

# Unsolicited 277 Trading Partner Specification

## Revision Summary:

<b>Revision Number</b>	<b>Date</b>	<b>Summary of Changes</b>
1.0	3/20/2007	NPI changes in loop 2100C
1.1	5/23/2011	Updated for 5010

The AmeriHealth (hereinafter referred to as AH) Trading Partner Specification (the "Specification") provides trading partners with guidelines for accepting the Unsolicited 277 transaction. This Specification provides information on AH specific codes and situations. Readers of this Specification should be acquainted with the X12 Implementation Guides, their structure, and content.

This Specification provides supplemental information to the Trading Partner Agreement that exists between AH and its trading partners. Trading partners should refer to the Trading Partner Agreement for guidelines pertaining to AH's legal conditions surrounding the implementation of the EDI transactions and code sets. Nothing contained in this Specification is intended to amend, revoke, contradict, or otherwise alter the terms and conditions of the Trading Partner Agreement. If there is an inconsistency between the terms of this Specification and the terms of the Trading Partner Agreement, the terms of the Trading Partner Agreement will govern.

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## Overview of Document

The purpose of this Specification is to provide data requirements and content for receivers of the AH version of the Unsolicited 277 - Claim Acknowledgement Transaction (005010XIBC). This Specification focuses on use of the Unsolicited 277 as an acknowledgement of receipt of the claims and/or encounters submitted to AH. The specification also 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 Unsolicited 277.

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

Entities receiving the Unsolicited 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 Unsolicited 277 include billing services, consulting services, vendors, EDI translators and EDI network intermediaries such as health care clearinghouses, value-added networks, and telecommunication services. [TOP](#)

## Business Use

This Specification only addresses the business use of the Unsolicited 277. The purpose of the Unsolicited 277 is to provide a system (application) level acknowledgement for electronic claims or encounters. The Unsolicited 277 is used specifically as an application acknowledgement response to the ASC X12N 837 Institutional and Professional claim/encounter submission transactions. [TOP](#)

## Claim System Acknowledgement

AH returns an Unsolicited 277 Claim Acknowledgement for the ASC X12 837 transaction. This is a system 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, the Unsolicited 277 provides a standard method of reporting acknowledgements for claims and encounters. The Unsolicited 277 identifies claims and encounters that are transferred to AH, accepted for adjudication, and as well as those that are not accepted. The Unsolicited 277 is the only notification of pre-adjudication claim status. Claims failing the pre-adjudication editing process are not forwarded to the claims adjudication system. Claims passing the pre-adjudication editing process are forwarded to the claims adjudication system and handled according to claims processing guidelines.

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## General Instructions

This section introduces the structure of the Unsolicited 277 and describes the positioning of the business data within the Unsolicited 277 structure. Users of the Unsolicited 277 will need to be Familiar with the ASC X12 nomenclature, segments, data elements, hierarchical levels, and looping structure is recommended. Refer to Appendix A for additional information regarding the ASC X12 nomenclature and structure of the HIPAA transaction.

The transaction details set forth below provide the segments and their designated health care names to clarify the purpose and use of the segments of the Unsolicited 277.

The Unsolicited 277 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 the Unsolicited 277's business purpose. The BHT segment identifies the hierarchical structure used. Table 2 (Detail) contains the detail information for the business function of the Unsolicited 277.

The level of information potentially available for the Unsolicited 277 may vary drastically from payer to payer. The primary vehicle for the claim status information in the Unsolicited 277 is the STC segment.

The STC segment contains two iterations of the Health Care Claim Status composite (C043) within elements STC01 and STC10. 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](http://www.wpc-edi.com)).

## Transaction Set Notes

The primary vehicle for the claim status information in the Unsolicited 277 is the STC segment. The STC segment contains two iterations of the Health Care Claim Status composite (C043) within elements STC01 and STC10. 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 source for the codes is the Washington Publishing Company World Wide Web site ([www.wpc-edi.com](http://www.wpc-edi.com)).

Within the STC segment, composite element STC01 is required; STC10 is situational and used to provide additional claim status when needed. The composite element consists of two 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 the Unsolicited 277, the following 3 acknowledgement codes are supported:

- A1 – Acknowledgement/Receipt** (The claim/encounter has been received. However, this does not mean that the claim has been accepted for adjudication.)
- A3 – Acknowledgement/Returned** (The claim/encounter has been rejected and has not been entered into the adjudication system.)
- A5 – Acknowledgement/Split Claim** (The claim/encounter has been split upon acceptance into the adjudication system.)

The second element is the Health Care Claim Status Code, Code Source 508. This element provides more information about the claim or line item 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" and "missing/invalid data prevents payer from processing claim."  
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In addition, STC 12 Free Form Message Text, Code Source 933 is situational and is used to provide the description of why the claim rejected.

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

## Trading Partner Assistance

For assistance or questions regarding the Unsolicited 277, please contact AH Service Desk at 215-241-4200

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# 277 Unsolicited Health Care Claim Status Notification

Functional Group ID=**HN**

## Heading:

<u>Position Number</u>	<u>Segment ID</u>	<u>Name</u>	<u>Requirement Designator</u>	<u>Max.Use</u>	<u>Loop Repeat</u>	<u>Notes and Comments</u>
010	ST	Transaction Set Header	M	1		
020	BHT	Beginning of Hierarchical Transaction	M	1		
LOOP ID - 1000						1 1
040	NM1	Individual or Organizational Name	M	1		

