industry Number (HIN)</p> <p>27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)</p> <p>28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)</p> <p>29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)</p> <p>30 U.S. Federal Tax Identification Number</p> <p>33 National Association of Insurance Commissioners Company Code (NAIC)</p> <p>ZZ Mutually Defined</p>						
ISA06	I06	Interchange Sender ID	M	AN	15/15	Required
<p>Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element</p> <p>State Specific Note 1: 2003-10 - ND - Enter the value "NDDHSMED".</p>						
ISA07	I05	Interchange ID Qualifier	M	ID	2/2	Required
<p>Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified</p> <p>Guideline Note 5: <i>This ID qualifies the Receiver in ISA08.</i></p> <p>State Specific Note 1: 2003-10 - ND - Enter the value "ZZ".</p> <p>CodeList Summary (Total Codes: 38, Included: 9)</p> <p>Code Name</p> <p>01 Duns (Dun & Bradstreet)</p> <p>14 Duns Plus Suffix</p> <p>20 Health Industry Number (HIN)</p> <p>27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)</p> <p>28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)</p> <p>29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)</p> <p>30 U.S. Federal Tax Identification Number</p> <p>33 National Association of Insurance Commissioners Company Code (NAIC)</p> <p>ZZ Mutually Defined</p>						
ISA08	I07	Interchange Receiver ID	M	AN	15/15	Required

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<p>Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them</p> <p>State Specific Note 1: 2003-10 - ND - Enter the 9-digit numeric vendor number assigned by NDDHS.</p>				
ISA09	I08	Interchange Date	M	DT	6/6	Required
		<p>Description: Date of the interchange</p> <p>Guideline Note 5: <i>The date format is YYMMDD.</i></p>				
ISA10	I09	Interchange Time	M	TM	4/4	Required
		<p>Description: Time of the interchange</p> <p>Guideline Note 5: <i>The time format is HHMM.</i></p>				
ISA11	I10	Interchange Control Standards Identifier	M	ID	1/1	Required
		<p>Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer</p> <p>CodeList Summary (Total Codes: 1, Included: 1)</p> <p>Code Name U U.S. EDI Community of ASC X12, TDCC, and UCS</p>				
ISA12	I11	Interchange Control Version Number	M	ID	5/5	Required
		<p>Description: Code specifying the version number of the interchange control segments</p> <p>CodeList Summary (Total Codes: 14, Included: 1)</p> <p>Code Name 00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997</p>				
ISA13	I12	Interchange Control Number	M	NO	9/9	Required
		<p>Description: A control number assigned by the interchange sender</p> <p>Guideline Note 5: <i>The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.</i></p>				
ISA14	I13	Acknowledgment Requested	M	ID	1/1	Required
		<p>Description: Code sent by the sender to request an interchange acknowledgment (TA1)</p>				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
		<p>Guideline Note 5: See Section A.1.5.1 for interchange acknowledgment information.</p> <p>CodeList Summary (Total Codes: 2, Included: 2)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No Acknowledgment Requested</td> </tr> <tr> <td>1</td> <td>Interchange Acknowledgment Requested</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	0	No Acknowledgment Requested	1	Interchange Acknowledgment Requested				
<u>Code</u>	<u>Name</u>											
0	No Acknowledgment Requested											
1	Interchange Acknowledgment Requested											
ISA15	I14	<p>Usage Indicator</p> <p>Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information</p> <p>CodeList Summary (Total Codes: 3, Included: 2)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Production Data</td> </tr> <tr> <td>T</td> <td>Test Data</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	P	Production Data	T	Test Data	M	ID	1/1	Required
<u>Code</u>	<u>Name</u>											
P	Production Data											
T	Test Data											
ISA16	I15	<p>Component Element Separator</p> <p>Description: Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator</p> <p>State Specific Note 1: 2003-10 - ND - ND Medicaid prefers ":" (colon) as the Composite Element Separator, the "*" (star) as the Element Separator, and the "~" (tilde) as the Segment Terminator.</p>	M		1/1	Required						

Guideline Note 1:
The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by '.' for clarity.

