



277 Health Care Claim Status Notification

HIPAA/V4010X093A1/277 : 277 Health Care Claim Status Notification

Version: 1.0 Final

| | |
|---------------------|---|
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| Notes: | This document is intended for use as a companion to the HIPAA-mandated ANSI ASC X12N 277 Health Care Claim Status Notification 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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277 Health Care Claim Status Notification

Functional Group=HN

Purpose: This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Status Notification Transaction Set (277) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used by a health care payer or authorized agent to notify a provider, recipient, or authorized agent regarding the status of a health care claim or encounter or to request additional information from the provider regarding a health care claim or encounter. This transaction set is not intended to replace the Health Care Claim Payment/Advice Transaction Set (835) and therefore, will not be used for account payment posting. The notification may be at a summary or service line detail level. The notification may be solicited or unsolicited.

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 - 2100A</u> | | | | | <u>≥1</u> | | |
| 050 | NM1 | Payer Name | O | 1 | | | Required |
| 080 | PER | Payer Contact Information | O | 1 | | | Situational |
| <u>LOOP ID - 2000B</u> | | | | | <u>≥1</u> | | |
| <u>LOOP ID - 2100B</u> | | | | | <u>≥1</u> | | |
| 050 | NM1 | Information Receiver Name | O | 1 | | | Required |
| <u>LOOP ID - 2000C</u> | | | | | <u>≥1</u> | | |
| <u>LOOP ID - 2100C</u> | | | | | <u>≥1</u> | | |
| 050 | NM1 | Provider Name | O | 1 | | | Required |
| <u>LOOP ID - 2000D</u> | | | | | <u>≥1</u> | | |
| 040 | DMG | Subscriber Demographic Information | O | 1 | | N2/040 | Situational |
| <u>LOOP ID - 2100D</u> | | | | | <u>1</u> | | |
| 050 | NM1 | Subscriber Name | O | 1 | | | Required |
| <u>LOOP ID - 2200D</u> | | | | | <u>≥1</u> | | |
| 100 | STC | Claim Level Status Information | M | 1 | | | Required |
| 110 | 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 | 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 - ND will send the value

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|---|----------------|--------------|
| | | "ZZ". | | | | |
| | | CodeList Summary (Total Codes: 38, Included: 9) | | | | |
| | | Code | | Name | | |
| | | 01 | | Duns (Dun & Bradstreet) | | |
| | | 14 | | Duns Plus Suffix | | |
| | | 20 | | Health Industry Number (HIN) | | |
| | | 27 | | Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) | | |
| | | 28 | | Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) | | |
| | | 29 | | Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) | | |
| | | 30 | | U.S. Federal Tax Identification Number | | |
| | | 33 | | National Association of Insurance Commissioners Company Code (NAIC) | | |
| | | ZZ | | Mutually Defined | | |
| ISA06 | I06 | Interchange Sender ID | M | AN | 15/15 | Required |
| | | 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 | | | | |
| | | State Specific Note 1: | | | | |
| | | 2003-10 - ND - ND will send the value "NDDHSMED". | | | | |
| ISA07 | 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 Receiver in ISA08. | | | | |
| | | State Specific Note 1: | | | | |
| | | 2003-10 - ND - ND will send the value "ZZ". | | | | |
| | | CodeList Summary (Total Codes: 38, Included: 9) | | | | |
| | | Code | | Name | | |
| | | 01 | | Duns (Dun & Bradstreet) | | |
| | | 14 | | Duns Plus Suffix | | |
| | | 20 | | Health Industry Number (HIN) | | |
| | | 27 | | Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) | | |
| | | 28 | | Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) | | |
| | | 29 | | Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) | | |
| | | 30 | | U.S. Federal Tax Identification Number | | |
| | | 33 | | National Association of Insurance Commissioners Company Code (NAIC) | | |

| | | <u>Code</u> | <u>Name</u> | | | | |
|-------|-----|---|--|---|----|-------|----------|
| | | ZZ | Mutually Defined | | | | |
| ISA08 | I07 | Interchange Receiver ID | | M | AN | 15/15 | Required |
| | | 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 | | | | | |
| | | State Specific Note 1: 2003-10 - ND - ND will send the 9-digit numeric vendor number assigned by NDDHS. | | | | | |
| ISA09 | I08 | Interchange Date | | M | DT | 6/6 | Required |
| | | Description: Date of the interchange | | | | | |
| | | Guideline Note 5: The date format is YYMMDD. | | | | | |
| ISA10 | I09 | Interchange Time | | M | TM | 4/4 | Required |
| | | Description: Time of the interchange | | | | | |
| | | Guideline Note 5: The time format is HHMM. | | | | | |
| ISA11 | I10 | Interchange Control Standards Identifier | | M | ID | 1/1 | Required |
| | | Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer | | | | | |
| | | CodeList Summary (Total Codes: 1, Included: 1) | | | | | |
| | | <u>Code</u> | <u>Name</u> | | | | |
| | | U | U.S. EDI Community of ASC X12, TDCC, and UCS | | | | |
| ISA12 | I11 | Interchange Control Version Number | | M | ID | 5/5 | Required |
| | | Description: Code specifying the version number of the interchange control segments | | | | | |
| | | CodeList Summary (Total Codes: 14, Included: 1) | | | | | |
| | | <u>Code</u> | <u>Name</u> | | | | |
| | | 00401 | Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997 | | | | |
| ISA13 | I12 | Interchange Control Number | | M | NO | 9/9 | Required |
| | | Description: A control number assigned by the interchange sender | | | | | |
| | | Guideline Note 5: The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02. | | | | | |

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|---|-----------|------------------------------------|------------|-------------|----------------|--------------|
| ISA14 | I13 | Acknowledgment Requested | M | ID | 1/1 | Required |
| <p>Description: Code sent by the sender to request an interchange acknowledgment (TA1)</p> <p>Guideline Note 5: See Section A.1.5.1 for interchange acknowledgment information.</p> <p>CodeList Summary (Total Codes: 2, Included: 2)</p> <p>Code Name</p> <p>0 No Acknowledgment Requested</p> <p>1 Interchange Acknowledgment Requested</p> | | | | | | |
| ISA15 | I14 | Usage Indicator | M | ID | 1/1 | Required |
| <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> <p>Code Name</p> <p>P Production Data</p> <p>T Test Data</p> | | | | | | |
| ISA16 | I15 | Component Element Separator | M | | 1/1 | Required |
| <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:</p> <p>2003-10 - ND - ND will send the ":" (colon) as the Composite Element Separator, the "*" (star) as the Element Separator, and the "~" (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 | 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 HN Health Care Claim Status Notification (277)</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: 2003-10 - ND - ND will send 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: 2003-10 - ND - ND will send 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</p> | | | | | | |

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| | | follows: D = tenths (0-9) and DD = 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 | N0 | 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 - ND will send the value "004010X093A1". CodeList Summary (Total Codes: 48, Included: 1) Code Name 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

| | |
|-------------------|-------------|
| Pos: 050 | Max: 1 |
| Detail - Optional | |
| Loop: 2100A | Elements: 5 |

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: 1)

Code Name

PR Payer

| | | | | | | |
|-------|------|------------------------------|---|----|-----|----------|
| NM102 | 1065 | Entity Type Qualifier | 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 | Name Last or Organization Name | O | AN | 1/35 | Required |
|-------|------|---------------------------------------|---|----|------|----------|

Description: Individual last name or organizational name

Guideline Note 1: *Payer Name*

| | | | | | | |
|-------|----|--------------------------------------|---|----|-----|----------|
| NM108 | 66 | Identification Code Qualifier | 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 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

