

CIGNA'S Companion Guide for 270 Eligibility, Coverage or Benefit Inquiry

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270 Eligibility, Coverage or Benefit Inquiry

Functional Group=HS

Purpose: This Draft Standard for Trial Use contains the format and establishes the data contents of the Eligibility, Coverage or Benefit Inquiry Transaction Set (270) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to inquire about the eligibility, coverages or benefits associated with a benefit plan, employer, plan sponsor, subscriber or a dependent under the subscriber's policy. The transaction set is intended to be used by all lines of insurance such as Health, Life, and Property and Casualty.

CIGNA NOTES

1. This is Cigna's Companion Guide for Trading Partners, who will send the 270 files to CIGNA. This document will explain to the sender how they should submit V4010 270 to CIGNA, and what information it should carry. This document has been modeled after the ANSI guide for version 4010(X12) of the 270 transaction set with the available options set forth by the HIPAA regulations. The guide was originally published in May 2000 as 004010X092, and now includes the addendum published in October 2002 as "004010X092A1".

2. X12 270 requests will be verified as originating from a CIGNA recognized clearinghouse (authenticated) and checked for access to run the eligibility inquiry transaction (authorization). Failure of 'authorization test' will generate a TA1 or 997 response back to the clearinghouse.

3. X12 270 requests will be checked for proper X12 270 structure via "envelope test validation". This insures the transaction request is complete and formatted as a real-time transaction. Failures of envelope tests can generate TA1 or 997 responses back to the clearinghouse.

4. X12 270 data elements that are mapped to CIGNA's copybook will be checked for validity through a defined set of "exception processing tests. If an exception occurs, the appropriate 997 response is sent back to the clearinghouse.

5. Special Test Processing: If the ISA15 (Usage Indicator) is set to T (Test Data), then the X12 request ISA10, ISA11, GS04 and GS05 date and time elements are returned in the X12 response. This allows for regression test tools to validate expected date/time responses in those fields. If the ISA15 (Usage Indicator) is set to P (Production Data), then the data and time fields are populated with the current date and time.

6. Eligibility and Benefit Inquiry Availability:

Peak hours are defined as 8:00 AM to 8:00 PM Eastern Time, Monday through Friday. Scheduled down time for CIGNA legacy systems for the purposes of maintenance and upgrades will be between 8:00 PM and 8:00 AM Eastern Time.

CIGNA usage of the Loops/Segments/Elements:

7. CIGNA requires that the data element ISA01 in ISA segment contain the value '00'

8. CIGNA requires that the data element ISA03 in ISA segment contain the value '00'

9. CIGNA requires that the data element ISA04 in ISA segment contain 'spaces'

10. CIGNA requires that the data element ISA07 in ISA segment contain the value '30'

11. CIGNA requires that the data element ISA08 in ISA segment contain the value '06-1059331'

12. CIGNA requires that the data element ISA11 in ISA segment contain the value 'U'

13. CIGNA requires that the data element ISA14 in ISA segment contain the value '0'

14. CIGNA requires that the data element GS01 in GS segment contain the value 'HS'

15. CIGNA requires that the data element GS03 in GS segment contain the value 'CIGNA'

16. CIGNA requires that the data element GS07 in GS segment contain the value 'X'

17. CIGNA supports Dates of Service prior, current and 30 calendar future days. If no Date of Service (DOS) is present the inquiry will default to current date.

18. CIGNA will respond to a single date of service only. If a date range is present, the response will be according to the first date provided.

19. CIGNA requires that the data element NM101 in NM1 (Information Source Name) segment in 2100A loop contain the value 'PR'

20. CIGNA requires that the data element NM102 in NM1 (Information Source Name) segment in 2100A loop contain the value '2'

21. CIGNA requires that the data element NM103 in NM1 (Information Source Name) segment in 2100A loop contain the value "CIGNA HealthCare"
22. CIGNA requires that the data element NM108 in NM1 (Information Source Name) segment in 2100A loop contain the value 'FI'
23. CIGNA requires that the data element NM109 in NM1 (Information Source Name) segment in 2100A loop contain the value '06-1059331'
24. CIGNA requires that the data element NM101 in NM1 (Information Receiver Name) segment in 2100B loop contain the value '1P'
25. CIGNA requires that the data element NM108 in NM1 (Information Receiver Name) segment in 2100B loop contain the value 34 (Social Security Number) or FI (Federal Taxpayer ID) or SV (Service Provider Number) or XX (Health Care Financing Administration National Provider Identifier - "NPI")
26. CIGNA requires that the data element NM109 in NM1 (Information Receiver Name) segment in 2100B loop should always be the 'Identification Code' of the provider requesting the response
- >>>Effective February 2009: When this value is a Federal Taxpayer ID or Service Provider Number, CIGNA may use this information to determine whether the inquirer is considered an in-network provider for the member.
27. CIGNA requires that the data element NM108 in NM1 (Subscriber Name) segment in 2100C loop must contain the value 'MI' (Member Identification Number)
28. CIGNA requires that the data element REF01 in REF (Subscriber Additional Identification) segment in 2100C loop contain the value EJ (Patient Account Number) or N6 (Plan Network Identification Number)
29. CIGNA requires that the Date Time Period (DMG02) be submitted using DMG (Subscriber Demographic Information) segment in 2100C loop.
30. CIGNA requires that the data element DTP01 in DTP (Subscriber Date) segment in 2100C loop contain the value '307' or '435' or '472'
31. CIGNA requires that the data element DTP02 in DTP (Subscriber Date) segment in the 2100C loop contain the value 'D8' (Date Expressed in Format CCYYMMDD)
32. CIGNA requires that the Name First (NM104) be submitted using NM1 (Dependent Name) segment in 2100D loop.
33. CIGNA requires that the data element REF01 in REF (Dependent Additional Identification) segment in 2100D loop contain the value EJ (Patient Account Number) or N6 (Plan Network Identification Number)
34. CIGNA requires that the Date Time Period (DMG02) be submitted using DMG (Dependent Demographic Information) segment in 2100D loop.
35. CIGNA requires that the data element DTP01 in DTP (Dependent Date) segment in the 2100D loop contain the value '307' or '435' or '472'
36. CIGNA requires that the data element DTP02 in DTP (Dependent Date) segment in the 2100D loop contain the value 'D8' (Date Expressed in Format CCYYMMDD)
37. CIGNA utilizes only 1 occurrences of the EQ (Eligibility or Benefit Inquiry) segment per transaction.
38. CIGNA supports only one LOB per inquiry. If a provider would like to verify eligibility and benefits for another LOB they will be required to submit the appropriate service type code in a separate transaction.
39. Effective January 1, 2005; CIGNA will be implementing the use of unique member identifiers. If a member has a unique member identifier, it must be used as the primary identification code in place of the member's Social Security Number (SSN) in NM1 (Subscriber Name) segment in the 2100C loop. This unique identifier must be used on all inquiries, communications and claims submissions. If a member has not yet received a unique member identifier, the submitting entity should continue to use the SSN, until the member receives the identifier.
Note: if a request is received prior to January 1, 2005 with a date of service of 1/1/2005 or later, the unique identifier (if it exists) will be sent back in the response.
40. CIGNA will utilize both the TA1 (Interchange Acknowledgement) and 997 (Functional Acknowledgement) responses, when necessary and appropriate.
- CIGNA not used Loops/Segments/Elements Information:
41. CIGNA does not utilize information submitted using the REF (Information Receiver Additional Identification) segment in 2100B loop.

42. CIGNA does not utilize information submitted using N3 and N4 segments in 2100B loop.
43. CIGNA does not utilize information submitted using the PER (Information Receiver Contact Information) segment in 2100B loop.
44. CIGNA does not utilize information submitted using the PRV (Information Receiver Provider Information) segment in 2100B loop.
45. CIGNA does not utilize information submitted using the N3 and N4 segments in 2100C loop.
46. CIGNA does not utilize information submitted using the PRV (Provider Information) segment in 2100C loop.
47. CIGNA does not utilize information submitted using the III (Subscriber Eligibility or Benefit Additional Inquiry Information) segment in 2110C loop.
48. CIGNA does not utilize information submitted using the REF (Subscriber Additional Information) segment in 2110C loop.
49. CIGNA does not utilize information submitted using the DTP (Subscriber Eligibility/Benefit Date) segment in 2110C loop.
50. CIGNA does not utilize AMT (Subscriber Spend Down Amount) segment in 2110C loop.
51. CIGNA does not utilize information submitted using the EQ02, EQ03 and EQ04 elements in 2110C loop.
52. CIGNA does not utilize information submitted using the N3 and N4 segments in 2100D loop.
53. CIGNA does not utilize information submitted using the PRV (Provider Information) segment in 2100D loop.
54. CIGNA does not utilize information submitted using the EQ02, EQ03 and EQ04 elements in 2110D loop.
55. CIGNA does not utilize information submitted using the III (Dependent Eligibility or Benefit Additional Inquiry Information) segment in 2110D loop.
56. CIGNA does not utilize information submitted using the REF (Dependent Additional Information) segment in 2110D loop.
57. CIGNA does not utilize information submitted using the DTP (Dependent Eligibility/Benefit Date) segment in 2110D loop.
58. Effective August 22, 2005, CIGNA will no longer accept 'AH', 'AG', '42' or '44' values in EQ01 for behavioral requests.
59. Effective September 2006, CIGNA will support the Service Type Codes (EQ01) listed below:

Medical

- 1 Medical Care ** new to medical as of 9/2006
- 2 Surgical - (Outpatient)
- 3 Consultation - (Specialist)
- 4 Diagnostic X-Ray ** new to medical as of 9/2006
- 6 Radiation Therapy ** new to medical as of 9/2006
- 7 Anesthesia ** new to medical as of 9/2006
- 8 Surgical Assistance ** new to medical as of 9/2006
- 10 Blood Charges ** new to medical as of 9/2006
- 12 DME Purchase
- 13 Ambulatory Service Center Facility - (Urgent Care)
- 17 Pre-Admission Testing ** new to medical as of 9/2006
- 19 Pneumonia Vaccine ** new to medical as of 9/2006
- 20 Second Surgical Opinion ** new to medical as of 9/2006
- 30 Health Benefit Plan Coverage
- 33 Chiropractic
- 42 Home Health Care
- 45 Hospice ** new to medical as of 9/2006
- 46 Respite Care ** new to medical as of 9/2006
- 47 Hospital
- 48 Hospital - Inpatient
- 50 Hospital - Outpatient
- 51 Hospital - Emergency Accident
- 52 Hospital - Emergency Medical
- 53 Hospital - Ambulatory Surgical - (Outpatient Surgery)
- 56 Medically Related Transportation ** new to medical as of 9/2006
- 61 In-vitro Fertilization ** new to medical as of 9/2006
- 62 MRI/CAT Scan
- 64 Acupuncture ** new to medical as of 9/2006
- 67 Smoking Cessation ** new to medical as of 9/2006
- 68 Well Baby Care ** new to medical as of 9/2006
- 69 Maternity ** new to medical as of 9/2006

70 Transplants ** new to medical as of 9/2006
 71 Audiology Exam ** new to medical as of 9/2006
 72 Inhalation Therapy ** new to medical as of 9/2006
 73 Diagnostic Medical (X-ray & Lab)
 74 Private Duty Nursing ** new to medical as of 9/2006
 75 Prosthetic Device
 76 Dialysis ** new to medical as of 9/2006
 78 Chemotherapy ** new to medical as of 9/2006
 79 Allergy Testing ** new to medical as of 9/2006
 80 Immunizations ** new to medical as of 9/2006
 81 Routine Physical
 82 Family Planning ** new to medical as of 9/2006
 83 Infertility ** new to medical as of 9/2006
 84 Abortion ** new to medical as of 9/2006
 88 Pharmacy - (Indemnity Products only)
 90 Mail Order Prescription Drug - (CIGNA formulary)
 91 Brand Name Prescription Drug - (CIGNA formulary)
 92 Generic Prescription Drug - (CIGNA generic)
 93 Podiatry ** new to medical as of 9/2006
 96 Professional (Physician) - (Primary Care)
 97 Anesthesiologist ** new to medical as of 9/2006
 98 Professional (Physician) Visit - Office ** new to medical as of 9/2006
 A0 Professional (Physician) Visit - Outpatient ** new to medical as of 9/2006
 A3 Professional (Physician) Visit - Home ** new to medical as of 9/2006
 A9 Rehabilitation
 AC Rehabilitation - Outpatient ** new to medical as of 9/2006
 AD Occupational Therapy ** new to medical as of 9/2006
 AF Speech Therapy ** new to medical as of 9/2006
 AG Skilled Nursing Care
 AL Vision (Optometry)
 AM Frames ** new to medical as of 9/2006
 AN Routine Exam ** new to medical as of 9/2006
 AO Lenses ** new to medical as of 9/2006
 AR Experimental Drug Therapy ** new to medical as of 9/2006
 BD Cognitive Therapy ** new to medical as of 9/2006
 BF Pulmonary Rehabilitation ** new to medical as of 9/2006
 BG Cardiac Rehabilitation ** new to medical as of 9/2006
 BH Pediatric ** new to medical as of 9/2006
 BK Orthopedic ** new to medical as of 9/2006
 BL Cardiac ** new to medical as of 9/2006
 BN Gastrointestinal ** new to medical as of 9/2006
 BQ Neurology ** new to medical as of 9/2006
 BR Eye ** new to medical as of 9/2006

Dental

35 Dental Care

Behavioral

5 Diagnostic Lab
 9 Other Medical
 22 Social Work
 49 Hospital - Room and Board
 59 Licensed Ambulance
 86 Emergency Services
 99 Professional (Physician) Visit - Inpatient
 A2 Professional (Physician) Visit - Skilled Nursing Facility
 A4 Psychiatric
 A5 Psychiatric - Room and Board
 A6 Psychotherapy
 A7 Psychiatric - Inpatient
 A8 Psychiatric - Outpatient
 AA Rehabilitation - Room and Board
 AI Substance Abuse
 AJ Alcoholism
 AK Drug Addiction
 BB Partial Hospitalization (Psychiatric)
 BC Day Care (Psychiatric)

Not Defined:

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

Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
010	ST	Transaction Set Header	M	1			Required
020	BHT	Beginning of Hierarchical Transaction	M	1			Required

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2000A					≥1		
010	HL	Information Source Level	M	1			Required
LOOP ID - 2100A					1		
030	NM1	Information Source Name	M	1			Required
LOOP ID - 2000B					≥1		
010	HL	Information Receiver Level	M	1			Required
LOOP ID - 2100B					1		
030	NM1	Information Receiver Name	M	1			Required
040	REF	Information Receiver Additional Identification	O	9			Optional - not supported on CIGNA inquiry
060	N3	Information Receiver Address	O	1			Optional - not supported on CIGNA inquiry
070	N4	Information Receiver City/State/ZIP Code	O	1			Optional - not supported on CIGNA inquiry
080	PER	Information Receiver Contact Information	O	3			Optional - not supported on CIGNA inquiry
090	PRV	Information Receiver Provider Information	O	1			Optional - not supported on CIGNA inquiry
LOOP ID - 2000C					≥1		
010	HL	Subscriber Level	M	1			Required
020	TRN	Subscriber Trace Number	O	2		N2/020	Situational
LOOP ID - 2100C					1		
030	NM1	Subscriber Name	M	1			Required
040	REF	Subscriber Additional Identification	O	9		N2/040	Situational
060	N3	Subscriber Address	O	1			Optional - not supported on CIGNA inquiry
070	N4	Subscriber City/State/ZIP Code	O	1		N2/070	Optional - not supported on CIGNA inquiry
090	PRV	Provider Information	O	1			Optional - not supported on CIGNA inquiry
100	DMG	Subscriber Demographic Information	O	1			Situational
110	INS	Subscriber Relationship	O	1			Situational
120	DTP	Subscriber Date	O	2			Situational
LOOP ID - 2110C					99		
130	EQ	Subscriber Eligibility or Benefit Inquiry Information	O	1			Situational

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
135	AMT	Subscriber Spend Down Amount	O	1			Situational
170	III	Subscriber Eligibility or Benefit Additional Inquiry Information	O	10			Optional - not supported on CIGNA inquiry
190	REF	Subscriber Additional Information	O	1			Optional - not supported on CIGNA inquiry
200	DTP	Subscriber Eligibility/Benefit Date	O	1			Optional - not supported on CIGNA inquiry
LOOP ID - 2000D					≥1		
010	HL	Dependent Level	O	1			Situational
020	TRN	Dependent Trace Number	O	2		N2/020	Situational
LOOP ID - 2100D					1		
030	NM1	Dependent Name	M	1			Required
040	REF	Dependent Additional Identification	O	9			Situational
060	N3	Dependent Address	O	1			Optional - not supported on CIGNA inquiry
070	N4	Dependent City/State/ZIP Code	O	1			Optional - not supported on CIGNA inquiry
090	PRV	Provider Information	O	1			Optional - not supported on CIGNA inquiry
100	DMG	Dependent Demographic Information	O	1			Situational
110	INS	Dependent Relationship	O	1			Situational
120	DTP	Dependent Date	O	2			Situational
LOOP ID - 2110D					99		
130	EQ	Dependent Eligibility or Benefit Inquiry Information	O	1			Required
170	III	Dependent Eligibility or Benefit Additional Inquiry Information	O	10			Optional - not supported on CIGNA inquiry
190	REF	Dependent Additional Information	O	1			Optional - not supported on CIGNA inquiry
200	DTP	Dependent Eligibility/Benefit Date	O	1			Optional - not supported on CIGNA inquiry
210	SE	Transaction Set Trailer	M	1			Required

Not Defined:

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

Notes:

- 2/020 If the Eligibility, Coverage or Benefit Inquiry Transaction Set (270) includes a TRN segment, then the Eligibility, Coverage or Benefit Information Transaction Set (271) must return the trace number identified in the TRN segment.
- 2/040 Only "EJ" and "N6" are supported on CIGNA inquiry.
- 2/070 Not supported on CIGNA inquiry.
- 2/020 If the Eligibility, Coverage or Benefit Inquiry Transaction Set (270) includes a TRN segment, then the Eligibility, Coverage or Benefit Information Transaction Set (271) must return the trace number identified in the TRN segment.

