

CIGNA'S Companion Guide for 277 Health Care Claim Status Notification

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277 Health Care Claim Status Notification

Functional Group=HN

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

CIGNA NOTES

1. This is CIGNA's Companion Guide for Trading Partners, who will receive the 277 files sent by CIGNA. This document will explain to the receiver how CIGNA will send a V4010 277, and what information it will carry. This document has been modeled after the ANSI guide for version 4010(X12) of the 277 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. CIGNA utilizes 'FI' as Identification Code Qualifier (NM108) in NM1 (Payer Name) segment in 2100A loop.
3. CIGNA utilizes 'FI' as Identification Code Qualifier (NM108) in NM1 (Information Receiver Name) segment in 2100B loop.
4. CIGNA utilizes '1' as Entity Type Qualifier (NM102) in NM1 (Subscriber Name) Segment in 2100D loop.
5. CIGNA utilizes 'MI' as Identification Code Qualifier (NM108) in NM1 (Subscriber Name) segment in 2100D loop.
6. CIGNA does not utilize Entity Identifier Code (STC01-3) in STC (Claim Level Status Information) segment in 2200D loop.
7. CIGNA supports one of the following as Payment Method Code (STC07) in STC (Claim Level Status Information) segment in 2200D loop.
(CHK) - Check
(FWT) - Federal Reserve Funds/Wire Transfer - Nonrepetitive
(NON) - Non-Payment Data
(ACH) - Automated Clearing House (ACH) [as of July 9, 2006]
8. CIGNA does not utilize Entity Identifier Code (STC10-3) in STC (Claim Level Status Information) segment in 2200D loop.
9. CIGNA does not utilize Entity Identifier Code (STC11-3) in STC (Claim Level Status Information) segment in 2200D loop.
10. CIGNA utilizes one of the following Product/Service ID Qualifiers in SVC01-01 in SVC (Service Line Information) segment in loop 2220D.
(AD) - American Dental Association Codes
(HC) - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
(ID) - International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure
(IV) - Home Infusion EDI Coalition (HIEC) Product/Service Code
(ND) - National Drug Code (NDC)
11. CIGNA does not utilize Entity Identifier Code (STC01-3) in STC (Service Line Status Information) segment in 2220D loop.
12. CIGNA does not utilize Entity Identifier Code (STC10-3) in STC (Service Line Status Information) segment in 2220D loop.
13. CIGNA does not utilize Entity Identifier Code (STC11-3) in STC (Service Line Status Information) segment in 2220D loop.
14. CIGNA utilizes 'MI' as Identification Code Qualifier (NM108) in NM1 (Dependent Name) segment in 2100E loop.
15. CIGNA does not utilize Entity Identifier Code (STC01-3) in STC (Claim Level Status Information) segment in 2200E loop.
16. CIGNA supports one of the following as Payment Method Code (STC07) in STC (Claim Level Status Information) segment in 2200E loop.
(CHK) - Check
(FWT) - Federal Reserve Funds/Wire Transfer - Nonrepetitive
(NON) - Non-Payment Data
(ACH) - Automated Clearing House (ACH) [as of July 9, 2006]
17. CIGNA does not utilize Entity Identifier Code (STC10-3) in STC (Claim Level Status Information) segment in 2200E loop.
18. CIGNA does not utilize Entity Identifier Code (STC11-3) in STC (Claim Level Status Information) segment in 2200E loop.
19. CIGNA utilizes one of the following Product/Service ID Qualifiers in SVC01-01 in the SVC (Service Line Information) segment in

loop 2220E.

- (AD) - American Dental Association Codes
- (HC) - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
- (ID) - International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure
- (IV) - Home Infusion EDI Coalition (HIEC) Product/Service Code
- (ND) - National Drug Code (NDC)

20. CIGNA does not utilize Entity Identifier Code (STC01-3) in STC (Service Line Status Information) segment in 2220E loop.

21. CIGNA does not utilize Entity Identifier Code (STC10-3) in STC (Service Line Status Information) segment in 2220E loop.

22. CIGNA does not utilize Entity Identifier Code (STC11-3) in STC (Service Line Status Information) segment in 2220E loop.

23. Effective January 1, 2005; identifies a CIGNA specific unique member identifier rather than the Social Security Number (SSN). If a unique member identifier exists, it will be used as the primary identification code in NM1 (Subscriber Name) segment in 2100D loop on all responses, in place of the member's SSN. Once this unique member identifier is provided to the information receiver, this identifier should be used for all future inquiries, communications and claim submissions.

24. Effective January 1, 2005; identifies a CIGNA specific unique member identifier rather than the Social Security Number (SSN). If a unique member identifier exists, it will be used as the primary identification code in NM1 (Dependent Name) segment in 2100E loop on all responses, in place of the member's SSN. Once this unique member identifier is provided to the information receiver, this identifier should be used for all future inquiries, communications and claim submissions.

25. Strategic Alliance Project

Effective October 24, 2005; if the member belongs to a CIGNA Strategic Alliance partner, the following information will be communicated back to inquiring provider via the 277 response. Data elements in Claim Level Status Information (STC) segment in Loops 2200D or 2200E will have the following values: STC01-1 = 'A4', STC01-2 = '487', STC02 = Today's date, STC04 = zero and STC05 = zero.

Additionally, depending on CIGNA's role in the Strategic Alliance, below information will also be sent back:

- If CIGNA has XXX SA-R role and member's eligibility source is end-state or if CIGNA has Supporting Party role, the Alliance Partner's contact information will be sent via the PER segment in Loop 2100A. PER02 will contain Alliance Partner's name, PER03 will have 'TE' and PER04 will have the Alliance Partner's telephone number
- If CIGNA has XXX SA-R role and member eligibility source is legacy, the redirect message 'Refer to member's ID for the number to call for service' will be sent on PER02 in Loop 2100A. Elements PER03 and PER04 will contain spaces.

Effective July 9, 2006: if a received claim has been pended and sent to an Alliance Partner for re-pricing, claim status information will be communicated back to inquiring provider via the 277 response. Data elements in Claim Level Status Information (STC) segment in Loops 2200D or 2200E will have the following values: STC01-1 = 'P3', STC01-2 = '64', STC02 = Today's date, STC04 = Total Claim Charge Amount and STC05 = zero.

October 2008: When a 276 claim status request contains any of the following three segments, and CIGNA can not return the claims' status, the 277 response will contain the same segments/values as received on the request.

- Payer Claim Identification Number (REF*1K*123456...)
- Medical Record Identifier (REF*EA*ABC123...)
- Claim Service Date(s) (DTP*232*RD8*date[s])

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		

<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>
050	NM1	Payer Name	O	1			Required
080	PER	Payer Contact Information	O	1			Situational
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	STC	Claim Level Status Information	M	1			Required
110	REF	Payer Claim Identification Number	O	1			Situational
110	REF	Institutional Bill Type Identification	O	1			Situational
110	REF	Medical Record Identification	O	1			Situational
120	DTP	Claim Service Date	O	1			Situational
LOOP ID - 2220D						≥1	
180	SVC	Service Line Information	O	1			Situational
190	STC	Service Line Status Information	O	1			Situational
200	REF	Service Line Item Identification	O	1			Situational
210	DTP	Service Line Date	O	1			Situational
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	STC	Claim Level Status Information	M	1			Required
110	REF	Payer Claim Identification Number	O	1			Required
110	REF	Institutional Bill Type Identification	O	1			Situational
110	REF	Medical Record Identification	O	1			Situational
120	DTP	Claim Service Date	O	1			Situational
LOOP ID - 2220E						≥1	
180	SVC	Service Line Information	O	1			Situational
190	STC	Service Line Status Information	O	1			Situational
200	REF	Service Line Item Identification	O	1			Situational
210	DTP	Service Line Date	O	1			Situational
270	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

Code Name

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

ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION.

03 Additional Data Identification

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

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

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)

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:

Code Name

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

ISA06 I06 **Interchange Sender ID** M AN 15/15 Required

Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element

ISA07 I05 **Interchange ID Qualifier** M ID 2/2 Required

Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

This ID qualifies the Receiver in ISA08.

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

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

ISA09 I08 **Interchange Date** M DT 6/6 Required

Description: Date of the interchange

The date format is YYMMDD.

ISA10 I09 **Interchange Time** M TM 4/4 Required

Description: Time of the interchange

The time format is HHMM.

ISA11 I10 **Interchange Control Standards Identifier** M ID 1/1 Required

Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer

All valid standard codes are used.

