

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

**Version: 2.4**

|                         |                      |
|-------------------------|----------------------|
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| <b>Trading Partner:</b> | <b>ALL</b>           |

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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])

Effective April 2009, CIGNA's 277 response for unconverted members of the former Great West business [member's whose eligibility has not been converted to Cigna's systems] will contain the following:

PER02 will be populated with "Great-West Healthcare, now part of CIGNA"

PER04 will be populated with "800-663-8081"

### 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:

| Pos                    | Id  | Segment Name                           | Req | Max Use | Repeat    | Notes  | Usage       |
|------------------------|-----|--|-----|---------|-----------|--------|-------------|
| <b>LOOP ID - 2000A</b> |     |  |     |         | <b>≥1</b> |        |             |
| 010                    | HL  | Information Source Level               | M   | 1       |           |        | Required    |
| <b>LOOP ID - 2100A</b> |     |  |     |         | <b>≥1</b> |        |             |
| 050                    | NM1 | Payer Name                             | O   | 1       |           |        | Required    |
| 080                    | PER | Payer Contact Information              | O   | 1       |           |        | Situational |
| <b>LOOP ID - 2000B</b> |     |  |     |         | <b>≥1</b> |        |             |
| 010                    | HL  | Information Receiver Level             | M   | 1       |           |        | Required    |
| <b>LOOP ID - 2100B</b> |     |  |     |         | <b>≥1</b> |        |             |
| 050                    | NM1 | Information Receiver Name              | O   | 1       |           |        | Required    |
| <b>LOOP ID - 2000C</b> |     |  |     |         | <b>≥1</b> |        |             |
| 010                    | HL  | Service Provider Level                 | M   | 1       |           |        | Required    |
| <b>LOOP ID - 2100C</b> |     |  |     |         | <b>≥1</b> |        |             |
| 050                    | NM1 | Provider Name                          | O   | 1       |           |        | Required    |
| <b>LOOP ID - 2000D</b> |     |  |     |         | <b>≥1</b> |        |             |
| 010                    | HL  | Subscriber Level                       | M   | 1       |           |        | Required    |
| 040                    | DMG | Subscriber Demographic Information     | O   | 1       |           | N2/040 | Situational |
| <b>LOOP ID - 2100D</b> |     |  |     |         | <b>1</b>  |        |             |
| 050                    | NM1 | Subscriber Name                        | O   | 1       |           |        | Required    |
| <b>LOOP ID - 2200D</b> |     |  |     |         | <b>≥1</b> |        |             |
| 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 |
| <b>LOOP ID - 2220D</b> |     |  |     |         | <b>≥1</b> |        |             |
| 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 |
| <b>LOOP ID - 2000E</b> |     |  |     |         | <b>≥1</b> |        |             |
| 010                    | HL  | Dependent Level                        | O   | 1       |           |        | Situational |
| 040                    | DMG | Dependent Demographic Information      | O   | 1       |           | N2/040 | Required    |
| <b>LOOP ID - 2100E</b> |     |  |     |         | <b>1</b>  |        |             |
| 050                    | NM1 | Dependent Name                         | O   | 1       |           |        | Required    |
| <b>LOOP ID - 2200E</b> |     |  |     |         | <b>≥1</b> |        |             |
| 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 |
| <b>LOOP ID - 2220E</b> |     |  |     |         | <b>≥1</b> |        |             |
| 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 |

| <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> |
|------------|-----------|-------------------------|------------|----------------|---------------|--------------|--------------|
| 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

|                                |                     |
|--------------------------------|---------------------|
| <b>Pos:</b>                    | <b>Max: 1</b>       |
| <b>Not Defined - Mandatory</b> |                     |
| <b>Loop: N/A</b>               | <b>Elements: 16</b> |

**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       | <b>Authorization Information Qualifier</b> | 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 | <b>Authorization Information</b> | M | AN | 10/10 | Required |
|-------|-----|----------------------------------|---|----|-------|----------|

**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 | <b>Security Information Qualifier</b> | M | ID | 2/2 | Required |
|-------|-----|---------------------------------------|---|----|-----|----------|

**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 | <b>Security Information</b> | M | AN | 10/10 | Required |
|-------|-----|-----------------------------|---|----|-------|----------|

**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 | <b>Interchange ID Qualifier</b> | 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 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 | <b>Interchange Sender ID</b> | 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 | <b>Interchange ID Qualifier</b> | 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 | <b>Interchange Receiver ID</b> | 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 | <b>Interchange Date</b> | M | DT | 6/6 | Required |
|-------|-----|-------------------------|---|----|-----|----------|

**Description:** Date of the interchange

The date format is YYMMDD.

|       |     |                         |   |    |     |          |
|-------|-----|-------------------------|---|----|-----|----------|
| ISA10 | I09 | <b>Interchange Time</b> | M | TM | 4/4 | Required |
|-------|-----|-------------------------|---|----|-----|----------|

**Description:** Time of the interchange

The time format is HHMM.

|       |     |   |   |    |     |          |
|-------|-----|---|---|----|-----|----------|
| ISA11 | I10 | <b>Interchange Control Standards Identifier</b> | 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       | <b>Interchange Control Version Number</b>  | M          | ID          | 5/5            | Required     |
|            |           | <b>Description:</b> Code specifying the version number of the interchange control segments   |            |             |                |              |
|            |           | <b>Code Name</b>   |            |             |                |              |
|            |           | 00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997   |            |             |                |              |
| ISA13      | I12       | <b>Interchange Control Number</b>  | M          | N0          | 9/9            | Required     |
|            |           | <b>Description:</b> A control number assigned by the interchange sender  |            |             |                |              |
|            |           | The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.  |            |             |                |              |
| ISA14      | I13       | <b>Acknowledgment Requested</b>  | M          | ID          | 1/1            | Required     |
|            |           | <b>Description:</b> Code sent by the sender to request an interchange acknowledgment (TA1)   |            |             |                |              |
|            |           | See Section A.1.5.1 for interchange acknowledgment information.  |            |             |                |              |
|            |           | <b>All valid standard codes are used.</b>  |            |             |                |              |
| ISA15      | I14       | <b>Usage Indicator</b>   | M          | ID          | 1/1            | Required     |
|            |           | <b>Description:</b> Code to indicate whether data enclosed by this interchange envelope is test, production or information   |            |             |                |              |
|            |           | <b>Code Name</b>   |            |             |                |              |
|            |           | P Production Data  |            |             |                |              |
|            |           | T Test Data  |            |             |                |              |
| ISA16      | I15       | <b>Component Element Separator</b>   | M          |             | 1/1            | Required     |
|            |           | <b>Description:</b> 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

|                                |                    |
|--------------------------------|--------------------|
| <b>Pos:</b>                    | <b>Max: 1</b>      |
| <b>Not Defined - Mandatory</b> |                    |
| <b>Loop: N/A</b>               | <b>Elements: 8</b> |

**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       | <b>Functional Identifier Code</b>   | M          | ID          | 2/2            | Required     |
|            |           | <b>Description:</b> Code identifying a group of application related transaction sets  |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | HN Health Care Claim Status Notification (277)  |            |             |                |              |
| GS02       | 142       | <b>Application Sender's Code</b>  | M          | AN          | 2/15           | Required     |
|            |           | <b>Description:</b> Code identifying party sending transmission; codes agreed to by trading partners  |            |             |                |              |
|            |           | Use this code to identify the unit sending the information.   |            |             |                |              |
| GS03       | 124       | <b>Application Receiver's Code</b>  | M          | AN          | 2/15           | Required     |
|            |           | <b>Description:</b> Code identifying party receiving transmission; codes agreed to by trading partners  |            |             |                |              |
|            |           | Use this code to identify the unit receiving the information.   |            |             |                |              |
| GS04       | 373       | <b>Date</b>   | M          | DT          | 8/8            | Required     |
|            |           | <b>Description:</b> Date expressed as CCYYMMDD  |            |             |                |              |
|            |           | Use this date for the functional group creation date.   |            |             |                |              |
| GS05       | 337       | <b>Time</b>   | M          | TM          | 4/8            | Required     |
|            |           | <b>Description:</b> 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        | <b>Group Control Number</b>   | M          | N0          | 1/9            | Required     |
|            |           | <b>Description:</b> Assigned number originated and maintained by the sender   |            |             |                |              |
| GS07       | 455       | <b>Responsible Agency Code</b>  | M          | ID          | 1/2            | Required     |
|            |           | <b>Description:</b> Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480   |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | X Accredited Standards Committee X12  |            |             |                |              |
| GS08       | 480       | <b>Version / Release / Industry Identifier Code</b>   | M          | AN          | 1/12           | Required     |
|            |           | <b>Description:</b> 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 |            |             |                |              |
|            |                  | <b><u>Code</u></b>   |            |             |                |              |
|            |                  | <b><u>Name</u></b>   |            |             |                |              |
|            | 004010           | Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997   |            |             |                |              |
|            | 004010X061A<br>1 | Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.   |            |             |                |              |
|            | 004010X091A<br>1 | Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.   |            |             |                |              |
|            | 004010X092A<br>1 | Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.   |            |             |                |              |
|            | 004010X093A<br>1 | Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.   |            |             |                |              |
|            | 004010X094A<br>1 | Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.   |            |             |                |              |
|            | 004010X095A<br>1 | Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.   |            |             |                |              |
|            | 004010X096A<br>1 | Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.   |            |             |                |              |
|            | 004010X097A<br>1 | Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.   |            |             |                |              |
|            | 004010X098A<br>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

|                            |                    |
|----------------------------|--------------------|
| <b>Pos: 010</b>            | <b>Max: 1</b>      |
| <b>Heading - Mandatory</b> |                    |
| <b>Loop: N/A</b>           | <b>Elements: 2</b> |

