



# 276 Health Care Claim Status Request

HIPAA/V4010X093A1/276 : 276 Health Care Claim Status Request

**Version: 1.0 Final**

<b>Author:</b>	<b>Medicaid North Dakota</b>
<b>Company:</b>	<b>Medicaid North Dakota</b>
<b>Publication:</b>	<b>10/1/2003</b>
<b>Notes:</b>	<b>This document is intended for use as a companion to the HIPAA-mandated ANSI ASC X12N 276 Health Care Claim Status Request transaction set addenda Implementation</b>

**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.**

**Implementation Guides are published by Washington Publishing Company and can be purchased from the Washington Publishing Company web site at [www.wpc-edi.com](http://www.wpc-edi.com). Copyright (c) 2000, Data Interchange Standards Association on behalf of ASC X12.Format (c) 2000, Washington Publishing Company. All Rights Reserved.**

# Table of Contents

<b>276</b>	<b>Health Care Claim Status Request</b> .....	<b>1</b>
<b>ISA</b>	<b>Interchange Control Header</b> .....	<b>2</b>
<b>GS</b>	<b>Functional Group Header</b> .....	<b>6</b>
<b>NM1</b>	<b>Payer Name</b> .....	<b>8</b>
<b>NM1</b>	<b>Information Receiver Name</b> .....	<b>11</b>
<b>NM1</b>	<b>Provider Name</b> .....	<b>14</b>
<b>DMG</b>	<b>Subscriber Demographic Information</b> .....	<b>17</b>
<b>NM1</b>	<b>Subscriber Name</b> .....	<b>19</b>
<b>REF</b>	<b>Payer Claim Identification Number</b> .....	<b>22</b>
<b>GE</b>	<b>Functional Group Trailer</b> .....	<b>24</b>
<b>IEA</b>	<b>Interchange Control Trailer</b> .....	<b>25</b>

# 276 Health Care Claim Status Request

## Functional Group=HR

**Purpose:** This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Status Request Transaction Set (276) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used by a provider, recipient of health care products or services, or their authorized agent to request the status of a health care claim or encounter from a health care payer. This transaction set is not intended to replace the Health Care Claim Transaction Set (837), but rather to occur after the receipt of a claim or encounter information. The request may occur at the summary or service line detail level.

**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>
<b>LOOP ID - 2000A</b>					<b>≥1</b>		
<b>LOOP ID - 2100A</b>					<b>≥1</b>		
050	NM1	Payer Name	O	1			Required
<b>LOOP ID - 2000B</b>					<b>≥1</b>		
<b>LOOP ID - 2100B</b>					<b>≥1</b>		
050	NM1	Information Receiver Name	O	1			Required
<b>LOOP ID - 2000C</b>					<b>≥1</b>		
<b>LOOP ID - 2100C</b>					<b>≥1</b>		
050	NM1	Provider Name	O	1			Required
<b>LOOP ID - 2000D</b>					<b>≥1</b>		
040	DMG	Subscriber Demographic Information	O	1		N2/040	Situational
<b>LOOP ID - 2100D</b>					<b>1</b>		
050	NM1	Subscriber Name	O	1			Required
<b>LOOP ID - 2200D</b>					<b>≥1</b>		
100	REF	Payer Claim Identification Number	O	1			Situational

**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

**Notes:**

2/040 The DMG segment may only appear at the Subscriber (HL03=22) or Dependent (HL03=23) level.