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA12	I11	Interchange Control Version Number	M	ID	5/5	Required
		Description: Code specifying the version number of the interchange control segments				
		Code Name				
		00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997				
ISA13	I12	Interchange Control Number	M	N0	9/9	Required
		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
		Description: Code sent by the sender to request an interchange acknowledgment (TA1)				
		See Section A.1.5.1 for interchange acknowledgment information.				
		All valid standard codes are used.				
ISA15	I14	Usage Indicator	M	ID	1/1	Required
		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
		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				
		Code Name				
		HN Health Care Claim Status Notification (277)				
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.				
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				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		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				
		<u>Code</u>				
		<u>Name</u>				
	004010	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997				
	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*277*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				
		277 Health Care Claim Status Notification				
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				
		Data 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: 5

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*08*277X069*961120**DG~

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
<p>Description: Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set</p> <p>Code Name 0010 Information Source, Information Receiver, Provider of Service, Subscriber, Dependent</p>						
BHT02	353	Transaction Set Purpose Code	M	ID	2/2	Required
<p>Description: Code identifying purpose of transaction set</p> <p>Code Name 08 Status</p>						
BHT03	127	Reference Identification	O	AN	1/30	Required
<p>Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier</p> <p>Industry: Originator Application Transaction Identifier</p>						
BHT04	373	Date	O	DT	8/8	Required
<p>Description: Date expressed as CCYYMMDD</p> <p>Industry: Transaction Set Creation Date</p>						
BHT06	640	Transaction Type Code	O	ID	2/2	Required
<p>Description: Code specifying the type of transaction</p> <p>Code Name DG Response</p>						

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				
		<u>Code</u> <u>Name</u>				
		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				
		<u>Code</u> <u>Name</u>				
		1 Additional Subordinate HL Data Segment in This Hierarchical Structure.				

Comments:

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

Loop 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 lines of business may require.

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

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 lines of business may require.

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				
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: CIGNA uses (FI) - Federal Taxpayer's Identification Number.				
		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 Name**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**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

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

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:

Effective October 24, 2005, depending on CIGNA's role in the Strategic Alliance, below PER data elements will be sent back on the 277 response.

- If CIGNA HAS XXX SA-R role and member's eligibility source is end-state or if CIGNA has Supporting Party role, PER02 will contain the Alliance Partner's name. PER03 will contain the value 'TE' and PER04 will have the Alliance Partner's telephone number
- If CIGNA has XXX SA-R role and member eligibility source is legacy, PER02 will carry the message 'Refer to member's ID for the number to call for service'. PER03 and PER04 data elements will have spaces.

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.				
		CIGNA TRADING PARTNER NOTES: CIGNA uses (TE) - Telephone.				
		Code Name ED Electronic Data Interchange Access Number				

		<u>Code</u>	<u>Name</u>				
		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							
Use PER04 to supply International Codes, Area Code (within U.S.), Local exchanges, and telephone numbers. When an additional extension is required PER06 should be used.							
Used if needed to transmit communication number.							
PER05	365	Communication Number Qualifier		C	ID	2/2	Situational
Description: Code identifying the type of communication number							
Required when PER06 is used.							
		<u>Code</u>	<u>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</u>	<u>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							
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. Information Receiver

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. Information Receiver

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: 9

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				
		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: Information Receiver 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: Information Receiver Name Suffix				
		Required if additional name information is needed to				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		identify the subscriber. 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: CIGNA uses (FI) - Federal Taxpayer's Identification Number.				
		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
		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

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**Example:**

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

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

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Description: Code designating the system/method of code structure used for Identification Code (67)				
		Code Name				
		FI Federal Taxpayer's Identification Number				
		SV Service Provider Number				
		XX Health Care Financing Administration National Provider Identifier				
NM109	67	Identification Code	C	AN	2/80	Required

Code Name

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
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Description: Code identifying a party or other code**Industry:** Provider Identifier**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 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 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 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:

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				
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 only when the subscriber is the patient.						
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
Description: Code qualifying the type of entity						
CIGNA TRADING PARTNER NOTES: CIGNA uses (1) - Person						
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	Recommended
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	Situational
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

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<p>Description: Suffix to individual name</p> <p>Industry: Subscriber Name Suffix</p> <p>Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person.</p>				
NM108	66	<p>Identification Code Qualifier</p> <p>Description: Code designating the system/method of code structure used for Identification Code (67)</p> <p>CIGNA TRADING PARTNER NOTES: CIGNA uses (MI) - Member Identification Number.</p> <p>Code Name</p> <p>24 Employer's Identification Number</p> <p>MI Member Identification Number</p> <p>ZZ Mutually Defined</p> <p>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.</p>	C	ID	1/2	Required
NM109	67	<p>Identification Code</p> <p>Description: Code identifying a party or other code</p> <p>Industry: Subscriber Identifier</p> <p>CIGNA TRADING PARTNER NOTES: Effective January 1, 2005; identifies a CIGNA specific unique member identifier rather than the Social Security Number (SSN). If a unique member identifier exists, it will be used as the primary identification code on all responses, in place of the member's SSN. Once this unique member identifier is provided to the information receiver, this identifier should be used for all future inquiries, communications and claim submissions.</p>	C	AN	2/80	Required

Syntax Rules:

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

Semantics:

1. NM102 qualifies NM103.

Comments:

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

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. This trace number is the trace or reference number from the originator of the transaction that was provided at the corresponding level within the 276 (Health Care Claim Status Request) transaction.
3. The TRN segment is required by the ASC X12 syntax when Loop ID-2200D is used.

Example:

TRN*2*172263482~

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	STC	Claim Level Status Information	M	1		Required
110	REF	Payer Claim Identification Number	O	1		Situational
110	REF	Institutional Bill Type Identification	O	1		Situational
110	REF	Medical Record Identification	O	1		Situational
120	DTP	Claim Service Date	O	1		Situational
180		Loop 2220D	O		>1	Situational

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. This trace number is the trace or reference number from the originator of the transaction that was provided at the corresponding level within the 276 (Health Care Claim Status Request) transaction.
3. The TRN segment is required by the ASC X12 syntax when Loop ID-2200D is used.

Example:

TRN*2*172263482~

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						
2 Referenced Transaction Trace Numbers						
TRN02	127	Reference Identification	M	AN	1/30	Required
Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier						
Industry: Trace Number						
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.

STC Claim Level Status Information

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

User Option (Usage): Required

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

Notes:

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

Example:

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

CIGNA TRADING PARTNER NOTES:

Effective October 24, 2005; if the member belongs to a CIGNA Strategic Alliance partner, the following information on the STC data elements will be communicated back to inquiring provider via the 277 response: STC01-1 = 'A4', STC01-2 = '487', STC02 = Today's date, STC04 = zero and STC05 = zero.

Effective July 9, 2006: if a received claim has been pended and sent to an Alliance Partner for re-pricing, claim status information will be communicated back to inquiring provider via the 277 response. Data elements in Claim Level Status Information (STC) segment in Loops 2200D or 2200E will have the following values: STC01-1 = 'P3', STC01-2 = '64', STC02 = Today's date, STC04 = Total Claim Charge Amount and STC05 = zero.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
STC01	C043	Health Care Claim Status	M	Comp		Required
		Description: Used to convey status of the entire claim or a specific service line				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: Health Care Claim Status Category Code				
		This is the Category code. Use code source 507.				
		ExternalCodeList				
		Name: 507				
		Description: Health Care Claim Status Category Code				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: Health Care Claim Status Code				
		This is the Status code. Use code source 508.				
		ExternalCodeList				
		Name: 508				
		Description: Health Care Claim Status Code				
	98	Entity Identifier Code	O	ID	2/3	Situational
		Description: Code identifying an organizational entity, a physical location, property or an individual				
		STC01-3 further modifies the status code in STC01-2. Required if additional detail applicable to claim status is needed to clarify the status and the payer's system supports this level of detail.				
		CIGNA TRADING PARTNER NOTES: Not supported in the CIGNA response.				

Code Name

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

Code	Name
3Z	Arthritis Treatment Center
40	Receiver
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services

Code Name

61	Performed At
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
72	Operating Physician
73	Other Physician
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured

Code Name

G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab
LR	Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility
P0	Patient Facility
P2	Primary Insured or Subscriber
P3	Primary Care Provider
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy
QB	Purchase Service Provider
QC	Patient
QD	Responsible Party
QE	Policyholder
QH	Physician
QK	Managed Care
QL	Chiropractor
QN	Dentist
QO	Doctor of Osteopathy
QS	Podiatrist
QV	Group Practice
QY	Medical Doctor
RC	Receiving Location
RW	Rural Health Clinic
S4	Skilled Nursing Facility
SJ	Service Provider
SU	Supplier/Manufacturer
T4	Transfer Point
	Used to identify the geographic location where a patient is transferred or diverted.
TQ	Third Party Reviewing Organization (TPO)
TT	Transfer To
TU	Third Party Repricing Organization (TPO)
UH	Nursing Home
X3	Utilization Management Organization

Code Name

- X4 Spouse
- X5 Durable Medical Equipment Supplier
- ZZ Mutually Defined

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

Description: Date expressed as CCYYMMDD

Industry: Status Information Effective Date

Use this date for the effective date of status.

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

Description: Monetary amount

Industry: Total Claim Charge Amount

Use this element for the amount of submitted charges. Some HMO encounters supply zero as the amount of original charges.

