

CIGNA'S Companion Guide for 276 Health Care Claim Status Request

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276 Health Care Claim Status Request

Functional Group=HR

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

CIGNA NOTES

1. This is Cigna's Companion Guide for Trading Partners, who will send the 276 files to CIGNA. This document will explain to the sender how they should submit V4010 276 to CIGNA, and what information it should carry. This document has been modeled after the ANSI guide for version 4010(X12) of the 276 transaction set with the available options set forth by the HIPAA regulations. The guide was originally published in May 2000 as 004010X093, and now includes the addendum published in October 2002 as "004010X093A1".
2. X12 276 requests will be verified as originating from a CIGNA recognized clearinghouse (authenticated) and checked for access to run the claim status inquiry transaction (authorization). Failure of "authorization test" will generate a TA1 or 997 response back to the clearinghouse.
3. X12 276 requests will be checked for proper X12 276 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 276 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.

CIGNA usage of the Loops/Segments/Elements:

6. CIGNA requires that the data element ISA01 in ISA segment contain the value '00'
7. CIGNA requires that the data element ISA03 in ISA segment contain the value '00'
8. CIGNA requires that the data element ISA04 in ISA segment contain 'spaces'
9. CIGNA requires that the data element ISA07 in ISA segment contain the value '30'
10. CIGNA requires that the data element ISA08 in ISA segment contain the value '06-1059331'
11. CIGNA requires that the data element ISA11 in ISA segment contain the value 'U'
12. CIGNA requires that the data element ISA14 in ISA segment contain the value '0'
13. CIGNA requires that the data element GS01 in GS segment contain the value 'HR'
14. CIGNA requires that the data element NM103 in NM1 (Payer Name) segment in 2100A loop contain the value 'CIGNA HealthCare'
15. CIGNA requires that the data element NM108 in NM1 (Payer Name) segment in 2100A loop contain the value 'FI'
16. CIGNA requires that the data element NM109 in NM1 (Payer Name) segment in 2100A loop contain the value "06-1059331"
17. CIGNA requires that the data element NM108 in NM1(Information Receiver Name) segment in 2100B loop contain the value 'FI'
18. CIGNA requires that the data element NM108 in NM1 (Provider Name) segment in 2100C loop contain the value FI (Federal Taxpayer ID) or SV (Service Provider Number). If NPI is submitted for servicing provider (2100C loop), a 277 response with STC code D0:135 (Entity not found, change criteria: Entity's commercial ID) will be sent back.
19. CIGNA requires that the data element NM102 in NM1(Subscriber Name) segment in 2100D loop contain the value 1 (Person)

20. CIGNA requires that the data element NM108 in NM1(Subscriber Name) segment in 2100D loop contain the value 'MI' (Member Identification Number)

21. CIGNA utilizes only 1 occurrence of 2200D loop

22. CIGNA utilizes the information submitted from a single occurrence of the REF (Payer Claim Identification Number) segment in 2200D loop.

23. CIGNA requests the providers to use REF- Group Number segment (REF*LU) in the subscriber Loop 2200D on all inquiries to indicate the Platform. The following values should be made available as options to choose from for our providers:

- a) Medical
- b) Dental
- c) Behavioral

In using the REF*LU segment, It will be necessary to duplicate the TRN segment (required at subscriber) for all dependent inquiries.

In addition, CIGNA requests that this value be mapped to the GS03 segment with "CHC " preceding the above value, IE. CHC Medical.

If the Platform indicator (above) is not received within the 2200D loop REF segment CIGNA is requesting the clearinghouse to present 'CHC Medical' (case sensitive) in the GS03.

24. CIGNA requires that the Dependent First Name (NM104) be submitted using NM1 (Dependent Name) segment in 2100E loop.

25. Data element NM108 in NM1(Dependent Name) segment in 2100E loop must contain the value 'MI' (Member Identification Number)

26. CIGNA utilizes only 1 occurrence of 2200E loop

27. CIGNA will utilize both the TA1 (Interchange Acknowledgement) and 997 (Functional Acknowledgement) responses, when necessary and appropriate.

28. 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 NM109 in NM1 (Subscriber Name) segment in the 2100D loop 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.

29. 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 NM109 in NM1 (Dependent Name) segment in the 2100E loop 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.

CIGNA not used Loops/Segments/Elements Information:

30. CIGNA does not utilize information submitted using the 'PER-Payer Contact Information' segment in 2100A loop.

31. CIGNA does not utilize information submitted using the REF (Institutional Bill Type Identification) segment in 2200D loop.

32. CIGNA does not utilize information submitted using the REF (Medical Record Identification) segment in 2200D loop.

33. CIGNA does not utilize information submitted using the SVC (Service Line Information) segment in 2210D loop.

34. CIGNA does not utilize information submitted using the REF (Service Line Item Identification) segment in 2210D loop.

35. CIGNA does not utilize information submitted using the DTP (Service Line Date) segment in 2210D loop.

36. CIGNA does not utilize information submitted using the REF (Payer Claim Identification Number) segment in 2200E loop.

37. CIGNA does not utilize information submitted using the REF (Institutional Bill Type Identification) segment in 2200E loop.