ISA Interchange Control Header

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

User Option (Usage): Required

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

Notes:

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

Example:

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

Element Summary:

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

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

CIGNA TRADING PARTNER NOTES: Value should always be '00'.

Code Name

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

ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION.

03 Additional Data Identification

ISA02	I02	Authorization Information	M	AN	10/10	Required
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Description: Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)

ISA03	I03	Security Information Qualifier	M	ID	2/2	Required
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Description: Code to identify the type of information in the Security Information

CIGNA TRADING PARTNER NOTES: Value should always be '00'.

Code Name

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

ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.

01 Password

ISA04	I04	Security Information	M	AN	10/10	Required
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Description: This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)

CIGNA TRADING PARTNER NOTES: Value should always be 'spaces'.

ISA05	I05	Interchange ID Qualifier	M	ID	2/2	Required
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Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

User Note 4: This ID qualifies the Sender in ISA06.

Code Name

01 Duns (Dun & Bradstreet)

14 Duns Plus Suffix

20 Health Industry Number (HIN)

CODE SOURCE:

121: Health Industry Identification Number

27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)

28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration

Code Name

(HCFA)

29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
30	U.S. Federal Tax Identification Number
33	National Association of Insurance Commissioners Company Code (NAIC)
ZZ	Mutually Defined

ISA06	I06	Interchange Sender ID	M	AN	15/15	Required
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Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element

ISA07	I05	Interchange ID Qualifier	M	ID	2/2	Required
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Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

User Note 4: This ID qualifies the Receiver in ISA08.

CIGNA TRADING PARTNER NOTES: Use only '30' - US Federal Tax Identification Number.

Code Name

01	Duns (Dun & Bradstreet)
14	Duns Plus Suffix
20	Health Industry Number (HIN)

CODE SOURCE:

121: Health Industry Identification Number

27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
30	U.S. Federal Tax Identification Number
33	National Association of Insurance Commissioners Company Code (NAIC)
ZZ	Mutually Defined

ISA08	I07	Interchange Receiver ID	M	AN	15/15	Required
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Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them

CIGNA TRADING PARTNER NOTES: Value should always be '06-1059331'.

ISA09	I08	Interchange Date	M	DT	6/6	Required
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Description: Date of the interchange

User Note 4: The date format is YYMMDD.

ISA10	I09	Interchange Time	M	TM	4/4	Required
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Description: Time of the interchange

User Note 4: The time format is HHMM.

ISA11	I10	Interchange Control Standards Identifier	M	ID	1/1	Required
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Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer

CIGNA TRADING PARTNER NOTES: Value should always be 'U'.

All valid standard codes are used.

ISA12	I11	Interchange Control Version Number	M	ID	5/5	Required
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Description: Code specifying the version number of the interchange control segments

Code Name

00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997
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ISA13	I12	Interchange Control Number	M	N0	9/9	Required
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Description: A control number assigned by the interchange sender

User Note 4: The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.

ISA14	I13	Acknowledgment Requested	M	ID	1/1	Required
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Description: Code sent by the sender to request an interchange acknowledgment (TA1)

User Note 4: See Section A.1.5.1 for interchange acknowledgment information.

CIGNA TRADING PARTNER NOTES: Value should always be '0'.

All valid standard codes are used.

ISA15	I14	Usage Indicator	M	ID	1/1	Required
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Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information

Code Name

P Production Data

T Test Data

ISA16	I15	Component Element Separator	M		1/1	Required
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Description: Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator

GS Functional Group Header

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

User Option (Usage): Required

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

Example:

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

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS01	479	Functional Identifier Code	M	ID	2/2	Required
Description: Code identifying a group of application related transaction sets						
CIGNA TRADING PARTNER NOTES: Value should always be 'HS'.						
Code Name						
HS Eligibility, Coverage or Benefit Inquiry (270)						
GS02	142	Application Sender's Code	M	AN	2/15	Required
Description: Code identifying party sending transmission; codes agreed to by trading partners						
User Note 4: Use this code to identify the unit sending the information.						
GS03	124	Application Receiver's Code	M	AN	2/15	Required
Description: Code identifying party receiving transmission; codes agreed to by trading partners						
User Note 4: Use this code to identify the unit receiving the information.						
CIGNA TRADING PARTNER NOTES: Value should always be 'CIGNA'.						
GS04	373	Date	M	DT	8/8	Required
Description: Date expressed as CCYYMMDD						
User Note 4: Use this date for the functional group creation date.						
GS05	337	Time	M	TM	4/8	Required
Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)						
User Note 4: Use this time for the creation time. The recommended format is HHMM.						
GS06	28	Group Control Number	M	N0	1/9	Required
Description: Assigned number originated and maintained by the sender						
GS07	455	Responsible Agency Code	M	ID	1/2	Required
Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480						
CIGNA TRADING PARTNER NOTES: Value should always be 'X'.						
Code Name						
X Accredited Standards Committee X12						
GS08	480	Version / Release / Industry Identifier Code	M	AN	1/12	Required
Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed						
Code Name						
004010 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997						

<u>Code</u>	<u>Name</u>
004010X061A 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X091A 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X092A 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X093A 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X094A 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X095A 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X096A 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X097A 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X098A 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.

Semantics:

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

Comments:

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

ST Transaction Set Header

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

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

Notes:

1. Use this control segment to mark the start of a transaction set. One ST segment exists for every transaction set that occurs within a functional group.

Example:

ST*270*0001~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST01	143	Transaction Set Identifier Code	M	ID	3/3	Required

Description: Code uniquely identifying a Transaction Set

Use this code to identify the transaction set ID for the transaction set that will follow the ST segment. Each X12 standard has a transaction set identifier code that is unique to that transaction set.

Code Name

270 Eligibility, Coverage or Benefit Inquiry

ST02	329	Transaction Set Control Number	M	AN	4/9	Required
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Description: 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 must be identical. This unique number also aids in error resolution research. Start with the number, for example "0001", and increment from there. This number must be unique within a specific group and interchange, but can repeat in other groups and interchanges.

Semantics:

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

BHT Beginning of Hierarchical Transaction

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 6

User Option (Usage): Required

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

Notes:

1. Use this required segment to start the transaction set and indicate the sequence of the hierarchical levels of information that will follow in Table 2.

Example:

BHT*0022*13*199800114000001*19980101*1400~
BHT*0022*36**19980101*1400*RU~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
BHT01	1005	Hierarchical Structure Code	M	ID	4/4	Required

Description: Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set

Use this code to specify the sequence of hierarchical levels that may appear in the transaction set. This code only indicates the sequence of the levels, not the requirement that all levels be present. For example, if code "0022" is used, the dependent level may or may not be present for each subscriber.

Code Name

0022 Information Source, Information Receiver, Subscriber, Dependent

BHT02	353	Transaction Set Purpose Code	M	ID	2/2	Required
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Description: Code identifying purpose of transaction set

Code Name

01 Cancellation

Use this code to cancel a previously submitted 270 transaction. Only 270 transactions that used a BHT06 code of either "RT" or "RU" can be canceled. The cancellation 270 transaction must contain the same BHT06 code as the previously submitted 270 transaction.

13 Request

36 Authority to Deduct (Reply)

Some health plans, Medicaid in particular, limit the number of certain services allowed during a certain period of time. These services are typically deducted from the count at the time an eligibility request is sent (if there are services remaining). A positive response in a 271 not only indicates that the inquired benefit exists but that the count for this service has been reduced by one (unless a specific number of services greater than one are requested in the request). If the service is not rendered, a Cancellation 270 must be submitted (using BHT02 code "01").

BHT03	127	Reference Identification	O	AN	1/30	Recommended
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Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Industry: Submitter Transaction Identifier

This element is required to be used if the transaction is processed in Real Time.

This element is to be used to trace the transaction from one point to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse. This identifier is to be returned in the corresponding 271 transaction's BHT03. This identifier will only be returned by the last entity to handle the 270. This identifier will not be passed through the complete life of the transaction. All recipients of 270 transactions are required to return the Submitter Transaction Identifier in their 271 response if one is submitted.

BHT04	373	Date	O	DT	8/8	Required
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Description: Date expressed as CCYYMMDD

Industry: Transaction Set Creation Date

Use this date for the date the transaction set was generated.

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
BHT05	337	Time	O	TM	4/8	Required

Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

Industry: Transaction Set Creation Time

Use this time for the time the transaction set was generated.

BHT06	640	Transaction Type Code	O	ID	2/2	Situational
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Description: Code specifying the type of transaction

Certain Medicaid programs support additional functionality for Spend Down or Medical Services Reservation. Use this code when necessary to further specify the type of transaction to a Medicaid program that supports this functionality.

Code Name

RT Spend Down

"Spend Down" is a term used by certain Medicaid programs when a recipient must pay a predetermined amount out of his or her own pocket before full coverage benefits are applied. In order to decrement the amount the recipient must pay out of pocket, a 270 transaction must be sent in with this code.

RU Medical Services Reservation

"Medical Services Reservation" is a term used by certain Medicaid programs when a recipient is allowed a predetermined amount of a particular service. To decrement the count, a Medical Services Reservation must be sent in. In the event that the service is not rendered, an additional 270 must be sent in with a BHT02 with a code "01" to cancel the Medical Services Reservation.

Semantics:

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.

Loop 2000A

Pos: 010	Repeat: >1
Mandatory	
Loop: 2000A	Elements: N/A

User Option (Usage): Required

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

Notes:

1. Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider.

Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

2. In a batch environment, only one Loop 2000A (Information Source) loop is to be created for each unique information source in a transaction. Each Loop 2000B (Information Receiver) loop that is subordinate to an information source is to be contained within only one Loop 2000A loop. There has been a misuse of the HL structure creating multiple Loops 2000As for the same information source. This is not the developer's intended use of the HL structure, and defeats the efficiencies that are designed into the HL structure.

3. An example of the overall structure of the transaction set when used in batch mode is:

Information Source (Loop 2000A)

Information Receiver (Loop 2000B)

Subscriber (Loop 2000C)

Dependent (Loop 2000D)

Eligibility or Benefit Inquiry Dependent (Loop 2000D) Eligibility or Benefit Inquiry Subscriber (Loop 2000C)

Eligibility or Benefit Inquiry

Example:

HL*1**20*1~

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Information Source Level	M	1		Required
030		Loop 2100A	M		1	Required

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.
2. The HL segment defines a top-down/left-right ordered structure.
3. 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.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. 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.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

HL Information Source Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000A	Elements: 3

User Option (Usage): Required

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

Notes:

1. Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider.

Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

2. In a batch environment, only one Loop 2000A (Information Source) loop is to be created for each unique information source in a transaction. Each Loop 2000B (Information Receiver) loop that is subordinate to an information source is to be contained within only one Loop 2000A loop. There has been a misuse of the HL structure creating multiple Loops 2000As for the same information source. This is not the developer's intended use of the HL structure, and defeats the efficiencies that are designed into the HL structure.

3. An example of the overall structure of the transaction set when used in batch mode is:

Information Source (Loop 2000A)

Information Receiver (Loop 2000B)

Subscriber (Loop 2000C)

Dependent (Loop 2000D)

Eligibility or Benefit Inquiry Dependent (Loop 2000D) Eligibility or Benefit Inquiry Subscriber (Loop 2000C)

Eligibility or Benefit Inquiry

Example:

HL*1**20*1~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required

Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:

HL*1**20*1~

NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~

HL03	735	Hierarchical Level Code	M	ID	1/2	Required
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Description: Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

Code Name

20 Information Source

HL04	736	Hierarchical Child Code	O	ID	1/1	Required
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Description: Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

Because of the hierarchical structure, and because an additional HL always exists in this transaction, the code value in the HL04 at the Loop 2000A level should always be "1".

Code Name

1 Additional Subordinate HL Data Segment in This Hierarchical Structure.

Comments:

- 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.

2. The HL segment defines a top-down/left-right ordered structure.
3. 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.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. 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.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Loop 2100A

Pos: 030	Repeat: 1
Mandatory	
Loop: 2100A	Elements: N/A

User Option (Usage): Required

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

Notes:

1. Use this NM1 loop to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility or benefit information source, (e.g., insurance company, HMO, IPA, employer).

Example:

NM1*PR*2*ACE INSURANCE COMPANY*****PI*87728~

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
030	NM1	Information Source Name	M	1		Required

Semantics:

1. NM102 qualifies NM103.

Comments:

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

NM1 Information Source Name

Pos: 030	Max: 1
Detail - Mandatory	
Loop: 2100A	Elements: 8

User Option (Usage): Required

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

Notes:

1. Use this NM1 loop to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility or benefit information source, (e.g., insurance company, HMO, IPA, employer).

Example:

NM1*PR*2*ACE INSURANCE COMPANY*****PI*87728~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code	M	ID	2/3	Required

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

CIGNA TRADING PARTNER NOTES: Use only (PR) - Payer for CIGNA inquiry.

Code Name

2B	Third-Party Administrator
36	Employer
GP	Gateway Provider
P5	Plan Sponsor
PR	Payer

NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
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Description: Code qualifying the type of entity

Use this code to indicate whether the entity is an individual person or an organization.

CIGNA TRADING PARTNER NOTES: Use only (2) - Non-Person Entity for CIGNA inquiry.

Code Name

1	Person
2	Non-Person Entity

NM103	1035	Name Last or Organization Name	O	AN	1/35	Situational
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Description: Individual last name or organizational name

Industry: Information Source Last or Organization Name

Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the source of eligibility or benefit information.

CIGNA TRADING PARTNER NOTES: Value should always be "CIGNA HealthCare".