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

Description: Monetary amount

Industry: Claim Payment Amount

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

STC06 373 **Date** O DT 8/8 Situational

Description: Date expressed as CCYYMMDD

Industry: Adjudication or Payment Date

Use this element for the date of denial or payment. Use this date if the payment determination is complete.

STC07 591 **Payment Method Code** O ID 3/3 Situational

Description: Code identifying the method for the movement of payment instructions

Will be used when claim has a dollar payment to the provider of service.

CIGNA TRADING PARTNER NOTES: CIGNA supports one of the following:

(CHK) - Check

(FWT) - Federal Reserve Funds/Wire Transfer - Nonrepetitive

(NON) - Non-Payment Data

(ACH) - Automated Clearing House (ACH) [as of July 9, 2006]

Code Name

ACH Automated Clearing House (ACH)

Use this code to move money electronically through the Automated Clearing House (ACH). When this code is used, information in BPR05 through BPR15 also must be included.

BOP Financial Institution Option

Use this code to indicate that the third party processor will choose the method of payment based on end point requests or capabilities.

Code Name

CHK Check

Use this code to indicate that a check was issued for payment.

FWT Federal Reserve Funds/Wire Transfer - Nonrepetitive

Use this code to indicate that the funds were sent through the wire system.

NON Non-Payment Data

Use this code to indicate that this is information only and no dollars are to be moved.

STC08 373 **Date** O DT 8/8 Situational

Description: Date expressed as CCYYMMDD

Industry: Check Issue or EFT Effective Date

Use this element for the check issue date or for the date that EFT funds were released to the Automated Clearing House.

STC09 429 **Check Number** O AN 1/16 Situational

Description: Check identification number

Industry: Check or EFT Trace Number

Required with a Finalized and PAID claim when the entire claim was paid using a single check or EFT. Not used with Pending or Rejected claims. If the payment is EFT (electronic file transfer), this number is the trace number.

CIGNA TRADING PARTNER NOTES: Some responses may include multiple checks. This loop will repeat with the additional check number(s).

STC10 C043 **Health Care Claim Status** O Comp Situational

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

Use this element if a second claim status is needed.

1271 **Industry Code** M AN 1/30 Required

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

Industry: Health Care Claim Status Category Code

This is the Category code. Use code source 507. Required if STC10 is used.

ExternalCodeList

Name: 507

Description: Health Care Claim Status Category Code

1271 **Industry Code** M AN 1/30 Required

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

Industry: Health Care Claim Status Code

This is the Status code. Use code source 508. Required if STC10 is used.

ExternalCodeList

Name: 508

Description: Health Care Claim Status Code

98 **Entity Identifier Code** O ID 2/3 Situational

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

STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3.

CIGNA TRADING PARTNER NOTES: Not

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

Code	Name
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit

Code Name

5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
72	Operating Physician
73	Other Physician
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address

Code Name

FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab
LR	Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility
P0	Patient Facility
P2	Primary Insured or Subscriber
P3	Primary Care Provider
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy
QB	Purchase Service Provider
QC	Patient
QD	Responsible Party
QE	Policyholder
QH	Physician
QK	Managed Care
QL	Chiropractor
QN	Dentist
QO	Doctor of Osteopathy
QS	Podiatrist
QV	Group Practice
QY	Medical Doctor
RC	Receiving Location
RW	Rural Health Clinic
S4	Skilled Nursing Facility
SJ	Service Provider
SU	Supplier/Manufacturer
T4	Transfer Point
	Used to identify the geographic location where a patient is transferred or diverted.
TQ	Third Party Reviewing Organization (TPO)
TT	Transfer To
TU	Third Party Repricing Organization (TPO)

Code Name

UH Nursing Home
 X3 Utilization Management Organization
 X4 Spouse
 X5 Durable Medical Equipment Supplier
 ZZ Mutually Defined

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

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

Use this element if a third claim status is needed.

1271 **Industry Code** M AN 1/30 Required

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

Industry: Health Care Claim Status Category Code

This is the Category code. Use code source 507. Required if STC11 is used.

ExternalCodeList

Name: 507

Description: Health Care Claim Status Category Code

1271 **Industry Code** M AN 1/30 Required

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

Industry: Health Care Claim Status Code

This is the Status code. Use code source 508. Required if STC11 is used.

ExternalCodeList

Name: 508

Description: Health Care Claim Status Code

98 **Entity Identifier Code** O ID 2/3 Situational

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

STC11-3 further modifies the status code in STC11-2. See code value list in STC01-3.

CIGNA TRADING PARTNER NOTES: Not supported in CIGNA response.

Code Name

13 Contracted Service Provider
 17 Consultant's Office
 1E Health Maintenance Organization (HMO)
 1G Oncology Center
 1H Kidney Dialysis Unit
 1I Preferred Provider Organization (PPO)
 1O Acute Care Hospital
 1P Provider
 1Q Military Facility
 1R University, College or School
 1S Outpatient Surgicenter
 1T Physician, Clinic or Group Practice
 1U Long Term Care Facility
 1V Extended Care Facility
 1W Psychiatric Health Facility

Code	Name
1X	Laboratory
1Y	Retail Pharmacy
1Z	Home Health Care
28	Subcontractor
2A	Federal, State, County or City Facility
2B	Third-Party Administrator
2E	Non-Health Care Miscellaneous Facility
2I	Church Operated Facility
2K	Partnership
2P	Public Health Service Facility
2Q	Veterans Administration Facility
2S	Public Health Service Indian Service Facility
2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
30	Service Supplier
36	Employer
3A	Hospital Unit Within an Institution for the Mentally Retarded
3C	Tuberculosis and Other Respiratory Diseases Facility
3D	Obstetrics and Gynecology Facility
3E	Eye, Ear, Nose and Throat Facility
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
3I	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility
3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
3O	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services

Code Name

4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services

Code	Name
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
72	Operating Physician
73	Other Physician
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab

Code Name

LR	Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility
P0	Patient Facility
P2	Primary Insured or Subscriber
P3	Primary Care Provider
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy
QB	Purchase Service Provider
QC	Patient
QD	Responsible Party
QE	Policyholder
QH	Physician
QK	Managed Care
QL	Chiropractor
QN	Dentist
QO	Doctor of Osteopathy
QS	Podiatrist
QV	Group Practice
QY	Medical Doctor
RC	Receiving Location
RW	Rural Health Clinic
S4	Skilled Nursing Facility
SJ	Service Provider
SU	Supplier/Manufacturer
T4	Transfer Point
	Used to identify the geographic location where a patient is transferred or diverted.
TQ	Third Party Reviewing Organization (TPO)
TT	Transfer To
TU	Third Party Repricing Organization (TPO)
UH	Nursing Home
X3	Utilization Management Organization
X4	Spouse
X5	Durable Medical Equipment Supplier
ZZ	Mutually Defined

Semantics:

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

REF Payer Claim Identification Number

Pos: 110	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 total number of REF segments in the 2200 Loop cannot exceed 3.

Example:

REF*1K*9918046987~

CIGNA TRADING PARTNER NOTES:

Effective October 2008, when the Payer Claim Identification Number is received on a 276 request and the claim(s) can not be found, the value received on the request will be returned on the 277 response.

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

User Option (Usage): Situational

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. Use when subscriber is the patient.
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
		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 institutional claim 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: 110	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Notes:

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

Example:

REF*EA*J354789~

CIGNA TRADING PARTNER NOTES:

Effective October 2008, when the Medical Record Identification is received on a 276 request and the claim(s) can not be found, the value received on the request will be returned on the 277 response.

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
		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 REF-02				
		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.

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. Use this segment for the institutional claim statement period.
2. Use this segment if the subscriber is the patient.
3. For professional claims this will be the claim from and through date. If claim level date range is not used then the Line Service Date at 2220D is required.

Example:

DTP*232*RD8*19960401-19960402~

CIGNA TRADING PARTNER NOTES:

Effective October 2008, when Claim Service Date is received on a 276 request and the claim(s) can not be found, the date(s) received on the request will be returned on the 277 response.