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| | | <i>Number</i> | | | | |
| | | State Specific Note 1: <i>2003-10 - ND - ND will send "FI" (Federal Payer Identification Number).</i> | | | | |
| | | CodeList Summary (Total Codes: 215, Included: 7) | | | | |
| | | Code Name | | | | |
| | | 21 Health Industry Number (HIN) | | | | |
| | | AD Blue Cross Blue Shield Association Plan Code Description: <i>Unique 3-digit number assigned to independent Blue Cross or Blue Shield plans by Blue Cross/Blue Shield Association</i> | | | | |
| | | FI Federal Taxpayer's Identification Number | | | | |
| | | NI National Association of Insurance Commissioners (NAIC) Identification | | | | |
| | | PI Payor Identification | | | | |
| | | PP Pharmacy Processor Number Description: <i>Unique number assigned to each pharmacy for submitting claims</i> | | | | |
| | | 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> | | | | |

| | | | | | | |
|-------|----|---|---|----|------|----------|
| NM109 | 67 | Identification Code | C | AN | 2/80 | Required |
| | | Description: Code identifying a party or other code | | | | |
| | | Guideline Note 1: <i>Payer Identifier</i> | | | | |
| | | State Specific Note 1: <i>2003-10 - ND - ND will send "45-0431266".</i> | | | | |
| | | 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 lines of business may require.*

Guideline Note 2:

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

PER Payer Contact Information

| | |
|-------------------|-------------|
| Pos: 080 | Max: 1 |
| Detail - Optional | |
| Loop: 2100A | 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 |

Description: Code identifying the major duty or responsibility of the person or group named

CodeList Summary (Total Codes: 230, Included: 1)

Code Name

IC Information Contact

| | | | | | | |
|-------|----|------|---|----|------|-------------|
| PER02 | 93 | Name | O | AN | 1/60 | Situational |
|-------|----|------|---|----|------|-------------|

Description: Free-form name

Guideline Note 1: Payer Contact Name

Guideline Note 4: This element is required when a specific person or department is the contact for the response in order to clarify requests concerning additional information requests.

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).

State Specific Note 1:

2003-10 - ND - ND will send the values "Medicaid", "HCBC", "CSHS", "BCAP", or "DD".

| | | | | | | |
|-------|-----|--------------------------------|---|----|-----|----------|
| PER03 | 365 | Communication Number Qualifier | C | ID | 2/2 | Required |
|-------|-----|--------------------------------|---|----|-----|----------|

Description: Code identifying the type of communication number

Guideline Note 4: Required when PER04 is used.

State Specific Note 1:

2003-10 - ND - ND will send the value "TE" (Telephone).

CodeList Summary (Total Codes: 40, Included: 3)

Code Name

ED Electronic Data Interchange Access Number
 EM Electronic Mail
 TE Telephone

PER04 364 **Communication Number** C AN 1/80 Required

Description: Complete communications number including country or area code when applicable

Guideline Note 4: Use PER04 to supply International Codes, Area Code (within U.S.), Local exchanges, and telephone numbers. When an additional extension is required PER06 should be used.

Used if needed to transmit communication number.

State Specific Note 1:

2003-10 - ND - When PER01 = "Medicaid", the this element will have the value "7013284030". When PER01 = "HCBC", the this element will have the value "7013284601". When PER01 = "CSHS", the this element will have the value "7013282436". When PER01 = "BCAP", the this element will have the value "7013282322". When PER01 = "DD", the this element will have the value "7013288938".

PER05 365 **Communication Number Qualifier** C ID 2/2 Situational

Description: Code identifying the type of communication number

Guideline Note 4: Required when PER06 is used.

CodeList Summary (Total Codes: 40, Included: 1)

Code Name

EX Telephone Extension

PER06 364 **Communication Number** C AN 1/80 Situational

Description: Complete communications number including country or area code when applicable

Guideline Note 4: Use PER06 to supply telephone extensions only. International Codes, Area Codes (within U.S.), Exchanges, and telephone numbers should be placed in PER04.

State Specific Note 1:

2003-10 - ND - When PER01 = "Medicaid", the this element will have the value "7013284030". When PER01 = "HCBC", the this element will have the value "7013284601". When PER01 = "CSHS", the this element will have the value "7013282436". When PER01 = "BCAP", the this element will have the value "7013282322". When PER01 = "DD", the this element will have the value "7013288938".

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> | | | | | | |
|--|---------------------|---------------------------------------|------------|-------------|----------------|--------------|-------------|-------------|----|---------------------|----|-----------|
| PER07 | 365 | Communication Number Qualifier | C | ID | 2/2 | Situational | | | | | | |
| <p>Description: Code identifying the type of communication number</p> <p>Guideline Note 4: Required when PER08 is used.</p> <p>CodeList Summary (Total Codes: 40, Included: 2)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>EX</td> <td>Telephone Extension</td> </tr> <tr> <td>FX</td> <td>Facsimile</td> </tr> </tbody> </table> | | | | | | | <u>Code</u> | <u>Name</u> | EX | Telephone Extension | FX | Facsimile |
| <u>Code</u> | <u>Name</u> | | | | | | | | | | | |
| EX | Telephone Extension | | | | | | | | | | | |
| FX | Facsimile | | | | | | | | | | | |
| PER08 | 364 | Communication Number | C | AN | 1/80 | Situational | | | | | | |
| <p>Description: Complete communications number including country or area code when applicable</p> <p>Guideline Note 4: Required when necessary to provide another telephone extension or fax number.</p> | | | | | | | | | | | | |

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. 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.
2. By definition of the standard, if PER03 is used, PER04 is required.
3. Required only if needed for identification of contact at the payer site.

Guideline Note 2:

PER*IC*MEDICAL REVIEW DEPARTMENT*TE*3135551234*EX*6593*FX*3135554321~
 OR
 PER*IC**TE*3135551234***FX*3135554321~
 OR
 PER*IC*****FX*3135554321~

NM1 Information Receiver Name

| | |
|-------------------|-------------|
| Pos: 050 | Max: 1 |
| Detail - Optional | |
| Loop: 2100B | 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 | | | | | | |
| <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>41</td> <td>Submitter</td> </tr> </tbody> </table> <p>Description: <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 | 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 | Required | | | | | | |
| <p>Description: Individual last name or organizational name</p> <p>Guideline Note 1: <i>Information Receiver Last or Organization Name</i></p> | | | | | | | | | | | | |
| NM104 | 1036 | Name First | O | AN | 1/25 | Situational | | | | | | |
| <p>Description: Individual first name</p> <p>Guideline Note 1: <i>Information Receiver First Name</i></p> <p>Guideline Note 4: <i>The first name is required when the value in NM102 is '1' and the person has a first name.</i></p> | | | | | | | | | | | | |
| NM105 | 1037 | Name Middle | O | AN | 1/25 | Situational | | | | | | |
| <p>Description: Individual middle name or initial</p> <p>Guideline Note 1: <i>Information Receiver Middle Name</i></p> <p>Guideline Note 4: <i>The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.</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> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| NM106 | 1038 | Name Prefix Description: Prefix to individual name Guideline Note 1: <i>Information Receiver Name Prefix</i> Guideline Note 4: <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 |
| NM107 | 1039 | Name Suffix Description: Suffix to individual name Guideline Note 1: <i>Information Receiver Name Suffix</i> Guideline Note 4: <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 | 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 - ND will send "FI" (Federal Taxpayer's Identification Number).</i> CodeList Summary (Total Codes: 215, Included: 3) Code Name 46 Electronic Transmitter Identification Number (ETIN) Description: <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 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>Information Receiver Identification Number</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. *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

