277 Claim Acknowledgement

(004010H01) IMPLEMENTATION GUIDE HEALTH CARE INFORMATION STATUS NOTIFICATION

Mountain State Blue Cross Blue Shield EMC Operations



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1 Purpose and Business Overview

1.1 Document Purpose

The purpose of this implementation guide is to provide data requirements and content for receivers of Mountain State Blue Cross Blue Shield's version of the 277 - Claim Acknowledgement Transaction (ANSI ASC X12.317). This implementation guide focuses on use of the 277 as an acknowledgement to receipt of claim submission(s). This implementation guide provides a detailed explanation of the transaction set by defining data content, identifying valid code tables and specifying values applicable for the business focus of the 277 claim submission acknowledgement.

Throughout this implementation guide the reference to "claim(s)" means individual claims or encounters or groupings of claims or encounters.

Entities receiving this application of the 277 include, but are not limited to, hospitals, nursing homes, laboratories, physicians, dentists, allied health professional groups, and supplemental (i.e., other than primary payer) health care claims adjudication processors.

Other business partners affiliated with the 277 include billing services; consulting services; vendors of systems; software and EDI translators; EDI network intermediaries such as health care clearinghouses, value-added networks and telecommunication services.

1.2 Version and Release

This Mountain State Blue Cross Blue Shield (MSBCBS) implementation guide is based on the October 1997 ASC X12 standard referred to as Version 4, Release 1, Sub-release 0 (004010). This is the first MSBCBS guide for this business function of the 277 Transaction set. For purposes of this business use, MSBCBS will identify the Version of this Transaction in the GS08 data element as '004010H01'.

1.3 Business Use

This implementation guide only addresses the business use of the 277 Claim Acknowledgement. The purpose of this transaction is to provide a system (application) level acknowledgement of electronic claims or encounters. This implementation guide is to be used specifically as an application acknowledgement response to the ASC X12N 837 Institutional and Professional claim/encounter submission transactions.

1.3.1 Claim System Acknowledgement

The first level of acknowledgement by MSBCBS for the ASC X12 837 transactions will be the ASC X12 Functional Acknowledgement (997) transaction. The 997 transaction is designed to notify the submitter of the receiver's ability or inability to process the entire 837 transaction based on ASC X12 syntax and structure rules.

The second level of acknowledgement by MSBCBS for the ASC X12 837 transaction will be the 277 Claim Acknowledgement. This is a system (application) acknowledgement of the business validity and acceptability of the claims. The level of editing in pre-adjudication programs will vary from system to system. Although the level of editing may vary, this transaction provides a standard method of reporting acknowledgements for claims. The application acknowledgement identifies claims that are transferred to another entity, accepted for adjudication, as well as those that are not accepted. The 277 transaction is the only notification of pre-adjudication claim status. Claims failing the pre-adjudication editing process are not forwarded to the claims adjudication system and therefore are never reported in the ASC X12 Health Care Claim Payment/Advice (835) transaction. Claims passing the pre-adjudication editing process are forwarded to the claims adjudication system and handled according to claims processing guidelines. Final adjudication of claims is reported in the ASC X12 Health Care Claim Payment/Advice (835) transaction.

2 Data Overview

This section introduces the structure of MSBCBS's 277 Claim Acknowledgement and describes the positioning of the business data within the structure. Familiarity with ASC X12 nomenclature, segments, data elements, hierarchical levels, and looping structure is recommended. Refer to Appendix A of any national transaction set implementation guide named in the HIPAA Administrative Simplification Electronic Transaction rule for information on ASC X12 nomenclature, structure, etc.

2.1 Overall Data Architecture

The implementation view provided at the beginning of Section 3 displays only the segments and their designated health care names described in this MSBCBS implementation guide. The intent of the implementation view is to clarify the purpose and use of the segments.

The 277 Transaction set is divided into two levels, or tables. Table 1 (Heading) contains transaction control information, which includes the ST and BHT segments. The ST segment identifies the start of a transaction's business purpose. The BHT segment identifies the hierarchical structure used. Table 2 (Detail) contains the detail information for the business function of the transaction. See Section 2.3 - Claim Status Theory for specific information on the status reporting detail.

2.2 Data 'Usage' Definitions

Within the Transaction detail, 'Usage' for the various Loops, Segments and Elements in this MSBCBS implementation guide will be defined as follows:

Required - This item will always be used.

Sit. (**Situational**) - The use of this item varies, depending on data content and business context. The defining rule is generally documented in syntax or usage notes attached to the item. *The item is used whenever the situation defined in the note is true; otherwise, the item is not used. **Not Used** - This item is not used.

* NOTE: If no situational note is present, the item may be sent if the data is available.

Loop Usage: Loop usage within ASC X12 transactions can be confusing. Care must be used to read the loop requirements in terms of the context or location within the transaction. The usage designator of a loop's beginning segment indicates the usage of the loop. Segments within a loop cannot be sent without the beginning segment of that loop.

If the first segment is Required, the loop must occur at least once unless it is nested in a loop that is not being used. A note on the Required first segment of a nested loop will indicate dependency on the higher level loop. If the first segment is Situational, there will be a Segment Note addressing use of the loop. Any required segments in loops beginning with a Situational segment only occur when the loop is used. Similarly, nested loops only occur when the higher level loop is used.

2.3 Claim Status Theory

The level of information potentially available for a Claim Status Response may vary drastically from Payer to Payer. The primary vehicle for the claim status information in the 277 transaction is the STC segment.

The STC segment contains three iterations of the Health Care Claim Status composite (C043) within elements STC01, STC10 and STC11. The standardized codes used in the composite acknowledge the acceptance of the claim or specify the reason(s) for rejection. The composite elements use industry codes from external Code Source 507, Health Care Claim Status Category Code, and Source 508, Health Care Claim Status Code. The primary distribution source for these codes is the Washington Publishing Company World Wide Web site (www.wpc-edi.com).

Within the STC segment, composite element STC01 is required; STC10 and STC11 are situational and used to provide additional claim status when needed. The composite element consists of three sub-elements.

The first element in the composite is the Health Care Claim Status Category Code, Code Source 507. The category code indicates the level of processing achieved by the claim. This element is Required for use when the composite is used. For the business purpose of this implementation guide, the following 3 acknowledgement codes are supported:

A0 – Acknowledgement/Forwarded (The claim/encounter has been forwarded to another entity.)

A2 – **Acknowledgement/Acceptance** (The claim/encounter has been accepted into the adjudication system.)

A3 – Acknowledgement/Returned (The claim/encounter has been rejected and has not been entered into the adjudication system.)

The second element is the Health Care Claim Status Code, Code Source 508. This element provides more detailed information about the rational for the claim or line item being in the category identified in the first element. This element is Required for use when the composite is used. Examples of status messages include "entity acknowledges receipt of claim/encounter," "missing/invalid data prevents payer from processing claim," and "business application currently not available."

The third element in the composite is the Entity Identifier Code. The code in this element identifies the entity referred to in the second element (Status Code). The code list identifies an organizational entity, a physical location, property, or an individual. This element is Situational for use when the composite is used. A list of appropriate Entity Identifier Code values is within the STC segment in Section 3.

3 Transaction Set

277 - Claim Acknowledgement

Page <u>No.</u> 9	Pos. <u>No.</u> 005	Seg. ID GS	Name Functional Group Header	Req. <u>Des.</u> R	<u>Max.Use</u> 1	Loop <u>Repeat</u>
Page No. 10	Pos. No. 010	Seg. ID ST	Name Transaction Set Header	Req. Des. R	Max.Use	Loop <u>Repeat</u>
11	020	ВНТ	Beginning of Hierarchical Transaction LOOP ID - 1000	R	1	1
12	040	NM1	Submitter Name	R	1	
Page <u>No.</u>	Pos. <u>No.</u>	Seg. <u>ID</u>	Name LOOP ID - 2000A	Req. Des.	Max.Use	Loop Repeat >1
13	010	HL	Information Source Hierarchical Level LOOP ID - 2100	R	1	1
14	050	NM1	Information Source Name	R	1	1
Page <u>No.</u>	Pos. No.	Seg. <u>ID</u>	Name	Req. <u>Des.</u>	<u>Max.Use</u>	Loop Repeat
15	010	HL	LOOP ID - 2000B Information Receiver Hierarchical Level	R	1	1
16	050	NM1	LOOP ID – 2100B Information Receiver Name	R	1	1
Page <u>No.</u>	Pos. <u>No.</u>	Seg. <u>ID</u>	Name LOOP ID - 2000C	Req. <u>Des.</u>	Max.Use	Loop Repeat >1
17	010	HL	Provider Hierarchical Level	R	1	
18	050	NM1	LOOP ID – 2100C Billing Provider Name	R	1	1

Page <u>No.</u>	Pos. No.	Seg. <u>ID</u>	Name	Req. Des.	Max.Use	Loop Repeat	
			LOOP ID - 2000D			>1	
20	010	HL	Subscriber Hierarchical Level	R	1		
21	040	DMG	Demographic Information	S	1		
			LOOP ID – 2100D			1	
22	050	NM1	Subscriber Name	R	1		
			LOOP ID – 2200D			>1	
23	090	TRN	Claim Identification	S	1		
24	100	STC	Status Information	R	>1		
27	120	DTP	Date or Time or Period	R	2		
			LOOP ID – 2220D			>1	
28	180	SVC	Service Information	S	1		
30	190	STC	Status Information	R	>1		
33	200	REF	Service Identification	R	1		
34	210	DTP	Date or Time or Period	R	1		

Page <u>No.</u>	Pos. No.	Seg. <u>ID</u>	Name	Req. Des.	Max.Use	Loop <u>Repeat</u>	
			LOOP ID - 2000E			>1	
35	010	HL	Dependent Hierarchical Level	S	1		
36	040	DMG	Demographic Information	R	1		
			LOOP ID – 2100E			1	
37	050	NM1	Dependent Name	R	1		
			LOOP ID – 2200E	•		>1	
38	090	TRN	Claim Identification	R	1		
39	100	STC	Status Information	R	>1		
42	120	DTP	Date or Time or Period	R	2		
			LOOP ID – 2220E			>1	
43	180	SVC	Service Information	S	1		
45	190	STC	Status Information	R	>1		
48	200	REF	Service Identification	R	1		
49	210	DTP	Date or Time or Period	R	1		
50	270	SE	Transaction Set Trailer	R	1		
Page <u>No.</u> 51	Pos. <u>No.</u> 280	Seg. <u>ID</u> GE	<u>Name</u> Functional Group Trailer	Req. <u>Des.</u> R	<u>Max.Use</u> 1	Loop <u>Repeat</u>	

NOTE: The Functional Group Segments (GS and GE) are not part of the actual 277 Transaction
structure. Multiple 277 Transactions (ST to SE) may be contained in one Functional Group (GS
to GE). Presentation of the GS and GE Segments in both the structure view and transaction

detail are provided to reflect the applicable data requirements associated with those segments.

Segment: GS Functional Group Header

Position: 00:

Loop:

Level: Heading Usage: Required

Max Use:

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

Syntax Notes:

Semantic Notes: 1 GS04 is the group date.

2 GS05 is the group time.

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

Notes: Example:GS*HN*54771_277U*999999*20020826*1101*22755*X*004010H01~

Data Element Summary

Data Element Summary							
	Ref.	Data					
	Des.	Element	Name	\ttri	ibutes		
Required	$\overline{GS01}$	479	Functional Identifier Code	M	ID 2/2		
•			Code identifying a group of application related transaction sets				
			HN Health Care Claim Status Notification (2				
Required	GS02	142	y (M	AN 2/15		
			Code identifying party sending transmission; codes agreed to b	v tra			
			partners	,	8		
			'54828 277U'				
Required	GS03	124	-	M	AN 2/15		
2104111011	0.00		Code identifying party receiving transmission; codes agreed to				
			partners	0).			
			This will always be the MSBCBS assigned Trading Partner Nu	mhe	er for the		
			entity receiving this transaction.	1110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Required	GS04	373	, ,	M	DT 8/8		
required	GSU.	0.0	Date expressed as CCYYMMDD		D 1 0/0		
Required	GS05	337	•	М	TM 4/8		
	2.000		Time expressed in 24-hour clock time as follows: HHMM, or H	ΗH			
			HHMMSSD, or HHMMSSDD, where H = hours (00-23), M =				
			59), S = integer seconds (00-59) and DD = decimal seconds; de				
			are expressed as follows: $D = tenths (0-9)$ and $DD = hundredth$				
Required	GS06	28	1	M	N0 1/9		
			Assigned number originated and maintained by the sender				
Required	GS07	455	· ·	M	ID 1/2		
- 1-			Code used in conjunction with Data Element 480 to identify the	e iss	suer of the		
			standard				
			X Accredited Standards Committee X12				
Required	GS08	480		M	AN 1/12		
•			Code indicating the version, release, subrelease, and industry ic	lent	ifier of the		
			EDI standard being used, including the GS and GE segments; i				
			in GS segment is X, then in DE 480 positions 1-3 are the version				
			positions 4-6 are the release and subrelease, level of the version				
			7-12 are the industry or trade association identifiers (optionally				
			user); if code in DE455 in GS segment is T, then other formats				
			'004010H01'				

ST Transaction Set Header **Segment:**

010 **Position:**

Loop:

Level: Heading Usage: Required

Max Use:

Purpose:

To indicate the start of a transaction set and to assign a control number

Syntax Notes: Semantic Notes:

The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810

selects the Invoice Transaction Set).

Example: ST*277*0001~ **Notes:**

Data Element Summary

			Duta Element Summar y				
	Ref.	Data					
	Des.	Element	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>		
Required	ST01	143	Transaction Set Identifier Code	M	ID 3/3		
_			Code uniquely identifying a Transaction Set				
			277 Health Care Claim Status Notification				
Required	ST02	329	Transaction Set Control Number	\mathbf{M}	AN 4/9		
			Identifying control number that must be unique within the tra	nsact	ion set		
			functional group assigned by the originator for a transaction s	set			
			The Transaction Set Control Numbers in ST02 and SE02 will	l be io	dentical. This		
			unique number also aids in error resolution research. Submitt	er co	uld begin		
			sending transactions using the number 0001 in this element as	nd in	crement from		
			there. The number must be unique within a specific functional group (GS to				
			GE) and interchange (ISA to IEA), but can be repeated in oth	_	- \		
			interchanges.	J	1		

Segment: BHT Beginning of Hierarchical Transaction

Position: 020

Loop:

Level: Heading Usage: Required

Max Use:

Purpose: To define the business hierarchical structure of the transaction set and identify the

business application purpose and reference data, i.e., number, date, and time

Syntax Notes:

Semantic Notes:

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

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

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

Notes: BHT*0010*06*20020118**TH~

Data Element Summary

	Ref.	Data	•		
	Des.	<u>Element</u>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
Required	BHT01	1005	Hierarchical Structure Code	\mathbf{M}	ID 4/4
			Code indicating the hierarchical application structure of a tra	nsacti	on set that
			utilizes the HL segment to define the structure of the transact	ion se	et
			0010 Information Source, Information Rece		
			Service, Subscriber, Dependent		
Required	BHT02	353	Transaction Set Purpose Code	M	ID 2/2
-			Code identifying purpose of transaction set		
			06 Confirmation		
Not Used	BHT03	127	Reference Identification	O	AN 1/30
			Reference information as defined for a particular Transaction	Set c	or as
			specified by the Reference Identification Qualifier		
Required	BHT04	373	Date	O	DT 8/8
			Date expressed as CCYYMMDD		
Not Used	BHT05	337	Time	O	TM 4/8
			Time expressed in 24-hour clock time as follows: HHMM, or	r HHN	MMSS, or
			HHMMSSD, or HHMMSSDD, where H = hours (00-23), M		
			59), S = integer seconds (00-59) and DD = decimal seconds;		,
			are expressed as follows: $D = tenths (0-9)$ and $DD = hundred$		
Required	BHT06	640	Transaction Type Code	O	ID 2/2
			Code specifying the type of transaction		
			TH Receipt Acknowledgment Advice		

Segment: NM1 Submitter Name

Position: 040

Loop: 1000 Required

Level: Heading Usage: Required

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

Semantic Notes: 1 NM102 qualifies NM103.