NM104	1036	Name First	O	AN	1/25	Situational
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Description: Individual first name

Industry: Information Source First Name

Use this name only if NM102 is "1" and information is needed to identify the source of eligibility or benefit information.

NM105	1037	Name Middle	O	AN	1/25	Situational
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Description: Individual middle name or initial

Industry: Information Source Middle Name

Use this name only if NM102 is "1" and information is needed to identify the source of eligibility or benefit information.

NM107	1039	Name Suffix	O	AN	1/10	Situational
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Description: Suffix to individual name

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Industry: Information Source Name Suffix				
		Use this name only if NM102 is "1" and information is needed to identify the source of eligibility or benefit information.				
NM108	66	Identification Code Qualifier	C	ID	1/2	Required
		Description: Code designating the system/method of code structure used for Identification Code (67)				
		Use code value "XV" if the Information Source is a Payer and the National PlanID is mandated for use. Use code value "XX" if the information source is a provider and the HCFA National Provider Identifier is mandated for use. Otherwise one of the other appropriate code values may be used.				
		CIGNA TRADING PARTNER NOTES: Use only (FI) - Federal Taxpayer's Identification Number for CIGNA inquiry.				
		Code Name				
		24 Employer's Identification Number				
		46 Electronic Transmitter Identification Number (ETIN)				
		FI Federal Taxpayer's Identification Number				
		NI National Association of Insurance Commissioners (NAIC) Identification				
		PI Payor Identification				
		XV Health Care Financing Administration National Payer Identification Number (PAYERID)				
		CODE SOURCE:				
		540: Health Care Financing Administration National PlanID				
		XX Health Care Financing Administration National Provider Identifier				
NM109	67	Identification Code	C	AN	2/80	Required
		Description: Code identifying a party or other code				
		Industry: Information Source Primary Identifier				
		Use this reference number as qualified by the preceding data element (NM108).				
		CIGNA TRADING PARTNER NOTES: Value should always be '06-1059331'.				
		ExternalCodeList				
		Name: 245				
		Description: National Association of Insurance Commissioners (NAIC) Code				
		ExternalCodeList				
		Name: 537				
		Description: Health Care Financing Administration National Provider Identifier				
		ExternalCodeList				
		Name: 540				
		Description: Health Care Financing Administration National PlanID				

Syntax Rules:

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

Semantics:

1. NM102 qualifies NM103.

Comments:

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

Loop 2000B

Pos: 010	Repeat: >1
Mandatory	
Loop: 2000B	Elements: N/A

User Option (Usage): Required

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

Notes:

1. Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider.

Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

2. In a batch environment, only one Loop 2000B (Information Receiver) loop is to be created for each unique information receiver within an Loop 2000A (Information Source) loop. Each Loop 2000C (Subscriber) loop that is subordinate to an information receiver is to be contained within only one Loop 2000B loop. There has been a misuse of the HL structure creating multiple Loop 2000Bs for the same information receiver with in an information source loop. This is not the developer's intended use of the HL structure, and defeats the efficiencies that are designed into the HL structure.

3. An example of the overall structure of the transaction set when used in batch mode is:

Information Source (Loop 2000A)

Information Receiver (Loop 2000B)

Subscriber (Loop 2000C)

Dependent (Loop 2000D)

Eligibility or Benefit Inquiry

Dependent (Loop 2000D)

Eligibility or Benefit Inquiry

Subscriber (Loop 2000C)

Eligibility or Benefit Inquiry

Example:

HL*2*1*21*1~

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Information Receiver Level	M	1		Required
030		Loop 2100B	M		1	Required

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.
2. The HL segment defines a top-down/left-right ordered structure.
3. 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.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. 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.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

HL Information Receiver Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000B	Elements: 4

User Option (Usage): Required

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

Notes:

1. Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider.

Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

2. In a batch environment, only one Loop 2000B (Information Receiver) loop is to be created for each unique information receiver within an Loop 2000A (Information Source) loop. Each Loop 2000C (Subscriber) loop that is subordinate to an information receiver is to be contained within only one Loop 2000B loop. There has been a misuse of the HL structure creating multiple Loop 2000Bs for the same information receiver with in an information source loop. This is not the developer's intended use of the HL structure, and defeats the efficiencies that are designed into the HL structure.

3. An example of the overall structure of the transaction set when used in batch mode is:

```
Information Source (Loop 2000A)
Information Receiver (Loop 2000B)
Subscriber (Loop 2000C)
Dependent (Loop 2000D)
Eligibility or Benefit Inquiry
Dependent (Loop 2000D)
Eligibility or Benefit Inquiry
Subscriber (Loop 2000C)
Eligibility or Benefit Inquiry
```

Example:

```
HL*2*1*21*1~
```

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required

Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:

```
HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*JONES*MARCUS***MD*SV*0202034~
```

HL02	734	Hierarchical Parent ID Number	O	AN	1/12	Required
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Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

Use this code to identify the specific hierarchical level to which this level is subordinate.

HL03	735	Hierarchical Level Code	M	ID	1/2	Required
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Description: Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

Code Name

21 Information Receiver

HL04	736	Hierarchical Child Code	O	ID	1/1	Required
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Description: Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Because of the hierarchical structure, and because an additional HL always exists in this transaction, the code value in HL04 at the Loop 2000B level will always be "1".				
		<u>Code</u>	<u>Name</u>			
		1	Additional Subordinate HL Data Segment in This Hierarchical Structure.			

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.
2. The HL segment defines a top-down/left-right ordered structure.
3. 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.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. 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.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Loop 2100B

Pos: 030	Repeat: 1
Mandatory	
Loop: 2100B	Elements: N/A

User Option (Usage): Required

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

Notes:

1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility/benefit information receiver (e.g., provider, medical group, employer, IPA, or hospital).

Example:

NM1*1P*1*JONES*MARCUS***MD*34*111223333~

CIGNA TRADING PARTNER NOTES:

Effective February 2009, CIGNA may use the value in NM108, Loop 2100B, to determine whether the provider is considered in network for the member.

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
030	NM1	Information Receiver Name	M	1		Required
040	REF	Information Receiver Additional Identification	O	9		Optional - not supported on CIGNA inquiry
060	N3	Information Receiver Address	O	1		Optional - not supported on CIGNA inquiry
070	N4	Information Receiver City/State/ZIP Code	O	1		Optional - not supported on CIGNA inquiry
080	PER	Information Receiver Contact Information	O	3		Optional - not supported on CIGNA inquiry
090	PRV	Information Receiver Provider Information	O	1		Optional - not supported on CIGNA inquiry

Semantics:

1. NM102 qualifies NM103.

Comments:

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

NM1 Information Receiver Name

Pos: 030	Max: 1
Detail - Mandatory	
Loop: 2100B	Elements: 8

User Option (Usage): Required

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

Notes:

1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility/benefit information receiver (e.g., provider, medical group, employer, IPA, or hospital).

Example:

NM1*1P*1*JONES*MARCUS***MD*34*111223333~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code	M	ID	2/3	Required

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

CIGNA TRADING PARTNER NOTES: Value should always be '1P'.

Code Name

1P	Provider
2B	Third-Party Administrator
36	Employer
80	Hospital
FA	Facility
GP	Gateway Provider
P5	Plan Sponsor
PR	Payer

NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
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Description: Code qualifying the type of entity

Use this code to indicate whether the entity is an individual person or an organization.

Code Name

1	Person
2	Non-Person Entity

NM103	1035	Name Last or Organization Name	O	AN	1/35	Situational
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Description: Individual last name or organizational name

Industry: Information Receiver Last or Organization Name

Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the receiver of eligibility or benefit information.

NM104	1036	Name First	O	AN	1/25	Situational
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Description: Individual first name

Industry: Information Receiver First Name

Use this name only if NM102 is "1".

NM105	1037	Name Middle	O	AN	1/25	Situational
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Description: Individual middle name or initial

Industry: Information Receiver Middle Name

Use this name only if NM102 is "1".

NM107	1039	Name Suffix	O	AN	1/10	Situational
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Description: Suffix to individual name

Industry: Information Receiver Name Suffix

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Use this for the suffix to an individual's name; e.g., Sr., Jr. or III. Use this only if NM102 is "1".				
NM108	66	Identification Code Qualifier	C	ID	1/2	Required
		Description: Code designating the system/method of code structure used for Identification Code (67)				
		Use this element to qualify the identification number submitted in NM109. This is the number that the information source associates with the information receiver. Because only one number can be submitted in NM109, the following hierarchy must be used. Additional identifiers are to be placed in the REF segment. If the National Provider ID is mandated for use, use code value "XX". Otherwise one of the other code values may be used. If another code value is used, the following hierarchy must be applied: Use the first code that applies: "SV", "PP", "FI", "34", "24", "PI". The code "SV" is recommended to be used prior to the mandated of use of National Provider ID.				
		CIGNA TRADING PARTNER NOTES: Use only one of the following for CIGNA inquiry:				
		34 - Social Security Number FI - Federal Taxpayer ID SV - Service Provider Number XX - NPI				
		Code Name				
		24	Employer's Identification Number Use this code only when the 270/271 transaction sets are used by an employer inquiring about eligibility and benefits of their employees.			
		34	Social Security Number The social security number may not be used for any Federally administered programs such as Medicare.			
		FI	Federal Taxpayer's Identification Number			
		PI	Payor Identification Use this code only when the 270/271 transaction sets are used between two payers.			
		PP	Pharmacy Processor Number			
		SV	Service Provider Number Use this code for the identification number assigned by the information source to be used by the information receiver in health care transactions.			
		XV	Health Care Financing Administration National Payer Identification Number (PAYERID) Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. CODE SOURCE: 540: Health Care Financing Administration National PlanID			
		XX	Health Care Financing Administration National Provider Identifier See code source 537.			
NM109	67	Identification Code	C	AN	2/80	Required
		Description: Code identifying a party or other code				
		Industry: Information Receiver Identification Number				
		Use this reference number as qualified by the preceding data element (NM108).				
		CIGNA TRADING PARTNER NOTES: Value should always be the 'Identification Code' of the provider requesting the response.				
		Effective February 2009: When this value is a Federal Taxpayer ID or Service Provider Number, CIGNA may use this information to determine whether the inquirer is considered an in-network provider for the member.				
		ExternalCodeList				
		Name: 537				
		Description: Health Care Financing Administration National Provider Identifier				

Syntax Rules:

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

Semantics:

1. NM102 qualifies NM103.

Comments:

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

REF Information Receiver Additional Identification

Pos: 040	Max: 9
Detail - Optional	
Loop: 2100B	Elements: 3

User Option (Usage): Optional - not supported on CIGNA inquiry

Purpose: To specify identifying information

Notes:

1. Use this segment when needed to convey other or additional identification numbers for the information receiver. The type of reference number is determined by the qualifier in REF01.

Example:

REF*EO*477563928~

CIGNA TRADING PARTNER NOTES:

Not supported on CIGNA inquiry.

Element Summary:

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

Description: Code qualifying the Reference Identification

Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.

Code Name

0B	State License Number	The state assigning the license number must be identified in REF03.
1C	Medicare Provider Number	This code is only to be used when the information source is not Medicare. If the information source is Medicare, the Medicare provider number is to be supplied in NM109 using Identification Code Qualifier of "SV" in NM108.
1D	Medicaid Provider Number	This code is only to be used when the information source is not Medicaid. If the information source is Medicaid, the Medicaid provider number is to be supplied in NM109 using Identification Code Qualifier of "SV" in NM108.
1J	Facility ID Number	
4A	Personal Identification Number (PIN)	
CT	Contract Number	This code is only to be used once the HCFA National Provider Identifier has been mandated for use, and must be sent if required in the contract between the provider identified in Loop 2000B and the Information Source identified in Loop 2000A.
EL	Electronic device pin number	
EO	Submitter Identification Number	
JD	User Identification	
N5	Provider Plan Network Identification Number	
N7	Facility Network Identification Number	
Q4	Prior Identifier Number	
SY	Social Security Number	The social security number may not be used for any Federally administered programs such as Medicare.
TJ	Federal Taxpayer's Identification Number	
HPI	Health Care Financing Administration National Provider Identifier	The Health Care Financing Administration National Provider Identifier may be used in this segment prior to being mandated for use.

CODE SOURCE:

537: Health Care Financing Administration National Provider Identifier

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

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Reference Identification Qualifier				
		Industry: Information Receiver Additional Identifier				
		Use this reference number as qualified by the preceding data element (REF01).				
		ExternalCodeList				
		Name: 537				
		Description: Health Care Financing Administration National Provider Identifier				
REF03	352	Description	C	AN	1/80	Situational
		Description: A free-form description to clarify the related data elements and their content				
		Industry: License Number State Code				
		Use this element for the two character state ID of the state assigning the identifier supplied in REF02. This element is required if the identifier supplied in REF02 is the State License Number. See Code source 22: States and Outlying Areas of the U.S.				
		ExternalCodeList				
		Name: 22				
		Description: States and Outlying Areas of the U.S.				

Syntax Rules:

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

Semantics:

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

N3 Information Receiver Address

Pos: 060	Max: 1
Detail - Optional	
Loop: 2100B	Elements: 2

User Option (Usage): Optional - not supported on CIGNA inquiry

Purpose: To specify the location of the named party

Notes:

1. Use this segment if the information receiver is a provider who has multiple locations and it is needed to identify the location relative to the request.

Example:

N3*201 PARK AVENUE*SUITE 300~

CIGNA TRADING PARTNER NOTES:

Not supported on CIGNA inquiry.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
Description: Address information						
Industry: Information Receiver Address Line						
Use this information for the first line of the address information.						
N302	166	Address Information	O	AN	1/55	Situational
Description: Address information						
Industry: Information Receiver Additional Address Line						
Use this information for the second line of the address information. Required if a second address line exists.						

N4 Information Receiver City/State/ZIP Code

Pos: 070	Max: 1
Detail - Optional	
Loop: 2100B	Elements: 4

User Option (Usage): Optional - not supported on CIGNA inquiry

Purpose: To specify the geographic place of the named party

Notes:

1. Use this segment if the information receiver is a provider who has multiple locations and it is needed to identify the location relative to the request.

Example:

N4*NEW YORK*NY*10003~

CIGNA TRADING PARTNER NOTES:

Not supported on CIGNA inquiry.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N401	19	City Name	O	AN	2/30	Required

Description: Free-form text for city name

Industry: Information Receiver City Name

Use this text for the city name of the information receiver's address.

N402	156	State or Province Code	O	ID	2/2	Required
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Description: Code (Standard State/Province) as defined by appropriate government agency

Industry: Information Receiver State Code

CODE SOURCE: 22: States and Outlying Areas of the U.S.

Use this code for the state code of the information receiver's address.

ExternalCodeList

Name: 22

Description: States and Outlying Areas of the U.S.

N403	116	Postal Code	O	ID	3/15	Required
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Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States)

Industry: Information Receiver Postal Zone or ZIP Code

CODE SOURCE: 51: ZIP Code

Use this code for the ZIP or Postal Code of the information receiver's address.

ExternalCodeList

Name: 51

Description: ZIP Code

N404	26	Country Code	O	ID	2/3	Situational
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Description: Code identifying the country

CODE SOURCE: 5: Countries, Currencies and Funds

Use this code to specify the country of the information receiver's address, if other than the United States.

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

Syntax Rules:

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

Comments:

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

PER Information Receiver Contact Information

Pos: 080	Max: 3
Detail - Optional	
Loop: 2100B	Elements: 8

User Option (Usage): Optional - not supported on CIGNA inquiry

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

Notes:

1. Use this segment when needed to identify a contact name and/or communications number for the entity identified. The segment allows for three contact numbers to be listed (e.g., telephone, extension, fax, EDI, or E-mail). If a telephone extension is sent, it should always be in the occurrence of the communications number following the actual phone number. See the example for an illustration.
2. If this segment is used, at a minimum either PER02 must be used or PER03 and PER04 must be used. It is recommended that at least PER02, PER03 and PER04 are sent if this segment is used.
3. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
4. By definition of the standard, if PER03 is used, PER04 is required.