**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       | <b>Transaction Set Identifier Code</b>  | M          | ID          | 3/3            | Required     |
|            |           | <b>Description:</b> Code uniquely identifying a Transaction Set   |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | 277 Health Care Claim Status Notification   |            |             |                |              |
| ST02       | 329       | <b>Transaction Set Control Number</b>   | M          | AN          | 4/9            | Required     |
|            |           | <b>Description:</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set |            |             |                |              |
|            |           | Data value in 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      | <b>Hierarchical Structure Code</b>  | M          | ID          | 4/4            | Required     |
|            |           | <b>Description:</b> Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | 0010 Information Source, Information Receiver, Provider of Service, Subscriber, Dependent   |            |             |                |              |
| BHT02      | 353       | <b>Transaction Set Purpose Code</b>   | M          | ID          | 2/2            | Required     |
|            |           | <b>Description:</b> Code identifying purpose of transaction set   |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | 08 Status   |            |             |                |              |
| BHT03      | 127       | <b>Reference Identification</b>   | O          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier                             |            |             |                |              |
|            |           | <b>Industry:</b> Originator Application Transaction Identifier  |            |             |                |              |
| BHT04      | 373       | <b>Date</b>   | O          | DT          | 8/8            | Required     |
|            |           | <b>Description:</b> Date expressed as CCYYMMDD  |            |             |                |              |
|            |           | <b>Industry:</b> Transaction Set Creation Date  |            |             |                |              |
| BHT06      | 640       | <b>Transaction Type Code</b>  | O          | ID          | 2/2            | Required     |
|            |           | <b>Description:</b> Code specifying the type of transaction   |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | DG Response   |            |             |                |              |

## 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

|                    |                      |
|--------------------|----------------------|
| <b>Pos: 010</b>    | <b>Repeat: &gt;1</b> |
| <b>Mandatory</b>   |                      |
| <b>Loop: 2000A</b> | <b>Elements: N/A</b> |

**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

|                           |                    |
|---------------------------|--------------------|
| <b>Pos: 010</b>           | <b>Max: 1</b>      |
| <b>Detail - Mandatory</b> |                    |
| <b>Loop: 2000A</b>        | <b>Elements: 3</b> |

**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       | <b>Hierarchical ID Number</b>  | M          | AN   | 1/12           | Required     |
|            |           | <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure |            |  |                |              |
| HL03       | 735       | <b>Hierarchical Level Code</b>   | M          | ID   | 1/2            | Required     |
|            |           | <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure                                  |            |  |                |              |
|            |           | <b>Code Name</b>   |            |  |                |              |
|            |           | 20   |            | Information Source   |                |              |
| HL04       | 736       | <b>Hierarchical Child Code</b>   | O          | ID   | 1/1            | Required     |
|            |           | <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described   |            |  |                |              |
|            |           | <b>Code Name</b>   |            |  |                |              |
|            |           | 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

|                    |                      |
|--------------------|----------------------|
| <b>Pos: 050</b>    | <b>Repeat: &gt;1</b> |
| <b>Optional</b>    |                      |
| <b>Loop: 2100A</b> | <b>Elements: N/A</b> |

**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**

|                          |                    |
|--------------------------|--------------------|
| <b>Pos: 050</b>          | <b>Max: 1</b>      |
| <b>Detail - Optional</b> |                    |
| <b>Loop: 2100A</b>       | <b>Elements: 5</b> |

**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        | <b>Entity Identifier Code</b>   | M          | ID          | 2/3            | Required     |
|            |           | <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | PR Payer  |            |             |                |              |
| NM102      | 1065      | <b>Entity Type Qualifier</b>  | M          | ID          | 1/1            | Required     |
|            |           | <b>Description:</b> Code qualifying the type of entity  |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | 2 Non-Person Entity   |            |             |                |              |
| NM103      | 1035      | <b>Name Last or Organization Name</b>   | O          | AN          | 1/35           | Required     |
|            |           | <b>Description:</b> Individual last name or organizational name   |            |             |                |              |
|            |           | <b>Industry:</b> Payer Name   |            |             |                |              |
| NM108      | 66        | <b>Identification Code Qualifier</b>  | C          | ID          | 1/2            | Required     |
|            |           | <b>Description:</b> 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                        |            |             |                |              |
|            |           | <b>CIGNA TRADING PARTNER NOTES:</b> CIGNA uses (FI) - Federal Taxpayer's Identification Number.               |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | 21 Health Industry Number (HIN)   |            |             |                |              |
|            |           | <b>CODE SOURCE:</b>   |            |             |                |              |
|            |           | 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 | <b>Identification Code</b> | C | AN | 2/80 | Required |
|-------|----|----------------------------|---|----|------|----------|

**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

|                          |                    |
|--------------------------|--------------------|
| <b>Pos: 080</b>          | <b>Max: 1</b>      |
| <b>Detail - Optional</b> |                    |
| <b>Loop: 2100A</b>       | <b>Elements: 8</b> |

**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.

Effective April 2009, CIGNA's 277 response for unconverted members of the former Great West business [member's whose eligibility has not been converted to Cigna's systems] will contain the following:

PER02 will be populated with "Great-West Healthcare, now part of CIGNA"  
 PER04 will be populated with "800-663-8081"

## 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       | <b>Contact Function Code</b>  | M          | ID          | 2/2            | Required     |
|            |           | <b>Description:</b> Code identifying the major duty or responsibility of the person or group named  |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | IC Information Contact  |            |             |                |              |
| PER02      | 93        | <b>Name</b>   | O          | AN          | 1/60           | Situational  |
|            |           | <b>Description:</b> Free-form name  |            |             |                |              |
|            |           | <b>Industry:</b> 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.<br>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       | <b>Communication Number Qualifier</b>   | C          | ID          | 2/2            | Required     |
|            |           | <b>Description:</b> Code identifying the type of communication number   |            |             |                |              |
|            |           | Required when PER04 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> |
|------------|-----------|---|------------|-------------|----------------|--------------|
|            |           | <b>CIGNA TRADING PARTNER NOTES:</b> CIGNA uses (TE) - Telephone.  |            |             |                |              |
|            |           | <b>Code Name</b><br>ED Electronic Data Interchange Access Number<br>EM Electronic Mail<br>TE Telephone  |            |             |                |              |
| PER04      | 364       | <b>Communication Number</b>   | C          | AN          | 1/80           | Required     |
|            |           | <b>Description:</b> Complete communications number including country or area code when applicable<br>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.<br>Used if needed to transmit communication number. |            |             |                |              |
| PER05      | 365       | <b>Communication Number Qualifier</b>   | C          | ID          | 2/2            | Situational  |
|            |           | <b>Description:</b> Code identifying the type of communication number<br>Required when PER06 is used.   |            |             |                |              |
|            |           | <b>Code Name</b><br>EX Telephone Extension  |            |             |                |              |
| PER06      | 364       | <b>Communication Number</b>   | C          | AN          | 1/80           | Situational  |
|            |           | <b>Description:</b> Complete communications number including country or area code when applicable<br>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       | <b>Communication Number Qualifier</b>   | C          | ID          | 2/2            | Situational  |
|            |           | <b>Description:</b> Code identifying the type of communication number<br>Required when PER08 is used.   |            |             |                |              |
|            |           | <b>Code Name</b><br>EX Telephone Extension<br>FX Facsimile  |            |             |                |              |
| PER08      | 364       | <b>Communication Number</b>   | C          | AN          | 1/80           | Situational  |
|            |           | <b>Description:</b> Complete communications number including country or area code when applicable<br>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

|                    |                      |
|--------------------|----------------------|
| <b>Pos: 010</b>    | <b>Repeat: &gt;1</b> |
| <b>Mandatory</b>   |                      |
| <b>Loop: 2000B</b> | <b>Elements: N/A</b> |