| | |
|--------------------------|--------------------|
| Pos: 050 | Max: 1 |
| Detail - Optional | |
| Loop: 2100C | 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 | | | | | | |
| <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>1P</td> <td>Provider</td> </tr> </tbody> </table> | | | | | | | <u>Code</u> | <u>Name</u> | 1P | Provider | | |
| <u>Code</u> | <u>Name</u> | | | | | | | | | | | |
| 1P | Provider | | | | | | | | | | | |
| 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 | Required | | | | | | |
| <p>Description: Individual last name or organizational name</p> <p>Guideline Note 1: <i>Provider Last or Organization Name</i></p> | | | | | | | | | | | | |
| NM104 | 1036 | Name First | O | AN | 1/25 | Situational | | | | | | |
| <p>Description: Individual first name</p> <p>Guideline Note 1: <i>Provider First Name</i></p> <p>Guideline Note 4: <i>The first name is required when the value in NM102 is '1' and the person has a first name.</i></p> | | | | | | | | | | | | |
| NM105 | 1037 | Name Middle | O | AN | 1/25 | Situational | | | | | | |
| <p>Description: Individual middle name or initial</p> <p>Guideline Note 1: <i>Provider Middle Name</i></p> <p>Guideline Note 4: <i>The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.</i></p> | | | | | | | | | | | | |
| NM106 | 1038 | Name Prefix | 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>Description: Prefix to individual name</p> <p>Guideline Note 1: <i>Provider Name Prefix</i></p> <p>Guideline Note 4: <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>Name Suffix</p> <p>Description: Suffix to individual name</p> <p>Guideline Note 1: <i>Provider Name Suffix</i></p> <p>Guideline Note 4: <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>Identification Code Qualifier</p> <p>Description: Code designating the system/method of code structure used for Identification Code (67)</p> <p>State Specific Note 1: <i>2003-10 - ND - ND will send the value "SV".</i></p> <p>CodeList Summary (Total Codes: 215, Included: 3)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>FI</td> <td>Federal Taxpayer's Identification Number</td> </tr> <tr> <td>SV</td> <td>Service Provider Number</td> </tr> <tr> <td>XX</td> <td>Health Care Financing Administration National Provider Identifier</td> </tr> </tbody> </table> <p>Description: <i>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</i></p> | <u>Code</u> | <u>Name</u> | FI | Federal Taxpayer's Identification Number | SV | Service Provider Number | XX | Health Care Financing Administration National Provider Identifier | C | ID | 1/2 | Required |
| <u>Code</u> | <u>Name</u> | | | | | | | | | | | | | |
| FI | Federal Taxpayer's Identification Number | | | | | | | | | | | | | |
| SV | Service Provider Number | | | | | | | | | | | | | |
| XX | Health Care Financing Administration National Provider Identifier | | | | | | | | | | | | | |
| NM109 | 67 | <p>Identification Code</p> <p>Description: Code identifying a party or other code</p> <p>Guideline Note 1: <i>Provider Identifier</i></p> <p>State Specific Note 1: <i>2003-10 - ND - ND will send the ND Medicaid Provider Number.</i></p> <p>ExternalCodeList</p> <p>Name: 537</p> <p>Description: 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 2:

*NM1*1P*2*HOME MEDICAL *****SV*987666666~*

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 - ND will send the date time period 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:

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

State Specific Note 1:

2003-10 - ND - ND will send the value "QC".

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

State Specific Note 1:

2003-10 - ND - ND will send the value "1" (Person).

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 | Recommended |
|-------|------|-------------|---|----|------|-------------|

Description: Individual 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> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| | | Guideline Note 1: <i>Subscriber Middle Name</i> | | | | |
| | | Guideline Note 4: <i>The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.</i> | | | | |
| NM106 | 1038 | Name Prefix | O | AN | 1/10 | Situational |
| | | Description: Prefix to individual name | | | | |
| | | Guideline Note 1: <i>Subscriber Name Prefix</i> | | | | |
| | | Guideline Note 4: <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> | | | | |
| NM107 | 1039 | Name Suffix | O | AN | 1/10 | Situational |
| | | Description: Suffix to individual name | | | | |
| | | Guideline Note 1: <i>Subscriber Name Suffix</i> | | | | |
| | | Guideline Note 4: <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> | | | | |
| NM108 | 66 | Identification Code Qualifier | C | ID | 1/2 | Required |
| | | Description: Code designating the system/method of code structure used for Identification Code (67) | | | | |
| | | State Specific Note 1: <i>2003-10 - ND - ND will send the value "MI" (Member Identification Number).</i> | | | | |
| | | CodeList Summary (Total Codes: 215, Included: 3) | | | | |
| | | Code Name | | | | |
| | | 24 Employer's Identification Number | | | | |
| | | MI Member Identification Number | | | | |
| | | ZZ Mutually Defined | | | | |
| NM109 | 67 | Identification Code | C | AN | 2/80 | Required |
| | | Description: Code identifying a party or other code | | | | |
| | | Guideline Note 1: <i>Subscriber Identifier</i> | | | | |
| | | State Specific Note 1: <i>2003-10 - ND - ND will send the ND Medicaid Recipient Number.</i> | | | | |

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~*

STC Claim Level Status Information

| | |
|--------------------|--------------|
| Pos: 100 | Max: 1 |
| Detail - Mandatory | |
| Loop: 2200D | Elements: 10 |

User Option (Usage): Required

Purpose: To report the status, required action, and paid information of a claim or service line

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> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| STC01 | C043 | Health Care Claim Status | M | Comp | | Required |
| | | Description: Used to convey status of the entire claim or a specific service line | | | | |
| STC01-01 | 1271 | Industry Code | M | AN | 1/30 | Required |
| | | Description: Code indicating a code from a specific industry code list | | | | |
| | | Guideline Note 1: <i>Health Care Claim Status Category Code</i> | | | | |
| | | Guideline Note 4: <i>This is the Category code. Use code source 507.</i> | | | | |
| | | State Specific Note 1: <i>2003-10 - ND - ND will send the values "P1" (Pend), "F2" (Denied), "A1" (Received), "F1" (Paid), or "A4" (Not Found).</i> | | | | |
| | | ExternalCodeList Name: 507 Description: Health Care Claim Status Category Code | | | | |
| STC01-02 | 1271 | Industry Code | M | AN | 1/30 | Required |
| | | Description: Code indicating a code from a specific industry code list | | | | |
| | | Guideline Note 1: <i>Health Care Claim Status Code</i> | | | | |
| | | Guideline Note 4: <i>This is the Status code. Use code source 508.</i> | | | | |
| | | State Specific Note 1: <i>2003-10 - ND - ND will send "35" (Not Found), "19" (Recieved), "55" (Pended), "65" (Paid), or "09" (Denied).</i> | | | | |
| | | ExternalCodeList Name: 508 Description: Health Care Claim Status Code | | | | |
| STC01-03 | 98 | Entity Identifier Code | O | ID | 2/3 | Situational |
| | | Description: Code identifying an organizational entity, a physical location, property or an individual | | | | |

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

Guideline Note 4: STC01-3 further modifies the status code in STC01-2. Required if additional detail applicable to claim status is needed to clarify the status and the payer's system supports this level of detail.