Example:

PER*IC*BILLING DEPT*TE*2128763654*EX*2104*FX*2128769304~

CIGNA TRADING PARTNER NOTES:

Not supported on CIGNA inquiry.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code	M	ID	2/2	Required
Description: Code identifying the major duty or responsibility of the person or group named						
Use this code to specify the type of person or group to which the contact number applies.						
Code Name						
IC Information Contact						
PER02	93	Name	O	AN	1/60	Situational
Description: Free-form name						
Industry: Information Receiver Contact Name						
Use this name for the individual's name or group's name to use when contacting the individual or organization.						
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).						
PER03	365	Communication Number Qualifier	C	ID	2/2	Situational
Description: Code identifying the type of communication number						
Use this code to specify what type of communication number is following.						
Code Name						
ED Electronic Data Interchange Access Number						
EM Electronic Mail						
FX Facsimile						
TE Telephone						
PER04	364	Communication Number	C	AN	1/80	Situational
Description: Complete communications number including country or area code when applicable						
Industry: Information Receiver Communication Number						
Required when PER02 is not present or when a contact number is to be sent in addition to the contact name.						
Use this communication number as qualified by the preceding data element.						
PER05	365	Communication Number Qualifier	C	ID	2/2	Situational

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Description: Code identifying the type of communication number				
		Use this code to specify what type of communication number is following.				
		Code Name				
		ED Electronic Data Interchange Access Number				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		TE Telephone				
PER06	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable				
		Industry: Information Receiver Communication Number				
		Required when an additional contact number is to be sent. Use this communication number as qualified by the preceding data element.				
		The format for US domestic phone numbers is: AAABBBCCCC AAA = Area Code BBBCCCC = Local Number				
PER07	365	Communication Number Qualifier	C	ID	2/2	Situational
		Description: Code identifying the type of communication number				
		Use this code to specify what type of communication number is following.				
		Code Name				
		ED Electronic Data Interchange Access Number				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		TE Telephone				
PER08	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable				
		Industry: Information Receiver Communication Number				
		Required when an additional contact number is to be sent. Use this communication number as qualified by the preceding data element.				
		The format for US domestic phone numbers is: AAABBBCCCC AAA = Area Code BBBCCCC = Local Number				

Syntax Rules:

1. P0304 - If either PER03 or PER04 is present, then the other is required.
2. P0506 - If either PER05 or PER06 is present, then the other is required.
3. P0708 - If either PER07 or PER08 is present, then the other is required.

PRV Information Receiver Provider Information

Pos: 090	Max: 1
Detail - Optional	
Loop: 2100B	Elements: 3

User Option (Usage): Optional - not supported on CIGNA inquiry

Purpose: To specify the identifying characteristics of a provider

Notes:

1. This segment is used to convey additional information about a provider's role in the eligibility/benefit being inquired about and who is also the Information Receiver. For example, if the Information Receiver is also the Referring Provider, this PRV segment would be used to identify the provider's role.
2. PRV02 qualifies PRV03.

Example:

PRV*PE*ZZ*203BA0504N~

CIGNA TRADING PARTNER NOTES:

not supported on CIGNA inquiry

Element Summary:

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

Description: Code identifying the type of provider

Code Name

H	Hospital
R	Rural Health Clinic
AD	Admitting
AT	Attending
BI	Billing
CO	Consulting
CV	Covering
HH	Home Health Care
LA	Laboratory
OT	Other Physician
P1	Pharmacist
P2	Pharmacy
PC	Primary Care Physician
PE	Performing
RF	Referring
SB	Submitting
SK	Skilled Nursing Facility
SU	Supervising

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

If the National Provider ID is mandated for use, code value "HPI" must be used, otherwise one of the other code values may be used.

Code Name

ZZ	Mutually Defined
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ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: <http://www.wpc-edi.com>. This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.

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

Industry: Receiver Provider Specialty Code

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
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Use this number for the reference number as qualified by the preceding data element (PRV02).

ExternalCodeList

Name: HCPT

Description: Health Care Provider Taxonomy

Loop 2000C

Pos: 010	Repeat: >1
Mandatory	
Loop: 2000C	Elements: N/A

User Option (Usage): Required

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

Notes:

1. If the transaction set is to be used in a real time mode (see section 1.3.2 for additional detail), it is required that the 270 transaction contain only one patient request. One patient is defined as either, one subscriber loop if the member is the patient, or one dependent loop if the dependent is the patient.

If the transaction set is to be used in a batch mode (see section 1.3.2 for additional detail), it is required that the 270 transaction contain a maximum of ninety-nine patient requests. Each patient is defined as either, one subscriber loop if the member is the patient, or one subscriber loop and one dependent loop if the dependent is the patient.

Although it is not recommended, if the number of patients is to be greater than one for real time mode or greater than ninety-nine for batch mode, the trading partners (the Information Source, the Information Receiver and the switch the transaction is routed through, if there is one involved) must all agree to exceed the number of patient requests and agree to a reasonable limit.

2. Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider.

Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

3. An example of the overall structure of the transaction set when used in batch mode is:

```
Information Source (Loop 2000A)
Information Receiver (Loop 2000B)
Subscriber (Loop 2000C)
Dependent (Loop 2000D)
Eligibility or Benefit Inquiry
Dependent (Loop 2000D)
Eligibility or Benefit Inquiry
Subscriber (Loop 2000C)
Eligibility or Benefit Inquiry
```

Example:

```
HL*3*2*22*1~
```

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Subscriber Level	M	1		Required
020	TRN	Subscriber Trace Number	O	2		Situational
030		Loop 2100C	M		1	Required

Comments:

- 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.
- 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.
- HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
- 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.
- HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

HL Subscriber Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000C	Elements: 4

User Option (Usage): Required

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

Notes:

1. If the transaction set is to be used in a real time mode (see section 1.3.2 for additional detail), it is required that the 270 transaction contain only one patient request. One patient is defined as either, one subscriber loop if the member is the patient, or one dependent loop if the dependent is the patient.

If the transaction set is to be used in a batch mode (see section 1.3.2 for additional detail), it is required that the 270 transaction contain a maximum of ninety-nine patient requests. Each patient is defined as either, one subscriber loop if the member is the patient, or one subscriber loop and one dependent loop if the dependent is the patient.

Although it is not recommended, if the number of patients is to be greater than one for real time mode or greater than ninety-nine for batch mode, the trading partners (the Information Source, the Information Receiver and the switch the transaction is routed through, if there is one involved) must all agree to exceed the number of patient requests and agree to a reasonable limit.

2. Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider.

Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

3. An example of the overall structure of the transaction set when used in batch mode is:

Information Source (Loop 2000A)

Information Receiver (Loop 2000B)

Subscriber (Loop 2000C)

Dependent (Loop 2000D)

Eligibility or Benefit Inquiry

Dependent (Loop 2000D)

Eligibility or Benefit Inquiry

Subscriber (Loop 2000C)

Eligibility or Benefit Inquiry

Example:

HL*3*2*22*1~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required

Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:

HL*1**20*1~

NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~

HL*2*1*21*1~

NM1*1P*1*JONES*MARCUS***MD*SV*0202034~

HL*3*2*22*1~

NM1*IL*1*SMITH*ROBERT*B***MI*11122333301~

HL*4*3*23*0~

NM1*03*1*SMITH*MARY*LOU~

Eligibility/Benefit Data

HL*5*2*22*0~

NM1*IL*1*BROWN*JOHN*E***MI*22211333301~

Eligibility/Benefit Data

HL02	734	Hierarchical Parent ID Number	O	AN	1/12	Required
------	-----	--------------------------------------	---	----	------	----------

Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

Use this code to identify the specific hierarchical level to which this level is subordinate.

HL03	735	Hierarchical Level Code	M	ID	1/2	Required
------	-----	--------------------------------	---	----	-----	----------

Description: Code defining the characteristic of a level in a hierarchical structure

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.						
Code Name						
22 Subscriber						
HL04	736	Hierarchical Child Code	O	ID	1/1	Required
Description: Code indicating if there are hierarchical child data segments subordinate to the level being described						
Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level. If there is a Loop 2000D (Dependent) level subordinate to the current Loop 2000C, the value will be "1". If there is no Loop 2000D (Dependent) level subordinate to the current Loop 2000C, the value will be "0" (zero).						
All valid standard codes are used.						

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.
2. The HL segment defines a top-down/left-right ordered structure.
3. 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.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. 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.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

TRN Subscriber Trace Number

Pos: 020	Max: 2
Detail - Optional	
Loop: 2000C	Elements: 4

User Option (Usage): Situational

Purpose: To uniquely identify a transaction to an application

Notes:

- Trace numbers assigned at the subscriber level are intended to allow tracing of an eligibility/benefit transaction when the subscriber is the patient.
- The information receiver may assign one TRN segment in this loop if the subscriber is the patient. A clearinghouse may assign one TRN segment in this loop if the subscriber is the patient. See Section 1.3.6 Information Linkage.

Example:

TRN*1*98175-012547*9877281234*RADIOLOGY~
TRN*1*109834652831*9XYZCLEARH*REALTIME~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
TRN01	481	Trace Type Code	M	ID	1/2	Required

Description: Code identifying which transaction is being referenced

Code Name

1 Current Transaction Trace Numbers

TRN02	127	Reference Identification	M	AN	1/30	Required
-------	-----	--------------------------	---	----	------	----------

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

Industry: Trace Number

Use this number for the trace or reference number assigned by the information receiver.

TRN03	509	Originating Company Identifier	O	AN	10/10	Required
-------	-----	--------------------------------	---	----	-------	----------

Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9

Industry: Trace Assigning Entity Identifier

Use this number for the identification number of the company that assigned the trace or reference number specified in the previous data element (TRN02).

The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.

TRN04	127	Reference Identification	O	AN	1/30	Situational
-------	-----	--------------------------	---	----	------	-------------

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

Industry: Trace Assigning Entity Additional Identifier

Use this information if necessary to further identify a specific component of the company identified in the previous data element (TRN03). This information allows the originating company to further identify a specific division or group within that organization that was responsible for assigning the trace or reference number.

Semantics:

- TRN02 provides unique identification for the transaction.
- TRN03 identifies an organization.
- TRN04 identifies a further subdivision within the organization.

Loop 2100C

Pos: 030	Repeat: 1
Mandatory	
Loop: 2100C	Elements: N/A

User Option (Usage): Required

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

Notes:

1. Use this segment to identify an entity by name and/or identification number. Use this NM1 loop to identify the insured or subscriber.
2. Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Example:

NM1*IL*1*SMITH*JOHN*L***34*444115555~

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
030	NM1	Subscriber Name	M	1		Required
040	REF	Subscriber Additional Identification	O	9		Situational
060	N3	Subscriber Address	O	1		Optional - not supported on CIGNA inquiry
070	N4	Subscriber City/State/ZIP Code	O	1		Optional - not supported on CIGNA inquiry
090	PRV	Provider Information	O	1		Optional - not supported on CIGNA inquiry
100	DMG	Subscriber Demographic Information	O	1		Situational
110	INS	Subscriber Relationship	O	1		Situational
120	DTP	Subscriber Date	O	2		Situational
130		Loop 2110C	O		99	Situational

Semantics:

1. NM102 qualifies NM103.

Comments:

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

NM1 Subscriber Name

Pos: 030	Max: 1
Detail - Mandatory	
Loop: 2100C	Elements: 8

User Option (Usage): Required**Purpose:** To supply the full name of an individual or organizational entity**Notes:**

1. Use this segment to identify an entity by name and/or identification number. Use this NM1 loop to identify the insured or subscriber.
2. Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Example:

NM1*IL*1*SMITH*JOHN*L***34*444115555~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
Description: Code identifying an organizational entity, a physical location, property or an individual						
Code Name						
IL Insured or Subscriber						
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
Description: Code qualifying the type of entity						
Use this code to indicate whether the entity is an individual person or an organization.						
Code Name						
1 Person						
NM103	1035	Name Last or Organization Name	O	AN	1/35	Situational
Description: Individual last name or organizational name						
Industry: Subscriber Last Name						
Use this name for the subscriber's last name. Use this name if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.						
NM104	1036	Name First	O	AN	1/25	Situational
Description: Individual first name						
Industry: Subscriber First Name						
Use this name for the subscriber's first name. Use this name if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.						
NM105	1037	Name Middle	O	AN	1/25	Situational
Description: Individual middle name or initial						
Use this name for the subscriber's middle name or initial. Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.						
NM107	1039	Name Suffix	O	AN	1/10	Situational
Description: Suffix to individual name						
Industry: Subscriber Name Suffix						
Use this for the suffix to an individual's name; e.g., Sr., Jr. or III. Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.						
NM108	66	Identification Code Qualifier	C	ID	1/2	Situational
Description: Code designating the system/method of code structure used for Identification Code (67)						
Use this element to qualify the identification number submitted in NM109. This is the primary number that the information source associates with the subscriber. Use this element if utilizing the HIPAA search option. See Section 1.3.8 for more information.						

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CIGNA TRADING PARTNER NOTES: Use only (MI) - Member Identification Number for CIGNA inquiry.						
		<u>Code</u> <u>Name</u>				
	MI	Member Identification Number	This code may only be used prior to the mandated use of code "ZZ". This is the unique number the payer or information source uses to identify the insured (e.g., Health Insurance Claim Number, Medicaid Recipient ID Number, HMO Member ID, etc.).			
	ZZ	Mutually Defined	The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.			

NM109 67 **Identification Code** C AN 2/80 Situational

Description: Code identifying a party or other code

Industry: Subscriber Primary Identifier

Use this reference number as qualified by the preceding data element (NM108).

Use this element if utilizing the HIPAA search option. See Section 1.3.8 for more information.

CIGNA TRADING PARTNER NOTES: Effective January 1, 2005; CIGNA will be implementing the use of unique member identifiers. If a member has a unique member identifier, it must be used as the primary identification code in place of the member's Social Security Number (SSN). This unique identifier must be used on all inquiries, communications and claims submissions. If a member has not yet received a unique member identifier, the submitting entity should continue to use the SSN, until the member receives the identifier.

Note: if a request is received prior to January 1, 2005 with a date of service of 1/1/2005 or later, the unique identifier (if it exists) will be sent back in the response.

Syntax Rules:

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

Semantics:

1. NM102 qualifies NM103.

Comments:

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

REF Subscriber Additional Identification

Pos: 040	Max: 9
Detail - Optional	
Loop: 2100C	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Notes:

1. Use this segment when needed to convey identification numbers other than or in addition to the Member Identification Number. The type of reference number is determined by the qualifier in REF01.
2. Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number an information source knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.
3. Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Example:

REF*1L*660415~

Element Summary:

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

Description: Code qualifying the Reference Identification

Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.

CIGNA TRADING PARTNER NOTES: Only use one of the following for CIGNA inquiry:

(EJ) - Patient Account Number

(N6) - Plan Network Identification Number

Code Name

18 Plan Number

1L Group or Policy Number

Use this code only if it cannot be determined if the number is a Group Number or a Policy number. Use codes "IG" or "6P" when they can be determined.

1W Member Identification Number

Use only after the Unique Patient Identifier is available and has been provided in the NM109, but use of the UPI has not been mandated.

49 Family Unit Number

Suffix to the Subscriber's Member Identification Number. This suffix allows the information source to use one identification number as the base number for each family member. The suffix identifies the individual family member. Only the suffix is to be entered here. The Member Identification Number is to be entered in Loop 2100C NM109 or REF02. If the complete Member Identification Number with the suffix is entered in Loop 2100C NM109 or REF02, the suffix should not be entered here.

6P Group Number

A6 Employee Identification Number

CT Contract Number

This code is to be used only to identify the provider's contract number of the provider identified in the PRV segment of Loop 2100C. This code is only to be used once the HCFA National Provider Identifier has been mandated for use, and must be sent if required in the contract between the Information Receiver identified in Loop 2100B and the Information Source identified in Loop 2100A.