Guideline Note 2:
ISA*00*.....*01*SECRET....*ZZ*SUBMITTERS.ID..*ZZ*RECEIVERS.ID...*930602*1253*U*00401*000000905*1*T*~

GS Functional Group Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required

Purpose: To indicate the beginning of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS01	479	Functional Identifier Code	M	ID	2/2	Required
<p>Description: Code identifying a group of application related transaction sets</p> <p>CodeList Summary (Total Codes: 240, Included: 1)</p> <p>Code Name</p> <p>HI Health Care Services Review Information (278)</p>						
GS02	142	Application Sender's Code	M	AN	2/15	Required
<p>Description: Code identifying party sending transmission; codes agreed to by trading partners</p> <p>Guideline Note 5: Use this code to identify the unit sending the information.</p> <p>State Specific Note 1:</p> <p>2003-10 - ND - Enter the value "NDDHSMED".</p>						
GS03	124	Application Receiver's Code	M	AN	2/15	Required
<p>Description: Code identifying party receiving transmission; codes agreed to by trading partners</p> <p>Guideline Note 5: Use this code to identify the unit receiving the information.</p> <p>State Specific Note 1:</p> <p>2003-10 - ND - Enter the 9-digit numeric vendor number assigned by NDDHS.</p>						
GS04	373	Date	M	DT	8/8	Required
<p>Description: Date expressed as CCYYMMDD</p> <p>Guideline Note 5: Use this date for the functional group creation date.</p>						
GS05	337	Time	M	TM	4/8	Required
<p>Description: 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 =</p>						

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		hundredths (00-99) Guideline Note 5: Use this time for the creation time. The recommended format is HHMM.				
GS06	28	Group Control Number Description: Assigned number originated and maintained by the sender	M	NO	1/9	Required
GS07	455	Responsible Agency Code Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480 CodeList Summary (Total Codes: 2, Included: 1) Code Name X Accredited Standards Committee X12	M	ID	1/2	Required
GS08	480	Version / Release / Industry Identifier Code Description: 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 State Specific Note 1: 2003-10 - ND - Enter the value "004010X094A1". CodeList Summary (Total Codes: 48, Included: 1) Code Name 004010X094A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.	M	AN	1/12	Required

Semantics:

1. GS04 is the group date.
2. GS05 is the group time.
3. The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

Comments:

1. A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

Guideline Note 2:

GS*HC*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X097~

NM1 Utilization Management Organization (UMO) Name

Pos: 170	Max: 1
Detail - Optional	
Loop: 2010A	Elements: 8

User Option (Usage): Required

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

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
<p>Description: Code identifying an organizational entity, a physical location, property or an individual</p> <p>CodeList Summary (Total Codes: 1312, Included: 1)</p> <p>Code Name</p> <p>X3 Utilization Management Organization</p>						
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
<p>Description: Code qualifying the type of entity</p> <p>State Specific Note 1:</p> <p>2003-10 - ND - Enter the value "2" (Non-Person).</p> <p>CodeList Summary (Total Codes: 14, Included: 2)</p> <p>Code Name</p> <p>1 Person</p> <p>2 Non-Person Entity</p>						
NM103	1035	Name Last or Organization Name	O	AN	1/35	Not recommended
<p>Description: Individual last name or organizational name</p> <p>Guideline Note 1: Utilization Management Organization (UMO) Last or Organization Name</p> <p>Guideline Note 4: Use if name information is needed to identify the UMO.</p> <p>State Specific Note 1:</p> <p>2003-10 - ND - Enter the values "Medicaid", "HCBC", "CSHS", "BCAP", or "DD".</p>						
NM104	1036	Name First	O	AN	1/25	Not recommended
<p>Description: Individual first name</p> <p>Guideline Note 1: Utilization Management Organization (UMO) First Name</p> <p>Guideline Note 4: Use if NM103 is valued and the reviewing entity is an</p>						