## Detail:

<u>Position Number</u>	<u>Segment ID</u>	<u>Name</u>	<u>Requirement Designator</u>	<u>Max.Use</u>	<u>Loop Repeat</u>	<u>Notes and Comments</u>
LOOP ID - 2000A						1 1
010	HL	Information Source Level	M	1		
LOOP ID - 2100A						>1
050	NM1	Payer Name	M	1		
060	N3	Address Information	O	1		
070	N4	Geographic Location	O	1		
080	PER	Payer Contact Information	M	1		
LOOP ID - 2000B						1 1
010	HL	Information Receiver Level	M	1		
LOOP ID - 2100B						1 1
050	NM1	Information Receiver Name	M	1		
LOOP ID - 2000C						>1
010	HL	Service Provider Level	M	1		
LOOP ID - 2100C						2
050	NM1	Provider Name	M	1		
LOOP ID - 2000D						>1
010	HL	Subscriber Level	M	1		
LOOP ID - 2100D						>1
050	NM1	Subscriber Name	M	1		
LOOP ID - 2200D						S >1
090	TRN	Claim Submitter Trace Number	S	1		
100	STC	Claim Level Status Information	S	>1		
110	REF	Payer's Claim Number	S	1		
110	REF	Document Control Number	S	1		
110	REF	Billing Type (Institutional claim inquiries)	S	1		
110	REF	Medical Record Identification Number	S	1		
120	DTP	Claim Service Date	S	1		
LOOP ID - 2000E						>1

010	HL	Dependent Level	O	1	
		LOOP ID - 2100E	S	>1	
050	NM1	Dependent Name	O	1	



		LOOP ID - 2200E	S	>1
090	TRN	Claim Submitter Trace Number	S	1
100	STC	Claim Level Status Information	S	>1
110	REF	Payer's Claim Number	S	1
110	REF	Document Control Number	S	1
110	REF	Billing Type (Institutional claim inquiries)	S	1
110	REF	Medical Record Identification Number	S	1
120	DTP	Claim Service Date	S	1

**Summary:**

<u>Position Number</u>	<u>Segment ID</u>	<u>Segment Name</u>	<u>Requirement Designator</u>	<u>Max.Use</u>	<u>Loop Repeat</u>	<u>Notes and Comments</u>
270	SE	Transaction Set Trailer	M	1		

**Segment:** **ST** Transaction Set Header  
**Position:** 010  
**Loop:**  
**Level:** Heading  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To indicate the start of a transaction set and to assign a control number  
**Syntax Notes:**  
**Semantic Notes:** 1 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).  
**Comments:**  
**Notes:** Example: ST\*277\*0001~

### Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
ST01	143	Transaction Set Identifier Code Code uniquely identifying a Transaction Set INDUSTRY: Transaction Set Identifier Code Constant value: 277	M ID 3/3
ST02	329	Transaction Set Control Number Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set Data value in ST02 must be identical to SE02. INDUSTRY: Transaction Set Control Number Sequential number generated by the translator during the transaction process.	M AN 4/9

**Segment:** **BHT** **Beginning of Hierarchical Transaction**  
**Position:** 020  
**Loop:**  
**Level:** Heading  
**Usage:** Mandatory  
**Max Use:** 1  
**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 BHT04 is the date AH received the 837.  
 2 BHT05 is the time AH received the 837.

**Comments:**

**Notes:** Example: BHT\*0010\*06\*112234563\*040120\*140507\*TH~

**Data Element Summary**

**Ref. Data**

<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
BHT01	1005	<b>Hierarchical Structure Code</b> Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set INDUSTRY: Hierarchical Structure Code 0010 Information Source, Information Receiver, Provider of Service, Subscriber, Dependent	<b>M ID 4/4</b>
BHT02	353	<b>Transaction Set Purpose Code</b> Code identifying purpose of transaction set INDUSTRY: Transaction Set Purpose Code Constant value: 06 (Confirmation) 06 Confirmation Constant value: 06	<b>M ID 2/2</b>
BHT03	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Originator Application Transaction Identifier Value from the 837	<b>O AN 1/30</b>
BHT04	373	<b>Date</b> Date expressed as CCYYMMDD INDUSTRY: Transaction Set Creation Date The date AH received the 837	<b>O DT 8/8</b>
BHT05	337	<b>Time</b> Time expressed in 24-hour clock time as follows: HHMMSS where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) The time AH received the 837	<b>O TM 4/8</b>
BHT06	640	<b>Transaction Type Code</b> Code specifying the type of transaction INDUSTRY: Transaction Type Code	<b>O ID 2/2</b>

Constant value: TH (Receipt Acknowledgement Advice)

**Segment:** **NM1 Individual or Organizational Name**  
**Position:** 040  
**Loop:** 1000 Mandatory  
**Level:** Heading  
**Usage:** Mandatory  
**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.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:**

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u>		
NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual Constant value: 41 (Submitter) 41 Submitter Entity transmitting transaction set Constant value: 41 (Submitter)	<b>M ID 2/3</b>
NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity Constant value: 2 (Non-person Entity) 2 Non-Person Entity Constant value: 2 (Non-person Entity)	<b>M ID 1/1</b>
NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name Value from NM103 Loop 1000B in 837	<b>M AN 1/35</b>
NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) Constant value: NI (NAIC Identification) NI National Association of Insurance Commissioners (NAIC) Identification Constant value: NI (NAIC Identification)	<b>X ID 1/2</b>
NM109	67	<b>Identification Code</b> Code identifying a party or other code Value from the 837	<b>X AN 2/80</b>

**Segment:** **HL** Information Source Level  
**Position:** 010  
**Loop:** 2000A Mandatory  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Syntax Notes:**

**Semantic Notes:**

- Comments:**
- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.  
The HL segment defines a top-down/left-right ordered structure.
  - 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
  - 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
  - 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
  - 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Notes:** Example: HL\*1\*\*20\*1~

#### Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
HL01	628	<b>Hierarchical ID Number</b>	<b>M AN 1/12</b>
		A unique number assigned by the sender to identify a particular data segment in a hierarchical structure INDUSTRY: Hierarchical ID Number Generated sequential number starting at 1 and increment by 1 for each new occurrence.	
HL03	735	<b>Hierarchical Level Code</b>	<b>M ID 1/2</b>
		Code defining the characteristic of a level in a hierarchical structure INDUSTRY: Hierarchical Level Code 20 Information Source Identifies the payer, maintainer, or source of the information Constant value: 20 (Information Source)	
HL04	736	<b>Hierarchical Child Code</b>	<b>O ID 1/1</b>