# 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	<b>Authorization Information Qualifier</b>	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	<b>Authorization Information</b>	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	<b>Security Information Qualifier</b>	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	<b>Security Information</b>	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	<b>Interchange ID Qualifier</b>	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><b>CodeList Summary</b> (Total Codes: 38, Included: 9)</p> <p><b>Code Name</b></p> <p>01 Duns (Dun &amp; 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	<b>Interchange Sender ID</b>	M	AN	15/15	Required
<p><b>Description:</b> 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><b>State Specific Note 1:</b> 2003-10 - ND - Enter the value "NDDHSMED".</p>						
ISA07	I05	<b>Interchange ID Qualifier</b>	M	ID	2/2	Required
<p><b>Description:</b> Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified</p> <p><b>Guideline Note 5:</b> This ID qualifies the Receiver in ISA08.</p> <p><b>State Specific Note 1:</b> 2003-10 - ND - Enter the value "ZZ".</p> <p><b>CodeList Summary</b> (Total Codes: 38, Included: 9)</p> <p><b>Code Name</b></p> <p>01 Duns (Dun &amp; 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	<b>Interchange Receiver ID</b>	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><b>Description:</b> 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><b>State Specific Note 1:</b> 2003-10 - ND - Enter the 9-digit numeric vendor number assigned by NDDHS.</p>				
ISA09	I08	<b>Interchange Date</b>	M	DT	6/6	Required
		<p><b>Description:</b> Date of the interchange</p> <p><b>Guideline Note 5:</b> <i>The date format is YYMMDD.</i></p>				
ISA10	I09	<b>Interchange Time</b>	M	TM	4/4	Required
		<p><b>Description:</b> Time of the interchange</p> <p><b>Guideline Note 5:</b> <i>The time format is HHMM.</i></p>				
ISA11	I10	<b>Interchange Control Standards Identifier</b>	M	ID	1/1	Required
		<p><b>Description:</b> 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><b>CodeList Summary</b> (Total Codes: 1, Included: 1)</p> <p><b>Code Name</b> U U.S. EDI Community of ASC X12, TDCC, and UCS</p>				
ISA12	I11	<b>Interchange Control Version Number</b>	M	ID	5/5	Required
		<p><b>Description:</b> Code specifying the version number of the interchange control segments</p> <p><b>CodeList Summary</b> (Total Codes: 14, Included: 1)</p> <p><b>Code Name</b> 00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997</p>				
ISA13	I12	<b>Interchange Control Number</b>	M	NO	9/9	Required
		<p><b>Description:</b> A control number assigned by the interchange sender</p> <p><b>Guideline Note 5:</b> <i>The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.</i></p>				
ISA14	I13	<b>Acknowledgment Requested</b>	M	ID	1/1	Required
		<p><b>Description:</b> 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><b>Guideline Note 5:</b> See Section A.1.5.1 for interchange acknowledgment information.</p> <p><b>CodeList Summary</b> (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	<b>Usage Indicator</b>	M	ID	1/1	Required						
		<p><b>Description:</b> Code to indicate whether data enclosed by this interchange envelope is test, production or information</p> <p><b>CodeList Summary</b> (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
<u>Code</u>	<u>Name</u>											
P	Production Data											
T	Test Data											
ISA16	I15	<b>Component Element Separator</b>	M		1/1	Required						
		<p><b>Description:</b> 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><b>State Specific Note 1:</b></p> <p>2003-10 - ND - ND prefers ":" (colon) as the Composite Element Separator, "*" (star) as the Element Separator, and "~" (tilde) as the Segment Terminator.</p>										

**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\*00000905\*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	<b>Functional Identifier Code</b>	M	ID	2/2	Required
<p><b>Description:</b> Code identifying a group of application related transaction sets</p> <p><b>CodeList Summary</b> (Total Codes: 240, Included: 1)</p> <p><b>Code Name</b> HR Health Care Claim Status Request (276)</p>						
GS02	142	<b>Application Sender's Code</b>	M	AN	2/15	Required
<p><b>Description:</b> Code identifying party sending transmission; codes agreed to by trading partners</p> <p><b>Guideline Note 5:</b> Use this code to identify the unit sending the information.</p> <p><b>State Specific Note 1:</b> 2003-10 - ND - Enter the value "NDDHSMED".</p>						
GS03	124	<b>Application Receiver's Code</b>	M	AN	2/15	Required
<p><b>Description:</b> Code identifying party receiving transmission; codes agreed to by trading partners</p> <p><b>Guideline Note 5:</b> Use this code to identify the unit receiving the information.</p> <p><b>State Specific Note 1:</b> 2003-10 - ND - Enter the 9-digit numeric vendor number assigned by NDDHS.</p>						
GS04	373	<b>Date</b>	M	DT	8/8	Required
<p><b>Description:</b> Date expressed as CCYYMMDD</p> <p><b>Guideline Note 5:</b> Use this date for the functional group creation date.</p>						
GS05	337	<b>Time</b>	M	TM	4/8	Required
<p><b>Description:</b> 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) <b>Guideline Note 5:</b> Use this time for the creation time. The recommended format is HHMM.				
GS06	28	<b>Group Control Number</b> <b>Description:</b> Assigned number originated and maintained by the sender	M	NO	1/9	Required
GS07	455	<b>Responsible Agency Code</b> <b>Description:</b> Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480 <b>CodeList Summary</b> (Total Codes: 2, Included: 1) <b>Code Name</b> X Accredited Standards Committee X12	M	ID	1/2	Required
GS08	480	<b>Version / Release / Industry Identifier Code</b> <b>Description:</b> 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 <b>State Specific Note 1:</b> 2003-10 - ND - Enter the value "004010X093A1". <b>CodeList Summary</b> (Total Codes: 48, Included: 1) <b>Code Name</b> 004010X093A1 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 Payer Name