Notes: Example: NM1*41*2*MSBCBS*****NI*54828~

Data Element Summary

			Data Element Summary		
	Ref.	Data			
	Des.	Element	<u>Name</u>	_	<u>ibutes</u>
Required	NM101	98	Entity Identifier Code		ID 2/3
			Code identifying an organizational entity, a physical location	, prop	perty or an
			individual		
			41 Submitter		
			Entity transmitting transaction set		
Required	NM102	1065	Entity Type Qualifier	\mathbf{M}	ID 1/1
-			Code qualifying the type of entity		
			Non-Person Entity		
Required	NM103	1035	Sender Name	O	AN 1/35
1			Individual last name or organizational name		
			"MSBCBS"		
Not Used	NM104	1036	Name First	0	AN 1/25
1101 0504	11111101	1000	Individual first name	Ü	111 (1/20
Not Used	NM105	1037	Name Middle	O	AN 1/25
1101 0504	11111100	1007	Individual middle name or initial	0	11111/25
Not Used	NM106	1038	Name Prefix	O	AN 1/10
110t Oscu	14141100	1050	Prefix to individual name	O	AIN 1/10
Not Used	NM107	1039	Name Suffix	O	AN 1/10
Not Oscu	14141107	1037	Suffix to individual name	U	AN 1/10
Required	NM108	66	Identification Code Qualifier	X	ID 1/2
Requireu	MMITOO	00	Code designating the system/method of code structure used for		
			Code (67)	or rue	entinication
				lantif	Siina anti
			When identifying a health plan, code NI is required. When it	ientn	ying any
			other entity code ZZ is required.		
			NI National Association of Insurance Con	nmiss	sioners
			(NAIC) Identification	7711	
ъ	NIN#100	65	"NI" will be used when ISA07 equals "Z		A DI 2/00
Required	NM109	67	Identification Code	X	AN 2/80
			Code identifying a party or other code		
			"54828"		
**	373.544.0	=0.6			TD 4/4
Not Used	NM110	706	Entity Relationship Code	X	ID 2/2
** / ** *	373.5444	6.0	Code describing entity relationship	_	ID 4/6
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location	, prop	perty or an
			individual		

Segment: HL Information Source Hierarchical Level

Position: 010

Loop: 2000A Required

Level: Detail
Usage: Required
Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data

segments

Syntax Notes: Semantic Notes:

Notes: There will only be one Information Source (Payer) per 277. All claims within a specific

277 will have been submitted to a single payer.

Example: HL*1**20*1~

Data Element Summary

			Data Element Summar y					
	Ref.	Data						
	Des.	Element	<u>Name</u>	<u>Attr</u> i	<u>ibutes</u>			
Required	HL01	628	Hierarchical ID Number	M	AN 1/12			
			A unique number assigned by the sender to identify a particular data in a hierarchical structure					
			HL01 will begin with the value "1" and increment by one each time an HL is used in the transaction. Only numeric values will be sent in HL01.					
Not Used	HL02	734	Hierarchical Parent ID Number	0	AN 1/12			
110t Oscu	IILV2	754	Identification number of the next higher hierarchical data seg segment being described is subordinate to	_				
Required	HL03	735	Hierarchical Level Code	M	ID 1/2			
			Code defining the characteristic of a level in a hierarchical st	ructur	e			
			20 Information Source					
			Identifies the payer, maintainer, or sou	irce oj	fthe			
			information					
Required	HL04	736	Hierarchical Child Code	O	ID 1/1			
			Code indicating if there are hierarchical child data segments level being described	suborc	linate to the			
			1 Additional Subordinate HL Data Segm	ient in	This			
			Hierarchical Structure.					

Segment: NM1 Information Source Name

Position: 050

Loop: 2100 Required

Level: Detail Usage: Required

Max Use: 1

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

Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

Semantic Notes: 1 NM102 qualifies NM103.

Notes: This will always be identifying the Payer. This information matches the information

supplied in the 2010BB loop of the original 837 claim. **Example:** NM1*PR*2*MSBCBS*****NI*54828~

Data Element Summary

			Data Element Summary		
	Ref.	Data			
	Des.	Element	<u>Name</u>	Attr	<u>ibutes</u>
Required	NM101	98	Entity Identifier Code	\mathbf{M}	ID 2/3
-			Code identifying an organizational entity, a physical location	, prop	perty or an
			individual		
			PR Payer		
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
			2 Non-Person Entity		
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35
-			Individual last name or organizational name		
			This identifies the Payer providing the confirmation of accep	tance	or rejection
			of the claim for adjudication.		, and the second
Not Used	NM104	1036	Name First	0	AN 1/25
			Individual first name		
Not Used	NM105	1037	Name Middle	O	AN 1/25
			Individual middle name or initial		
Not Used	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
Not Used	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
Required	NM108	66	Identification Code Qualifier	X	ID 1/2
			Code designating the system/method of code structure used for	or Ide	entification
			Code (67)		
			NI National Association of Insurance Con	nmiss	sioners
			(NAIC) Identification		
Required	NM109	67	Payer NAIC Code	X	AN 2/80
			Code identifying a party or other code		
			This is the NAIC code of the payer providing the confirmation	n.	
			54828 - MSBCBS		
.	373.51.10	=^-			ID 0/0
Not Used	NM110	706	Entity Relationship Code	X	ID 2/2
.	373.54.4.4	0.0	Code describing entity relationship	_	ID 4/2
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location	, prop	perty or an
			individual		

Segment: HL Information Receiver Hierarchical Level

Position: 010

Loop: 2000B Required

Level: Detail
Usage: Required
Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data

segments

Syntax Notes: Semantic Notes:

Notes:

This loop will identify the MSBCBS Trading Partner Number that will receive the 277 information. There will only be one Information Receiver per 277. This loop identifies the provider/billing service/ clearinghouse that submitted the original 837 transaction for the related claims.

Example: HL*2*1*21*1~

Data Element Summary

			Data Element Summary		
	Ref.	Data			
	Des.	Element	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
Required	HL01	628	Hierarchical ID Number	M	AN 1/12
			A unique number assigned by the sender to identify a particu in a hierarchical structure	lar da	ta segment
			Continued numbering from the previous HL01 elements with incremented by 1.	in the	transaction,
Required	HL02	734	Hierarchical Parent ID Number	0	AN 1/12
•			Identification number of the next higher hierarchical data seg segment being described is subordinate to	ment	that the data
			This will always point back to the Information Source. This "1".	will a	lways be
Required	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical st	M ructur	ID 1/2 re
			21 Information Receiver		
			Identifies the provider or party(ies) wh recipient(s) of the information	o are	the
Required	HL04	736	Hierarchical Child Code	O	ID 1/1
-			Code indicating if there are hierarchical child data segments	subor	linate to the
			level being described		
			1 Additional Subordinate HL Data Segm	ent ir	ı This
			Hierarchical Structure.		

Segment: NM1 Information Receiver Name

Position: 050

Loop: 2100 Required

Level: Detail
Usage: Required
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

Semantic Notes: 1 NM102 qualifies NM103.

Notes: Example: NM1*40*2*****93*932217~

Data Element Summary

			Data Element Summary		
	Ref.	Data			
	Des.	Element	Name	Attr	ibutes
Required	NM101	98	Entity Identifier Code	M	ID 2/3
			Code identifying an organizational entity, a physical location	pror	erty or an
			individual	, r - r	
			40 Receiver		
			Entity to accept transmission		
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1
Required	1111102	1003	Code qualifying the type of entity	141	10 1/1
			2 Non-Person Entity		
Not Used	NM103	1035	Name Last or Organization Name	0	AN 1/35
Not Oseu	INIVITUS	1033		U	AN 1/33
N. 4 II J	NIN#104	1026	Individual last name or organizational name	•	ANI 1/05
Not Used	NM104	1036	Name First	O	AN 1/25
		400-	Individual first name	_	
Not Used	NM105	1037	Name Middle	O	AN 1/25
			Individual middle name or initial		
Not Used	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
Not Used	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
Required	NM108	66	Identification Code Qualifier	X	ID 1/2
			Code designating the system/method of code structure used fe	or Ide	entification
			Code (67)		
			93 Code assigned by the organization orig	inati	ng the
			transaction set		
Required	NM109	67	Trading Partner Number	X	AN 2/80
			Code identifying a party or other code		
			This will always be the MSBCBS assigned Trading Partner N	lumb	er for the
			entity that submitted the original 837 transaction.		
Not Used	NM110	706	Entity Relationship Code	X	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location	pror	erty or an
			individual	, r - r	<i>y</i> =

Segment: **HL** Provider Hierarchical Level

Position: 010

Loop: 2000C Required

Level: Detail
Usage: Required
Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data

segments

Syntax Notes: Semantic Notes:

Notes: One Provider Hierarchical level will be written for each provider receiving claim

confirmations. All claims for a specific provider are nested under that provider's

hierarchical loop.

Example: HL*3*2*19*1~

Data Element Summary

			Data Element Summary						
	Ref.	Data							
	Des.	Element	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>				
Required	HL01	628	Hierarchical ID Number	M	AN 1/12				
			A unique number assigned by the sender to identify a particul	A unique number assigned by the sender to identify a particular data segment					
			in a hierarchical structure						
			Continued numbering from previous HL01 elements within the transaction, incremented by 1.						
Required	HL02	734	Hierarchical Parent ID Number	O	AN 1/12				
			Identification number of the next higher hierarchical data seg	ment	that the data				
			segment being described is subordinate to						
			This will always point back to the Information Receiver level. This will						
			always contain "2".						
Required	HL03	735	Hierarchical Level Code	M	ID 1/2				
			Code defining the characteristic of a level in a hierarchical str	uctur	e				
			19 Provider of Service						
Required	HL04	736	Hierarchical Child Code	O	ID 1/1				
			Code indicating if there are hierarchical child data segments s	ubor	dinate to the				
			level being described						
			1 Additional Subordinate HL Data Segm	ent ir	ı This				
			Hierarchical Structure.						

NM1 Billing Provider Name **Segment:**

050 **Position:**

2100 Loop: Required

Level: Detail Usage: Required

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity **Syntax Notes:** If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

Semantic Notes: NM102 qualifies NM103.

Example: NM1*85*1*SMITH*JOHN*Q**MD*FI*123456789~ **Notes:**

Data Element Summary							
	Ref. <u>Des.</u>	Data <u>Element</u>	Name	<u>Attr</u>	<u>ributes</u>		
Required	NM101	98	Entity Identifier Code	M	ID 2/3		
			Code identifying an organizational entity, a physical location, individual	, prop	perty or an		
D	NIN#102	1075	85 Billing Provider	м	ID 1/1		
Required	NM102	1065	Entity Type Qualifier Code qualifying the type of entity	M	ID 1/1		
			1 Person				
			Non-Person Entity				
Required	NM103	1035	Billing Provider Name	\mathbf{o}	AN 1/35		
-			Individual last name or organizational name				
			This is the complete billing provider name when NM102 is "2 provider last name when NM102 is "1".	2" an	d the billing		
Sit.	NM104	1036	Name First	О	AN 1/25		
			Individual first name				
			This is Required when NM102 is "1". This is not used when	NM1			
Sit.	NM105	1037	Name Middle	O	AN 1/25		
			Individual middle name or initial	4	1		
			This is Required when NM102 is "1" and it is known. This is NM101 is "2".	пос	used when		
Not Used	NM106	1038	Name Prefix	O	AN 1/10		
G*:	313.54.05	1020	Prefix to individual name	_	131440		
Sit.	NM107	1039	Name Suffix Suffix to individual name	0	AN 1/10		
			This is Required when NM102 is "1" and it is known. This is	not	used when		
Doguinad	NIM 100	((NM101 is "2".				
Required	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for	X or Ide	ID 1/2		
			Code (67)	Ji Tuc	antification		
			FI Federal Taxpayer's Identification Num	ber			
			XX Health Care Financing Administration	Nati	ional		
			Provider Identifier				
			Only used when the National Provider Id	denti	fier is		
Daguinad	NM100	67	mandated for use. Identification Code	v	AN 2/80		
Required	NM109	07	Code identifying a party or other code	X	AIN 2/00		
			This will be the Federal Tax ID Number of the billing provide	er, un	less the		
			National Provider Identifier is mandated for use.	,			
Not Used	NM110	706	Entity Relationship Code	X	ID 2/2		
37 / TT - T	373.6444	6.0	Code describing entity relationship	_	TD 0/0		
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3		

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

Segment: HL Subscriber Hierarchical Level

Position: 010

Loop: 2000D Required Level: Detail

Level: Detail
Usage: Required
Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data

segments

Syntax Notes: Semantic Notes:

Notes: Example: HL*4*3*22*1~

Data	Elemen	t Summary
------	--------	-----------

Required	Ref. <u>Des.</u> HL01	Data Element 628	in a hierarchical stru	ssigned by the sender to identify a particu	
Required	HL02	734	segment being desc This must contain the identifies the Billing	nt ID Number er of the next higher hierarchical data seg ribed is subordinate to the Hierarchical ID Number for the 2000C g Provider related to the claim identified to the bescriber's dependent.	loop that
Required	HL03	735	Hierarchical Level Code defining the c 22	Code haracteristic of a level in a hierarchical structure Subscriber Identifies the employee or group memb for insurance and to whom, or on behavinsurer agrees to pay benefits	er who is covered
Required	HL04	736	Hierarchical Child Code indicating if the level being describe 0	l Code here are hierarchical child data segments	ent for the claim rvient 2000E ent in This 2000E ubscriber level

Segment: \mathbf{DMG} Demographic Information

Position: 040

Loop: 2000D Required

Level: Detail Usage: Situational

Max Use:

Purpose: To supply demographic information

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

Semantic Notes: 1 DMG02 is the date of birth.

2 DMG07 is the country of citizenship.

3 DMG09 is the age in years.

Notes: Required when the subscriber is the patient for a claim being confirmed.

Example: DMG*D8*19581010~

Data Element Summary

	Ref.	Data			
	Des.	Element	<u>Name</u>	Attr	<u>ibutes</u>
Required	DMG01	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time	e forn	nat
			D8 Date Expressed in Format CCYYMMD	D	
Required	DMG02	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and t	imes
			This is the subscriber's (patient) Date of Birth in CCYYMMI	D fo	rmat.
Not Used	DMG03	1068	Gender Code	O	ID 1/1
			Code indicating the sex of the individual		
Not Used	DMG04	1067	Marital Status Code	O	ID 1/1
			Code defining the marital status of a person		
Not Used	DMG05	1109	Race or Ethnicity Code	O	ID 1/1
			Code indicating the racial or ethnic background of a person; i	t is no	ormally self-
			reported; Under certain circumstances this information is coll	ected	for United
			States Government statistical purposes		
Not Used	DMG06	1066	Citizenship Status Code	O	ID 1/2
			Code indicating citizenship status		
Not Used	DMG07	26	Country Code	O	ID 2/3
			Code identifying the country		
Not Used	DMG08	659	Basis of Verification Code	O	ID 1/2
			Code indicating the basis of verification		
Not Used	DMG09	380	Quantity	O	R 1/15
			Numeric value of quantity		

Segment: NM1 Subscriber Name

Position: 050

Loop: 2100D Required

Level: Detail
Usage: Required
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

Semantic Notes: 1 NM102 qualifies NM103.