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<i>individual (NM102 = 1), such as a primary care provider.</i>				
NM105	1037	Name Middle Description: Individual middle name or initial Guideline Note 1: <i>Utilization Management Organization (UMO) Middle Name</i> Guideline Note 4: <i>Use if NM104 is present and the middle name/initial of the person is known.</i>	O	AN	1/25	Not recommended
NM107	1039	Name Suffix Description: Suffix to individual name Guideline Note 1: <i>Utilization Management Organization (UMO) Name Suffix</i> Guideline Note 4: <i>Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.</i>	O	AN	1/10	Not recommended
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) State Specific Note 1: <i>2003-10 - ND - Enter the value "24" (Employer's Identification Number).</i> CodeList Summary (Total Codes: 215, Included: 6) Code Name 24 Employer's Identification Number 34 Social Security Number 46 Electronic Transmitter Identification Number (ETIN) Description: <i>A unique number assigned to each transmitter and software developer</i> PI Payor Identification XV Health Care Financing Administration National Payer Identification Number (PAYERID) Description: <i>Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.</i> XX Health Care Financing Administration National Provider Identifier Description: <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Guideline Note 1: <i>Utilization Management Organization (UMO) Identifier</i>	C	AN	2/80	Required

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
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State Specific Note 1:
 2003-10 - ND - Enter the value "45-0431266".

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National PlanID

Syntax Rules:

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

Semantics:

1. NM102 qualifies NM103.

Comments:

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

Guideline Note 1:

1. Use this NM1 loop to identify the source of information. In the case of a request transaction, the source of information would normally be the payer or utilization review organization making the decision on the request.

Guideline Note 2:

*NM1*X3*2*ABC PAYER*****46*123450000~*

NM1 Requester Name

Pos: 170	Max: 1
Detail - Optional	
Loop: 2010B	Elements: 8

User Option (Usage): Required

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

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
NM101	98	Entity Identifier Code	M	ID	2/3	Required						
<p>Description: Code identifying an organizational entity, a physical location, property or an individual</p> <p>CodeList Summary (Total Codes: 1312, Included: 2)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>1P</td> <td>Provider</td> </tr> <tr> <td>FA</td> <td>Facility</td> </tr> </tbody> </table>							<u>Code</u>	<u>Name</u>	1P	Provider	FA	Facility
<u>Code</u>	<u>Name</u>											
1P	Provider											
FA	Facility											
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required						
<p>Description: Code qualifying the type of entity</p> <p>CodeList Summary (Total Codes: 14, Included: 2)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> </tr> <tr> <td>2</td> <td>Non-Person Entity</td> </tr> </tbody> </table>							<u>Code</u>	<u>Name</u>	1	Person	2	Non-Person Entity
<u>Code</u>	<u>Name</u>											
1	Person											
2	Non-Person Entity											
NM103	1035	Name Last or Organization Name	O	AN	1/35	Not recommended						
<p>Description: Individual last name or organizational name</p> <p>Guideline Note 1: <i>Requester Last or Organization Name</i></p> <p>Guideline Note 4: <i>Use if name information is needed to identify the requester.</i></p>												
NM104	1036	Name First	O	AN	1/25	Not recommended						
<p>Description: Individual first name</p> <p>Guideline Note 1: <i>Requester First Name</i></p> <p>Guideline Note 4: <i>Use if NM103 is present and NM102 = 1.</i></p>												
NM105	1037	Name Middle	O	AN	1/25	Not recommended						
<p>Description: Individual middle name or initial</p> <p>Guideline Note 1: <i>Requester Middle Name</i></p> <p>Guideline Note 4: <i>Use if NM104 is present and the middle name/initial of the</i></p>												

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<i>person is known.</i>				
NM107	1039	Name Suffix Description: Suffix to individual name Guideline Note 1: <i>Requester Name Suffix</i> Guideline Note 4: <i>Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.</i>	O	AN	1/10	Not recommended
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) State Specific Note 1: <i>2003-10 - ND - Enter the value "24" (Employer's Identificaton Number).</i> CodeList Summary (Total Codes: 215, Included: 4) Code Name 24 Employer's Identification Number 34 Social Security Number 46 Electronic Transmitter Identification Number (ETIN) Description: <i>A unique number assigned to each transmitter and software developer</i> XX Health Care Financing Administration National Provider Identifier Description: <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Guideline Note 1: <i>Requester Identifier</i> State Specific Note 1: <i>2003-10 - ND - Enter the provider's tax id.</i> ExternalCodeList Name: 537 Description: Health Care Financing Administration National Provider Identifier	C	AN	2/80	Required

Syntax Rules:

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

Semantics:

1. NM102 qualifies NM103.

Comments:

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

Guideline Note 1:

1. Use this NM1 loop to identify the receiver of information. In the case of a request transaction, the receiver would normally be the provider who will ultimately be receiving the decision.

