

# **CIGNA'S Companion Guide for 278 Health Care Services Review - Request for Review**

**Version: 2.1**

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<b>Publication:</b>	<b>04/04/2007</b>
<b>Trading Partner:</b>	<b>ALL</b>

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# 278 Health Care Services Review - Request for Review

## Functional Group=HI

**Purpose:** This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Services Review Information Transaction Set (278) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to transmit health care service information, such as subscriber, patient, demographic, diagnosis or treatment data for the purpose of request for review, certification, notification or reporting the outcome of a health care services review. Expected users of this transaction set are payors, plan sponsors, providers, utilization management and other entities involved in health care services review.

### CIGNA NOTES

1. This is Cigna's Companion Guide for Trading Partners, who will send the 278 files to CIGNA. This document will explain to the sender how they should submit V4010 278 to CIGNA, and what information it should carry. This document has been modeled after the ANSI guide for version 4010(X12) of the 278 transaction set with the available options set forth by the HIPAA regulations. The guide was originally published in May 2000 as 004010X094, and now includes the addendum published in October 2002 as "004010X094A1".

2. CIGNA HealthCare will take in a maximum of three servicing providers in a single patient 278 request. If more than three service providers are encountered, CIGNA HealthCare will return a response that specifies "Contact Payor".

3. CIGNA HealthCare utilizes the Healthcare provide taxonomy code to identify the Line of Business for Medical, Behavioral, Dental and Pharmacy.

4. CIGNA Required Fields:

4.1 CIGNA requires that the data element NM109 in NM1 (Utilization Management Organization (UMO) Name) segment in 2010A loop contain the value '06-1059331' When NM103 in NM1 segment contains the Value 'CIGNA'. If NM103 contains a value 'IntraCorp' then value '23-1728483' should be used in NM109.

4.2 CIGNA requires that the data elements NM103 and NM104 be submitted using NM1 (Requester Name) segment in 2010B loop else 278 file will be returned to the clearinghouse.

4.3 CIGNA requires that the data elements PER03 and PER04 be submitted using PER (Requester Contact Information) segment in 2010B loop else 278 file will be returned to the clearinghouse. Recommended Code in PER03 is: 'TE'

4.4 CIGNA requires that the HI (Subscriber Diagnosis) segment in 2000C loop be submitted else 278 file will be returned to the clearinghouse. At least one diagnosis code element be supplied; Reference Numbers HI01 ID C022, 1270 and 1271 for ONE (1) diagnosis submission.

4.5 CIGNA requires that the data elements NM103 and NM104 be submitted using NM1 (Subscriber Name) segment in 2010CA loop else 278 file will be returned to the clearinghouse when patient is the subscriber.

4.6 CIGNA requires that the data element NM108 in NM1 (Subscriber Name) segment in 2010CA loop contain the value 'MI' (Member Identification Number)

4.7 CIGNA requires that the data element DMG02 (Date Time Period) be submitted using DMG (Subscriber Demographic Information) segment in 2010CA loop else 278 file will be returned to the clearinghouse when patient is the subscriber.

4.8 CIGNA requires that the provider submit HI (Dependent Diagnosis) segment in 2000D loop else 278 file will be returned to the clearinghouse. At least one diagnosis code element be supplied; Reference Numbers HI01 ID C022, 1270 and 1271 for ONE (1) diagnosis submission.

4.9 CIGNA requires that the data elements NM103 and NM104 be submitted using NM1 (Dependent Name) segment in 2010DA loop else 278 file will be returned to the clearinghouse when dependent is the patient

4.10 CIGNA requires that 2010E loop be submitted else 278 file will be returned to the clearinghouse.

4.11 CIGNA requires that the data elements NM103, NM104, NM108 and NM109 be submitted using NM1 (Service Provider Name) segment in 2010E loop else 278 file will be returned to the clearinghouse.

Note: NM104 is required only if the provider is a person only, not an entity.

4.12 CIGNA requires that the data element REF01 in REF (Service Provider Supplemental Identification) segment in 2010E loop contain the value 'ZH'

4.13 CIGNA requires that the data element N302 (Address Information) be submitted using N3 (Service Provider Address) segment in 2010E loop else 278 file will be returned to the clearinghouse if applicable.

4.14 CIGNA requires that the data elements N401, N402 and N403 be submitted using N4 (Service Provider City/State/ZIP Code) segment in 2010E loop else 278 file will be returned to the clearinghouse.

4.15 CIGNA requires that the data elements PER03 and PER04 be submitted using PER (Service Provider Contact Information) segment in 2010E loop else 278 file will be returned to the clearinghouse. Recommended Code in PER03 is: 'TE'

4.16 CIGNA requires that the PRV (Service Provider Information) segment in 2010E loop be submitted else 278 file will be returned to the clearinghouse. As this is where CIGNA will determine the Line of Business for routing the request to its Business Entity

4.17 CIGNA requires that the data element UM03 (Service Type Code) be submitted using UM (Health Care Services Review Information) segment in 2000F-loop else 278 file will be returned to the clearinghouse.

5. CIGNA Recommendations:

5.1 CIGNA recommends that separate transaction sets be used for different patients.

5.2 CIGNA suggests/recommends the Provider to submit NM103 using NM1 (Utilization Management Organization (UMO) Name) segment in 2010A loop and the value should always be 'CIGNA HealthCare'

- 5.3 CIGNA suggests/recommends using '46' as Identification Code Qualifier in NM1 (Utilization Management Organization (UMO) Name) segment in 2010A loop.
- 5.4 CIGNA suggests/recommends the Provider to submit 2010B loop to expedite the processing of the request.
- 5.5 CIGNA suggests/recommends the Provider to submit the elements N301 and N302 using N3 (Requester Address) segment in 2010B loop to expedite the processing of the request.
- 5.6 CIGNA suggests/recommends the Provider to submit N4 (Requester City/State/ZIP Code) segment in 2010B loop to expedite the processing of the request.
- 5.7 CIGNA suggests/recommends the Provider to submit the elements N401, N402 and N403 using N4 (Requester City/State/ZIP Code) segment in 2010B loop to expedite the processing of the request.
- 5.8 CIGNA suggests/recommends the Provider to submit the elements PER02, PER05 and PER06 using PER (Requester Contact Information) segment in 2010B loop to expedite the processing of the request. Recommended Code in PER05 is: 'FX'
- 5.9 CIGNA suggests/recommends the Provider to submit PRV (Requester Provider Information) segment in 2010B loop to expedite the processing of the request.
- 5.10 CIGNA suggests/recommends the Provider to submit DTP (Estimated Date of Birth) segment in 2000C loop for pregnancy related requests to expedite the processing.
- 5.11 CIGNA suggests/recommends that Provider to submit PWK (Additional Patient Information) segment in 2000C loop and PWK (Additional Service Information) segment in 2000F loop to expedite the processing of the request.
- 5.12 CIGNA suggests/recommends the Provider to submit REF (Subscriber Supplemental Identification) segment in 2010CA loop to expedite the processing of the request.
- 5.13 CIGNA suggests/ recommends that provider submit DMG03 (Gender Code) using DMG (Subscriber Demographic Information) segment in 2010CA loop to expedite the processing of the request when patient is the subscriber.
- 5.14 CIGNA suggests/recommends the Provider to submit HL (Dependent Level) segment in 2000D loop to expedite the processing of the request, if the patient is the dependent.
- 5.15 CIGNA suggests/recommends the Provider to submit TRN (Patient Event Tracking Number) segment in 2000D loop to expedite the processing of the request.
- 5.16 CIGNA suggests/recommends the Provider to submit DTP (Estimated Date of Birth) segment in 2000D loop to expedite the processing of the request if the request is pregnancy related.
- 5.17 CIGNA suggests/recommends the Provider to submit PWK (Additional Patient Information) segment in 2000D loop to expedite the processing of the request when applicable.
- 5.18 CIGNA suggests/recommends the Provider to submit REF (Dependent Supplemental Identification) segment in 2010DA loop to expedite the processing of the request.
- 5.19 CIGNA suggests/ recommends that provider submit DMG03 (Gender Code) using DMG (Dependent Demographic Information) segment in 2010DA loop to expedite the processing of the request when patient is dependent.
- 5.20 CIGNA suggests/ recommends that the Provider submit MSG (Message Text) segment in 2000E and 2000F loops to expedite the processing of the request.
- 5.21 CIGNA suggests/recommends that the Provider submit REF (Service Provider Supplemental Identification) segment in 2010E loop to expedite the processing of the request.
- 5.22 CIGNA suggests/recommends that the Provider submit the elements PER02, PER05 and PER06 using PER (Service Provider Contact Information) segment in 2010E loop to expedite the processing of the request. Recommended Code in PER05 is: 'FX'
- 5.23 CIGNA suggests/recommends the Provider to submit the elements UM04 and UM06 using UM (Health Care Services Review Information) segment in 2000F loop to expedite the processing of the request.
- 5.24 CIGNA suggests/recommends the Provider to submit DTP (Service Date), DTP (Admission Date) and DTP (Discharge Date) segments in 2000F loop to expedite the processing of the request.
- 5.25 CIGNA suggests/recommends the Provider to submit HI (Procedures) segment in 2000F loop to expedite the processing of the request. CIGNA strongly recommends the provider to specify the dental procedure(s) requested for dental requests.
- 5.26 CIGNA suggests/recommends the Provider to submit the elements HSD01 and HSD02 using HSD (Health Care Services Delivery) segment in 2000F loop to expedite the processing of the request.
- 5.27 CIGNA suggests/recommends the Provider to submit CRC (Patient Condition Information) segment in 2000F loop to expedite the processing of the request if applicable to services being required.
- 5.28 CIGNA suggests/recommends the Provider to submit CL101 (Admission Type Code) using CL1 (Institutional Claim Code) segment in 2000F loop to expedite the processing of the request.
- 5.29 CIGNA suggests/recommends the Provider to submit the elements CR210 and CR211 using CR2 (Spinal Manipulation Service Information) segment in 2000F loop to expedite the processing of the request.
- 5.30 CIGNA suggests/recommends the Provider to submit the elements CR506, CR512 and CR517 using CR5 (Home Oxygen Therapy Information) segment in 2000F loop to expedite the processing of the request.
- 5.31 CIGNA suggests/recommends the Provider to submit CR602 (DATE) using CR6 (Home Health Care Information) segment in 2000F loop to expedite the processing of the request.
- 5.32 CIGNA HealthCare recommends that the dental provider use the procedure segment HI01-2 to report in the first procedure code field the tooth number and surfaces and the American Dental Code (ADA code) on the 2nd Procedure Code field HI02-2 (or Subsequent Procedure Code) of the 278. If there are multiple Dental Procedure Codes submitted in the 278, then the subsequent field or HI03-2 will be used for the tooth number and surfaces with the HI04- 2 representing the representing ADA Procedure code. This process will follow for remainder of the procedures being requested.
6. Effective January 1, 2005; CIGNA will be implementing the use of unique member identifiers. If a member has a unique member identifier, it must be used as the primary identification code in place of the member's Social Security Number (SSN) in NM1 (Subscriber Name) segment in the 2010C loop. This unique identifier must be used on all inquiries, communications and claims submissions. If a member has not yet received a unique member identifier, the submitting entity should continue to use the SSN, until the member receives the identifier.  
Note: if a request is received prior to January 1, 2005 with a date of service of 1/1/2005 or later, the unique identifier (if it exists) will be sent back in the response.
7. CIGNA HealthCare will not accept a dental pre-determinations on the 278 as the 837 was not intended to use the 278 for dental

pre-determinations according to page 11 of the 278 Implementation Guide. If this situation is encountered, CIGNA HealthCare will return a response that specifies "Contact Payor".

**Not Defined:**

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

**Heading:**

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

**Detail:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
<b>LOOP ID - 2000A</b>					<b>1</b>		
010	HL	Utilization Management Organization (UMO) Level	M	1			Required
<b>LOOP ID - 2010A</b>					<b>1</b>		
170	NM1	Utilization Management Organization (UMO) Name	O	1			Required
<b>LOOP ID - 2000B</b>					<b>1</b>		
010	HL	Requester Level	M	1			Required
<b>LOOP ID - 2010B</b>					<b>1</b>		
170	NM1	Requester Name	O	1			Required
180	REF	Requester Supplemental Identification	O	8			Situational
200	N3	Requester Address	O	1			Situational
210	N4	Requester City/State/ZIP Code	O	1			Situational
220	PER	Requester Contact Information	O	1			Situational
240	PRV	Requester Provider Information	O	1			Situational
<b>LOOP ID - 2000C</b>					<b>1</b>		
010	HL	Subscriber Level	M	1			Required
020	TRN	Patient Event Tracking Number	O	2			Situational
070	DTP	Accident Date	O	1			Situational
070	DTP	Last Menstrual Period Date	O	1			Situational
070	DTP	Estimated Date of Birth	O	1			Situational
070	DTP	Onset of Current Symptoms or Illness Date	O	1			Situational
080	HI	Subscriber Diagnosis	O	1			Situational
155	PWK	Additional Patient Information	O	10			Situational
<b>LOOP ID - 2010CA</b>					<b>1</b>		
170	NM1	Subscriber Name	O	1			Required
180	REF	Subscriber Supplemental Identification	O	9			Situational
250	DMG	Subscriber Demographic Information	O	1			Situational
<b>LOOP ID - 2000D</b>					<b>1</b>		
010	HL	Dependent Level	O	1			Situational
020	TRN	Patient Event Tracking Number	O	2			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>
070	DTP	Accident Date	O	1			Situational
070	DTP	Last Menstrual Period Date	O	1			Situational
070	DTP	Estimated Date of Birth	O	1			Situational
070	DTP	Onset of Current Symptoms or Illness Date	O	1			Situational
080	HI	Dependent Diagnosis	O	1			Situational
155	PWK	Additional Patient Information	O	10			Situational
<b>LOOP ID - 2010DA</b>					<b>1</b>		
170	NM1	Dependent Name	O	1			Required
180	REF	Dependent Supplemental Identification	O	3			Situational
250	DMG	Dependent Demographic Information	O	1			Situational
260	INS	Dependent Relationship	O	1			Situational
<b>LOOP ID - 2000E</b>					<b>&gt;1</b>		
010	HL	Service Provider Level	M	1			Required
160	MSG	Message Text	O	1			Not recommended
<b>LOOP ID - 2010E</b>					<b>3</b>		
170	NM1	Service Provider Name	O	1			Required
180	REF	Service Provider Supplemental Identification	O	7			Situational
200	N3	Service Provider Address	O	1			Situational
210	N4	Service Provider City/State/ZIP Code	O	1			Situational
220	PER	Service Provider Contact Information	O	1			Situational
240	PRV	Service Provider Information	O	1			Situational
<b>LOOP ID - 2000F</b>					<b>&gt;1</b>		
010	HL	Service Level	M	1			Required
020	TRN	Service Trace Number	O	2			Situational
040	UM	Health Care Services Review Information	O	1			Required
060	REF	Previous Certification Identification	O	1			Situational
070	DTP	Service Date	O	1			Situational
070	DTP	Admission Date	O	1			Situational
070	DTP	Discharge Date	O	1			Situational
070	DTP	Surgery Date	O	1			Situational
080	HI	Procedures	O	1			Situational
090	HSD	Health Care Services Delivery	O	1			Situational
100	CRC	Patient Condition Information	O	6			Situational
110	CL1	Institutional Claim Code	O	1			Situational
120	CR1	Ambulance Transport Information	O	1			Situational
130	CR2	Spinal Manipulation Service Information	O	1			Situational
140	CR5	Home Oxygen Therapy Information	O	1			Situational
150	CR6	Home Health Care Information	O	1			Situational
155	PWK	Additional Service Information	O	10			Situational
160	MSG	Message Text	O	1			Not recommended
280	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

<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>
	IEA	Interchange Control Trailer	M	1			Required

# 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
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**Description:** Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)

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

### Code Name

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

ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.