Code indicating if there are hierarchical child data segments subordinate to the level being described

**INDUSTRY: Hierarchical Child Code**

1	Additional Subordinate HL Data Segment in This Hierarchical Structure.
	Constant value: 1

**Segment:** **NM1 Payer Name**  
**Position:** 050  
**Loop:** 2100A Mandatory  
**Level:** Detail  
**Usage:** Mandatory  
**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.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:**  
**Notes:** Example: NM1\*PR\*2\*ABC INSURANCE\*\*\*\*\*NI\*12345~

### Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
NM101	98	<b>Entity Identifier Code</b>	<b>M ID 2/3</b>
		Code identifying an organizational entity, a physical location, property or an individual	
		INDUSTRY: Entity Identifier Code	
		PR Payer	
		Constant value: PR (Payer)	
NM102	1065	<b>Entity Type Qualifier</b>	<b>M ID 1/1</b>
		Code qualifying the type of entity	
		INDUSTRY: Entity Type Qualifier	
		2 Non-Person Entity	
		Constant value: 2 (Non-person Entity)	
NM103	1035	<b>Name Last or Organization Name</b>	<b>M AN 1/35</b>
		Individual last name or organizational name	
		INDUSTRY: Payer Name	
		Value from the 837	
NM108	66	<b>Identification Code Qualifier</b>	<b>M ID 1/2</b>
		Code designating the system/method of code structure used for Identification Code (67)	
		INDUSTRY: Identification Code Qualifier	
		NI National Association of Insurance Commissioners (NAIC) Identification	
		Constant value: NI (NAIC Identification)	
NM109	67	<b>Identification Code</b>	<b>M AN 2/80</b>
		Code identifying a party or other code	
		INDUSTRY: Payer Identifier	
		This must be the NAIC code from the 837.	

**Segment:** N3 Address Information  
**Position:** 060  
**Loop:** 2100A Mandatory  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
N301	166	Address Information Address information Value from the 837	M AN 1/55
N302	166	Address Information Address information Value from the 837	O AN 1/55

**Segment:** N4 Geographic Location  
**Position:** 070  
**Loop:** 2100A Mandatory  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u>		
N401	19	<b>City Name</b> Free-form text for city name Value from the 837	M AN 2/30
N402	156	<b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency Value from the 837	M ID 2/2
N403	116	<b>Postal Code</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Value from the 837	M ID 3/15

**Segment:** **PER** Payer Contact Information  
**Position:** 080  
**Loop:** 2100A Mandatory  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To identify a person or office to whom administrative communications should be directed

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Example: PER\*IC\*IBC SERVICE DESK\*TE\*2152414200\*~

### Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
PER01	366	<b>Contact Function Code</b>	<b>M ID 2/2</b>
		Code identifying the major duty or responsibility of the person or group named	
		INDUSTRY: Contact Function Code	
		IC Information Contact	
		Constant value: IC (Information Contact)	
PER02	93	<b>Name</b>	<b>M AN 1/60</b>
		Free-form name	
		Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).	
		This element is required when a specific person or department is the contact for the response in order to clarify requests concerning additional information requests.	
		INDUSTRY: Payer Contact Name	
		Hard-coded value: IBC SERVICE DESK	
PER03	365	<b>Communication Number Qualifier</b>	<b>M ID 2/2</b>
		Code identifying the type of communication number	
		Required when PER04 is used.	
		INDUSTRY: Communication Number Qualifier	
		TE Telephone	
		Constant value: TE (Telephone)	
PER04	364	<b>Communication Number</b>	<b>M AN 1/80</b>
		Complete communications number including country or area code when applicable	
		INDUSTRY: Communication Number	
		Hard-coded value: 2152414200	

**Segment:** **HL Information Receiver Level**  
**Position:** 010  
**Loop:** 2000B Mandatory  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Syntax Notes:**

**Semantic Notes:**

- Comments:**
- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.  
The HL segment defines a top-down/left-right ordered structure.
  - 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
  - 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
  - 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
  - 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Notes:** Information Receiver  
Example: HL\*2\*1\*21\*1~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Element Name</u>	<u>Attributes</u>
HL01	628	<b>Hierarchical ID Number</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure INDUSTRY: Hierarchical ID Number Generated sequential number starting at 1 and incremented by 1 for each new occurrence.	M AN 1/12
HL02	734	<b>Hierarchical Parent ID Number</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to INDUSTRY: Hierarchical Parent ID Number HL02 needs to identify the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	M AN 1/12
HL03	735	<b>Hierarchical Level Code</b> Code defining the characteristic of a level in a hierarchical	M ID 1/2

structure

INDUSTRY: Hierarchical Level Code

21 Information Receiver  
Identifies the provider or party(ies) who are the recipient(s) of the information  
Constant value: 21 (Information Receiver)

**HL04 736 Hierarchical Child Code O ID 1/1**

Code indicating if there are hierarchical child data segments subordinate to the level being described

INDUSTRY: Hierarchical Child Code

1 Additional Subordinate HL Data Segment in This Hierarchical Structure.  
Constant value: 1

**Segment:** **NM1 Information Receiver Name**  
**Position:** 050  
**Loop:** 2100B Mandatory  
**Level:** Detail  
**Usage:** Mandatory  
**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.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:**  
**Notes:**

This is the individual or organization requesting to receive the status information.  
 Example: NM1\*40\*2\*XYZ SERVICE\*\*\*\*\*46\*A222222221~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code Constant value: 40 (Receiver) 40 Receiver Entity to accept transmission	<b>M ID 2/3</b>
NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier Value from the 837: can be 1 (Person Entity) or 2 (Non-person Entity) 1 Person 2 Non-Person Entity	<b>M ID 1/1</b>
NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name INDUSTRY: Information Receiver Last or Organization Name Value from the 837	<b>M AN 1/35</b>
NM104	1036	<b>Name First</b> Individual first name The first name is required when the value in NM102 is '1' and the person has a first name. INDUSTRY: Information Receiver First Name	<b>C AN 1/25</b>
NM105	1037	<b>Name Middle</b> Individual middle name or initial The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial. INDUSTRY: Information Receiver Middle Name	<b>O AN 1/25</b>
NM106	1038	<b>Name Prefix</b>	<b>O AN 1/10</b>