<b>Pos: 050</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2100A</b>	<b>Elements: 5</b>

**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	<b>Entity Identifier Code</b>	M	ID	2/3	Required

**Description:** Code identifying an organizational entity, a physical location, property or an individual

**CodeList Summary** (Total Codes: 1312, Included: 1)

**Code Name**

PR Payer

NM102	1065	<b>Entity Type Qualifier</b>	M	ID	1/1	Required
-------	------	------------------------------	---	----	-----	----------

**Description:** Code qualifying the type of entity

**CodeList Summary** (Total Codes: 14, Included: 1)

**Code Name**

2 Non-Person Entity

NM103	1035	<b>Name Last or Organization Name</b>	O	AN	1/35	Required
-------	------	---------------------------------------	---	----	------	----------

**Description:** Individual last name or organizational name

**Guideline Note 1:** *Payer Name*

**Guideline Note 4:** *This data element will be required until the National Payer Identifier is active.*

**State Specific Note 1:**

*2003-10 - ND - Enter the values "Medicaid", "HCBC", "CSHS", "BCAP", or "DD".*

NM108	66	<b>Identification Code Qualifier</b>	C	ID	1/2	Required
-------	----	--------------------------------------	---	----	-----	----------

**Description:** Code designating the system/method of code structure used for Identification Code (67)

**Guideline Note 4:** *Payer identifiers should be used with the following preferences:*

*(PI) Payer ID*

*(NI) NAIC Code*

*(AD) If the Payer is a Blue Cross or Blue Shield*

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
------------	-----------	---------------------	------------	-------------	----------------	--------------

*Plan, BCBSA Plan Code*

*(PP) If the Payer is a Pharmacy Processor, Pharmacy Processor Number*

*(FI) Tax ID*

*(21) If other codes are not available or known, use HIN or Payer Identification Number*

**State Specific Note 1:**  
*2003-10 - ND - Enter the value "FI".*

**CodeList Summary** (Total Codes: 215, Included: 7)

**Code Name**

- 21 Health Industry Number (HIN)
- AD Blue Cross Blue Shield Association Plan Code  
**Description:** *Unique 3-digit number assigned to independent Blue Cross or Blue Shield plans by Blue Cross/Blue Shield Association*
- FI Federal Taxpayer's Identification Number
- NI National Association of Insurance Commissioners (NAIC) Identification
- PI Payor Identification
- PP Pharmacy Processor Number  
**Description:** *Unique number assigned to each pharmacy for submitting claims*
- XV Health Care Financing Administration National Payer Identification Number (PAYERID)  
**Description:** *Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.*

NM109	67	<b>Identification Code</b>	C	AN	2/80	Required
-------	----	----------------------------	---	----	------	----------

**Description:** Code identifying a party or other code

**Guideline Note 1:** *Payer Identifier*

**Guideline Note 4:** *For Medicare use, this is the carrier/fiscal intermediary-assigned code.*

**State Specific Note 1:**  
*2003-10 - ND - Enter the value "45-0431266".*

**ExternalCodeList**

**Name:** 121

**Description:** Health Industry Identification Number

**ExternalCodeList**

**Name:** 245

**Description:** National Association of Insurance Commissioners (NAIC) Code

**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. *Payers with multiple locations or multiple lines of business may require that the payer name be completed.*