EA Medical Record Identification Number

EJ Patient Account Number

F6 Health Insurance Claim (HIC) Number

See segment note 2.

GH Identification Card Serial Number

Use this code when the Identification Card has a number in addition to the Member Identification Number or Identity Card Number. The Identification Card Serial Number uniquely identifies the card when multiple cards have been or will be issued to a member (e.g., on a monthly basis,

Code Name

	replacement cards). This is particularly prevalent in the Medicaid environment.
HJ	Identity Card Number Use this code when the Identity Card Number is different than the Member Identification Number. This is particularly prevalent in the Medicaid environment.
IG	Insurance Policy Number
N6	Plan Network Identification Number
NQ	Medicaid Recipient Identification Number See segment note 2.
SY	Social Security Number The social security number may not be used for any Federally administered programs such as Medicare.

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

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

Industry: Subscriber Supplemental Identifier

Use this reference number as qualified by the preceding data element (REF01).

Syntax Rules:

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

Semantics:

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

N3 Subscriber Address

Pos: 060	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 2

User Option (Usage): Optional - not supported on CIGNA inquiry

Purpose: To specify the location of the named party

Notes:

1. Use this segment when needed to convey the address information for the subscriber. Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.

Example:

N3*15197 BROADWAY AVENUE*APT 215~

CIGNA TRADING PARTNER NOTES:

Not supported on CIGNA inquiry.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
Description: Address information						
Industry: Subscriber Address Line						
Use this information for the first line of the address information.						
N302	166	Address Information	O	AN	1/55	Situational
Description: Address information						
Industry: Subscriber Address Line						
Use this information for the second line of the address information. Required if a second address line exists.						

N4 Subscriber City/State/ZIP Code

Pos: 070	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 4

User Option (Usage): Optional - not supported on CIGNA inquiry

Purpose: To specify the geographic place of the named party

Notes:

1. Use this segment when needed to convey the city, state, and ZIP code for the subscriber. Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.

Example:

N4*NEW YORK*NY*10003~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name	O	AN	2/30	Situational
Description: Free-form text for city name						
Industry: Subscriber City Name						
Use this text for the city name of the subscriber's address.						
N402	156	State or Province Code	O	ID	2/2	Situational
Description: Code (Standard State/Province) as defined by appropriate government agency						
Industry: Subscriber State Code						
CODE SOURCE: 22: States and Outlying Areas of the U.S.						
Use this code for the state code of the subscriber's address.						
ExternalCodeList						
Name: 22						
Description: States and Outlying Areas of the U.S.						
N403	116	Postal Code	O	ID	3/15	Situational
Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States)						
Industry: Subscriber Postal Zone or ZIP Code						
CODE SOURCE: 51: ZIP Code						
Use this code for the ZIP or Postal Code of the subscriber's address.						
ExternalCodeList						
Name: 51						
Description: ZIP Code						
N404	26	Country Code	O	ID	2/3	Situational
Description: Code identifying the country						
CODE SOURCE: 5: Countries, Currencies and Funds						
Use this code to specify the country of the subscriber's address, if other than the United States.						
ExternalCodeList						
Name: 5						
Description: Countries, Currencies and Funds						

Syntax Rules:

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

Comments:

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

PRV Provider Information

Pos: 090	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 3

User Option (Usage): Optional - not supported on CIGNA inquiry

Purpose: To specify the identifying characteristics of a provider

Notes:

1. Use this segment when needed to either to identify a specific provider or associate a specialty type related to the service identified in the 2110C loop.
2. If identifying a specific provider, use this segment to convey specific information about a provider's role in the eligibility/benefit being inquired about when the provider is not the information receiver. For example, if the information receiver is a hospital and a referring provider must be identified, this is the segment where the referring provider would be identified.
3. If identifying a specific provider, this segment contains reference identification numbers, all of which may be used up until the time the National Provider Identifier (NPI) is mandated for use. After the NPI is mandated, only the code for National Provider Identifier may be used.
4. If identifying a type of specialty associated with the services identified in loop 2110C, use code ZZ in PRV02 and the appropriate code in PRV03.
5. PRV02 qualifies PRV03.

Example:

PRV*PE*EI*9991234567~
PRV*PE*ZZ*203BA0504N~

CIGNA TRADING PARTNER NOTES:

Not supported on CIGNA inquiry.

Element Summary:

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

Description: Code identifying the type of provider

Code Name

H	Hospital
R	Rural Health Clinic
AD	Admitting
AT	Attending
BI	Billing
CO	Consulting
CV	Covering
HH	Home Health Care
LA	Laboratory
OT	Other Physician
P1	Pharmacist
P2	Pharmacy
PC	Primary Care Physician
PE	Performing
RF	Referring
SB	Submitting
SK	Skilled Nursing Facility
SU	Supervising

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

If this segment is used to identify a specific provider and the National Provider ID is mandated for use, code value "HPI" must be used, otherwise one of the other code values may be used.
If this segment is used to identify a type of specialty associated with the services identified in loop 2110C, use code ZZ. ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: <http://www.wpc-edi.com>. This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.

Code Name

9K	Servicer	Use this code for the identification number assigned by the information source to be used by the information receiver in health care transactions.
D3	National Association of Boards of Pharmacy Number	CODE SOURCE: 307: National Association of Boards of Pharmacy Number
EI	Employer's Identification Number	
SY	Social Security Number	The social security number may not be used for any Federally administered programs such as Medicare.
TJ	Federal Taxpayer's Identification Number	
ZZ	Mutually Defined	Health Care Provider Taxonomy Code list.
HPI	Health Care Financing Administration National Provider Identifier	Required value when identifying a specific provider when the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used. CODE SOURCE: 537: Health Care Financing Administration National Provider Identifier

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

Industry: Provider Identifier

Use this number for the reference number as qualified by the preceding data element (PRV02).

ExternalCodeList

Name: 307

Description: National Association of Boards of Pharmacy Number

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

ExternalCodeList

Name: HCPT

Description: Health Care Provider Taxonomy

DMG Subscriber Demographic Information

Pos: 100	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 3

User Option (Usage): Situational

Purpose: To supply demographic information

Notes:

1. Use this segment when needed to convey birth date or gender demographic information for the subscriber.
2. Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Example:

DMG*D8*19430917*M~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	1250	Date Time Period Format Qualifier	C	ID	2/3	Situational

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

Use this code to indicate the format of the date of birth that follows in DMG02.

Use this element if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.

Code Name

D8 Date Expressed in Format CCYYMMDD

DMG02	1251	Date Time Period	C	AN	1/35	Situational
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Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: Subscriber Birth Date

Use this date for the date of birth of the individual.

Use this element if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.

CIGNA TRADING PARTNER NOTES: Required for CIGNA inquiry.

DMG03	1068	Gender Code	O	ID	1/1	Situational
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Description: Code indicating the sex of the individual

Industry: Subscriber Gender Code

Use this code to indicate the subscriber's gender.

Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.

Code Name

F Female

M Male

Syntax Rules:

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

Semantics:

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

INS Subscriber Relationship

Pos: 110	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 3

User Option (Usage): Situational

Purpose: To provide benefit information on insured entities

Notes:

1. Use this segment only in the absence of all of the data for the mandated search option identified in Section 1.3.8. and only if it is necessary to identify the birth sequence of the subscriber in the case of multiple births with the same birth date.

Example:

INS*Y*18*****3~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
INS01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required

Description: Code indicating a Yes or No condition or response

Industry: Insured Indicator

Code Name

Y Yes

INS02	1069	Individual Relationship Code	M	ID	2/2	Required
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Description: Code indicating the relationship between two individuals or entities

Code Name

18 Self

INS17	1470	Number	O	N0	1/9	Required
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Description: A generic number

Industry: Birth Sequence Number

Use to indicate the birth order in the event of multiple birth's in association with the birth date supplied in DMG02.

Syntax Rules:

1. P1112 - If either INS11 or INS12 is present, then the other is required.

Semantics:

1. INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber; an "N" value indicates the insured is a dependent.
2. INS10 is the handicapped status indicator. A "Y" value indicates an individual is handicapped; an "N" value indicates an individual is not handicapped.
3. INS12 is the date of death.
4. INS14, INS15, and INS16 identify where the employee works.
5. INS17 is the number assigned to each family member born with the same birth date. This number identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.).

DTP Subscriber Date

Pos: 120	Max: 2
Detail - Optional	
Loop: 2100C	Elements: 3

User Option (Usage): Situational

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

Notes:

1. Use this segment to convey the eligibility, service or admission date(s) for the subscriber or for the issue date of the subscriber's identification card for the information source (e.g., Medicaid ID card). Absence of an Eligibility, Admission or Service date implies the request is for the date the transaction is processed.
2. When using codes "307" (Eligibility), "435" (Admission) or "472" (Service) at this level, it is implied that these dates apply to all of the Eligibility or Benefit Inquiry (EQ) loops that follow. If there is a need to supply a different Eligibility, Admission or Service date for a specific EQ loop, it must be provided in the DTP segment within the EQ loop and it will only apply to that EQ loop.

Example:

DTP*102*D8*19950818~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time

Industry: Date Time Qualifier

Only one of the following codes may be used per request: 307 -Eligibility, 435 - Admission or 472 - Service.

CIGNA TRADING PARTNER NOTES: Use only one of the following for CIGNA inquiry:

307, 435 or 472

Code Name

102 Issue

Used if utilizing a search option other than the HIPAA search option identified in section 1.3.8 and is present on the identification card and is available.

307 Eligibility

435 Admission

472 Service

DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
-------	------	-----------------------------------	---	----	-----	----------

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

CIGNA TRADING PARTNER NOTES: Use only (D8) - Date Expressed in Format CCYYMMDD for CIGNA inquiry.

Code Name

D8 Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

DTP03	1251	Date Time Period	M	AN	1/35	Required
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Description: Expression of a date, a time, or range of dates, times or dates and times

Use this date for the date(s) as qualified by the preceding data elements.

CIGNA TRADING PARTNER NOTES: If no date is provided then current date needs to be applied.

Semantics:

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

Loop 2110C

Pos: 130	Repeat: 99
Optional	
Loop: 2110C	Elements: N/A

User Option (Usage): Situational**Purpose:** To specify inquired eligibility or benefit information**Notes:**

1. Use this segment to begin the eligibility/benefit inquiry looping structure.
2. Use the EQ loop/segment when the subscriber is the patient whose eligibility or benefits are being verified. When the subscriber is not the patient, this loop must not be used.
3. If the EQ segment is used, either EQ01 - Service Type Code or EQ02 -Composite Medical Procedure Identifier must be used. Only EQ01 or EQ02 is to be sent, not both. An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01. An information source may support the use of Service Type Codes other than "30" (Health Benefit Plan Coverage) in EQ01 at their discretion. An information source may support the use of EQ02 - Composite Medical Procedure Identifier at their discretion. The EQ02 allows for a very specific inquiry, such as one based on a procedure code. Additional information such as diagnosis codes and place of service can be supplied in the III segment of loop 2110C.
4. If an inquiry is submitted with a Service Type Code from the list other than "30" and the information source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. Refer to Section 1.3.6 for additional information.

Example:

EQ*30**FAM*GP~

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
130	EQ	Subscriber Eligibility or Benefit Inquiry Information	O	1		Situational
135	AMT	Subscriber Spend Down Amount	O	1		Situational
170	III	Subscriber Eligibility or Benefit Additional Inquiry Information	O	10		Optional - not supported on CIGNA inquiry
190	REF	Subscriber Additional Information	O	1		Optional - not supported on CIGNA inquiry
200	DTP	Subscriber Eligibility/Benefit Date	O	1		Optional - not supported on CIGNA inquiry

EQ Subscriber Eligibility or Benefit Inquiry Information

Pos: 130	Max: 1
Detail - Optional	
Loop: 2110C	Elements: 4

User Option (Usage): Situational

Purpose: To specify inquired eligibility or benefit information

Notes:

1. Use this segment to begin the eligibility/benefit inquiry looping structure.
2. Use the EQ loop/segment when the subscriber is the patient whose eligibility or benefits are being verified. When the subscriber is not the patient, this loop must not be used.
3. If the EQ segment is used, either EQ01 - Service Type Code or EQ02 -Composite Medical Procedure Identifier must be used. Only EQ01 or EQ02 is to be sent, not both. An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01. An information source may support the use of Service Type Codes other than "30" (Health Benefit Plan Coverage) in EQ01 at their discretion. An information source may support the use of EQ02 - Composite Medical Procedure Identifier at their discretion. The EQ02 allows for a very specific inquiry, such as one based on a procedure code. Additional information such as diagnosis codes and place of service can be supplied in the III segment of loop 2110C.
4. If an inquiry is submitted with a Service Type Code from the list other than "30" and the information source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. Refer to Section 1.3.6 for additional information.

Example:

EQ*30**FAM*GP~

CIGNA TRADING PARTNER NOTES:

CIGNA utilizes only 1 occurrence of the EQ segment per transaction.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
EQ01	1365	Service Type Code	C	ID	1/2	Situational

Description: Code identifying the classification of service

An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01.

An information source may support the use of Service Type Codes from the list other than "30" (Health Benefit Plan Coverage) in EQ01 at their discretion. If an information source supports codes in addition to "30", the information source may provide a list of the supported codes from the list below to the information receiver. If no list is provided, an information receiver may transmit the most appropriate code.

If an inquiry is submitted with a Service Type Code from the list other than "30" and the information source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. Refer to Section 1.3.6 for additional information.

Not used if EQ02 is used.

CIGNA TRADING PARTNER NOTES: If a Service Type Code that is not listed below is present on the inquiry for any LOB, then we request that Clearinghouse to return the inquiry to the Provider and not forward it CIGNA.

Note: If a Service Type Code that CIGNA does not support is received, CIGNA will default the inquiry to the medical LOB.

Code Name

1	Medical Care
2	Surgical
3	Consultation
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
9	Other Medical
10	Blood Charges
12	Durable Medical Equipment Purchase

Code Name

13	Ambulatory Service Center Facility
17	Pre-Admission Testing
19	Pneumonia Vaccine
20	Second Surgical Opinion
22	Social Work
30	Health Benefit Plan Coverage
	If only a single category of inquiry can be supported, use this code.
33	Chiropractic
35	Dental Care
42	Home Health Care
45	Hospice
46	Respite Care
47	Hospital
48	Hospital - Inpatient
49	Hospital - Room and Board
50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
56	Medically Related Transportation
59	Licensed Ambulance
61	In-vitro Fertilization
62	MRI/CAT Scan
64	Acupuncture
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
78	Chemotherapy
79	Allergy Testing
80	Immunizations
81	Routine Physical
82	Family Planning
83	Infertility
84	Abortion
86	Emergency Services
88	Pharmacy
90	Mail Order Prescription Drug
91	Brand Name Prescription Drug
92	Generic Prescription Drug
93	Podiatry
96	Professional (Physician)
97	Anesthesiologist
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A2	Professional (Physician) Visit - Skilled Nursing Facility
A3	Professional (Physician) Visit - Home

Code Name

A4	Psychiatric
A5	Psychiatric - Room and Board
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
A9	Rehabilitation
AA	Rehabilitation - Room and Board
AC	Rehabilitation - Outpatient
AD	Occupational Therapy
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision (Optometry)
AM	Frames
AN	Routine Exam
AO	Lenses
AR	Experimental Drug Therapy
BB	Partial Hospitalization (Psychiatric)
BC	Day Care (Psychiatric)
BD	Cognitive Therapy
BF	Pulmonary Rehabilitation
BG	Cardiac Rehabilitation
BH	Pediatric
BK	Orthopedic
BL	Cardiac
BN	Gastrointestinal
BQ	Neurology
BR	Eye

EQ02	C003	Composite Medical Procedure Identifier	C	Comp	Situational
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Description: To identify a medical procedure by its standardized codes and applicable modifiers

An information source may support the use of EQ02 - Composite Medical Procedure Identifier at their discretion. The EQ02 allows for a very specific inquiry, such as one based on a procedure code. Additional information such as diagnosis codes and place of service can be supplied in the III segment of loop 2110C. If an inquiry is submitted with EQ02 and the information source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. Refer to Section 1.3.6 for additional information.
Not used if EQ01 is used.