01 Password

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

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

This ID qualifies the Sender in ISA06.

### Code Name

01 Duns (Dun & Bradstreet)

14 Duns Plus Suffix

20 Health Industry Number (HIN)

**CODE SOURCE:**

**Code Name**

121: Health Industry Identification Number

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

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

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

This ID qualifies the Receiver in ISA08.

**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
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**Description:** Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them

ISA09	I08	<b>Interchange Date</b>	M	DT	6/6	Required
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**Description:** Date of the interchange

The date format is YYMMDD.

ISA10	I09	<b>Interchange Time</b>	M	TM	4/4	Required
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**Description:** Time of the interchange

The time format is HHMM.

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

**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>				
		HI Health Care Services Review Information (278)				
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 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.				
	004010X091A 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.				
	004010X092A 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.				
	004010X093A 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.				
	004010X094A 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.				
	004010X095A 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.				
	004010X096A 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.				
	004010X097A 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.				
	004010X098A 1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.				

### Semantics:

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

### Comments:

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

# ST Transaction Set Header

<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

## Notes:

1. Use this segment to indicate the start of a health care services review request transaction set with all of the supporting detail information. This transaction set is the electronic equivalent of a phone, fax, or paper-based utilization management request.

## Example:

ST\*278\*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>				
		278 Health Care Services Review Information				
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				
		<b>HIPAA Notes:</b> The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research. Use the corresponding value in SE02 for this transaction set.				

## 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\*0078\*13\*199800114000001\*19980101\*1400~

## 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
<p><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</p> <p><b>Code Name</b> 0078 Information Source, Information Receiver, Subscriber, Dependent, Provider of Service, Services</p>						
BHT02	353	<b>Transaction Set Purpose Code</b>	M	ID	2/2	Required
<p><b>Description:</b> Code identifying purpose of transaction set</p> <p><b>Code Name</b> 13 Request</p>						
BHT03	127	<b>Reference Identification</b>	O	AN	1/30	Required
<p><b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier</p> <p><b>Industry:</b> Submitter Transaction Identifier</p> <p><b>HIPAA Notes:</b> Use this element to trace the transaction from one point to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse. This identifier must be returned in the corresponding 278 response transaction's BHT03. This identifier will only be returned by the last entity to handle the 278. This identifier will not be passed through the complete life of the transaction. All recipients of 278 request transactions are required to return the Submitter Transaction Identifier in their 278 response if one is submitted.</p>						
BHT04	373	<b>Date</b>	O	DT	8/8	Required
<p><b>Description:</b> Date expressed as CCYYMMDD</p> <p><b>Industry:</b> Transaction Set Creation Date</p>						
BHT05	337	<b>Time</b>	O	TM	4/8	Required
<p><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)</p> <p><b>Industry:</b> Transaction Set Creation Time</p>						

**Semantics:**

1. BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.
2. BHT04 is the date the transaction was created within the business application system.
3. BHT05 is the time the transaction was created within the business application system.

# Loop 2000A

<b>Pos: 010</b>	<b>Repeat: 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

## Notes:

1. Use this segment to indicate the information source hierarchical level. For a request transaction, this segment corresponds to the identification of the payer, HMO, or other utilization management organization who will be the source of the decision/response.

## 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	Utilization Management Organization (UMO) Level	M	1		Required
170		Loop 2010A	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 Utilization Management Organization (UMO) 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

## Notes:

1. Use this segment to indicate the information source hierarchical level. For a request transaction, this segment corresponds to the identification of the payer, HMO, or other utilization management organization who will be the source of the decision/response.

## 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 2010A

<b>Pos: 170</b>	<b>Repeat: 1</b>
<b>Optional</b>	
<b>Loop: 2010A</b>	<b>Elements: N/A</b>

**User Option (Usage):** Required

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

## Notes:

1. Use this NM1 loop to identify the source of information. In the case of a request transaction, the source of information would normally be the payer or utilization review organization making the decision on the request.

## Example:

NM1\*X3\*2\*ABC PAYER\*\*\*\*\*46\*123450000~

## 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>
170	NM1	Utilization Management Organization (UMO) Name	O	1		Required

## Semantics:

1. NM102 qualifies NM103.

## Comments:

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

# NM1 Utilization Management Organization (UMO) Name

Pos: 170	Max: 1
Detail - Optional	
Loop: 2010A	Elements: 8

**User Option (Usage):** Required

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

## Notes:

1. Use this NM1 loop to identify the source of information. In the case of a request transaction, the source of information would normally be the payer or utilization review organization making the decision on the request.

## Example:

NM1\*X3\*2\*ABC PAYER\*\*\*\*\*46\*123450000~

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
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>						
X3 Utilization Management Organization						
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						
Use this code only if the reviewing entity is an individual, such as an individual primary care physician.						
2 Non-Person Entity						
NM103	1035	<b>Name Last or Organization Name</b>	O	AN	1/35	Not recommended
<b>Description:</b> Individual last name or organizational name						
<b>Industry:</b> Utilization Management Organization (UMO) Last or Organization Name						
<b>CIGNA Trading Partner Notes:</b>						
Suggest/Recommend Using this Element -- Value should always be 'CIGNA HealthCare'						
<b>HIPAA Notes:</b> Use if name information is needed to identify the UMO.						
NM104	1036	<b>Name First</b>	O	AN	1/25	Not recommended
<b>Description:</b> Individual first name						
<b>Industry:</b> Utilization Management Organization (UMO) First Name						
<b>HIPAA Notes:</b> Use if NM103 is valued and the reviewing entity is an individual (NM102 = 1), such as a primary care provider.						
NM105	1037	<b>Name Middle</b>	O	AN	1/25	Not recommended
<b>Description:</b> Individual middle name or initial						
<b>Industry:</b> Utilization Management Organization (UMO) Middle Name						
<b>HIPAA Notes:</b> Use if NM104 is present and the middle name/initial of the person is known.						
NM107	1039	<b>Name Suffix</b>	O	AN	1/10	Not recommended

<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> Utilization Management Organization (UMO) Name Suffix</p> <p><b>HIPAA Notes:</b> Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.</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 supports/recommends using '46'</p> <p><b>Code Name</b></p> <p>24 Employer's Identification Number</p> <p>34 Social Security Number</p> <p>46 Electronic Transmitter Identification Number (ETIN)</p> <p>PI Payor Identification</p> <p>Use until the National PlanID is mandated if the UMO is a payer.</p> <p>XV Health Care Financing Administration National Payer Identification Number (PAYERID)</p> <p>Use if the UMO is a payer.</p> <p><b>CODE SOURCE:</b></p> <p>540: Health Care Financing Administration National PlanID</p> <p>XX Health Care Financing Administration National Provider Identifier</p> <p>Use if the UMO is a provider.</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> Utilization Management Organization (UMO) Identifier</p> <p><b>CIGNA Trading Partner Notes:</b> Value should always be '06-1059331'</p> <p><b>ExternalCodeList</b></p> <p><b>Name:</b> 537</p> <p><b>Description:</b> Health Care Financing Administration National Provider Identifier</p> <p><b>ExternalCodeList</b></p> <p><b>Name:</b> 540</p> <p><b>Description:</b> Health Care Financing Administration National PlanID</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 2000B

<b>Pos: 010</b>	<b>Repeat: 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. Use this segment to indicate the health care services review information receiver. For request transactions, this segment corresponds to the identification of the provider initiating the request for review.

## 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	Requester Level	M	1		Required
170		Loop 2010B	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 Requester 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. Use this segment to indicate the health care services review information receiver. For request transactions, this segment corresponds to the identification of the provider initiating the request for review.

**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 2010B

<b>Pos: 170</b>	<b>Repeat: 1</b>
<b>Optional</b>	
<b>Loop: 2010B</b>	<b>Elements: N/A</b>

**User Option (Usage):** Required

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

## Notes:

1. Use this NM1 loop to identify the receiver of information. In the case of a request transaction, the receiver would normally be the provider who will ultimately be receiving the decision.

## Example:

NM1\*1P\*1\*GARDENER\*JAMES\*\*\*\*24\*000012345~

## 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>
170	NM1	Requester Name	O	1		Required
180	REF	Requester Supplemental Identification	O	8		Situational
200	N3	Requester Address	O	1		Situational
210	N4	Requester City/State/ZIP Code	O	1		Situational
220	PER	Requester Contact Information	O	1		Situational
240	PRV	Requester Provider Information	O	1		Situational

## Semantics:

1. NM102 qualifies NM103.

## Comments:

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

# NM1 Requester Name

<b>Pos: 170</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2010B</b>	<b>Elements: 8</b>

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

1. Use this NM1 loop to identify the receiver of information. In the case of a request transaction, the receiver would normally be the provider who will ultimately be receiving the decision.

**Example:**

NM1\*1P\*1\*GARDENER\*JAMES\*\*\*\*24\*000012345~

**CIGNA Trading Partner Notes:**

As of 5/23/07 Providers are required to submit NPI on 278 Inquiry transactions and to discontinue submission of legacy identifiers. CIGNA will not reject any transaction that does not meet those requirements.

In the current process, no validation is done against the ID that appears for a Requestor or Provider unless this is an 'auto approve' type. For 'auto approve' requests, validation is done for the Requestor and first Provider. Basic processing is not changing but if an NPI is submitted vs a TIN (Legacy ID) the NPI must be translated first to the TIN for our internal processing to occur.

We will continue to map values of Provider ID and Supplemental Provider ID on the CRF but if NPI only is submitted, then both the NPI and the translated TIN in addition to the Supplemental Provider ID will appear on the CRF.

There will be no reporting specific to NPI in the 278 transaction.

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
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						
Use this code to signify the provider making the request.						
FA Facility						
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	Not recommended
<b>Description:</b> Individual last name or organizational name						
<b>Industry:</b> Requester Last or Organization Name						
<b>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse.						
<b>HIPAA Notes:</b> Use if name information is needed to identify the requester.						
NM104	1036	<b>Name First</b>	O	AN	1/25	Not recommended
<b>Description:</b> Individual first name						
<b>Industry:</b> Requester First Name						
<b>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse.						

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<b>HIPAA Notes:</b> Use if NM103 is present and NM102 = 1.				
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial <b>Industry:</b> Requester Middle Name <b>HIPAA Notes:</b> Use if NM104 is present and the middle name/initial of the person is known.	O	AN	1/25	Not recommended
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name <b>Industry:</b> Requester Name Suffix <b>HIPAA Notes:</b> Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.	O	AN	1/10	Not recommended
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>Code Name</b> 24 Employer's Identification Number 34 Social Security Number 46 Electronic Transmitter Identification Number (ETIN) XX Health Care Financing Administration National Provider Identifier	C	ID	1/2	Required
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> Requester Identifier <b>CIGNA Trading Partner Notes:</b> Effective June 1, 2005; CIGNA will be prepared to receive the National Provider Identifier (NPI) in NM109 element. <b>ExternalCodeList</b> <b>Name:</b> 537 <b>Description:</b> Health Care Financing Administration National Provider Identifier	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.

# REF Requester Supplemental Identification

<b>Pos: 180</b>	<b>Max: 8</b>
<b>Detail - Optional</b>	
<b>Loop: 2010B</b>	<b>Elements: 2</b>

**User Option (Usage):** Situational

**Purpose:** To specify identifying information

## Notes:

1. Use this segment if necessary to provide supplemental identifiers to further identify the requester. Use the NM1 segment for the primary identifier.

## Example:

REF\*1G\*123456~

## Element Summary:

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

**Description:** Code qualifying the Reference Identification

### Code Name

1G Provider UPIN Number

1J Facility ID Number

CT Contract Number

For use only when the HCFA National Provider Identifier is mandated. Must be sent if required in the contract between the requester identified in Loop 2000B and the UMO identified in Loop 2000A.

EI Employer's Identification Number

Not used if NM108 = 24.

N5 Provider Plan Network Identification Number

N7 Facility Network Identification Number

SY Social Security Number

NOT ADVISED

The social security number may not be used for Medicare. Not used if NM108 = 34.

ZH Carrier Assigned Reference Number

Use for the requester/provider ID as assigned by the UMO identified in Loop 2000A.

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

**Industry:** Requester Supplemental Identifier

## Syntax Rules:

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

## Semantics:

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

# N3 Requester Address

<b>Pos: 200</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2010B</b>	<b>Elements: 2</b>

**User Option (Usage):** Situational

**Purpose:** To specify the location of the named party

## Notes:

1. Not used unless necessary to identify the requester by location. For example, use to identify a specific location when the requester has multiple locations and his authority varies based on location.

## Example:

N3\*43 SUNRISE BLVD\*SUITE 234~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider includes this loop to expedite the processing of this request.

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	<b>Address Information</b>	M	AN	1/55	Required
		<b>Description:</b> Address information				
		<b>Industry:</b> Requester Address Line				
		<b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.				
		<b>HIPAA Notes:</b> Use this element for the first line of the requester's address.				
N302	166	<b>Address Information</b>	O	AN	1/55	Situational
		<b>Description:</b> Address information				
		<b>Industry:</b> Requester Address Line				
		<b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.				
		<b>HIPAA Notes:</b> Required only if a second address line exists.				

# N4 Requester City/State/ZIP Code

Pos: 210	Max: 1
Detail - Optional	
Loop: 2010B	Elements: 4

**User Option (Usage):** Situational

**Purpose:** To specify the geographic place of the named party

## Notes:

1. Not used unless necessary to identify the requester by location. For example, use to identify a specific location when the requester has multiple locations and his authority varies based on location.

## Example:

N4\*ANYTOWN\*PA\*12345~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider includes this segment to expedite the processing of this request.

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	<b>City Name</b>	O	AN	2/30	Situational
<b>Description:</b> Free-form text for city name						
<b>Industry:</b> Requester City Name						
<b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.						
<b>HIPAA Notes:</b> Use when necessary to provide this data as part of the requester location identification.						
N402	156	<b>State or Province Code</b>	O	ID	2/2	Situational
<b>Description:</b> Code (Standard State/Province) as defined by appropriate government agency						
<b>Industry:</b> Requester State or Province Code						
<b>CODE SOURCE:</b> 22: States and Outlying Areas of the U.S.						
<b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.						
<b>HIPAA Notes:</b> Use when necessary to provide this data as part of the requester location identification.						
<b>ExternalCodeList</b>						
<b>Name:</b> 22						
<b>Description:</b> States and Outlying Areas of the U.S.						
N403	116	<b>Postal Code</b>	O	ID	3/15	Situational
<b>Description:</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States)						
<b>Industry:</b> Requester Postal Zone or ZIP Code						
<b>CODE SOURCE:</b> 51: ZIP Code						
<b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.						
<b>HIPAA Notes:</b> Use when necessary to provide this data as part of the requester location identification.						

**ExternalCodeList****Name:** 51**Description:** ZIP Code

N404 26

**Country Code**

O

ID

2/3

Situational

**Description:** Code identifying the country**Industry:** Requester Country Code**CODE SOURCE:** 5: Countries, Currencies and Funds**HIPAA Notes:** Use only if the address is out of the U.S.**ExternalCodeList****Name:** 5**Description:** Countries, Currencies and Funds**Syntax Rules:**

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

**Comments:**

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

# PER Requester Contact Information

Pos: 220	Max: 1
Detail - Optional	
Loop: 2010B	Elements: 8

**User Option (Usage):** Situational

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

## Notes:

1. Required if the UMO must direct requests for additional information to a specific requester contact, electronic mail, facsimile, or phone number.
2. 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.
3. By definition of the standard, if PER03 is used, PER04 is required.