**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

|                           |                    |
|---------------------------|--------------------|
| <b>Pos: 010</b>           | <b>Max: 1</b>      |
| <b>Detail - Mandatory</b> |                    |
| <b>Loop: 2000B</b>        | <b>Elements: 4</b> |

**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       | <b>Hierarchical ID Number</b>  | M  | AN          | 1/12           | Required     |
|            |           | <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure                   |  |             |                |              |
| HL02       | 734       | <b>Hierarchical Parent ID Number</b>   | O  | AN          | 1/12           | Required     |
|            |           | <b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to |  |             |                |              |
| HL03       | 735       | <b>Hierarchical Level Code</b>   | M  | ID          | 1/2            | Required     |
|            |           | <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure  |  |             |                |              |
|            |           | <b>Code Name</b>   |  |             |                |              |
|            |           | 21   | Information Receiver   |             |                |              |
| HL04       | 736       | <b>Hierarchical Child Code</b>   | O  | ID          | 1/1            | Required     |
|            |           | <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described                     |  |             |                |              |
|            |           | <b>Code Name</b>   |  |             |                |              |
|            |           | 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

|                    |                      |
|--------------------|----------------------|
| <b>Pos: 050</b>    | <b>Repeat: &gt;1</b> |
| <b>Optional</b>    |                      |
| <b>Loop: 2100B</b> | <b>Elements: N/A</b> |

**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        | <b>Entity Identifier Code</b>  | M          | ID          | 2/3            | Required     |
|            |           | <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual                                    |            |             |                |              |
|            |           | <b>Code Name</b>   |            |             |                |              |
|            |           | 41 Submitter   |            |             |                |              |
| NM102      | 1065      | <b>Entity Type Qualifier</b>   | M          | ID          | 1/1            | Required     |
|            |           | <b>Description:</b> Code qualifying the type of entity   |            |             |                |              |
|            |           | <b>Code Name</b>   |            |             |                |              |
|            |           | 1 Person   |            |             |                |              |
|            |           | 2 Non-Person Entity  |            |             |                |              |
| NM103      | 1035      | <b>Name Last or Organization Name</b>  | O          | AN          | 1/35           | Required     |
|            |           | <b>Description:</b> Individual last name or organizational name  |            |             |                |              |
|            |           | <b>Industry:</b> Information Receiver Last or Organization Name  |            |             |                |              |
| NM104      | 1036      | <b>Name First</b>  | O          | AN          | 1/25           | Situational  |
|            |           | <b>Description:</b> Individual first name  |            |             |                |              |
|            |           | <b>Industry:</b> 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      | <b>Name Middle</b>   | O          | AN          | 1/25           | Situational  |
|            |           | <b>Description:</b> Individual middle name or initial  |            |             |                |              |
|            |           | <b>Industry:</b> 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      | <b>Name Prefix</b>   | O          | AN          | 1/10           | Situational  |
|            |           | <b>Description:</b> Prefix to individual name  |            |             |                |              |
|            |           | <b>Industry:</b> 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      | <b>Name Suffix</b>   | O          | AN          | 1/10           | Situational  |
|            |           | <b>Description:</b> Suffix to individual name  |            |             |                |              |
|            |           | <b>Industry:</b> 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        | <b>Identification Code Qualifier</b>   | C          | ID          | 1/2            | Required     |
|            |           | <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) |            |             |                |              |
|            |           | <b>CIGNA TRADING PARTNER NOTES:</b> CIGNA uses (FI) - Federal Taxpayer's Identification Number.            |            |             |                |              |
|            |           | <b>Code Name</b>   |            |             |                |              |
|            |           | 46 Electronic Transmitter Identification Number (ETIN)   |            |             |                |              |
|            |           | FI Federal Taxpayer's Identification Number  |            |             |                |              |
|            |           | XX Health Care Financing Administration National Provider Identifier                                       |            |             |                |              |
| NM109      | 67        | <b>Identification Code</b>   | C          | AN          | 2/80           | Required     |
|            |           | <b>Description:</b> Code identifying a party or other code   |            |             |                |              |
|            |           | <b>Industry:</b> Information Receiver Identification Number  |            |             |                |              |
|            |           | <b>ExternalCodeList</b>  |            |             |                |              |
|            |           | <b>Name:</b> 537   |            |             |                |              |
|            |           | <b>Description:</b> 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

|                    |                      |
|--------------------|----------------------|
| <b>Pos: 010</b>    | <b>Repeat: &gt;1</b> |
| <b>Mandatory</b>   |                      |
| <b>Loop: 2000C</b> | <b>Elements: N/A</b> |

**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

|                           |                    |
|---------------------------|--------------------|
| <b>Pos: 010</b>           | <b>Max: 1</b>      |
| <b>Detail - Mandatory</b> |                    |
| <b>Loop: 2000C</b>        | <b>Elements: 4</b> |

**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       | <b>Hierarchical ID Number</b>  | M  | AN          | 1/12           | Required     |
|            |           | <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure                   |  |             |                |              |
| HL02       | 734       | <b>Hierarchical Parent ID Number</b>   | O  | AN          | 1/12           | Required     |
|            |           | <b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to |  |             |                |              |
| HL03       | 735       | <b>Hierarchical Level Code</b>   | M  | ID          | 1/2            | Required     |
|            |           | <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure  |  |             |                |              |
|            |           | <b>Code Name</b>   |  |             |                |              |
|            |           | 19   | Provider of Service  |             |                |              |
| HL04       | 736       | <b>Hierarchical Child Code</b>   | O  | ID          | 1/1            | Required     |
|            |           | <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described                     |  |             |                |              |
|            |           | <b>Code Name</b>   |  |             |                |              |
|            |           | 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

|                    |                      |
|--------------------|----------------------|
| <b>Pos: 050</b>    | <b>Repeat: &gt;1</b> |
| <b>Optional</b>    |                      |
| <b>Loop: 2100C</b> | <b>Elements: N/A</b> |

**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**

|                          |                    |
|--------------------------|--------------------|
| <b>Pos: 050</b>          | <b>Max: 1</b>      |
| <b>Detail - Optional</b> |                    |
| <b>Loop: 2100C</b>       | <b>Elements: 9</b> |

**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        | <b>Entity Identifier Code</b>         | M          | ID          | 2/3            | Required     |
| <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual   |           |                                       |            |             |                |              |
| <b>Code Name</b>  |           |                                       |            |             |                |              |
| 1P Provider   |           |                                       |            |             |                |              |
| NM102   | 1065      | <b>Entity Type Qualifier</b>          | M          | ID          | 1/1            | Required     |
| <b>Description:</b> Code qualifying the type of entity  |           |                                       |            |             |                |              |
| <b>Code Name</b>  |           |                                       |            |             |                |              |
| 1 Person  |           |                                       |            |             |                |              |
| 2 Non-Person Entity   |           |                                       |            |             |                |              |
| NM103   | 1035      | <b>Name Last or Organization Name</b> | O          | AN          | 1/35           | Required     |
| <b>Description:</b> Individual last name or organizational name   |           |                                       |            |             |                |              |
| <b>Industry:</b> Provider Last or Organization Name   |           |                                       |            |             |                |              |
| NM104   | 1036      | <b>Name First</b>                     | O          | AN          | 1/25           | Situational  |
| <b>Description:</b> Individual first name   |           |                                       |            |             |                |              |
| <b>Industry:</b> Provider First Name  |           |                                       |            |             |                |              |
| The first name is required when the value in NM102 is '1' and the person has a first name.  |           |                                       |            |             |                |              |
| NM105   | 1037      | <b>Name Middle</b>                    | O          | AN          | 1/25           | Situational  |
| <b>Description:</b> Individual middle name or initial   |           |                                       |            |             |                |              |
| <b>Industry:</b> 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      | <b>Name Prefix</b>                    | O          | AN          | 1/10           | Situational  |
| <b>Description:</b> Prefix to individual name   |           |                                       |            |             |                |              |
| <b>Industry:</b> 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      | <b>Name Suffix</b>                    | O          | AN          | 1/10           | Situational  |
| <b>Description:</b> Suffix to individual name   |           |                                       |            |             |                |              |
| <b>Industry:</b> 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        | <b>Identification Code Qualifier</b>  | 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> |
|------------|-----------|--|------------|-------------|----------------|--------------|
|            |           | <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) |            |             |                |              |
|            |           | <b>Code Name</b>   |            |             |                |              |
|            |           | FI Federal Taxpayer's Identification Number  |            |             |                |              |
|            |           | SV Service Provider Number   |            |             |                |              |
|            |           | XX Health Care Financing Administration National Provider Identifier                                       |            |             |                |              |
| NM109      | 67        | <b>Identification Code</b>   | C          | AN          | 2/80           | Required     |

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.