CodeList Summary (Total Codes: 1312, Included: 218)

Code Name

- 13 Contracted Service Provider
- 17 Consultant's Office
- 1E Health Maintenance Organization (HMO)
- 1G Oncology Center
- 1H Kidney Dialysis Unit
- 1I Preferred Provider Organization (PPO)
- 1O Acute Care Hospital
- 1P Provider
- 1Q Military Facility
- 1R University, College or School
- 1S Outpatient Surgicenter
- 1T Physician, Clinic or Group Practice
- 1U Long Term Care Facility
- 1V Extended Care Facility
- 1W Psychiatric Health Facility
- 1X Laboratory
- 1Y Retail Pharmacy
- 1Z Home Health Care
- 28 Subcontractor
- 2A Federal, State, County or City Facility
- 2B Third-Party Administrator
- 2E Non-Health Care Miscellaneous Facility
- 2I Church Operated Facility
- 2K Partnership
- 2P Public Health Service Facility
- 2Q Veterans Administration Facility
- 2S Public Health Service Indian Service Facility
- 2Z Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
- 30 Service Supplier
- 36 Employer
- 3A Hospital Unit Within an Institution for the Mentally Retarded
- 3C Tuberculosis and Other Respiratory Diseases Facility
- 3D Obstetrics and Gynecology Facility
- 3E Eye, Ear, Nose and Throat Facility
- 3F Rehabilitation Facility
- 3G Orthopedic Facility
- 3H Chronic Disease Facility
- 3I Other Specialty Facility
- 3J Children's General Facility

Code Name

| | |
|----|---|
| 3K | Children's Hospital Unit of an Institution |
| 3L | Children's Psychiatric Facility |
| 3M | Children's Tuberculosis and Other Respiratory Diseases Facility |
| 3N | Children's Eye, Ear, Nose and Throat Facility |
| 3O | Children's Rehabilitation Facility |
| 3P | Children's Orthopedic Facility |
| 3Q | Children's Chronic Disease Facility |
| 3R | Children's Other Specialty Facility |
| 3S | Institution for Mental Retardation |
| 3T | Alcoholism and Other Chemical Dependency Facility |
| 3U | General Inpatient Care for AIDS/ARC Facility |
| 3V | AIDS/ARC Unit |
| 3W | Specialized Outpatient Program for AIDS/ARC |
| 3X | Alcohol/Drug Abuse or Dependency Inpatient Unit |
| 3Y | Alcohol/Drug Abuse or Dependency Outpatient Services |
| 3Z | Arthritis Treatment Center |
| 40 | Receiver |
| | Description: <i>Entity to accept transmission</i> |
| 43 | Claimant Authorized Representative |
| 44 | Data Processing Service Bureau |
| 4A | Birthing Room/LDRP Room |
| 4B | Burn Care Unit |
| 4C | Cardiac Catherization Laboratory |
| 4D | Open-Heart Surgery Facility |
| 4E | Cardiac Intensive Care Unit |
| 4F | Angioplasty Facility |
| 4G | Chronic Obstructive Pulmonary Disease Service Facility |
| 4H | Emergency Department |
| 4I | Trauma Center (Certified) |
| 4J | Extracorporeal Shock-Wave Lithotripter (ESWL) Unit |
| 4L | Genetic Counseling/Screening Services |
| 4M | Adult Day Care Program Facility |
| 4N | Alzheimer's Diagnostic/Assessment Services |
| 4O | Comprehensive Geriatric Assessment Facility |
| 4P | Emergency Response (Geriatric) Unit |
| 4Q | Geriatric Acute Care Unit |
| 4R | Geriatric Clinics |
| 4S | Respite Care Facility |
| 4U | Patient Education Unit |
| 4V | Community Health Promotion Facility |
| 4W | Worksite Health Promotion Facility |
| 4X | Hemodialysis Facility |
| 4Y | Home Health Services |
| 4Z | Hospice |
| 5A | Medical Surgical or Other Intensive Care Unit |
| 5B | Hisopathology Laboratory |
| 5C | Blood Bank |

Code Name

| | |
|----|--|
| 5D | Neonatal Intensive Care Unit |
| 5E | Obstetrics Unit |
| 5F | Occupational Health Services |
| 5G | Organized Outpatient Services |
| 5H | Pediatric Acute Inpatient Unit |
| 5I | Psychiatric Child/Adolescent Services |
| 5J | Psychiatric Consultation-Liaison Services |
| 5K | Psychiatric Education Services |
| 5L | Psychiatric Emergency Services |
| 5M | Psychiatric Geriatric Services |
| 5N | Psychiatric Inpatient Unit |
| 5O | Psychiatric Outpatient Services |
| 5P | Psychiatric Partial Hospitalization Program |
| 5Q | Megavoltage Radiation Therapy Unit |
| 5R | Radioactive Implants Unit |
| 5S | Therapeutic Radioisotope Facility |
| 5T | X-Ray Radiation Therapy Unit |
| 5U | CT Scanner Unit |
| 5V | Diagnostic Radioisotope Facility |
| 5W | Magnetic Resonance Imaging (MRI) Facility |
| 5X | Ultrasound Unit |
| 5Y | Rehabilitation Inpatient Unit |
| 5Z | Rehabilitation Outpatient Services |
| 61 | Performed At |
| | Description: <i>The facility where work was performed</i> |
| 6A | Reproductive Health Services |
| 6B | Skilled Nursing or Other Long-Term Care Unit |
| 6C | Single Photon Emission Computerized Tomography (SPECT) Unit |
| 6D | Organized Social Work Service Facility |
| 6E | Outpatient Social Work Services |
| 6F | Emergency Department Social Work Services |
| 6G | Sports Medicine Clinic/Services |
| 6H | Hospital Auxiliary Unit |
| 6I | Patient Representative Services |
| 6J | Volunteer Services Department |
| 6K | Outpatient Surgery Services |
| 6L | Organ/Tissue Transplant Unit |
| 6M | Orthopedic Surgery Facility |
| 6N | Occupational Therapy Services |
| 6O | Physical Therapy Services |
| 6P | Recreational Therapy Services |
| 6Q | Respiratory Therapy Services |
| 6R | Speech Therapy Services |
| 6S | Women's Health Center/Services |
| 6U | Cardiac Rehabilitation Program Facility |
| 6V | Non-Invasive Cardiac Assessment Services |
| 6W | Emergency Medical Technician |

| Code | Name |
|-------------|--|
| 6X | Disciplinary Contact |
| 6Y | Case Manager |
| 71 | Attending Physician Description: <i>Physician present when medical services are performed</i> |
| 72 | Operating Physician Description: <i>Doctor who performs a surgical procedure</i> |
| 73 | Other Physician Description: <i>Physician not one of the other specified choices</i> |
| 74 | Corrected Insured |
| 77 | Service Location |
| 7C | Place of Occurrence |
| 80 | Hospital Description: <i>An institution where the ill or injured may receive medical treatment</i> |
| 82 | Rendering Provider |
| 84 | Subscriber's Employer |
| 85 | Billing Provider |
| 87 | Pay-to Provider |
| 95 | Research Institute |
| CK | Pharmacist |
| CZ | Admitting Surgeon |
| D2 | Commercial Insurer |
| DD | Assistant Surgeon |
| DJ | Consulting Physician |
| DK | Ordering Physician |
| DN | Referring Provider |
| DO | Dependent Name |
| DQ | Supervising Physician |
| E1 | Person or Other Entity Legally Responsible for a Child |
| E2 | Person or Other Entity With Whom a Child Resides |
| E7 | Previous Employer |
| E9 | Participating Laboratory |
| FA | Facility |
| FD | Physical Address |
| FE | Mail Address |
| G0 | Dependent Insured |
| G3 | Clinic |
| GB | Other Insured |
| GD | Guardian |
| GI | Paramedic |
| GJ | Paramedical Company Description: <i>A company which performs physical examination services</i> |
| GK | Previous Insured |
| GM | Spouse Insured |
| GY | Treatment Facility |
| HF | Healthcare Professional Shortage Area (HPSA) Facility Description: <i>Facility recognized by the Health Care Financing Administration as existing in an area of the country lacking in health care establishments and services</i> |