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
<p>Description: Code specifying type of date or time, or both date and time</p> <p>Industry: Date Time Qualifier</p> <p>Code Name 232 Claim Statement Period Start</p>						
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
<p>Description: Code indicating the date format, time format, or date and time format</p> <p>Code Name RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD If there is a single date of service, the begin date equals the end date.</p>						
DTP03	1251	Date Time Period	M	AN	1/35	Required
<p>Description: Expression of a date, a time, or range of dates, times or dates and times</p> <p>Industry: Claim Service Period</p>						

Semantics:

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

Loop 2220D

Pos: 180	Repeat: >1
Optional	
Loop: 2220D	Elements: N/A

User Option (Usage): Situational

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

Notes:

1. Use this segment to report information about a service line.
2. This segment is required by ASC X12 syntax if this loop is used, because it is the first segment in the Service Line Information Loop.
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*50****1~ SVC*NU:71X*50*0****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>
180	SVC	Service Line Information	O	1		Situational
190	STC	Service Line Status Information	O	1		Situational
200	REF	Service Line Item Identification	O	1		Situational
210	DTP	Service Line Date	O	1		Situational

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: 180	Max: 1
Detail - Optional	
Loop: 2220D	Elements: 5

User Option (Usage): Situational

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

Notes:

1. Use this segment to report information about a service line.
2. This segment is required by ASC X12 syntax if this loop is used, because it is the first segment in the Service Line Information Loop.
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*50****1~ SVC*NU:71X*50*0****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

SVC01-2 contains the procedure code. This code may be different than the original submitted procedure code based on claim processing instructions such as; global services or combining services (sometimes referred to as bundling or unbundling). Payers often do not store the original submitted procedure code when bundling or unbundling occurs and the procedure code gets changed during the adjudication process.

235		Product/Service ID Qualifier	M	ID	2/2	Required
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Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234)

Industry: Product or Service ID Qualifier

CIGNA TRADING PARTNER NOTES: CIGNA supports the following:

(AD) - American Dental Association Codes

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

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

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

(ND) - National Drug Code (NDC)

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

Code	Name
	CODE SOURCE: 130: Health Care Financing Administration Common Procedural Coding System
ID	International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure
	CODE SOURCE: 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
IV	Home Infusion EDI Coalition (HIEC) Product/Service Code
	CODE SOURCE: 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List
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: 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 it 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
		<p>Description: This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p>Required if submitted on the original claim service line.</p>				
1339		Procedure Modifier	O	AN	2/2	Situational
		<p>Description: This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p>Required if submitted on the original claim service line.</p>				
1339		Procedure Modifier	O	AN	2/2	Situational
		<p>Description: This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p>Required if submitted on the original claim service line.</p>				
1339		Procedure Modifier	O	AN	2/2	Situational
		<p>Description: This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p>Required if submitted on the original claim service line.</p>				
SVC02	782	Monetary Amount	M	R	1/18	Required
		<p>Description: Monetary amount</p> <p>Industry: Line Item Charge Amount</p> <p>This amount is the original submitted charge.</p>				
SVC03	782	Monetary Amount	O	R	1/18	Required
		<p>Description: Monetary amount</p> <p>Industry: Line Item Provider Payment Amount</p> <p>This amount is the amount paid. If the adjudication process is not complete, this is zero-filled. This is the line item total on the current claim status. Line item charges will quite often change from the submitted charge based on claims processing instructions, ie: global services, combining services. Most payers do not store the "original submitted charge."</p>				
SVC04	234	Product/Service ID	O	AN	1/48	Situational
		<p>Description: Identifying number for a product or service</p> <p>Industry: Revenue Code</p> <p>This is the NUBC Revenue Code. When SVC01-1 equals "NU" the NUBC Revenue Code belongs in SVC01-2.</p>				

ExternalCodeList**Name:** 132**Description:** National Uniform Billing Committee (NUBC) Codes

SVC07	380	Quantity	O	R	1/15	Situational
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Description: Numeric value of quantity**Industry:** Original Units of Service Count

This quantity is 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).

STC Service Line Status Information

Pos: 190	Max: 1
Detail - Optional	
Loop: 2220D	Elements: 6

User Option (Usage): Situational

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

Notes:

1. Use this segment if the subscriber is the patient.
2. This segment is used when an information source system has the capability to provide line item information.

Example:

STC*A3:110*19960501***65~ or STC*FI:65*19960501*****A3:400~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
STC01	C043	Health Care Claim Status	M	Comp		Required
		Description: Used to convey status of the entire claim or a specific service line				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: Health Care Claim Status Category Code				
		This is the Category code. Use code source 507.				
		ExternalCodeList				
		Name: 507				
		Description: Health Care Claim Status Category Code				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: Health Care Claim Status Code				
		This is the Status code. Use code source 508.				
		ExternalCodeList				
		Name: 508				
		Description: Health Care Claim Status Code				
	98	Entity Identifier Code	O	ID	2/3	Situational
		Description: Code identifying an organizational entity, a physical location, property or an individual				
		STC01-3 further modifies the value in STC01-2.				
		CIGNA TRADING PARTNER NOTES: Not supported in the CIGNA response.				
		Code Name				
		13 Contracted Service Provider				
		17 Consultant's Office				
		1E Health Maintenance Organization (HMO)				
		1G Oncology Center				
		1H Kidney Dialysis Unit				
		1I Preferred Provider Organization (PPO)				
		1O Acute Care Hospital				
		1P Provider				
		1Q Military Facility				
		1R University, College or School				

Code Name

1S	Outpatient Surgicenter
1T	Physician, Clinic or Group Practice
1U	Long Term Care Facility
1V	Extended Care Facility
1W	Psychiatric Health Facility
1X	Laboratory
1Y	Retail Pharmacy
1Z	Home Health Care
28	Subcontractor
2A	Federal, State, County or City Facility
2B	Third-Party Administrator
2E	Non-Health Care Miscellaneous Facility
2I	Church Operated Facility
2K	Partnership
2P	Public Health Service Facility
2Q	Veterans Administration Facility
2S	Public Health Service Indian Service Facility
2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
30	Service Supplier
36	Employer
3A	Hospital Unit Within an Institution for the Mentally Retarded
3C	Tuberculosis and Other Respiratory Diseases Facility
3D	Obstetrics and Gynecology Facility
3E	Eye, Ear, Nose and Throat Facility
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
3I	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility
3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
3O	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility

Code	Name
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services

Code	Name
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
72	Operating Physician
73	Other Physician
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
HH	Home Health Agency
I3	Independent Physicians Association (IPA)

Code Name

- IJ Injection Point
- IL Insured or Subscriber
- IN Insurer
- LI Independent Lab
- LR Legal Representative
- MR Medical Insurance Carrier
- OB Ordered By
- OD Doctor of Optometry
- OX Oxygen Therapy Facility
- P0 Patient Facility
- P2 Primary Insured or Subscriber
- P3 Primary Care Provider
- P4 Prior Insurance Carrier
- P6 Third Party Reviewing Preferred Provider Organization (PPO)
- P7 Third Party Repricing Preferred Provider Organization (PPO)
- PT Party to Receive Test Report
- PV Party performing certification
- PW Pick Up Address
- QA Pharmacy
- QB Purchase Service Provider
- QC Patient
- QD Responsible Party
- QE Policyholder
- QH Physician
- QK Managed Care
- QL Chiropractor
- QN Dentist
- QO Doctor of Osteopathy
- QS Podiatrist
- QV Group Practice
- QY Medical Doctor
- RC Receiving Location
- RW Rural Health Clinic
- S4 Skilled Nursing Facility
- SJ Service Provider
- SU Supplier/Manufacturer
- T4 Transfer Point

Used to identify the geographic location where a patient is transferred or diverted.

- TQ Third Party Reviewing Organization (TPO)
- TT Transfer To
- TU Third Party Repricing Organization (TPO)
- UH Nursing Home
- X3 Utilization Management Organization
- X4 Spouse
- X5 Durable Medical Equipment Supplier
- ZZ Mutually Defined

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

Description: Date expressed as CCYYMMDD

Industry: Status Information Effective Date

Use this date for the effective date of status.

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

Description: Monetary amount

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Industry: Line Item Charge Amount This is the submitted line charge amount.				
STC05	782	Monetary Amount Description: Monetary amount Industry: Line Item Provider Payment Amount Use this element for the line item paid amount.	O	R	1/18	Situational
STC10	C043	Health Care Claim Status Description: Used to convey status of the entire claim or a specific service line Use this element if a second claim status is needed.	O	Comp		Situational
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Health Care Claim Status Category Code This is the Category code. Use code source 507. Required if STC10 is used. ExternalCodeList Name: 507 Description: Health Care Claim Status Category Code	M	AN	1/30	Required
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Health Care Claim Status Code This is the Status code. Use code source 508. Required if STC10 is used. ExternalCodeList Name: 508 Description: Health Care Claim Status Code	M	AN	1/30	Required
	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3. CIGNA TRADING PARTNER NOTES: Not supported in CIGNA response. Code Name 13 Contracted Service Provider 17 Consultant's Office 1E Health Maintenance Organization (HMO) 1G Oncology Center 1H Kidney Dialysis Unit 1I Preferred Provider Organization (PPO) 1O Acute Care Hospital 1P Provider 1Q Military Facility 1R University, College or School 1S Outpatient Surgicenter 1T Physician, Clinic or Group Practice 1U Long Term Care Facility	O	ID	2/3	Situational