38. CIGNA does not utilize information submitted using the REF (Medical Record Identification) segment in 2200E loop.

39. CIGNA does not utilize information submitted using the SVC (Service Line Information) segment in 2210E loop.

40. CIGNA does not utilize information submitted using the REF (Service Line Item Identification) segment in 2210E loop.

41. CIGNA does not utilize information submitted using the DTP (Service Line Date) segment in 2210E loop.

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		
050	NM1	Payer Name	O	1			Required
080	PER	Payer Contact Information	O	1			Situational - not supported for CIGNA inquiry.
LOOP ID - 2000B					≥1		
010	HL	Information Receiver Level	M	1			Required
LOOP ID - 2100B					≥1		
050	NM1	Information Receiver Name	O	1			Required
LOOP ID - 2000C					≥1		
010	HL	Service Provider Level	M	1			Required
LOOP ID - 2100C					≥1		
050	NM1	Provider Name	O	1			Required
LOOP ID - 2000D					≥1		
010	HL	Subscriber Level	M	1			Required
040	DMG	Subscriber Demographic Information	O	1		N2/040	Situational
LOOP ID - 2100D					1		
050	NM1	Subscriber Name	O	1			Required
LOOP ID - 2200D					≥1		
090	TRN	Claim Submitter Trace Number	O	1			Situational
100	REF	Payer Claim Identification Number	O	1			Situational
100	REF	Institutional Bill Type Identification	O	1			Optional - not supported for CIGNA Inquiry
100	REF	Medical Record Identification	O	1			Optional - not supported for CIGNA Inquiry
100	REF	Group Number	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>
110	AMT	Claim Submitted Charges	O	1			Situational
120	DTP	Claim Service Date	O	1			Situational
LOOP ID - 2210D					≥1		
130	SVC	Service Line Information	O	1			Optional - not supported for CIGNA Inquiry
140	REF	Service Line Item Identification	O	1			Optional - not supported for CIGNA Inquiry
150	DTP	Service Line Date	O	1			Optional - not supported for CIGNA Inquiry
LOOP ID - 2000E					≥1		
010	HL	Dependent Level	O	1			Situational
040	DMG	Dependent Demographic Information	O	1		N2/040	Required
LOOP ID - 2100E					1		
050	NM1	Dependent Name	O	1			Required
LOOP ID - 2200E					≥1		
090	TRN	Claim Submitter Trace Number	O	1			Required
100	REF	Payer Claim Identification Number	O	1			Optional - not supported for CIGNA Inquiry
100	REF	Institutional Bill Type Identification	O	1			Optional - not supported for CIGNA Inquiry
100	REF	Medical Record Identification	O	1			Optional - not supported for CIGNA Inquiry
110	AMT	Claim Submitted Charges	O	1			Situational
120	DTP	Claim Service Date	O	1			Situational
LOOP ID - 2210E					≥1		
130	SVC	Service Line Information	O	1			Optional - not supported for CIGNA Inquiry
140	REF	Service Line Item Identification	O	1			Optional - not supported for CIGNA Inquiry
150	DTP	Service Line Date	O	1			Optional - not supported for CIGNA Inquiry
160	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:

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

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

ISA Interchange Control Header

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

User Option (Usage): Required

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

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)

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

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

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)

Code Name

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

ISA06	I06	Interchange Sender ID	M	AN	15/15	Required
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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

This ID qualifies the Receiver in ISA08.

CIGNA TRADING PARTNER NOTES: Value should always be '30' - US Federal Tax ID 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

The date format is YYMMDD.

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

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
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Code Name

through October 1997

ISA13	I12	Interchange Control Number	M	N0	9/9	Required
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Description: A control number assigned by the interchange sender

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)

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 'HR'.						
Code Name						
HR Health Care Claim Status Request (276)						
GS02	142	Application Sender's Code	M	AN	2/15	Required
Description: Code identifying party sending transmission; codes agreed to by trading partners						
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						
Use this code to identify the unit receiving the information.						
CIGNA TRADING PARTNER NOTES: Value is derived. See loop 2200D REF - Group Number segment (page 38) or companion guide cover for more details.						
GS04	373	Date	M	DT	8/8	Required
Description: Date expressed as CCYYMMDD						
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)						
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						
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

Example:

ST*276*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

Code Name

276 Health Care Claim Status Request

ST02	329	Transaction Set Control Number	M	AN	4/9	Required
------	-----	---------------------------------------	---	----	-----	----------

Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set

The value in ST02 must be identical to SE02.

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: 3

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

Example:

BHT*0010*13**19961220~

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						
Code Name						
0010 Information Source, Information Receiver, Provider of Service, Subscriber, Dependent						
BHT02	353	Transaction Set Purpose Code	M	ID	2/2	Required
Description: Code identifying purpose of transaction set						
Code Name						
13 Request						
BHT04	373	Date	O	DT	8/8	Required
Description: Date expressed as CCYYMMDD						
Industry: Transaction Set Creation Date						

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

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
050		Loop 2100A	O		>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

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						
HL03	735	Hierarchical Level Code	M	ID	1/2	Required
Description: Code defining the characteristic of a level in a hierarchical structure						
Code Name						
20 Information Source						
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						
Code Name						
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 2100A

Pos: 050	Repeat: >1
Optional	
Loop: 2100A	Elements: N/A

User Option (Usage): Required

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

Notes:

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

Example:

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

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>
050	NM1	Payer Name	O	1		Required
080	PER	Payer Contact Information	O	1		Situational - not supported for CIGNA inquiry.

Semantics:

1. NM102 qualifies NM103.

Comments:

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

NM1 Payer Name

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

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

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

Example:

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

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						
PR Payer						
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
Description: Code qualifying the type of entity						
Code Name						
2 Non-Person Entity						
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required
Description: Individual last name or organizational name						
Industry: Payer Name						
This data element will be required until the National Payer Identifier is active.						
CIGNA TRADING PARTNER NOTES: Value should always be "CIGNA HealthCare"						
NM108	66	Identification Code Qualifier	C	ID	1/2	Required
Description: Code designating the system/method of code structure used for Identification Code (67)						
Payer identifiers should be used with the following preferences:						
(PI) Payer ID						
(NI) NAIC Code						
(AD) If the Payer is a Blue Cross or Blue Shield Plan, BCBSA Plan Code						
(PP) If the Payer is a Pharmacy Processor, Pharmacy Processor Number						
(FI) Tax ID						
(21) If other codes are not available or known, use HIN or Payer Identification Number						
CIGNA TRADING PARTNER NOTES: Use only (FI) - Tax ID for CIGNA inquiry.						
Code Name						
21	Health Industry Number (HIN)					
CODE SOURCE:						
121: Health Industry Identification Number						
AD	Blue Cross Blue Shield Association Plan Code					
FI	Federal Taxpayer's Identification Number					
NI	National Association of Insurance Commissioners (NAIC) Identification					
PI	Payor Identification					
PP	Pharmacy Processor Number					
XV	Health Care Financing Administration National Payer Identification Number (PAYERID)					
CODE SOURCE:						
540: Health Care Financing Administration National PlanID						

NM109	67	Identification Code	C	AN	2/80	Required
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Description: Code identifying a party or other code

Industry: Payer Identifier

For Medicare use, this is the carrier/fiscal intermediary-assigned code.

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

ExternalCodeList

Name: 121

Description: Health Industry Identification Number

ExternalCodeList

Name: 245

Description: National Association of Insurance Commissioners (NAIC) Code

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National PlanID

Syntax Rules:

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

Semantics:

1. NM102 qualifies NM103.

Comments:

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

PER Payer Contact Information

Pos: 080	Max: 1
Detail - Optional	
Loop: 2100A	Elements: 8

User Option (Usage): Situational - not supported for CIGNA inquiry.

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

Notes:

1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
2. By definition of standard, if PER03 is used, PER04 is required.
3. Required only if needed for identification of contact at the payer site when known prior to transmission of the 276 claim status request.