| <u>Code</u> | <u>Name</u> |
|--------------------|---|
| HH | Home Health Agency |
| I3 | Independent Physicians Association (IPA) |
| IJ | Injection Point |
| IL | Insured or Subscriber |
| IN | Insurer |
| LI | Independent Lab |
| | Description: <i>Outside laboratory which provides test results for entity providing medical services</i> |
| LR | Legal Representative |
| MR | Medical Insurance Carrier |
| OB | Ordered By |
| OD | Doctor of Optometry |
| OX | Oxygen Therapy Facility |
| | Description: <i>Building in which oxygen treatment is provided for medical disorder</i> |
| P0 | Patient Facility |
| | Description: <i>Facility where patient resides</i> |
| P2 | Primary Insured or Subscriber |
| | Description: <i>A primary insured or subscriber is a person who elects the benefits and is affiliated with the employer or the insurer</i> |
| P3 | Primary Care Provider |
| | Description: <i>Physician that is selected by the insured to provide medical care</i> |
| P4 | Prior Insurance Carrier |
| P6 | Third Party Reviewing Preferred Provider Organization (PPO) |
| P7 | Third Party Repricing Preferred Provider Organization (PPO) |
| PT | Party to Receive Test Report |
| PV | Party performing certification |
| PW | Pick Up Address |
| QA | Pharmacy |
| | Description: <i>Establishment responsible for preparing and dispensing drugs and medicines</i> |
| QB | Purchase Service Provider |
| | Description: <i>Entity from which medical supplies may be bought</i> |
| QC | Patient |
| | Description: <i>Individual receiving medical care</i> |
| QD | Responsible Party |
| | Description: <i>Person responsible for the affairs of the person having services rendered</i> |
| QE | Policyholder |
| QH | Physician |
| QK | Managed Care |
| QL | Chiropractor |
| QN | Dentist |
| QO | Doctor of Osteopathy |
| QS | Podiatrist |
| QV | Group Practice |
| QY | Medical Doctor |
| | Description: <i>An individual trained and licensed to practice as a Medical Doctor</i> |

- Code Name**
 (M.D.)
 RC Receiving Location
 RW Rural Health Clinic
 S4 Skilled Nursing Facility
 SJ Service Provider
Description: Identifies name and address information as pertaining to a service provider for which billing is being rendered
 SU Supplier/Manufacturer
 T4 Transfer Point
Description: A geographic location where a shipment is transferred or diverted to a new destination
 TQ Third Party Reviewing Organization (TPO)
 TT Transfer To
 TU Third Party Repricing Organization (TPO)
 UH Nursing Home
 X3 Utilization Management Organization
 X4 Spouse
 X5 Durable Medical Equipment Supplier
 ZZ Mutually Defined

STC02 373 **Date** O DT 8/8 Required

Description: Date expressed as CCYYMMDD
Guideline Note 1: Status Information Effective Date
Guideline Note 4: Use this date for the effective date of status.

STC04 782 **Monetary Amount** O R 1/18 Required

Description: Monetary amount
Guideline Note 1: Total Claim Charge Amount
Guideline Note 4: Use this element for the amount of submitted charges. Some HMO encounters supply zero as the amount of original charges.

STC05 782 **Monetary Amount** O R 1/18 Required

Description: Monetary amount
Guideline Note 1: Claim Payment Amount
Guideline Note 4: Use this element for the claim paid amount. This amount must be zero if the adjudication process is not complete. Claim total charge will quite often change from the submitted claim total charge based on claims processing instructions, ie: splitting of claims. Most payers do not store the "original submitted charge."

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| STC06 | 373 | Date Description: Date expressed as CCYYMMDD Guideline Note 1: <i>Adjudication or Payment Date</i> Guideline Note 4: <i>Use this element for the date of denial or payment. Use this date if the payment determination is complete.</i> | O | DT | 8/8 | Situational |
| STC07 | 591 | Payment Method Code Description: Code identifying the method for the movement of payment instructions Guideline Note 4: <i>Will be used when claim has a dollar payment to the provider of service.</i> CodeList Summary (Total Codes: 54, Included: 5) Code Name ACH Automated Clearing House (ACH) BOP Financial Institution Option CHK Check FWT Federal Reserve Funds/Wire Transfer - Nonrepetitive NON Non-Payment Data | O | ID | 3/3 | Situational |
| STC08 | 373 | Date Description: Date expressed as CCYYMMDD Guideline Note 1: <i>Check Issue or EFT Effective Date</i> Guideline Note 4: <i>Use this element for the check issue date or for the date that EFT funds were released to the Automated Clearing House.</i> | O | DT | 8/8 | Situational |
| STC09 | 429 | Check Number Description: Check identification number Guideline Note 1: <i>Check or EFT Trace Number</i> Guideline Note 4: <i>Required with a Finalized and PAID claim when the entire claim was paid using a single check or EFT. Not used with Pending or Rejected claims. If the payment is EFT (electronic file transfer), this number is the trace number.</i> | O | AN | 1/16 | Situational |
| STC10 | C043 | Health Care Claim Status Description: Used to convey status of the entire claim or a specific service line Guideline Note 4: <i>Use this element if a</i> | O | Comp | | Situational |

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| | | <i>second claim status is needed.</i> | | | | |
| STC10-01 | 1271 | Industry Code | M | AN | 1/30 | Required |
| | | Description: Code indicating a code from a specific industry code list | | | | |
| | | Guideline Note 1: <i>Health Care Claim Status Category Code</i> | | | | |
| | | Guideline Note 4: <i>This is the Category code. Use code source 507.</i> | | | | |
| | | <i>Required if STC10 is used.</i> | | | | |
| | | <u>ExternalCodeList</u> | | | | |
| | | Name: 507 | | | | |
| | | Description: Health Care Claim Status Category Code | | | | |
| STC10-02 | 1271 | Industry Code | M | AN | 1/30 | Required |
| | | Description: Code indicating a code from a specific industry code list | | | | |
| | | Guideline Note 1: <i>Health Care Claim Status Code</i> | | | | |
| | | Guideline Note 4: <i>This is the Status code. Use code source 508.</i> | | | | |
| | | <i>Required if STC10 is used.</i> | | | | |
| | | <u>ExternalCodeList</u> | | | | |
| | | Name: 508 | | | | |
| | | Description: Health Care Claim Status Code | | | | |
| STC10-03 | 98 | Entity Identifier Code | O | ID | 2/3 | Situational |
| | | Description: Code identifying an organizational entity, a physical location, property or an individual | | | | |
| | | Guideline Note 4: <i>STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3.</i> | | | | |
| | | CodeList Summary (Total Codes: 1312, Included: 218) | | | | |
| | | <u>Code</u> <u>Name</u> | | | | |
| | | 13 Contracted Service Provider | | | | |
| | | 17 Consultant's Office | | | | |
| | | 1E Health Maintenance Organization (HMO) | | | | |
| | | 1G Oncology Center | | | | |
| | | 1H Kidney Dialysis Unit | | | | |
| | | 1I Preferred Provider Organization (PPO) | | | | |
| | | 1O Acute Care Hospital | | | | |
| | | 1P Provider | | | | |
| | | 1Q Military Facility | | | | |
| | | 1R University, College or School | | | | |
| | | 1S Outpatient Surgicenter | | | | |