Code	Name
1V	Extended Care Facility
1W	Psychiatric Health Facility
1X	Laboratory
1Y	Retail Pharmacy
1Z	Home Health Care
28	Subcontractor
2A	Federal, State, County or City Facility
2B	Third-Party Administrator
2E	Non-Health Care Miscellaneous Facility
2I	Church Operated Facility
2K	Partnership
2P	Public Health Service Facility
2Q	Veterans Administration Facility
2S	Public Health Service Indian Service Facility
2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
30	Service Supplier
36	Employer
3A	Hospital Unit Within an Institution for the Mentally Retarded
3C	Tuberculosis and Other Respiratory Diseases Facility
3D	Obstetrics and Gynecology Facility
3E	Eye, Ear, Nose and Throat Facility
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
3I	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility
3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
3O	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)

Code Name

4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit

Code	Name
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
72	Operating Physician
73	Other Physician
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber

Code Name

- IN Insurer
- LI Independent Lab
- LR Legal Representative
- MR Medical Insurance Carrier
- OB Ordered By
- OD Doctor of Optometry
- OX Oxygen Therapy Facility
- P0 Patient Facility
- P2 Primary Insured or Subscriber
- P3 Primary Care Provider
- P4 Prior Insurance Carrier
- P6 Third Party Reviewing Preferred Provider Organization (PPO)
- P7 Third Party Repricing Preferred Provider Organization (PPO)
- PT Party to Receive Test Report
- PV Party performing certification
- PW Pick Up Address
- QA Pharmacy
- QB Purchase Service Provider
- QC Patient
- QD Responsible Party
- QE Policyholder
- QH Physician
- QK Managed Care
- QL Chiropractor
- QN Dentist
- QO Doctor of Osteopathy
- QS Podiatrist
- QV Group Practice
- QY Medical Doctor
- RC Receiving Location
- RW Rural Health Clinic
- S4 Skilled Nursing Facility
- SJ Service Provider
- SU Supplier/Manufacturer
- T4 Transfer Point

Used to identify the geographic location where a patient is transferred or diverted.

- TQ Third Party Reviewing Organization (TPO)
- TT Transfer To
- TU Third Party Repricing Organization (TPO)
- UH Nursing Home
- X3 Utilization Management Organization
- X4 Spouse
- X5 Durable Medical Equipment Supplier
- ZZ Mutually Defined

STC11	C043	Health Care Claim Status	O	Comp		Situational
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Description: Used to convey status of the entire claim or a specific service line

Use this element if a third claim status is needed.

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

Industry: Health Care Claim Status Category Code

Required if STC11 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>
		This is the Category Code. Use code source 507.				
		<u>ExternalCodeList</u>				
		Name: 507				
		Description: Health Care Claim Status Category Code				
1271		Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: Health Care Claim Status Code				
		Required if STC11 is used.				
		This is the Status Code. Use code source 508.				
		<u>ExternalCodeList</u>				
		Name: 508				
		Description: Health Care Claim Status Code				
98		Entity Identifier Code	O	ID	2/3	Situational
		Description: Code identifying an organizational entity, a physical location, property or an individual				
		STC11-3 further modifies the status code in STC11-2. See code value list in STC01-3.				
		CIGNA TRADING PARTNER NOTES: Not supported in CIGNA response.				
		<u>Code Name</u>				
		13 Contracted Service Provider				
		17 Consultant's Office				
		1E Health Maintenance Organization (HMO)				
		1G Oncology Center				
		1H Kidney Dialysis Unit				
		1I Preferred Provider Organization (PPO)				
		1O Acute Care Hospital				
		1P Provider				
		1Q Military Facility				
		1R University, College or School				
		1S Outpatient Surgicenter				
		1T Physician, Clinic or Group Practice				
		1U Long Term Care Facility				
		1V Extended Care Facility				
		1W Psychiatric Health Facility				
		1X Laboratory				
		1Y Retail Pharmacy				
		1Z Home Health Care				
		28 Subcontractor				
		2A Federal, State, County or City Facility				
		2B Third-Party Administrator				
		2E Non-Health Care Miscellaneous Facility				
		2I Church Operated Facility				
		2K Partnership				
		2P Public Health Service Facility				
		2Q Veterans Administration Facility				
		2S Public Health Service Indian Service Facility				
		2Z Hospital Unit of an Institution (prison hospital, college infirmary, etc.)				
		30 Service Supplier				
		36 Employer				
		3A Hospital Unit Within an Institution for the Mentally Retarded				

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

Code	Name
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
72	Operating Physician
73	Other Physician
74	Corrected Insured
77	Service Location
7C	Place of Occurrence

Code	Name
80	Hospital
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab
LR	Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility
P0	Patient Facility
P2	Primary Insured or Subscriber
P3	Primary Care Provider
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy
QB	Purchase Service Provider

Code Name

QC	Patient
QD	Responsible Party
QE	Policyholder
QH	Physician
QK	Managed Care
QL	Chiropractor
QN	Dentist
QO	Doctor of Osteopathy
QS	Podiatrist
QV	Group Practice
QY	Medical Doctor
RC	Receiving Location
RW	Rural Health Clinic
S4	Skilled Nursing Facility
SJ	Service Provider
SU	Supplier/Manufacturer
T4	Transfer Point
	Used to identify the geographic location where a patient is transferred or diverted.
TQ	Third Party Reviewing Organization (TPO)
TT	Transfer To
TU	Third Party Repricing Organization (TPO)
UH	Nursing Home
X3	Utilization Management Organization
X4	Spouse
X5	Durable Medical Equipment Supplier
ZZ	Mutually Defined

Semantics:

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

REF Service Line Item Identification

Pos: 200	Max: 1
Detail - Optional	
Loop: 2220D	Elements: 2

User Option (Usage): Situational

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*96042201~

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: 210	Max: 1
Detail - Optional	
Loop: 2220D	Elements: 3

User Option (Usage): Situational

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

Notes:

1. This is the date of service from the original submitted claim for a specific line item.
2. Whenever the 2220D loop is used this segment must be present, unless reported in the claim level, Loop 2200D (Claim Service Dates).

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
<p>Description: Code specifying type of date or time, or both date and time</p> <p>Industry: Date Time Qualifier</p> <p>Code Name 472 Service</p>						
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
<p>Description: Code indicating the date format, time format, or date and time format</p> <p>Code Name RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD If there is a single date of service, the begin date equals the end date.</p>						
DTP03	1251	Date Time Period	M	AN	1/35	Required
<p>Description: Expression of a date, a time, or range of dates, times or dates and times</p> <p>Industry: Service Line Date</p>						

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 patient is not the same person as the 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 patient is not the same person as the 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				
		<u>Code</u> <u>Name</u>				
		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				
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****MI*01234567802~

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:

1. NM102 qualifies NM103.

Comments:

1. 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****MI*01234567802~

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				
		Always return this information when it is supplied on a claim. Required if additional name information is needed to identify the patient.				
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)				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		CIGNA TRADING PARTNER NOTES: CIGNA uses (MI) - Member Identification Number.				
		Code				
		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	Situational
		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 HL4 (HL22).				
		CIGNA TRADING PARTNER NOTES: Effective January 1, 2005; identifies a CIGNA specific unique member identifier rather than the Social Security Number (SSN). If a unique member identifier exists, it will be used as the primary identification code on all responses, in place of the member's SSN. Once this unique member identifier is provided to the information receiver, this identifier should be used for all future inquiries, communications and claim submissions.				

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*2*1722634842~

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	STC	Claim Level Status Information	M	1		Required
110	REF	Payer Claim Identification Number	O	1		Required
110	REF	Institutional Bill Type Identification	O	1		Situational
110	REF	Medical Record Identification	O	1		Situational
120	DTP	Claim Service Date	O	1		Situational
180		Loop 2200E	O		>1	Situational

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*2*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				
		2 Referenced Transaction Trace Numbers				
TRN02	127	Reference Identification	M	AN	1/30	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Industry: Trace Number				
		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.

STC Claim Level Status Information

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

User Option (Usage): Required

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

Notes:

1. Use this segment to request additional information about a claim or a service line.
2. Use this if the patient is someone other than the subscriber.