## Example:

PER\*IC\*WILBER\*TE\*8189991234\*FX\*8188769304~

## CIGNA Trading Partner Notes:

CIGNA Requires this segment to or it will be returned to the clearinghouse.

## 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> Requester Contact Name				
		<b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/recommend that provider submit this information to expedite the processing of this request.				
		<b>HIPAA Notes:</b> Used only when response must be directed to a particular contact.				
		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	Situational
		<b>Description:</b> Code identifying the type of communication number				
		<b>CIGNA Trading Partner Notes:</b> Recommend: Code: TE				
		CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse.				
		<b>HIPAA Notes:</b> Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.				
		<b>Code Name</b>				
		EM Electronic Mail				
		FX Facsimile				

**Code Name**

TE Telephone

PER04 364 **Communication Number** C AN 1/80 Situational

**Description:** Complete communications number including country or area code when applicable

**Industry:** Requester Contact Communication Number

**CIGNA Trading Partner Notes:** CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse.

Recommend: Complete Telephone Number with Area Code

**HIPAA Notes:** Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.

PER05 365 **Communication Number Qualifier** C ID 2/2 Situational

**Description:** Code identifying the type of communication number

**CIGNA Trading Partner Notes:** CIGNA Recommended Field: Suggest/recommend that provider submit this information to expedite the processing of this request.

Recommend : FX Code with: Complete Fax Number with Area Code

**HIPAA Notes:** Used only when the telephone extension or multiple communication types are available.

**Code Name**

EM Electronic Mail  
 EX Telephone Extension  
 FX Facsimile  
 TE Telephone

PER06 364 **Communication Number** C AN 1/80 Situational

**Description:** Complete communications number including country or area code when applicable

**Industry:** Requester Contact Communication Number

**CIGNA Trading Partner Notes:** CIGNA Recommended Field: Suggest/recommend that provider submit this information to expedite the processing of this request.

Recommend: Complete Telephone Number with Area Code and provide telephone extension

**HIPAA Notes:** Used only when the telephone extension or multiple communication types are available.

PER07 365 **Communication Number Qualifier** C ID 2/2 Situational

**Description:** Code identifying the type of communication number

**HIPAA Notes:** Used only when the telephone extension or multiple communication types are available.

**Code Name**

EM Electronic Mail  
 EX Telephone Extension  
 FX Facsimile  
 TE Telephone

PER08 364 **Communication Number** C AN 1/80 Situational

**Description:** Complete communications number including country or area code when applicable

**Industry:** Requester Contact Communication Number

**HIPAA Notes:** Used only when the telephone extension or multiple communication types are available.

**Syntax Rules:**

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

# PRV Requester Provider Information

Pos: 240	Max: 1
Detail - Optional	
Loop: 2010B	Elements: 3

**User Option (Usage):** Situational

**Purpose:** To specify the identifying characteristics of a provider

## Notes:

1. Use this segment when needed to indicate the requesting provider's role in the care of the patient and the requesting provider's specialty.
2. PRV02 qualifies PRV03.

## Example:

PRV\*PC\*ZZ\*203BA0000Y~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider includes this segment to expedite the processing of this request.

## Element Summary:

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

**Description:** Code identifying the type of provider

**CIGNA Trading Partner Notes:** CIGNA  
Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.

### Code Name

AD	Admitting
AS	Assistant Surgeon
AT	Attending
CO	Consulting
CV	Covering
OP	Operating
OR	Ordering
OT	Other Physician
PC	Primary Care Physician
PE	Performing
RF	Referring

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

**CIGNA Trading Partner Notes:** CIGNA  
Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.

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

### Code Name

ZZ	Mutually Defined
	Health Care Provider Taxonomy Code list.

PRV03	127	Reference Identification	M	AN	1/30	Required
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<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
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**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Industry:** Provider Taxonomy Code

**CIGNA Trading Partner Notes:** CIGNA  
Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.

**ExternalCodeList**

**Name:** HCPT

**Description:** Health Care Provider Taxonomy

# Loop 2000C

<b>Pos: 010</b>	<b>Repeat: 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

## Notes:

1. Use this segment to indicate the subscriber hierarchical level. This segment corresponds to the identification of the subscriber or individual insured member. The subscriber could also be the patient. If the subscriber is the patient, the dependent hierarchical level (Loop 2000D) is not used.

## Example:

HL\*3\*2\*22\*1~

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Subscriber Level	M	1		Required
020	TRN	Patient Event Tracking Number	O	2		Situational
070	DTP	Accident Date	O	1		Situational
070	DTP	Last Menstrual Period Date	O	1		Situational
070	DTP	Estimated Date of Birth	O	1		Situational
070	DTP	Onset of Current Symptoms or Illness Date	O	1		Situational
080	HI	Subscriber Diagnosis	O	1		Situational
155	PWK	Additional Patient Information	O	10		Situational
170		Loop 2010CA	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 Subscriber 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

**Notes:**

1. Use this segment to indicate the subscriber hierarchical level. This segment corresponds to the identification of the subscriber or individual insured member. The subscriber could also be the patient. If the subscriber is the patient, the dependent hierarchical level (Loop 2000D) is not used.

**Example:**

HL\*3\*2\*22\*1~

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	<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>				
		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.

# TRN Patient Event Tracking Number

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

**User Option (Usage):** Situational

**Purpose:** To uniquely identify a transaction to an application

## Notes:

- This TRN segment is required if the subscriber is the patient and the requester needs to assign a unique trace number to the patient event request. This enables the requester to
  - uniquely identify this patient event request
  - trace the request
  - match the response to the request
  - reference this request in any associated attachments containing additional patient information related to this patient event request.
- If the transaction is routed through a clearinghouse, the clearinghouse may add their own TRN segment. If the transaction passes through multiple clearinghouses, and the second clearinghouse needs to assign their own TRN segment, they must replace the TRN from the first clearinghouse and retain it to be returned in the 278 response. If the second clearinghouse does not need to assign a TRN segment, they should pass all received TRN segments.
- Each trace number provided in the TRN segment at this level on the request must be returned by the UMO in the TRN segment at the corresponding level of the response.

## Example:

TRN\*1\*2001042801\*9012345678\*CARDIOLOGY~

## 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>						
1 Current 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> Patient Event Tracking Number						
TRN03	509	<b>Originating Company Identifier</b>	O	AN	10/10	Required
<b>Description:</b> A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9						
<b>Industry:</b> Trace Assigning Entity Identifier						
<b>HIPAA Notes:</b> Use this element to identify the organization that assigned this trace number. TRN03 must be completed to aid requesters and clearinghouses in identifying their TRN in the 278 response.						
The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.						
TRN04	127	<b>Reference Identification</b>	O	AN	1/30	Situational
<b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the						

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Reference Identification Qualifier				
		<b>Industry:</b> Trace Assigning Entity Additional Identifier				
		<b>HIPAA Notes:</b> Use this information if necessary to further identify a specific component, such as a specific division or group, of the company identified in the previous data element (TRN03).				

### Semantics:

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

# DTP Accident Date

<b>Pos: 070</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000C</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 if the subscriber is a patient and the patient's condition is accident related.
2. Required if UM05-1 = AA.

## Example:

DTP\*439\*D8\*19981218~

## 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>						
439 Accident						
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>						
D8 Date Expressed in Format CCYYMMDD						
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> Accident Date						

## Semantics:

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

# DTP Last Menstrual Period Date

Pos: 070	Max: 1
Detail - Optional	
Loop: 2000C	Elements: 3

**User Option (Usage):** Situational

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

## Notes:

1. Use if the subscriber is the patient and the certification requested is pregnancy related.

## Example:

DTP\*484\*D8\*19981218~

## 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>				
		484 Last Menstrual Period				
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>				
		D8 Date Expressed in Format CCYYMMDD				
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> Last Menstrual Period Date				

## Semantics:

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

# DTP Estimated Date of Birth

<b>Pos: 070</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000C</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 if the subscriber is the patient and the certification requested is pregnancy related.

**Example:**

DTP\*ABC\*D8\*19990923~

**CIGNA Trading Partner Notes:**

Suggest/Recommend provider includes this segment to expedite the processing of this for pregnancy related requests.

**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>						
ABC Estimated Date of Birth						
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>						
D8 Date Expressed in Format CCYYMMDD						
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> Estimated Birth Date						

**Semantics:**

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

# DTP Onset of Current Symptoms or Illness Date

Pos: 070	Max: 1
Detail - Optional	
Loop: 2000C	Elements: 3

**User Option (Usage):** Situational

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

## Notes:

1. Use if the subscriber is the patient and the date of onset of the patient's current condition is known and different from the diagnosis date.
2. Do not use if the patient's current condition is accident or pregnancy related.

## Example:

DTP\*431\*D8\*19981218~

## 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>				
		431 Onset of Current Symptoms or Illness				
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>				
		D8 Date Expressed in Format CCYYMMDD				
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> Onset Date				
		<b>CIGNA Trading Partner Notes:</b> Onset of Current Symptoms or Illness Date				

## Semantics:

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

# HI Subscriber Diagnosis

<b>Pos: 080</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000C</b>	<b>Elements: 12</b>

**User Option (Usage):** Situational

**Purpose:** To supply information related to the delivery of health care

## Notes:

1. Use this segment to convey diagnosis information only when the patient is the subscriber.
2. Required if known by the requester.
3. Required on requests for certification of home health care if the CR6 (Home Health Care Information) segment is present. Each home health care request must report a principal diagnosis and a principal diagnosis date.

## Example:

HI\*BF:41090:D8:19980908~

## CIGNA Trading Partner Notes:

CIGNA Requires this segment to or it will be returned to the clearinghouse. At least one diagnosis code element be supplied; Reference Numbers HI01 ID C022, 1270 and 1271 for ONE (1) diagnosis submission.

## 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>
HI01	C022	<b>Health Care Code Information</b>	M	Comp		Required
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
		<b>CIGNA Trading Partner Notes:</b> Diagnosis 1				
		CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse if the subscriber is the patient.				
	1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Industry:</b> Diagnosis Type Code				
		<b>CIGNA Trading Partner Notes:</b> Diagnosis 1				
		CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse if the subscriber is the patient.				
		<b>Code Name</b>				
		BF Diagnosis				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		BJ Admitting Diagnosis				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		BK Principal Diagnosis				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	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> Diagnosis Code				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 131				
		<b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				

	1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>HIPAA Notes:</b> Required if X12N syntax conditions apply.				
		<b>Code Name</b>				
		D8 Date Expressed in Format CCYYMMDD				
	1251	<b>Date Time Period</b>	C	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Diagnosis Date				
		<b>HIPAA Notes:</b> Use only when the date diagnosed is known.				
HI02	C022	<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
		<b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.				
	1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Industry:</b> Diagnosis Type Code				
		<b>Code Name</b>				
		BF Diagnosis				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		BJ Admitting Diagnosis				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	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> Diagnosis Code				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 131				
		<b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>HIPAA Notes:</b> Required if X12N syntax conditions apply.				
		<b>Code Name</b>				
		D8 Date Expressed in Format CCYYMMDD				
	1251	<b>Date Time Period</b>	C	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Diagnosis Date				
		<b>HIPAA Notes:</b> Use only when the date diagnosed is known.				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI03	C022	<b>Health Care Code Information</b>  <b>Description:</b> To send health care codes and their associated dates, amounts and quantities <b>CIGNA Trading Partner Notes:</b> Diagnosis 3 <b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.	O	Comp		Situational
	1270	<b>Code List Qualifier Code</b>  <b>Description:</b> Code identifying a specific industry code list <b>Industry:</b> Diagnosis Type Code  <b>Code Name</b> BF Diagnosis <b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	ID	1/3	Required
	1271	<b>Industry Code</b>  <b>Description:</b> Code indicating a code from a specific industry code list <b>Industry:</b> Diagnosis Code  <b>ExternalCodeList</b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	AN	1/30	Required
	1250	<b>Date Time Period Format Qualifier</b>  <b>Description:</b> Code indicating the date format, time format, or date and time format <b>HIPAA Notes:</b> Required if X12N syntax conditions apply.  <b>Code Name</b> D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Situational
	1251	<b>Date Time Period</b>  <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> Diagnosis Date <b>HIPAA Notes:</b> Use only when the date diagnosed is known.	C	AN	1/35	Situational
HI04	C022	<b>Health Care Code Information</b>  <b>Description:</b> To send health care codes and their associated dates, amounts and quantities <b>CIGNA Trading Partner Notes:</b> Diagnosis 4 <b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.	O	Comp		Situational
	1270	<b>Code List Qualifier Code</b>  <b>Description:</b> Code identifying a specific industry code list <b>Industry:</b> Diagnosis Type Code  <b>Code Name</b> BF Diagnosis <b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	ID	1/3	Required

	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> Diagnosis Code				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 131				
		<b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>HIPAA Notes:</b> Required if X12N syntax conditions apply.				
		<b>Code Name</b>				
		D8 Date Expressed in Format CCYYMMDD				
	1251	<b>Date Time Period</b>	C	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Diagnosis Date				
		<b>HIPAA Notes:</b> Use only when the date diagnosed is known.				
HI05	C022	<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
		<b>CIGNA Trading Partner Notes:</b> Diagnosis 5				
		<b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.				
	1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Industry:</b> Diagnosis Type Code				
		<b>Code Name</b>				
		BF Diagnosis				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	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> Diagnosis Code				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 131				
		<b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>HIPAA Notes:</b> Required if X12N syntax conditions apply.				
		<b>Code Name</b>				
		D8 Date Expressed in Format CCYYMMDD				

	1251	<b>Date Time Period</b>	C	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Diagnosis Date				
		<b>HIPAA Notes:</b> Use only when the date diagnosed is known.				
HI06	C022	<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
		<b>CIGNA Trading Partner Notes:</b> Diagnosis 6				
		<b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.				
	1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Industry:</b> Diagnosis Type Code				
		<b>Code Name</b>				
		BF Diagnosis				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	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> Diagnosis Code				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 131				
		<b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>HIPAA Notes:</b> Required if X12N syntax conditions apply.				
		<b>Code Name</b>				
		D8 Date Expressed in Format CCYYMMDD				
	1251	<b>Date Time Period</b>	C	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Diagnosis Date				
		<b>HIPAA Notes:</b> Use only when the date diagnosed is known.				
HI07	C022	<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
		<b>CIGNA Trading Partner Notes:</b> Diagnosis 7				
		<b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.				
	1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				