Example:

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

CIGNA TRADING PARTNER NOTES:

Not supported for 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						
Code Name						
IC Information Contact						
PER02	93	Name	O	AN	1/60	Situational
Description: Free-form name						
Industry: Payer Contact Name						
This element is required when a specific person or department is the contact for the response in order to clarify requests concerning additional information requests. Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).						
PER03	365	Communication Number Qualifier	C	ID	2/2	Required
Description: Code identifying the type of communication number						
Required when PER04 is used.						
Code Name						
ED Electronic Data Interchange Access Number						
EM Electronic Mail						
TE Telephone						
PER04	364	Communication Number	C	AN	1/80	Required
Description: Complete communications number including country or area code when applicable						
Alias: Payer Contact Communication Number						
Use PER04 to supply International Codes, Area Code (within U.S.), Local exchanges, and telephone numbers. When an additional extension is required PER06 should be used.						
PER05	365	Communication Number Qualifier	C	ID	2/2	Situational
Description: Code identifying the type of communication number						
Required when PER06 is used.						

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<u>Code Name</u> EX Telephone Extension				
PER06	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable Use PER06 to supply telephone extensions only. International Codes, Area Codes (within U.S.), Exchanges, and telephone numbers should be placed in PER04.				
PER07	365	Communication Number Qualifier	C	ID	2/2	Situational
		Description: Code identifying the type of communication number Required when PER08 is used.				
		<u>Code Name</u> EX Telephone Extension FX Facsimile				
PER08	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable Alias: Payer Contact Communication Number Required when necessary to provide another telephone extension or fax 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.

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. This entity expects response from the information source.

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
050		Loop 2100B	O		>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. This entity expects response from the information source.

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						
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						
HL03	735	Hierarchical Level Code	M	ID	1/2	Required
Description: Code defining the characteristic of a level in a hierarchical structure						
Code Name						
		21		Information Receiver		
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						
Code Name						
		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: 050	Repeat: >1
Optional	
Loop: 2100B	Elements: N/A

User Option (Usage): Required

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

Notes:

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

Example:

NM1*41*2*XYZ SERVICE*****46*A222222221~

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>
050	NM1	Information Receiver Name	O	1		Required

Semantics:

1. NM102 qualifies NM103.

Comments:

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

NM1 Information Receiver Name

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100B	Elements: 8

User Option (Usage): Required

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

Notes:

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

Example:

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

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						
41 Submitter						
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
Description: Code qualifying the type of entity						
Code Name						
1 Person						
2 Non-Person Entity						
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required
Description: Individual last name or organizational name						
Industry: Information Receiver Last or Organization Name						
NM104	1036	Name First	O	AN	1/25	Situational
Description: Individual first name						
Industry: Information Receiver First Name						
The first name is required when the value in NM102 is '1' and the person has a first name.						
NM105	1037	Name Middle	O	AN	1/25	Situational
Description: Individual middle name or initial						
Industry: Information Receiver Middle Name						
Required if additional name information is needed to identify the information receiver. Recommended if the value in the entity type qualifier is a person.						
NM107	1039	Name Suffix	O	AN	1/10	Situational
Description: Suffix to individual name						
Industry: Information Receiver Name Suffix						
Required if additional name information is needed to identify the information receiver. Recommended if the value in the entity type qualifier is a person.						
NM108	66	Identification Code Qualifier	C	ID	1/2	Required
Description: Code designating the system/method of code structure used for Identification Code (67)						
CIGNA TRADING PARTNER NOTES: Use only (FI) - Federal Taxpayer's Identification Number for CIGNA inquiry.						
Code Name						
46 Electronic Transmitter Identification Number (ETIN)						
FI Federal Taxpayer's Identification Number						
XX Health Care Financing Administration National Provider Identifier						

NM109	67	Identification Code	C	AN	2/80	Required
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Description: Code identifying a party or other code

Industry: Information Receiver Identification Number

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.