CIGNA TRADING PARTNER NOTES: Not supported on CIGNA inquiry.

235	Product/Service ID Qualifier	M	ID	2/2	Required
-----	-------------------------------------	---	----	-----	----------

Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234)

Industry: Product or Service ID Qualifier

Use this code to qualify the type of specific Product/Service ID that will be used in EQ02-2.

Code Name

AD	American Dental Association Codes
----	-----------------------------------

CODE SOURCE:

135: American Dental Association Codes

CJ	Current Procedural Terminology (CPT) Codes
----	--

CODE SOURCE:

133: Current Procedural Terminology (CPT) Codes

HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
----	--

Code Name

CODE SOURCE:

130: Health Care Financing Administration Common Procedural Coding System

ID International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure

CODE SOURCE:

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

IV Home Infusion EDI Coalition (HIEC) Product/Service Code

CODE SOURCE:

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

N4 National Drug Code in 5-4-2 Format

CODE SOURCE:

240: National Drug Code by Format

ZZ Mutually Defined

NOT ADVISED

Use this code only for local codes or interim uses until an appropriate new code is approved.

234 **Product/Service ID** M AN 1/48 Required

Description: Identifying number for a product or service

Industry: Procedure Code

Use this number for the product/service ID as identified by the preceding data element (EQ02-1).

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

ExternalCodeList

Name: 133

Description: Current Procedural Terminology (CPT) Codes

ExternalCodeList

Name: 135

Description: American Dental Association Codes

ExternalCodeList

Name: 240

Description: National Drug Code by Format

ExternalCodeList

Name: 513

Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List

1339 **Procedure Modifier** O AN 2/2 Situational

Description: This identifies special circumstances related to the performance of the service, as defined by trading partners

Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.

1339 **Procedure Modifier** O AN 2/2 Situational

Description: This identifies special circumstances related to the performance of the service, as defined by trading partners

Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.

1339 **Procedure Modifier** O AN 2/2 Situational

Description: This identifies special circumstances related to the performance of the service, as defined by

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		trading partners				
		Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.				
	1339	Procedure Modifier	O	AN	2/2	Situational
		Description: This identifies special circumstances related to the performance of the service, as defined by trading partners				
		Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.				
EQ03	1207	Coverage Level Code	O	ID	3/3	Situational
		Description: Code indicating the level of coverage being provided for this insured				
		Industry: Benefit Coverage Level Code				
		Use EQ03 when an information source supports or may be thought to support the function of identifying benefits by the Benefit Coverage Level Code. Use this code to identify the types and number of entities that the request is to apply to. If not supported, the information source will process without this data element.				
		CIGNA TRADING PARTNER NOTES: Not supported on CIGNA inquiry.				
		Code	Name			
		CHD	Children Only			
		DEP	Dependents Only			
		ECH	Employee and Children			
		EMP	Employee Only			
		ESP	Employee and Spouse			
		FAM	Family			
		IND	Individual			
		SPC	Spouse and Children			
		SPO	Spouse Only			
EQ04	1336	Insurance Type Code	O	ID	1/3	Situational
		Description: Code identifying the type of insurance policy within a specific insurance program				
		Use this code to identify the specific type of insurance the inquiry applies to if the information source has multiple insurance lines that apply to the person being inquired about. Do not use if the insurance type can be determined either by the person's identifiers or the information source's identifiers.				
		CIGNA TRADING PARTNER NOTES: Not supported on CIGNA inquiry.				
		Code	Name			
		AP	Auto Insurance Policy			
		C1	Commercial			
		CO	Consolidated Omnibus Budget Reconciliation Act (COBRA)			
		GP	Group Policy			
		HM	Health Maintenance Organization (HMO)			
		HN	Health Maintenance Organization (HMO) - Medicare Risk			
		IP	Individual Policy			
		MA	Medicare Part A			
		MB	Medicare Part B			
		MC	Medicaid			
		PR	Preferred Provider Organization (PPO)			
		PS	Point of Service (POS)			
		SP	Supplemental Policy			
		WC	Workers Compensation			

Syntax Rules:

1. R0102 - At least one of EQ01 or EQ02 is required.

AMT Subscriber Spend Down Amount

Pos: 135	Max: 1
Detail - Optional	
Loop: 2110C	Elements: 2

User Option (Usage): Situational

Purpose: To indicate the total monetary amount

Notes:

1. Use this segment only if it is necessary to report a Spend Down amount. Under certain Medicaid programs, individuals must indicate the dollar amount that they wish to apply towards their deductible. These programs require individuals to pay a certain amount towards their health care cost before Medicaid coverage starts.
2. If the EQ segment is used, either EQ01 - Service Type Code or EQ02 -Composite Medical Procedure Identifier must be used. EQ02 -Composite Medical Procedure Identifier is used only if an information source can support this high-level functionality. The EQ02 allows for a very specific inquiry, such as on based on a procedure code. Additional information such as diagnosis codes and place of service can be supplied in the III segment of loop 2110C. If this level of functionality is not supported, use EQ01.

Example:

AMT*R*37.5~

CIGNA TRADING PARTNER NOTES:

Not supported on CIGNA inquiry.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code	M	ID	1/3	Required
		Description: Code to qualify amount				
		Code Name				
		R Spend Down				
AMT02	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				
		Industry: Spend Down Amount				
		Use this monetary amount to specify the dollar amount associated with this inquiry.				

III Subscriber Eligibility or Benefit Additional Inquiry Information

Pos: 170	Max: 10
Detail - Optional	
Loop: 2110C	Elements: 2

User Option (Usage): Optional - not supported on CIGNA inquiry

Purpose: To report information

Notes:

1. Use this segment to identify Diagnosis codes and/or Facility Type as they relate to the information provided in the EQ segment.
2. Use the III segment when an information source supports or may be thought to support this level of functionality. If not supported, the information source will process without this segment.
3. Use this segment only one time for the Principal Diagnosis Code and only one time for Facility Type Code.

Example:

III*BK*486~
III*ZZ*21~

CIGNA TRADING PARTNER NOTES:

Not supported on CIGNA inquiry.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
III01	1270	Code List Qualifier Code	C	ID	1/3	Required

Description: Code identifying a specific industry code list

Use this code to specify if the code that is following in the III02 is a Principal Diagnosis Code, a Diagnosis Code or a Facility Type Code.

Code Name

BF Diagnosis

CODE SOURCE:

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

BK Principal Diagnosis

CODE SOURCE:

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

ZZ Mutually Defined

Use this code for Facility Type Code. See Appendix C for Code Source 237, Place of Service from Health Care Financing Administration Claim Form.

III02	1271	Industry Code	C	AN	1/30	Required
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Description: Code indicating a code from a specific industry code list

If III01 is either BK or BF, use this element for diagnosis code from code source 131.

If III01 is ZZ, use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below, however, the code list is thought to be complete at the time of publication of this implementation guideline. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported in this transaction and take precedence over any and all codes listed here.

11 Office
12 Home
21 Inpatient Hospital
22 Outpatient Hospital
23 Emergency Room - Hospital
24 Ambulatory Surgical Center
25 Birthing Center
26 Military Treatment Facility
31 Skilled Nursing Facility
32 Nursing Facility
33 Custodial Care Facility
34 Hospice
41 Ambulance - Land
42 Ambulance - Air or Water
50 Federally Qualified Health Center
51 Inpatient Psychiatric Facility

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		52 Psychiatric Facility Partial Hospitalization				
		53 Community Mental Health Center				
		54 Intermediate Care Facility/Mentally Retarded				
		55 Residential Substance Abuse Treatment Facility				
		56 Psychiatric Residential Treatment Center				
		60 Mass Immunization Center				
		61 Comprehensive Inpatient Rehabilitation Facility				
		62 Comprehensive Outpatient Rehabilitation Facility				
		65 End-Stage Renal Disease Treatment Facility				
		71 State or Local Public Health Clinic				
		72 Rural Health Clinic				
		81 Independent Laboratory				
		99 Other Unlisted Facility				

ExternalCodeList**Name:** 131**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure**ExternalCodeList****Name:** 237**Description:** Place of Service from Health Care Financing Administration Claim Form**Syntax Rules:**

1. P0102 - If either III01 or III02 is present, then the other is required.
2. L030405 - If III03 is present, then at least one of III04 or III05 is required.

Semantics:

1. III03 is used to categorize III04.

REF Subscriber Additional Information

Pos: 190	Max: 1
Detail - Optional	
Loop: 2110C	Elements: 2

User Option (Usage): Optional - not supported on CIGNA inquiry

Purpose: To specify identifying information

Notes:

1. Use this segment to identify referral or prior authorization numbers for the subscriber. The type of reference number is determined by the qualifier in REF01.
2. Use this segment when it is necessary to provide a referral or prior authorization number for the benefit being inquired about.

Example:

REF*9F*660415~

CIGNA TRADING PARTNER NOTES:

not supported on CIGNA inquiry

Element Summary:

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

Description: Code qualifying the Reference Identification

Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.

Code Name

9F Referral Number

G1 Prior Authorization Number

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

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

Industry: Prior Authorization or Referral Number

Use this reference number as qualified by the preceding data element (REF01).

Syntax Rules:

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

Semantics:

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

DTP Subscriber Eligibility/Benefit Date

Pos: 200	Max: 1
Detail - Optional	
Loop: 2110C	Elements: 3

User Option (Usage): Optional - not supported on CIGNA inquiry

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

Notes:

1. Use this segment to convey eligibility, admission, or service dates associated with the information contained in the corresponding EQ segment.
2. This segment is only to be used to override dates provided in Loop 2100C when the date differs from the date provided in the DTP segment in Loop 2100C. Dates that apply to the entire request should be placed in the DTP segment in Loop 2100C.

Example:

DTP*472*D8*19940624~

CIGNA TRADING PARTNER NOTES:

not supported on CIGNA inquiry.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time

Industry: Date Time Qualifier

Code Name

307 Eligibility
435 Admission
472 Service

DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
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Description: Code indicating the date format, time format, or date and time format

Use this code to specify the format of the date(s) or time(s) that follow in the next data element.

Code Name

D8 Date Expressed in Format CCYYMMDD
RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

DTP03	1251	Date Time Period	M	AN	1/35	Required
-------	------	------------------	---	----	------	----------

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

Use this date for the date(s) as qualified by the preceding data elements.

Semantics:

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

Loop 2000D

Pos: 010	Repeat: >1
Optional	
Loop: 2000D	Elements: N/A

User Option (Usage): Situational

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

Notes:

1. Use the Dependent Level only if the patient is a dependent of a member and cannot be uniquely identified to the information source without the member's information in the Subscriber Level. If a patient is a dependent of a member, but can be uniquely identified to the information source (such as by, but not limited to, a unique Member Identification Number) then the patient is considered the subscriber and is to be identified in the Subscriber Level.
2. 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.
3. Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.
4. An example of the overall structure of the transaction set when used in batch mode is:

```
Information Source (Loop 2000A)
Information Receiver (Loop 2000B)
Subscriber (Loop 2000C)
Dependent (Loop 2000D)
Eligibility or Benefit Inquiry
Dependent (Loop 2000D)
Eligibility or Benefit Inquiry
Subscriber (Loop 2000C)
Eligibility or Benefit Inquiry
```

Example:

```
HL*4*3*23*0~
```

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Dependent Level	O	1		Situational
020	TRN	Dependent Trace Number	O	2		Situational
030		Loop 2100D	M		1	Required

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.
2. The HL segment defines a top-down/left-right ordered structure.
3. 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.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. 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.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

HL Dependent Level

Pos: 010	Max: 1
Detail - Optional	
Loop: 2000D	Elements: 4

User Option (Usage): Situational**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments**Notes:**

1. Use the Dependent Level only if the patient is a dependent of a member and cannot be uniquely identified to the information source without the member's information in the Subscriber Level. If a patient is a dependent of a member, but can be uniquely identified to the information source (such as by, but not limited to, a unique Member Identification Number) then the patient is considered the subscriber and is to be identified in the Subscriber Level.
2. 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.
3. Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider.
Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.
4. An example of the overall structure of the transaction set when used in batch mode is:

```

Information Source (Loop 2000A)
Information Receiver (Loop 2000B)
Subscriber (Loop 2000C)
Dependent (Loop 2000D)
Eligibility or Benefit Inquiry
Dependent (Loop 2000D)
Eligibility or Benefit Inquiry
Subscriber (Loop 2000C)
Eligibility or Benefit Inquiry

```

Example:

HL*4*3*23*0~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required

Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:

```

HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*JONES*MARCUS***MD*SV*0202034~
HL*3*2*22*1~
NM1*IL*1*SMITH*ROBERT*B***MI*11122333301~
HL*4*3*23*0~
NM1*03*1*SMITH*MARY*LOU~
Eligibility/Benefit Data
HL*5*2*22*0~

```

```

NM1*IL*1*BROWN*JOHN*E***MI*22211333301~
Eligibility/Benefit Data

```

1273 An example of the use of the HL segment and this data element is:

```

HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*JONES*MARCUS***MD*SV*0202034~
HL*3*2*22*1~
NM1*IL*1*SMITH*ROBERT*B***MI*11122333301~
HL*4*3*23*0~
NM1*03*1*SMITH*MARY*LOU~
Eligibility/Benefit Data
HL*5*2*22*0~
NM1*IL*1*BROWN*JOHN*E***MI*22211333301~
Eligibility/Benefit Data

```

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL02	734	Hierarchical Parent ID Number	O	AN	1/12	Required
<p>Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to</p> <p>Use this code to identify the specific hierarchical level to which this level is subordinate.</p>						
HL03	735	Hierarchical Level Code	M	ID	1/2	Required
<p>Description: Code defining the characteristic of a level in a hierarchical structure</p> <p>All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.</p> <p>Code Name</p> <p>23 Dependent</p>						
HL04	736	Hierarchical Child Code	O	ID	1/1	Required
<p>Description: Code indicating if there are hierarchical child data segments subordinate to the level being described</p> <p>Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.</p> <p>Because of the hierarchical structure, and because no HL level is subordinate to this level, the code value in the HL04 at the Loop 2000D level should always be "0" (zero).</p> <p>Code Name</p> <p>0 No Subordinate HL Segment in This Hierarchical Structure.</p>						

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.
2. The HL segment defines a top-down/left-right ordered structure.
3. 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.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. 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.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

TRN Dependent Trace Number

Pos: 020	Max: 2
Detail - Optional	
Loop: 2000D	Elements: 4

User Option (Usage): Situational

Purpose: To uniquely identify a transaction to an application

Notes:

- Trace numbers assigned at the dependent level are intended to allow tracing of an eligibility/benefit transaction when the dependent is the patient.
- The information receiver may assign one TRN segment in this loop if the dependent is the patient. A clearinghouse may assign one TRN segment in this loop if the dependent is the patient. See Section 1.3.6 Information Linkage.

Example:

TRN*1*98175-012547*9877281234*RADIOLOGY~
TRN*1*109834652831*9XYZCLEARH*REALTIME~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
TRN01	481	Trace Type Code	M	ID	1/2	Required

Description: Code identifying which transaction is being referenced

Code Name

1 Current Transaction Trace Numbers

TRN02	127	Reference Identification	M	AN	1/30	Required
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Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Industry: Trace Number

Use this number for the trace or reference number assigned by the information receiver.

TRN03	509	Originating Company Identifier	O	AN	10/10	Required
-------	-----	--------------------------------	---	----	-------	----------

Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9

Industry: Trace Assigning Entity Identifier

Use this number for the identification number of the company that assigned the trace or reference number specified in the previous data element (TRN02).

The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.