<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> Diagnosis Type Code				
		<b>Code Name</b> BF Diagnosis				
		<b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	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> Diagnosis Code				
		<b>ExternalCodeList</b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>HIPAA Notes:</b> Required if X12N syntax conditions apply.				
		<b>Code Name</b> D8 Date Expressed in Format CCYYMMDD				
	1251	<b>Date Time Period</b>	C	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Diagnosis Date				
		<b>HIPAA Notes:</b> Use only when the date diagnosed is known.				
HI08	C022	<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
		<b>CIGNA Trading Partner Notes:</b> Diagnosis 8				
		<b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.				
	1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Industry:</b> Diagnosis Type Code				
		<b>Code Name</b> BF Diagnosis				
		<b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	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> Diagnosis Code				
		<b>ExternalCodeList</b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	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> Code indicating the date format, time format, or date and time format</p> <p><b>HIPAA Notes:</b> Required if X12N syntax conditions apply.</p> <p><b>Code Name</b> D8 Date Expressed in Format CCYYMMDD</p>				
	1251	<p><b>Date Time Period</b></p> <p><b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times</p> <p><b>Industry:</b> Diagnosis Date</p> <p><b>HIPAA Notes:</b> Use only when the date diagnosed is known.</p>	C	AN	1/35	Situational
HI09	C022	<p><b>Health Care Code Information</b></p> <p><b>Description:</b> To send health care codes and their associated dates, amounts and quantities</p> <p><b>CIGNA Trading Partner Notes:</b> Diagnosis 9</p> <p><b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.</p>	O	Comp		Situational
	1270	<p><b>Code List Qualifier Code</b></p> <p><b>Description:</b> Code identifying a specific industry code list</p> <p><b>Industry:</b> Diagnosis Type Code</p> <p><b>Code Name</b> BF Diagnosis</p> <p><b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure</p>	M	ID	1/3	Required
	1271	<p><b>Industry Code</b></p> <p><b>Description:</b> Code indicating a code from a specific industry code list</p> <p><b>Industry:</b> Diagnosis Code</p> <p><b>ExternalCodeList</b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure</p>	M	AN	1/30	Required
	1250	<p><b>Date Time Period Format Qualifier</b></p> <p><b>Description:</b> Code indicating the date format, time format, or date and time format</p> <p><b>HIPAA Notes:</b> Required if X12N syntax conditions apply.</p> <p><b>Code Name</b> D8 Date Expressed in Format CCYYMMDD</p>	C	ID	2/3	Situational
	1251	<p><b>Date Time Period</b></p> <p><b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times</p> <p><b>Industry:</b> Diagnosis Date</p> <p><b>HIPAA Notes:</b> Use only when the date diagnosed is known.</p>	C	AN	1/35	Situational
HI10	C022	<p><b>Health Care Code Information</b></p> <p><b>Description:</b> To send health care codes and their</p>	O	Comp		Situational

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		associated dates, amounts and quantities <b>CIGNA Trading Partner Notes:</b> Diagnosis 10 <b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.				
	1270	<b>Code List Qualifier Code</b> <b>Description:</b> Code identifying a specific industry code list <b>Industry:</b> Diagnosis Type Code  <b>Code Name</b> BF Diagnosis <b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	ID	1/3	Required
	1271	<b>Industry Code</b> <b>Description:</b> Code indicating a code from a specific industry code list <b>Industry:</b> Diagnosis Code  <b>ExternalCodeList</b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	AN	1/30	Required
	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format <b>HIPAA Notes:</b> Required if X12N syntax conditions apply.  <b>Code Name</b> D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Situational
	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> Diagnosis Date <b>HIPAA Notes:</b> Use only when the date diagnosed is known.	C	AN	1/35	Situational
HI11	C022	<b>Health Care Code Information</b> <b>Description:</b> To send health care codes and their associated dates, amounts and quantities <b>CIGNA Trading Partner Notes:</b> Diagnosis 11 <b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.	O	Comp		Situational
	1270	<b>Code List Qualifier Code</b> <b>Description:</b> Code identifying a specific industry code list <b>Industry:</b> Diagnosis Type Code  <b>Code Name</b> BF Diagnosis <b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	ID	1/3	Required
	1271	<b>Industry Code</b> <b>Description:</b> Code indicating a code from a specific	M	AN	1/30	Required

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		industry code list <b>Industry:</b> Diagnosis Code				
		<b>ExternalCodeList</b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format <b>HIPAA Notes:</b> Required if X12N syntax conditions apply.	C	ID	2/3	Situational
		<b>Code Name</b> D8 Date Expressed in Format CCYYMMDD				
	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> Diagnosis Date <b>HIPAA Notes:</b> Use only when the date diagnosed is known.	C	AN	1/35	Situational
HI12	C022	<b>Health Care Code Information</b> <b>Description:</b> To send health care codes and their associated dates, amounts and quantities <b>CIGNA Trading Partner Notes:</b> Diagnosis 12 <b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.	O	Comp		Situational
	1270	<b>Code List Qualifier Code</b> <b>Description:</b> Code identifying a specific industry code list <b>Industry:</b> Diagnosis Type Code	M	ID	1/3	Required
		<b>Code Name</b> BF Diagnosis <b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1271	<b>Industry Code</b> <b>Description:</b> Code indicating a code from a specific industry code list <b>Industry:</b> Diagnosis Code	M	AN	1/30	Required
		<b>ExternalCodeList</b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format <b>HIPAA Notes:</b> Required if X12N syntax conditions apply.	C	ID	2/3	Situational
		<b>Code Name</b> D8 Date Expressed in Format CCYYMMDD				
	1251	<b>Date Time Period</b>	C	AN	1/35	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>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Diagnosis Date				
		<b>HIPAA Notes:</b> Use only when the date diagnosed is known.				

# PWK Additional Patient Information

Pos: 155	Max: 10
Detail - Optional	
Loop: 2000C	Elements: 5

**User Option (Usage):** Situational

**Purpose:** To identify the type or transmission or both of paperwork or supporting information

## Notes:

1. This PWK segment is used only if the subscriber is the patient.
  2. This PWK segment is required if the requester has additional documentation (electronic, paper, or other medium) associated with this health care services review that applies to the patient event and/or all the services requested. This PWK segment should not be used if a. the 278 request (ST-SE) supports this information in its segments and data elements, or b. the 278 request (ST-SE) does not support this information and the needed information pertains to a specific service identified in Loop 2000F and not to all the services requested.
  3. This PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or other medium. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be referenced in the electronic attachment.
  4. The requester can also use this PWK segment to identify paperwork that is held at the provider's office and is available upon request by the UMO (or appropriate entity). Use code AA in PWK02 to convey this specific use of the PWK segment. See code note under PWK02, code AA.
- Refer to Section 2.2.5 for more information on using this PWK segment.

## Example:

PWK\*OB\*BM\*\*\*AC\*DMN0012~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider includes this segment (when applicable) to expedite the processing of this request.

## 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>
PWK01	755	Report Type Code	M	ID	2/2	Required

**Description:** Code indicating the title or contents of a document, report or supporting item

**Industry:** Attachment Report Type Code

### Code Name

03	Report Justifying Treatment Beyond Utilization Guidelines
04	Drugs Administered
05	Treatment Diagnosis
06	Initial Assessment
07	Functional Goals
08	Plan of Treatment
09	Progress Report
10	Continued Treatment
11	Chemical Analysis
13	Certified Test Report
15	Justification for Admission
21	Recovery Plan
48	Social Security Benefit Letter
55	Rental Agreement
59	Benefit Letter
77	Support Data for Verification
A3	Allergies/Sensitivities Document
A4	Autopsy Report
AM	Ambulance Certification
AS	Admission Summary
AT	Purchase Order Attachment
	Use for purchase of medical or dental equipment.
B2	Prescription
B3	Physician Order

**Code Name**

BR	Benchmark Testing Results
BS	Baseline
BT	Blanket Test Results
CB	Chiropractic Justification
CK	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes
OB	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
P7	Periodontal Reports
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
QC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

PWK02 756 **Report Transmission Code** O ID 1/2 Required

**Description:** Code defining timing, transmission method or format by which reports are to be sent

**Industry:** Attachment Transmission Code

**Code Name**

AA	Available on Request at Provider Site
	This means that the paperwork is not being sent with the request at this time. Instead, it is available to the UMO (or appropriate entity) on request.
BM	By Mail
EL	Electronically Only

**Code Name**

Use to indicate that the attachment is being transmitted in a separate X12 functional group.

EM E-Mail

FX By Fax

VO Voice

Use this for voicemail or phone communication.

PWK05	66	<b>Identification Code Qualifier</b>	X	ID	1/2	Situational
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**Description:** Code designating the system/method of code structure used for Identification Code (67)

**HIPAA Notes:** This data element is required when PWK02 DOES NOT equal "AA" or "VO". The requester can use it when PWK02 equals "AA" if the requester wants to send a document control number for an attachment remaining at the Provider's office.

**Code Name**

AC Attachment Control Number

PWK06	67	<b>Identification Code</b>	X	AN	2/80	Situational
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**Description:** Code identifying a party or other code

**Industry:** Attachment Control Number

**HIPAA Notes:** Required if PWK02 equals BM, EL, EM or FX.

PWK07	352	<b>Description</b>	O	AN	1/80	Situational
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**Description:** A free-form description to clarify the related data elements and their content

**Industry:** Attachment Description

**HIPAA Notes:** This data element is used to add any additional information about the attachment described in this segment.

**Syntax Rules:**

1. P0506 - If either PWK05 or PWK06 is present, then the other is required.

**Comments:**

1. PWK05 and PWK06 may be used to identify the addressee by a code number.
2. PWK07 may be used to indicate special information to be shown on the specified report.
3. PWK08 may be used to indicate action pertaining to a report.

# Loop 2010CA

<b>Pos: 170</b>	<b>Repeat: 1</b>
<b>Optional</b>	
<b>Loop: 2010CA</b>	<b>Elements: N/A</b>

**User Option (Usage):** Required

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

## Notes:

1. Use this segment to convey the name and identification number of the subscriber (who may also be the patient).
2. The Member Identification Number (NM108/NM109) is required and may be adequate to identify the subscriber to the UMO. However, the UMO can require additional information. The maximum data elements that the UMO can require to identify the subscriber, in addition to the member ID are as follows:  
Subscriber Last Name (NM103)  
Subscriber First Name (NM104)  
Subscriber Birth Date (DMG01 and DMG02)
3. Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.

## Example:

NM1\*IL\*1\*SMITH\*JOE\*\*\*\*MI\*12345678901~

## 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>
170	NM1	Subscriber Name	O	1		Required
180	REF	Subscriber Supplemental Identification	O	9		Situational
250	DMG	Subscriber Demographic Information	O	1		Situational

## Semantics:

1. NM102 qualifies NM103.

## Comments:

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

**NM1 Subscriber Name**

<b>Pos: 170</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2010CA</b>	<b>Elements: 8</b>

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

1. Use this segment to convey the name and identification number of the subscriber (who may also be the patient).
2. The Member Identification Number (NM108/NM109) is required and may be adequate to identify the subscriber to the UMO. However, the UMO can require additional information. The maximum data elements that the UMO can require to identify the subscriber, in addition to the member ID are as follows:  
Subscriber Last Name (NM103)  
Subscriber First Name (NM104)  
Subscriber Birth Date (DMG01 and DMG02)
3. Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.

**Example:**

NM1\*IL\*1\*SMITH\*JOE\*\*\*\*MI\*12345678901~

**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						
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						
NM103	1035	<b>Name Last or Organization Name</b>	O	AN	1/35	Situational
<b>Description:</b> Individual last name or organizational name						
<b>Industry:</b> Subscriber Last Name						
<b>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse when the patient is the subscriber.						
<b>HIPAA Notes:</b> Use if name information is needed to identify the subscriber.						
NM104	1036	<b>Name First</b>	O	AN	1/25	Situational
<b>Description:</b> Individual first name						
<b>Industry:</b> Subscriber First Name						
<b>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse when the patient is the subscriber.						
<b>HIPAA Notes:</b> Use if name information is needed to identify the subscriber.						
NM105	1037	<b>Name Middle</b>	O	AN	1/25	Situational
<b>Description:</b> Individual middle name or initial						
<b>Industry:</b> Subscriber Middle Name						
<b>HIPAA Notes:</b> Use if 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 and middle name/initial of the subscriber is known.				
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name <b>Industry:</b> Subscriber Name Suffix <b>HIPAA Notes:</b> Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.	O	AN	1/10	Situational
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>CIGNA Trading Partner Notes:</b> CIGNA will use only (MI): Member Identification Number for a CIGNA Request.  <b>Code Name</b> MI Member Identification Number The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Use MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc. ZZ Mutually Defined The value "ZZ", when used in this data element, shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of Health and Human Services must adopt a standard individual identifier for use in this transaction.	C	ID	1/2	Required
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> Subscriber Primary Identifier <b>CIGNA Trading Partner Notes:</b> Effective January 1, 2005; CIGNA will be implementing the use of unique member identifiers. If a member has a unique member identifier, it must be used as the primary identification code in place of the member's Social Security Number (SSN). This unique identifier must be used on all inquiries, communications and claims submissions. If a member has not yet received a unique member identifier, the submitting entity should continue to use the SSN, until the member receives the identifier.  Note: if a request is received prior to January 1, 2005 with a date of service of 1/1/2005 or later, the unique identifier (if it exists) will be sent back in the response.	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.

# REF Subscriber Supplemental Identification

<b>Pos: 180</b>	<b>Max: 9</b>
<b>Detail - Optional</b>	
<b>Loop: 2010CA</b>	<b>Elements: 2</b>

**User Option (Usage):** Situational

**Purpose:** To specify identifying information

## Notes:

1. Use this segment when needed to provide a supplemental identifier for the subscriber. The primary identifier is the Member Identification Number in the NM1 segment.
2. Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number a UMO knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.
3. If the requester values this segment with the Patient Account Number (REF01="EJ") on the request, the UMO must return the same value in this segment on the response.

## Example:

REF\*SY\*123456789~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider includes this segment to expedite the processing of this request.

## Element Summary:

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

**Description:** Code qualifying the Reference Identification

### Code Name

1L Group or Policy Number

Use this code only if you cannot determine if the number is a Group Number (6P) or a Policy Number (IG).

1W Member Identification Number

Do not use if NM108 = MI.

6P Group Number

A6 Employee Identification Number

EJ Patient Account Number

Use this code only if the subscriber is the patient.

F6 Health Insurance Claim (HIC) Number

Use the NM1 (Subscriber Name) segment if the subscriber's HIC number is the primary identifier for his or her coverage. Use this code only in a REF segment when the payer has a different member number, and there is also a need to pass the subscriber's HIC number. This might occur in a Medicare HMO situation.

HJ Identity Card Number

Use this code when the Identity Card Number differs from the Member Identification Number. This is particularly prevalent in the Medicaid environment.

IG Insurance Policy Number

N6 Plan Network Identification Number

NQ Medicaid Recipient Identification Number

SY Social Security Number

Use this code only if the Social Security Number was not used by the payer as its primary method of identifying the subscriber. The social security number may not be used for Medicare.

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

**Industry:** Subscriber Supplemental Identifier

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>
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<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
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**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.

# DMG Subscriber Demographic Information

Pos: 250	Max: 1
Detail - Optional	
Loop: 2010CA	Elements: 3

**User Option (Usage):** Situational

**Purpose:** To supply demographic information

## Notes:

1. Required only when birth date and/or gender information is needed to identify the subscriber/patient.
2. Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.

## Example:

DMG\*D8\*19580322\*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>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse when the patient is the subscriber.				
DMG03	1068	<b>Gender Code</b>	O	ID	1/1	Situational
		<b>Description:</b> Code indicating the sex of the individual				
		<b>Industry:</b> Subscriber Gender Code				
		<b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of this request when the patient is the subscriber.				
		<b>HIPAA Notes:</b> Use if gender is needed to identify the 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 2000D

<b>Pos: 010</b>	<b>Repeat: 1</b>
<b>Optional</b>	
<b>Loop: 2000D</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. Use this hierarchical loop only if the patient is someone other than the subscriber and the patient does not have a unique (different from the subscriber) member ID.
2. If the patient has a unique member ID, use Loop 2000C to identify the patient.
3. Required segments in this loop are required only when this loop is used.