**Guideline Note 2:**

*NM1\*PR\*2\*ABC INSURANCE\*\*\*\*\*PI\*12345~*

# NM1 Information Receiver Name

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100B	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	<b>Entity Identifier Code</b>	M	ID	2/3	Required						
<p><b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual</p> <p><b>CodeList Summary</b> (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>41</td> <td>Submitter</td> </tr> </tbody> </table> <p><b>Description:</b> <i>Entity transmitting transaction set</i></p>							<u>Code</u>	<u>Name</u>	41	Submitter		
<u>Code</u>	<u>Name</u>											
41	Submitter											
NM102	1065	<b>Entity Type Qualifier</b>	M	ID	1/1	Required						
<p><b>Description:</b> Code qualifying the type of entity</p> <p><b>CodeList Summary</b> (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	<b>Name Last or Organization Name</b>	O	AN	1/35	Required						
<p><b>Description:</b> Individual last name or organizational name</p> <p><b>Guideline Note 1:</b> <i>Information Receiver Last or Organization Name</i></p>												
NM104	1036	<b>Name First</b>	O	AN	1/25	Situational						
<p><b>Description:</b> Individual first name</p> <p><b>Guideline Note 1:</b> <i>Information Receiver First Name</i></p> <p><b>Guideline Note 4:</b> <i>The first name is required when the value in NM102 is '1' and the person has a first name.</i></p>												
NM105	1037	<b>Name Middle</b>	O	AN	1/25	Situational						
<p><b>Description:</b> Individual middle name or initial</p> <p><b>Guideline Note 1:</b> <i>Information Receiver Middle Name</i></p> <p><b>Guideline Note 4:</b> <i>Required if additional name information is needed to identify the information receiver. Recommended if the value in the entity type qualifier is a</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.</i>				
NM107	1039	<b>Name Suffix</b>	O	AN	1/10	Situational
		<b>Description:</b> Suffix to individual name				
		<b>Guideline Note 1:</b> <i>Information Receiver Name Suffix</i>				
		<b>Guideline Note 4:</b> <i>Required if additional name information is needed to identify the information receiver. Recommended if the value in the entity type qualifier is a person.</i>				
NM108	66	<b>Identification Code Qualifier</b>	C	ID	1/2	Required
		<b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)				
		<b>State Specific Note 1:</b> <i>2003-10 - ND - Enter the value "FI" (Federal Taxpayer ID).</i>				
		<b>CodeList Summary</b> (Total Codes: 215, Included: 3)				
		<b>Code Name</b>				
		46 Electronic Transmitter Identification Number (ETIN)				
		<b>Description:</b> <i>A unique number assigned to each transmitter and software developer</i>				
		FI Federal Taxpayer's Identification Number				
		XX Health Care Financing Administration National Provider Identifier				
		<b>Description:</b> <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i>				
NM109	67	<b>Identification Code</b>	C	AN	2/80	Required
		<b>Description:</b> Code identifying a party or other code				
		<b>Guideline Note 1:</b> <i>Information Receiver Identification Number</i>				
		<b>State Specific Note 1:</b> <i>2003-10 - ND - Enter the Receiver's Federal Taxpayer Identification Number.</i>				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 537				
		<b>Description:</b> Health Care Financing Administration National Provider Identifier				

**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. *This is the individual or organization requesting to receive the status information.*

**Guideline Note 2:**

NM1\*41\*2\*XYZ SERVICE\*\*\*\*\*46\*A22222221~

# NM1 Provider Name

<b>Pos: 050</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2100C</b>	<b>Elements: 9</b>

**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	<b>Entity Identifier Code</b>	M	ID	2/3	Required

**Description:** Code identifying an organizational entity, a physical location, property or an individual

**CodeList Summary** (Total Codes: 1312, Included: 1)

**Code Name**

1P Provider

NM102	1065	<b>Entity Type Qualifier</b>	M	ID	1/1	Required
-------	------	------------------------------	---	----	-----	----------

**Description:** Code qualifying the type of entity

**CodeList Summary** (Total Codes: 14, Included: 2)

**Code Name**

1 Person  
2 Non-Person Entity

NM103	1035	<b>Name Last or Organization Name</b>	O	AN	1/35	Required
-------	------	---------------------------------------	---	----	------	----------

**Description:** Individual last name or organizational name

**Guideline Note 1:** *Provider Last or Organization Name*

NM104	1036	<b>Name First</b>	O	AN	1/25	Situational
-------	------	-------------------	---	----	------	-------------

**Description:** Individual first name

**Guideline Note 1:** *Provider First Name*

**Guideline Note 4:** *The first name is required when the value in NM102 is '1' and the person has a first name.*

NM105	1037	<b>Name Middle</b>	O	AN	1/25	Situational
-------	------	--------------------	---	----	------	-------------