| Code | Name |
|-------------|--|
| 1T | Physician, Clinic or Group Practice |
| 1U | Long Term Care Facility |
| 1V | Extended Care Facility |
| 1W | Psychiatric Health Facility |
| 1X | Laboratory |
| 1Y | Retail Pharmacy |
| 1Z | Home Health Care |
| 28 | Subcontractor |
| 2A | Federal, State, County or City Facility |
| 2B | Third-Party Administrator |
| 2E | Non-Health Care Miscellaneous Facility |
| 2I | Church Operated Facility |
| 2K | Partnership |
| 2P | Public Health Service Facility |
| 2Q | Veterans Administration Facility |
| 2S | Public Health Service Indian Service Facility |
| 2Z | Hospital Unit of an Institution (prison hospital, college infirmary, etc.) |
| 30 | Service Supplier |
| 36 | Employer |
| 3A | Hospital Unit Within an Institution for the Mentally Retarded |
| 3C | Tuberculosis and Other Respiratory Diseases Facility |
| 3D | Obstetrics and Gynecology Facility |
| 3E | Eye, Ear, Nose and Throat Facility |
| 3F | Rehabilitation Facility |
| 3G | Orthopedic Facility |
| 3H | Chronic Disease Facility |
| 3I | Other Specialty Facility |
| 3J | Children's General Facility |
| 3K | Children's Hospital Unit of an Institution |
| 3L | Children's Psychiatric Facility |
| 3M | Children's Tuberculosis and Other Respiratory Diseases Facility |
| 3N | Children's Eye, Ear, Nose and Throat Facility |
| 3O | Children's Rehabilitation Facility |
| 3P | Children's Orthopedic Facility |
| 3Q | Children's Chronic Disease Facility |
| 3R | Children's Other Specialty Facility |
| 3S | Institution for Mental Retardation |
| 3T | Alcoholism and Other Chemical Dependency Facility |
| 3U | General Inpatient Care for AIDS/ARC Facility |
| 3V | AIDS/ARC Unit |
| 3W | Specialized Outpatient Program for AIDS/ARC |
| 3X | Alcohol/Drug Abuse or Dependency Inpatient Unit |
| 3Y | Alcohol/Drug Abuse or Dependency Outpatient Services |
| 3Z | Arthritis Treatment Center |
| 40 | Receiver |
| | Description: <i>Entity to accept transmission</i> |
| 43 | Claimant Authorized Representative |

| Code | Name |
|-------------|--|
| 44 | Data Processing Service Bureau |
| 4A | Birthing Room/LDRP Room |
| 4B | Burn Care Unit |
| 4C | Cardiac Catherization Laboratory |
| 4D | Open-Heart Surgery Facility |
| 4E | Cardiac Intensive Care Unit |
| 4F | Angioplasty Facility |
| 4G | Chronic Obstructive Pulmonary Disease Service Facility |
| 4H | Emergency Department |
| 4I | Trauma Center (Certified) |
| 4J | Extracorporeal Shock-Wave Lithotripter (ESWL) Unit |
| 4L | Genetic Counseling/Screening Services |
| 4M | Adult Day Care Program Facility |
| 4N | Alzheimer's Diagnostic/Assessment Services |
| 4O | Comprehensive Geriatric Assessment Facility |
| 4P | Emergency Response (Geriatric) Unit |
| 4Q | Geriatric Acute Care Unit |
| 4R | Geriatric Clinics |
| 4S | Respite Care Facility |
| 4U | Patient Education Unit |
| 4V | Community Health Promotion Facility |
| 4W | Worksite Health Promotion Facility |
| 4X | Hemodialysis Facility |
| 4Y | Home Health Services |
| 4Z | Hospice |
| 5A | Medical Surgical or Other Intensive Care Unit |
| 5B | Hisopathology Laboratory |
| 5C | Blood Bank |
| 5D | Neonatal Intensive Care Unit |
| 5E | Obstetrics Unit |
| 5F | Occupational Health Services |
| 5G | Organized Outpatient Services |
| 5H | Pediatric Acute Inpatient Unit |
| 5I | Psychiatric Child/Adolescent Services |
| 5J | Psychiatric Consultation-Liaison Services |
| 5K | Psychiatric Education Services |
| 5L | Psychiatric Emergency Services |
| 5M | Psychiatric Geriatric Services |
| 5N | Psychiatric Inpatient Unit |
| 5O | Psychiatric Outpatient Services |
| 5P | Psychiatric Partial Hospitalization Program |
| 5Q | Megavoltage Radiation Therapy Unit |
| 5R | Radioactive Implants Unit |
| 5S | Therapeutic Radioisotope Facility |
| 5T | X-Ray Radiation Therapy Unit |
| 5U | CT Scanner Unit |
| 5V | Diagnostic Radioisotope Facility |

Code Name

| | |
|----|--|
| 5W | Magnetic Resonance Imaging (MRI) Facility |
| 5X | Ultrasound Unit |
| 5Y | Rehabilitation Inpatient Unit |
| 5Z | Rehabilitation Outpatient Services |
| 61 | Performed At |
| | Description: <i>The facility where work was performed</i> |
| 6A | Reproductive Health Services |
| 6B | Skilled Nursing or Other Long-Term Care Unit |
| 6C | Single Photon Emission Computerized Tomography (SPECT) Unit |
| 6D | Organized Social Work Service Facility |
| 6E | Outpatient Social Work Services |
| 6F | Emergency Department Social Work Services |
| 6G | Sports Medicine Clinic/Services |
| 6H | Hospital Auxiliary Unit |
| 6I | Patient Representative Services |
| 6J | Volunteer Services Department |
| 6K | Outpatient Surgery Services |
| 6L | Organ/Tissue Transplant Unit |
| 6M | Orthopedic Surgery Facility |
| 6N | Occupational Therapy Services |
| 6O | Physical Therapy Services |
| 6P | Recreational Therapy Services |
| 6Q | Respiratory Therapy Services |
| 6R | Speech Therapy Services |
| 6S | Women's Health Center/Services |
| 6U | Cardiac Rehabilitation Program Facility |
| 6V | Non-Invasive Cardiac Assessment Services |
| 6W | Emergency Medical Technician |
| 6X | Disciplinary Contact |
| 6Y | Case Manager |
| 71 | Attending Physician |
| | Description: <i>Physician present when medical services are performed</i> |
| 72 | Operating Physician |
| | Description: <i>Doctor who performs a surgical procedure</i> |
| 73 | Other Physician |
| | Description: <i>Physician not one of the other specified choices</i> |
| 74 | Corrected Insured |
| 77 | Service Location |
| 7C | Place of Occurrence |
| 80 | Hospital |
| | Description: <i>An institution where the ill or injured may receive medical treatment</i> |
| 82 | Rendering Provider |
| 84 | Subscriber's Employer |
| 85 | Billing Provider |
| 87 | Pay-to Provider |
| 95 | Research Institute |

| Code | Name |
|-------------|---|
| CK | Pharmacist |
| CZ | Admitting Surgeon |
| D2 | Commercial Insurer |
| DD | Assistant Surgeon |
| DJ | Consulting Physician |
| DK | Ordering Physician |
| DN | Referring Provider |
| DO | Dependent Name |
| DQ | Supervising Physician |
| E1 | Person or Other Entity Legally Responsible for a Child |
| E2 | Person or Other Entity With Whom a Child Resides |
| E7 | Previous Employer |
| E9 | Participating Laboratory |
| FA | Facility |
| FD | Physical Address |
| FE | Mail Address |
| G0 | Dependent Insured |
| G3 | Clinic |
| GB | Other Insured |
| GD | Guardian |
| GI | Paramedic |
| GJ | Paramedical Company |
| | Description: <i>A company which performs physical examination services</i> |
| GK | Previous Insured |
| GM | Spouse Insured |
| GY | Treatment Facility |
| HF | Healthcare Professional Shortage Area (HPSA) Facility |
| | Description: <i>Facility recognized by the Health Care Financing Administration as existing in an area of the country lacking in health care establishments and services</i> |
| HH | Home Health Agency |
| I3 | Independent Physicians Association (IPA) |
| IJ | Injection Point |
| IL | Insured or Subscriber |
| IN | Insurer |
| LI | Independent Lab |
| | Description: <i>Outside laboratory which provides test results for entity providing medical services</i> |
| LR | Legal Representative |
| MR | Medical Insurance Carrier |
| OB | Ordered By |
| OD | Doctor of Optometry |
| OX | Oxygen Therapy Facility |
| | Description: <i>Building in which oxygen treatment is provided for medical disorder</i> |
| P0 | Patient Facility |
| | Description: <i>Facility where patient resides</i> |
| P2 | Primary Insured or Subscriber |
| | Description: <i>A primary insured or subscriber is a person who elects the benefits</i> |