Guideline Note 2:

NM1*1P*1*GARDENER*JAMES****24*000012345~

REF Requester Supplemental Identification

Pos: 180	Max: 8
Detail - Optional	
Loop: 2010B	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

State Specific Note 1:

2006-08 - ND - Enter the value N5 (Provider Plan Network Identification Number).

CodeList Summary (Total Codes: 1503, Included: 8)

Code Name

- 1G Provider UPIN Number
- 1J Facility ID Number
- CT Contract Number
- EI Employer's Identification Number
- N5 Provider Plan Network Identification Number

Description: A number assigned to identify a specific provider in a health care plan network

- N7 Facility Network Identification Number

Description: A number assigned to identify a specific facility in a health care plan network

- SY Social Security Number
- ZH Carrier Assigned Reference Number

REF02	127	Reference Identification	C	AN	1/30	Required
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Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Guideline Note 1: Requester Supplemental Identifier

State Specific Note 1:

2006-08 - ND - Enter the ND Medicaid Provider Number.

Syntax Rules:

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

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Guideline Note 1:

1. Use this segment if necessary to provide supplemental identifiers to further identify the requester. Use the NM1 segment for the primary identifier.

Guideline Note 2:

*REF*1G*123456~*

N3 Requester Address

Pos: 200	Max: 1
Detail - Optional	
Loop: 2010B	Elements: 2

User Option (Usage): Situational

Purpose: To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
<p>Description: Address information</p> <p>Guideline Note 1: <i>Requester Address Line</i></p> <p>Guideline Note 4: <i>Use this element for the first line of the requester's address.</i></p> <p>State Specific Note 1: 2003-10 - ND - Enter the facility's physical address.</p>						
N302	166	Address Information	O	AN	1/55	Situational
<p>Description: Address information</p> <p>Guideline Note 1: <i>Requester Address Line</i></p> <p>Guideline Note 4: <i>Required only if a second address line exists.</i></p> <p>State Specific Note 1: 2003-10 - ND - Enter the facility's physical address.</p>						

Guideline Note 1:

1. Not used unless necessary to identify the requester by location. For example, use to identify a specific location when the requester has multiple locations and his authority varies based on location.

Guideline Note 2:

N3*43 SUNRISE BLVD*SUITE 234~

N4 Requester City/State/ZIP Code

Pos: 210	Max: 1
Detail - Optional	
Loop: 2010B	Elements: 4

User Option (Usage): Situational

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name	O	AN	2/30	Situational
<p>Description: Free-form text for city name</p> <p>Guideline Note 1: <i>Requester City Name</i></p> <p>Guideline Note 4: <i>Use when necessary to provide this data as part of the requester location identification.</i></p> <p>State Specific Note 1: 2003-10 - ND - Enter the facility city name.</p>						
N402	156	State or Province Code	O	ID	2/2	Situational
<p>Description: Code (Standard State/Province) as defined by appropriate government agency</p> <p>Guideline Note 1: <i>Requester State or Province Code</i></p> <p>Guideline Note 2: <i>22: States and Outlying Areas of the U.S.</i></p> <p>Guideline Note 4: <i>Use when necessary to provide this data as part of the requester location identification.</i></p> <p>State Specific Note 1: 2003-10 - ND - Enter the facility state.</p> <p>ExternalCodeList Name: 22 Description: States and Outlying Areas of the U.S.</p>						
N403	116	Postal Code	O	ID	3/15	Situational
<p>Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States)</p> <p>Guideline Note 1: <i>Requester Postal Zone or ZIP Code</i></p> <p>Guideline Note 2: <i>51: ZIP Code</i></p> <p>Guideline Note 4: <i>Use when necessary to provide this data as part of the requester location identification.</i></p> <p>State Specific Note 1: 2003-10 - ND - Enter the facility's zip code.</p>						