Notes: Example: NM1*IL*1*JONES*STEPHEN*Q***MI*YYZ987654321~

Data Element Summary

	Ref.	Data	Data Element Summary		
			Nama	A 44-	ibtos
Danwinad	<u>Des.</u>	Element	Name Entity Identifies Code		ributes ID 2/3
Required	NM101	98	Entity Identifier Code		
			Code identifying an organizational entity, a physical location	, prop	erty or an
			individual		
ъ	NIN#102	1065	IL Insured or Subscriber	3.7	ID 1/1
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
ъ	NIN # 1 0 2	1025	1 Person	_	A DI 4/2 F
Required	NM103	1035	Subscriber Last Name	O	AN 1/35
	373.540.4	100.5	Individual last name or organizational name		
Required	NM104	1036	Subscriber First Name	O	AN 1/25
~*		100-	Individual first name	_	
Sit.	NM105	1037	Subscriber Middle Initial	O	AN 1/25
			Individual middle name or initial		
			This will be provided when submitted on the 837 or when kn	own f	from the
			database.		
Not Used	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name	_	
Sit.	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
			This will be provided when submitted on the 837 or when known	own f	from the
			database.		
Required	NM108	66	Identification Code Qualifier	X	ID 1/2
			Code designating the system/method of code structure used for	or Ide	entification
			Code (67)		
			MI Member Identification Number		
Required	NM109	67	Identification Code	X	AN 2/80
			Code identifying a party or other code		
			This is the Payer's identification number for the subscriber.		
Not Used	NM110	706	Entity Relationship Code	X	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location	, prop	erty or an
			individual		

Segment: TRN Claim Identification

Position: 090

Loop: 2200D Situational

Level: Detail Usage: Situational

Max Use:

Purpose: To uniquely identify a transaction to an application

Syntax Notes:

Semantic Notes: 1 TRN02 provides unique identification for the transaction.

2 TRN03 identifies an organization.

3 TRN04 identifies a further subdivision within the organization.

Notes: Required when the subscriber is the patient for a claim being confirmed.

Example: TRN*2*6352453~

Data Element Summary

	Def	Data	Dum Element Summary		
	Ref.	Data	N	A 44•	1 4
	Des.	Element	<u>Name</u>	Attri	<u>butes</u>
Required	TRN01	481	Trace Type Code	M	ID 1/2
			Code identifying which transaction is being referenced		
			2 Referenced Transaction Trace Number	rs	
Required	TRN02	127	Reference Identification	\mathbf{M}	AN 1/30
_			Reference information as defined for a particular Transaction	Set or	r as
			specified by the Reference Identification Qualifier		
			This is the Claim Submitter's Identifier from the original 837	claim	(CLM01).
			At least 20 characters will be returned unaltered.		,
Not Used	TRN03	509	Originating Company Identifier	О	AN 10/10
			A unique identifier designating the company initiating the fu	nds tra	nsfer
			instructions. The first character is one-digit ANSI identificati		
			designation (ICD) followed by the nine-digit identification no		
			be an IRS employer identification number (EIN), data univer		-
			system (DUNS), or a user assigned number; the ICD for an E		
			3, user assigned number is 9	711 (15)	1, 20110 15
Not Used	TRN04	127	Reference Identification	0	AN 1/30
1101 Oscu	1111107	127	Reference information as defined for a particular Transaction	•	
			•	Set O	as
			specified by the Reference Identification Qualifier		

STC Status Information **Segment:**

100 **Position:**

> 2200D Loop: Situational

Level: Detail Usage: Required Max Use: >1

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

Syntax Notes:

Semantic Notes: STC02 is the effective date of the status information.

STC04 is the amount of original submitted charges.

3 STC05 is the amount paid. STC06 is the paid date. 4

5 STC08 is the check issue date.

STC12 allows additional free-form status information.

Example: STC*A2:20***576~ **Notes:**

Data Element Summary						
	Ref.	Data				
	Des.	Element	Name	Attributes		
Required	STC01	C043	Health Care Claim Status	M		
ъ	CTC01 1	1051	Used to convey status of the entire claim or a specific service			
Required	STC01-1	1271	Claim Status Category Code	M AN 1/30		
			Code indicating a code from a specific industry code list This is from an external code list. The values possible here a	ra		
			A0 - Acknowledgement/Forwarded to another entity.	16.		
			A2 - Acknowledgement/Acceptance into the adjudication sys	tem		
			A3 - Acknowledgement/Returned as unprocessable.	tem.		
			When A3 is used, additional information regarding the reason	n for rejection will		
			be provided in other elements of the STC segment.	,		
Required	STC01-2	1271	Claim Status Reason Code	M AN 1/30		
			Code indicating a code from a specific industry code list			
			This is an external code list. Access www.wpc-edi.com for a	complete listing		
			of the codes.			
			16 - Claim/encounter has been forwarded to entity. This code	e will be used		
			when STC01-1 equals "A0".			
			20 - Accepted for Processing. This code will be used when S	TC01-1 equals		
			"A2".			
			247 - Line Information. This code will be used when STC01	-1 equals "A3"		
			and the reason for the rejection is line specific.			
Sit.	STC01-3	98	Entity Identifier Code	O ID 2/3		
			Code identifying an organizational entity, a physical location individual	, property or an		
			This element provides identification of the entity related to the	le reason in		
			STC01-2 when appropriate.			
			40 Receiver			
			Entity to accept transmission			
			41 Submitter			
			Entity transmitting transaction set			
			71 Attending Physician			
			Physician present when medical service	es are performed		
			72 Operating Physician	_		
			Doctor who performs a surgical proced	lure		
			73 Other Physician			

277 Claim Acknowledgement

	<u>cknowledgeme</u>	111				
				Physician not one of the other specifie	d cho	ices
			77	Service Location		
			82	Rendering Provider		
			85	Billing Provider		
			8 7	Pay-to Provider		
			DN	Referring Provider		
			IL	Insured or Subscriber		
			MSC	Mammography Screening Center		
			PR	Payer		
			QC	Patient		
			~	Individual receiving medical care		
Not Used	STC02	373	Date	G	O	DT 8/8
			Date expresse	ed as CCYYMMDD		
Sit.	STC03	306	Action Code		O	ID 1/2
				ng type of action		
				ed for claim rejections (STC01-1=A3) and not	used o	otherwise
			15	Correct and Resubmit Claim		
			F	Final		
			•	Do not resubmit the claim.		
Required	STC04	782	Claim Suhmi	itted Charge Amount	0	R 1/18
xequii eu	31004	702			U	K 1/10
Not Hand	STC05	792	Monetary am		O	D 1/10
Not Used	STC05	782	Monetary Ar		U	R 1/18
NT 4 TT 1	C/T/C/O/	252	Monetary am	ount	_	DT 0/0
Not Used	STC06	373	Date	1 COURT OF TO	O	DT 8/8
				ed as CCYYMMDD	_	
Not Used	STC07	591	Payment Me		O	ID 3/3
				ing the method for the movement of payment in	nstruc	
Not Used	STC08	373	Date		O	DT 8/8
			-	ed as CCYYMMDD		
Not Used	STC09	429	Check Numb	per	O	AN 1/16
			Check identif	ication number		
Sit.	STC10	C043	Health Care	Claim Status	\mathbf{o}	
Sit.	STC10	C043		Claim Status ey status of the entire claim or a specific service	_	
Sit.	STC10	C043	Used to conve		line	is necessary
Sit.	STC10	C043	Used to conve Only used wh	ey status of the entire claim or a specific service	line	is necessary
Sit.		C043	Used to conve Only used wh	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status inform	line	
	STC10 STC10-1	C043	Used to conve Only used wh to explain the	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status inform	line	is necessary AN 1/30
			Used to conve Only used wh to explain the	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status information rejection reason.	e line nation	
			Used to conve Only used wh to explain the Claim Status Code indicatin	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status information rejection reason. 6 Category Code	e line nation	
Required	STC10-1		Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status informate rejection reason. 6 Category Code ng a code from a specific industry code list	e line nation	
Required		1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status informer ejection reason. 6 Category Code and a code from a specific industry code list ally applicable value. 6 Reason Code	e line nation M	AN 1/30
Required	STC10-1	1271	Used to convert Only used who explain the Claim Status Code indicating "A3" is the or Claim Status Code indicating Code indica	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status informate rejection reason. 6 Category Code ng a code from a specific industry code list nly applicable value. 6 Reason Code ng a code from a specific industry code list	e line nation M	AN 1/30
Required Required	STC10-1 STC10-2	1271 1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status Code indicatin This is the ext	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status informate rejection reason. 6 Category Code and a code from a specific industry code list analy applicable value. 6 Reason Code and a code from a specific industry code list ternal list that is available from www.wpc-edi.com	M M com.	AN 1/30 AN 1/30
Required Required	STC10-1	1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status Code indicatin This is the ext Entity Identi	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status informate rejection reason. 6 Category Code and a code from a specific industry code list ally applicable value. 6 Reason Code and a code from a specific industry code list ternal list that is available from www.wpc-edi.cofier Code	M M com.	AN 1/30 AN 1/30 ID 2/3
Required Required	STC10-1 STC10-2	1271 1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status Code indicatin This is the ext Entity Identi Code identify	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status informate rejection reason. 6 Category Code and a code from a specific industry code list analy applicable value. 6 Reason Code and a code from a specific industry code list ternal list that is available from www.wpc-edi.com	M M com.	AN 1/30 AN 1/30 ID 2/3
Required Required	STC10-1 STC10-2	1271 1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status Code indicatin This is the ext Entity Identi Code identify individual	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status informate rejection reason. 6 Category Code Ing a code from a specific industry code list and applicable value. 6 Reason Code Ing a code from a specific industry code list ternal list that is available from www.wpc-edi.coffier Code Ing an organizational entity, a physical location	M M com. O n, prop	AN 1/30 AN 1/30 ID 2/3 perty or an
Required Required	STC10-1 STC10-2	1271 1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status Code indicatin This is the ext Entity Identi Code identify individual This is require	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status informate rejection reason. 6 Category Code Ing a code from a specific industry code list inly applicable value. 6 Reason Code Ing a code from a specific industry code list ternal list that is available from www.wpc-edi.cofier Code Ing an organizational entity, a physical location and when the value in STC10-2 requires identification.	M M com. O n, prop	AN 1/30 AN 1/30 ID 2/3 perty or an
Required Required	STC10-1 STC10-2	1271 1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status Code indicatin This is the ext Entity Identi Code identify individual This is require for complete	ey status of the entire claim or a specific service are STC01-1="A3" and additional status informer ejection reason. 6 Category Code Ing a code from a specific industry code list and applicable value. 6 Reason Code Ing a code from a specific industry code list ternal list that is available from www.wpc-edi.coffier Code Ing an organizational entity, a physical location and when the value in STC10-2 requires identification and content of the code in the code	M M com. O n, prop	AN 1/30 AN 1/30 ID 2/3 perty or an
Required Required	STC10-1 STC10-2	1271 1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status Code indicatin This is the ext Entity Identi Code identify individual This is require	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status inform rejection reason. 6 Category Code Ing a code from a specific industry code list ally applicable value. 6 Reason Code Ing a code from a specific industry code list ternal list that is available from www.wpc-edi.com 1 fier Code 1 ing an organizational entity, a physical location and organizational entity. 1 Receiver	M M com. O n, prop	AN 1/30 AN 1/30 ID 2/3 perty or an
Required Required	STC10-1 STC10-2	1271 1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status Code indicatin This is the ext Entity Identi Code identify individual This is require for complete	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status inform rejection reason. 6 Category Code Ing a code from a specific industry code list and applicable value. 6 Reason Code Ing a code from a specific industry code list ternal list that is available from www.wpc-edi.com 16 fer Code 17 ing an organizational entity, a physical location and organizational entity. 18 Receiver 19 Entity to accept transmission	M M com. O n, prop	AN 1/30 AN 1/30 ID 2/3 perty or an
Required Required	STC10-1 STC10-2	1271 1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status Code indicatin This is the ext Entity Identi Code identify individual This is require for complete	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status inform rejection reason. 6 Category Code Ing a code from a specific industry code list and applicable value. 6 Reason Code Ing a code from a specific industry code list ternal list that is available from www.wpc-edi.com 16 fer Code 17 Ing an organizational entity, a physical location and organizational entity, a physical location red when the value in STC10-2 requires identification and the value in STC10-2 requires identification	M M com. O n, prop	AN 1/30 AN 1/30 ID 2/3 perty or an
Required Required	STC10-1 STC10-2	1271 1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status Code indicatin This is the ext Entity Identi Code identify individual This is require for complete to 40 41	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status inform rejection reason. 6 Category Code Ing a code from a specific industry code list and applicable value. 6 Reason Code Ing a code from a specific industry code list ternal list that is available from www.wpc-edi.c. 6 fier Code Ing an organizational entity, a physical location and organizational entity, a physical location and when the value in STC10-2 requires identificated whe	M M com. O n, prop	AN 1/30 AN 1/30 ID 2/3 perty or an
Required Required	STC10-1 STC10-2	1271 1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status Code indicatin This is the ext Entity Identi Code identify individual This is require for complete	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status inform rejection reason. 6 Category Code Ing a code from a specific industry code list and applicable value. 6 Reason Code Ing a code from a specific industry code list atternal list that is available from www.wpc-edi.c. 6 fier Code Ing an organizational entity, a physical location and organizational entity, a physical location and when the value in STC10-2 requires identificated when the value in STC10-2 requires identificated when the value in STC10-2 requires identificated when the value in STC10-12 requires identificated when the value in STC10-2 requires identificated when the value in STC10-12 requires identificated when the value in STC10-2 requires identificated when the value in STC10-12 r	M M com. O n, propertion	AN 1/30 AN 1/30 ID 2/3 perty or an of the entity
Required Required	STC10-1 STC10-2	1271 1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status Code indicatin This is the ext Entity Identi Code identify individual This is require for complete to 40 41 71	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status inform rejection reason. 6 Category Code Ing a code from a specific industry code list and applicable value. 6 Reason Code Ing a code from a specific industry code list ternal list that is available from www.wpc-edi.c. 6 fier Code Ing an organizational entity, a physical location and organizational entity, a physical location red when the value in STC10-2 requires identificated whe	M M com. O n, properation	AN 1/30 AN 1/30 ID 2/3 perty or an of the entity
Sit. Required Required Sit.	STC10-1 STC10-2	1271 1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status Code indicatin This is the ext Entity Identi Code identify individual This is require for complete to 40 41	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status inform rejection reason. 6 Category Code Ing a code from a specific industry code list and applicable value. 6 Reason Code Ing a code from a specific industry code list atternal list that is available from www.wpc-edi.c. 6 fier Code Ing an organizational entity, a physical location and organizational entity, a physical location and when the value in STC10-2 requires identificated when the value in STC10-2 requires identificated when the value in STC10-2 requires identificated when the value in STC10-12 requires identificated when the value in STC10-2 requires identificated when the value in STC10-12 requires identificated when the value in STC10-2 requires identificated when the value in STC10-12 r	M M com. O n, properation	AN 1/30 AN 1/30 ID 2/3 perty or an of the entity
Required Required	STC10-1 STC10-2	1271 1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status Code indicatin This is the ext Entity Identi Code identify individual This is require for complete to 40 41 71	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status inform rejection reason. 6 Category Code Ing a code from a specific industry code list and applicable value. 6 Reason Code Ing a code from a specific industry code list ternal list that is available from www.wpc-edi.c. 6 fier Code Ing an organizational entity, a physical location and organizational entity, a physical location red when the value in STC10-2 requires identificated whe	M M com. O n, propertion	AN 1/30 AN 1/30 ID 2/3 perty or an of the entity
Required Required	STC10-1 STC10-2	1271 1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status Code indicatin This is the ext Entity Identi Code identify individual This is require for complete to 40 41 71	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status informer ejection reason. 6 Category Code Ing a code from a specific industry code list inly applicable value. 6 Reason Code Ing a code from a specific industry code list ternal list that is available from www.wpc-edi.coffier Code Ing an organizational entity, a physical location in the value in STC10-2 requires identificated when the	M M com. O n, propertion	AN 1/30 AN 1/30 ID 2/3 perty or an of the entity
Required Required	STC10-1 STC10-2	1271 1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status Code indicatin This is the ext Entity Identi Code identify individual This is require for complete to 40 41 71	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status informer ejection reason. 6 Category Code Ing a code from a specific industry code list and applicable value. 6 Reason Code Ing a code from a specific industry code list ternal list that is available from www.wpc-edi.coffier Code Ing an organizational entity, a physical location and organizational entity, a physical location and when the value in STC10-2 requires identificated when t	M M com. O n, properation	AN 1/30 AN 1/30 ID 2/3 Derty or an of the entity
Required Required	STC10-1 STC10-2	1271 1271	Used to conve Only used wh to explain the Claim Status Code indicatin "A3" is the or Claim Status Code indicatin This is the ext Entity Identi Code identify individual This is require for complete to 40 41 71	ey status of the entire claim or a specific service ten STC01-1="A3" and additional status informer ejection reason. 6 Category Code Ing a code from a specific industry code list inly applicable value. 6 Reason Code Ing a code from a specific industry code list ternal list that is available from www.wpc-edi.coffier Code Ing an organizational entity, a physical location in the value in STC10-2 requires identificated when the	M M com. O n, properation	AN 1/30 AN 1/30 ID 2/3 Derty or an of the entity