## Example:

HL\*4\*3\*23\*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	Dependent Level	O	1		Situational
020	TRN	Patient Event Tracking Number	O	2		Situational
070	DTP	Accident Date	O	1		Situational
070	DTP	Last Menstrual Period Date	O	1		Situational
070	DTP	Estimated Date of Birth	O	1		Situational
070	DTP	Onset of Current Symptoms or Illness Date	O	1		Situational
080	HI	Dependent Diagnosis	O	1		Situational
155	PWK	Additional Patient Information	O	10		Situational
170		Loop 2010DA	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: 2000D</b>	<b>Elements: 4</b>

**User Option (Usage):** Situational

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

## Notes:

1. Use this hierarchical loop only if the patient is someone other than the subscriber and the patient does not have a unique (different from the subscriber) member ID.
2. If the patient has a unique member ID, use Loop 2000C to identify the patient.
3. Required segments in this loop are required only when this loop is used.

## Example:

HL\*4\*3\*23\*1~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider includes this segment to expedite the processing of this request if the patient is the dependent.

## 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>				
		23    Dependent				
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.

# TRN Patient Event Tracking Number

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

**User Option (Usage):** Situational

**Purpose:** To uniquely identify a transaction to an application

## Notes:

- This TRN segment is required if the dependent is the patient and the requester needs to assign a unique trace number to the patient event request. This enables the requester to
  - uniquely identify this patient event request
  - trace the request
  - match the response to the request
  - reference this request in any associated attachments containing additional patient information related to this patient event request.
- If the transaction is routed through a clearinghouse, the clearinghouse may add their own TRN segment. If the transaction passes through multiple clearinghouses, and the second clearinghouse needs to assign their own TRN segment, they must replace the TRN from the first clearinghouse and retain it to be returned in the 278 response. If the second clearinghouse does not need to assign a TRN segment, they should pass all received TRN segments.
- Each trace number provided in the TRN segment at this level on the request must be returned by the UMO in the TRN segment at the corresponding level of the response.

## Example:

TRN\*1\*2001042801\*9012345678\*CARDIOLOGY~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider includes this loop to expedite the processing of this request.

## 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>						
1 Current 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> Patient Event Tracking Number						
TRN03	509	<b>Originating Company Identifier</b>	O	AN	10/10	Required
<b>Description:</b> A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9						
<b>Industry:</b> Trace Assigning Entity Identifier						
<b>HIPAA Notes:</b> Use this element to identify the organization that assigned this trace number. TRN03 must be completed to aid requesters and clearinghouses in identifying their TRN in the 278 response.						
The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.						

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
TRN04	127	<b>Reference Identification</b>	O	AN	1/30	Situational

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

**Industry:** Trace Assigning Entity Additional Identifier

**HIPAA Notes:** Use this information if necessary to further identify a specific component, such as a specific division or group, of the company identified in the previous data element (TRN03).

### Semantics:

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

# DTP Accident Date

<b>Pos: 070</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000D</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 if the dependent's condition is accident related.
2. Required if UM05-1 = AA.

## Example:

DTP\*439\*D8\*19981218~

## 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>						
439 Accident						
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>						
D8 Date Expressed in Format CCYYMMDD						
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> Accident Date						

## Semantics:

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

# DTP Last Menstrual Period Date

Pos: 070	Max: 1
Detail - Optional	
Loop: 2000D	Elements: 3

**User Option (Usage):** Situational

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

## Notes:

1. Use if the certification request is pregnancy related.

## Example:

DTP\*484\*D8\*19981218~

## 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>				
		484 Last Menstrual Period				
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>				
		D8 Date Expressed in Format CCYYMMDD				
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> Last Menstrual Period Date				

## Semantics:

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

# DTP Estimated Date of Birth

<b>Pos: 070</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000D</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 if the certification request is pregnancy related.

**Example:**

DTP\*ABC\*D8\*19990923~

**CIGNA Trading Partner Notes:**

Suggest/Recommend provider includes this loop to expedite the processing of this request if pregnancy related.

**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>						
ABC Estimated Date of Birth						
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>						
D8 Date Expressed in Format CCYYMMDD						
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> Estimated Birth Date						

**Semantics:**

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

# DTP Onset of Current Symptoms or Illness Date

Pos: 070	Max: 1
Detail - Optional	
Loop: 2000D	Elements: 3

**User Option (Usage):** Situational

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

## Notes:

1. Use if the onset of the dependent's current condition is known and different from the diagnosis date.
2. Do not use if the dependent's current condition is accident or pregnancy related.

## Example:

DTP\*431\*D8\*19981218~

## 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>				
		431 Onset of Current Symptoms or Illness				
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>				
		D8 Date Expressed in Format CCYYMMDD				
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> Onset Date				
		<b>CIGNA Trading Partner Notes:</b> Onset of Current Symptoms or Illness Date				

## Semantics:

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

# HI Dependent Diagnosis

<b>Pos: 080</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000D</b>	<b>Elements: 12</b>

**User Option (Usage):** Situational

**Purpose:** To supply information related to the delivery of health care

## Notes:

1. Use this segment to convey dependent diagnosis information.
2. Required if known by the requester.
3. Required on requests for authorization of home health care. Each home health care request must report a principal diagnosis and principal diagnosis date.

## Example:

HI\*BF:41090:D8:19980908~

## CIGNA Trading Partner Notes:

CIGNA Requires this segment to or it will be returned to the clearinghouse. At least one diagnosis code element be supplied; Reference Numbers HI01 ID C022, 1270 and 1271 for ONE (1) diagnosis submission.

## 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>
HI01	C022	<b>Health Care Code Information</b>	M	Comp		Required
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
		<b>CIGNA Trading Partner Notes:</b> Diagnosis 1				
		CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse when the dependent is the patient.				
	1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Industry:</b> Diagnosis Type Code				
		<b>CIGNA Trading Partner Notes:</b> Diagnosis 1				
		CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse when the dependent is the patient.				
		<b>Code Name</b>				
		BF Diagnosis				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		BJ Admitting Diagnosis				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		BK Principal Diagnosis				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	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> Diagnosis Code				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 131				
		<b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				

	1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>HIPAA Notes:</b> Required if X12N syntax conditions apply.				
		<b>Code Name</b>				
		D8 Date Expressed in Format CCYYMMDD				
	1251	<b>Date Time Period</b>	C	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Diagnosis Date				
		<b>HIPAA Notes:</b> Use only when the date diagnosed is known.				
HI02	C022	<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
		<b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.				
	1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Industry:</b> Diagnosis Type Code				
		<b>Code Name</b>				
		BF Diagnosis				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		BJ Admitting Diagnosis				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	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> Diagnosis Code				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 131				
		<b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>HIPAA Notes:</b> Required if X12N syntax conditions apply.				
		<b>Code Name</b>				
		D8 Date Expressed in Format CCYYMMDD				
	1251	<b>Date Time Period</b>	C	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Diagnosis Date				
		<b>HIPAA Notes:</b> Use only when the date diagnosed is known.				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI03	C022	<b>Health Care Code Information</b> <b>Description:</b> To send health care codes and their associated dates, amounts and quantities <b>CIGNA Trading Partner Notes:</b> Diagnosis 3 <b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.	O	Comp		Situational
	1270	<b>Code List Qualifier Code</b> <b>Description:</b> Code identifying a specific industry code list <b>Industry:</b> Diagnosis Type Code  <b>Code Name</b> BF Diagnosis <b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	ID	1/3	Required
	1271	<b>Industry Code</b> <b>Description:</b> Code indicating a code from a specific industry code list <b>Industry:</b> Diagnosis Code  <b>ExternalCodeList</b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	AN	1/30	Required
	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format <b>HIPAA Notes:</b> Required if X12N syntax conditions apply.  <b>Code Name</b> D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Situational
	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> Diagnosis Date <b>HIPAA Notes:</b> Use only when the date diagnosed is known.	C	AN	1/35	Situational
HI04	C022	<b>Health Care Code Information</b> <b>Description:</b> To send health care codes and their associated dates, amounts and quantities <b>CIGNA Trading Partner Notes:</b> Diagnosis 4 <b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.	O	Comp		Situational
	1270	<b>Code List Qualifier Code</b> <b>Description:</b> Code identifying a specific industry code list <b>Industry:</b> Diagnosis Type Code  <b>Code Name</b> BF Diagnosis <b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	ID	1/3	Required

	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> Diagnosis Code				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 131				
		<b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>HIPAA Notes:</b> Required if X12N syntax conditions apply.				
		<b>Code Name</b>				
		D8 Date Expressed in Format CCYYMMDD				
	1251	<b>Date Time Period</b>	C	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Diagnosis Date				
		<b>HIPAA Notes:</b> Use only when the date diagnosed is known.				
HI05	C022	<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
		<b>CIGNA Trading Partner Notes:</b> Diagnosis 5				
		<b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.				
	1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Industry:</b> Diagnosis Type Code				
		<b>Code Name</b>				
		BF Diagnosis				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	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> Diagnosis Code				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 131				
		<b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>HIPAA Notes:</b> Required if X12N syntax conditions apply.				
		<b>Code Name</b>				
		D8 Date Expressed in Format CCYYMMDD				

	1251	<b>Date Time Period</b>	C	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Diagnosis Date				
		<b>HIPAA Notes:</b> Use only when the date diagnosed is known.				
HI06	C022	<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
		<b>CIGNA Trading Partner Notes:</b> Diagnosis 6				
		<b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.				
	1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Industry:</b> Diagnosis Type Code				
		<b>Code Name</b>				
		BF Diagnosis				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	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> Diagnosis Code				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 131				
		<b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>HIPAA Notes:</b> Required if X12N syntax conditions apply.				
		<b>Code Name</b>				
		D8 Date Expressed in Format CCYYMMDD				
	1251	<b>Date Time Period</b>	C	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Diagnosis Date				
		<b>HIPAA Notes:</b> Use only when the date diagnosed is known.				
HI07	C022	<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
		<b>CIGNA Trading Partner Notes:</b> Diagnosis 7				
		<b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.				
	1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				

<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> Diagnosis Type Code				
		<b>Code Name</b> BF Diagnosis				
		<b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	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> Diagnosis Code				
		<b>ExternalCodeList</b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>HIPAA Notes:</b> Required if X12N syntax conditions apply.				
		<b>Code Name</b> D8 Date Expressed in Format CCYYMMDD				
	1251	<b>Date Time Period</b>	C	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Diagnosis Date				
		<b>HIPAA Notes:</b> Use only when the date diagnosed is known.				
HI08	C022	<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
		<b>CIGNA Trading Partner Notes:</b> Diagnosis 8				
		<b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.				
	1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Industry:</b> Diagnosis Type Code				
		<b>Code Name</b> BF Diagnosis				
		<b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	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> Diagnosis Code				
		<b>ExternalCodeList</b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	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> Code indicating the date format, time format, or date and time format</p> <p><b>HIPAA Notes:</b> Required if X12N syntax conditions apply.</p> <p><b>Code Name</b> D8 Date Expressed in Format CCYYMMDD</p>				
	1251	<p><b>Date Time Period</b></p> <p><b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times</p> <p><b>Industry:</b> Diagnosis Date</p> <p><b>HIPAA Notes:</b> Use only when the date diagnosed is known.</p>	C	AN	1/35	Situational
HI09	C022	<p><b>Health Care Code Information</b></p> <p><b>Description:</b> To send health care codes and their associated dates, amounts and quantities</p> <p><b>CIGNA Trading Partner Notes:</b> Diagnosis 9</p> <p><b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.</p>	O	Comp		Situational
	1270	<p><b>Code List Qualifier Code</b></p> <p><b>Description:</b> Code identifying a specific industry code list</p> <p><b>Industry:</b> Diagnosis Type Code</p> <p><b>Code Name</b> BF Diagnosis</p> <p><b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure</p>	M	ID	1/3	Required
	1271	<p><b>Industry Code</b></p> <p><b>Description:</b> Code indicating a code from a specific industry code list</p> <p><b>Industry:</b> Diagnosis Code</p> <p><b>ExternalCodeList</b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure</p>	M	AN	1/30	Required
	1250	<p><b>Date Time Period Format Qualifier</b></p> <p><b>Description:</b> Code indicating the date format, time format, or date and time format</p> <p><b>HIPAA Notes:</b> Required if X12N syntax conditions apply.</p> <p><b>Code Name</b> D8 Date Expressed in Format CCYYMMDD</p>	C	ID	2/3	Situational
	1251	<p><b>Date Time Period</b></p> <p><b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times</p> <p><b>Industry:</b> Diagnosis Date</p> <p><b>HIPAA Notes:</b> Use only when the date diagnosed is known.</p>	C	AN	1/35	Situational
HI10	C022	<p><b>Health Care Code Information</b></p> <p><b>Description:</b> To send health care codes and their</p>	O	Comp		Situational

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		associated dates, amounts and quantities <b>CIGNA Trading Partner Notes:</b> Diagnosis 10 <b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.				
	1270	<b>Code List Qualifier Code</b> <b>Description:</b> Code identifying a specific industry code list <b>Industry:</b> Diagnosis Type Code  <b>Code Name</b> BF Diagnosis <b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	ID	1/3	Required
	1271	<b>Industry Code</b> <b>Description:</b> Code indicating a code from a specific industry code list <b>Industry:</b> Diagnosis Code  <b>ExternalCodeList</b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	AN	1/30	Required
	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format <b>HIPAA Notes:</b> Required if X12N syntax conditions apply.  <b>Code Name</b> D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Situational
	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> Diagnosis Date <b>HIPAA Notes:</b> Use only when the date diagnosed is known.	C	AN	1/35	Situational
HI11	C022	<b>Health Care Code Information</b> <b>Description:</b> To send health care codes and their associated dates, amounts and quantities <b>CIGNA Trading Partner Notes:</b> Diagnosis 11 <b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.	O	Comp		Situational
	1270	<b>Code List Qualifier Code</b> <b>Description:</b> Code identifying a specific industry code list <b>Industry:</b> Diagnosis Type Code  <b>Code Name</b> BF Diagnosis <b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	ID	1/3	Required
	1271	<b>Industry Code</b> <b>Description:</b> Code indicating a code from a specific	M	AN	1/30	Required

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		industry code list <b>Industry:</b> Diagnosis Code				
		<b>ExternalCodeList</b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format <b>HIPAA Notes:</b> Required if X12N syntax conditions apply.	C	ID	2/3	Situational
		<b>Code Name</b> D8 Date Expressed in Format CCYYMMDD				
	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> Diagnosis Date <b>HIPAA Notes:</b> Use only when the date diagnosed is known.	C	AN	1/35	Situational
HI12	C022	<b>Health Care Code Information</b> <b>Description:</b> To send health care codes and their associated dates, amounts and quantities <b>CIGNA Trading Partner Notes:</b> Diagnosis 12 <b>HIPAA Notes:</b> Required only if there are additional diagnoses to communicate.	O	Comp		Situational
	1270	<b>Code List Qualifier Code</b> <b>Description:</b> Code identifying a specific industry code list <b>Industry:</b> Diagnosis Type Code	M	ID	1/3	Required
		<b>Code Name</b> BF Diagnosis <b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1271	<b>Industry Code</b> <b>Description:</b> Code indicating a code from a specific industry code list <b>Industry:</b> Diagnosis Code	M	AN	1/30	Required
		<b>ExternalCodeList</b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format <b>HIPAA Notes:</b> Required if X12N syntax conditions apply.	C	ID	2/3	Situational
		<b>Code Name</b> D8 Date Expressed in Format CCYYMMDD				
	1251	<b>Date Time Period</b>	C	AN	1/35	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>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Diagnosis Date				
		<b>HIPAA Notes:</b> Use only when the date diagnosed is known.				