**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

|                    |                      |
|--------------------|----------------------|
| <b>Pos: 010</b>    | <b>Repeat: &gt;1</b> |
| <b>Mandatory</b>   |                      |
| <b>Loop: 2000D</b> | <b>Elements: N/A</b> |

**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

|                           |                    |
|---------------------------|--------------------|
| <b>Pos: 010</b>           | <b>Max: 1</b>      |
| <b>Detail - Mandatory</b> |                    |
| <b>Loop: 2000D</b>        | <b>Elements: 4</b> |

**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       | <b>Hierarchical ID Number</b>  | M          | AN          | 1/12           | Required     |
|            |           | <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure                   |            |             |                |              |
| HL02       | 734       | <b>Hierarchical Parent ID Number</b>   | O          | AN          | 1/12           | Required     |
|            |           | <b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to |            |             |                |              |
| HL03       | 735       | <b>Hierarchical Level Code</b>   | M          | ID          | 1/2            | Required     |
|            |           | <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure  |            |             |                |              |
|            |           | <b>Code Name</b>   |            |             |                |              |
|            |           | 22 Subscriber  |            |             |                |              |
| HL04       | 736       | <b>Hierarchical Child Code</b>   | O          | ID          | 1/1            | Required     |
|            |           | <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described                     |            |             |                |              |
|            |           | <b>Code Name</b>   |            |             |                |              |
|            |           | 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

|                          |                    |
|--------------------------|--------------------|
| <b>Pos: 040</b>          | <b>Max: 1</b>      |
| <b>Detail - Optional</b> |                    |
| <b>Loop: 2000D</b>       | <b>Elements: 3</b> |

**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      | <b>Date Time Period Format Qualifier</b>  | C          | ID          | 2/3            | Required     |
|            |           | <b>Description:</b> Code indicating the date format, time format, or date and time format     |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | D8 Date Expressed in Format CCYYMMDD  |            |             |                |              |
| DMG02      | 1251      | <b>Date Time Period</b>   | C          | AN          | 1/35           | Required     |
|            |           | <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times |            |             |                |              |
|            |           | <b>Industry:</b> Subscriber Birth Date  |            |             |                |              |
|            |           | <b>Alias:</b> Date of Birth - Subscriber  |            |             |                |              |
| DMG03      | 1068      | <b>Gender Code</b>  | O          | ID          | 1/1            | Required     |
|            |           | <b>Description:</b> Code indicating the sex of the individual                                 |            |             |                |              |
|            |           | <b>Industry:</b> Subscriber Gender Code   |            |             |                |              |
|            |           | <b>Alias:</b> Gender - Subscriber   |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | 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

|                    |                      |
|--------------------|----------------------|
| <b>Pos: 050</b>    | <b>Repeat: 1</b>     |
| <b>Optional</b>    |                      |
| <b>Loop: 2100D</b> | <b>Elements: N/A</b> |

**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**

|                          |                    |
|--------------------------|--------------------|
| <b>Pos: 050</b>          | <b>Max: 1</b>      |
| <b>Detail - Optional</b> |                    |
| <b>Loop: 2100D</b>       | <b>Elements: 9</b> |

**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        | <b>Entity Identifier Code</b>         | M          | ID          | 2/3            | Required     |
| <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual                                    |           |                                       |            |             |                |              |
| <b>Code Name</b>   |           |                                       |            |             |                |              |
| IL Insured or Subscriber   |           |                                       |            |             |                |              |
| QC Patient   |           |                                       |            |             |                |              |
| Use this only when the subscriber is the patient.  |           |                                       |            |             |                |              |
| NM102  | 1065      | <b>Entity Type Qualifier</b>          | M          | ID          | 1/1            | Required     |
| <b>Description:</b> Code qualifying the type of entity   |           |                                       |            |             |                |              |
| <b>CIGNA TRADING PARTNER NOTES:</b> CIGNA uses (1) - Person  |           |                                       |            |             |                |              |
| <b>Code Name</b>   |           |                                       |            |             |                |              |
| 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      | <b>Name Last or Organization Name</b> | O          | AN          | 1/35           | Required     |
| <b>Description:</b> Individual last name or organizational name  |           |                                       |            |             |                |              |
| <b>Industry:</b> Subscriber Last Name  |           |                                       |            |             |                |              |
| NM104  | 1036      | <b>Name First</b>                     | O          | AN          | 1/25           | Situational  |
| <b>Description:</b> Individual first name  |           |                                       |            |             |                |              |
| <b>Industry:</b> Subscriber First Name   |           |                                       |            |             |                |              |
| The first name is required when the value in NM102 is '1' and the person has a first name.   |           |                                       |            |             |                |              |
| NM105  | 1037      | <b>Name Middle</b>                    | O          | AN          | 1/25           | Recommended  |
| <b>Description:</b> Individual middle name or initial  |           |                                       |            |             |                |              |
| <b>Industry:</b> 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      | <b>Name Prefix</b>                    | O          | AN          | 1/10           | Situational  |
| <b>Description:</b> Prefix to individual name  |           |                                       |            |             |                |              |
| <b>Industry:</b> 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      | <b>Name Suffix</b>                    | 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><b>Description:</b> Suffix to individual name</p> <p><b>Industry:</b> 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><b>Identification Code Qualifier</b></p> <p><b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)</p> <p><b>CIGNA TRADING PARTNER NOTES:</b> CIGNA uses (MI) - Member Identification Number.</p> <p><b>Code Name</b></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><b>Identification Code</b></p> <p><b>Description:</b> Code identifying a party or other code</p> <p><b>Industry:</b> Subscriber Identifier</p> <p><b>CIGNA TRADING PARTNER NOTES:</b> 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

|                    |                      |
|--------------------|----------------------|
| <b>Pos: 090</b>    | <b>Repeat: &gt;1</b> |
| <b>Optional</b>    |                      |
| <b>Loop: 2200D</b> | <b>Elements: N/A</b> |

**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       | <b>Trace Type Code</b>          | M          | ID          | 1/2            | Required     |
| <b>Description:</b> Code identifying which transaction is being referenced  |           |                                 |            |             |                |              |
| <b>Code Name</b>  |           |                                 |            |             |                |              |
| 2 Referenced Transaction Trace Numbers  |           |                                 |            |             |                |              |
| TRN02   | 127       | <b>Reference Identification</b> | M          | AN          | 1/30           | Required     |
| <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier   |           |                                 |            |             |                |              |
| <b>Industry:</b> Trace Number   |           |                                 |            |             |                |              |
| <b>Alias:</b> 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      | <b>Health Care Claim Status</b>   | M          | Comp        |                | Required     |
|            |           | <b>Description:</b> Used to convey status of the entire claim or a specific service line  |            |             |                |              |
|            | 1271      | <b>Industry Code</b>  | M          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Code indicating a code from a specific industry code list   |            |             |                |              |
|            |           | <b>Industry:</b> Health Care Claim Status Category Code   |            |             |                |              |
|            |           | This is the Category code. Use code source 507.   |            |             |                |              |
|            |           | <b>ExternalCodeList</b>   |            |             |                |              |
|            |           | <b>Name:</b> 507  |            |             |                |              |
|            |           | <b>Description:</b> Health Care Claim Status Category Code  |            |             |                |              |
|            | 1271      | <b>Industry Code</b>  | M          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Code indicating a code from a specific industry code list   |            |             |                |              |
|            |           | <b>Industry:</b> Health Care Claim Status Code  |            |             |                |              |
|            |           | This is the Status code. Use code source 508.   |            |             |                |              |
|            |           | <b>ExternalCodeList</b>   |            |             |                |              |
|            |           | <b>Name:</b> 508  |            |             |                |              |
|            |           | <b>Description:</b> Health Care Claim Status Code   |            |             |                |              |
|            | 98        | <b>Entity Identifier Code</b>   | O          | ID          | 2/3            | Situational  |
|            |           | <b>Description:</b> 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. |            |             |                |              |
|            |           | <b>CIGNA TRADING PARTNER NOTES:</b> 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                       |