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

Example:

```
HL*3*2*19*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	Service Provider Level	M	1		Required
050		Loop 2100C	O		>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 Service Provider 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

Example:

HL*3*2*19*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						
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						
HL03	735	Hierarchical Level Code	M	ID	1/2	Required
Description: Code defining the characteristic of a level in a hierarchical structure						
Code Name						
19 Provider of Service						
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						
Code Name						
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 2100C

Pos: 050	Repeat: >1
Optional	
Loop: 2100C	Elements: N/A

User Option (Usage): Required

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

Notes:

1. This is the billing provider from the original submitted claim.

Example:

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

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>
050	NM1	Provider Name	O	1		Required

Semantics:

1. NM102 qualifies NM103.

Comments:

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

NM1 Provider Name

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

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

1. This is the billing provider from the original submitted claim.

Example:

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

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						
1P Provider						
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
Description: Code qualifying the type of entity						
Code Name						
1 Person						
2 Non-Person Entity						
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required
Description: Individual last name or organizational name						
Industry: Provider Last or Organization Name						
NM104	1036	Name First	O	AN	1/25	Situational
Description: Individual first name						
Industry: Provider First Name						
The first name is required when the value in NM102 is '1' and the person has a first name.						
NM105	1037	Name Middle	O	AN	1/25	Situational
Description: Individual middle name or initial						
Industry: Provider Middle Name						
The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.						
NM106	1038	Name Prefix	O	AN	1/10	Situational
Description: Prefix to individual name						
Industry: Provider Name Prefix						
Required if additional name information is needed to identify the provider of service. Recommended if the value in the entity type qualifier is a person.						
NM107	1039	Name Suffix	O	AN	1/10	Situational
Description: Suffix to individual name						
Industry: Provider Name Suffix						
Required if additional name information is needed to identify the provider of service. Recommended if the value in the entity type qualifier is a person.						
NM108	66	Identification Code Qualifier	C	ID	1/2	Required
Description: Code designating the system/method of code structure used for Identification Code (67)						
Industry: On the 276 Claim Status inquiry, CIGNA recommends that providers continue to include the same						

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		information that is submitted today (i.e.: TIN). This will ensure accurate and timely 277 responses until the NPPES dissemination process is complete.				
		CIGNA TRADING PARTNER NOTES: Use only (FI) - Federal Taxpayer's Identification Number or (SV) - Service Provider Number for CIGNA inquiry.				
		CIGNA will not be prepared to receive the National Provider Identifier at this time. If a provider is submitting an NPI, CIGNA will reject the transaction with STC code D0:135 (Entity not found, change criteria: Entity's commercial ID).				
		<u>Code</u>		<u>Name</u>		
		FI		Federal Taxpayer's Identification Number		
		SV		Service Provider Number		
				When the provider does not have a National Provider ID and Payer has assigned a specific ID number to this provider this code is required.		
		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: Provider Identifier				
		CIGNA TRADING PARTNER NOTES: On the 276 Claim Status inquiry, CIGNA recommends that providers continue to include the same information that is submitted today (i.e.: TIN). This will ensure accurate and timely 277 responses until the NPPES dissemination process is complete.				
		<u>ExternalCodeList</u>				
		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.

Loop 2000D

Pos: 010	Repeat: >1
Mandatory	
Loop: 2000D	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 subscriber and the patient are the same person, do not use the next HL (HL23) for the claim information.

Example:

HL*4*3*22*0~ or HL*4*3*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
040	DMG	Subscriber Demographic Information	O	1		Situational
050		Loop 2100D	O		1	Required
090		Loop 2200D	O		>1	Situational

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 Subscriber Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000D	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 subscriber and the patient are the same person, do not use the next HL (HL23) for the claim information.

Example:

HL*4*3*22*0~ or HL*4*3*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						
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						
HL03	735	Hierarchical Level Code	M	ID	1/2	Required
Description: Code defining the characteristic of a level in a hierarchical structure						
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						
Code Name						
0 No Subordinate HL Segment in This Hierarchical Structure.						
Required when there are no dependent claim status requests for this subscriber.						
1 Additional Subordinate HL Data Segment in This Hierarchical Structure.						
Required when there are dependent claims related to this subscriber.						

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.

DMG Subscriber Demographic Information

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

User Option (Usage): Situational

Purpose: To supply demographic information

Notes:

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

Example:

DMG*D8*19330706*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	Required
Description: Code indicating the date format, time format, or date and time format						
Code Name						
D8 Date Expressed in Format CCYYMMDD						
DMG02	1251	Date Time Period	C	AN	1/35	Required
Description: Expression of a date, a time, or range of dates, times or dates and times						
Industry: Subscriber Birth Date						
Alias: Date of Birth - Subscriber						
CIGNA TRADING PARTNER NOTES: Required for CIGNA inquiry.						
DMG03	1068	Gender Code	O	ID	1/1	Required
Description: Code indicating the sex of the individual						
Industry: Subscriber Gender Code						
Alias: Gender - Subscriber						
Code Name						
F Female						
M Male						
U Unknown						

Syntax Rules:

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

Semantics:

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

Loop 2100D

Pos: 050	Repeat: 1
Optional	
Loop: 2100D	Elements: N/A

User Option (Usage): Required

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

Example:

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

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>
050	NM1	Subscriber Name	O	1		Required

Semantics:

1. NM102 qualifies NM103.

Comments:

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

NM1 Subscriber Name

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

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

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

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
 QC Patient

Use this code only when the subscriber is the patient.

NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
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Description: Code qualifying the type of entity**CIGNA TRADING PARTNER NOTES:** Use only (1) - Person for CIGNA inquiry.**Code Name**

1 Person
 2 Non-Person Entity

Use the value "2" in an employer-subscriber situation, such as Worker's Compensation. In this case, the value "IL" would appear in NM101.

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

Description: Individual last name or organizational name**Industry:** Subscriber Last Name

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

Description: Individual first name**Industry:** Subscriber First Name

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

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

Description: Individual middle name or initial**Industry:** Subscriber Middle Name

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

NM106	1038	Name Prefix	O	AN	1/10	Not recommended
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Description: Prefix to individual name**Industry:** Subscriber Name Prefix

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

NM107	1039	Name Suffix	O	AN	1/10	Situational
-------	------	--------------------	---	----	------	-------------

Description: Suffix to individual name**Industry:** Subscriber Name Suffix

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

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM108	66	Identification Code Qualifier	C	ID	1/2	Required

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

CIGNA TRADING PARTNER NOTES: Use only (MI) - Member Identification Number for CIGNA inquiry.

Code Name

24 Employer's Identification Number

MI Member Identification Number

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	Required
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Description: Code identifying a party or other code

Industry: Subscriber Identifier

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.

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 2200D

Pos: 090	Repeat: >1
Optional	
Loop: 2200D	Elements: N/A

User Option (Usage): Situational

Purpose: To uniquely identify a transaction to an application

Notes:

1. This segment is required if the subscriber is the patient. If the subscriber is not the patient do not use this segment, use TRN segment in Loop 2200E.
2. Use this segment to convey a unique trace or reference number from the originator of the transaction to be returned by the receiver of the transaction.
3. The TRN segment is required by the ASC X12 syntax when Loop ID-2200D is used.

Example:

TRN*1*1722634842~

CIGNA TRADING PARTNER NOTES:

CIGNA supports one (1) per inquiry

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>
090	TRN	Claim Submitter Trace Number	O	1		Situational
100	REF	Payer Claim Identification Number	O	1		Situational
100	REF	Institutional Bill Type Identification	O	1		Optional - not supported for CIGNA Inquiry
100	REF	Medical Record Identification	O	1		Optional - not supported for CIGNA Inquiry
100	REF	Group Number	O	1		Situational
110	AMT	Claim Submitted Charges	O	1		Situational
120	DTP	Claim Service Date	O	1		Situational
130		Loop 2210D	O		>1	Optional - not supported for CIGNA Inquiry

Semantics:

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

TRN Claim Submitter Trace Number

Pos: 090	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

User Option (Usage): Situational

Purpose: To uniquely identify a transaction to an application

Notes:

1. This segment is required if the subscriber is the patient. If the subscriber is not the patient do not use this segment, use TRN segment in Loop 2200E.
2. Use this segment to convey a unique trace or reference number from the originator of the transaction to be returned by the receiver of the transaction.
3. The TRN segment is required by the ASC X12 syntax when Loop ID-2200D is used.

Example:

TRN*1*1722634842~

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>
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

Alias: Patient Account Number

This data element corresponds to the CLM01 data element of the ASC X12N Dental, Institutional, and Professional Implementation Guide(s). Paper based claims may not require a Patient Account Number for adjudication. When inquiring on paper based claims the trace number is required to be returned in the TRN of the 277 Health Care Claim Status Response transaction in TRN02.

Semantics:

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

REF Payer Claim Identification Number

Pos: 100	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Notes:

1. Use this only if the subscriber is the patient.
2. This is the payer's assigned control number, also known as, Internal Control Number (ICN), Document Control Number (DCN), or Claim Control Number (CCN). This should be sent on claim inquiries when the number is known.
3. The authors recommend sending this segment on claim inquires when the information is known. It will provide a direct look up key into the payer's adjudication system and will reduce the possibility of returning more claim status information than was intended. For example, when a claim status inquiry is performed and many claims meet the conditions of the inquiry all will be returned. By providing the information within this particular segment the search criteria is narrowed to the specific claim in question.
4. The total number of REF segments in the 2200 Loop cannot exceed 3.

Example:

REF*1K*9918046987~

CIGNA TRADING PARTNER NOTES:

CIGNA supports (1) one "payer claim control" number per 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

Examples of this element include ICN, DCN, CCN.

Submit this element if the payer supplied it previously.

Code Name

1K Payor's Claim 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: Payer Claim Control Number

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.

REF Institutional Bill Type Identification

Pos: 100	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

User Option (Usage): Optional - not supported for CIGNA Inquiry

Purpose: To specify identifying information

Notes:

1. This segment is the institutional bill type submitted on the original claim. The institutional bill type consists of the two position, Facility Type Code, and the one position, Claim Frequency Code. The payer may use it as a primary lookup key.
2. Only use this segment if the subscriber is the patient and bill type is being sent in the inquiry request in connection with an institutional bill.
3. The total number of REF segments in the 2200 Loop cannot exceed 3.

Example:

REF*BLT*111~

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

Code Name

BLT Billing Type

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: Bill Type Identifier

Found on UB92 - record 40 - 4

As submitted on the Institutional 837 claim in composite element CLM05.

Found on UB92 paper form locator 4

Required for institutional claims inquiries.

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.

REF Medical Record Identification

Pos: 100	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

User Option (Usage): Optional - not supported for CIGNA Inquiry

Purpose: To specify identifying information

Notes:

1. This is the Medical Record number submitted on the original claim and should be sent when available from the submitted claim.
2. Use this only if the subscriber is the patient.
3. The total number of REF segments in the 2200 Loop cannot exceed 3.

Example:

REF*EA*J354789~

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

Code Name

EA Medical Record Identification 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: Medical Record Number

Found on UB92 record 20 field 25

As submitted on the Dental, Institutional, and Professional 837 Claim in Medical Record Number segment in REF02 (EA)

Found on UB92 paper form locator 23

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.

REF Group Number

Pos: 100	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Notes:

1. This REF segment is used to identify the location or Application System Number believed to contain the claim being inquired upon. For example, if a payer has multiple adjudication systems processing the same type of claim (e.g. professional or Institutional) and this Location Number points to the proper system that contains information about the claim being inquired upon. In Institutional claim situations where REF01 contains LU the inquirer must determine which REF segment (Bill Type or Medical Record Number) not to be included in the inquiry transaction.
2. The total number of REF segments in the 2200 loop cannot exceed 3.

Example:

REF*LU*SYS5963~

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

Code Name

LU Location 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: Group Number

CIGNA TRADING PARTNER NOTES: One (1) of the following Values:

- Medical
- Dental
- Behavioral

Value will be mapped to the GS03 segment with "CHC" preceding the value above

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.

AMT Claim Submitted Charges

Pos: 110	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

User Option (Usage): Situational

Purpose: To indicate the total monetary amount

Notes:

1. Required when the subscriber is the patient.
2. Not all payer's systems retain the original submitted charges. This may be a result of bundling/unbundling situations. This amount can be used as a secondary match criteria within the payer's system if the claim has not been changed.

Example:

AMT*T3*75~

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

T3 Total Submitted Charges

Found on UB92 - Revenue Code 0001 and also in record 90
 Found on UB92 Paper form - Revenue Code 0001
 Found on 837 CLM02 (Professional); Revenue Code 0001 (Institutional)
 Found on NSF - XA0 Record field 12
 Found on HCFA 1500 - Block 28

AMT02	782	Monetary Amount	M	R	1/18	Required
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Description: Monetary amount

Industry: Total Claim Charge Amount

DTP Claim Service Date

Pos: 120	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 3

User Option (Usage): Situational

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

Notes:

1. Required for institutional claims. The date is the statement from and through date.
2. For professional claims this will be the claim from and through date. If claim level date range is not used then the Line Service Date at Loop 2210D is required.

Example:

DTP*232*RD8*19960401-19960402~

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

Use this element for the dates of service submitted on the original claim.

Code Name

232 Claim Statement Period Start

This includes the claim statement period end.

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

If the date is a single date of service, the begin date equals the end date.

Code Name

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

Industry: Claim Service Period

Semantics:

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

Loop 2210D

Pos: 130	Repeat: >1
Optional	
Loop: 2210D	Elements: N/A

User Option (Usage): Optional - not supported for CIGNA Inquiry

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

Notes:

1. Use this segment to request status information about a service line.
2. This segment is required if loop is used by ASC X12 syntax because it is the first segment in Loop ID -2210 (Service Line Information).
3. For Medicare Institutional claims, SVC01 would be the Health Care Financing Administration (HCFA), Common Procedural Coding System (HCPCS) Code (See Code Source 130) and SVC04 would be the Revenue Code (see Code Source 132).

Example:

```
SVC*HC:99214*75*****1~
or
SVC*NU:71X*50*****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>
130	SVC	Service Line Information	O	1		Optional - not supported for CIGNA Inquiry
140	REF	Service Line Item Identification	O	1		Optional - not supported for CIGNA Inquiry
150	DTP	Service Line Date	O	1		Optional - not supported for CIGNA Inquiry

Semantics:

1. SVC01 is the medical procedure upon which adjudication is based.
2. SVC02 is the submitted service charge.
3. SVC03 is the amount paid this service.
4. SVC04 is the National Uniform Billing Committee Revenue Code.
5. SVC05 is the paid units of service.
6. SVC06 is the original submitted medical procedure.
7. SVC07 is the original submitted units of service.

Comments:

1. For Medicare Part A claims, SVC01 would be the Health Care Financing Administration (HCFA) Common Procedural Coding System (HCPCS) Code (see code source 130) and SVC04 would be the Revenue Code (see code source 132).

SVC Service Line Information

Pos: 130	Max: 1
Detail - Optional	
Loop: 2210D	Elements: 4

User Option (Usage): Optional - not supported for CIGNA Inquiry

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

Notes:

1. Use this segment to request status information about a service line.
2. This segment is required if loop is used by ASC X12 syntax because it is the first segment in Loop ID -2210 (Service Line Information).
3. For Medicare Institutional claims, SVC01 would be the Health Care Financing Administration (HCFA), Common Procedural Coding System (HCPCS) Code (See Code Source 130) and SVC04 would be the Revenue Code (see Code Source 132).

Example:

SVC*HC:99214*75*****1~
or
SVC*NU:71X*50*****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>
SVC01	C003	Composite Medical Procedure Identifier	M	Comp		Required

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

Industry: Product or Service ID Qualifier

SVC01 will contain the procedure code of the adjudicated claim. If the adjudicated code is not known then SVC01 will contain the original submitted procedure code.

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)

Code Name

AD American Dental Association Codes

CODE SOURCE:

135: American Dental Association Codes

CI Common Language Equipment Identifier (CLEI)

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

Because the CPT codes of the American Medical Association are also level 1 HCPCS codes, the CPT codes are reported under the code HC.