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<u>ExternalCodeList</u> Name: 51 Description: ZIP Code				
N404	26	Country Code Description: Code identifying the country Guideline Note 1: <i>Requester Country Code</i> Guideline Note 2: <i>5: Countries, Currencies and Funds</i> Guideline Note 4: <i>Use only if the address is out of the U.S.</i> State Specific Note 1: <i>2003-10 - ND - Enter the facility's country code.</i>	O	ID	2/3	Situational
		<u>ExternalCodeList</u> Name: 5 Description: Countries, Currencies and Funds				

Syntax Rules:

1. C0605 - If N406 is present, then N405 is required.

Comments:

1. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
2. N402 is required only if city name (N401) is in the U.S. or Canada.

Guideline Note 1:

1. Not used unless necessary to identify the requester by location. For example, use to identify a specific location when the requester has multiple locations and his authority varies based on location.

Guideline Note 2:

*N4*ANYTOWN*PA*12345~*

PER Requester Contact Information

Pos: 220	Max: 1
Detail - Optional	
Loop: 2010B	Elements: 8

User Option (Usage): Situational

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

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>								
PER01	366	Contact Function Code	M	ID	2/2	Required								
<p>Description: Code identifying the major duty or responsibility of the person or group named</p> <p>CodeList Summary (Total Codes: 230, Included: 1)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>IC</td> <td>Information Contact</td> </tr> </tbody> </table>							<u>Code</u>	<u>Name</u>	IC	Information Contact				
<u>Code</u>	<u>Name</u>													
IC	Information Contact													
PER02	93	Name	O	AN	1/60	Situational								
<p>Description: Free-form name</p> <p>Guideline Note 1: <i>Requester Contact Name</i></p> <p>Guideline Note 4: <i>Used only when response must be directed to a particular contact.</i></p> <p><i>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).</i></p>														
PER03	365	Communication Number Qualifier	C	ID	2/2	Situational								
<p>Description: Code identifying the type of communication number</p> <p>Guideline Note 4: <i>Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.</i></p> <p>State Specific Note 1: 2006-08 - ND - Enter the value TE (Facility Telephone Number).</p> <p>CodeList Summary (Total Codes: 40, Included: 3)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>EM</td> <td>Electronic Mail</td> </tr> <tr> <td>FX</td> <td>Facsimile</td> </tr> <tr> <td>TE</td> <td>Telephone</td> </tr> </tbody> </table>							<u>Code</u>	<u>Name</u>	EM	Electronic Mail	FX	Facsimile	TE	Telephone
<u>Code</u>	<u>Name</u>													
EM	Electronic Mail													
FX	Facsimile													
TE	Telephone													
PER04	364	Communication Number	C	AN	1/80	Situational								
<p>Description: Complete communications</p>														

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		number including country or area code when applicable Guideline Note 1: <i>Requester Contact Communication Number</i> Guideline Note 4: <i>Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.</i>				
PER05	365	Communication Number Qualifier	C	ID	2/2	Situational
		Description: Code identifying the type of communication number Guideline Note 4: <i>Used only when the telephone extension or multiple communication types are available.</i> CodeList Summary (Total Codes: 40, Included: 4) Code Name EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone				
PER06	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable Guideline Note 1: <i>Requester Contact Communication Number</i> Guideline Note 4: <i>Used only when the telephone extension or multiple communication types are available.</i>				
PER07	365	Communication Number Qualifier	C	ID	2/2	Situational
		Description: Code identifying the type of communication number Guideline Note 4: <i>Used only when the telephone extension or multiple communication types are available.</i> CodeList Summary (Total Codes: 40, Included: 4) Code Name EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone				
PER08	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable Guideline Note 1: <i>Requester Contact</i>				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Communication Number				
		Guideline Note 4: <i>Used only when the telephone extension or multiple communication types are available.</i>				

Syntax Rules:

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.