| <b>Code</b> | <b>Name</b>  |
|-------------|--|
| 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> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
|------------|-----------|---------------------|------------|-------------|----------------|--------------|

|  |  |                              |  |  |  |  |
|--|--|------------------------------|--|--|--|--|
|  |  | supported in CIGNA response. |  |  |  |  |
|--|--|------------------------------|--|--|--|--|

| <u>Code</u> | <u>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              |
| 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                                |

| <b>Code</b> | <b>Name</b>  |
|-------------|--|
| 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                               |

| <b>Code</b> | <b>Name</b>  |
|-------------|--|
| 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       | <b>Reference Identification Qualifier</b> | M          | ID          | 2/3            | Required     |
| <b>Description:</b> Code qualifying the Reference Identification  |           |   |            |             |                |              |
| Examples of this element include: ICN, DCN and CCN.   |           |   |            |             |                |              |
| <b>Code Name</b>  |           |   |            |             |                |              |
| 1K Payor's Claim Number   |           |   |            |             |                |              |
| REF02   | 127       | <b>Reference Identification</b>           | C          | AN          | 1/30           | Required     |
| <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier |           |   |            |             |                |              |
| <b>Industry:</b> 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

|                          |                    |
|--------------------------|--------------------|
| <b>Pos: 110</b>          | <b>Max: 1</b>      |
| <b>Detail - Optional</b> |                    |
| <b>Loop: 2200D</b>       | <b>Elements: 2</b> |

**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       | <b>Reference Identification Qualifier</b>   | M          | ID          | 2/3            | Required     |
|            |           | <b>Description:</b> Code qualifying the Reference Identification  |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | BLT Billing Type  |            |             |                |              |
| REF02      | 127       | <b>Reference Identification</b>   | C          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier |            |             |                |              |
|            |           | <b>Industry:</b> 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 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       | <b>Reference Identification Qualifier</b>   | M          | ID          | 2/3            | Required     |
|            |           | <b>Description:</b> Code qualifying the Reference Identification  |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | EA Medical Record Identification Number   |            |             |                |              |
| REF02      | 127       | <b>Reference Identification</b>   | C          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier |            |             |                |              |
|            |           | <b>Industry:</b> 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

|                          |                    |
|--------------------------|--------------------|
| <b>Pos: 120</b>          | <b>Max: 1</b>      |
| <b>Detail - Optional</b> |                    |
| <b>Loop: 2200D</b>       | <b>Elements: 3</b> |

**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       | <b>Date/Time Qualifier</b>               | M          | ID          | 3/3            | Required     |
| <b>Description:</b> Code specifying type of date or time, or both date and time               |           |  |            |             |                |              |
| <b>Industry:</b> Date Time Qualifier  |           |  |            |             |                |              |
| <b>Code Name</b>  |           |  |            |             |                |              |
| 232 Claim Statement Period Start  |           |  |            |             |                |              |
| DTP02   | 1250      | <b>Date Time Period Format Qualifier</b> | M          | ID          | 2/3            | Required     |
| <b>Description:</b> Code indicating the date format, time format, or date and time format     |           |  |            |             |                |              |
| <b>Code Name</b>  |           |  |            |             |                |              |
| 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      | <b>Date Time Period</b>                  | M          | AN          | 1/35           | Required     |
| <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times |           |  |            |             |                |              |
| <b>Industry:</b> Claim Service Period   |           |  |            |             |                |              |

**Semantics:**

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

# Loop 2220D

|                    |                      |
|--------------------|----------------------|
| <b>Pos: 180</b>    | <b>Repeat: &gt;1</b> |
| <b>Optional</b>    |                      |
| <b>Loop: 2220D</b> | <b>Elements: N/A</b> |

**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

|                          |                    |
|--------------------------|--------------------|
| <b>Pos: 180</b>          | <b>Max: 1</b>      |
| <b>Detail - Optional</b> |                    |
| <b>Loop: 2220D</b>       | <b>Elements: 5</b> |

**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      | <b>Composite Medical Procedure Identifier</b> | 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 |  | <b>Product/Service ID Qualifier</b> | M | ID | 2/2 | Required |
|-----|--|-------------------------------------|---|----|-----|----------|

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

**Industry:** Product or Service ID Qualifier

**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.

| <b>Code</b> | <b>Name</b>  |
|-------------|--|
|             | <b>CODE SOURCE:</b><br>130: Health Care Financing Administration Common Procedural Coding System       |
| ID          | International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure                  |
|             | <b>CODE SOURCE:</b><br>131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure |
| IV          | Home Infusion EDI Coalition (HIEC) Product/Service Code  |
|             | <b>CODE SOURCE:</b><br>513: Home Infusion EDI Coalition (HIEC) Product/Service Code List               |
| N1          | National Drug Code in 4-4-2 Format   |
|             | <b>CODE SOURCE:</b><br>240: National Drug Code by Format   |
| N2          | National Drug Code in 5-3-2 Format   |
|             | <b>CODE SOURCE:</b><br>240: National Drug Code by Format   |
| N3          | National Drug Code in 5-4-1 Format   |
|             | <b>CODE SOURCE:</b><br>240: National Drug Code by Format   |
| N4          | National Drug Code in 5-4-2 Format   |
|             | <b>CODE SOURCE:</b><br>240: National Drug Code by Format   |
| ND          | National Drug Code (NDC)   |
|             | <b>CODE SOURCE:</b><br>134: National Drug Code   |
| NH          | National Health Related Item Code  |
| NU          | National Uniform Billing Committee (NUBC) UB92 Codes   |
|             | <b>CODE SOURCE:</b><br>132: National Uniform Billing Committee (NUBC) Codes                            |
| RB          | National Uniform Billing Committee (NUBC) UB82 Codes   |
|             | <b>CODE SOURCE:</b><br>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  |     | <b>Procedure Modifier</b>  | O | AN | 2/2  | Situational |
|       |     | <p><b>Description:</b> 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  |     | <b>Procedure Modifier</b>  | O | AN | 2/2  | Situational |
|       |     | <p><b>Description:</b> 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  |     | <b>Procedure Modifier</b>  | O | AN | 2/2  | Situational |
|       |     | <p><b>Description:</b> 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  |     | <b>Procedure Modifier</b>  | O | AN | 2/2  | Situational |
|       |     | <p><b>Description:</b> 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 | <b>Monetary Amount</b>   | M | R  | 1/18 | Required    |
|       |     | <p><b>Description:</b> Monetary amount</p> <p><b>Industry:</b> Line Item Charge Amount</p> <p>This amount is the original submitted charge.</p>  |   |    |      |             |
| SVC03 | 782 | <b>Monetary Amount</b>   | O | R  | 1/18 | Required    |
|       |     | <p><b>Description:</b> Monetary amount</p> <p><b>Industry:</b> 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 | <b>Product/Service ID</b>  | O | AN | 1/48 | Situational |
|       |     | <p><b>Description:</b> Identifying number for a product or service</p> <p><b>Industry:</b> 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 | <b>Quantity</b> | O | R | 1/15 | Situational |
|-------|-----|-----------------|---|---|------|-------------|

**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      | <b>Health Care Claim Status</b>   | M          | Comp        |                | Required     |
|            |           | <b>Description:</b> Used to convey status of the entire claim or a specific service line                      |            |             |                |              |
|            | 1271      | <b>Industry Code</b>  | M          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Code indicating a code from a specific industry code list                                 |            |             |                |              |
|            |           | <b>Industry:</b> Health Care Claim Status Category Code   |            |             |                |              |
|            |           | This is the Category code. Use code source 507.   |            |             |                |              |
|            |           | <b>ExternalCodeList</b>   |            |             |                |              |
|            |           | <b>Name:</b> 507  |            |             |                |              |
|            |           | <b>Description:</b> Health Care Claim Status Category Code  |            |             |                |              |
|            | 1271      | <b>Industry Code</b>  | M          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Code indicating a code from a specific industry code list                                 |            |             |                |              |
|            |           | <b>Industry:</b> Health Care Claim Status Code  |            |             |                |              |
|            |           | This is the Status code. Use code source 508.   |            |             |                |              |
|            |           | <b>ExternalCodeList</b>   |            |             |                |              |
|            |           | <b>Name:</b> 508  |            |             |                |              |
|            |           | <b>Description:</b> Health Care Claim Status Code   |            |             |                |              |
|            | 98        | <b>Entity Identifier Code</b>   | O          | ID          | 2/3            | Situational  |
|            |           | <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual |            |             |                |              |
|            |           | STC01-3 further modifies the value in STC01-2.  |            |             |                |              |
|            |           | <b>CIGNA TRADING PARTNER NOTES:</b> Not supported in the CIGNA response.                                      |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | 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  |            |             |                |              |

| <b>Code</b> | <b>Name</b>  |
|-------------|--|
| 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   |

| <b>Code</b> | <b>Name</b>   |
|-------------|---|
| 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                             |