| Code | Name |
|-------------|--|
| | <i>and is affiliated with the employer or the insurer</i> |
| P3 | Primary Care Provider Description: <i>Physician that is selected by the insured to provide medical care</i> |
| P4 | Prior Insurance Carrier |
| P6 | Third Party Reviewing Preferred Provider Organization (PPO) |
| P7 | Third Party Repricing Preferred Provider Organization (PPO) |
| PT | Party to Receive Test Report |
| PV | Party performing certification |
| PW | Pick Up Address |
| QA | Pharmacy Description: <i>Establishment responsible for preparing and dispensing drugs and medicines</i> |
| QB | Purchase Service Provider Description: <i>Entity from which medical supplies may be bought</i> |
| QC | Patient Description: <i>Individual receiving medical care</i> |
| QD | Responsible Party Description: <i>Person responsible for the affairs of the person having services rendered</i> |
| QE | Policyholder |
| QH | Physician |
| QK | Managed Care |
| QL | Chiropractor |
| QN | Dentist |
| QO | Doctor of Osteopathy |
| QS | Podiatrist |
| QV | Group Practice |
| QY | Medical Doctor Description: <i>An individual trained and licensed to practice as a Medical Doctor (M.D.)</i> |
| RC | Receiving Location |
| RW | Rural Health Clinic |
| S4 | Skilled Nursing Facility |
| SJ | Service Provider Description: <i>Identifies name and address information as pertaining to a service provider for which billing is being rendered</i> |
| SU | Supplier/Manufacturer |
| T4 | Transfer Point Description: <i>A geographic location where a shipment is transferred or diverted to a new destination</i> |
| TQ | Third Party Reviewing Organization (TPO) |
| TT | Transfer To |
| TU | Third Party Repricing Organization (TPO) |
| UH | Nursing Home |
| X3 | Utilization Management Organization |
| X4 | Spouse |
| X5 | Durable Medical Equipment Supplier |

Code Name

ZZ Mutually Defined

STC11 C043 **Health Care Claim Status** O Comp Situational

Description: Used to convey status of the entire claim or a specific service line

Guideline Note 4: Use this element if a third claim status is needed.

STC11-01 1271 **Industry Code** M AN 1/30 Required

Description: Code indicating a code from a specific industry code list

Guideline Note 1: Health Care Claim Status Category Code

Guideline Note 4: This is the Category code. Use code source 507.

Required if STC11 is used.

ExternalCodeList

Name: 507

Description: Health Care Claim Status Category Code

STC11-02 1271 **Industry Code** M AN 1/30 Required

Description: Code indicating a code from a specific industry code list

Guideline Note 1: Health Care Claim Status Code

Guideline Note 4: This is the Status code. Use code source 508.

Required if STC11 is used.

ExternalCodeList

Name: 508

Description: Health Care Claim Status Code

STC11-03 98 **Entity Identifier Code** O ID 2/3 Situational

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

Guideline Note 4: STC11-3 further modifies the status code in STC11-2. See code value list in STC01-3.

CodeList Summary (Total Codes: 1312, Included: 218)

Code Name

- 13 Contracted Service Provider
- 17 Consultant's Office
- 1E Health Maintenance Organization (HMO)
- 1G Oncology Center
- 1H Kidney Dialysis Unit
- 1I Preferred Provider Organization (PPO)

Code Name

| | |
|----|--|
| 1O | Acute Care Hospital |
| 1P | Provider |
| 1Q | Military Facility |
| 1R | University, College or School |
| 1S | Outpatient Surgicenter |
| 1T | Physician, Clinic or Group Practice |
| 1U | Long Term Care Facility |
| 1V | Extended Care Facility |
| 1W | Psychiatric Health Facility |
| 1X | Laboratory |
| 1Y | Retail Pharmacy |
| 1Z | Home Health Care |
| 28 | Subcontractor |
| 2A | Federal, State, County or City Facility |
| 2B | Third-Party Administrator |
| 2E | Non-Health Care Miscellaneous Facility |
| 2I | Church Operated Facility |
| 2K | Partnership |
| 2P | Public Health Service Facility |
| 2Q | Veterans Administration Facility |
| 2S | Public Health Service Indian Service Facility |
| 2Z | Hospital Unit of an Institution (prison hospital, college infirmary, etc.) |
| 30 | Service Supplier |
| 36 | Employer |
| 3A | Hospital Unit Within an Institution for the Mentally Retarded |
| 3C | Tuberculosis and Other Respiratory Diseases Facility |
| 3D | Obstetrics and Gynecology Facility |
| 3E | Eye, Ear, Nose and Throat Facility |
| 3F | Rehabilitation Facility |
| 3G | Orthopedic Facility |
| 3H | Chronic Disease Facility |
| 3I | Other Specialty Facility |
| 3J | Children's General Facility |
| 3K | Children's Hospital Unit of an Institution |
| 3L | Children's Psychiatric Facility |
| 3M | Children's Tuberculosis and Other Respiratory Diseases Facility |
| 3N | Children's Eye, Ear, Nose and Throat Facility |
| 3O | Children's Rehabilitation Facility |
| 3P | Children's Orthopedic Facility |
| 3Q | Children's Chronic Disease Facility |
| 3R | Children's Other Specialty Facility |
| 3S | Institution for Mental Retardation |
| 3T | Alcoholism and Other Chemical Dependency Facility |
| 3U | General Inpatient Care for AIDS/ARC Facility |
| 3V | AIDS/ARC Unit |
| 3W | Specialized Outpatient Program for AIDS/ARC |
| 3X | Alcohol/Drug Abuse or Dependency Inpatient Unit |

Code Name

| | |
|----|--|
| 3Y | Alcohol/Drug Abuse or Dependency Outpatient Services |
| 3Z | Arthritis Treatment Center |
| 40 | Receiver |
| | Description: <i>Entity to accept transmission</i> |
| 43 | Claimant Authorized Representative |
| 44 | Data Processing Service Bureau |
| 4A | Birthing Room/LDRP Room |
| 4B | Burn Care Unit |
| 4C | Cardiac Catherization Laboratory |
| 4D | Open-Heart Surgery Facility |
| 4E | Cardiac Intensive Care Unit |
| 4F | Angioplasty Facility |
| 4G | Chronic Obstructive Pulmonary Disease Service Facility |
| 4H | Emergency Department |
| 4I | Trauma Center (Certified) |
| 4J | Extracorporeal Shock-Wave Lithotripter (ESWL) Unit |
| 4L | Genetic Counseling/Screening Services |
| 4M | Adult Day Care Program Facility |
| 4N | Alzheimer's Diagnostic/Assessment Services |
| 4O | Comprehensive Geriatric Assessment Facility |
| 4P | Emergency Response (Geriatric) Unit |
| 4Q | Geriatric Acute Care Unit |
| 4R | Geriatric Clinics |
| 4S | Respite Care Facility |
| 4U | Patient Education Unit |
| 4V | Community Health Promotion Facility |
| 4W | Worksite Health Promotion Facility |
| 4X | Hemodialysis Facility |
| 4Y | Home Health Services |
| 4Z | Hospice |
| 5A | Medical Surgical or Other Intensive Care Unit |
| 5B | Hisopathology Laboratory |
| 5C | Blood Bank |
| 5D | Neonatal Intensive Care Unit |
| 5E | Obstetrics Unit |
| 5F | Occupational Health Services |
| 5G | Organized Outpatient Services |
| 5H | Pediatric Acute Inpatient Unit |
| 5I | Psychiatric Child/Adolescent Services |
| 5J | Psychiatric Consultation-Liaison Services |
| 5K | Psychiatric Education Services |
| 5L | Psychiatric Emergency Services |
| 5M | Psychiatric Geriatric Services |
| 5N | Psychiatric Inpatient Unit |
| 5O | Psychiatric Outpatient Services |
| 5P | Psychiatric Partial Hospitalization Program |
| 5Q | Megavoltage Radiation Therapy Unit |