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

N1 National Drug Code in 4-4-2 Format

CODE SOURCE:

240: National Drug Code by Format

N2 National Drug Code in 5-3-2 Format

CODE SOURCE:

240: National Drug Code by Format

N3 National Drug Code in 5-4-1 Format

CODE SOURCE:

240: National Drug Code by Format

N4 National Drug Code in 5-4-2 Format

CODE SOURCE:

Code Name

	240: National Drug Code by Format
ND	National Drug Code (NDC) CODE SOURCE: 134: National Drug Code
NH	National Health Related Item Code
NU	National Uniform Billing Committee (NUBC) UB92 Codes This code is the NUBC Revenue Code. CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes
RB	National Uniform Billing Committee (NUBC) UB82 Codes CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes

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

Description: Identifying number for a product or service

Industry: Service Identification Code

If the value in SVC01-1 is "NU", then this element is an NUBC Revenue Code. If a value is present here, then SVC04 is not used.

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: 132

Description: National Uniform Billing Committee (NUBC) Codes

ExternalCodeList

Name: 134

Description: National Drug Code

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

Required if submitted on the original claim service line.

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

Required if submitted on the original claim service line.

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

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Required if submitted on the original claim service line.				
	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				
		Required if submitted on the original claim service line.				
SVC02	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				
		Industry: Line Item Charge Amount				
		This amount is the original submitted charge.				
SVC04	234	Product/Service ID	O	AN	1/48	Situational
		Description: Identifying number for a product or service				
		Industry: Revenue Code				
		This is the NUBC Revenue Code. When SVC-101 equals "NU", then the NUBC Revenue Code belongs in SVC01-2.				
		ExternalCodeList				
		Name: 132				
		Description: National Uniform Billing Committee (NUBC) Codes				
SVC07	380	Quantity	O	R	1/15	Situational
		Description: Numeric value of quantity				
		Industry: Original Units of Service Count				
		These are the submitted units of service. The default is 1 unit. This element is required when the submitted units are greater than 1.				

Semantics:

1. SVC01 is the medical procedure upon which adjudication is based.
2. SVC02 is the submitted service charge.
3. SVC03 is the amount paid this service.
4. SVC04 is the National Uniform Billing Committee Revenue Code.
5. SVC05 is the paid units of service.
6. SVC06 is the original submitted medical procedure.
7. SVC07 is the original submitted units of service.

Comments:

1. For Medicare Part A claims, SVC01 would be the Health Care Financing Administration (HCFA) Common Procedural Coding System (HCPCS) Code (see code source 130) and SVC04 would be the Revenue Code (see code source 132).

REF Service Line Item Identification

Pos: 140	Max: 1
Detail - Optional	
Loop: 2210D	Elements: 2

User Option (Usage): Optional - not supported for CIGNA Inquiry

Purpose: To specify identifying information

Notes:

1. Use this segment if the subscriber is the patient.
2. Required when available from the original claim. When the Information Receiver is the Provider, this is required when the number was assigned by the provider on the original claim.
3. Will be used primarily for professional claim service line inquiry, and bill type is being sent in the inquiry request in connection with institutional bill.

Example:

REF*FJ*6042201~

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

Code Name

FJ Line Item Control 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: Line Item Control Number

May or may not help the payer in the identification of the claim.

Syntax Rules:

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

Semantics:

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

DTP Service Line Date

Pos: 150	Max: 1
Detail - Optional	
Loop: 2210D	Elements: 3

User Option (Usage): Optional - not supported for CIGNA Inquiry

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

Notes:

1. When the 2210D loop is used this segment must be present.

Example:

DTP*472*RD8*19960401-19960402~

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						
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						
Code Name						
RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD						
If the date is a single date of service, the begin date equals the end date.						
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						
Industry: Service Line Date						

Semantics:

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

Loop 2000E

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

User Option (Usage): Situational

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

Notes:

1. 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.
2. Required when the patient is not the same entity as subscriber.

Example:

HL*5*4*23~

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
040	DMG	Dependent Demographic Information	O	1		Required
050		Loop 2100E	O		1	Required
090		Loop 2200E	O		>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: 2000E	Elements: 3

User Option (Usage): Situational

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

Notes:

1. 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.
2. Required when the patient is not the same entity as subscriber.

Example:

HL*5*4*23~

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

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.

DMG Dependent Demographic Information

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

User Option (Usage): Required

Purpose: To supply demographic information

Example:

DMG*D8*19330706*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	Required
Description: Code indicating the date format, time format, or date and time format						
Code Name						
D8 Date Expressed in Format CCYYMMDD						
DMG02	1251	Date Time Period	C	AN	1/35	Required
Description: Expression of a date, a time, or range of dates, times or dates and times						
Industry: Patient Birth Date						
Alias: Date of Birth - Patient						
CIGNA TRADING PARTNER NOTES: Required for CIGNA inquiry.						
DMG03	1068	Gender Code	O	ID	1/1	Required
Description: Code indicating the sex of the individual						
Industry: Patient Gender Code						
Alias: Gender - Patient						
Code Name						
F Female						
M Male						
U Unknown						

Syntax Rules:

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

Semantics:

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

Loop 2100E

Pos: 050	Repeat: 1
Optional	
Loop: 2100E	Elements: N/A

User Option (Usage): Required

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

Example:

NM1*QC*1*SMITH*JOSEPH*L****MI*12345678902~

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>
050	NM1	Dependent Name	O	1		Required

Semantics:

- NM102 qualifies NM103.

Comments:

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

NM1 Dependent Name

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

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

NM1*QC*1*SMITH*JOSEPH*L****MI*12345678902~

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						
QC Patient						
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
Description: Code qualifying the type of entity						
Code Name						
1 Person						
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required
Description: Individual last name or organizational name						
Industry: Patient Last Name						
NM104	1036	Name First	O	AN	1/25	Situational
Description: Individual first name						
Industry: Patient First Name						
Required if additional name information is needed to identify the patient.						
CIGNA TRADING PARTNER NOTES: Required for CIGNA inquiry.						
NM105	1037	Name Middle	O	AN	1/25	Situational
Description: Individual middle name or initial						
Industry: Patient Middle Name						
Required if additional name information is needed to identify the patient.						
NM106	1038	Name Prefix	O	AN	1/10	Situational
Description: Prefix to individual name						
Industry: Patient Name Prefix						
Required if additional name information is needed to identify the patient.						
NM107	1039	Name Suffix	O	AN	1/10	Situational
Description: Suffix to individual name						
Industry: Patient Name Suffix						
Required if additional name information is needed to identify the patient.						
NM108	66	Identification Code Qualifier	C	ID	1/2	Situational
Description: Code designating the system/method of code structure used for Identification Code (67)						
Required if NM109 is used.						
CIGNA TRADING PARTNER NOTES: Use only (MI) - Member Identification Number for CIGNA inquiry.						
Code Name						
MI Member Identification Number						
ZZ Mutually Defined						

Code Name

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
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Description: Code identifying a party or other code

Industry: Patient Primary Identifier

At this level, NM108 and NM109 are required if the dependent is assigned a unique identification number that is separate from the subscriber number in HL04 (HL22).