277 Claim A	cknowledgeme	ent		
	<u> </u>		85	Billing Provider
			87	Pay-to Provider
			DN	Referring Provider
			IL	Insured or Subscriber
			MSC	Mammography Screening Center
			PR	Payer
			QC	Patient
			2	Individual receiving medical care
Sit.	STC11	C043	Health Care	
				by status of the entire claim or a specific service line
				n STC01-1 equals "A3" and a third status reason is necessary to
				ection. Usage of the sub-elements matches the usage of STC10
			sub-elements.	
Required	STC11-1	1271	Industry Cod	M AN 1/30
•				ng a code from a specific industry code list
Required	STC11-2	1271	Industry Cod	
•				ng a code from a specific industry code list
Sit.	STC11-3	98	Entity Identif	
				ing an organizational entity, a physical location, property or an
			individual	5 5
			This is require	ed when the value in STC11-2 requires identification of the entity
			for complete u	
			40	Receiver
				Entity to accept transmission
			41	Submitter
				Entity transmitting transaction set
			71	Attending Physician
				Physician present when medical services are performed
			72	Operating Physician
				Doctor who performs a surgical procedure
			<i>73</i>	Other Physician
				Physician not one of the other specified choices
			77	Service Location
			<i>82</i>	Rendering Provider
			85	Billing Provider
			8 7	Pay-to Provider
			DN	Referring Provider
			IL	Insured or Subscriber
			MSC	Mammography Screening Center
			PR	Payer
			QC	Patient
				Individual receiving medical care
Sit.	STC12	933	Free-Form M	Iessage Text O AN 1/264
			Free-form mes	ssage text

This is supplied ONLY when STC01, 10 or 11 identifies a Status Reason Code of 448 (Invalid Billing Combination). This text identifies the details of the invalid billing combination.

DTP Date or Time or Period **Segment:**

120 **Position:**

> 2200D Loop: Situational

Level: Detail Usage: Required

Max Use: **Purpose:**

To specify any or all of a date, a time, or a time period

Syntax Notes:

Semantic Notes:

DTP02 is the date or time or period format that will appear in DTP03. One iteration of this DTP segment identifying the receipt date of the claim is required. Notes:

A second iteration identifying the claim statement period start date is required except in cases where dates were not supplied on the original claim, such as in cases of dental

predetermination of benefits.

Example: DTP*050*D8*20020118~

Data Element Summary

Required	Ref. <u>Des.</u> DTP01	Data Element 374	Name Date/Time Qualifie Code specifying typ 050	er e of date or time, or both date and time Received One iteration of the DTP segment with the related date in element DTP03 is re		
			Claim Statement Period Start One iteration of the DTP segment with this qualifier and the related date in the DTP03 element is required for Institutional claims, and for professional and dental claims when no service detail is being returned (no service specific errors). For professional and dental claims, this will be the date of the first service line in the claim.			
Required	DTP02	1250	-	date format, time format, or date and tim		
Required	DTP03	1251	This is either the Cla	e, a time, or range of dates, times or dates aim Received date (DTP01 equals "050" art date (DTP01 equals "232") in CCYY	M AN 1/35 s and times) or the Claim	

Segment: SVC Service Information

Position: 180

Loop: 2220D Situational

Level: Detail
Usage: Situational

Max Use: Purpose:

To supply payment and control information to a provider for a particular service

Syntax Notes:

Semantic Notes: 1 SVC01 is the medical procedure upon which adjudication is based.

SVC02 is the submitted service charge.SVC03 is the amount paid this service.

4 SVC04 is the National Uniform Billing Committee Revenue Code.

5 SVC05 is the paid units of service.

6 SVC06 is the original submitted medical procedure.

7 SVC07 is the original submitted units of service.

Notes: This loop is REQUIRED when a claim is rejected for errors within a specific service.

Only those services with errors will be reported. One 2220D loop will be provided for

each service line with errors. **Example:** SVC*HC:47605*576~

Data Element Summary

			Data Element Summary	
	Ref.	Data		
	Des.	Element	<u>Name</u>	<u>Attributes</u>
Required	SVC01	C003	Composite Medical Procedure Identifier	M
-			To identify a medical procedure by its standardized codes ar	nd applicable
			modifiers	• •
Required	SVC01-1	235	Product/Service ID Qualifier	M ID 2/2
•			Code identifying the type/source of the descriptive number u	ased in
			Product/Service ID (234)	
			AD American Dental Association Codes	
			This association's membership consis	ts of U.S. dentists.
			It sets standards for the dental profess	
			HC Health Care Financing Administratio	
			Procedural Coding System (HCPCS)	
			HCFA coding scheme to group proced	
			on an outpatient basis for payment to	
			Medicare; primarily used for ambulat	
			other diagnostic departments	, 0
			NU National Uniform Billing Committee	(NUBC) UB92
			Codes	
Required	SVC01-2	234	Product/Service ID	M AN 1/48
			Identifying number for a product or service	
			This is the procedure code from the original claim/service li	ne in the 837.
Sit.	SVC01-3	1339	Procedure Modifier	O AN 2/2
			This identifies special circumstances related to the performa	nce of the service,
			as defined by trading partners	
			This is required when the original claim submitted this mod	
Sit.	SVC01-4	1339	Procedure Modifier	O AN 2/2
			This identifies special circumstances related to the performa	nce of the service,
			as defined by trading partners	
			This is required when the original claim submitted this mod	
Sit.	SVC01-5	1339	Procedure Modifier	O AN 2/2
			This identifies special circumstances related to the performa	nce of the service,
			as defined by trading partners	
			This is required when the original claim submitted this mod	
Sit.	SVC01-6	1339	Procedure Modifier	O AN 2/2
			This identifies special circumstances related to the performa	nce of the service,
			as defined by trading partners	

277 Claim Acknowledgement

277 Claim A	<u>cknowledgeme</u> :	nt		
			This is required when the original claim submitted this modifier.	
Not Used	SVC01-7	352	Description O	AN 1/80
			A free-form description to clarify the related data elements and the	eir content
Required	SVC02	782	Submitted Service Line Charge M	R 1/18
			Monetary amount	
Not Used	SVC03	782	Monetary Amount O	R 1/18
			Monetary amount	
Sit.	SVC04	234	Product/Service ID O	AN 1/48
			Identifying number for a product or service	
			This is required on institutional claims where both a procedure coo	
			revenue code were submitted. In these cases, the procedure code i	s returned in
			SVC01 and the revenue code is returned in SVC04.	
Not Used	SVC05	380	Quantity	R 1/15
	GT. GG.	~~~	Numeric value of quantity	
Not Used	SVC06	C003	Composite Medical Procedure Identifier O	1. 11
			To identify a medical procedure by its standardized codes and app	licable
NI / II I	CTICOL 1	225	modifiers	ID 0/0
Not Used	SVC06-1	235	Product/Service ID Qualifier M	ID 2/2
			Code identifying the type/source of the descriptive number used in Product/Service ID (234)	l
Not Used	SVC06-2	234	Product/Service ID (234) Product/Service ID M	AN 1/48
Not Oseu	SVC00-2	234	Identifying number for a product or service	AN 1/40
Not Used	SVC06-3	1339	Procedure Modifier O	AN 2/2
not escu	5 (600-5	1557	This identifies special circumstances related to the performance of	
			as defined by trading partners	the service,
Not Used	SVC06-4	1339	Procedure Modifier O	AN 2/2
			This identifies special circumstances related to the performance of	
			as defined by trading partners	,
Not Used	SVC06-5	1339	Procedure Modifier O	AN 2/2
			This identifies special circumstances related to the performance of	the service,
			as defined by trading partners	
Not Used	SVC06-6	1339	Procedure Modifier O	AN 2/2
			This identifies special circumstances related to the performance of	the service,
			as defined by trading partners	
Not Used	SVC06-7	352	Description O	AN 1/80
	ATT	• • •	A free-form description to clarify the related data elements and the	
Not Used	SVC07	380	Quantity	R 1/15
			Numeric value of quantity	

Segment: STC Status Information

Position: 190

Loop: 2220D Situational

Level: Detail
Usage: Required
Max Use: >1

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

Syntax Notes:

Semantic Notes: 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.

Notes: Example: STC*A3:477~

Data Element Summary

Data Element Summary								
	Ref.	Data						
	Des.	Element	<u>Name</u>		<u>Attr</u>	<u>ibutes</u>		
Required	STC01	C043	Health Care Claim	Health Care Claim Status M				
			Used to convey statu	as of the entire claim or a specific service	line			
Required	STC01-1	1271	Service Status Cate	egory Code	M	AN 1/30		
			Code indicating a co	de from a specific industry code list				
			This will always be	"A3" - Acknowledgement/Returned as un	nproc	essable.		
Required	STC01-2	1271	Service Status Reas		M	AN 1/30		
			Code indicating a code from a specific industry code list					
			This is a code from t	the code list available from www.wpc-ed	i.com	1.		
Sit.	STC01-3	98	Entity Identifier Co		O	ID 2/3		
			Code identifying an	organizational entity, a physical location	, prop	perty or an		
			individual					
				n an entity type is necessary to further id	entify	y the reason		
			for the rejection.					
			40	Receiver				
				Entity to accept transmission				
			41	Submitter				
				Entity transmitting transaction set				
			<i>71</i>	71 Attending Physician				
			Physician present when medical services are performed					
			72	Operating Physician				
				Doctor who performs a surgical proceed	lure			
			73	Other Physician				
				Physician not one of the other specified	d cho	ices		
			77	Service Location				
			82	Rendering Provider				
			85	Billing Provider				
			87	Pay-to Provider				
			D N	Referring Provider				
			IL MGC	Insured or Subscriber				
			MSC	Mammography Screening Center				
			PR OC	Payer Patient				
			QC					
Not Hand	STC02	272	Data	Individual receiving medical care	0	DT 0/0		
Not Used	STC02	373	Date	CVVMMDD	O	DT 8/8		
Not Used	STC03	306	Date expressed as C Action Code		O	ID 1/2		
not Usea	51003	300	Code indicating type	a of action	U	ID 1/2		
Not Used	STC04	782	Monetary Amount	ou action	O	R 1/18		
1101 Usea	51004	104			U	1 1/10		
			Monetary amount					