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

| <b>Code</b> | <b>Name</b>  |
|-------------|--|
| 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                                |

| <b>Code</b> | <b>Name</b>  |
|-------------|--|
| 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

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.   |            |             |                |              |
|            |           | <b><u>ExternalCodeList</u></b>  |            |             |                |              |
|            |           | <b>Name:</b> 507  |            |             |                |              |
|            |           | <b>Description:</b> Health Care Claim Status Category Code  |            |             |                |              |
| 1271       |           | <b>Industry Code</b>  | M          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Code indicating a code from a specific industry code list                                 |            |             |                |              |
|            |           | <b>Industry:</b> Health Care Claim Status Code  |            |             |                |              |
|            |           | Required if STC11 is used.  |            |             |                |              |
|            |           | This is the Status Code. Use code source 508.   |            |             |                |              |
|            |           | <b><u>ExternalCodeList</u></b>  |            |             |                |              |
|            |           | <b>Name:</b> 508  |            |             |                |              |
|            |           | <b>Description:</b> Health Care Claim Status Code   |            |             |                |              |
| 98         |           | <b>Entity Identifier Code</b>   | O          | ID          | 2/3            | Situational  |
|            |           | <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual |            |             |                |              |
|            |           | STC11-3 further modifies the status code in STC11-2. See code value list in STC01-3.                          |            |             |                |              |
|            |           | <b>CIGNA TRADING PARTNER NOTES:</b> Not supported in CIGNA response.  |            |             |                |              |
|            |           | <b><u>Code Name</u></b>   |            |             |                |              |
|            |           | 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  |            |             |                |              |

| <b>Code</b> | <b>Name</b>   |
|-------------|---|
| 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   |

| <b>Code</b> | <b>Name</b>   |
|-------------|---|
| 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       | <b>Reference Identification Qualifier</b>   | M          | ID          | 2/3            | Required     |
|            |           | <b>Description:</b> Code qualifying the Reference Identification  |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | FJ Line Item Control Number   |            |             |                |              |
| REF02      | 127       | <b>Reference Identification</b>   | C          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier |            |             |                |              |
|            |           | <b>Industry:</b> 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

|                          |                    |
|--------------------------|--------------------|
| <b>Pos: 210</b>          | <b>Max: 1</b>      |
| <b>Detail - Optional</b> |                    |
| <b>Loop: 2220D</b>       | <b>Elements: 3</b> |

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

## Semantics:

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

# Loop 2000E

|                    |                      |
|--------------------|----------------------|
| <b>Pos: 010</b>    | <b>Repeat: &gt;1</b> |
| <b>Optional</b>    |                      |
| <b>Loop: 2000E</b> | <b>Elements: N/A</b> |

**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

|                          |                    |
|--------------------------|--------------------|
| <b>Pos: 010</b>          | <b>Max: 1</b>      |
| <b>Detail - Optional</b> |                    |
| <b>Loop: 2000E</b>       | <b>Elements: 3</b> |

**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       | <b>Hierarchical ID Number</b>  | M          | AN          | 1/12           | Required     |
|            |           | <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure                   |            |             |                |              |
| HL02       | 734       | <b>Hierarchical Parent ID Number</b>   | O          | AN          | 1/12           | Required     |
|            |           | <b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to |            |             |                |              |
| HL03       | 735       | <b>Hierarchical Level Code</b>   | M          | ID          | 1/2            | Required     |
|            |           | <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure  |            |             |                |              |
|            |           | <b><u>Code</u> <u>Name</u></b>   |            |             |                |              |
|            |           | 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      | <b>Date Time Period Format Qualifier</b>  | C          | ID          | 2/3            | Required     |
|            |           | <b>Description:</b> Code indicating the date format, time format, or date and time format     |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | D8 Date Expressed in Format CCYYMMDD  |            |             |                |              |
| DMG02      | 1251      | <b>Date Time Period</b>   | C          | AN          | 1/35           | Required     |
|            |           | <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times |            |             |                |              |
|            |           | <b>Industry:</b> Patient Birth Date   |            |             |                |              |
|            |           | <b>Alias:</b> Date of Birth - Patient   |            |             |                |              |
| DMG03      | 1068      | <b>Gender Code</b>  | O          | ID          | 1/1            | Required     |
|            |           | <b>Description:</b> Code indicating the sex of the individual                                 |            |             |                |              |
|            |           | <b>Industry:</b> Patient Gender Code  |            |             |                |              |
|            |           | <b>Alias:</b> Gender - Patient  |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | 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

|                    |                      |
|--------------------|----------------------|
| <b>Pos: 050</b>    | <b>Repeat: 1</b>     |
| <b>Optional</b>    |                      |
| <b>Loop: 2100E</b> | <b>Elements: N/A</b> |

**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        | <b>Entity Identifier Code</b><br><br><b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual<br><br><b>Code Name</b><br>QC Patient  | M          | ID          | 2/3            | Required     |
| NM102      | 1065      | <b>Entity Type Qualifier</b><br><br><b>Description:</b> Code qualifying the type of entity<br><br><b>Code Name</b><br>1 Person  | M          | ID          | 1/1            | Required     |
| NM103      | 1035      | <b>Name Last or Organization Name</b><br><br><b>Description:</b> Individual last name or organizational name<br><b>Industry:</b> Patient Last Name  | O          | AN          | 1/35           | Required     |
| NM104      | 1036      | <b>Name First</b><br><br><b>Description:</b> Individual first name<br><b>Industry:</b> Patient First Name<br>Always return this information when it is supplied on a claim.<br>Required if additional name information is needed to identify the patient. | O          | AN          | 1/25           | Situational  |
| NM105      | 1037      | <b>Name Middle</b><br><br><b>Description:</b> Individual middle name or initial<br><b>Industry:</b> Patient Middle Name<br>Required if additional name information is needed to identify the patient.   | O          | AN          | 1/25           | Situational  |
| NM106      | 1038      | <b>Name Prefix</b><br><br><b>Description:</b> Prefix to individual name<br><b>Industry:</b> Patient Name Prefix<br>Required if additional name information is needed to identify the patient.   | O          | AN          | 1/10           | Situational  |
| NM107      | 1039      | <b>Name Suffix</b><br><br><b>Description:</b> Suffix to individual name<br><b>Industry:</b> Patient Name Suffix<br>Required if additional name information is needed to identify the patient.   | O          | AN          | 1/10           | Situational  |
| NM108      | 66        | <b>Identification Code Qualifier</b><br><br><b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)  | C          | ID          | 1/2            | Situational  |

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>   | <u>Req</u> | <u>Type</u>                  | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|------------------------------|----------------|--------------|
|            |           | <b>CIGNA TRADING PARTNER NOTES:</b> CIGNA uses (MI) - Member Identification Number.   |            |                              |                |              |
|            |           | <b>Code</b>   |            | <b>Name</b>                  |                |              |
|            |           | 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        | <b>Identification Code</b>  | C          | AN                           | 2/80           | Situational  |
|            |           | <b>Description:</b> Code identifying a party or other code  |            |                              |                |              |
|            |           | <b>Industry:</b> 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).  |            |                              |                |              |
|            |           | <b>CIGNA TRADING PARTNER NOTES:</b> 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

|                    |                      |
|--------------------|----------------------|
| <b>Pos: 090</b>    | <b>Repeat: &gt;1</b> |
| <b>Optional</b>    |                      |
| <b>Loop: 2200E</b> | <b>Elements: N/A</b> |