TRN04	127	Reference Identification	O	AN	1/30	Situational
-------	-----	--------------------------	---	----	------	-------------

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

Industry: Trace Assigning Entity Additional Identifier

Use this information if necessary to further identify a specific component of the company identified in the previous data element (TRN03). This information allows the originating company to further identify a specific division or group within that organization that was responsible for assigning the trace or reference number.

Semantics:

- TRN02 provides unique identification for the transaction.
- TRN03 identifies an organization.
- TRN04 identifies a further subdivision within the organization.

Loop 2100D

Pos: 030	Repeat: 1
Mandatory	
Loop: 2100D	Elements: N/A

User Option (Usage): Required

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

Notes:

1. Use this segment to identify an entity by name. This NM1 loop is used to identify the dependent of an insured or subscriber.
2. Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Example:

NM1*03*1*SMITH*MARY LOU*R~

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
030	NM1	Dependent Name	M	1		Required
040	REF	Dependent Additional Identification	O	9		Situational
060	N3	Dependent Address	O	1		Optional - not supported on CIGNA inquiry
070	N4	Dependent City/State/ZIP Code	O	1		Optional - not supported on CIGNA inquiry
090	PRV	Provider Information	O	1		Optional - not supported on CIGNA inquiry
100	DMG	Dependent Demographic Information	O	1		Situational
110	INS	Dependent Relationship	O	1		Situational
120	DTP	Dependent Date	O	2		Situational
130		Loop 2110D	O		99	Required

Semantics:

1. NM102 qualifies NM103.

Comments:

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

NM1 Dependent Name

Pos: 030	Max: 1
Detail - Mandatory	
Loop: 2100D	Elements: 6

User Option (Usage): Required

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

Notes:

1. Use this segment to identify an entity by name. This NM1 loop is used to identify the dependent of an insured or subscriber.
2. Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Example:

NM1*03*1*SMITH*MARY LOU*R~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
Description: Code identifying an organizational entity, a physical location, property or an individual						
Code Name						
03 Dependent						
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
Description: Code qualifying the type of entity						
Use this code to indicate whether the entity is an individual person or an organization.						
Code Name						
1 Person						
NM103	1035	Name Last or Organization Name	O	AN	1/35	Situational
Description: Individual last name or organizational name						
Industry: Dependent Last Name						
Use this name for the dependent's last name.						
Use this element if utilizing the HIPAA search option. See Section 1.3.8 for more information.						
NM104	1036	Name First	O	AN	1/25	Situational
Description: Individual first name						
Industry: Dependent First Name						
Use this name for the dependent's first name.						
Use this element if utilizing the HIPAA search option. See Section 1.3.8 for more information.						
CIGNA TRADING PARTNER NOTES: Required on CIGNA inquiry.						
NM105	1037	Name Middle	O	AN	1/25	Situational
Description: Individual middle name or initial						
Industry: Dependent Middle Name						
Use this name for the dependent's middle name or initial. Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.						
NM107	1039	Name Suffix	O	AN	1/10	Situational
Description: Suffix to individual name						
Industry: Dependent Name Suffix						
Use this for the suffix to an individual's name; e.g., Sr., Jr. or III. Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.						

Syntax Rules:

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

Semantics:

1. NM102 qualifies NM103.

Comments:

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

REF Dependent Additional Identification

Pos: 040	Max: 9
Detail - Optional	
Loop: 2100D	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Notes:

1. Use this segment when needed to convey identification numbers for the dependent. The type of reference number is determined by the qualifier in REF01.
2. Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Example:

REF*1L*660415~

CIGNA TRADING PARTNER NOTES:

Only "EJ" & "N6" are supported on CIGNA inquiry.

Element Summary:

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

Description: Code qualifying the Reference Identification

Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.

CIGNA TRADING PARTNER NOTES: Use only one of the following for CIGNA inquiry:

(EJ) - Patient Account Number

(N6) - Plan Network Identification Number

Code Name

18	Plan Number
1L	Group or Policy Number
	Use this code only if it cannot be determined if the number is a Group Number or a Policy number. Use codes "IG" or "6P" when they can be determined.
6P	Group Number
A6	Employee Identification Number
CT	Contract Number
	This code is to be used only to identify the provider's contract number of the provider identified in the PRV segment of Loop 2100D. This code is only to be used once the HCFA National Provider Identifier has been mandated for use, and must be sent if required in the contract between the Information Receiver identified in Loop 2100B and the Information Source identified in Loop 2100A.
EA	Medical Record Identification Number
EJ	Patient Account Number
F6	Health Insurance Claim (HIC) Number
GH	Identification Card Serial Number
	Use this code when the Identification Card has a number in addition to the Member Identification Number or Identity Card Number. The Identification Card Serial Number uniquely identifies the card when multiple cards have been or will be issued to a member (e.g., on a monthly basis, replacement cards). This is particularly prevalent in the Medicaid environment.
HJ	Identity Card Number
	Use this code when the Identity Card Number is different than the Member Identification Number. This is particularly prevalent in the Medicaid environment.
IF	Issue Number
IG	Insurance Policy Number
N6	Plan Network Identification Number
SY	Social Security Number
	The social security number may not be used for any Federally administered programs such as Medicare.

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

Industry: Dependent Supplemental Identifier

Use this reference number as qualified by the preceding data element (REF01).

Syntax Rules:

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

Semantics:

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

N3 Dependent Address

Pos: 060	Max: 1
Detail - Optional	
Loop: 2100D	Elements: 2

User Option (Usage): Optional - not supported on CIGNA inquiry

Purpose: To specify the location of the named party

Notes:

1. Use this segment when needed to convey the address information for the dependent. Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.

Example:

N3*15197 BROADWAY AVENUE*APT 215~

CIGNA TRADING PARTNER NOTES:

Not supported on CIGNA inquiry.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
		Description: Address information				
		Industry: Dependent Address Line				
		Use this information for the first line of the address information.				
N302	166	Address Information	O	AN	1/55	Situational
		Description: Address information				
		Industry: Dependent Address Line				
		Use this information for the second line of the address information. Required if a second address line exists.				

N4 Dependent City/State/ZIP Code

Pos: 070	Max: 1
Detail - Optional	
Loop: 2100D	Elements: 4

User Option (Usage): Optional - not supported on CIGNA inquiry

Purpose: To specify the geographic place of the named party

Notes:

1. Use this segment when needed to convey the city, state, and ZIP code for the dependent. Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.

Example:

N4*NEW YORK*NY*10003~

CIGNA TRADING PARTNER NOTES:

Not supported on CIGNA inquiry.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name	O	AN	2/30	Situational
Description: Free-form text for city name						
Industry: Dependent City Name						
Use this text for the city name of the dependent's address.						
N402	156	State or Province Code	O	ID	2/2	Situational
Description: Code (Standard State/Province) as defined by appropriate government agency						
Industry: Dependent State Code						
CODE SOURCE: 22: States and Outlying Areas of the U.S.						
Use this code for the state code of the dependent's address.						
ExternalCodeList						
Name: 22						
Description: States and Outlying Areas of the U.S.						
N403	116	Postal Code	O	ID	3/15	Situational
Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States)						
Industry: Dependent Postal Zone or ZIP Code						
CODE SOURCE: 51: ZIP Code						
Use this code for the ZIP or Postal Code of the dependent's address.						
ExternalCodeList						
Name: 51						
Description: ZIP Code						
N404	26	Country Code	O	ID	2/3	Situational
Description: Code identifying the country						
CODE SOURCE: 5: Countries, Currencies and Funds						
Use this code to specify the country of the dependent's address, if other than the United States.						
ExternalCodeList						
Name: 5						
Description: Countries, Currencies and Funds						

Syntax Rules:

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

Comments:

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

PRV Provider Information

Pos: 090	Max: 1
Detail - Optional	
Loop: 2100D	Elements: 3

User Option (Usage): Optional - not supported on CIGNA inquiry

Purpose: To specify the identifying characteristics of a provider

Notes:

1. Use this segment when needed to either identify a specific provider or associate a specialty type related to the service identified in the 2110D loop.
2. If identifying a specific provider, use this segment to convey specific information about a provider's role in the eligibility/benefit being inquired about when the provider is not the information receiver. For example, if the information receiver is a hospital and a referring provider must be identified, this is the segment where the referring provider would be identified.
3. If identifying a specific provider, this segment contains reference identification numbers, all of which may be used up until the time the National Provider Identifier (NPI) is mandated for use. After the NPI is mandated, only the code for National Provider Identifier may be used.
4. If identifying a type of specialty associated with the services identified in loop 2110D, use code ZZ in PRV02 and the appropriate code in PRV03.
5. PRV02 qualifies PRV03.

Example:

PRV*PE*EI*9991234567~
PRV*PE*ZZ*203BA0504N~

CIGNA TRADING PARTNER NOTES:

Not supported on CIGNA inquiry.

Element Summary:

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

Description: Code identifying the type of provider

Code Name

H	Hospital
R	Rural Health Clinic
AD	Admitting
AT	Attending
BI	Billing
CO	Consulting
CV	Covering
HH	Home Health Care
LA	Laboratory
OT	Other Physician
P1	Pharmacist
P2	Pharmacy
PC	Primary Care Physician
PE	Performing
RF	Referring
SB	Submitting
SK	Skilled Nursing Facility
SU	Supervising

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

If this segment is used to identify a specific provider and the National Provider ID is mandated for use, code value "HPI" must be used, otherwise one of the other code values may be used.
If this segment is used to identify a type of specialty associated with the services identified in loop 2110D, use code ZZ. ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: <http://www.wpc-edi.com>. This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Code Name				
		9K Servicer				Use this code for the identification number assigned by the information source to be used by the information receiver in health care transactions.
		D3 National Association of Boards of Pharmacy Number				CODE SOURCE: 307: National Association of Boards of Pharmacy Number
		EI Employer's Identification Number				
		SY Social Security Number				The social security number may not be used for any Federally administered programs such as Medicare.
		TJ Federal Taxpayer's Identification Number				
		ZZ Mutually Defined				Health Care Provider Taxonomy Code list.
		HPI Health Care Financing Administration National Provider Identifier				Required value when identifying a specific provider when the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used. CODE SOURCE: 537: Health Care Financing Administration National Provider Identifier

PRV03 127 **Reference Identification** M AN 1/30 Required

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

Industry: Provider Identifier

Use this number for the reference number as qualified by the preceding data element (PRV02).

ExternalCodeList

Name: 307

Description: National Association of Boards of Pharmacy Number

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

ExternalCodeList

Name: HCPT

Description: Health Care Provider Taxonomy

DMG Dependent Demographic Information

Pos: 100	Max: 1
Detail - Optional	
Loop: 2100D	Elements: 3

User Option (Usage): Situational

Purpose: To supply demographic information

Notes:

1. Use this segment when needed to convey the birth date or gender demographic information for the dependent.
2. Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Example:

DMG*D8*19430121*F~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	1250	Date Time Period Format Qualifier	C	ID	2/3	Situational

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

Use this code to indicate the format of the date of birth that follows in DMG02.

Use this element if utilizing the HIPAA search option. See Section 1.3.8 for more information.

Code Name

D8 Date Expressed in Format CCYYMMDD

DMG02	1251	Date Time Period	C	AN	1/35	Situational
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Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: Dependent Birth Date

Use this date for the date of birth of the individual.

Use this element if utilizing the HIPAA search option. See Section 1.3.8 for more information.

CIGNA TRADING PARTNER NOTES: Required for CIGNA inquiry.

DMG03	1068	Gender Code	O	ID	1/1	Situational
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Description: Code indicating the sex of the individual

Industry: Dependent Gender Code

Use this code to indicate the dependent's gender.

1285 Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.

Code Name

F Female

M Male

Syntax Rules:

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

Semantics:

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

INS Dependent Relationship

Pos: 110	Max: 1
Detail - Optional	
Loop: 2100D	Elements: 3

User Option (Usage): Situational

Purpose: To provide benefit information on insured entities

Notes:

1. Use this segment only in the absence of all of the data for the mandated search option identified in Section 1.3.8. Use only if it is necessary to identify the dependent's relationship to the subscriber identified in loop 2100C or the dependent's birth sequence in the case of multiple births with the same birth date.
2. Different types of health plans identify patients in different manners depending upon how their eligibility is structured. However, two approaches predominate.
The first approach is to assign each member of the family (and plan) a unique ID number. This number can be used to identify and access that individual's information independent of whether he or she is a child, spouse, or the actual subscriber to the plan. The relationship of this individual to the actual subscriber or contract holder would be one of spouse, child, self, etc.
The second approach is to assign the actual subscriber or contract holder a unique ID number that is entered into the eligibility system. Any related spouse, children, or dependents are identified through the subscriber's ID and have no unique identification number of their own. In this approach, the subscriber would be identified at the Loop 2100C subscriber or insured level and the actual patient (spouse, child, etc.) would be identified at the Loop 2100D dependent level under the subscriber.

Example:

INS*N*01~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
INS01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required
Description: Code indicating a Yes or No condition or response						
Industry: Insured Indicator						
Code Name						
N No						
INS02	1069	Individual Relationship Code	M	ID	2/2	Required
Description: Code indicating the relationship between two individuals or entities						
Code Name						
01 Spouse						
19 Child						
34 Other Adult						
INS17	1470	Number	O	N0	1/9	Situational
Description: A generic number						
Industry: Birth Sequence Number						
Use to indicate the birth order in the event of multiple birth's in association with the birth date supplied in DMG02.						

Syntax Rules:

1. P1112 - If either INS11 or INS12 is present, then the other is required.

Semantics:

1. INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber; an "N" value indicates the insured is a dependent.
2. INS10 is the handicapped status indicator. A "Y" value indicates an individual is handicapped; an "N" value indicates an individual is not handicapped.
3. INS12 is the date of death.
4. INS14, INS15, and INS16 identify where the employee works.
5. INS17 is the number assigned to each family member born with the same birth date. This number identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.).

DTP Dependent Date

Pos: 120	Max: 2
Detail - Optional	
Loop: 2100D	Elements: 3

User Option (Usage): Situational

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

Notes:

1. Use this segment to convey the eligibility, service or admission date(s) for the subscriber or for the issue date of the subscriber's identification card for the information source (e.g., Medicaid ID card). Absence of an Eligibility, Admission or Service date implies the request is for the date the transaction is processed.
2. When using codes "307" (Eligibility), "435" (Admission) or "472" (Service) at this level, it is implied that these dates apply to all of the Eligibility or Benefit Inquiry (EQ) loops that follow. If there is a need to supply a different Eligibility, Admission or Service date for a specific EQ loop, it must be provided in the DTP segment within the EQ loop and it will only apply to that EQ loop.

Example:

DTP*102*D8*19950818~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time

Industry: Date Time Qualifier

Only one of the following codes may be used per request: 307 -Eligibility, 435 - Admission or 472 - Service.

CIGNA TRADING PARTNER NOTES: Use only one of the following for CIGNA inquiry:

307, 435 or 472

Code Name

102 Issue

Used if utilizing a search option other than the HIPAA search option identified in section 1.3.8 and is present on the identification card and is available.

307 Eligibility

435 Admission

472 Service

DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
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Description: Code indicating the date format, time format, or date and time format

Use this code to specify the format of the date(s) or time(s) that follow in the next data element.

CIGNA TRADING PARTNER NOTES: Use only (D8) - Date Expressed in Format CCYYMMDD for CIGNA inquiry.

Code Name

D8 Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

DTP03	1251	Date Time Period	M	AN	1/35	Required
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Description: Expression of a date, a time, or range of dates, times or dates and times

Use this date for the date(s) as qualified by the preceding data elements.

CIGNA TRADING PARTNER NOTES: If no date is provided then current date needs to be applied.