Monetary amount	Not Used	cknowledgeme STC05	782	Monetary Am		0	R 1/18
Not Used STC07 S91 Payment Method Code O ID 3/3	Not Used	STC06	272		ınt	0	DT 9/9
Not Used STC07 S91	Not Useu	51000	3/3		as CCYYMMDD	U	D1 0/0
Not Used STC09 373 Date Detexpressed as CCYYMMDD Not Used STC09 429 Check Number Check identification number Sit. STC10 C043 Health Care Claim Status of the entire claim or a specific service line Required when a second status of the entire claim or a specific service line Required when a second status of the entire claim or a specific service line Required when a second status of the entire claim or a specific service line Required when a second status of the entire claim or a specific service line Required when a second status of the entire claim or a specific service line Required when STC10-1 Industry Code Code indicating a code from a specific industry code list May N 1/30 Code indicating a code from a specific industry code list Code indicating a code from a specific industry code list Particular Code Code indicating a code from a specific industry code list Particular Code Code indicating a code from a specific industry code list Particular Code Code indicating a code from a specific industry code list Particular Code Code indicating a code from a specific industry code list Particular Code Code indicating a code from a specific industry code list Particular Code Code indicating a code from a specific industry code list Particular Code Code indicating a code from a specific industry code list Particular Code Code indicating a code from a specific industry code list Particular Code Code indicating a code from a specific industry code list Particular Code Code indicating a code from a specific industry code list Particular Code Code indicating a code from a specific industry code list Particular Code Code indicating a code from a specific industry code list Individual Particular Code Code indicating a code from a specific industry code list Individual Particular Code Code indicating a code from a specific industry code list Individual Particular Code Code indicating a code from a specific industry code list Individual Particular Code Code indicating a code from a specific industry code list Individual P	Not Used	STC07	591			O	ID 3/3
Not Used STC09 429 Check Number O AN 1/16 Sit. STC10 C043 Health Care Claim Status Required when a second status identification is necessary to identify the reject reason. Use the same instructions as for STC01 for the elements of this composite. Required STC10-1 1271 Industry Code Code indicating a code from a specific industry code list Required STC10-2 1271 Industry Code Code indicating a code from a specific industry code list Required STC10-3 98 Entity Identifier Code Code indicating a code from a specific industry code list Sit. STC10-3 98 Entity Identifier Code Code indicating a code from a specific industry code list Finity Identifier Code Code indicating a code from a specific industry code list Required STC10-2 1271 Industry Code Submitted Industry Code list Required STC10-3 98 Entity Identifier Code Code indicating a code from a specific industry code list Required STC10-3 98 Entity Identifier Code Code indicating a code from a specific industry code list Required STC10-3 98 Entity Identifier Code Code indicating a code from a specific industry code list Required STC10-3 98 Entity Identifier Code Code indicating a code from a specific industry code list Required STC10-4 121					g the method for the movement of payment	instruc	
Sit. STC10 STC10 STC10 Check Number Check identification number Check identification number Check identification number Check identification number Sit. STC10 STC10 Code Check identification status Code Check identification is necessary to identify the reject reason. Use the same instructions as for STC01 for the elements of this composite. Required STC10-1 1271 Industry Code Code indicating a code from a specific industry code M AN 1/30	Not Used	STC08	373		COVANANDO	О	DT 8/8
Check identification number Cot Health Care Claim Status O Used to convey status of the entire claim or a specific service line Required when a second status identification is necessary to identify the reject reason. Use the same instructions as for STC01 for the elements of this composite. Required STC10-1 1271 Industry Code Code indicating a code from a specific industry code list Industry Code Code indicating a code from a specific industry code list Sit. STC10-3 State	Not Used	STC09	429			0	AN 1/16
Sit. STC10 STC10 Sit. Sit. STC10 Sit. Sit. STC10 Sit. Sit	110t Oseu	31007	72)			U	AN 1/10
Required when a second status identification is necessary to identify the reject reason. Use the same instructions as for STC01 for the elements of this composite. Required STC10-1 1271 Industry Code Code indicating a code from a specific industry code Ist Industry Code Code indicating a code from a specific industry code Ist Industry Code Industry Code Ist Industry Code Ist Industry Code Industry Code Ist Industry Code	Sit.	STC10	C043			O	
reason. Use the same instructions as for STC01 for the elements of this composite. Required STC10-1 1271 Industry Code Code indicating a code from a specific industry code list M AN 1/30 Code indicating a code from a specific industry code list Dinustry Code Code indicating a code from a specific industry code list Code indicating a code from a specific industry code list Code indicating a code from a specific industry code list Code indicating a code from a specific industry code list Code indicating a code from a specific industry code list Code indicating an organizational entity, a physical location, property or an individual This is required when the value in STC10-2 requires identification of the entity for complete understanding. 40 Receiver Entity to accept transmission 41 Submitter Entity to accept transmission set Attending Physician Present when medical services are performed Operating Physician Present when medical services are performed Operating Physician Physician Physician Doctor who performs a surgical procedure 73 Other Physician present when medical services are performed 82 Rendering Provider 83 Billing Provider 83 Billing Provider 84 Billing Provider 85 Billing Provider 87 Pay-to Provider 87 Pay-to Provider 88 Billing Provider 87 Pay-to Provider 89 Payer 90 Payer							
Required STC10-1 1271 Industry Code Code indicating a code from a specific industry code list Industry Code Indu							
Required STC10-1 1271 Industry Code Code indicating a code from a specific industry code list Industry Code Code indicating a code from a specific industry code list Industry Code Code indicating a code from a specific industry code list Sit. STC10-3 98 Entity Identifier Code Code indicating a code from a specific industry code list Code indicating a code from a specific industry code list Sit. STC10-3 98 Entity Identifier Code Code indicating a code from a specific industry code list Industry Code Code indicating a code from a specific industry code list Industry Code Code indicating a code from a specific industry code list Industry Code Code indicating a code from a specific industry code list Industry Code Code indicating a code from a specific industry code list Industry Code Code indicating a code from a specific industry code list Industry Code Code indicating a code from a specific industry code list Industry Code Code indicating a code from a specific industry code list Industry Code Code indicating a code from a specific industry code list Code indicating a code from a specific industry code list Code indicating a code from a specific industry code list Code indicating a code from a specific industry code list Code indicating a code from a specific industry code list Code indicating a code from a specific industry code list Code indicating a code from a specific industry code list Code identify in an organizational entity, a physical location, property or an individual individual code indication, property or an individual individual individual in					e same instructions as for \$1001 for the elem	lents o	or unis
Code indicating a code from a specific industry code list Industry Code Code indicating a code from a specific industry code list Sit. STC10-3 STC10-4 STC10-3 STC10-4 STC10-5 STC10-5 STC10-5 STC10-5 STC10-6 STC10-7 S	Required	STC10-1	1271		•	M	AN 1/30
Sit. STC10-3 98 Entity Identifier Code Code indicating a code from a specific industry code list Sit. STC10-3 98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual This is required when the value in STC10-2 requires identification of the entity for complete understanding. 40 Receiver Entity to accept transmission 41 Submitter Entity transmitting transaction set Attending Physician Physician present when medical services are performed Operating Physician Operating Physician not one of the other specified choices 72 Operating Physician not one of the other specified choices Physician not one of the other specified choices 75 Service Location 82 Rendering Provider 85 Billing Provider 85 Billing Provider 87 Pap-to Provider DN Referring Provider BNSC Mammography Screening Center PR Payer QC Patient Individual receiving medical care Sit. STC11 Co43 Health Care Claim Status Used to convey status of the entire claim or a specific service line Required STC11-1 L271 Industry Code Code indicating a code from a specific industry code list Required STC11-2 1271 Industry Code Code indicating a code from a specific industry code list Sit. STC11-3 98 Entity Identifier Code Code indicating a organizational entity, a physical location, property or an individual	_			Code indicating	g a code from a specific industry code list		
Sit. STC10-3 98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual This is required when the value in STC10-2 requires identification of the entity for complete understanding. 40 Receiver Entity to accept transmission 41 Submitter Entity transmitting transaction set Physician present when medical services are performed Physician present when medical services are performed Other Physician not one of the other specified choices Physician provider Physician provid	Required	STC10-2	1271			M	AN 1/30
Code identifying an organizational entity, a physical location, property or an individual This is required when the value in STC10-2 requires identification of the entity for complete understanding. ### Receiver Entity to accept transmission ### Submitter Entity transmitting transaction set ### Attending Physician Physician present when medical services are performed ### Operating Physician Doctor who performs a surgical procedure ### Operating Physician Doctor who performs a surgical procedure ### Operating Physician Physician not one of the other specified choices ### Attending Physician Physician not one of the other specified choices ### April Provider ### DN Referring Provider ### IL Insured or Subscriber ### MSC Mammography Screening Center ### PR Payer ### QC Patient Individual receiving medical care Sit.	C:4	STC10 2	06			0	ID 2/2
individual This is required when the value in STC10-2 requires identification of the entity for complete understanding. 40 Receiver Entity to accept transmission 41 Submitter Entity transmitting transaction set Attending Physician Physician present when medical services are performed 72 Operating Physician Doctor who performs a surgical procedure 73 Other Physician not one of the other specified choices 74 Service Location 82 Rendering Provider 85 Billing Provider 87 Pay-to Provider IL Insured or Subscriber MSC Mammography Screening Center PR Payer QC Patient Individual receiving medical care Sit. STC11 C043 Health Care Claim Status Used to convey status of the entire claim or a specific service line Required when a third status identification is necessary to identify the reject reason. Use the same instructions as for STC01 for the elements of this composite. Required STC11-1 STC11-1 STC11-2 STC11-2 STC11-3 P8 Entity Identifier Code O ID 2/3 Code indicating a code from a specific industry code list Entity Identifier Code O ID 2/3 Code identifying an organizational entity, a physical location, property or an individual	SIL.	S1C10-3	90			_	
For complete understanding. 40 Receiver Entity to accept transmission 41 Submitter Entity transmitting transaction set 71 Attending Physician					-5 ····5·····	, Pr	,,
All Receiver Entity to accept transmission						ication	of the entity
All Submitter Entity to accept transmission Submitter Entity transmitting transaction set Attending Physician Physician present when medical services are performed Physician present when medical services are performed Physician present when medical services are performed Doctor who performs a surgical procedure Doctor who performs a surgical procedure Physician not one of the other specified choices Service Location Physician not one of the other specified choices Service Location Physician not one of the other specified choices Service Location Physician not one of the other specified choices Service Location Physician not one of the other specified choices Service Location Physician provider Pay-to Provider Pay-to Provider Physician provider provider Physician provider provider Physician provider Physician provider provider Phy				•	_		
Altending Physician				40			
Sit. STC11 C043 Health Care Claim Status Code indicating a code from a specific industry code Required STC11-2 1271 Industry Code Code indicating a code from a specific industry code STC11-2 1271 Industry Code Code indicating a code from a specific industry code STC11-3 STC11-4 STC11-4 STC11-5 STC				41			
Physician present when medical services are performed Operating Physician Operating Physician Operating Physician Other Physician Other Physician not one of the other specified choices 73					Entity transmitting transaction set		
Page				71			<i>C</i> 1
Provider Physician Physi				72		ces are	e performed
Sit. STC11 1271 Industry Code Required STC11-2 1271 Industry Code indicating a code from a specific industry code list				/ 2		edure	
Sit. STC11-1 1271 Industry Code Code indicating a code from a specific industry code list STC11-2 1271 Industry Code Code indicating a code from a specific industry code list STC11-3 98 Entity Identifier Code Code indication a roganizational entity, a physical location, property or an individual Status Status STC11-3 StC				73			
Sit. STC11-1 1271 STC11-2 1271 Industry Code Code indicating a code from a specific industry code list StC11-3						ed cho	ices
Sit. STC11-1 1271 Industry Code Code indicating a code from a specific industry code list							
Sit. STC11-1 1271 Industry Code Code indicating a code from a specific industry code list Required STC11-2 1271 Industry Code Code indicating a code from a specific industry code list STC11-3 98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual receiving and subscriber Payer							
Bit. STC11-1 1271 Industry Code Code indicating a code from a specific industry code list Required STC11-2 1271 Industry Code Code indicating a code from a specific industry code list Sit. STC11-3 98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual					S .		
MSC Payer Payer QC Patient Individual receiving medical care Sit. STC11 C043 Health Care Claim Status O Used to convey status of the entire claim or a specific service line Required when a third status identification is necessary to identify the reject reason. Use the same instructions as for STC01 for the elements of this composite. Required STC11-1 1271 Industry Code M AN 1/30 Code indicating a code from a specific industry code list Required STC11-2 1271 Industry Code M AN 1/30 Code indicating a code from a specific industry code list Sit. STC11-3 98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual					Referring Provider		
Sit. STC11 C043 Health Care Claim Status O Used to convey status of the entire claim or a specific service line Required when a third status identification is necessary to identify the reject reason. Use the same instructions as for STC01 for the elements of this composite. Required STC11-1 1271 Industry Code MAN 1/30 Code indicating a code from a specific industry code list Required STC11-2 1271 Industry Code MAN 1/30 Code indicating a code from a specific industry code list Sit. STC11-3 98 Entity Identifier Code O ID 2/3 Code identifying an organizational entity, a physical location, property or an individual							
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reason. Use the same instructions as for STC01 for the elements of this composite. Required STC11-1 1271 Industry Code Code indicating a code from a specific industry code list Required STC11-2 1271 Industry Code M AN 1/30 Code indicating a code from a specific industry code list Sit. STC11-3 98 Entity Identifier Code O ID 2/3 Code identifying an organizational entity, a physical location, property or an individual							the reject
RequiredSTC11-11271Industry Code Code indicating a code from a specific industry code listMAN 1/30RequiredSTC11-21271Industry Code Code indicating a code from a specific industry code listMAN 1/30Sit.STC11-398Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individualOID 2/3							
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RequiredSTC11-21271Industry Code Code indicating a code from a specific industry code listMAN 1/30Sit.STC11-398Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individualOID 2/3	Required	STC11-1	1271	Industry Code		M	AN 1/30
Code indicating a code from a specific industry code list Sit. STC11-3 98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	Dag	CTC11 4	1071			n or	A N 1/20
Sit. STC11-3 98 Entity Identifier Code O ID 2/3 Code identifying an organizational entity, a physical location, property or an individual	Kequirea	S1C11-2	12/1			IVI	AN 1/30
Code identifying an organizational entity, a physical location, property or an individual	Sit.	STC11-3	98			O	ID 2/3
			- **			_	
							0.1
This is required when the value in STC11-2 requires identification of the entity						ication	of the entity
for complete understanding. 40 Receiver				-			

277 Claim Acknowledgement

2// Claiiii	Acknowledgeme	111		
	-			Entity to accept transmission
			41	Submitter
				Entity transmitting transaction set
			71	Attending Physician
				Physician present when medical services are performed
			72	Operating Physician
				Doctor who performs a surgical procedure
			73	Other Physician
				Physician not one of the other specified choices
			77	Service Location
			82	Rendering Provider
			85	Billing Provider
			8 7	Pay-to Provider
			DN	Referring Provider
			IL	Insured or Subscriber
			<i>MSC</i>	Mammography Screening Center
			PR	Payer
			QC	Patient
				Individual receiving medical care
Sit.	STC12	933	Free-Form Mess	sage Text O AN 1/264
			Free-form message	ge text

Free-form message text
Used only when a Service Status Reason Code identified a reason of 448
(Invalid billing combination). This text message identifies the specific details of the invalid combination.

Segment: REF Service Identification

Position: 200

Notes:

Loop: 2220D Situational

Level: Detail Usage: Required

Max Use: 1

Purpose: To specify identifying information

Syntax Notes: 1 At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.
If either C04005 or C04006 is present, then the other is required.

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

This REF segment will supply either the Provider Control Number from the original claim or the line item sequence number when no Provider Control Number was supplied.

Example: REF*6R*7364563~

Data Element Summary

			Data Element Summary		
	Ref.	Data			
	Des.	Element	<u>Name</u>	Attr	<u>ibutes</u>
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3
•			Code qualifying the Reference Identification		
			6R Provider Control Number		
			Number assigned by information provi	ider c	ompany for
			tracking and billing purposes		1 00
Required	REF02	127	Reference Identification	X	AN 1/30
•			Reference information as defined for a particular Transaction	Set o	or as
			specified by the Reference Identification Qualifier		
			This is the Provider Control Number supplied in the 837 usin	g the	same REF01
			qualifier of 6R for this service. If no line item control number		
			the line item sequence number will be supplied.		11 /
Not Used	REF03	352	Description	X	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifier	0	
			To identify one or more reference numbers or identification in	numb	ers as
			specified by the Reference Qualifier		
Not Used	REF04-1	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	REF04-2	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction	Set (or as
			specified by the Reference Identification Qualifier		
Not Used	REF04-3	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	REF04-4	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
			specified by the Reference Identification Qualifier		
Not Used	REF04-5	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	REF04-6	127	Reference Identification	X	AN 1/30
	_			Set o	
			specified by the Reference Identification Qualifier		
Not Oseu	KET 04-0	127	Reference information as defined for a particular Transaction		

Segment: **DTP** Date or Time or Period

Position: 210

Loop: 2220D Situational

Level: Detail Usage: Required

Max Use:

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Notes: The Service Start Date will always be supplied.

Example: DTP*472*D8*20020114~

Data Element Summary

	Ref.	Data	·			
	Des.	Element	<u>Name</u>	Attr	<u>ibutes</u>	
Required	DTP01	374	Date/Time Qualifier	M	ID 3/3	
			Code specifying type of date or time, or both date and time			
			472 Service			
			Begin and end dates of the service bei	ng ren	dered	
			This is used for the start date only.			
Required	DTP02	1250	Date Time Period Format Qualifier	M	ID 2/3	
			Code indicating the date format, time format, or date and tim	ne forr	nat	
			D8 Date Expressed in Format CCYYMM	DD		
Required	DTP03	1251	Service Start Date	M	AN 1/35	
			Expression of a date, a time, or range of dates, times or dates	and t	imes	
			This is the start date for the service from the original claim.			

Segment: HL Dependent Hierarchical Level

Position: 010

Loop: 2000E Situational

Level: Detail Usage: Situational

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data

segments

Syntax Notes: Semantic Notes:

Notes: Required when the dependent is the patient.

Example: HL*5*4*23*0~

Data Element Summary

	Ref.	Data	v		
	Des.	Element	<u>Name</u>	Attributes	
Required	HL01	628	Hierarchical ID Number	M AN 1/12	
			A unique number assigned by the sender to identify a particular in a hierarchical structure	ar data segment	
			Continued numbering from previous HL01 elements within the incremented by 1.	ne transaction,	
Required	HL02	734	Hierarchical Parent ID Number	O AN 1/12	
-			Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to		
			This will contain the Hierarchical ID Number for the 2000D	loop that identifies	
			the Subscriber related to the claim identified under this depen	ident.	
Required	HL03	735	Hierarchical Level Code	M ID 1/2	
			Code defining the characteristic of a level in a hierarchical str	ructure	
			23 Dependent		
			Identifies the individual who is affiliate	ed with the	
			subscriber, such as spouse, child, etc.,	and therefore may	
			be entitled to benefits		
Required	HL04	736	Hierarchical Child Code	O ID 1/1	
•			Code indicating if there are hierarchical child data segments s	subordinate to the	
			level being described		
			0 No Subordinate HL Segment in This H	lierarchical	

Structure.

Segment: \mathbf{DMG} Demographic Information

Position: 040

Loop: 2000E Situational

Level: Detail Usage: Required

Max Use: 1

Purpose: To supply demographic information

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

Semantic Notes: 1 DMG02 is the date of birth.