		Prefix to individual name Required if additional name information is needed to identify the information receiver. Recommended if the value in the entity type qualifier is a person.	
<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name Required if additional name information is needed to identify the information receiver. Recommended if the value in the entity type qualifier is a person.	<b>O AN 1/10</b>
<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)	<b>M ID 1/2</b>
		INDUSTRY: Information Receiver Name Suffix	
		INDUSTRY: Identification Code Qualifier	
		46 Electronic Transmitter Identification Number (ETIN) A unique number assigned to each transmitter and software developer From the 837; value will be 46 (Electronic Transmitter Identification Number)	
		FI Federal Taxpayer's Identification Number	
		XX Health Care Financing Administration National Provider Identifier	
<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code	<b>M AN 2/80</b>
		INDUSTRY: Information Receiver Identification Number	
		Electronic Transmitter Identification Number	

**Segment:** **HL Service Provider Level**  
**Position:** 010  
**Loop:** 2000C Mandatory  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** >1  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Syntax Notes:**

**Semantic Notes:**

- Comments:**
- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.  
The HL segment defines a top-down/left-right ordered structure.
  - 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
  - 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
  - 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
  - 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

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

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element Name</u>	
HL01	628 Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure INDUSTRY: Hierarchical ID Number Generated sequential number starting at 1 and incremented by 1 for each new occurrence.	M AN 1/12
HL02	734 Hierarchical Parent ID Number Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to INDUSTRY: Hierarchical Parent ID Number HL02 needs to identify the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	M AN 1/12
HL03	735 Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structure	M ID 1/2

**INDUSTRY: Hierarchical Level Code**

19 Provider of Service

Constant value: 19 (Provider of Service)

**HL04 736 Hierarchical Child Code M ID 1/1**

Code indicating if there are hierarchical child data segments subordinate to the level being described

**INDUSTRY: Hierarchical Child Code**

1 Additional Subordinate HL Data Segment in This Hierarchical Structure.

Constant value: 1

**Segment:** **NM1 Provider Name**  
**Position:** 050  
**Loop:** 2100C Mandatory  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** 2  
**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.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:**  
**Notes:**

This loop can repeat three times for Provider Name.

First occurrence of 2100C loop:  
Value in NM108, mapped directly from the 837, will be FI (Federal Taxpayer's Identification Number)

If a Billing provider loop of 837 transaction has NPI number then it would be returned on the second occurrence of 2100C loop

Third occurrence of 2100C loop - Value in NM108, mapped directly from the 837, will be:  
G2 – Provider Commercial Number (AmeriHealth)

Example for first occurrence of 2100C:  
NM1\*1P\*2\*ABC HOME MEDICAL\*\*\*\*\*FI\*987666666~

Example for second occurrence of 2100C:  
NM1\*1P\*2\*ABC HOME MEDICAL\*\*\*\*\*XX\*1234567893~

Example for third occurrence of 2100C:  
NM1\*1P\*2\*ABC HOME MEDICAL\*\*\*\*\*G2\*1234567890~

### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code 1P Provider Constant value: 1P (Provider)	M ID 2/3
NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier Value from the 837; can be 1 (Person Entity) or 2 (Non-person Entity) 1 Person 2 Non-Person Entity	M ID 1/1
NM103	1035	<b>Name Last or Organization Name</b>	M AN 1/35

		Individual last name or organizational name INDUSTRY: Provider Last or Organization Name Value from the 837	
<b>NM104</b>	<b>1036</b>	<b>Name First</b> Individual first name The first name is required when the value in NM102 is '1' and the person has a first name.	<b>O AN 1/25</b>
		INDUSTRY: Provider First Name	
<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.	<b>O AN 1/25</b>
		INDUSTRY: Provider Middle Name	
<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) INDUSTRY: Identification Code Qualifier First occurrence of 2100C loop:  Value mapped directly from the 837 will be 24 (Employer Identification Number).  Second occurrence (optional; if NPI is present) XX – HCFA NPI Value mapped directly from the 837 transaction  Third occurrence of 2100C loop - Value mapped directly from the 837 will be:  G2 – Provider Commercial Number (AmeriHealth)	<b>X ID 1/2</b>
<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code INDUSTRY: Provider Identifier First occurrence of 2100C loop: Employer Identification Number  Second occurrence of 2100C loop: HCFA NPI  Third occurrence of 2100C loop: Provider ID number from commercial provider (AmeriHealth).	<b>X AN 2/80</b>

**Segment:** **HL Subscriber Level**  
**Position:** 010  
**Loop:** 2000D Mandatory  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** >1  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Syntax Notes:**

**Semantic Notes:**

- Comments:**
- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.  
The HL segment defines a top-down/left-right ordered structure.
  - 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
  - 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
  - 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
  - 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Notes:** If the subscriber and the patient are the same person, do not use the next HL (HL23) for claim information.  
Example: HL\*4\*3\*22\*0~  
or HL\*4\*3\*22\*1~

**Data Element Summary**

<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
<b>Des.</b>	<b>Element Name</b>	
<b>HL01</b>	<b>628 Hierarchical ID Number</b>	<b>M AN 1/12</b>
	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure INDUSTRY: Hierarchical ID Number Generated sequential number starting at 1 and increment by 1 for each new occurrence.	
<b>HL02</b>	<b>734 Hierarchical Parent ID Number</b>	<b>M AN 1/12</b>
	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to INDUSTRY: Hierarchical Parent ID Number HL02 needs to identify the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	