Code Name

| | |
|----|--|
| 5R | Radioactive Implants Unit |
| 5S | Therapeutic Radioisotope Facility |
| 5T | X-Ray Radiation Therapy Unit |
| 5U | CT Scanner Unit |
| 5V | Diagnostic Radioisotope Facility |
| 5W | Magnetic Resonance Imaging (MRI) Facility |
| 5X | Ultrasound Unit |
| 5Y | Rehabilitation Inpatient Unit |
| 5Z | Rehabilitation Outpatient Services |
| 61 | Performed At |
| | Description: <i>The facility where work was performed</i> |
| 6A | Reproductive Health Services |
| 6B | Skilled Nursing or Other Long-Term Care Unit |
| 6C | Single Photon Emission Computerized Tomography (SPECT) Unit |
| 6D | Organized Social Work Service Facility |
| 6E | Outpatient Social Work Services |
| 6F | Emergency Department Social Work Services |
| 6G | Sports Medicine Clinic/Services |
| 6H | Hospital Auxiliary Unit |
| 6I | Patient Representative Services |
| 6J | Volunteer Services Department |
| 6K | Outpatient Surgery Services |
| 6L | Organ/Tissue Transplant Unit |
| 6M | Orthopedic Surgery Facility |
| 6N | Occupational Therapy Services |
| 6O | Physical Therapy Services |
| 6P | Recreational Therapy Services |
| 6Q | Respiratory Therapy Services |
| 6R | Speech Therapy Services |
| 6S | Women's Health Center/Services |
| 6U | Cardiac Rehabilitation Program Facility |
| 6V | Non-Invasive Cardiac Assessment Services |
| 6W | Emergency Medical Technician |
| 6X | Disciplinary Contact |
| 6Y | Case Manager |
| 71 | Attending Physician |
| | Description: <i>Physician present when medical services are performed</i> |
| 72 | Operating Physician |
| | Description: <i>Doctor who performs a surgical procedure</i> |
| 73 | Other Physician |
| | Description: <i>Physician not one of the other specified choices</i> |
| 74 | Corrected Insured |
| 77 | Service Location |
| 7C | Place of Occurrence |
| 80 | Hospital |
| | Description: <i>An institution where the ill or injured may receive medical treatment</i> |

Code Name

| | |
|----|---|
| 82 | Rendering Provider |
| 84 | Subscriber's Employer |
| 85 | Billing Provider |
| 87 | Pay-to Provider |
| 95 | Research Institute |
| CK | Pharmacist |
| CZ | Admitting Surgeon |
| D2 | Commercial Insurer |
| DD | Assistant Surgeon |
| DJ | Consulting Physician |
| DK | Ordering Physician |
| DN | Referring Provider |
| DO | Dependent Name |
| DQ | Supervising Physician |
| E1 | Person or Other Entity Legally Responsible for a Child |
| E2 | Person or Other Entity With Whom a Child Resides |
| E7 | Previous Employer |
| E9 | Participating Laboratory |
| FA | Facility |
| FD | Physical Address |
| FE | Mail Address |
| G0 | Dependent Insured |
| G3 | Clinic |
| GB | Other Insured |
| GD | Guardian |
| GI | Paramedic |
| GJ | Paramedical Company |
| | Description: <i>A company which performs physical examination services</i> |
| GK | Previous Insured |
| GM | Spouse Insured |
| GY | Treatment Facility |
| HF | Healthcare Professional Shortage Area (HPSA) Facility |
| | Description: <i>Facility recognized by the Health Care Financing Administration as existing in an area of the country lacking in health care establishments and services</i> |
| HH | Home Health Agency |
| I3 | Independent Physicians Association (IPA) |
| IJ | Injection Point |
| IL | Insured or Subscriber |
| IN | Insurer |
| LI | Independent Lab |
| | Description: <i>Outside laboratory which provides test results for entity providing medical services</i> |
| LR | Legal Representative |
| MR | Medical Insurance Carrier |
| OB | Ordered By |
| OD | Doctor of Optometry |
| OX | Oxygen Therapy Facility |

| <u>Code</u> | <u>Name</u> |
|-------------|---|
| | Description: <i>Building in which oxygen treatment is provided for medical disorder</i> |
| P0 | Patient Facility |
| | Description: <i>Facility where patient resides</i> |
| P2 | Primary Insured or Subscriber |
| | Description: <i>A primary insured or subscriber is a person who elects the benefits and is affiliated with the employer or the insurer</i> |
| P3 | Primary Care Provider |
| | Description: <i>Physician that is selected by the insured to provide medical care</i> |
| P4 | Prior Insurance Carrier |
| P6 | Third Party Reviewing Preferred Provider Organization (PPO) |
| P7 | Third Party Repricing Preferred Provider Organization (PPO) |
| PT | Party to Receive Test Report |
| PV | Party performing certification |
| PW | Pick Up Address |
| QA | Pharmacy |
| | Description: <i>Establishment responsible for preparing and dispensing drugs and medicines</i> |
| QB | Purchase Service Provider |
| | Description: <i>Entity from which medical supplies may be bought</i> |
| QC | Patient |
| | Description: <i>Individual receiving medical care</i> |
| QD | Responsible Party |
| | Description: <i>Person responsible for the affairs of the person having services rendered</i> |
| QE | Policyholder |
| QH | Physician |
| QK | Managed Care |
| QL | Chiropractor |
| QN | Dentist |
| QO | Doctor of Osteopathy |
| QS | Podiatrist |
| QV | Group Practice |
| QY | Medical Doctor |
| | Description: <i>An individual trained and licensed to practice as a Medical Doctor (M.D.)</i> |
| RC | Receiving Location |
| RW | Rural Health Clinic |
| S4 | Skilled Nursing Facility |
| SJ | Service Provider |
| | Description: <i>Identifies name and address information as pertaining to a service provider for which billing is being rendered</i> |
| SU | Supplier/Manufacturer |
| T4 | Transfer Point |
| | Description: <i>A geographic location where a shipment is transferred or diverted to a new destination</i> |
| TQ | Third Party Reviewing Organization (TPO) |
| TT | Transfer To |

| <u>Code</u> | <u>Name</u> |
|-------------|--|
| TU | Third Party Repricing Organization (TPO) |
| UH | Nursing Home |
| X3 | Utilization Management Organization |
| X4 | Spouse |
| X5 | Durable Medical Equipment Supplier |
| ZZ | Mutually Defined |

Semantics:

1. STC02 is the effective date of the status information.
2. STC04 is the amount of original submitted charges.
3. STC05 is the amount paid.
4. STC06 is the paid date.
5. STC08 is the check issue date.
6. STC12 allows additional free-form status information.

Guideline Note 1:

1. *This is required if the subscriber is the patient.*
2. *Claim Status information in response to solicited inquiry.*

Guideline Note 2:

STC*A1:21*19960501**50*0~ or
STC*FI:65*19960511**50*40*19960515*CHK*19960510*50321~

REF Payer Claim Identification Number

| | |
|-------------------|-------------|
| Pos: 110 | 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 and CCN.*

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.

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 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 | 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~*