**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       | <b>Trace Type Code</b>  | M          | ID          | 1/2            | Required     |
|            |           | <b>Description:</b> Code identifying which transaction is being referenced  |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | 2 Referenced Transaction Trace Numbers  |            |             |                |              |
| TRN02      | 127       | <b>Reference Identification</b>   | M          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier   |            |             |                |              |
|            |           | <b>Industry:</b> Trace Number   |            |             |                |              |
|            |           | <b>Alias:</b> 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      | <b>Health Care Claim Status</b>   | M          | Comp        |                | Required     |
|            |           | <b>Description:</b> Used to convey status of the entire claim or a specific service line                      |            |             |                |              |
|            | 1271      | <b>Industry Code</b>  | M          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Code indicating a code from a specific industry code list                                 |            |             |                |              |
|            |           | <b>Industry:</b> Health Care Claim Status Category Code   |            |             |                |              |
|            |           | This is the Category code. Use code source 507.   |            |             |                |              |
|            |           | <b>ExternalCodeList</b>   |            |             |                |              |
|            |           | <b>Name:</b> 507  |            |             |                |              |
|            |           | <b>Description:</b> Health Care Claim Status Category Code  |            |             |                |              |
|            | 1271      | <b>Industry Code</b>  | M          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Code indicating a code from a specific industry code list                                 |            |             |                |              |
|            |           | <b>Industry:</b> Health Care Claim Status Code  |            |             |                |              |
|            |           | This is the Status code. Use code source 508.   |            |             |                |              |
|            |           | <b>ExternalCodeList</b>   |            |             |                |              |
|            |           | <b>Name:</b> 508  |            |             |                |              |
|            |           | <b>Description:</b> Health Care Claim Status Code   |            |             |                |              |
|            | 98        | <b>Entity Identifier Code</b>   | O          | ID          | 2/3            | Situational  |
|            |           | <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual |            |             |                |              |
|            |           | STC01-3 further modifies the status code in STC01-2.  |            |             |                |              |
|            |           | <b>CIGNA TRADING PARTNER NOTES:</b> Not supported in the CIGNA response.                                      |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | 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  |            |             |                |              |

| <b>Code</b> | <b>Name</b>  |
|-------------|--|
| 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 | Histopathology 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                                     |

| <b>Code</b> | <b>Name</b>  |
|-------------|--|
| 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><b>Description:</b> Monetary amount</p> <p><b>Industry:</b> 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><b>Monetary Amount</b></p> <p><b>Description:</b> Monetary amount</p> <p><b>Industry:</b> 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><b>Date</b></p> <p><b>Description:</b> Date expressed as CCYYMMDD</p> <p><b>Industry:</b> 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><b>Payment Method Code</b></p> <p><b>Description:</b> 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><b>CIGNA TRADING PARTNER NOTES:</b> 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><b>Code Name</b></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><b>Date</b></p> <p><b>Description:</b> Date expressed as CCYYMMDD</p> <p><b>Industry:</b> Check Issue or EFT Effective Date</p>   | O          | DT          | 8/8            | Situational  |
| STC09      | 429       | <p><b>Check Number</b></p> <p><b>Description:</b> 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> |
|------------|-----------|--|------------|-------------|----------------|--------------|
|            |           | <b>Industry:</b> 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      | <b>Health Care Claim Status</b>  | O          | Comp        |                | Situational  |
|            |           | <b>Description:</b> Used to convey status of the entire claim or a specific service line   |            |             |                |              |
|            |           | Use this element if a second claim status is needed.   |            |             |                |              |
|            | 1271      | <b>Industry Code</b>   | M          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Code indicating a code from a specific industry code list  |            |             |                |              |
|            |           | <b>Industry:</b> Health Care Claim Status Category Code  |            |             |                |              |
|            |           | This is the Category code. Use code source 507. Required if STC10 is used.   |            |             |                |              |
|            |           | <b>ExternalCodeList</b>  |            |             |                |              |
|            |           | <b>Name:</b> 507   |            |             |                |              |
|            |           | <b>Description:</b> Health Care Claim Status Category Code   |            |             |                |              |
|            | 1271      | <b>Industry Code</b>   | M          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Code indicating a code from a specific industry code list  |            |             |                |              |
|            |           | <b>Industry:</b> Health Care Claim Status Code   |            |             |                |              |
|            |           | This is the Status code. Use code source 508. Required if STC10 is used.   |            |             |                |              |
|            |           | <b>ExternalCodeList</b>  |            |             |                |              |
|            |           | <b>Name:</b> 508   |            |             |                |              |
|            |           | <b>Description:</b> Health Care Claim Status Code  |            |             |                |              |
|            | 98        | <b>Entity Identifier Code</b>  | O          | ID          | 2/3            | Situational  |
|            |           | <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual                                  |            |             |                |              |
|            |           | STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3.   |            |             |                |              |
|            |           | <b>CIGNA TRADING PARTNER NOTES:</b> Not supported in CIGNA response.   |            |             |                |              |
|            |           | <b>Code Name</b>   |            |             |                |              |
|            |           | 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   |            |             |                |              |

| <b>Code</b> | <b>Name</b>  |
|-------------|--|
| 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                                 |

| <b>Code</b> | <b>Name</b>   |
|-------------|---|
| 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                               |

| <b>Code</b> | <b>Name</b>  |
|-------------|--|
| 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

**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 | <b>Industry Code</b> | 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 | <b>Entity Identifier Code</b> | 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  |
| 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  |

| <b>Code</b> | <b>Name</b>   |
|-------------|---|
| 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  |

| <b>Code</b> | <b>Name</b>   |
|-------------|---|
| 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       | <b>Reference Identification Qualifier</b> | M          | ID          | 2/3            | Required     |
| <b>Description:</b> Code qualifying the Reference Identification  |           |   |            |             |                |              |
| Examples of this element include: ICN, DCN and CCN.   |           |   |            |             |                |              |
| <b>Code Name</b>  |           |   |            |             |                |              |
| 1K Payor's Claim Number   |           |   |            |             |                |              |
| REF02   | 127       | <b>Reference Identification</b>           | C          | AN          | 1/30           | Required     |
| <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier |           |   |            |             |                |              |
| <b>Industry:</b> 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

|                          |                    |
|--------------------------|--------------------|
| <b>Pos: 110</b>          | <b>Max: 1</b>      |
| <b>Detail - Optional</b> |                    |
| <b>Loop: 2200E</b>       | <b>Elements: 2</b> |

**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       | <b>Reference Identification Qualifier</b>   | M          | ID          | 2/3            | Required     |
|            |           | <b>Description:</b> Code qualifying the Reference Identification  |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | BLT Billing Type  |            |             |                |              |
| REF02      | 127       | <b>Reference Identification</b>   | C          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier |            |             |                |              |
|            |           | <b>Industry:</b> 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

|                          |                    |
|--------------------------|--------------------|
| <b>Pos: 110</b>          | <b>Max: 1</b>      |
| <b>Detail - Optional</b> |                    |
| <b>Loop: 2200E</b>       | <b>Elements: 2</b> |

**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 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       | <b>Reference Identification Qualifier</b>   | M          | ID          | 2/3            | Required     |
|            |           | <b>Description:</b> Code qualifying the Reference Identification  |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | EA Medical Record Identification Number   |            |             |                |              |
| REF02      | 127       | <b>Reference Identification</b>   | C          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier |            |             |                |              |
|            |           | <b>Industry:</b> 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

|                          |                    |
|--------------------------|--------------------|
| <b>Pos: 120</b>          | <b>Max: 1</b>      |
| <b>Detail - Optional</b> |                    |
| <b>Loop: 2200E</b>       | <b>Elements: 3</b> |

**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       | <b>Date/Time Qualifier</b>               | M          | ID          | 3/3            | Required     |
| <p><b>Description:</b> Code specifying type of date or time, or both date and time</p> <p><b>Industry:</b> Date Time Qualifier</p> <p>This data element also includes the Claim Statement Period End Date.</p>  |           |  |            |             |                |              |
| <p><b>Code Name</b></p> <p>232 Claim Statement Period Start</p>   |           |  |            |             |                |              |
| DTP02   | 1250      | <b>Date Time Period Format Qualifier</b> | M          | ID          | 2/3            | Required     |
| <p><b>Description:</b> Code indicating the date format, time format, or date and time format</p> <p><b>Code Name</b></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      | <b>Date Time Period</b>                  | M          | AN          | 1/35           | Required     |
| <p><b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times</p> <p><b>Industry:</b> Claim Service Period</p>   |           |  |            |             |                |              |

## Semantics:

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

# Loop 2220E

|                    |                      |
|--------------------|----------------------|
| <b>Pos: 180</b>    | <b>Repeat: &gt;1</b> |
| <b>Optional</b>    |                      |
| <b>Loop: 2220E</b> | <b>Elements: N/A</b> |