Example:

STC*FI:65*19960511**50*40*19960510*CHK*19960510*50321~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
STC01	C043	Health Care Claim Status	M	Comp		Required
		Description: Used to convey status of the entire claim or a specific service line				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: Health Care Claim Status Category Code				
		This is the Category code. Use code source 507.				
		ExternalCodeList				
		Name: 507				
		Description: Health Care Claim Status Category Code				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: Health Care Claim Status Code				
		This is the Status code. Use code source 508.				
		ExternalCodeList				
		Name: 508				
		Description: Health Care Claim Status Code				
	98	Entity Identifier Code	O	ID	2/3	Situational
		Description: Code identifying an organizational entity, a physical location, property or an individual				
		STC01-3 further modifies the status code in STC01-2.				
		CIGNA TRADING PARTNER NOTES: Not supported in the CIGNA response.				
		Code Name				
		13 Contracted Service Provider				
		17 Consultant's Office				
		1E Health Maintenance Organization (HMO)				
		1G Oncology Center				
		1H Kidney Dialysis Unit				
		1I Preferred Provider Organization (PPO)				
		1O Acute Care Hospital				
		1P Provider				
		1Q Military Facility				

Code	Name
1R	University, College or School
1S	Outpatient Surgicenter
1T	Physician, Clinic or Group Practice
1U	Long Term Care Facility
1V	Extended Care Facility
1W	Psychiatric Health Facility
1X	Laboratory
1Y	Retail Pharmacy
1Z	Home Health Care
28	Subcontractor
2A	Federal, State, County or City Facility
2B	Third-Party Administrator
2E	Non-Health Care Miscellaneous Facility
2I	Church Operated Facility
2K	Partnership
2P	Public Health Service Facility
2Q	Veterans Administration Facility
2S	Public Health Service Indian Service Facility
2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
30	Service Supplier
36	Employer
3A	Hospital Unit Within an Institution for the Mentally Retarded
3C	Tuberculosis and Other Respiratory Diseases Facility
3D	Obstetrics and Gynecology Facility
3E	Eye, Ear, Nose and Throat Facility
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
3I	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility
3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
3O	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit

Code Name

4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit

Code	Name
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
72	Operating Physician
73	Other Physician
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility

Code Name

- HH Home Health Agency
- I3 Independent Physicians Association (IPA)
- IJ Injection Point
- IL Insured or Subscriber
- IN Insurer
- LI Independent Lab
- LR Legal Representative
- MR Medical Insurance Carrier
- OB Ordered By
- OD Doctor of Optometry
- OX Oxygen Therapy Facility
- P0 Patient Facility
- P2 Primary Insured or Subscriber
- P3 Primary Care Provider
- P4 Prior Insurance Carrier
- P6 Third Party Reviewing Preferred Provider Organization (PPO)
- P7 Third Party Repricing Preferred Provider Organization (PPO)
- PT Party to Receive Test Report
- PV Party performing certification
- PW Pick Up Address
- QA Pharmacy
- QB Purchase Service Provider
- QC Patient
- QD Responsible Party
- QE Policyholder
- QH Physician
- QK Managed Care
- QL Chiropractor
- QN Dentist
- QO Doctor of Osteopathy
- QS Podiatrist
- QV Group Practice
- QY Medical Doctor
- RC Receiving Location
- RW Rural Health Clinic
- S4 Skilled Nursing Facility
- SJ Service Provider
- SU Supplier/Manufacturer
- T4 Transfer Point

Used to identify the geographic location where a patient is transferred or diverted.

- TQ Third Party Reviewing Organization (TPO)
- TT Transfer To
- TU Third Party Repricing Organization (TPO)
- UH Nursing Home
- X3 Utilization Management Organization
- X4 Spouse
- X5 Durable Medical Equipment Supplier
- ZZ Mutually Defined

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

Description: Date expressed as CCYYMMDD

Industry: Status Information Effective Date

Use this date for the effective date of status.

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

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<p>Description: Monetary amount</p> <p>Industry: Total Claim Charge Amount</p> <p>Use this element for the amount of submitted charges. Some HMO encounters supply zero as the amount of original charges.</p>				
STC05	782	<p>Monetary Amount</p> <p>Description: Monetary amount</p> <p>Industry: Claim Payment Amount</p> <p>Use this element for the claim paid amount. This amount must be zero if the adjudication process is not complete.</p>	O	R	1/18	Required
STC06	373	<p>Date</p> <p>Description: Date expressed as CCYYMMDD</p> <p>Industry: Adjudication or Payment Date</p> <p>Use this element for the date of denial or payment. Use this date if the payment determination is complete.</p>	O	DT	8/8	Situational
STC07	591	<p>Payment Method Code</p> <p>Description: Code identifying the method for the movement of payment instructions</p> <p>Will be used when claim has a dollar payment to the provider of service.</p> <p>CIGNA TRADING PARTNER NOTES: CIGNA supports the following:</p> <p>(CHK) - Check</p> <p>(FWT) - Federal Reserve Funds/Wire Transfer - Nonrepetitive</p> <p>(NON) - Non-Payment Data</p> <p>(ACH) - Automated Clearing House (ACH) [as of July 9, 2006]</p> <p>Code Name</p> <p>ACH Automated Clearing House (ACH)</p> <p>Use this code to move money electronically through the Automated Clearing House (ACH). When this code is used, information in BPR05 through BPR15 also must be included.</p> <p>BOP Financial Institution Option</p> <p>Use this code to indicate that the third party processor will choose the method of payment based on end point requests or capabilities.</p> <p>CHK Check</p> <p>Use this code to indicate that a check was issued for payment.</p> <p>FWT Federal Reserve Funds/Wire Transfer - Nonrepetitive</p> <p>Use this code to indicate that the funds were sent through the wire system.</p> <p>NON Non-Payment Data</p> <p>Use this code to indicate that this is information only and no dollars are to be moved.</p>	O	ID	3/3	Situational
STC08	373	<p>Date</p> <p>Description: Date expressed as CCYYMMDD</p> <p>Industry: Check Issue or EFT Effective Date</p>	O	DT	8/8	Situational
STC09	429	<p>Check Number</p> <p>Description: Check identification number</p>	O	AN	1/16	Situational

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Industry: Check or EFT Trace Number				
		Required with a Finalized and PAID claim when the entire claim was paid using a single check or EFT. Not used with Pending or Rejected claims.				
STC10	C043	Health Care Claim Status	O	Comp		Situational
		Description: Used to convey status of the entire claim or a specific service line				
		Use this element if a second claim status is needed.				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: Health Care Claim Status Category Code				
		This is the Category code. Use code source 507. Required if STC10 is used.				
		ExternalCodeList				
		Name: 507				
		Description: Health Care Claim Status Category Code				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: Health Care Claim Status Code				
		This is the Status code. Use code source 508. Required if STC10 is used.				
		ExternalCodeList				
		Name: 508				
		Description: Health Care Claim Status Code				
	98	Entity Identifier Code	O	ID	2/3	Situational
		Description: Code identifying an organizational entity, a physical location, property or an individual				
		STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3.				
		CIGNA TRADING PARTNER NOTES: Not supported in CIGNA response.				
		Code Name				
		13 Contracted Service Provider				
		17 Consultant's Office				
		1E Health Maintenance Organization (HMO)				
		1G Oncology Center				
		1H Kidney Dialysis Unit				
		1I Preferred Provider Organization (PPO)				
		1O Acute Care Hospital				
		1P Provider				
		1Q Military Facility				
		1R University, College or School				
		1S Outpatient Surgicenter				
		1T Physician, Clinic or Group Practice				
		1U Long Term Care Facility				
		1V Extended Care Facility				
		1W Psychiatric Health Facility				
		1X Laboratory				
		1Y Retail Pharmacy				

Code Name

1Z	Home Health Care
28	Subcontractor
2A	Federal, State, County or City Facility
2B	Third-Party Administrator
2E	Non-Health Care Miscellaneous Facility
2I	Church Operated Facility
2K	Partnership
2P	Public Health Service Facility
2Q	Veterans Administration Facility
2S	Public Health Service Indian Service Facility
2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
30	Service Supplier
36	Employer
3A	Hospital Unit Within an Institution for the Mentally Retarded
3C	Tuberculosis and Other Respiratory Diseases Facility
3D	Obstetrics and Gynecology Facility
3E	Eye, Ear, Nose and Throat Facility
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
3I	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility
3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
3O	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services

Code	Name
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services

Code	Name
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
72	Operating Physician
73	Other Physician
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab
LR	Legal Representative
MR	Medical Insurance Carrier

Code Name

- OB Ordered By
- OD Doctor of Optometry
- OX Oxygen Therapy Facility
- P0 Patient Facility
- P2 Primary Insured or Subscriber
- P3 Primary Care Provider
- P4 Prior Insurance Carrier
- P6 Third Party Reviewing Preferred Provider Organization (PPO)
- P7 Third Party Repricing Preferred Provider Organization (PPO)
- PT Party to Receive Test Report
- PV Party performing certification
- PW Pick Up Address
- QA Pharmacy
- QB Purchase Service Provider
- QC Patient
- QD Responsible Party
- QE Policyholder
- QH Physician
- QK Managed Care
- QL Chiropractor
- QN Dentist
- QO Doctor of Osteopathy
- QS Podiatrist
- QV Group Practice
- QY Medical Doctor
- RC Receiving Location
- RW Rural Health Clinic
- S4 Skilled Nursing Facility
- SJ Service Provider
- SU Supplier/Manufacturer
- T4 Transfer Point

Used to identify the geographic location where a patient is transferred or diverted.

- TQ Third Party Reviewing Organization (TPO)
- TT Transfer To
- TU Third Party Repricing Organization (TPO)
- UH Nursing Home
- X3 Utilization Management Organization
- X4 Spouse
- X5 Durable Medical Equipment Supplier
- ZZ Mutually Defined

STC11	C043	Health Care Claim Status	O	Comp		Situational
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Description: Used to convey status of the entire claim or a specific service line
 Use this element if a third claim status is needed.