Guideline Note 1:

1. *Required if the UMO must direct requests for additional information to a specific requester contact, electronic mail, facsimile, or phone number.*
2. *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.*
3. *By definition of the standard, if PER03 is used, PER04 is required.*

Guideline Note 2:

*PER*IC*WILBER*TE*8189991234*FX*8188769304~*

PRV Requester Provider Information

Pos: 240	Max: 1
Detail - Optional	
Loop: 2010B	Elements: 3

User Option (Usage): Situational

Purpose: To specify the identifying characteristics of a provider

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PRV01	1221	Provider Code	M	ID	1/3	Required

Description: Code identifying the type of provider

State Specific Note 1:

2006-08 - ND - Enter the value OT (Other Physician).

CodeList Summary (Total Codes: 26, Included: 11)

Code Name

- AD Admitting
- AS Assistant Surgeon
- AT Attending
- CO Consulting
- CV Covering
- OP Operating
- OR Ordering
- OT Other Physician
- PC Primary Care Physician
- PE Performing
- RF Referring

PRV02	128	Reference Identification Qualifier	M	ID	2/3	Required
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Description: Code qualifying the Reference Identification

Guideline Note 4: ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site:

<http://www.wpc-edi.com>. This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.

CodeList Summary (Total Codes: 1503, Included: 1)

Code Name

- ZZ Mutually Defined

PRV03	127	Reference Identification	M	AN	1/30	Required
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Description: Reference information as defined for a particular Transaction Set or as specified by the Reference

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Identification Qualifier				
		Guideline Note 1: <i>Provider Taxonomy Code</i>				
		Guideline Note 3: <i>Provider Specialty Code</i>				
		ExternalCodeList				
		Name: HCPT				
		Description: Health Care Provider Taxonomy				

Guideline Note 1:

1. Use this segment when needed to indicate the requesting provider's role in the care of the patient and the requesting provider's specialty.
2. PRV02 qualifies PRV03.

Guideline Note 2:

PRV*PC*ZZ*203BA0000Y~

NM1 Subscriber Name

Pos: 170	Max: 1
Detail - Optional	
Loop: 2010CA	Elements: 8

User Option (Usage): Required

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

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
NM101	98	Entity Identifier Code	M	ID	2/3	Required				
<p>Description: Code identifying an organizational entity, a physical location, property or an individual</p> <p>CodeList Summary (Total Codes: 1312, Included: 1)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>IL</td> <td>Insured or Subscriber</td> </tr> </tbody> </table>							<u>Code</u>	<u>Name</u>	IL	Insured or Subscriber
<u>Code</u>	<u>Name</u>									
IL	Insured or Subscriber									
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required				
<p>Description: Code qualifying the type of entity</p> <p>CodeList Summary (Total Codes: 14, Included: 1)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> </tr> </tbody> </table>							<u>Code</u>	<u>Name</u>	1	Person
<u>Code</u>	<u>Name</u>									
1	Person									
NM103	1035	Name Last or Organization Name	O	AN	1/35	Situational				
<p>Description: Individual last name or organizational name</p> <p>Guideline Note 1: <i>Subscriber Last Name</i></p> <p>Guideline Note 4: <i>Use if name information is needed to identify the subscriber.</i></p>										
NM104	1036	Name First	O	AN	1/25	Situational				
<p>Description: Individual first name</p> <p>Guideline Note 1: <i>Subscriber First Name</i></p> <p>Guideline Note 4: <i>Use if name information is needed to identify the subscriber.</i></p>										
NM105	1037	Name Middle	O	AN	1/25	Situational				
<p>Description: Individual middle name or initial</p> <p>Guideline Note 1: <i>Subscriber Middle Name</i></p> <p>Guideline Note 4: <i>Use if name information is needed to identify the subscriber and middle name/initial of the subscriber is known.</i></p>										

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM107	1039	Name Suffix Description: Suffix to individual name Guideline Note 1: <i>Subscriber Name Suffix</i> Guideline Note 4: <i>Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.</i>	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) State Specific Note 1: <i>2006-08 - ND - Enter the value MI (Member Identification Number).</i> CodeList Summary (Total Codes: 215, Included: 2) Code Name MI Member Identification Number ZZ Mutually Defined	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Guideline Note 1: <i>Subscriber Primary Identifier</i> Guideline Note 3: <i>Subscriber Member Number</i>	C	AN	2/80	Required