2 DMG07 is the country of citizenship.

3 DMG09 is the age in years.

Notes: Example: DMG*D8*19911207~

Data Element Summary

	Ref.	Data			
	Des.	Element	<u>Name</u>	Attr	<u>ibutes</u>
Required	$\overline{DMG01}$	1250	Date Time Period Format Qualifier	X	ID 2/3
_			Code indicating the date format, time format, or date and tim	e forr	nat
			D8 Date Expressed in Format CCYYMML)D	
Required	DMG02	1251	Date Time Period	\mathbf{X}	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and t	imes
			This is the Dependent's (patient) Date of Birth in CCYYMM	DD fo	ormat.
Not Used	DMG03	1068	Gender Code	O	ID 1/1
			Code indicating the sex of the individual		
Not Used	DMG04	1067	Marital Status Code	O	ID 1/1
			Code defining the marital status of a person		
Not Used	DMG05	1109	Race or Ethnicity Code	O	ID 1/1
			Code indicating the racial or ethnic background of a person;	it is n	ormally self-
			reported; Under certain circumstances this information is col	lected	for United
			States Government statistical purposes		
Not Used	DMG06	1066	Citizenship Status Code	O	ID 1/2
			Code indicating citizenship status		
Not Used	DMG07	26	Country Code	O	ID 2/3
			Code identifying the country		
Not Used	DMG08	659	Basis of Verification Code	O	ID 1/2
			Code indicating the basis of verification		
Not Used	DMG09	380	Quantity	O	R 1/15
			Numeric value of quantity		

Segment: NM1 Dependent Name

Position: 050

Loop: 2100E Required

Level: Detail
Usage: Required
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

Semantic Notes: 1 NM102 qualifies NM103.

Notes: Example: NM1*03*1*JONES*SAMANTHA*T~

Data Element Summary

			Data Element Summary		
	Ref.	Data			
	Des.	Element	<u>Name</u>		<u>ibutes</u>
Required	NM101	98	Entity Identifier Code	M	ID 2/3
			Code identifying an organizational entity, a physical location	, prop	erty or an
			individual		
			03 Dependent		
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
			1 Person		
Required	NM103	1035	Dependent Last Name	O	AN 1/35
			Individual last name or organizational name		
Required	NM104	1036	Dependent First Name	O	AN 1/25
			Individual first name		
Sit.	NM105	1037	Dependent Middle Initial	O	AN 1/25
			Individual middle name or initial		
			This will be provided when submitted on the 837 or when kn	own i	from the
			database.		
Not Used	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
Sit.	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
			This will be provided when submitted on the 837 or when kn	own i	from the
			database.		
Sit.	NM108	66	Identification Code Qualifier	X	ID 1/2
			Code designating the system/method of code structure used f	or Ide	entification
			Code (67)		
			Required when NM109 is used.		
G*:	313.54.00		MI Member Identification Number		A 3 T 4 /00
Sit.	NM109	67	Identification Code	X	AN 2/80
			Code identifying a party or other code	.1	
			This is the Payer's identification number for the Member, wh		
			an ID different than the Subscriber. This is required when the	e dep	endent has a
NI	NIN #440	5 0.6	unique ID with the payer.	X 7	ID 2/2
Not Used	NM110	706	Entity Relationship Code	X	ID 2/2
NI ATT T	NINGS	00	Code describing entity relationship	•	ID 2/2
Not Used	NM111	98	Entity Identifier Code	0	ID 2/3
			Code identifying an organizational entity, a physical location	, prop	perty or an
			individual		

Segment: TRN Claim Identification

Position: 090

Loop: 2200E Required

Level: Detail
Usage: Required
Max Use: 1

Purpose: To uniquely identify a transaction to an application

Syntax Notes:

Semantic Notes: 1 TRN02 provides unique identification for the transaction.

2 TRN03 identifies an organization.

3 TRN04 identifies a further subdivision within the organization.

Notes: Example: TRN*2*837484783~

Data Element Summary

			Data Element Summary		
	Ref.	Data			
	Des.	Element	<u>Name</u>	<u>Attri</u>	<u>ibutes</u>
Required	TRN01	481	Trace Type Code	M	ID 1/2
			Code identifying which transaction is being referenced		
			2 Referenced Transaction Trace Number	rs	
Required	TRN02	127	Reference Identification	\mathbf{M}	AN 1/30
_			Reference information as defined for a particular Transaction	Set or	r as
			specified by the Reference Identification Qualifier		
			This is the Claim Submitter's Identifier from the original 837	claim	(CLM01).
			At least 20 characters will be returned unaltered.		
Not Used	TRN03	509	Originating Company Identifier	O	AN 10/10
			A unique identifier designating the company initiating the fu	nds tra	ınsfer
			instructions. The first character is one-digit ANSI identificati	on coc	ie
			designation (ICD) followed by the nine-digit identification no	umber	which may
			be an IRS employer identification number (EIN), data univer	sal nui	mbering
			system (DUNS), or a user assigned number; the ICD for an E	IN is	1, DUNS is
			3, user assigned number is 9		
Not Used	TRN04	127	Reference Identification	O	AN 1/30
			Reference information as defined for a particular Transaction	Set or	r as
			specified by the Reference Identification Qualifier		

Segment: STC Status Information

Position: 100

Loop: 2200E Required

Level: Detail
Usage: Required
Max Use: >1

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

Syntax Notes:

Semantic Notes: 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.

Notes: Example: STC*A3:247***576~

Data Element Summary

			Data Elem	ent Summary		
	Ref.	Data				
	Des.	Element	<u>Name</u>		Attr	<u>ibutes</u>
Required	STC01	C043	Health Care Claim	Status	M	
			Used to convey stat	us of the entire claim or a specific service	line	
Required	STC01-1	1271	Claim Status Cate	gory Code	M	AN 1/30
			Code indicating a co	ode from a specific industry code list		
				rnal code list. The values possible here a	re:	
				nent/Forwarded to another entity.		
				nent/Acceptance into the adjudication sys	tem.	
			A3 - Acknowledger	nent/Returned as unprocessable.		
				dditional information regarding the reason elements of the STC segment.	n for r	rejection will
Required	STC01-2	1271	Claim Status Reas		M	AN 1/30
•			Code indicating a co	ode from a specific industry code list		
			This is an external of	code list. Access www.wpc-edi.com for a	comp	olete listing
			of the codes.			
			16 Claim/anagum	ter has been forwarded to entity. This coo	da wil	ll be used
			when STC01-1 equal		ac wii	ii be used
			when breor requi	110.		
			20 - Accepted for P	rocessing. This code will be used whenev	er ST	CC01-1
			equals "A2".	_		
			247 Line Informat	ion. This code will be used whenever ST	C01 1	Laguals
				for the rejection is line specific.	C01-1	equais
Sit.	STC01-3	98	Entity Identifier C		О	ID 2/3
			Code identifying an	organizational entity, a physical location	, prop	erty or an
			individual			•
			This element provide	es identification of the entity related to th	e reas	son in
			STC01-2 when appr	copriate.		
			40	Receiver		
			. •	Entity to accept transmission		
			41	Submitter		
			-	Entity transmitting transaction set		
			71	Attending Physician		
				Physician present when medical service	es are	performed
			72	Operating Physician		1 3
				Doctor who performs a surgical proced	lure	
				1 3		

<u>cknowledgeme</u>	111				
		73	Other Physician		
				ed cho	ices
		<i>77</i>	Service Location		
		8 7			
		DN	Referring Provider		
		IL	Insured or Subscriber		
		<i>MSC</i>	Mammography Screening Center		
		PR	Payer		
			This will be used when STC01-1 equa	ls "A0	".
		QC	Patient		
		_	Individual receiving medical care		
STC02	373	Date	ŭ	0	DT 8/8
		Date expresse	d as CCYYMMDD		
STC03	306			0	ID 1/2
			ng type of action		
				used o	otherwise.
		-			
		-			
STC04	782	Claim Submi		0	R 1/18
SICU.	702			Ü	11 1/10
STC05	782			0	R 1/18
5100	702			Ü	10 1/10
STC06	373	•	Junt	Ω	DT 8/8
5100	373		d as CCVVMMDD	U	D1 0/0
STC07	501			Ω	ID 3/3
SICO	371			-	
CTC00	272	-	ing the method for the movement of payment	_	DT 8/8
5100	3/3		d as CCVVMMDD	U	D1 0/0
CTCOO	420			0	A 301 4 /4 /
S1C09	429			U	AN 1/16
CTC10	C0.42			0	
SICIU	C043			_	
					•
			en STC01-1="A3" and additional status inform	nation	is necessary
		to explain the	rejection reason.		
STC10.1	1271			M	AN 1/20
STC10-1	1271	Claim Status	Category Code	M	AN 1/30
STC10-1	1271	Claim Status Code indicatir	Category Code ng a code from a specific industry code list	M	AN 1/30
		Claim Status Code indicatir "A3" is the on	Category Code ng a code from a specific industry code list ly applicable value.		
STC10-1 STC10-2	1271 1271	Claim Status Code indicatir "A3" is the on Claim Status	Category Code ng a code from a specific industry code list ly applicable value. Reason Code	M	AN 1/30 AN 1/30
		Claim Status Code indicatir "A3" is the on Claim Status Code indicatir	Category Code ng a code from a specific industry code list ly applicable value. Reason Code ng a code from a specific industry code list	M	
STC10-2	1271	Claim Status Code indicatir "A3" is the on Claim Status Code indicatir This is the ext	Category Code ng a code from a specific industry code list ly applicable value. Reason Code ng a code from a specific industry code list ernal list that is available from www.wpc-edi.	M com.	AN 1/30
		Claim Status Code indicatir "A3" is the on Claim Status Code indicatir This is the ext Entity Identif	Category Code ng a code from a specific industry code list ly applicable value. Reason Code ng a code from a specific industry code list ernal list that is available from www.wpc-edi. fier Code	M com.	AN 1/30 ID 2/3
STC10-2	1271	Claim Status Code indicatir "A3" is the on Claim Status Code indicatir This is the ext Entity Identif Code identifyi	Category Code ng a code from a specific industry code list ly applicable value. Reason Code ng a code from a specific industry code list ernal list that is available from www.wpc-edi.	M com.	AN 1/30 ID 2/3
STC10-2	1271	Claim Status Code indicatir "A3" is the on Claim Status Code indicatir This is the ext Entity Identif Code identifyi individual	Category Code ng a code from a specific industry code list ly applicable value. Reason Code ng a code from a specific industry code list ernal list that is available from www.wpc-edi. fier Code ing an organizational entity, a physical locatio	M com. O n, proj	AN 1/30 ID 2/3 perty or an
STC10-2	1271	Claim Status Code indicatir "A3" is the on Claim Status Code indicatir This is the ext Entity Identif Code identifyi individual This is require	Category Code ng a code from a specific industry code list ly applicable value. Reason Code ng a code from a specific industry code list ernal list that is available from www.wpc-edi. fier Code ing an organizational entity, a physical locatio ed when the value in STC10-2 requires identif	M com. O n, proj	AN 1/30 ID 2/3 perty or an
STC10-2	1271	Claim Status Code indicatir "A3" is the on Claim Status Code indicatir This is the ext Entity Identify Code identifyi individual This is require for complete u	Category Code ng a code from a specific industry code list ly applicable value. Reason Code ng a code from a specific industry code list ernal list that is available from www.wpc-edi. fier Code ing an organizational entity, a physical locatio and when the value in STC10-2 requires identified inderstanding.	M com. O n, proj	AN 1/30 ID 2/3 perty or an
STC10-2	1271	Claim Status Code indicatir "A3" is the on Claim Status Code indicatir This is the ext Entity Identif Code identifyi individual This is require	Category Code ng a code from a specific industry code list ly applicable value. Reason Code ng a code from a specific industry code list ernal list that is available from www.wpc-edi. fier Code ing an organizational entity, a physical locatio ed when the value in STC10-2 requires identified inderstanding. Receiver	M com. O n, proj	AN 1/30 ID 2/3 perty or an
STC10-2	1271	Claim Status Code indicatir "A3" is the on Claim Status Code indicatir This is the ext Entity Identif Code identifyi individual This is require for complete u 40	Category Code ng a code from a specific industry code list ly applicable value. Reason Code ng a code from a specific industry code list ernal list that is available from www.wpc-edi. fier Code ing an organizational entity, a physical locatio ed when the value in STC10-2 requires identified inderstanding. Receiver Entity to accept transmission	M com. O n, proj	AN 1/30 ID 2/3 perty or an
STC10-2	1271	Claim Status Code indicatir "A3" is the on Claim Status Code indicatir This is the ext Entity Identify Code identifyi individual This is require for complete u	Category Code ng a code from a specific industry code list ly applicable value. Reason Code ng a code from a specific industry code list ernal list that is available from www.wpc-edi. fier Code ing an organizational entity, a physical locatio ed when the value in STC10-2 requires identify inderstanding. Receiver Entity to accept transmission Submitter	M com. O n, proj	AN 1/30 ID 2/3 perty or an
STC10-2	1271	Claim Status Code indicatir "A3" is the on Claim Status Code indicatir This is the ext Entity Identif Code identifyi individual This is require for complete u 40	Category Code ng a code from a specific industry code list ly applicable value. Reason Code ng a code from a specific industry code list ernal list that is available from www.wpc-edi. fier Code ing an organizational entity, a physical locatio ed when the value in STC10-2 requires identified inderstanding. Receiver Entity to accept transmission	M com. O n, proj	AN 1/30 ID 2/3 perty or an
STC10-2	1271	Claim Status Code indicatir "A3" is the on Claim Status Code indicatir This is the ext Entity Identif Code identifyi individual This is require for complete u 40	Category Code ng a code from a specific industry code list ly applicable value. Reason Code ng a code from a specific industry code list ernal list that is available from www.wpc-edi. fier Code ing an organizational entity, a physical locatio ed when the value in STC10-2 requires identify inderstanding. Receiver Entity to accept transmission Submitter	M com. O n, proj	AN 1/30 ID 2/3 perty or an
STC10-2	1271	Claim Status Code indicatir "A3" is the on Claim Status Code indicatir This is the ext Entity Identif Code identifyi individual This is require for complete v 40 41	Category Code ng a code from a specific industry code list ly applicable value. Reason Code ng a code from a specific industry code list ernal list that is available from www.wpc-edi. fier Code ing an organizational entity, a physical locatio ed when the value in STC10-2 requires identify inderstanding. Receiver Entity to accept transmission Submitter Entity transmitting transaction set	M com. O n, propication	AN 1/30 ID 2/3 perty or an of the entity
STC10-2	1271	Claim Status Code indicatir "A3" is the on Claim Status Code indicatir This is the ext Entity Identif Code identifyi individual This is require for complete v 40 41	Category Code ng a code from a specific industry code list ly applicable value. Reason Code ng a code from a specific industry code list ernal list that is available from www.wpc-edi. fier Code ing an organizational entity, a physical locatio ad when the value in STC10-2 requires identify inderstanding. Receiver Entity to accept transmission Submitter Entity transmitting transaction set Attending Physician Physician present when medical servi	M com. O n, propication	AN 1/30 ID 2/3 perty or an
STC10-2	1271	Claim Status Code indicatir "A3" is the on Claim Status Code indicatir This is the ext Entity Identif Code identifyi individual This is require for complete v 40 41 71	Category Code ng a code from a specific industry code list ly applicable value. Reason Code ng a code from a specific industry code list ernal list that is available from www.wpc-edi. fier Code ing an organizational entity, a physical locatio ad when the value in STC10-2 requires identified when the value in STC10-2 requires identified extending. Receiver Entity to accept transmission Submitter Entity transmitting transaction set Attending Physician Physician present when medical service Operating Physician	M com. O n, propication	AN 1/30 ID 2/3 perty or an of the entity
STC10-2	1271	Claim Status Code indicatir "A3" is the on Claim Status Code indicatir This is the ext Entity Identif Code identifyi individual This is require for complete v 40 41 71	Category Code ng a code from a specific industry code list ly applicable value. Reason Code ng a code from a specific industry code list ernal list that is available from www.wpc-edi. fier Code ing an organizational entity, a physical locatio ad when the value in STC10-2 requires identify inderstanding. Receiver Entity to accept transmission Submitter Entity transmitting transaction set Attending Physician Physician present when medical servi	M com. O n, propication	AN 1/30 ID 2/3 perty or an of the entity
	STC02 STC03 STC04 STC05 STC06 STC07 STC08 STC09 STC10	STC03 306 STC04 782 STC05 782 STC06 373 STC07 591 STC08 373 STC09 429	77 82 85 87 DN IL MSC PR	Physician not one of the other specifical Service Location 82 Rendering Provider 85 Billing Provider 87 Pay-to Provider DN Referring Provider IL Insured or Subscriber MSC Mammography Screening Center PR Payer This will be used when STC01-1 equal Patient Individual receiving medical care STC02 373 Date Date expressed as CCYYMMDD STC03 306 Action Code Code indicating type of action This is required for claim rejections (STC01-1=A3) and not 15 Correct and Resubmit Claim F Final Do not resubmit the claim. STC04 782 Claim Submitted Charge Amount Monetary amount STC05 782 Monetary Amount Monetary amount STC06 373 Date Date expressed as CCYYMMDD STC07 591 Payment Method Code Code identifying the method for the movement of payment is 5TC08 373 Date Date expressed as CCYYMMDD STC09 429 Check Number Check identification number STC10 C043 Health Care Claim Status	Physician not one of the other specified cho 77 Service Location 82 Rendering Provider 85 Billing Provider 87 Pay-to Provider DN Referring Provider IL Insured or Subscriber MSC Mammography Screening Center PR Payer This will be used when STC01-1 equals "A0 QC Patient Individual receiving medical care STC02 373 Date Other Code Other Code Other Code indicating type of action This is required for claim rejections (STC01-1=A3) and not used of the street of the str