**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

|                          |                    |
|--------------------------|--------------------|
| <b>Pos: 180</b>          | <b>Max: 1</b>      |
| <b>Detail - Optional</b> |                    |
| <b>Loop: 2220E</b>       | <b>Elements: 5</b> |

**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      | <b>Composite Medical Procedure Identifier</b> | 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 |  | <b>Product/Service ID Qualifier</b> | M | ID | 2/2 | Required |
|-----|--|-------------------------------------|---|----|-----|----------|

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

**Industry:** Product or Service ID Qualifier

**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



**Name:** 240  
**Description:** National Drug Code by Format

**ExternalCodeList**

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

|       |     |   |   |    |      |             |
|-------|-----|---|---|----|------|-------------|
| 1339  |     | <b>Procedure Modifier</b>   | O | AN | 2/2  | Situational |
|       |     | <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners<br>Required if submitted on the original claim service line.      |   |    |      |             |
| 1339  |     | <b>Procedure Modifier</b>   | O | AN | 2/2  | Situational |
|       |     | <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners<br>Required if submitted on the original claim service line.      |   |    |      |             |
| 1339  |     | <b>Procedure Modifier</b>   | O | AN | 2/2  | Situational |
|       |     | <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners<br>Required if submitted on the original claim service line.      |   |    |      |             |
| 1339  |     | <b>Procedure Modifier</b>   | O | AN | 2/2  | Situational |
|       |     | <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners<br>Required if submitted on the original claim service line.      |   |    |      |             |
| SVC02 | 782 | <b>Monetary Amount</b>  | M | R  | 1/18 | Required    |
|       |     | <b>Description:</b> Monetary amount<br><b>Industry:</b> Line Item Charge Amount<br>This amount is the original submitted charge.  |   |    |      |             |
| SVC03 | 782 | <b>Monetary Amount</b>  | O | R  | 1/18 | Required    |
|       |     | <b>Description:</b> Monetary amount<br><b>Industry:</b> Line Item Provider Payment Amount<br>This is the service line paid amount. If the adjudication process is not complete, this is zero-filled.  |   |    |      |             |
| SVC04 | 234 | <b>Product/Service ID</b>   | O | AN | 1/48 | Situational |
|       |     | <b>Description:</b> Identifying number for a product or service<br><b>Industry:</b> Revenue Code<br>This is the NUBC Revenue Code. When SVC01-1 equals "NU" the NUBC Revenue Code belongs in SVC01-2. |   |    |      |             |
|       |     | <b><u>ExternalCodeList</u></b><br><b>Name:</b> 132<br><b>Description:</b> National Uniform Billing Committee (NUBC) Codes   |   |    |      |             |
| SVC07 | 380 | <b>Quantity</b>   | O | R  | 1/15 | Situational |
|       |     | <b>Description:</b> 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> |
|------------|-----------|---|------------|-------------|----------------|--------------|
|            |           | <b>Industry:</b> 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      | <b>Health Care Claim Status</b>   | M          | Comp        |                | Required     |
|            |           | <b>Description:</b> Used to convey status of the entire claim or a specific service line                      |            |             |                |              |
|            | 1271      | <b>Industry Code</b>  | M          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Code indicating a code from a specific industry code list                                 |            |             |                |              |
|            |           | <b>Industry:</b> Health Care Claim Status Category Code   |            |             |                |              |
|            |           | This is the Category code. Use code source 507.   |            |             |                |              |
|            |           | <b>ExternalCodeList</b>   |            |             |                |              |
|            |           | <b>Name:</b> 507  |            |             |                |              |
|            |           | <b>Description:</b> Health Care Claim Status Category Code  |            |             |                |              |
|            | 1271      | <b>Industry Code</b>  | M          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Code indicating a code from a specific industry code list                                 |            |             |                |              |
|            |           | <b>Industry:</b> Health Care Claim Status Code  |            |             |                |              |
|            |           | This is the Status code. Use code source 508.   |            |             |                |              |
|            |           | <b>ExternalCodeList</b>   |            |             |                |              |
|            |           | <b>Name:</b> 508  |            |             |                |              |
|            |           | <b>Description:</b> Health Care Claim Status Code   |            |             |                |              |
|            | 98        | <b>Entity Identifier Code</b>   | O          | ID          | 2/3            | Situational  |
|            |           | <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual |            |             |                |              |
|            |           | STC01-3 further modifies the value in STC01-2.  |            |             |                |              |
|            |           | <b>CIGNA TRADING PARTNER NOTES:</b> Not supported in the CIGNA response.                                      |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | 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  |            |             |                |              |

| <b>Code</b> | <b>Name</b>  |
|-------------|--|
| 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   |

| <b>Code</b> | <b>Name</b>   |
|-------------|---|
| 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                             |

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

| <b>Code</b> | <b>Name</b>  |
|-------------|--|
| 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)  |

| <b>Code</b> | <b>Name</b>   |
|-------------|---|
| 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.  |            |             |                |              |
|            |           | <b><u>ExternalCodeList</u></b>  |            |             |                |              |
|            |           | <b>Name:</b> 507  |            |             |                |              |
|            |           | <b>Description:</b> Health Care Claim Status Category Code  |            |             |                |              |
| 1271       |           | <b>Industry Code</b>  | M          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Code indicating a code from a specific industry code list                                 |            |             |                |              |
|            |           | <b>Industry:</b> Health Care Claim Status Code  |            |             |                |              |
|            |           | This is the Status code. Use code source 508.<br>Required if STC11 is used.                                   |            |             |                |              |
|            |           | <b><u>ExternalCodeList</u></b>  |            |             |                |              |
|            |           | <b>Name:</b> 508  |            |             |                |              |
|            |           | <b>Description:</b> Health Care Claim Status Code   |            |             |                |              |
| 98         |           | <b>Entity Identifier Code</b>   | O          | ID          | 2/3            | Situational  |
|            |           | <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual |            |             |                |              |
|            |           | STC10-3 further modifies the status code in STC10-2. See code value list in STC01-3.                          |            |             |                |              |
|            |           | <b>CIGNA TRADING PARTNER NOTES:</b> Not supported in CIGNA response.  |            |             |                |              |
|            |           | <b><u>Code Name</u></b>   |            |             |                |              |
|            |           | 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  |            |             |                |              |

| <b>Code</b> | <b>Name</b>   |
|-------------|---|
| 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  |

| <b>Code</b> | <b>Name</b>   |
|-------------|---|
| 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   |

| <b>Code</b> | <b>Name</b>   |
|-------------|---|
| 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       | <b>Reference Identification Qualifier</b>   | M          | ID          | 2/3            | Required     |
|            |           | <b>Description:</b> Code qualifying the Reference Identification  |            |             |                |              |
|            |           | <b>Code Name</b>  |            |             |                |              |
|            |           | FJ Line Item Control Number   |            |             |                |              |
| REF02      | 127       | <b>Reference Identification</b>   | C          | AN          | 1/30           | Required     |
|            |           | <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier |            |             |                |              |
|            |           | <b>Industry:</b> 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

|                          |                    |
|--------------------------|--------------------|
| <b>Pos: 210</b>          | <b>Max: 1</b>      |
| <b>Detail - Optional</b> |                    |
| <b>Loop: 2220E</b>       | <b>Elements: 3</b> |

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

## Semantics:

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

# SE Transaction Set Trailer

|                           |                    |
|---------------------------|--------------------|
| <b>Pos: 270</b>           | <b>Max: 1</b>      |
| <b>Detail - Mandatory</b> |                    |
| <b>Loop: N/A</b>          | <b>Elements: 2</b> |

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

## Comments:

- SE is the last segment of each transaction set.

# GE Functional Group Trailer

|                                |                    |
|--------------------------------|--------------------|
| <b>Pos:</b>                    | <b>Max: 1</b>      |
| <b>Not Defined - Mandatory</b> |                    |
| <b>Loop: N/A</b>               | <b>Elements: 2</b> |

**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        | <b>Number of Transaction Sets Included</b>   | M          | N0          | 1/6            | Required     |
|            |           | <b>Description:</b> Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element |            |             |                |              |
| GE02       | 28        | <b>Group Control Number</b>  | M          | N0          | 1/9            | Required     |
|            |           | <b>Description:</b> 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       | <b>Number of Included Functional Groups</b>   | M          | N0          | 1/5            | Required     |
|            |           | <b>Description:</b> A count of the number of functional groups included in an interchange |            |             |                |              |
| IEA02      | I12       | <b>Interchange Control Number</b>   | M          | N0          | 9/9            | Required     |
|            |           | <b>Description:</b> A control number assigned by the interchange sender                   |            |             |                |              |