# PWK Additional Patient Information

Pos: 155	Max: 10
Detail - Optional	
Loop: 2000D	Elements: 5

**User Option (Usage):** Situational

**Purpose:** To identify the type or transmission or both of paperwork or supporting information

## Notes:

- This PWK segment is required if the requester has additional documentation (electronic, paper, or other medium) associated with this health care services review that applies to the patient event and/or all the services requested. This PWK segment should not be used if
  - the 278 request (ST-SE) supports this information in its segments and data elements, or
  - the 278 request (ST-SE) does not support this information and the needed information pertains to a specific service identified in Loop 2000F and not to all the services requested.
- This PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or other medium. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be referenced in the electronic attachment.
- The requester can also use this PWK segment to identify paperwork that is held at the provider's office and is available upon request by the UMO (or appropriate entity). Use code AA in PWK02 to convey this specific use of the PWK segment. See code note under PWK02, code AA.  
Refer to Section 2.2.5 for more information on using this PWK segment.

## Example:

PWK\*OB\*BM\*\*\*AC\*DMN0012~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider includes this segment to expedite the processing of this request when applicable.

## 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>
PWK01	755	Report Type Code	M	ID	2/2	Required

**Description:** Code indicating the title or contents of a document, report or supporting item

**Industry:** Attachment Report Type Code

### Code Name

03	Report Justifying Treatment Beyond Utilization Guidelines
04	Drugs Administered
05	Treatment Diagnosis
06	Initial Assessment
07	Functional Goals
08	Plan of Treatment
09	Progress Report
10	Continued Treatment
11	Chemical Analysis
13	Certified Test Report
15	Justification for Admission
21	Recovery Plan
48	Social Security Benefit Letter
55	Rental Agreement
	Use for medical or dental equipment rental.
59	Benefit Letter
77	Support Data for Verification
A3	Allergies/Sensitivities Document
A4	Autopsy Report
AM	Ambulance Certification
AS	Admission Summary
AT	Purchase Order Attachment
	Use for purchase of medical or dental equipment.
B2	Prescription

<b>Code</b>	<b>Name</b>
B3	Physician Order
BR	Benchmark Testing Results
BS	Baseline
BT	Blanket Test Results
CB	Chiropractic Justification
CK	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes
OB	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
P7	Periodontal Reports
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
QC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RC	Request for Cause and Corrective Action Report
RD	Payment Bond
RE	Performance Bond
RF	Reliability Fail Rate Report
RG	Residential
RM	Request for Manufacturing Engineer Appraisal
RN	Supplier's Report of Nonconformance
RO	Regular Order
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

PWK02 756 **Report Transmission Code** O 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>
		<p><b>Description:</b> Code defining timing, transmission method or format by which reports are to be sent</p> <p><b>Industry:</b> Attachment Transmission Code</p> <p><b>Code Name</b></p> <p>AA Available on Request at Provider Site This means that the paperwork is not being sent with the request at this time. Instead, it is available to the UMO (or appropriate entity) on request.</p> <p>BM By Mail</p> <p>EL Electronically Only Use to indicate that the attachment is being transmitted in a separate X12 functional group.</p> <p>EM E-Mail</p> <p>FX By Fax</p> <p>VO Voice Use this for voicemail or phone communication.</p>				
PWK05	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>HIPAA Notes:</b> This data element is required when PWK02 DOES NOT equal "AA" or "VO". The requester can use it when PWK02 equals "AA" if the requester wants to send a document control number for an attachment remaining at the Provider's office.</p> <p><b>Code Name</b></p> <p>AC Attachment Control Number</p>	X	ID	1/2	Situational
PWK06	67	<p><b>Identification Code</b></p> <p><b>Description:</b> Code identifying a party or other code</p> <p><b>HIPAA Notes:</b> Required if PWK02 equals BM, EL, EM or FX.</p>	X	AN	2/80	Situational
PWK07	352	<p><b>Description</b></p> <p><b>Description:</b> A free-form description to clarify the related data elements and their content</p> <p><b>HIPAA Notes:</b> This data element is used to add any additional information about the attachment described in this segment.</p>	O	AN	1/80	Situational

### Syntax Rules:

1. P0506 - If either PWK05 or PWK06 is present, then the other is required.

### Comments:

1. PWK05 and PWK06 may be used to identify the addressee by a code number.
2. PWK07 may be used to indicate special information to be shown on the specified report.
3. PWK08 may be used to indicate action pertaining to a report.

# Loop 2010DA

<b>Pos: 170</b>	<b>Repeat: 1</b>
<b>Optional</b>	
<b>Loop: 2010DA</b>	<b>Elements: N/A</b>

**User Option (Usage):** Required

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

## Notes:

1. Use this segment to convey the name of the dependent who is the patient.
2. The maximum data elements in Loop 2010D that can be required by a UMO to identify a dependent are as follows:  
Dependent Last Name (NM103)  
Dependent First Name (NM104)  
Dependent Birth Date (DMG01 and DMG02)
3. Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.

## Example:

NM1\*QC\*1\*SMITH\*MARY~

## 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>
170	NM1	Dependent Name	O	1		Required
180	REF	Dependent Supplemental Identification	O	3		Situational
250	DMG	Dependent Demographic Information	O	1		Situational
260	INS	Dependent Relationship	O	1		Situational

## Semantics:

1. NM102 qualifies NM103.

## Comments:

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

# NM1 Dependent Name

<b>Pos:</b> 170	<b>Max:</b> 1
<b>Detail - Optional</b>	
<b>Loop:</b> 2010DA	<b>Elements:</b> 6

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

1. Use this segment to convey the name of the dependent who is the patient.
2. The maximum data elements in Loop 2010D that can be required by a UMO to identify a dependent are as follows:  
Dependent Last Name (NM103)  
Dependent First Name (NM104)  
Dependent Birth Date (DMG01 and DMG02)
3. Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.

**Example:**

NM1\*QC\*1\*SMITH\*MARY~

**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>						
QC Patient						
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						
NM103	1035	<b>Name Last or Organization Name</b>	O	AN	1/35	Situational
<b>Description:</b> Individual last name or organizational name						
<b>Industry:</b> Dependent Last Name						
<b>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse if the dependent is the patient.						
<b>HIPAA Notes:</b> Use if name information is needed to identify the dependent.						
NM104	1036	<b>Name First</b>	O	AN	1/25	Situational
<b>Description:</b> Individual first name						
<b>Industry:</b> Dependent First Name						
<b>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse if the dependent is the patient.						
<b>HIPAA Notes:</b> Use if name information is needed to identify the dependent.						
NM105	1037	<b>Name Middle</b>	O	AN	1/25	Situational
<b>Description:</b> Individual middle name or initial						
<b>Industry:</b> Dependent Middle Name						
<b>HIPAA Notes:</b> Use if name information is needed to identify the dependent and the middle name/initial of						

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		the dependent is known.				
NM107	1039	<b>Name Suffix</b>	O	AN	1/10	Situational
		<b>Description:</b> Suffix to individual name				
		<b>Industry:</b> Dependent Name Suffix				
		<b>HIPAA Notes:</b> Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.				

### Syntax Rules:

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

### Semantics:

1. NM102 qualifies NM103.

### Comments:

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

# REF Dependent Supplemental Identification

<b>Pos: 180</b>	<b>Max: 3</b>
<b>Detail - Optional</b>	
<b>Loop: 2010DA</b>	<b>Elements: 2</b>

**User Option (Usage):** Situational

**Purpose:** To specify identifying information

## Notes:

1. Use this segment when necessary to provide supplemental identifiers for the dependent.
2. Use the Subscriber Supplemental Identifier (REF) segment in Loop 2010C for supplemental identifiers related to the subscriber's policy or group number.
3. If the requester values this segment with the Patient Account Number ( REF01 = "EJ") on the request, the UMO must return the same value in this segment on the response.

## Example:

REF\*SY\*123456789~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider includes this segment to expedite the processing of this request.

## 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>						
A6 Employee Identification Number						
EJ Patient Account Number						
SY Social Security Number						
The social security number may not be used for Medicare.						
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> Dependent Supplemental Identifier						

## 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.

# DMG Dependent Demographic Information

<b>Pos:</b> 250	<b>Max:</b> 1
<b>Detail - Optional</b>	
<b>Loop:</b> 2010DA	<b>Elements:</b> 3

**User Option (Usage):** Situational

**Purpose:** To supply demographic information

## Notes:

1. Required only when birth date and/or gender information is needed to identify the dependent.
2. Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.

## Example:

DMG\*D8\*19580322\*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> Dependent Birth Date				
		<b>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse when patient is dependent.				
DMG03	1068	<b>Gender Code</b>	O	ID	1/1	Situational
		<b>Description:</b> Code indicating the sex of the individual				
		<b>Industry:</b> Dependent Gender Code				
		<b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request when patient is dependent.				
		<b>HIPAA Notes:</b> Use if gender is needed to identify the Dependent.				
		<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.

# INS Dependent Relationship

<b>Pos: 260</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2010DA</b>	<b>Elements: 3</b>

**User Option (Usage):** Situational

**Purpose:** To provide benefit information on insured entities

## Notes:

1. Use this segment to convey information on the relationship of the dependent to the insured.
2. Required when necessary to further identify the patient. Examples include identifying a patient in a multiple birth or differentiating dependents with the same name.

## Example:

INS\*N\*19~

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
INS01	1073	<b>Yes/No Condition or Response Code</b>	M	ID	1/1	Required
		<b>Description:</b> Code indicating a Yes or No condition or response				
		<b>Industry:</b> Insured Indicator				
		<b>Code</b>	<b>Name</b>			
		N	No			
INS02	1069	<b>Individual Relationship Code</b>	M	ID	2/2	Required
		<b>Description:</b> Code indicating the relationship between two individuals or entities				
		<b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request when dependent is the patient.				
		<b>Code</b>	<b>Name</b>			
		01	Spouse			
		04	Grandfather or Grandmother			
		05	Grandson or Granddaughter			
		07	Nephew or Niece			
		09	Adopted Child			
		10	Foster Child			
		15	Ward			
		17	Stepson or Stepdaughter			
		19	Child			
		20	Employee			
		21	Unknown			
		22	Handicapped Dependent			
		23	Sponsored Dependent			
		24	Dependent of a Minor Dependent			
		29	Significant Other			
		32	Mother			
		33	Father			
		34	Other Adult			
		36	Emancipated Minor			
		39	Organ Donor			
		40	Cadaver Donor			
		41	Injured Plaintiff			

**Code Name**

43 Child Where Insured Has No Financial Responsibility

53 Life Partner

G8 Other Relationship

INS17 1470 **Number** O NO 1/9 Situational**Description:** A generic number**Industry:** Birth Sequence Number**HIPAA Notes:** This data element is not used unless the dependent is a child from a multiple birth.**Syntax Rules:**

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

**Semantics:**

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

# Loop 2000E

<b>Pos: 010</b>	<b>Repeat: &gt;1</b>
<b>Mandatory</b>	
<b>Loop: 2000E</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. Use Loop 2000E to identify the specific person, group practice, facility, or specialty entity to provide the services requested.

**Example:**

HL\*5\*4\*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
160	MSG	Message Text	O	1		Not recommended
170		Loop 2010E	O		3	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: 2000E</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. Use Loop 2000E to identify the specific person, group practice, facility, or specialty entity to provide the services requested.

**Example:**

HL\*5\*4\*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.

# MSG Message Text

<b>Pos: 160</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000E</b>	<b>Elements: 1</b>

**User Option (Usage):** Not recommended

**Purpose:** To provide a free-form format that allows the transmission of text information

## Notes:

1. Use to transmit a text message to the UMO about the service provider or specialty requested.

## Example:

MSG\*This is a free-form text message~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider submits/includes additional information regarding this request to expedite the processing.

## 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>
MSG01	933	<b>Free-Form Message Text</b>	M	AN	1/264	Required

**Description:** Free-form message text

**Industry:** Free Form Message Text

**CIGNA Trading Partner Notes:** CIGNA  
Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request

## Syntax Rules:

1. C0302 - If MSG03 is present, then MSG02 is required.

## Semantics:

1. MSG03 is the number of lines to advance before printing.

## Comments:

1. MSG02 is not related to the specific characteristics of a printer, but identifies top of page, advance a line, etc.
2. If MSG02 is "AA - Advance the specified number of lines before print" then MSG03 is required.

# Loop 2010E

<b>Pos: 170</b>	<b>Repeat: 3</b>
<b>Optional</b>	
<b>Loop: 2010E</b>	<b>Elements: N/A</b>

**User Option (Usage):** Required

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

**Notes:**

1. Use this segment to convey the name and identification number of the service provider (person, group, or facility) or to identify the specialty entity.
2. Use the maximum of three occurrences of Loop 2010E in a single Loop 2000E only when it is necessary to identify an individual provider within a specific group and facility when that provider and group provide services at multiple facilities.
3. Do not use multiple occurrences of Loop 2010E within a single Loop 2000E to request certification for admission to a facility and a specialist or services at that facility. In this case, two occurrences of Loop 2000E are required as follows:  
The admission request must be expressed in a separate Loop 2000E where the facility is identified in Loop 2010E and Loop 2000F identifies admission review as the request category.  
The specialist and services are expressed in a separate Loop 2000E where the specialist or specialty is identified in Loop 2010E and Loop 2000F identifies the services.

**Example:**

NM1\*SJ\*1\*WATSON\*SUSAN\*\*\*\*34\*987654321~

**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>
170	NM1	Service Provider Name	O	1		Required
180	REF	Service Provider Supplemental Identification	O	7		Situational
200	N3	Service Provider Address	O	1		Situational
210	N4	Service Provider City/State/ZIP Code	O	1		Situational
220	PER	Service Provider Contact Information	O	1		Situational
240	PRV	Service Provider Information	O	1		Situational

**Semantics:**

1. NM102 qualifies NM103.

**Comments:**

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

# NM1 Service Provider Name

Pos: 170	Max: 1
Detail - Optional	
Loop: 2010E	Elements: 8

**User Option (Usage):** Required

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

## Notes:

1. Use this segment to convey the name and identification number of the service provider (person, group, or facility) or to identify the specialty entity.
2. Use the maximum of three occurrences of Loop 2010E in a single Loop 2000E only when it is necessary to identify an individual provider within a specific group and facility when that provider and group provide services at multiple facilities.
3. Do not use multiple occurrences of Loop 2010E within a single Loop 2000E to request certification for admission to a facility and a specialist or services at that facility. In this case, two occurrences of Loop 2000E are required as follows:  
The admission request must be expressed in a separate Loop 2000E where the facility is identified in Loop 2010E and Loop 2000F identifies admission review as the request category.  
The specialist and services are expressed in a separate Loop 2000E where the specialist or specialty is identified in Loop 2010E and Loop 2000F identifies the services.

## Example:

NM1\*SJ\*1\*WATSON\*SUSAN\*\*\*\*34\*987654321~

## 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>						
1T Physician, Clinic or Group Practice						
FA Facility						
SJ Service 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	Situational
<b>Description:</b> Individual last name or organizational name						
<b>Industry:</b> Service Provider Last or Organization Name						
<b>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse.						
<b>HIPAA Notes:</b> Required if identifying a specialty person, facility, group practice, or clinic and NM108/NM109 are not present. Not used if identifying a specialty entity.						
NM104	1036	<b>Name First</b>	O	AN	1/25	Situational
<b>Description:</b> Individual first name						
<b>Industry:</b> Service Provider First Name						
<b>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse if the provider is a person only, not an entity.						
<b>HIPAA Notes:</b> Required if the service provider is a						

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		specific person (NM102 = 1) and NM103 is present.				
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial <b>Industry:</b> Service Provider Middle Name <b>HIPAA Notes:</b> Required if NM104 is present and the middle name/initial of the person is known.	O	AN	1/25	Situational
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name <b>Industry:</b> Service Provider Name Suffix <b>HIPAA Notes:</b> Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.	O	AN	1/10	Situational
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse. <b>HIPAA Notes:</b> Required if requesting the services of a specific person, facility, group practice, or clinic and the service provider ID is known by the requester.  <b>Code Name</b> 24 Employer's Identification Number 34 Social Security Number 46 Electronic Transmitter Identification Number (ETIN) XX Health Care Financing Administration National Provider Identifier	C	ID	1/2	Situational
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> Service Provider Identifier <b>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse.  Effective June 1, 2005; CIGNA will be prepared to receive the National Provider Identifier (NPI) in NM109 element. <b>HIPAA Notes:</b> Required if requesting the services of a specific person, facility, group practice, or clinic and the service provider ID is known by the requester.  <b>ExternalCodeList</b> <b>Name:</b> 537 <b>Description:</b> Health Care Financing Administration National Provider Identifier	C	AN	2/80	Situational

**Syntax Rules:**

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

**Semantics:**

1. NM102 qualifies NM103.

**Comments:**

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

# REF Service Provider Supplemental Identification

Pos: 180	Max: 7
Detail - Optional	
Loop: 2010E	Elements: 2

**User Option (Usage):** Situational

**Purpose:** To specify identifying information

## Notes:

1. Use this segment only when necessary to provide supplemental identifiers to identify the service provider. Use the NM1 segment for the primary identifier.