<b>HL03</b>	<b>735</b>	<b>Hierarchical Level Code</b>	<b>M ID 1/2</b>
		Code defining the characteristic of a level in a hierarchical structure	
		INDUSTRY: Hierarchical Level Code	
	22	Subscriber	
		Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the insurer agrees to pay benefits	
		Constant value: 22 (Subscriber)	
<b>HL04</b>	<b>736</b>	<b>Hierarchical Child Code</b>	<b>O ID 1/1</b>
		Code indicating if there are hierarchical child data segments subordinate to the level being described	
		INDUSTRY: Hierarchical Child Code	
		Value can be 0 (No subordinate HL segments in this hierarchical structure) or 1 (Additional subordinate HL data segments in this hierarchical structure).	
	0	No Subordinate HL Segment in This Hierarchical Structure.	
		Required when there are no dependent claim status requests for this subscriber.	
	1	Additional Subordinate HL Data Segment in This Hierarchical Structure.	
		Required when there are dependent claims related to this subscriber.	

**Segment:** **NM1** Subscriber Name  
**Position:** 050  
**Loop:** 2100D Mandatory  
**Level:** Detail  
**Usage:** Mandatory  
**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.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** Use the QC qualifier in NM101 Loop 2100D only if the subscriber is the patient.  
 If the dependent is the patient, use the IL qualifier in NM101 Loop 2100D, and qualifier QC in NM101, Loop 2100E.  
**Notes:** Examples:  
 The subscriber is the patient:  
 NM1\*QC\*1\*SMITH\*FRED\*\*\*\*\*MI\*123456789A~  
 The subscriber is not the patient:  
 NM1\*IL\*1\*SMITH\*ROBERT\*\*\*\*\*MI\*9876543210~

### Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
NM101	98	<b>Entity Identifier Code</b>	<b>M ID 2/3</b>
		Code identifying an organizational entity, a physical location, property or an individual	
		INDUSTRY: Entity Identifier Code	
		IL Insured or Subscriber	
		Value from the 837: IL (Subscriber)	
		QC Patient	
		Value from the 837: QC (Patient)	
NM102	1065	<b>Entity Type Qualifier</b>	<b>M ID 1/1</b>
		Code qualifying the type of entity	
		INDUSTRY: Entity Type Qualifier	
		1 Person	
		Constant value: 1 (Person Entity)	
NM103	1035	<b>Name Last or Organization Name</b>	<b>M AN 1/35</b>
		Individual last name or organizational name	
		INDUSTRY: Subscriber Last Name	
		Subscriber last name	
NM104	1036	<b>Name First</b>	<b>O AN 1/25</b>
		Individual first name	
		The first name is required when the value in NM102 is '1' and the person has a first name.	
		INDUSTRY: Subscriber First Name	
NM105	1037	<b>Name Middle</b>	<b>O AN 1/25</b>

Individual middle name or initial

The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.

INDUSTRY: Subscriber Middle Name

Input only if available on the 837.

**NM106 1038 Name Prefix O AN 1/10**

Prefix to individual name

Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person.

INDUSTRY: Subscriber Name Prefix

**NM107 1039 Name Suffix O AN 1/10**

Suffix to individual name

Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person.

INDUSTRY: Subscriber Name Suffix

**NM108 66 Identification Code Qualifier M ID 1/2**

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

INDUSTRY: Identification Code Qualifier

MI Member Identification Number

Constant value: MI (Member Identification Number)

**NM109 67 Identification Code X AN 2/80**

Code identifying a party or other code

INDUSTRY: Subscriber Identifier

Value from the 837

**Segment:** **TRN** Claim Submitter Trace Number  
**Position:** 090  
**Loop:** 2200D Situational  
**Level:** Detail  
**Usage:** Situational  
**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 If TRN segment is used, must also use STC, REF and DTP segments.

**Comments:**  
**Notes:** Use of this segment is required if the subscriber is the patient.  
 The TRN segment is required by the ASC X12 syntax when Loop ID-2200 is used.  
 Use this segment to convey a unique trace or reference number from the originator of the transaction to be returned by the receiver of the transaction.  
 Example: TRN\*2\*H010752329\*\*CI~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
TRN01	481	<b>Trace Type Code</b>		<b>M ID 1/2</b>
			Code identifying which transaction is being referenced	
			INDUSTRY: Trace Type Code	
			2 Referenced Transaction Trace Numbers	
			Constant value: 2 (Referenced Transaction Trace Number)	
TRN02	127	<b>Reference Identification</b>		<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			INDUSTRY: Trace Number	
			Value from the 837; Patient Control Number	
TRN03	509	<b>Originating Company Identifier</b>		<b>X AN 10/10</b>
			Identifies an organization	
			INDUSTRY: Company ID	
			Not Used	
TRN04	127	<b>Reference Identification</b>		<b>M AN 1/30</b>
			Payment source code.	
			INDUSTRY: Additional ID	
			Value from 837	

**Segment:** **STC** Claim Level Status Information  
**Position:** 100  
**Loop:** 2200D Situational  
**Level:** Detail  
**Usage:** Situational  
**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 STC03 is the action code.
- 3 STC04 is the amount of original submitted charges.
- 4 STC12 allows additional free-form status information.

**Comments:**  
**Notes:**

Claim Status information in response to solicited inquiry.

This is required if the subscriber is the patient.

This segment can repeat >1 time.  
 Examples:  
 STC\*A1:20:QC\*20040119\*NA\*50.00~  
 STC\*A3:33:QC\*20040305\*15\*12606.00\*\*\*\*\*4R ;No record of eligibility based on submitted member ID and/or patients date of birth~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
STC01	C043		<b>Health Care Claim Status</b>	M
			Used to convey status of the entire claim or a specific service line	
C04301	1271		<b>Industry Code</b>	M AN 1/30
			Code indicating a code from a specific industry code list	
			This is the Category code. Use code source 507.	
			INDUSTRY: Health Care Claim Status Category Code	
			A1 (Acknowledgement/Receipt of claim or encounter)	
			A3 (Rejected Claims) or	
			A5 (Acknowledgement of Bundled or Split Claims)	
C04302	1271		<b>Industry Code</b>	M AN 1/30
			Code indicating a code from a specific industry code list	
			This is the Health Care Claim Status code, code source 508. The primary distribution source for these codes is the Washington Publishing Company World Wide Web site (www.wpc-edi.com).	
C04303	98		<b>Entity Identifier Code</b>	O ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual	
			STC01-3 further modifies the status code in STC01-2. Required if additional detail applicable to claim status is needed to clarify the status and the payer's system supports this level of detail.	