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.

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 2200E

Pos: 090	Repeat: >1
Optional	
Loop: 2200E	Elements: N/A

User Option (Usage): Required

Purpose: To uniquely identify a transaction to an application

Notes:

1. Use of this segment is required if the patient is someone other than the subscriber.
2. Use this segment to convey a unique trace or reference number from the originator of the transaction to be returned by the receiver of the transaction.
3. The TRN segment is required by the ASC X12 syntax when Loop ID-2200E is used.

Example:

TRN*1*1722634842~

CIGNA TRADING PARTNER NOTES:

CIGNA supports one (1) per inquiry

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>
090	TRN	Claim Submitter Trace Number	O	1		Required
100	REF	Payer Claim Identification Number	O	1		Optional - not supported for CIGNA Inquiry
100	REF	Institutional Bill Type Identification	O	1		Optional - not supported for CIGNA Inquiry
100	REF	Medical Record Identification	O	1		Optional - not supported for CIGNA Inquiry
110	AMT	Claim Submitted Charges	O	1		Situational
120	DTP	Claim Service Date	O	1		Situational
130		Loop 2210E	O		>1	Optional - not supported for CIGNA Inquiry

Semantics:

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

TRN Claim Submitter Trace Number

Pos: 090	Max: 1
Detail - Optional	
Loop: 2200E	Elements: 2

User Option (Usage): Required

Purpose: To uniquely identify a transaction to an application

Notes:

1. Use of this segment is required if the patient is someone other than the subscriber.
2. Use this segment to convey a unique trace or reference number from the originator of the transaction to be returned by the receiver of the transaction.
3. The TRN segment is required by the ASC X12 syntax when Loop ID-2200E is used.

Example:

TRN*1*1722634842~

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>
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

Alias: Patient Account Number

This data element corresponds to the CLM01 data element of the ASC X12N Dental, Institutional, and Professional Implementation Guide(s). Paper based claims may not require a Patient Account Number for adjudication. When inquiring on paper based claims the trace number is required to be returned in the TRN of the 277 Health Care Claim Status Response transaction in TRN02.

Semantics:

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

REF Payer Claim Identification Number

Pos: 100	Max: 1
Detail - Optional	
Loop: 2200E	Elements: 2

User Option (Usage): Optional - not supported for CIGNA Inquiry

Purpose: To specify identifying information

Notes:

1. Use this segment only if the patient is someone other than the subscriber.
2. This is the payer's assigned control number, also known as, Internal Control Number (ICN), Document Control Number (DCN), or Claim Control Number (CCN). This should be sent on claim inquiries when the number is known.
3. The authors recommend sending this segment on claim inquires when the information is known. It will provide a direct look up key into the payer's adjudication system and will reduce the possibility of returning more claim status information than was intended. For example, when a claim status inquiry is performed and many claims meet the conditions of the inquiry all will be returned. By providing the information within this particular segment the search criteria is narrowed to the specific claim in question.
4. The total number of REF segments in the 2200 Loop cannot exceed 3.

Example:

REF*1K*9918046987~

CIGNA TRADING PARTNER NOTES:

CIGNA supports (1) one "payer claim control" number per 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

Examples of this element include ICN, DCN, and CCN.

Code Name

1K Payor's Claim 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: Payer Claim Control Number

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.

REF Institutional Bill Type Identification

Pos: 100	Max: 1
Detail - Optional	
Loop: 2200E	Elements: 2

User Option (Usage): Optional - not supported for CIGNA Inquiry

Purpose: To specify identifying information

Notes:

1. This segment is the institutional type of bill as submitted on the original claim, and the payer may use it as a lookup key.
2. Use this segment only if the dependent is the patient and bill type is being sent in the inquiry request in connection with an institutional bill.

Example:

REF*BLT*111~

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

Code Name

BLT Billing Type

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: Bill Type Identifier

Found on UB92 - record 40 - 4

Found on 837 CLM-05

Found on UB92 paper form locator 4

Required for institutional claims inquiries.

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.

REF Medical Record Identification

Pos: 100	Max: 1
Detail - Optional	
Loop: 2200E	Elements: 2

User Option (Usage): Optional - not supported for CIGNA Inquiry

Purpose: To specify identifying information

Notes:

1. This is the Medical Record number submitted on the original claim and should be sent when available from the submitted claim.
2. Use this segment if the patient is someone other than the subscriber.

Example:

REF*EA*J354789~

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

Code Name

EA Medical Record Identification 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: Medical Record Number

Found on UB92 record 20 field 25
 Found on 837 CLM-05
 Found on UB92 paper form locator 23

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.

AMT Claim Submitted Charges

Pos: 110	Max: 1
Detail - Optional	
Loop: 2200E	Elements: 2

User Option (Usage): Situational**Purpose:** To indicate the total monetary amount**Notes:**

1. Use this segment if the service line SVC segment, loop 2210E is not used.
2. Not all payers' systems retain the original submitted charges. This may be a result of "bundling/unbundling" situations. This amount can be used as secondary match criteria within the payer's system if the claim has not been changed.

Example:

AMT*T3*75~

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**

T3 Total Submitted Charges

AMT02	782	Monetary Amount	M	R	1/18	Required
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Description: Monetary amount**Industry:** Total Claim Charge Amount

Found on UB92 - Revenue Code 0001 and also in record 90
 Found on UB92 Paper form - Revenue Code 0001
 Found on 837 CLM02 (Professional); Revenue Code 0001
 (Institutional)
 Found on NSF - XA0 Record field 12
 Found on HCFA 1500 - Block 28

DTP Claim Service Date

Pos: 120	Max: 1
Detail - Optional	
Loop: 2200E	Elements: 3

User Option (Usage): Situational

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

Notes:

1. Required for institutional claims. The date is the statement from and through date.
2. For professional claims this will be the claim from and through date. If claim level date range is not used then the Line Service Date at 2210E is required.
3. For additional information on the date range use, refer to Section 2.2.3.9 in the front section of this guide.

Example:

DTP*232*RD8*19960401-19960402~

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

Use this element for the date of service submitted on the original claim.