	1271	Industry Code	M	AN	1/30	Required
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Description: Code indicating a code from a specific industry code list
Industry: Health Care Claim Status Category Code
 This is the Category code. Use code source 507.
 Required if STC11 is used.

ExternalCodeList

Name: 507

Description: Health Care Claim Status Category Code

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

Industry: Health Care Claim Status Code

This is the Status code. Use code source 508. Required if STC11 is used.

ExternalCodeList

Name: 508

Description: Health Care Claim Status Code

98	Entity Identifier Code	O	ID	2/3	Situational
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Description: Code identifying an organizational entity, a physical location, property or an individual

STC11-3 further modifies the status code in STC11-2. See code value list in STC01-3.

CIGNA TRADING PARTNER NOTES: Not supported in CIGNA response.

Code Name

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

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

Code Name

5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
72	Operating Physician
73	Other Physician
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider

Code	Name
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab
LR	Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility
P0	Patient Facility
P2	Primary Insured or Subscriber
P3	Primary Care Provider
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy
QB	Purchase Service Provider
QC	Patient
QD	Responsible Party
QE	Policyholder
QH	Physician

Code Name

QK	Managed Care
QL	Chiropractor
QN	Dentist
QO	Doctor of Osteopathy
QS	Podiatrist
QV	Group Practice
QY	Medical Doctor
RC	Receiving Location
RW	Rural Health Clinic
S4	Skilled Nursing Facility
SJ	Service Provider
SU	Supplier/Manufacturer
T4	Transfer Point

Used to identify the geographic location where a patient is transferred or diverted.

TQ	Third Party Reviewing Organization (TPO)
TT	Transfer To
TU	Third Party Repricing Organization (TPO)
UH	Nursing Home
X3	Utilization Management Organization
X4	Spouse
X5	Durable Medical Equipment Supplier
ZZ	Mutually Defined

Semantics:

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

REF Payer Claim Identification Number

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

User Option (Usage): Required

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).

Example:

REF*1K*9918046987~

CIGNA TRADING PARTNER NOTES:

Effective October 2008, when the Payer Claim Identification Number is received on a 276 request and the claim(s) can not be found, the value received on the request will be returned on the 277 response.

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

User Option (Usage): Situational

Purpose: To specify identifying information

Notes:

1. This is the institutional type of bill from the original submitted claim, and it is returned when it is available.
2. This is used if the dependent is the patient.

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

User Option (Usage): Situational

Purpose: To specify identifying information

Notes:

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

Example:

REF*EA*J354789~

CIGNA TRADING PARTNER NOTES:

Effective October 2008, when the Medical Record Identification is received on a 276 request and the claim(s) can not be found, the value received on the request will be returned on the 277 response.

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
		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 REF-02				
		Found on UB92 paper form locator 23				
		Found on REF02, Loop ID 2210, segment REF01, qualifier EA.				

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 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. Use this segment for the institutional claim statement period.
2. This is used if the dependent is the patient.
3. For professional claims this will be the claim from and through date. If claim level date range is not used then the Line Service Date at 2220D is required.

Example:

DTP*232*RD8*19960401-19960402~

CIGNA TRADING PARTNER NOTES:

Effective October 2008, when Claim Service Date is received on a 276 request and the claim(s) can not be found, the date(s) received on the request will be returned on the 277 response.

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
<p>Description: Code specifying type of date or time, or both date and time</p> <p>Industry: Date Time Qualifier</p> <p>This data element also includes the Claim Statement Period End Date.</p>						
<p>Code Name</p> <p>232 Claim Statement Period Start</p>						
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
<p>Description: Code indicating the date format, time format, or date and time format</p>						
<p>Code Name</p> <p>RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</p> <p>If there is a single date of service, the begin date equals the end date.</p>						
DTP03	1251	Date Time Period	M	AN	1/35	Required
<p>Description: Expression of a date, a time, or range of dates, times or dates and times</p> <p>Industry: Claim Service Period</p>						

Semantics:

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

Loop 2220E

Pos: 180	Repeat: >1
Optional	
Loop: 2220E	Elements: N/A

User Option (Usage): Situational

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

Notes:

1. Use this segment to report information about a service line.
2. This segment is required by ASC X12 syntax if this loop is used, because it is the first segment in the Service Line Information Loop.

Example:

SVC*HC:99214*75*50****1~ SVC*NU:71X*50*0****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>
180	SVC	Service Line Information	O	1		Situational
190	STC	Service Line Status Information	O	1		Situational
200	REF	Service Line Item Identification	O	1		Situational
210	DTP	Service Line Date	O	1		Situational

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: 180	Max: 1
Detail - Optional	
Loop: 2220E	Elements: 5

User Option (Usage): Situational

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

Notes:

1. Use this segment to report information about a service line.
2. This segment is required by ASC X12 syntax if this loop is used, because it is the first segment in the Service Line Information Loop.

Example:

SVC*HC:99214*75*50****1~ SVC*NU:71X*50*0****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

SVC01-2 contains the procedure code. This code may be different than the original submitted procedure code based on claim processing instructions such as; global services or combining services (sometimes referred to as bundling or unbundling). Payers often do not store the original submitted procedure code when bundling or unbundling occurs and the procedure code gets changed during the adjudication process.

235		Product/Service ID Qualifier	M	ID	2/2	Required
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Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234)

Industry: Product or Service ID Qualifier

CIGNA TRADING PARTNER NOTES: CIGNA supports the following:

(AD) - American Dental Association Codes

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

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

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

(ND) - National Drug Code (NDC)

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 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

Code	Name
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: 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 it 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.				
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.				
SVC03	782	Monetary Amount	O	R	1/18	Required
		Description: Monetary amount				
		Industry: Line Item Provider Payment Amount				
		This is the service line paid amount. If the adjudication process is not complete, this is zero-filled.				
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 SVC01-1 equals "NU" the NUBC Revenue Code belongs in SVC01-2.				
		<u>ExternalCodeList</u>				
		Name: 132				
		Description: National Uniform Billing Committee (NUBC) Codes				
SVC07	380	Quantity	O	R	1/15	Situational
		Description: Numeric value of quantity				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Industry: Original Units of Service Count				
		This quantity is 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).

STC Service Line Status Information

Pos: 190	Max: 1
Detail - Optional	
Loop: 2220E	Elements: 6

User Option (Usage): Situational

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

Notes:

1. This is for the service status information.
2. This segment is used when an information source system has the capability to provide line item information.

Example:

STC*A3:110*19960501**65~ or STC*FI:65*19960501*****A3:400~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
STC01	C043	Health Care Claim Status	M	Comp		Required
		Description: Used to convey status of the entire claim or a specific service line				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: Health Care Claim Status Category Code				
		This is the Category code. Use code source 507.				
		ExternalCodeList				
		Name: 507				
		Description: Health Care Claim Status Category Code				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: Health Care Claim Status Code				
		This is the Status code. Use code source 508.				
		ExternalCodeList				
		Name: 508				
		Description: Health Care Claim Status Code				
	98	Entity Identifier Code	O	ID	2/3	Situational
		Description: Code identifying an organizational entity, a physical location, property or an individual				
		STC01-3 further modifies the value in STC01-2.				
		CIGNA TRADING PARTNER NOTES: Not supported in the CIGNA response.				
		Code Name				
		13 Contracted Service Provider				
		17 Consultant's Office				
		1E Health Maintenance Organization (HMO)				
		1G Oncology Center				
		1H Kidney Dialysis Unit				
		1I Preferred Provider Organization (PPO)				
		1O Acute Care Hospital				
		1P Provider				
		1Q Military Facility				
		1R University, College or School				

Code Name

1S	Outpatient Surgicenter
1T	Physician, Clinic or Group Practice
1U	Long Term Care Facility
1V	Extended Care Facility
1W	Psychiatric Health Facility
1X	Laboratory
1Y	Retail Pharmacy
1Z	Home Health Care
28	Subcontractor
2A	Federal, State, County or City Facility
2B	Third-Party Administrator
2E	Non-Health Care Miscellaneous Facility
2I	Church Operated Facility
2K	Partnership
2P	Public Health Service Facility
2Q	Veterans Administration Facility
2S	Public Health Service Indian Service Facility
2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
30	Service Supplier
36	Employer
3A	Hospital Unit Within an Institution for the Mentally Retarded
3C	Tuberculosis and Other Respiratory Diseases Facility
3D	Obstetrics and Gynecology Facility
3E	Eye, Ear, Nose and Throat Facility
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
3I	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility
3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
3O	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility

Code	Name
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services

Code	Name
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
72	Operating Physician
73	Other Physician
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
HH	Home Health Agency
I3	Independent Physicians Association (IPA)

Code Name

- IJ Injection Point
- IL Insured or Subscriber
- IN Insurer
- LI Independent Lab
- LR Legal Representative
- MR Medical Insurance Carrier
- OB Ordered By
- OD Doctor of Optometry
- OX Oxygen Therapy Facility
- P0 Patient Facility
- P2 Primary Insured or Subscriber
- P3 Primary Care Provider
- P4 Prior Insurance Carrier
- P6 Third Party Reviewing Preferred Provider Organization (PPO)
- P7 Third Party Repricing Preferred Provider Organization (PPO)
- PT Party to Receive Test Report
- PV Party performing certification
- PW Pick Up Address
- QA Pharmacy
- QB Purchase Service Provider
- QC Patient
- QD Responsible Party
- QE Policyholder
- QH Physician
- QK Managed Care
- QL Chiropractor
- QN Dentist
- QO Doctor of Osteopathy
- QS Podiatrist
- QV Group Practice
- QY Medical Doctor
- RC Receiving Location
- RW Rural Health Clinic
- S4 Skilled Nursing Facility
- SJ Service Provider
- SU Supplier/Manufacturer
- T4 Transfer Point

Used to identify the geographic location where a patient is transferred or diverted.