			INDUSTRY: Entity Identifier Code Constant value: QC (Patient) QC Patient Individual receiving medical care
STC02	373	<b>Date</b>	<b>M DT 8/8</b> Date expressed as CCYYMMDD INDUSTRY: Status Information Effective Date CCYYMMDD format
STC03	306	<b>Action Code</b>	<b>M ID 1/2</b> Code indicating type of action For Accepted Claims: NA (No Action Required) For Rejected Claims: 15 (Correct and Re-submit) For Encounters: F4 (Final, do not re-submit encounter)
STC04	782	<b>Monetary Amount</b>	<b>M R 1/18</b> Monetary amount Use this element for the amount of submitted charges. Some HMO encounters supply zero as the amount of original charges. INDUSTRY: Total Claim Charge Amount
STC10	C043	<b>Health Care Claim Status</b>	<b>C</b> Used to convey status of the entire claim or a specific service line Use this element if a second claim status is needed.
C04301	1271	<b>Industry Code</b>	<b>M AN 1/30</b> Code indicating a code from a specific industry code list Required if STC10 is used.  This is the Category code. Use code source 507.  INDUSTRY: Health Care Claim Status Category Code Only used when STC01-01 = A3 and additional status information is necessary to explain the rejection code.
C04302	1271	<b>Industry Code</b>	<b>M AN 1/30</b> Code indicating a code from a specific industry code list This is the Status code. Use code source 508.  Required if STC10 is used.
C04303	98	<b>Entity Identifier Code</b>	<b>O ID 2/3</b> Code identifying an organizational entity, a physical location, property or an individual STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3. INDUSTRY: Entity Identifier Code
STC11	C043	<b>Health Care Claim Status</b>	<b>C</b> Used to convey status of the entire claim or a specific service line Use this element if a third claim status is needed.

<b>C04301</b>	<b>1271</b>	<b>Industry Code</b>	<b>M AN 1/30</b>
		Code indicating a code from a specific industry code list This is the Category code. Use code source 507.	
		Required if STC11 is used.	
		INDUSTRY: Health Care Claim Status Category Code	
<b>C04302</b>	<b>1271</b>	<b>Industry Code</b>	<b>M AN 1/30</b>
		Code indicating a code from a specific industry code list Required if STC11 is used.	
		This is the Status code. Use code source 508.	
		INDUSTRY: Health Care Claim Status Code	
<b>C04303</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O ID 2/3</b>
		Code identifying an organizational entity, a physical location, property or an individual STC11-3 further modifies the status code in STC11-2. See code value list in STC01-3.	
		INDUSTRY: Entity Identifier Code	
<b>STC12</b>	<b>933</b>	<b>Free-Form Message Text</b>	<b>O AN 1/264</b>
		Free-form message text Description of Rejection	

**Segment:** **REF** **Identifying Information**  
**Position:** 110  
**Loop:** 2200D Situational  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 4  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
**Semantic Notes:**  
**Comments:**  
**Notes:** Use this only if the subscriber is the patient.

This REF can be repeated up to four times and all REF segments may not occur.  
 The REF segments will always display in this qualifier order: 1K, D9, BLT, EA  
 Examples: REF\*1K\*9918046987~  
           REF\*D9\*92712001~  
           REF\*BLT\*121~  
           REF\*EA\*0373096885764~

### Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Element Name</u>	<u>Attributes</u>										
<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>										
		<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>1K</td> <td>Payer's Claim Number</td> </tr> <tr> <td>D9</td> <td>Document Control Number</td> </tr> <tr> <td>BLT</td> <td>Billing Type (Institutional claim inquiries)</td> </tr> <tr> <td>EA</td> <td>Medical Record Identification Number</td> </tr> </tbody> </table>	CODE	DEFINITION	1K	Payer's Claim Number	D9	Document Control Number	BLT	Billing Type (Institutional claim inquiries)	EA	Medical Record Identification Number	
CODE	DEFINITION												
1K	Payer's Claim Number												
D9	Document Control Number												
BLT	Billing Type (Institutional claim inquiries)												
EA	Medical Record Identification Number												
<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>										
		Payer's Claim Number - ALIAS: Patient Account Number  Billing Type (Institutional claim inquiries) - found on UB92 - record 40 4 - found on 837 CLM-05 - found on UB92 paper form, locator 4  Medical Record Identification Number - found on UB92 record 20, field 25 - found on 837 REF-02											

- found on UB92 paper form, locator 23

Document Control Number

- use REF03 to provide free-form description if needed

**REF03**

**352**

**Description**

**O AN 1/80**

A free-form description to clarify the related data elements and their content

Optional free-form description to clarify REF01 when value equals D9 (Document Control Number).

**Segment:** **DTP Claim Service Date**  
**Position:** 120  
**Loop:** 2200D Situational  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**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.  
**Comments:**  
**Notes:** Use this segment for the institutional claim statement period.

Use this segment if the subscriber is the patient.

For professional claims this will be the claim from and through date. If claim level date range is not used then the Line Service Date at 2220D is required.