Syntax Rules:

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

Semantics:

1. NM102 qualifies NM103.

Comments:

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

Guideline Note 1:

1. Use this segment to convey the name and identification number of the subscriber (who may also be the patient).
2. The Member Identification Number (NM108/NM109) is required and may be adequate to identify the subscriber to the UMO. However, the UMO can require additional information. The maximum data elements that the UMO can require to identify the subscriber, in addition to the member ID are as follows:
Subscriber Last Name (NM103)
Subscriber First Name (NM104)
Subscriber Birth Date (DMG01 and DMG02)
3. Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.

Guideline Note 2:

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

REF Service Provider Supplemental Identification

Pos: 180	Max: 7
Detail - Optional	
Loop: 2010E	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

State Specific Note 1:

2006-08 - ND - Enter the values "1G" (Provider UPIN) or "ZH" (Carrier Assigned Reference Number).

CodeList Summary (Total Codes: 1503, Included: 7)

Code Name

1G Provider UPIN Number

1J Facility ID Number

EI Employer's Identification Number

N5 Provider Plan Network Identification Number

Description: A number assigned to identify a specific provider in a health care plan network

N7 Facility Network Identification Number

Description: A number assigned to identify a specific facility in a health care plan network

SY Social Security Number

ZH Carrier Assigned Reference Number

REF02	127	Reference Identification	C	AN	1/30	Required
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Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Guideline Note 1: Service Provider Supplemental Identifier

Syntax Rules:

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

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Guideline Note 1:

1. Use this segment only when necessary to provide supplemental identifiers to identify the service provider. Use the NM1 segment for the primary identifier.

Guideline Note 2:

REF*1G*12345~

PER Service Provider Contact Information

Pos: 220	Max: 1
Detail - Optional	
Loop: 2010E	Elements: 8

User Option (Usage): Situational

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

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>								
PER01	366	Contact Function Code	M	ID	2/2	Required								
<p>Description: Code identifying the major duty or responsibility of the person or group named</p> <p>CodeList Summary (Total Codes: 230, Included: 1)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>IC</td> <td>Information Contact</td> </tr> </tbody> </table>							<u>Code</u>	<u>Name</u>	IC	Information Contact				
<u>Code</u>	<u>Name</u>													
IC	Information Contact													
PER02	93	Name	O	AN	1/60	Situational								
<p>Description: Free-form name</p> <p>Guideline Note 1: <i>Service Provider Contact Name</i></p> <p>Guideline Note 4: <i>Used only when the requester wishes to indicate a particular contact.</i></p> <p><i>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).</i></p>														
PER03	365	Communication Number Qualifier	C	ID	2/2	Situational								
<p>Description: Code identifying the type of communication number</p> <p>Guideline Note 4: <i>Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.</i></p> <p>State Specific Note 1: <i>2006-08 - ND - Enter the value "TE" (Telephone Number).</i></p> <p>CodeList Summary (Total Codes: 40, Included: 3)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>EM</td> <td>Electronic Mail</td> </tr> <tr> <td>FX</td> <td>Facsimile</td> </tr> <tr> <td>TE</td> <td>Telephone</td> </tr> </tbody> </table>							<u>Code</u>	<u>Name</u>	EM	Electronic Mail	FX	Facsimile	TE	Telephone
<u>Code</u>	<u>Name</u>													
EM	Electronic Mail													
FX	Facsimile													
TE	Telephone													
PER04	364	Communication Number	C	AN	1/80	Situational								
<p>Description: Complete communications</p>														