Semantics:

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

Loop 2110D

Pos: 130	Repeat: 99
Optional	
Loop: 2110D	Elements: N/A

User Option (Usage): Required**Purpose:** To specify inquired eligibility or benefit information**Notes:**

1. Use this segment to begin the eligibility/benefit inquiry looping structure.
2. If the EQ segment is used, either EQ01 - Service Type Code or EQ02 -Composite Medical Procedure Identifier must be used. Only EQ01 or EQ02 is to be sent, not both. An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01. An information source may support the use of Service Type Codes other than "30" (Health Benefit Plan Coverage) in EQ01 at their discretion. An information source may support the use of EQ02 - Composite Medical Procedure Identifier at their discretion. The EQ02 allows for a very specific inquiry, such as one based on a procedure code. Additional information such as diagnosis codes and place of service can be supplied in the III segment of loop 2100D.
3. If an inquiry is submitted with either a Service Type Code other than "30" in EQ01 or uses EQ02 and the information source does not support either of these levels of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. Refer to Section 1.3.6 for additional information.

Example:

EQ*30**FAM*GP~

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
130	EQ	Dependent Eligibility or Benefit Inquiry Information	O	1		Required
170	III	Dependent Eligibility or Benefit Additional Inquiry Information	O	10		Optional - not supported on CIGNA inquiry
190	REF	Dependent Additional Information	O	1		Optional - not supported on CIGNA inquiry
200	DTP	Dependent Eligibility/Benefit Date	O	1		Optional - not supported on CIGNA inquiry

EQ Dependent Eligibility or Benefit Inquiry Information

Pos: 130	Max: 1
Detail - Optional	
Loop: 2110D	Elements: 4

User Option (Usage): Required

Purpose: To specify inquired eligibility or benefit information

Notes:

1. Use this segment to begin the eligibility/benefit inquiry looping structure.
2. If the EQ segment is used, either EQ01 - Service Type Code or EQ02 -Composite Medical Procedure Identifier must be used. Only EQ01 or EQ02 is to be sent, not both. An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01. An information source may support the use of Service Type Codes other than "30" (Health Benefit Plan Coverage) in EQ01 at their discretion. An information source may support the use of EQ02 - Composite Medical Procedure Identifier at their discretion. The EQ02 allows for a very specific inquiry, such as one based on a procedure code. Additional information such as diagnosis codes and place of service can be supplied in the III segment of loop 2100D.
3. If an inquiry is submitted with either a Service Type Code other than "30" in EQ01 or uses EQ02 and the information source does not support either of these levels of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. Refer to Section 1.3.6 for additional information.

Example:

EQ*30**FAM*GP~

CIGNA TRADING PARTNER NOTES:

CIGNA utilizes only 1 occurrence of the EQ segment per transaction.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
EQ01	1365	Service Type Code	C	ID	1/2	Situational

Description: Code identifying the classification of service

An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01.

An information source may support the use of Service Type Codes from the list other than "30" (Health Benefit Plan Coverage) in EQ01 at their discretion. If an information source supports codes in addition to "30", the information source may provide a list of the supported codes from the list below to the information receiver. If no list is provided, an information receiver may transmit the most appropriate code.

If an inquiry is submitted with a Service Type Code from the list other than "30" and the information source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. Refer to Section 1.3.6 for additional information.

Not used if EQ02 is used.

CIGNA TRADING PARTNER NOTES: If a Service Type Code that is not listed below is present on the inquiry for any LOB, then we request that Clearinghouse to return the inquiry to the Provider and not forward it CIGNA.

Note: If a Service Type Code that CIGNA does not support is received, CIGNA will default the inquiry to the medical LOB.

Code Name

1	Medical Care
2	Surgical
3	Consultation
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
9	Other Medical
10	Blood Charges
12	Durable Medical Equipment Purchase
13	Ambulatory Service Center Facility

Code Name

17	Pre-Admission Testing
19	Pneumonia Vaccine
20	Second Surgical Opinion
22	Social Work
30	Health Benefit Plan Coverage
If only a single category of inquiry can be supported, use this code.	
33	Chiropractic
35	Dental Care
42	Home Health Care
45	Hospice
46	Respite Care
47	Hospital
48	Hospital - Inpatient
49	Hospital - Room and Board
50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
56	Medically Related Transportation
59	Licensed Ambulance
61	In-vitro Fertilization
62	MRI/CAT Scan
64	Acupuncture
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
78	Chemotherapy
79	Allergy Testing
80	Immunizations
81	Routine Physical
82	Family Planning
83	Infertility
84	Abortion
86	Emergency Services
88	Pharmacy
90	Mail Order Prescription Drug
91	Brand Name Prescription Drug
92	Generic Prescription Drug
93	Podiatry
96	Professional (Physician)
97	Anesthesiologist
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A2	Professional (Physician) Visit - Skilled Nursing Facility
A3	Professional (Physician) Visit - Home
A4	Psychiatric

<u>Code</u>	<u>Name</u>
A5	Psychiatric - Room and Board
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
A9	Rehabilitation
AA	Rehabilitation - Room and Board
AC	Rehabilitation - Outpatient
AD	Occupational Therapy
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision (Optometry)
AM	Frames
AN	Routine Exam
AO	Lenses
AR	Experimental Drug Therapy
BB	Partial Hospitalization (Psychiatric)
BC	Day Care (Psychiatric)
BD	Cognitive Therapy
BF	Pulmonary Rehabilitation
BG	Cardiac Rehabilitation
BH	Pediatric
BK	Orthopedic
BL	Cardiac
BN	Gastrointestinal
BQ	Neurology
BR	Eye

EQ02 C003 **Composite Medical Procedure Identifier** C Comp Situational

Description: To identify a medical procedure by its standardized codes and applicable modifiers

An information source may support the use of EQ02 - Composite Medical Procedure Identifier at their discretion. The EQ02 allows for a very specific inquiry, such as one based on a procedure code. Additional information such as diagnosis codes and place of service can be supplied in the III segment of loop 2110D. If an inquiry is submitted with EQ02 and the information source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. Refer to Section 1.3.6 for additional information. Not used if EQ01 is used.

CIGNA TRADING PARTNER NOTES: Not supported on CIGNA inquiry.

235 **Product/Service ID Qualifier** M ID 2/2 Required

Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234)

Industry: Product or Service ID Qualifier

Use this code to qualify the type of specific Product/Service ID that will be used in EQ02-2.

Code Name

AD American Dental Association Codes

CODE SOURCE:

135: American Dental Association Codes

CJ Current Procedural Terminology (CPT) Codes

CODE SOURCE:

133: Current Procedural Terminology (CPT) Codes

Code Name

HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes

CODE SOURCE:

130: Health Care Financing Administration Common Procedural Coding System

ID International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure

CODE SOURCE:

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

IV Home Infusion EDI Coalition (HIEC) Product/Service Code

CODE SOURCE:

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

N4 National Drug Code in 5-4-2 Format

CODE SOURCE:

240: National Drug Code by Format

ZZ Mutually Defined

NOT ADVISED

Use this code only for local codes or interim uses until an appropriate new code is approved.

234 **Product/Service ID** M AN 1/48 Required

Description: Identifying number for a product or service

Industry: Procedure Code

Use this number for the product/service ID as identified by the preceding data element (EQ02-1).

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

ExternalCodeList

Name: 133

Description: Current Procedural Terminology (CPT) Codes

ExternalCodeList

Name: 135

Description: American Dental Association Codes

ExternalCodeList

Name: 240

Description: National Drug Code by Format

ExternalCodeList

Name: 513

Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List

1339 **Procedure Modifier** O AN 2/2 Situational

Description: This identifies special circumstances related to the performance of the service, as defined by trading partners

Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.

1339 **Procedure Modifier** O AN 2/2 Situational

Description: This identifies special circumstances related to the performance of the service, as defined by trading partners

Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.

1339 **Procedure Modifier** O AN 2/2 Situational

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<p>Description: This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p>Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.</p>				
	1339	Procedure Modifier	O	AN	2/2	Situational
		<p>Description: This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p>Used when an information source supports or may be thought to support this high level of functionality if modifiers are required to further specify the service. If not supported, information source will process without this data element.</p>				
EQ03	1207	Coverage Level Code	O	ID	3/3	Situational
		<p>Description: Code indicating the level of coverage being provided for this insured</p> <p>Industry: Benefit Coverage Level Code</p> <p>Use EQ03 when an information source supports or may be thought to support the function of identifying benefits by the Benefit Coverage Level Code. Use this code to identify the types and number of entities that the request is to apply to. If not supported, the information source will process without this data element.</p> <p>CIGNA TRADING PARTNER NOTES: Not supported on CIGNA inquiry.</p>				
		<p>Code Name</p> <p>CHD Children Only</p> <p>DEP Dependents Only</p> <p>ECH Employee and Children</p> <p>EMP Employee Only</p> <p>ESP Employee and Spouse</p> <p>FAM Family</p> <p>IND Individual</p> <p>SPC Spouse and Children</p> <p>SPO Spouse Only</p>				
EQ04	1336	Insurance Type Code	O	ID	1/3	Situational
		<p>Description: Code identifying the type of insurance policy within a specific insurance program</p> <p>Use this code to identify the specific type of insurance the inquiry applies to if the information source has multiple insurance lines that apply to the person being inquired about. Do not use if the insurance type can be determined either by the person's identifiers or the information source's identifiers.</p> <p>CIGNA TRADING PARTNER NOTES: Not supported on CIGNA inquiry.</p>				
		<p>Code Name</p> <p>AP Auto Insurance Policy</p> <p>C1 Commercial</p> <p>CO Consolidated Omnibus Budget Reconciliation Act (COBRA)</p> <p>GP Group Policy</p> <p>HM Health Maintenance Organization (HMO)</p> <p>IP Individual Policy</p> <p>OT Other</p> <p>PR Preferred Provider Organization (PPO)</p> <p>PS Point of Service (POS)</p> <p>SP Supplemental Policy</p> <p>WC Workers Compensation</p>				

Syntax Rules:

1. R0102 - At least one of EQ01 or EQ02 is required.

III Dependent Eligibility or Benefit Additional Inquiry Information

Pos: 170	Max: 10
Detail - Optional	
Loop: 2110D	Elements: 2

User Option (Usage): Optional - not supported on CIGNA inquiry

Purpose: To report information

Notes:

1. Use this segment to identify Diagnosis codes and/or Facility Type as they relate to the information provided in the EQ segment.
2. Use the III segment when an information source supports or may be thought to support this level of functionality. If not supported, the information source will process without this segment.
3. Use this segment only one time for the Principal Diagnosis Code and only one time for Facility Type Code.

Example:

III*BK*486~
III*ZZ*21~

CIGNA TRADING PARTNER NOTES:

Not supported on CIGNA inquiry.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
III01	1270	Code List Qualifier Code	C	ID	1/3	Required

Description: Code identifying a specific industry code list

Use this code to specify if the code that is following in the III02 is a Principal Diagnosis Code, a Diagnosis Code or a Facility Type Code.

Code Name

BF Diagnosis

CODE SOURCE:

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

BK Principal Diagnosis

CODE SOURCE:

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

ZZ Mutually Defined

Use this code for Facility Type Code. See Appendix C for Code Source 237, Place of Service from Health Care Financing Administration Claim Form.

III02	1271	Industry Code	C	AN	1/30	Required
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Description: Code indicating a code from a specific industry code list

If III01 is either BK or BF, use this element for diagnosis code from code source 131.

If III01 is ZZ, use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below, however, the code list is thought to be complete at the time of publication of this implementation guideline. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported in this transaction and take precedence over any and all codes listed here.

11 Office
12 Home
21 Inpatient Hospital
22 Outpatient Hospital
23 Emergency Room - Hospital
24 Ambulatory Surgical Center
25 Birthing Center
26 Military Treatment Facility
31 Skilled Nursing Facility
32 Nursing Facility
33 Custodial Care Facility
34 Hospice
41 Ambulance - Land
42 Ambulance - Air or Water
50 Federally Qualified Health Center
51 Inpatient Psychiatric Facility

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		52 Psychiatric Facility Partial Hospitalization				
		53 Community Mental Health Center				
		54 Intermediate Care Facility/Mentally Retarded				
		55 Residential Substance Abuse Treatment Facility				
		56 Psychiatric Residential Treatment Center				
		60 Mass Immunization Center				
		61 Comprehensive Inpatient Rehabilitation Facility				
		62 Comprehensive Outpatient Rehabilitation Facility				
		65 End-Stage Renal Disease Treatment Facility				
		71 State or Local Public Health Clinic				
		72 Rural Health Clinic				
		81 Independent Laboratory				
		99 Other Unlisted Facility				

ExternalCodeList**Name:** 131**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure**ExternalCodeList****Name:** 237**Description:** Place of Service from Health Care Financing Administration Claim Form**Syntax Rules:**

1. P0102 - If either III01 or III02 is present, then the other is required.
2. L030405 - If III03 is present, then at least one of III04 or III05 is required.

Semantics:

1. III03 is used to categorize III04.

REF Dependent Additional Information

Pos: 190	Max: 1
Detail - Optional	
Loop: 2110D	Elements: 2

User Option (Usage): Optional - not supported on CIGNA inquiry

Purpose: To specify identifying information

Notes:

1. Use this segment to identify referral or prior authorization numbers for the dependent.
2. Use this segment when it is necessary to provide a referral or prior authorization number for the benefit being inquired about.

Example:

REF*9F*660415~

CIGNA TRADING PARTNER NOTES:

not supported on CIGNA inquiry

Element Summary:

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

Description: Code qualifying the Reference Identification

Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.

Code Name

9F Referral Number
G1 Prior Authorization Number

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

Industry: Prior Authorization or Referral Number

Use this reference number as qualified by the preceding data element (REF01).

Syntax Rules:

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

Semantics:

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

DTP Dependent Eligibility/Benefit Date

Pos: 200	Max: 1
Detail - Optional	
Loop: 2110D	Elements: 3

User Option (Usage): Optional - not supported on CIGNA inquiry

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

Notes:

1. Use this segment to convey eligibility, admission, or service dates associated with the information contained in the corresponding EQ segment.
2. This segment is only to be used to override dates provided in Loop 2100D when the date differs from the date provided in the DTP segment in Loop 2100D. Dates that apply to the entire request should be placed in the DTP segment in Loop 2100D.

Example:

DTP*472*D8*19960624~

CIGNA TRADING PARTNER NOTES:

not supported on CIGNA inquiry

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time

Industry: Date Time Qualifier

Code Name

307 Eligibility
435 Admission
472 Service

DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
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Description: Code indicating the date format, time format, or date and time format

Use this code to specify the format of the date(s) or time(s) that follow in the next data element.

Code Name

D8 Date Expressed in Format CCYYMMDD
RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

DTP03	1251	Date Time Period	M	AN	1/35	Required
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Description: Expression of a date, a time, or range of dates, times or dates and times

Use this date for the date(s) as qualified by the preceding data elements.

Semantics:

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

SE Transaction Set Trailer

Pos: 210	Max: 1
Detail - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

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)

Notes:

1. Use this segment to mark the end of a transaction set and provide control information on the total number of segments included in the transaction set.

Example:

SE*41*0001~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SE01	96	Number of Included Segments	M	N0	1/10	Required

Description: Total number of segments included in a transaction set including ST and SE segments

Industry: Transaction Segment Count

Use this number to indicate the total number of segments included in the transaction set inclusive of the ST and SE segments.

SE02	329	Transaction Set Control Number	M	AN	4/9	Required
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Description: 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 must be identical. This unique number also aids in error resolution research. Start with a number, for example "0001", and increment from there. This number must be unique within a specific functional group (segments GS through GE) and interchange, but can repeat in other groups and interchanges.

Comments:

1. SE is the last segment of each transaction set.

GE Functional Group Trailer

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

User Option (Usage): Required

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

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GE01	97	Number of Transaction Sets Included	M	N0	1/6	Required
		Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element				
GE02	28	Group Control Number	M	N0	1/9	Required
		Description: Assigned number originated and maintained by the sender				

Semantics:

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

Comments:

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

IEA Interchange Control Trailer

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

User Option (Usage): Required

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

Example:

IEA*1*000000905~

Element Summary:

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