Examples: DTP\*232\*D8\*19960401~  
 DTP\*232\*RD8\*19960401-19960402~

#### Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
		Code specifying type of date or time, or both date and time This data element also includes the Claim Statement Period End Date.	
		INDUSTRY: Date Time Qualifier Constant value: 472 (Service)	
DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
		Code indicating the date format, time format, or date and time format	
		INDUSTRY: Date Time Period Format Qualifier Value from the 837	
		D8 Date expressed in Format CCYYMMDD	
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
		Expression of a date, a time, or range of dates, times or dates and times	
		INDUSTRY: Claim Service Period Statement From and Through Date	

**Segment:** **HL** **Dependent Level**  
**Position:** 010  
**Loop:** 2000E Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** >1  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.  
The HL segment defines a top-down/left-right ordered structure.
- 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
- 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
- 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
- 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Notes:**

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.

Required when patient is not the same person as the subscriber.  
 Example: HL\*5\*4\*23~

**Data Element Summary**

<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
<b>Des.</b>	<b>Element Name</b>	
<b>HL01</b>	<b>628 Hierarchical ID Number</b>	<b>M AN 1/12</b>
	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	
	INDUSTRY: Hierarchical ID Number	
	Generated sequential number starting at 1 and increment by 1 for each new occurrence.	
<b>HL02</b>	<b>734 Hierarchical Parent ID Number</b>	<b>M AN 1/12</b>
	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	

<b>HL03</b>	<b>735</b>	<p>INDUSTRY: Hierarchical Parent ID Number          HL02 needs to identify the hierarchical ID number of the HL segment to which the current HL segment is subordinate.</p>
		<p><b>Hierarchical Level Code</b> <span style="float: right;"><b>M ID 1/2</b></span>          Code defining the characteristic of a level in a hierarchical structure</p>
		<p>INDUSTRY: Hierarchical Level Code</p>
	23	<p>Dependent          Identifies the individual who is affiliated with the subscriber, such as spouse, child, etc., and therefore may be entitled to benefits          Constant value: 23 (Dependent)</p>

**Segment:** **NM1** **Dependent Name**  
**Position:** 050  
**Loop:** 2100E Situational  
**Level:** Detail  
**Usage:** Optional  
**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.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** Loop 2100E is used only if a dependent is the patient.

**Notes:** Example:  
 The dependent is the patient:  
 NM1\*QC\*1\*SMITH\*JOSEPH\*\*\*\*MI\*01234567802~

### Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u>		
NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code QC Patient Individual receiving medical care Constant value: QC (Patient)	M ID 2/3
NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person Constant value: 1 (Person)	M ID 1/1
NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name INDUSTRY: Patient Last Name	M AN 1/35
NM104	1036	<b>Name First</b> Individual first name Always return this information when it is supplied on a claim. Required if additional name information is needed to identify the patient. INDUSTRY: Patient First Name	O AN 1/25
NM105	1037	<b>Name Middle</b> Individual middle name or initial Required if additional name information is needed to identify the patient. INDUSTRY: Patient Middle Name Input only if available on 837.	O AN 1/25
NM106	1038	<b>Name Prefix</b>	O AN 1/10

		Prefix to individual name Required if additional name information is needed to identify the patient.	
		INDUSTRY: Patient Name Prefix	
<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name Required if additional name information is needed to identify the patient.	<b>O AN 1/10</b>
		INDUSTRY: Patient Name Suffix	
<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)	<b>O ID 1/2</b>
		INDUSTRY: Identification Code Qualifier	
		MI                      Member Identification Number Constant value: MI (Member Identification Number)	
<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code At this level, NM108 and NM109 are used only if the dependent's ID is different from the subscriber's ID.	<b>O AN 2/80</b>
		INDUSTRY: Patient Primary Identifier Value from the 837	

**Segment:** **TRN** Claim Submitter Trace Number  
**Position:** 090  
**Loop:** 2200E Situational  
**Level:** Detail  
**Usage:** Situational  
**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 If TRN segment is used, must also use STC, REF and DTP segments.

**Comments:**

**Notes:** Use of this segment is required if the patient is someone other than the subscriber.  
  
 The TRN segment is required by the ASC X12 syntax when Loop ID-2200 is used.  
  
 Use this segment to convey a unique trace or reference number from the originator of the transaction to be returned by the receiver of the transaction.  
  
 Example: TRN\*2\*1722634842\*\*CI~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
TRN01	481		<b>Trace Type Code</b> Code identifying which transaction is being referenced INDUSTRY: Trace Type Code	M ID 1/2
		2	Referenced Transaction Trace Numbers Constant value: 2 (Reference Transaction Trace Number)	
TRN02	127		<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Trace Number Value from the 837	M AN 1/30
TRN03	509		<b>Originating Company Identifier</b> Identifies an organization INDUSTRY: Company ID Not Used	X AN 10/10
TRN04	127		<b>Reference Identification</b> Payment source code. INDUSTRY: Additional ID Value from 837	M AN 1/30

**Segment:** **STC** Claim Level Status Information  
**Position:** 100  
**Loop:** 2200E Situational  
**Level:** Detail  
**Usage:** Situational  
**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 STC03 is the action code.
- 3 STC04 is the amount of original submitted charges.
- 4 STC12 allows additional free-form status information.

**Comments:**

**Notes:** Use this if the patient is the dependent.

Use this segment to request additional information about a claim or a service line.

This segment can repeat >1 time.  
 Examples:  
 STC\*A1:20:QC\*20040119\*NA\*50.00~  
 STC\*A3:33:QC\*20040305\*15\*12606.00\*\*\*\*\*4R ;No record of eligibility based on submitted member ID and/or patients date of birth.~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
STC01	C043		<b>Health Care Claim Status</b>	<b>M</b>
			Used to convey status of the entire claim or a specific service line	
C04301	1271		<b>Industry Code</b>	<b>M AN 1/30</b>
			Code indicating a code from a specific industry code list	
			This is the Category code. Use code source 507.	
			INDUSTRY: Health Care Claim Status Category Code	
			A1 (Acknowledgement/Receipt of claim or encounter)	