- TQ Third Party Reviewing Organization (TPO)
- TT Transfer To
- TU Third Party Repricing Organization (TPO)
- UH Nursing Home
- X3 Utilization Management Organization
- X4 Spouse
- X5 Durable Medical Equipment Supplier
- ZZ Mutually Defined

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

Description: Date expressed as CCYYMMDD

Industry: Status Information Effective Date

Use this date for the effective date of status.

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

Description: Monetary amount

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Industry: Line Item Charge Amount This is the submitted line charge amount.				
STC05	782	Monetary Amount Description: Monetary amount Industry: Line Item Provider Payment Amount Use this element for the line item paid amount.	O	R	1/18	Situational
STC10	C043	Health Care Claim Status Description: Used to convey status of the entire claim or a specific service line Use this element if a second claim status is needed.	O	Comp		Situational
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Health Care Claim Status Category Code This is the Category code. Use code source 507. Required if STC10 is used. ExternalCodeList Name: 507 Description: Health Care Claim Status Category Code	M	AN	1/30	Required
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Health Care Claim Status Code This is the Status code. Use code source 508. Required if STC10 is used. ExternalCodeList Name: 508 Description: Health Care Claim Status Code	M	AN	1/30	Required
	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3. CIGNA TRADING PARTNER NOTES: Not supported in CIGNA response.	O	ID	2/3	Situational
		Code Name				
		13 Contracted Service Provider				
		17 Consultant's Office				
		1E Health Maintenance Organization (HMO)				
		1G Oncology Center				
		1H Kidney Dialysis Unit				
		1I Preferred Provider Organization (PPO)				
		1O Acute Care Hospital				
		1P Provider				
		1Q Military Facility				
		1R University, College or School				
		1S Outpatient Surgicenter				
		1T Physician, Clinic or Group Practice				
		1U Long Term Care Facility				

Code	Name
1V	Extended Care Facility
1W	Psychiatric Health Facility
1X	Laboratory
1Y	Retail Pharmacy
1Z	Home Health Care
28	Subcontractor
2A	Federal, State, County or City Facility
2B	Third-Party Administrator
2E	Non-Health Care Miscellaneous Facility
2I	Church Operated Facility
2K	Partnership
2P	Public Health Service Facility
2Q	Veterans Administration Facility
2S	Public Health Service Indian Service Facility
2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
30	Service Supplier
36	Employer
3A	Hospital Unit Within an Institution for the Mentally Retarded
3C	Tuberculosis and Other Respiratory Diseases Facility
3D	Obstetrics and Gynecology Facility
3E	Eye, Ear, Nose and Throat Facility
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
3I	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility
3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
3O	Children's Rehabilitation Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)

Code Name

4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit

Code	Name
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
72	Operating Physician
73	Other Physician
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber

Code Name

- IN Insurer
- LI Independent Lab
- LR Legal Representative
- MR Medical Insurance Carrier
- OB Ordered By
- OD Doctor of Optometry
- OX Oxygen Therapy Facility
- P0 Patient Facility
- P2 Primary Insured or Subscriber
- P3 Primary Care Provider
- P4 Prior Insurance Carrier
- P6 Third Party Reviewing Preferred Provider Organization (PPO)
- P7 Third Party Repricing Preferred Provider Organization (PPO)
- PT Party to Receive Test Report
- PV Party performing certification
- PW Pick Up Address
- QA Pharmacy
- QB Purchase Service Provider
- QC Patient
- QD Responsible Party
- QE Policyholder
- QH Physician
- QK Managed Care
- QL Chiropractor
- QN Dentist
- QO Doctor of Osteopathy
- QS Podiatrist
- QV Group Practice
- QY Medical Doctor
- RC Receiving Location
- RW Rural Health Clinic
- S4 Skilled Nursing Facility
- SJ Service Provider
- SU Supplier/Manufacturer
- T4 Transfer Point

Used to identify the geographic location where a patient is transferred or diverted.

- TQ Third Party Reviewing Organization (TPO)
- TT Transfer To
- TU Third Party Repricing Organization (TPO)
- UH Nursing Home
- X3 Utilization Management Organization
- X4 Spouse
- X5 Durable Medical Equipment Supplier
- ZZ Mutually Defined

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

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

Use this element if a third claim status is needed.

1271 **Industry Code** M AN 1/30 Required

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

Industry: Health Care Claim Status Category Code

This is the Category code. Use code source 507.

<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 STC11 is used.				
		<u>ExternalCodeList</u>				
		Name: 507				
		Description: Health Care Claim Status Category Code				
1271		Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: Health Care Claim Status Code				
		This is the Status code. Use code source 508. Required if STC11 is used.				
		<u>ExternalCodeList</u>				
		Name: 508				
		Description: Health Care Claim Status Code				
98		Entity Identifier Code	O	ID	2/3	Situational
		Description: Code identifying an organizational entity, a physical location, property or an individual				
		STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3.				
		CIGNA TRADING PARTNER NOTES: Not supported in CIGNA response.				
		<u>Code Name</u>				
		13 Contracted Service Provider				
		17 Consultant's Office				
		1E Health Maintenance Organization (HMO)				
		1G Oncology Center				
		1H Kidney Dialysis Unit				
		1I Preferred Provider Organization (PPO)				
		1O Acute Care Hospital				
		1P Provider				
		1Q Military Facility				
		1R University, College or School				
		1S Outpatient Surgicenter				
		1T Physician, Clinic or Group Practice				
		1U Long Term Care Facility				
		1V Extended Care Facility				
		1W Psychiatric Health Facility				
		1X Laboratory				
		1Y Retail Pharmacy				
		1Z Home Health Care				
		28 Subcontractor				
		2A Federal, State, County or City Facility				
		2B Third-Party Administrator				
		2E Non-Health Care Miscellaneous Facility				
		2I Church Operated Facility				
		2K Partnership				
		2P Public Health Service Facility				
		2Q Veterans Administration Facility				
		2S Public Health Service Indian Service Facility				
		2Z Hospital Unit of an Institution (prison hospital, college infirmary, etc.)				
		30 Service Supplier				
		36 Employer				
		3A Hospital Unit Within an Institution for the Mentally Retarded				

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

Code	Name
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Therapeutic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography (SPECT) Unit
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
72	Operating Physician
73	Other Physician
74	Corrected Insured
77	Service Location
7C	Place of Occurrence

Code	Name
80	Hospital
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab
LR	Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility
P0	Patient Facility
P2	Primary Insured or Subscriber
P3	Primary Care Provider
P4	Prior Insurance Carrier
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy
QB	Purchase Service Provider

Code Name

QC	Patient
QD	Responsible Party
QE	Policyholder
QH	Physician
QK	Managed Care
QL	Chiropractor
QN	Dentist
QO	Doctor of Osteopathy
QS	Podiatrist
QV	Group Practice
QY	Medical Doctor
RC	Receiving Location
RW	Rural Health Clinic
S4	Skilled Nursing Facility
SJ	Service Provider
SU	Supplier/Manufacturer
T4	Transfer Point
	Used to identify the geographic location where a patient is transferred or diverted.
TQ	Third Party Reviewing Organization (TPO)
TT	Transfer To
TU	Third Party Repricing Organization (TPO)
UH	Nursing Home
X3	Utilization Management Organization
X4	Spouse
X5	Durable Medical Equipment Supplier
ZZ	Mutually Defined

Semantics:

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

REF Service Line Item Identification

Pos: 200	Max: 1
Detail - Optional	
Loop: 2220E	Elements: 2

User Option (Usage): Situational

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*03~

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: 210	Max: 1
Detail - Optional	
Loop: 2220E	Elements: 3

User Option (Usage): Situational

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

Notes:

1. This is the date of service from the original submitted claim for a specific line item.
2. Whenever the 2220E loop is used this segment must be present, unless reported in the Claim Level, Loop 2200E (Claim Service Date).

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 there 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: 270	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				