MSBCBS

277 Claim A	cknowledgeme	ent				
	_		77	Service Location		
			82	Rendering Provider		
			85	Billing Provider		
			8 7	Pay-to Provider		
			DN	Referring Provider		
			IL	Insured or Subscriber		
			MSC	Mammography Screening Center		
			PR	Payer		
			QC	Patient		
			2	Individual receiving medical care		
Sit.	STC11	C043	Health Care Cla		0	
	51011	20.0		status of the entire claim or a specific service	_	
				STC01-1 equals "A3" and a third status reas		necessary to
				tion. Usage of the sub-elements matches the		
			sub-elements.	tion. Osage of the sac elements materies the	asag	• 01 51 610 5
Required	STC11-1	1271	Industry Code		M	AN 1/30
requireu	510111	12/1		a code from a specific industry code list	112	111 (1/00
Required	STC11-2	1271	Industry Code	a code from a specific madely code list	M	AN 1/30
requireu	516112	12/1	•	a code from a specific industry code list	112	111 (1/00
Sit.	STC11-3	98	Entity Identifier		O	ID 2/3
Sit.	510110	70		an organizational entity, a physical location	_	
			individual	an organizational entity, a physical location	, prop	or un
				when the value in STC11-2 requires identific	ation	of the entity
			for complete und		ation	or the chirty
			40	Receiver		
			70	Entity to accept transmission		
			41	Submitter		
			,,	Entity transmitting transaction set		
			71	Attending Physician		
			/1	Physician present when medical service	os arı	norformed
			72	Operating Physician	is are	perjormen
			/ 2	Doctor who performs a surgical procea	luvo	
			73	Other Physician	ure	
			73	Physician not one of the other specified	d cha	icas
			77	Service Location	i Choi	ices
			82	Rendering Provider		
			85 85	Billing Provider		
			87	Pay-to Provider		
			D N	Referring Provider		
			IL	Insured or Subscriber		
			MSC	Mammography Screening Center		
			PR	Payer		
			QC	Patient		
			QC	Fauem Individual receiving medical care		
Sit.	STC12	933	Free-Form Mes	· ·	O	AN 1/264
Sit.	51012	155		9	U	A11 1/2UT
			Free-form messa	ge text		O 1

This is supplied ONLY when STC01, 10 or 11 identifies a Status Reason Code of 448 (Invalid Billing Combination). This text identifies the details of the invalid billing combination.

DTP Date or Time or Period **Segment:**

120 **Position:**

> 2200E Loop: Required

Level: Detail Usage: Required Max Use:

Purpose:

Syntax Notes:

To specify any or all of a date, a time, or a time period

Semantic Notes: Notes:

DTP02 is the date or time or period format that will appear in DTP03. One iteration of this DTP segment identifying the received date of the claim is required. A second iteration identifying the claim statement period start date is required except in

cases where dates were not supplied on the original claim, such as in cases of dental

predetermination of benefits.

Example: DTP*232*D8*20020115~

Data Element Summary

	Ref.	Data		•		
	Des.	Element	<u>Name</u>		<u>Attrib</u>	<u>outes</u>
Required	DTP01	374	Date/Time Qualifie	er	M I	ID 3/3
			Code specifying typ	e of date or time, or both date and time		
			050	Received		
				One iteration of the DTP segment with	this qua	lifier and
				the related date in element DTP03 is re	quired.	
			232	Claim Statement Period Start		
				One iteration of the DTP segment with	this qua	lifier and
				the related date in the DTP03 element i	s require	ed for
				Institutional claims, and for professiona	al and de	ental
				claims when no service detail is being i	eturned	(no
				service specific errors). For profession		
				claims, this will be the date of the first	service 1	line in the
				claim.		
	D.E.D.O.A	40.50	B (T) B (11	- 10 Ma		ED 4/2
Required	DTP02	1250	Date Time Period I	_		ID 2/3
			•	date format, time format, or date and tim		ıt
			D8	Date Expressed in Format CCYYMMI		
Required	DTP03	1251	Date Time Period			AN 1/35
				e, a time, or range of dates, times or dates		
				aim Received date (DTP01 equals "050"	·	
			Statement Period Sta	art date (DTP01 equals "232") in CCYY	MMDD	format.

SVC Service Information **Segment:**

180 **Position:**

> Loop: 2220E Situational

Level: Detail Usage: Situational

Max Use:

Purpose: To supply payment and control information to a provider for a particular service

Syntax Notes:

Semantic Notes: SVC01 is the medical procedure upon which adjudication is based.

> SVC02 is the submitted service charge. 3 SVC03 is the amount paid this service.

SVC04 is the National Uniform Billing Committee Revenue Code.

5 SVC05 is the paid units of service.

SVC06 is the original submitted medical procedure.

SVC07 is the original submitted units of service.

This loop is required when a claim is rejected for errors within a specific service. Only **Notes:**

those services with errors will be reported. One 2220E loop will be provided for each

service line with errors.

Example: SVC*HC:47605*100~

			Data Ele	ment Summary		
	Ref.	Data				
	Des.	Element	<u>Name</u>		Attr	<u>ibutes</u>
Required	SVC01	C003		cal Procedure Identifier	M	
				lical procedure by its standardized codes and	d app	licable
			modifiers			
Required	SVC01-1	235	Product/Service		M	ID 2/2
				the type/source of the descriptive number us	sed in	l
			Product/Service I			
			AD	American Dental Association Codes		
				This association's membership consists		.S. dentists.
				It sets standards for the dental professi		
			HC	Health Care Financing Administration		ımon
				Procedural Coding System (HCPCS) (\
				HCFA coding scheme to group proced		
				on an outpatient basis for payment to h		
				Medicare; primarily used for ambulato	ory su	rgical and
			NU	other diagnostic departments	NIT ID	C) IIDO2
			NU	National Uniform Billing Committee (Codes	NUD	С) ОВ92
Required	SVC01-2	234	Product/Service		M	AN 1/48
required	5101-2	254		er for a product or service	141	7111 1/40
				lure code from the original claim/service lin	e in f	he 837
Sit.	SVC01-3	1339	Procedure Modi		0	AN 2/2
	2,222			ecial circumstances related to the performan	ice of	the service.
			as defined by trad			, , , , , , , , , , , , , , , , , , , ,
				when the original claim submitted this modified	fier.	
Sit.	SVC01-4	1339	Procedure Modi	fier	O	AN 2/2
			This identifies spe	ecial circumstances related to the performan	nce of	the service,
			as defined by trad	ling partners		
			This is required w	hen the original claim submitted this modif	fier.	
Sit.	SVC01-5	1339	Procedure Modi		O	AN 2/2
				ecial circumstances related to the performan	ice of	the service,
			as defined by trad			
			•	hen the original claim submitted this modif	fier.	
Sit.	SVC01-6	1339	Procedure Modi		O	AN 2/2
			This identifies speas defined by trad	ecial circumstances related to the performan	ice of	the service,