**Description:** Individual middle name or initial

**Guideline Note 1:** *Provider Middle Name*

**Guideline Note 4:** *The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.*

NM106	1038	<b>Name Prefix</b>	O	AN	1/10	Situational
-------	------	--------------------	---	----	------	-------------

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<p><b>Description:</b> Prefix to individual name</p> <p><b>Guideline Note 1:</b> <i>Provider Name Prefix</i></p> <p><b>Guideline Note 4:</b> <i>Required if additional name information is needed to identify the provider of service. Recommended if the value in the entity type qualifier is a person.</i></p>				
NM107	1039	<p><b>Name Suffix</b></p> <p><b>Description:</b> Suffix to individual name</p> <p><b>Guideline Note 1:</b> <i>Provider Name Suffix</i></p> <p><b>Guideline Note 4:</b> <i>Required if additional name information is needed to identify the provider of service. Recommended if the value in the entity type qualifier is a person.</i></p>	O	AN	1/10	Situational
NM108	66	<p><b>Identification Code Qualifier</b></p> <p><b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)</p> <p><b>CodeList Summary</b> (Total Codes: 215, Included: 3)</p> <p><b>Code Name</b></p> <p>FI Federal Taxpayer's Identification Number</p> <p>SV Service Provider Number</p> <p>XX Health Care Financing Administration National Provider Identifier</p> <p><b>Description:</b> <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i></p>	C	ID	1/2	Required
NM109	67	<p><b>Identification Code</b></p> <p><b>Description:</b> Code identifying a party or other code</p> <p><b>Guideline Note 1:</b> <i>Provider Identifier</i></p> <p><b>State Specific Note 1:</b> <i>2003-10 - ND - Enter the ND Medicaid Provider Number.</i></p> <p><b>ExternalCodeList</b></p> <p><b>Name:</b> 537</p> <p><b>Description:</b> Health Care Financing Administration National Provider Identifier</p>	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. This is the billing provider from the original submitted claim.*

**Guideline Note 2:**

NM1\*1P\*2\*HOME MEDICAL \*\*\*\*\*SV\*98766666~

# DMG Subscriber Demographic Information

Pos: 040	Max: 1
Detail - Optional	
Loop: 2000D	Elements: 3

**User Option (Usage):** Situational

**Purpose:** To supply demographic 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>
DMG01	1250	Date Time Period Format Qualifier	C	ID	2/3	Required

**Description:** Code indicating the date format, time format, or date and time format

**CodeList Summary** (Total Codes: 39, Included: 1)

**Code Name**

D8 Date Expressed in Format CCYYMMDD

DMG02	1251	Date Time Period	C	AN	1/35	Required
-------	------	------------------	---	----	------	----------

**Description:** Expression of a date, a time, or range of dates, times or dates and times

**Guideline Note 1:** *Subscriber Birth Date*

**Guideline Note 3:** *Date of Birth - Subscriber*

**State Specific Note 1:**

*2003-10 - ND - Enter the date in the format CCYYMMDD.*

DMG03	1068	Gender Code	O	ID	1/1	Required
-------	------	-------------	---	----	-----	----------

**Description:** Code indicating the sex of the individual

**Guideline Note 1:** *Subscriber Gender Code*

**Guideline Note 3:** *Gender - Subscriber*

**CodeList Summary** (Total Codes: 7, Included: 3)

**Code Name**

F Female

M Male

U Unknown

## Syntax Rules:

1. P0102 - If either DMG01 or DMG02 is present, then the other is required.

## Semantics:

1. DMG02 is the date of birth.
2. DMG07 is the country of citizenship.
3. DMG09 is the age in years.

**Guideline Note 1:**

*1. Required when the subscriber is the patient. Not used when the subscriber is not the patient.*

**Guideline Note 2:**

*DMG\*D8\*19330706\*M~*

# NM1 Subscriber Name

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100D	Elements: 9

**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

**Description:** Code identifying an organizational entity, a physical location, property or an individual

**CodeList Summary** (Total Codes: 1312, Included: 2)

**Code Name**

IL Insured or Subscriber

QC Patient

**Description:** Individual receiving medical care

NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
-------	------	-----------------------	---	----	-----	----------