		A3 (Rejected Claims) or A5 (Acknowledgement of Bundled or Split Claims)	
<b>C04302</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list This is the Health Care Claim Status code, code source 508. The primary distribution source for these codes is the Washington Publishing Company World Wide Web site (www.wpc-edi.com).	<b>M AN 1/30</b>
<b>C04303</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual STC01-3 further modifies the status code in STC01-2.  INDUSTRY: Entity Identifier Code Constant value: QC (Patient) QC Patient Individual receiving medical care	<b>M ID 2/3</b>
<b>STC02</b>	<b>373</b>	<b>Date</b> Date expressed as CCYYMMDD INDUSTRY: Status Information Effective Date CCYYMMDD format	<b>M DT 8/8</b>
<b>STC03</b>	<b>306</b>	<b>Action Code</b> Code indicating type of action For Accepted Claims: NA (No Action Required) For Rejected Claims: 15 (Correct and Re-submit) For Encounters: F4 (Final, do not re-submit encounter)	<b>M ID 1/2</b>
<b>STC04</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount Use this element for the amount of submitted charges. Some HMO encounters supply zero as the amount of original charges.  INDUSTRY: Total Claim Charge Amount	<b>M R 1/18</b>
<b>STC10</b>	<b>C043</b>	<b>Health Care Claim Status</b> Used to convey status of the entire claim or a specific service line Use this element if a second claim status is needed. Only used when STC01-1 = A3 and additional status information is necessary to explain the rejection code.	<b>C</b>
<b>C04301</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list Required if STC10 is used.  This is the Category code. Use code source 507.  INDUSTRY: Health Care Claim Status Category Code Refer attachment for detailed response on Rejected Claims.	<b>M AN 1/30</b>
<b>C04302</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list This is the Status code. Use code source 508.	<b>M AN 1/30</b>

			Required if STC10 is used.
			INDUSTRY: Health Care Claim Status Code Refer attachment for detailed response on Rejected Claims.
<b>C04303</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>C ID 2/3</b> Code identifying an organizational entity, a physical location, property or an individual STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3.
			INDUSTRY: Entity Identifier Code Constant value: QC (Patient)
<b>STC11</b>	<b>C043</b>	<b>Health Care Claim Status</b>	<b>C</b> Used to convey status of the entire claim or a specific service line Use this element if a third claim status is needed.
<b>C04301</b>	<b>1271</b>	<b>Industry Code</b>	<b>M AN 1/30</b> Code indicating a code from a specific industry code list This is the Category code. Use code source 507.
			Required if STC11 is used.
			INDUSTRY: Health Care Claim Status Category Code
<b>C04302</b>	<b>1271</b>	<b>Industry Code</b>	<b>M AN 1/30</b> Code indicating a code from a specific industry code list This is the Status code. Use code source 508.
			Required if STC11 is used.
			INDUSTRY: Health Care Claim Status Code
<b>C04303</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O ID 2/3</b> Code identifying an organizational entity, a physical location, property or an individual STC11-3 further modifies the status code in STC11-2. See code value list in STC01-3.
			INDUSTRY: Entity Identifier Code
<b>STC12</b>	<b>933</b>	<b>Free-Form Message Text</b>	<b>O AN 1/264</b> Free-form message text Description of Rejection

**Segment:** **REF** Identifying Information  
**Position:** 110  
**Loop:** 2200E Situational  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 4  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
**Semantic Notes:**  
**Comments:**  
**Notes:** Use this only if the dependent is the patient.

This REF can be repeated up to four times and all REF segments may not occur.  
 The REF segments will always display in this qualifier order: 1K, D9, BLT, EA.  
 Examples: REF\*1K\*9918046987~  
           REF\*D9\*92712001~  
           REF\*BLT\*121~  
           REF\*EA\*0373096885764~

#### Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
REF01	128		<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			CODE	DEFINITION
			-----	-----
			1K	Payer's Claim Number
			D9	Document Control Number
			BLT	Billing Type (Institutional claim inquiries)
			EA	Medical Record Identification Number
REF02	127		<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			Payer's Claim Number	
			- ALIAS: Patient Account Number	
			Billing Type (Institutional claim inquiries)	
			- found on UB92 - record 40 – 4	
			- found on 837 CLM-05	
			- found on UB92 paper form, locator 4	
			Medical Record Identification Number	
			- found on UB92 record 20, field 25	
			- found on 837 REF-02	
			- found on UB92 paper form, locator 23	

Document Control Number  
- use REF03 to provide free-form description if needed

**Segment:** **DTP Claim Service Date**  
**Position:** 120  
**Loop:** 2200E Situational  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**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.  
**Comments:**  
**Notes:**

For professional claims this will be the claim from and through date. If claim level date range is not used then the Line Service Date at 2220D is required.

This is used if the dependent is the patient.

Use this segment for the institutional claim statement period.  
 Examples: DTP\*232\*D8\*19960401~  
 DTP\*232\*RD8\*19960401-19960402~

### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
		Code specifying type of date or time, or both date and time This data element also includes the Claim Statement Period End Date.	
		INDUSTRY: Date Time Qualifier Constant value: 472 (Service)	
DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
		Code indicating the date format, time format, or date and time format	
		INDUSTRY: Date Time Period Format Qualifier Value from the 837	
		D8 Date expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
		Expression of a date, a time, or range of dates, times or dates and times	
		INDUSTRY: Claim Service Period Statement From and Through Date	

**Segment:** **SE** Transaction Set Trailer  
**Position:** 270  
**Loop:**  
**Level:** Summary  
**Usage:** Mandatory  
**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:**

**Comments:** 1 SE is the last segment of each transaction set.

**Notes:** Example: SE\*34\*0001~

#### Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Element Name</u>	<u>Attributes</u>
SE01	96	<b>Number of Included Segments</b> Total number of segments included in a transaction set including ST and SE segments INDUSTRY: Transaction Segment Count Total number of segments included in a transaction set including ST and SE segments.	M N0 1/10
SE02	329	<b>Transaction Set Control Number</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set Data value in SE02 must be identical to ST02. INDUSTRY: Transaction Set Control Number	M AN 4/9