<u>277 Claim A</u>	<u>cknowledgeme</u>	nt			
			This is required when the original claim submitted this modifier.		
Not Used	SVC01-7	352	Description O	AN 1/80	
			A free-form description to clarify the related data elements and the	neir content	
Required	SVC02	782	Submitted Service Line Charge M	R 1/18	
			Monetary amount		
Not Used	SVC03	782	Monetary Amount O	R 1/18	
			Monetary amount		
Sit.	SVC04	234	Product/Service ID O	AN 1/48	}
			Identifying number for a product or service		
			This is required on institutional claims where both a procedure co		
			revenue code were submitted. In these cases, the procedure code	is returned	in
			SVC01 and the revenue code is returned in SVC04.		
Not Used	SVC05	380	Quantity	R 1/15	
			Numeric value of quantity		
Not Used	SVC06	C003	Composite Medical Procedure Identifier O		
			To identify a medical procedure by its standardized codes and ap	plicable	
	~~~~~		modifiers		
Not Used	SVC06-1	235	Product/Service ID Qualifier M		
			Code identifying the type/source of the descriptive number used	ın	
NT / TT 1	CTICOC A	224	Product/Service ID (234)	A 307 4 / 400	
Not Used	SVC06-2	234	Product/Service ID M	AN 1/48	i
Not Hood	CVCOC 2	1339	Identifying number for a product or service  Procedure Modifier  O	AN 2/2	
Not Used	SVC06-3	1339			
			This identifies special circumstances related to the performance of as defined by trading partners	of the service	æ,
Not Used	SVC06-4	1339	Procedure Modifier O	AN 2/2	
110t Oscu	5100-4	1557	This identifies special circumstances related to the performance of		20
			as defined by trading partners	, i tile selvie	λ,
Not Used	SVC06-5	1339	Procedure Modifier O	AN 2/2	
- 100 0000			This identifies special circumstances related to the performance of	of the service	e.
			as defined by trading partners		- ,
Not Used	SVC06-6	1339	Procedure Modifier O	AN 2/2	
			This identifies special circumstances related to the performance of		e,
			as defined by trading partners		
Not Used	SVC06-7	352	<b>Description</b> O	AN 1/80	)
			A free-form description to clarify the related data elements and the	neir content	
Not Used	SVC07	380	Quantity	R 1/15	
			Numeric value of quantity		

Segment: STC Status Information

**Position:** 190

Loop: 2220E Situational

Level: Detail
Usage: Required
Max Use: >1

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

Syntax Notes:

**Semantic Notes:** 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.

Notes: Example: STC*A3:21*******A3:454~

### **Data Element Summary**

			Data Eleme	ent Summary		
	Ref.	Data				
	<u>Des.</u>	<b>Element</b>	<u>Name</u>		<u>Attr</u>	<u>ibutes</u>
Required	STC01	C043	Health Care Claim		M	
				as of the entire claim or a specific service	line	
Required	STC01-1	1271		rvice Status Category Code		
				ode from a specific industry code list		
				"A3" - Acknowledgement/Returned as un	•	essable. AN 1/30
Required	STC01-2	1271		rvice Status Reason Code M		
				ode from a specific industry code list		
<b>~</b> *.	CT C01 4			the code list available from www.wpc-ed		
Sit.	STC01-3	98	Entity Identifier Co		O	ID 2/3
				organizational entity, a physical location	, prop	erty or an
			individual		4: C	41
				en an entity type is necessary to further id	entity	tne reason
			for the rejection.	Receiver		
			40			
			41	Entity to accept transmission Submitter		
			71	Entity transmitting transaction set		
			71	Attending Physician		
			/ <b>1</b>	Physician present when medical service	es are	performed
			72	Operating Physician	<i>L</i> 5 <b></b> C	perjormen
			, _	Doctor who performs a surgical process	lure	
			73	Other Physician		
				Physician not one of the other specified	d choi	ices
			<i>77</i>	Service Location		
			82	Rendering Provider		
			85	Billing Provider		
			<b>8</b> 7	Pay-to Provider		
			DN	Referring Provider		
			IL	Insured or Subscriber		
			MSC	Mammography Screening Center		
			PR	Payer		
			QC	Patient		
<b>N</b> T ( <b>T</b> T <b>T</b>	CET COA	2=2	<b></b>	Individual receiving medical care	_	D.T. 0/0
Not Used	STC02	373	Date	CUITA A ADD	O	<b>DT 8/8</b>
NI ATI I	CTC02	206	Date expressed as C	CYYMMDD	•	TD 1/2
Not Used	STC03	306	Action Code	of action	O	ID 1/2
Not Hand	STC04	702	Code indicating type	e of action	0	D 1/10
Not Used	STC04	782	Monetary Amount		O	R 1/18
			Monetary amount			

Not Used	cknowledgeme STC05	782	Monetary Amount Monetary amount		0	R 1/18
Not Used	STC06	373	Date		0	DT 8/8
			Date expressed as C			
Not Used	STC07	591	Payment Method C		0	ID 3/3
Not Used	STC08	373	Date	e method for the movement of payment in	istruc O	tions <b>DT 8/8</b>
110t Oscu	5100	373	Date expressed as C	CYYMMDD	O	D1 0/0
Not Used	STC09	429	Check Number		O	AN 1/16
C:4	CTC10	C042	Check identification		0	
Sit.	STC10	C043	Health Care Claim Used to convey statu	us of the entire claim or a specific service	O line	
			Required when a sec	cond status identification is necessary to i	identi	
				ne instructions as for STC01 for the element	ents o	f this
Required	STC10-1	1271	composite.  Industry Code		M	AN 1/30
required	510101	12/1		ode from a specific industry code list	111	11111/00
Required	STC10-2	1271	<b>Industry Code</b>		M	AN 1/30
Sit.	STC10-3	98	Code indicating a co Entity Identifier Co	ode from a specific industry code list	0	ID 2/3
Sit.	S1C10-3	90		organizational entity, a physical location	_	
			individual		, r r	
				en the value in STC10-2 requires identific	ation	of the entity
			for complete unders	tanding. <i>Receiver</i>		
			70	Entity to accept transmission		
			41	Submitter		
			71	Entity transmitting transaction set		
			71	Attending Physician Physician present when medical service	es are	e performed
			72	Operating Physician		perjormen
				Doctor who performs a surgical proceed	lure	
			73	Other Physician Physician not one of the other specified	d cho	ices
			77	Service Location	i cho	ices
			82	Rendering Provider		
			85 87	Billing Provider		
			87 <b>D</b> N	Pay-to Provider Referring Provider		
			IL	Insured or Subscriber		
			MSC	Mammography Screening Center		
			PR QC	Payer Patient		
			QC	Individual receiving medical care		
Sit.	STC11	C043	Health Care Claim	Status	O	
				us of the entire claim or a specific service		the reject
				rd status identification is necessary to ide ne instructions as for STC01 for the element		
			composite.		<b>.</b>	1 11110
Required	STC11-1	1271	<b>Industry Code</b>	1.6	M	AN 1/30
Required	STC11-2	1271	Code indicating a co <b>Industry Code</b>	ode from a specific industry code list	M	AN 1/30
required	51011-2	14/1		ode from a specific industry code list	141	111 1/50
Sit.	STC11-3	98	<b>Entity Identifier Co</b>	ode	O	ID 2/3
			Code identifying an individual	organizational entity, a physical location	, prop	erty or an
				en the value in STC11-2 requires identific	ation	of the entity
			for complete unders	tanding.		
			40	Receiver		

2// Claim	Acknowledgeme	mt		
	<del>-</del>			Entity to accept transmission
			41	Submitter
				Entity transmitting transaction set
			<i>71</i>	Attending Physician
				Physician present when medical services are performed
			72	Operating Physician
				Doctor who performs a surgical procedure
			73	Other Physician
				Physician not one of the other specified choices
			77	Service Location
			82	Rendering Provider
			85	Billing Provider
			<b>8</b> 7	Pay-to Provider
			DN	Referring Provider
			IL	Insured or Subscriber
			MSC	Mammography Screening Center
			PR	Payer
			QC	Patient
				Individual receiving medical care
Sit.	STC12	933	Free-Form Mes	ssage Text O AN 1/264
			Free-form mess:	age text

Free-form message text
Used only when a Service Status Reason Code identified a reason of 448
(Invalid billing combination). This text message identifies the specific details of the invalid combination.

REF Service Identification **Segment:** 

**Position:** 200

> Loop: 2220E Situational

Level: Detail Usage: Required

Max Use:

**Purpose:** To specify identifying information

**Syntax Notes:** At least one of REF02 or REF03 is required.

> If either C04003 or C04004 is present, then the other is required. 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** 

REF04 contains data relating to the value cited in REF02. Notes:

This REF segment will supply either the Provider Control Number from the original claim or the line item sequence number when no Provider Control Number was supplied.

Example: REF*6R*34562973~

### **Data Element Summary**

			Data Element Summar y		
	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
			6R Provider Control Number		
			Number assigned by information provi	ider c	ompany for
			tracking and billing purposes		
Required	REF02	127	Reference Identification	X	AN 1/30
-			Reference information as defined for a particular Transaction	n Set o	or as
			specified by the Reference Identification Qualifier		
			This is the Provider Control Number supplied in the 837 usin	ng the	same REF01
			qualifier of 6R for this service. If no line item control number		
			the line item sequence number will be supplied.		11 /
Not Used	REF03	352	Description	X	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification	numb	ers as
			specified by the Reference Qualifier		
Not Used	<b>REF04-1</b>	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	<b>REF04-2</b>	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction	n Set o	or as
			specified by the Reference Identification Qualifier		
Not Used	<b>REF04-3</b>	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	<b>REF04-4</b>	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction	n Set o	or as
			specified by the Reference Identification Qualifier		
Not Used	REF04-5	128	Reference Identification Qualifier	X	ID 2/3
	_		Code qualifying the Reference Identification		
Not Used	<b>REF04-6</b>	127	Reference Identification	X	AN 1/30
<del>-</del>			Reference information as defined for a particular Transaction	ı Set d	
			specified by the Reference Identification Qualifier		

Segment: **DTP** Date or Time or Period

**Position:** 210

Loop: 2220E Situational

Level: Detail Usage: Required

Max Use:

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Notes:** The Service Start Date will always be supplied.

Example: DTP*472*D8*20020114~

### **Data Element Summary**

	Ref.	Data	·				
	Des.	<b>Element</b>	<u>Name</u>	<b>Attributes</b>			
Required	DTP01	374	Date/Time Qualifier	M ID 3/3			
			Code specifying type of date or time, or both date and	time			
			472 Service				
			Begin and end dates of the service	e being rendered			
			This is used for the start date only	<i>t</i> .			
Required	DTP02	1250	Date Time Period Format Qualifier	M ID 2/3			
			Code indicating the date format, time format, or date an	nd time format			
			D8 Date Expressed in Format CCYY	YMMDD			
Required	DTP03	1251	Service Start Date	M AN 1/35			
			Expression of a date, a time, or range of dates, times or dates and times				
			This is the start date for the service from the original claim.				

Segment: **SE** Transaction Set Trailer

**Position:** 270

Loop:

Level: Detail Usage: Required

Max Use: 1

**Purpose:** To indicate the end of the transaction set and provide the count of the transmitted

segments (including the beginning (ST) and ending (SE) segments)

Syntax Notes: Semantic Notes:

Notes: Example: SE*27*0001~

#### **Data Element Summary**

	Ref.	Data	Data Element Summary				
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>			
Required	SE01	96	Number of Included Segments	M	N0 1/10		
			Total number of segments included in a transaction set include segments	ling S	T and SE		
Required	SE02	329	Transaction Set Control Number	M	AN 4/9		
			Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set				
			The Transaction Set Control Numbers in ST02 and SE02 will be identical. The				
			number will be unique within a specific functional group (GS to GE) and				
			interchange (ISA to IEA), but can be repeated in other groups interchanges. This unique number also aids in error resolution		earch.		

Segment:  $\mathbf{GE}$  Functional Group Trailer

**Position:** 280

Loop:

Level: Detail Usage: Required

Max Use:

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

**Syntax Notes:** 

**Semantic Notes:** 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.

**Notes:** Example: **GE*1*22755*** 

### **Data Element Summary**

Data Element Summary									
	Ref.	Data							
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>					
Required	GE01	97	Number of Transaction Sets Included	M	N0 1/6				
			Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element						
Required	GE02	28	Group Control Number Assigned number originated and maintained by the sender	M	N0 1/9				

## **External Code Sources**

### 5 Countries, Currencies and Funds

SIMPLE DATA ELEMENT/CODE REFERENCES

235/CH, 26, 100

SOURCE

Codes for Representation of Names of Countries, ISO 3166-(Latest Release) Codes for Representation of Currencies and Funds, ISO 4217-(Latest Release) AVAILABLE FROM

American National Standards Institute

11 West 42nd Street, 13th Floor

New York, NY 10036

**ABSTRACT** 

This international standard provides a two-letter alphabetic code for representing the names of countries, dependencies, and other areas of special geopolitical interest for purposes of international exchange and general directions for the maintenance of the code. The standard is intended for use in any application requiring expression of entitles in coded form. Most currencies are those of the geopolitical entities that are listed in ISO 3166, Codes for the Representation of Names of Countries. The code may be a three-character alphabetic or three-digit numeric. The two leftmost characters of the alphabetic code identify the currency authority to which the code is assigned (using the two character alphabetic code from ISO 3166, if applicable). The rightmost character is a mnemonic derived from the name of the major currency unit or fund. For currencies not associated with a single geographic entity, a specially-allocated two-character alphabetic code, in the range XA to XZ identifies the currency authority. The rightmost character is derived from the name of the geographic area concerned, and is mnemonic to the extent possible. The numeric codes are identical to those assigned to the geographic entities listed in ISO 3166. The range 950-998 is reserved for identification of funds and currencies not associated with a single entity listed in ISO 3166.

### 22 States and Outlying Areas of the U.S.

SIMPLE DATA ELEMENT/CODE REFERENCES

66/SJ, 771/009, 235/A5, 156

SOURCE

National Zip Code and Post Office Directory

AVAILABLE FROM

U.S. Postal Service

National Information Data Center

P.O. Box 2977

Washington, DC 20013

**ABSTRAČT** 

Provides names, abbreviations, and codes for the 50 states, the District of Columbia, and the outlying areas of the U.S. The entities listed are considered to be the first order divisions of the U.S.

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Microfiche available from NTIS (same as address above).

The Canadian Post Office lists the following as "official" codes for Canadian Provinces:

AB - Alberta

BC - British Columbia

MB - Manitoba

NB - New Brunswick

NF - Newfoundland

NS - Nova Scotia

NT - North West Territories

ON - Ontario

PE - Prince Edward Island

PQ - Quebec

SK - Saskatchewan

YT - Yukon

### 51 ZIP Code

#### SIMPLE DATA ELEMENT/CODE REFERENCES

66/16, 309/PQ, 309/PR, 309/PS, 771/010, 116

SOURCE

National ZIP Code and Post Office Directory, Publication 65

The USPS Domestic Mail Manual

**AVAILABLE FROM** 

**U.S Postal Service** 

Washington, DC 20260

**New Orders** 

Superintendent of Documents

P.O. Box 371954

Pittsburgh, PA 15250-7954

**ABSTRACT** 

The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two rightmost digits identify a local delivery area. In the nine-digit ZIP Code, the four digits that follow the hyphen further subdivide the delivery area. The two leftmost digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes.

The USPS Domestics Mail Manual includes information on the use of the new 11-digit zip code.

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### 77 X12 Directories

SIMPLE DATA ELEMENT/CODE REFERENCES

721, 725

SOURCE

X12.3 Data Element Dictionary

X12.22 Segment Directory

**AVAILABLE FROM** 

Data Interchange Standards Association, Inc. (DISA)

Suite 200

1800 Diagonal Road

Alexandria, VA 22314-2852

ABSTRACT

The data element dictionary contains the format and descriptions of data elements used to construct X12 segments. It also contains code lists associated with these data elements. The segment directory contains the format and definitions of the data segments used to construct X12 transaction sets.

## 121 Health Industry Identification Number

SIMPLE DATA ELEMENT/CODE REFERENCES

128/HI, 66/21, I05/20, 1270/HI

SOURCÉ

Health Industry Number Database

**AVAILABLE FROM** 

Health Industry Business Communications Council

5110 North 40th Street

Phoenix, AZ 85018

**ABSTRACT** 

The HIN is a coding system, developed and administered by the Health Industry Business Communications Council, that assigns a unique code number to hospitals and other provider organizations - the customers of health industry manufacturers

and distributors.

# 130 Health Care Financing Administration Common Procedural Coding System

SIMPLE DATA ELEMENT/CODE REFERENCES

235/HC, 1270/BO, 1270/BP

SOURCE

Health Care Finance Administration Common Procedural Coding System AVAILABLE FROM

www.hcfa.gov/medicare/hcpcs.htm

Health Care Financing Administration

Center for Health Plans and Providers

CCPP/DCPC

C5-08-27

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7500 Security Boulevard

Baltimore, MD 21244-1850

**ABSTRACT** 

HCPCS is Health Care Finance Administration's (HFCA) coding scheme to group procedures performed for payment to providers.

## 131 International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

SIMPLE DATA ELÉMENT/CODE REFERENCES

235/ID, 235/DX, 1270/BF, 1270/BJ, 1270/BK, 1270/BN, 1270/BQ, 1270/BR,

1270/SD, 1270/TD, 1270/DD, 128/ICD

SOURCE

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

### **AVAILABLE FROM**

U.S. National Center for Health Statistics

Commission of Professional and Hospital Activities

1968 Green Road

Ann Arbor, MI 48105

**ABSTRACT** 

The International Classification of Diseases, 9th Revision, Clinical Modification, describes the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations.

## 132 National Uniform Billing Committee (NUBC) Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

235/RB, 235/NU, 1270/BE, 1270/BG, 1270/BH, 1270/BI

SOURCE

National Uniform Billing Data Element Specifications

**AVAILABLE FROM** 

National Uniform Billing Committee

American Hospital Association

840 Lake Shore Drive

Chicago, IL 60697

ABSTRACT

Revenue codes are a classification of hospital charges in a standard grouping that is controlled by the National Uniform Billing Committee. Place of service codes specify the type of location where a service is provided.

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## 134 National Drug Code

SIMPLE DATA ELEMENT/CODE REFERENCES

235/ND, 1270/NDC

SOURCE

Blue Book, Price Alert, National Drug Data File

**AVAILABLE FROM** 

First Databank, The Hearst Corporation

1111 Bayhill Drive

San Bruno, CA 94066

**ABSTRACT** 

The National Drug Code is a coding convention established by the Food and Drug Administration to identify the labeler, product number, and package sizes of FDA-approved prescription drugs. There are over 170,000 National Drug Codes on file

### 135 American Dental Association Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

235/AD. 1270/JO. 1270/JP

SOURCE

Current Dental Terminology (CDT) Manual

**AVAILABLE FROM** 

Salable Materials

American Dental Association

211 East Chicago Avenue

Chicago, IL 60611-2678

**ABSTRACT** 

The CDT contains the American Dental Association's codes for dental procedures and nomenclature and is the nationally accepted set of numeric codes and descriptive terms for reporting dental treatments.

### 139 Claim Adjustment Reason Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1034

SOURCE

National Health Care Claim Payment/Advice Committee Bulletins

**AVAILABLE FROM** 

www.wpc-edi.com

Washington Publishing Company

PMB 161

5284 Randolph Road

Rockville, MD 20852-2116

**ABSTRACT** 

Bulletins describe standard codes and messages that detail the reason why an adjustment was made to a health care claim payment by the payer.

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## 235 Claim Frequency Type Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1325

SOURCE

National Uniform Billing Data Element Specifications Type of Bill Position 3

AVAILABLE FROM

National Uniform Billing Committee

American Hospital Association

840 Lake Shore Drive

Chicago, IL 60697

**ABSTRACT** 

A variety of codes explaining the frequency of the bill submission.

## 240 National Drug Code by Format

SIMPLE DATA ELEMENT/CODE REFERENCES

235/N1, 235/N2, 235/N3, 235/N4, 1270/NDC, 235/N5, 235/N6

SOURCE

Drug Establishment Registration and Listing Instruction Booklet

**AVAILABLE FROM** 

Federal Drug Listing Branch HFN-315

5600 Fishers Lane

MSBCBS

277 Claim Acknowledgement

Rockville, MD 20857

**ABSTRACT** 

Publication includes manufacturing and labeling information as well as drug packaging sizes.

# 245 National Association of Insurance Commissioners (NAIC) Code

**SIMPLE DATA ELEMENT/CODE REFERENCES** 

128/NF

SOURCE

National Association of Insurance Commissioners Company Code List Manual AVAILABLE FROM

National Association of Insurance Commission Publications Department

12th Street, Suite 1100

Kansas Citv. MO 64105-1925

**ABSTRACT** 

Codes that uniquely identify each insurance company.

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### 507 Health Care Claim Status Category Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1271

SOURCE

Health Care Claim Status Category Code

**AVAILABLE FROM** 

Washington Publishing Company

http://www.wpc-edi.com

ABSTRACT

Code used to organize the Health Care Claim Status Codes into logical groupings

### 508 Health Care Claim Status Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1271

SOURCE

Health Care Claim Status Code

**AVAILABLE FROM** 

Washington Publishing Company

http://www.wpc-edi.com

ABSTRACT

Code identifying the status of an entire claim or service line

## 513 Home Infusion EDI Coalition (HIEC) Product/Service Code List

SIMPLE DATA ELEMENT/CODE REFERENCES

235/IV

SOURCE

Home Infusion EDI Coalition (HIEC) Coding System

**AVAILABLE FROM** 

**HIEC Chairperson** 

HIBCC (Health Industry Business Communications Council)

5110 North 40th Street

Suite 250

Phoenix, AZ 85018

**ABSTRACT** 

This list contains codes identifying home infusion therapy products/services.

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## 540 Health Care Financing Administration National PlanID

SIMPLE DATA ELEMENT/CODE REFERENCES

66/XV

SOURCE

**MSBCBS** 

277 Claim Acknowledgement

PlanID Database

**AVAILABLE FROM** 

Health Care Financing Administration

Center for Beneficiary Services

Administration Group

Division of Membership Operations

S1-05-06

7500 Security Boulevard

Baltimore, MD 21244-1850

ABSTRACT

The Health care Financing Administration is developing the PlanID, which will be proposed as the standard unique identifier for each health plan under the Health Insurance Portability and Accountability Act of 1996.

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