**Description:** Code qualifying the type of entity

**CodeList Summary** (Total Codes: 14, Included: 2)

**Code Name**

1 Person

2 Non-Person Entity

NM103	1035	Name Last or Organization Name	O	AN	1/35	Required
-------	------	--------------------------------	---	----	------	----------

**Description:** Individual last name or organizational name

**Guideline Note 1:** Subscriber Last Name

NM104	1036	Name First	O	AN	1/25	Situational
-------	------	------------	---	----	------	-------------

**Description:** Individual first name

**Guideline Note 1:** Subscriber First Name

**Guideline Note 4:** The first name is required when the value in NM102 is '1' and the person has a first name.

NM105	1037	Name Middle	O	AN	1/25	Situational
-------	------	-------------	---	----	------	-------------

**Description:** Individual middle name or initial

**Guideline Note 1:** Subscriber Middle Name

**Guideline Note 4:** The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM106	1038	<b>Name Prefix</b>  <b>Description:</b> Prefix to individual name <b>Guideline Note 1:</b> <i>Subscriber Name Prefix</i> <b>Guideline Note 4:</b> <i>Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person.</i>	O	AN	1/10	Not recommended
NM107	1039	<b>Name Suffix</b>  <b>Description:</b> Suffix to individual name <b>Guideline Note 1:</b> <i>Subscriber Name Suffix</i> <b>Guideline Note 4:</b> <i>Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person.</i>	O	AN	1/10	Situational
NM108	66	<b>Identification Code Qualifier</b>  <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>State Specific Note 1:</b> <i>2003-10 - ND - Enter the value "MI".</i>  <b>CodeList Summary</b> (Total Codes: 215, Included: 3) <b>Code Name</b> 24 Employer's Identification Number MI Member Identification Number ZZ Mutually Defined	C	ID	1/2	Required
NM109	67	<b>Identification Code</b>  <b>Description:</b> Code identifying a party or other code <b>Guideline Note 1:</b> <i>Subscriber Identifier</i> <b>State Specific Note 1:</b> <i>2003-10 - ND - Enter the ND Medicaid Recipient 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 2:**

NM1\*QC\*1\*SMITH\*FRED\*\*\*\*MI\*123456789A~ or  
NM1\*IL\*1\*SMITH\*ROBERT\*\*\*\*MI\*9876543210~

# REF Payer Claim Identification Number

Pos: 100	Max: 1
Detail - Optional	
Loop: 2200D	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

**Guideline Note 4:** *Examples of this element include ICN, DCN, CCN.*

*Submit this element if the payer supplied it previously.*

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

**Code Name**

1K Payor's Claim Number

REF02	127	Reference Identification	C	AN	1/30	Required
-------	-----	--------------------------	---	----	------	----------

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

**Guideline Note 1:** *Payer Claim Control Number*

**State Specific Note 1:**

*2003-10 - ND - This will be the Internal Control Number (ICN) of the paid claim. This MUST be the 15-digit ICN, which includes the century (ex. 102003001300000).*

## 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 only if the subscriber is the patient.
2. This is the payer's assigned control number, also known as, Internal Control Number (ICN), Document Control Number (DCN), or Claim Control Number (CCN). This should be sent on claim inquiries when the number is known.
3. The authors recommend sending this segment on claim inquires when the information is known. It will provide a direct look up key into the payer's adjudication system and will reduce the possibility of returning more claim status information than was intended. For example, when a claim status inquiry is performed and many claims meet the conditions of the inquiry all will be returned. By providing the information within this particular segment the search criteria is narrowed to the specific claim in question.

4. The total number of REF segments in the 2200 Loop cannot exceed 3.

**Guideline Note 2:**

REF\*1K\*9918046987~

# 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	<b>Number of Transaction Sets Included</b>	M	NO	1/6	Required
		<b>Description:</b> Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element				
GE02	28	<b>Group Control Number</b>	M	NO	1/9	Required
		<b>Description:</b> 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	<b>Number of Included Functional Groups</b>	M	N0	1/5	Required
		<b>Description:</b> A count of the number of functional groups included in an interchange				
IEA02	I12	<b>Interchange Control Number</b>	M	N0	9/9	Required
		<b>Description:</b> A control number assigned by the interchange sender				

## Guideline Note 2:

*IEA\*1\*000000905~*