Code Name

232 Claim Statement Period Start

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

Code Name

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

If the date is a single date of service, the begin date equals the end date.

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

Industry: Claim Service Period

Semantics:

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

Loop 2210E

Pos: 130	Repeat: >1
Optional	
Loop: 2210E	Elements: N/A

User Option (Usage): Optional - not supported for CIGNA Inquiry

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

Notes:

1. Use this segment to request status information about a service line.
2. This segment is required if loop is used by ASC X12 syntax because it is the first segment in Loop ID 2210 (Service Line Information).
3. For Medicare Institutional claims, SVC01 would be the Health Care Financing Administration (HCFA), Common Procedural Coding System (HCPCS) Code (See Code Source 130) and SVC04 would be the Revenue Code (see Code Source 132).

Example:

```
SVC*HC:99214*75*****1~
or
SVC*NU:71X*50*****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>
130	SVC	Service Line Information	O	1		Optional - not supported for CIGNA Inquiry
140	REF	Service Line Item Identification	O	1		Optional - not supported for CIGNA Inquiry
150	DTP	Service Line Date	O	1		Optional - not supported for CIGNA Inquiry

Semantics:

1. SVC01 is the medical procedure upon which adjudication is based.
2. SVC02 is the submitted service charge.
3. SVC03 is the amount paid this service.
4. SVC04 is the National Uniform Billing Committee Revenue Code.
5. SVC05 is the paid units of service.
6. SVC06 is the original submitted medical procedure.
7. SVC07 is the original submitted units of service.

Comments:

1. For Medicare Part A claims, SVC01 would be the Health Care Financing Administration (HCFA) Common Procedural Coding System (HCPCS) Code (see code source 130) and SVC04 would be the Revenue Code (see code source 132).

SVC Service Line Information

Pos: 130	Max: 1
Detail - Optional	
Loop: 2210E	Elements: 4

User Option (Usage): Optional - not supported for CIGNA Inquiry

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

Notes:

1. Use this segment to request status information about a service line.
2. This segment is required if loop is used by ASC X12 syntax because it is the first segment in Loop ID 2210 (Service Line Information).
3. For Medicare Institutional claims, SVC01 would be the Health Care Financing Administration (HCFA), Common Procedural Coding System (HCPCS) Code (See Code Source 130) and SVC04 would be the Revenue Code (see Code Source 132).

Example:

SVC*HC:99214*75*****1~
or
SVC*NU:71X*50*****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>
SVC01	C003	Composite Medical Procedure Identifier	M	Comp		Required

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

SVC01 will contain the procedure code of the adjudicated claim. If the adjudicated code is not known then SVC01 will contain the original submitted procedure code.

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

Code Name

AD American Dental Association Codes

CODE SOURCE:

135: American Dental Association Codes

CI Common Language Equipment Identifier (CLEI)

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

Because the CPT codes of the American Medical Association are also level 1 HCPCS codes, the CPT codes are reported under the code HC.

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

N1 National Drug Code in 4-4-2 Format

CODE SOURCE:

240: National Drug Code by Format

N2 National Drug Code in 5-3-2 Format

CODE SOURCE:

240: National Drug Code by Format

N3 National Drug Code in 5-4-1 Format

CODE SOURCE:

240: National Drug Code by Format

N4 National Drug Code in 5-4-2 Format

CODE SOURCE:

Code Name

	240: National Drug Code by Format
ND	National Drug Code (NDC) CODE SOURCE: 134: National Drug Code
NH	National Health Related Item Code
NU	National Uniform Billing Committee (NUBC) UB92 Codes CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes
RB	National Uniform Billing Committee (NUBC) UB82 Codes CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes

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

Description: Identifying number for a product or service

Industry: Service Identification Code

If the value in SVC01-1 is "NU", then this is an NUBC Revenue Code. If a value is present here, then SVC04 is not used.

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: 132

Description: National Uniform Billing Committee (NUBC) Codes

ExternalCodeList

Name: 134

Description: National Drug Code

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

Required if submitted on the original claim service line.

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

Required if submitted on the original claim service line.

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

Required if submitted on the original claim service line.

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
	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				
		Required if submitted on the original claim service line.				
SVC02	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				
		Industry: Line Item Charge Amount				
		This amount is the original submitted charge.				
SVC04	234	Product/Service ID	O	AN	1/48	Situational
		Description: Identifying number for a product or service				
		Industry: Revenue Code				
		This is the NUBC Revenue Code. When SVC-101 equals "NU", then the NUBC Revenue Code belongs in SVC01-2.				
		ExternalCodeList				
		Name: 132				
		Description: National Uniform Billing Committee (NUBC) Codes				
SVC07	380	Quantity	O	R	1/15	Situational
		Description: Numeric value of quantity				
		Industry: Original Units of Service Count				
		These are the submitted units of service. The default is 1 unit. This element is required when the submitted units are greater than 1.				

Semantics:

1. SVC01 is the medical procedure upon which adjudication is based.
2. SVC02 is the submitted service charge.
3. SVC03 is the amount paid this service.
4. SVC04 is the National Uniform Billing Committee Revenue Code.
5. SVC05 is the paid units of service.
6. SVC06 is the original submitted medical procedure.
7. SVC07 is the original submitted units of service.

Comments:

1. For Medicare Part A claims, SVC01 would be the Health Care Financing Administration (HCFA) Common Procedural Coding System (HCPCS) Code (see code source 130) and SVC04 would be the Revenue Code (see code source 132).

REF Service Line Item Identification

Pos: 140	Max: 1
Detail - Optional	
Loop: 2210E	Elements: 2

User Option (Usage): Optional - not supported for CIGNA Inquiry

Purpose: To specify identifying information

Notes:

1. Required when available from the original claim. When the Information Receiver is the Provider, this is required when the number was assigned by the provider on the original claim.

Example:

REF*FJ*6042201~

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						
Code Name						
FJ Line Item Control 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: Line Item Control Number						

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 Service Line Date

Pos: 150	Max: 1
Detail - Optional	
Loop: 2210E	Elements: 3

User Option (Usage): Optional - not supported for CIGNA Inquiry

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

Notes:

1. When the 2210E loop is used this segment must be present.
2. For institutional claims, this is the statement period.
3. Will be required if SVC segment is used.

Example:

DTP*472*RD8*19960401-19960402~

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						
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						
Code Name						
RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD						
If the date is a single date of service, the begin date equals the end date.						
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						
Industry: Service Date						

Semantics:

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

SE Transaction Set Trailer

Pos: 160	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)

Example:

SE*34*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						
SE02	329	Transaction Set Control Number	M	AN	4/9	Required
Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set						
Data value in SE02 must be identical to ST02.						

Comments:

- 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						