## Example:

REF\*1G\*12345~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider includes this segment to expedite the processing of this request.

## Element Summary:

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

**Description:** Code qualifying the Reference Identification

**CIGNA Trading Partner Notes:** CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.

For CIGNA will use: ZH Code below.

### Code Name

1G Provider UPIN Number

1J Facility ID Number

EI Employer's Identification Number

Not used if NM108 = 24.

N5 Provider Plan Network Identification Number

N7 Facility Network Identification Number

SY Social Security Number

NOT ADVISED

The social security number may not be used for Medicare. Not used if NM108 = 34.

ZH Carrier Assigned Reference Number

Use for the provider ID as assigned by the UMO identified in Loop 2000A.

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

**Industry:** Service Provider Supplemental Identifier

## Syntax Rules:

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

## Semantics:

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

# N3 Service Provider Address

Pos: 200	Max: 1
Detail - Optional	
Loop: 2010E	Elements: 2

**User Option (Usage):** Situational

**Purpose:** To specify the location of the named party

## Notes:

1. Required if needed to identify a specific location for a service provider that has multiple locations.

## Example:

N3\*77 HOLLY BLVD~

## CIGNA Trading Partner Notes:

CIGNA Requires this loop to or it will be returned to the clearinghouse.

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	<b>Address Information</b>	M	AN	1/55	Required
		<b>Description:</b> Address information				
		<b>Industry:</b> Service Provider Address Line				
		<b>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse.				
		<b>HIPAA Notes:</b> Use this element for the first line of the service provider's address.				
N302	166	<b>Address Information</b>	O	AN	1/55	Situational
		<b>Description:</b> Address information				
		<b>Industry:</b> Service Provider Address Line				
		<b>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse if applicable.				
		<b>HIPAA Notes:</b> Required only if a second address line exists.				

**N4 Service Provider City/State/ZIP Code**

<b>Pos:</b> 210	<b>Max:</b> 1
<b>Detail - Optional</b>	
<b>Loop:</b> 2010E	<b>Elements:</b> 4

**User Option (Usage):** Situational**Purpose:** To specify the geographic place of the named party**Notes:**

1. Required if needed to identify a specific location for a service provider that has multiple locations.

**Example:**

N4\*HOLLYWOOD\*CA\*90214~

**CIGNA Trading Partner Notes:**

CIGNA Requires this segment to or it will be returned to the clearinghouse.

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	<b>City Name</b>	O	AN	2/30	Situational
<b>Description:</b> Free-form text for city name						
<b>Industry:</b> Service Provider City Name						
<b>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse.						
<b>HIPAA Notes:</b> Use when necessary to provide this data as part of the service provider location identification.						
N402	156	<b>State or Province Code</b>	O	ID	2/2	Situational
<b>Description:</b> Code (Standard State/Province) as defined by appropriate government agency						
<b>Industry:</b> Service Provider State or Province Code						
<b>CODE SOURCE:</b> 22: States and Outlying Areas of the U.S.						
<b>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse.						
<b>HIPAA Notes:</b> Use when necessary to provide this data as part of the service provider location identification.						
<b>ExternalCodeList</b>						
<b>Name:</b> 22						
<b>Description:</b> States and Outlying Areas of the U.S.						
N403	116	<b>Postal Code</b>	O	ID	3/15	Situational
<b>Description:</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States)						
<b>Industry:</b> Service Provider Postal Zone or ZIP Code						
<b>CODE SOURCE:</b> 51: ZIP Code						
<b>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse.						
<b>HIPAA Notes:</b> Use if known by the requester.						
Use when necessary to provide this data as part of the service provider location identification.						
<b>ExternalCodeList</b>						

**Name:** 51**Description:** ZIP Code

N404 26

**Country Code**

O

ID

2/3

Situational

**Description:** Code identifying the country**Industry:** Service Provider Country Code**CODE SOURCE:** 5: Countries, Currencies and Funds**HIPAA Notes:** Use only if the address is out of the U.S.**ExternalCodeList****Name:** 5**Description:** Countries, Currencies and Funds**Syntax Rules:**

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

**Comments:**

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

# PER Service Provider Contact Information

<b>Pos:</b> 220	<b>Max:</b> 1
<b>Detail - Optional</b>	
<b>Loop:</b> 2010E	<b>Elements:</b> 8

**User Option (Usage):** Situational

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

## Notes:

1. Use this segment to identify a contact name and/or communications number for the service provider.
2. Required if known by the requester.
3. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
4. By definition of the standard, if PER03 is used, PER04 is required.

## Example:

PER\*IC\*M TUCKER\*TE\*8189993456\*FX\*8188769304~

## CIGNA Trading Partner Notes:

CIGNA Requires this segment to or it will be returned to the clearinghouse

## 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
<p><b>Description:</b> Code identifying the major duty or responsibility of the person or group named</p> <p><b>Code Name</b> IC Information Contact</p>						
PER02	93	<b>Name</b>	O	AN	1/60	Situational
<p><b>Description:</b> Free-form name</p> <p><b>Industry:</b> Service Provider Contact Name</p> <p><b>CIGNA Trading Partner Notes:</b> Suggest/Recommend provider submits/includes additional information regarding this request to expedite the processing.</p> <p><b>HIPAA Notes:</b> Used only when the requester wishes to indicate a particular contact.</p> <p>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).</p>						
PER03	365	<b>Communication Number Qualifier</b>	C	ID	2/2	Situational
<p><b>Description:</b> Code identifying the type of communication number</p> <p><b>CIGNA Trading Partner Notes:</b> CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse.</p> <p>Recommend Code: TE</p> <p><b>HIPAA Notes:</b> Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.</p> <p><b>Code Name</b> EM Electronic Mail FX Facsimile</p>						

**Code Name**

TE Telephone

PER04 364 **Communication Number** C AN 1/80 Situational

**Description:** Complete communications number including country or area code when applicable

**Industry:** Service Provider Contact Communication Number

**CIGNA Trading Partner Notes:** CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse.

Recommend: Complete Telephone Number with Area Code

**HIPAA Notes:** Required if PER02 is not valued and may be used if necessary to transmit a contact communication number.

PER05 365 **Communication Number Qualifier** C ID 2/2 Situational

**Description:** Code identifying the type of communication number

**CIGNA Trading Partner Notes:** Suggest/Recommend provider submits/includes additional information regarding this request to expedite the processing.

Recommend: FX Code with: Complete Fax Number with Area Code

**HIPAA Notes:** Use only when the telephone extension or multiple communication types are available.

**Code Name**

EM Electronic Mail

EX Telephone Extension

When used, the value following this code is the extension for the preceding communications contact number.

FX Facsimile

TE Telephone

PER06 364 **Communication Number** C AN 1/80 Situational

**Description:** Complete communications number including country or area code when applicable

**Industry:** Service Provider Contact Communication Number

**CIGNA Trading Partner Notes:** Suggest/Recommend provider submits/includes additional information regarding this request to expedite the processing.

Recommend: Complete Telephone Number with Area Code and provide telephone extension

**HIPAA Notes:** Used only when the telephone extension or multiple communication types are available.

PER07 365 **Communication Number Qualifier** C ID 2/2 Situational

**Description:** Code identifying the type of communication number

**HIPAA Notes:** Use only when the telephone extension or multiple communication types are available.

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<b><u>Code</u> <u>Name</u></b>				
		EM Electronic Mail				
		EX Telephone Extension				
		When used, the value following this code is the extension for the preceding communications contact number.				
		FX Facsimile				
		TE Telephone				
PER08	364	<b>Communication Number</b>	C	AN	1/80	Situational
		<b>Description:</b> Complete communications number including country or area code when applicable				
		<b>Industry:</b> Service Provider Contact Communication Number				
		<b>HIPAA Notes:</b> Used only when the telephone extension or multiple communication types are available.				

### Syntax Rules:

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

# PRV Service Provider Information

Pos: 240	Max: 1
Detail - Optional	
Loop: 2010E	Elements: 3

**User Option (Usage):** Situational

**Purpose:** To specify the identifying characteristics of a provider

## Notes:

1. Use this segment when needed to indicate the service provider's role in the care of the patient and the service provider's specialty.
2. Required when requesting certification for a specialist or specialty entity.
3. PRV02 qualifies PRV03.

## Example:

PRV\*PE\*ZZ\*203BA0002Y~

## CIGNA Trading Partner Notes:

CIGNA requires this segment or it will be returned to the clearinghouse. As this is where CIGNA will determine the Line of Business for routing the request to its Business Entity.

## Element Summary:

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

**Description:** Code identifying the type of provider

**CIGNA Trading Partner Notes:** CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse.

### Code Name

AD	Admitting
AS	Assistant Surgeon
AT	Attending
CO	Consulting
CV	Covering
OP	Operating
OR	Ordering
OT	Other Physician
PC	Primary Care Physician
PE	Performing

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

**CIGNA Trading Partner Notes:** CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse.

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

### Code Name

ZZ	Mutually Defined
	Health Care Provider Taxonomy Code list.

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

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Reference Identification Qualifier				
		<b>Industry:</b> Provider Taxonomy Code				
		<b>CIGNA Trading Partner Notes:</b> Provider Specialty Code				
		CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse.				
		<b><u>ExternalCodeList</u></b>				
		<b>Name:</b> HCPT				
		<b>Description:</b> Health Care Provider Taxonomy				

# Loop 2000F

<b>Pos: 010</b>	<b>Repeat: &gt;1</b>
<b>Mandatory</b>	
<b>Loop: 2000F</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. Use Loop 2000F to identify the service(s) requested.

**Example:**

HL\*6\*5\*SS\*0~

**Loop Summary:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Service Level	M	1		Required
020	TRN	Service Trace Number	O	2		Situational
040	UM	Health Care Services Review Information	O	1		Required
060	REF	Previous Certification Identification	O	1		Situational
070	DTP	Service Date	O	1		Situational
070	DTP	Admission Date	O	1		Situational
070	DTP	Discharge Date	O	1		Situational
070	DTP	Surgery Date	O	1		Situational
080	HI	Procedures	O	1		Situational
090	HSD	Health Care Services Delivery	O	1		Situational
100	CRC	Patient Condition Information	O	6		Situational
110	CL1	Institutional Claim Code	O	1		Situational
120	CR1	Ambulance Transport Information	O	1		Situational
130	CR2	Spinal Manipulation Service Information	O	1		Situational
140	CR5	Home Oxygen Therapy Information	O	1		Situational
150	CR6	Home Health Care Information	O	1		Situational
155	PWK	Additional Service Information	O	10		Situational
160	MSG	Message Text	O	1		Not recommended

**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 Level

<b>Pos: 010</b>	<b>Max: 1</b>
<b>Detail - Mandatory</b>	
<b>Loop: 2000F</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. Use Loop 2000F to identify the service(s) requested.

**Example:**

HL\*6\*5\*SS\*0~

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	<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>				
		SS Services				
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.				

**Comments:**

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

# TRN Service Trace Number

<b>Pos: 020</b>	<b>Max: 2</b>
<b>Detail - Optional</b>	
<b>Loop: 2000F</b>	<b>Elements: 4</b>

**User Option (Usage):** Situational

**Purpose:** To uniquely identify a transaction to an application

## Notes:

1. Use this segment to assign a unique trace number to this service request. It is recommended that requesters assign a unique trace number to each service request. The requester can send one TRN segment in each service level (Loop 2000F) on the request to aid in the reconciliation of the 278 response.
2. If the transaction is routed through a clearinghouse, the clearinghouse may add their own TRN segment. If the transaction passes through multiple clearinghouses, and the second clearinghouse needs to assign their own TRN segment, they must replace the TRN from the first clearinghouse and retain it to be returned in the 278 response. If the second clearinghouse does not need to assign a TRN segment, they should pass all received TRN segments.
3. Each trace number provided in the TRN segment at this level on the request must be returned by the UMO in the TRN segment at the corresponding level of the response.
4. If the request contains more than one occurrence of Loop 2000F and the requester needs to uniquely identify each service level request this TRN segment is required in each Service loop.

## Example:

TRN\*1\*111099\*9012345678\*RADIOLOGY~

## 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>						
1 Current 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> Service Trace Number						
TRN03	509	<b>Originating Company Identifier</b>	O	AN	10/10	Required
<b>Description:</b> A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9						
<b>Industry:</b> Trace Assigning Entity Identifier						
<b>HIPAA Notes:</b> Use this element to identify the organization that assigned this trace number. TRN03 must be completed to aid requesters and clearinghouses in identifying their TRN in the 278 response.						
The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.						
TRN04	127	<b>Reference Identification</b>	O	AN	1/30	Situational
<b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier						

<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> Trace Assigning Entity Additional Identifier				
		<b>HIPAA Notes:</b> Use this information if necessary to further identify a specific component, such as a specific division or group, of the company identified in the previous data element (TRN03).				

**Semantics:**

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

# UM Health Care Services Review Information

Pos: 040	Max: 1
Detail - Optional	
Loop: 2000F	Elements: 10

**User Option (Usage):** Required

**Purpose:** To specify health care services review information

## Notes:

1. Use this segment to identify the type of health care services review request.

## Example:

UM\*SC\*I\*3\*\*\*\*\*Y~

## 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>
UM01	1525	<b>Request Category Code</b>	M	ID	1/2	Required

**Description:** Code indicating a type of request

### Code Name

AR Admission Review

Use this code to request admission to a facility.

HS Health Services Review

Use this code for a request for review of services related to an episode of care.

SC Specialty Care Review

Use this code for a request for a referral to a specialty provider.

UM02	1322	<b>Certification Type Code</b>	O	ID	1/1	Required
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**Description:** Code indicating the type of certification

### Code Name

1 Appeal - Immediate

Use this value only for appeals of review decisions where the level of service required is emergency or urgent. If UM02 = 1 then UM06 must be valued.

2 Appeal - Standard

Use this value for appeals of review decisions where the level of service is not emergency or urgent.

3 Cancel

4 Extension

I Initial

R Renewal

S Revised

UM03	1365	<b>Service Type Code</b>	O	ID	1/2	Situational
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**Description:** Code identifying the classification of service

**CIGNA Trading Partner Notes:** CIGNA Required Field: This information must be provided or it will be returned to the clearinghouse.

**HIPAA Notes:** Required if known by the requester. Use the HI Procedures Segment to indicate specific service and procedure codes. Some of the values for UM03 include a facility type qualifier, for example A7 (Psychiatric - Inpatient) and A8 (Psychiatric - Outpatient). If the facility type is known by the requester and the UM03 service type contains an appropriate facility type qualifier, use the UM03 value to specify both the type of service and the facility type.