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		number including country or area code when applicable Guideline Note 1: <i>Service Provider Contact Communication Number</i> Guideline Note 4: <i>Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.</i>				
PER05	365	Communication Number Qualifier	C	ID	2/2	Situational
		Description: Code identifying the type of communication number Guideline Note 4: <i>Use only when the telephone extension or multiple communication types are available.</i> CodeList Summary (Total Codes: 40, Included: 4) <u>Code</u> <u>Name</u> EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone				
PER06	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable Guideline Note 1: <i>Service Provider Contact Communication Number</i> Guideline Note 4: <i>Used only when the telephone extension or multiple communication types are available.</i>				
PER07	365	Communication Number Qualifier	C	ID	2/2	Situational
		Description: Code identifying the type of communication number Guideline Note 4: <i>Use only when the telephone extension or multiple communication types are available.</i> CodeList Summary (Total Codes: 40, Included: 4) <u>Code</u> <u>Name</u> EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone				
PER08	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable Guideline Note 1: <i>Service Provider</i>				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Contact Communication Number				
		Guideline Note 4: <i>Used only when the telephone extension or multiple communication types are available.</i>				

Syntax Rules:

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.

Guideline Note 1:

1. Use this segment to identify a contact name and/or communications number for the service provider.
2. Required if known by the requester.
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.

Guideline Note 2:

PER*IC*M TUCKER*TE*8189993456*FX*8188769304~

PRV Service Provider Information

Pos: 240	Max: 1
Detail - Optional	
Loop: 2010E	Elements: 3

User Option (Usage): Situational

Purpose: To specify the identifying characteristics of a provider

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PRV01	1221	Provider Code	M	ID	1/3	Required

Description: Code identifying the type of provider

State Specific Note 1:

2006-08 - ND - Enter the value "OR" (Ordering).

CodeList Summary (Total Codes: 26, Included: 10)

Code Name

- AD Admitting
- AS Assistant Surgeon
- AT Attending
- CO Consulting
- CV Covering
- OP Operating
- OR Ordering
- OT Other Physician
- PC Primary Care Physician
- PE Performing

PRV02	128	Reference Identification Qualifier	M	ID	2/3	Required
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Description: Code qualifying the Reference Identification

Guideline Note 4: ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site:

<http://www.wpc-edi.com>. This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.

CodeList Summary (Total Codes: 1503, Included: 1)

Code Name

- ZZ Mutually Defined

PRV03	127	Reference Identification	M	AN	1/30	Required
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Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
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Guideline Note 1: *Provider Taxonomy Code*

Guideline Note 3: *Provider Specialty Code*

ExternalCodeList

Name: HCPT

Description: Health Care Provider Taxonomy

Guideline Note 1:

1. Use this segment when needed to indicate the service provider's role in the care of the patient and the service provider's specialty.
2. Required when requesting certification for a specialist or specialty entity.
3. PRV02 qualifies PRV03.

Guideline Note 2:

PRV*PE*ZZ*203BA0002Y~

REF Previous Certification Identification

Pos: 060	Max: 1
Detail - Optional	
Loop: 2000F	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

CodeList Summary (Total Codes: 1503, Included: 1)

Code Name

BB Authorization Number

Description: Proves that permission was obtained to provide a service

REF02	127	Reference Identification	C	AN	1/30	Required
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Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Guideline Note 1: Previous Certification Identifier

State Specific Note 1:

2003-10 - ND - This should be the original request number assigned by NDDHS.

Syntax Rules:

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

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Guideline Note 1:

1. This is the certification number assigned by the UMO to the original service review outcome associated with this service review. This is not the trace number assigned by the requester.
2. Required if submitting an additional health care services review request associated with a request already processed by the UMO and the certification number previously assigned by the UMO is known.

Guideline Note 2:

REF*BB*A123~

GE Functional Group Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Purpose: To indicate the end of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GE01	97	Number of Transaction Sets Included	M	NO	1/6	Required
		Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element				
GE02	28	Group Control Number	M	NO	1/9	Required
		Description: Assigned number originated and maintained by the sender				

Semantics:

1. The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

Comments:

1. The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.

Guideline Note 2:

GE*1*1~

IEA Interchange Control Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
IEA01	I16	Number of Included Functional Groups	M	N0	1/5	Required
		Description: A count of the number of functional groups included in an interchange				
IEA02	I12	Interchange Control Number	M	N0	9/9	Required
		Description: A control number assigned by the interchange sender				

Guideline Note 2:

*IEA*1*000000905~*