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<u>Code</u> <u>Name</u>				
	1	Medical Care				
	2	Surgical				
	3	Consultation				
	4	Diagnostic X-Ray				
	5	Diagnostic Lab				
	6	Radiation Therapy				
	7	Anesthesia				
	8	Surgical Assistance				
	12	Durable Medical Equipment Purchase				
	14	Renal Supplies in the Home				
	15	Alternate Method Dialysis				
	16	Chronic Renal Disease (CRD) Equipment				
	17	Pre-Admission Testing				
	18	Durable Medical Equipment Rental				
	20	Second Surgical Opinion				
	21	Third Surgical Opinion				
	23	Diagnostic Dental				
	24	Periodontics				
	25	Restorative				
	26	Endodontics				
	27	Maxillofacial Prosthetics				
	28	Adjunctive Dental Services				
	33	Chiropractic				
	34	Chiropractic Office Visits				
	35	Dental Care				
	36	Dental Crowns				
	37	Dental Accident				
	38	Orthodontics				
	39	Prosthodontics				
	40	Oral Surgery				
	42	Home Health Care				
	44	Home Health Visits				
	45	Hospice				
	46	Respite Care				
	48	Hospital - Inpatient				
	50	Hospital - Outpatient				
	51	Hospital - Emergency Accident				
	52	Hospital - Emergency Medical				
	53	Hospital - Ambulatory Surgical				
	54	Long Term Care				
	56	Medically Related Transportation				
	57	Air Transportation				
	58	Cabulance				
	59	Licensed Ambulance				
	61	In-vitro Fertilization				
	62	MRI/CAT Scan				
	63	Donor Procedures				
	64	Acupuncture				
	65	Newborn Care				
	67	Smoking Cessation				
	68	Well Baby Care				
	69	Maternity				

**Code Name**

70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
77	Otological Exam
78	Chemotherapy
79	Allergy Testing
80	Immunizations
82	Family Planning
83	Infertility
84	Abortion
85	AIDS
86	Emergency Services
93	Podiatry
94	Podiatry - Office Visits
95	Podiatry - Nursing Home Visits
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A1	Professional (Physician) Visit - Nursing Home
A2	Professional (Physician) Visit - Skilled Nursing Facility
A3	Professional (Physician) Visit - Home
A4	Psychiatric
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
A9	Rehabilitation
AB	Rehabilitation - Inpatient
AC	Rehabilitation - Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision (Optometry)
AR	Experimental Drug Therapy
BB	Partial Hospitalization (Psychiatric)
BC	Day Care (Psychiatric)
BD	Cognitive Therapy
BE	Massage Therapy
BF	Pulmonary Rehabilitation
BG	Cardiac Rehabilitation
BS	Invasive Procedures

UM04 C023 **Health Care Service Location Information** O Comp Situational

**Description:** To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered

**CIGNA Trading Partner Notes:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Suggest/Recommend provider includes this loop to expedite the processing of this request.				
		<b>HIPAA Notes:</b> Required if the service provider's facility type is known by the requester and UM03 does not specify a facility type. If UM03 is present and specifies a service type that is qualified by a facility type, e.g.: UM03 = A2 for Professional (Physician) Visit - Skilled Nursing Facility, do not value this field. If both UM03 and UM04 are valued and UM03 has a facility type qualifier, the value in UM03 takes precedence.				
	1331	<b>Facility Code Value</b>	M	AN	1/2	Required
		<b>Description:</b> Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format				
		<b>Industry:</b> Facility Type Code				
		<b>HIPAA Notes:</b> Use to indicate a facility code value from the code source referenced in UM04-2.				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 236				
		<b>Description:</b> Uniform Billing Claim Form Bill Type				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 237				
		<b>Description:</b> Place of Service from Health Care Financing Administration Claim Form				
	1332	<b>Facility Code Qualifier</b>	O	ID	1/2	Required
		<b>Description:</b> Code identifying the type of facility referenced				
		<b>Code Name</b>				
		A Uniform Billing Claim Form Bill Type				
		<b>CODE SOURCE:</b>				
		236: Uniform Billing Claim Form Bill Type				
		B Place of service code from the FAO record of the Electronic Media Claims National Standard Format				
		<b>CODE SOURCE:</b>				
		237: Place of Service from Health Care Financing Administration Claim Form				
UM05	C024	<b>Related Causes Information</b>	O	Comp		Situational
		<b>Description:</b> To identify one or more related causes and associated state or country information				
		<b>HIPAA Notes:</b> Required when the patient's condition is accident or employment related.				
	1362	<b>Related-Causes Code</b>	M	ID	2/3	Required
		<b>Description:</b> Code identifying an accompanying cause of an illness, injury or an accident				
		<b>Industry:</b> Related Causes Code				
		<b>HIPAA Notes:</b> Always use this data element if the related cause is an auto accident.				
		<b>Code Name</b>				
		AA Auto Accident				
		AP Another Party Responsible				
		EM Employment				
	1362	<b>Related-Causes Code</b>	O	ID	2/3	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> Code identifying an accompanying cause of an illness, injury or an accident</p> <p><b>Industry:</b> Related Causes Code</p> <p><b>HIPAA Notes:</b> Used if there is greater than 1 related cause for this certification.</p> <p><b>Code Name</b></p> <p>AP Another Party Responsible</p> <p>EM Employment</p>				
	1362	<p><b>Related-Causes Code</b></p> <p><b>Description:</b> Code identifying an accompanying cause of an illness, injury or an accident</p> <p><b>Industry:</b> Related Causes Code</p> <p><b>HIPAA Notes:</b> Use this code only if UM05 -1 and UM05 -2 are used.</p> <p><b>Code Name</b></p> <p>AP Another Party Responsible</p>	O	ID	2/3	Situational
	156	<p><b>State or Province Code</b></p> <p><b>Description:</b> Code (Standard State/Province) as defined by appropriate government agency</p> <p><b>Industry:</b> State Code</p> <p><b>CODE SOURCE:</b> 22: States and Outlying Areas of the U.S.</p> <p><b>HIPAA Notes:</b> Required on review requests involving automobile accidents (UM05-1 = "AA") if the accident occurred out of the service provider's state.</p> <p><b>ExternalCodeList</b></p> <p><b>Name:</b> 22</p> <p><b>Description:</b> States and Outlying Areas of the U.S.</p>	O	ID	2/2	Situational
	26	<p><b>Country Code</b></p> <p><b>Description:</b> Code identifying the country</p> <p><b>CODE SOURCE:</b> 5: Countries, Currencies and Funds</p> <p><b>HIPAA Notes:</b> Required if the automobile accident occurred out of the United States to identify the country in which the accident occurred.</p> <p><b>ExternalCodeList</b></p> <p><b>Name:</b> 5</p> <p><b>Description:</b> Countries, Currencies and Funds</p>	O	ID	2/3	Situational
UM06	1338	<p><b>Level of Service Code</b></p> <p><b>Description:</b> Code specifying the level of service rendered</p> <p><b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.</p> <p><b>HIPAA Notes:</b> Recommended if the service requested would not be authorized unless the patient's condition is Emergency or Urgent.</p> <p><b>Code Name</b></p> <p>U Urgent</p>	O	ID	1/3	Situational

**Code Name**

03 Emergency

UM07	1213	<b>Current Health Condition Code</b>	O	ID	1/1	Situational
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**Description:** Code indicating current health condition of the individual

**HIPAA Notes:** Required when the patient's condition, as expressed by the codes in this data element, is a factor in the provider's determination of services to be performed that are not typically requested for the patient's diagnosis and proposed treatment.

**All valid standard codes are used.**

UM08	923	<b>Prognosis Code</b>	O	ID	1/1	Situational
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**Description:** Code indicating physician's prognosis for the patient

**HIPAA Notes:** Required when the patient's prognosis, as expressed by the codes in this data element, is a factor in the provider's determination of services to be performed that are not typically requested for the patient's diagnosis and proposed treatment.

**All valid standard codes are used.**

UM09	1363	<b>Release of Information Code</b>	O	ID	1/1	Required
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**Description:** Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations

**Code Name**

A	Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization
I	Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes
M	The Provider has Limited or Restricted Ability to Release Data Related to a Claim
O	On file at Payor or at Plan Sponsor
Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

UM10	1514	<b>Delay Reason Code</b>	O	ID	1/2	Situational
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**Description:** Code indicating the reason why a request was delayed

**HIPAA Notes:** Required if the request is not submitted within the normal timeframe of the UMO.

**Code Name**

1	Proof of Eligibility Unknown or Unavailable
2	Litigation
3	Authorization Delays
4	Delay in Certifying Provider
7	Third Party Processing Delay
8	Delay in Eligibility Determination
10	Administration Delay in the Prior Approval Process
11	Other
15	Natural Disaster
16	Lack of Information
17	No response to initial request

# REF Previous Certification Identification

<b>Pos: 060</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000F</b>	<b>Elements: 2</b>

**User Option (Usage):** Situational

**Purpose:** To specify identifying information

## Notes:

1. This is the certification number assigned by the UMO to the original service review outcome associated with this service review. This is not the trace number assigned by the requester.
2. Required if submitting an additional health care services review request associated with a request already processed by the UMO and the certification number previously assigned by the UMO is known.

## Example:

REF\*BB\*A123~

## 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>				
		BB Authorization 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> Previous Certification Identifier				

## 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 Date

<b>Pos: 070</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000F</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 proposed or actual date or range of dates of service.
2. Use this segment only if the request is for a service and not for a specific procedure. The HI segment in Loop 2000F is used to request specific procedures. If the HI segment is valued, place the requested or actual procedure date in the HI segment Procedure Date field (HIxx-4).

## Example:

DTP\*472\*D8\*19980723~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider includes this loop to expedite the processing of this request.

## 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>				
		472 Service				
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>				
		D8 Date Expressed in Format CCYYMMDD				
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
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> Proposed or Actual Service Date				

## Semantics:

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

# DTP Admission Date

<b>Pos: 070</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000F</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 proposed or actual date of admission.
2. Recommended if requesting an admission review (UM01 = "AR").

## Example:

DTP\*435\*D8\*19980723~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider includes this loop to expedite the processing of this request.

## 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>				
		435 Admission				
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>				
		D8 Date Expressed in Format CCYYMMDD				
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
		Use this for the range of dates when admission can occur. Use the HSD segment for the length of stay.				
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> Proposed or Actual Admission Date				

## Semantics:

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

# DTP Discharge Date

<b>Pos: 070</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000F</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 when necessary to identify the proposed or actual date of discharge from a facility.

## Example:

DTP\*096\*D8\*19980724~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider includes this loop to expedite the processing of this request.

## 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>				
		096 Discharge				
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>				
		D8 Date Expressed in Format CCYYMMDD				
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> Proposed or Actual Discharge Date				

## Semantics:

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

# DTP Surgery Date

<b>Pos: 070</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000F</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 proposed or actual date of surgery.
2. Use this segment only if the request is for surgery and the HI Procedures segment in Loop 2000F is not used to identify specific surgical procedures. If the HI segment is valued, place the requested or anticipated surgical procedure date in the HI segment procedure date field (HIxx-4).

## Example:

DTP\*456\*D8\*19980723~

## 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>				
		456 Surgery				
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>				
		D8 Date Expressed in Format CCYYMMDD				
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> Proposed or Actual Surgery Date				
		<b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request, if applicable.				

## Semantics:

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

# HI Procedures

<b>Pos: 080</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000F</b>	<b>Elements: 12</b>

**User Option (Usage):** Situational

**Purpose:** To supply information related to the delivery of health care

## Notes:

1. Use this segment to request specific services and procedures.
2. Use the most current version of the code list identified in HIxx-1 Code List Qualifier Code (Data Element 1270).

## Example:

HI\*BO\*49000:D8:19950121::1~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider includes this segment to expedite the processing of this request regarding surgical, dental or pharmacy related requests.

For dental requests: CIGNA strongly recommends the provider to specify the dental procedure(s) requested.

## 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>
HI01	C022	<b>Health Care Code Information</b>	M	Comp		Required
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
		<b>CIGNA Trading Partner Notes:</b> Procedure Code 1				
	1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Code Name</b>				
	BO	Health Care Financing Administration Common Procedural Coding System				
		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.				
		<b>CODE SOURCE:</b>				
		130: Health Care Financing Administration Common Procedural Coding System				
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	JP	National Standard Tooth Numbering System				
		<b>CODE SOURCE:</b>				
		135: American Dental Association Codes				
	ZZ	Mutually Defined				
		Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.				
		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.				
	ABR	Assigned by Receiver				
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.				
	NDC	National Drug Code (NDC)				
		<b>CODE SOURCE:</b>				
		134: National Drug Code				
		240: National Drug Code by Format				
	1271	<b>Industry Code</b>	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				

<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> Procedure Code				
		<b><u>ExternalCodeList</u></b>				
		<b>Name:</b> 130				
		<b>Description:</b> Health Care Financing Administration Common Procedural Coding System				
		<b><u>ExternalCodeList</u></b>				
		<b>Name:</b> 131				
		<b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		<b><u>ExternalCodeList</u></b>				
		<b>Name:</b> 132				
		<b>Description:</b> National Uniform Billing Committee (NUBC) codes				
		<b><u>ExternalCodeList</u></b>				
		<b>Name:</b> 134				
		<b>Description:</b> National Drug Code				
		<b><u>ExternalCodeList</u></b>				
		<b>Name:</b> 135				
		<b>Description:</b> American Dental Association Codes				
		<b><u>ExternalCodeList</u></b>				
		<b>Name:</b> 240				
		<b>Description:</b> National Drug Code by Format				
		<b><u>ExternalCodeList</u></b>				
		<b>Name:</b> 513				
		<b>Description:</b> Home Infusion EDI Coalition (HIEC) Product/Service Code List				
1250		<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>HIPAA Notes:</b> Required if X12N syntax conditions apply.				
		<b><u>Code Name</u></b>				
		D8 Date Expressed in Format CCYYMMDD				
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
1251		<b>Date Time Period</b>	C	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Procedure Date				
		<b>HIPAA Notes:</b> Required if proposed or actual procedure date is known.				
782		<b>Monetary Amount</b>	O	R	1/18	Situational
		<b>Description:</b> Monetary amount				
		<b>Industry:</b> Procedure Monetary Amount				
		<b>HIPAA Notes:</b> Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.				
380		<b>Quantity</b>	O	R	1/15	Situational
		<b>Description:</b> Numeric value of quantity				
		<b>Industry:</b> Procedure Quantity				
		<b>HIPAA Notes:</b> Required if requesting authorization for more than one occurrence of the procedure identified in HI01-2 for the same time period.				
799		<b>Version Identifier</b>	O	AN	1/30	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> Revision level of a particular format, program, technique or algorithm</p> <p><b>Industry:</b> Version, Release, or Industry Identifier</p> <p><b>HIPAA Notes:</b> Required if the code list referenced in HI01-1 has a version identifier. Otherwise Not Used.</p>				
HI02	C022	<p><b>Health Care Code Information</b></p> <p><b>Description:</b> To send health care codes and their associated dates, amounts and quantities</p> <p><b>CIGNA Trading Partner Notes:</b> Procedure Code 2</p> <p><b>HIPAA Notes:</b> Use this for the second procedure.</p>	O	Comp		Situational
	1270	<p><b>Code List Qualifier Code</b></p> <p><b>Description:</b> Code identifying a specific industry code list</p> <p><b>Code Name</b></p> <p>BO Health Care Financing Administration Common Procedural Coding System Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO. <b>CODE SOURCE:</b> 130: Health Care Financing Administration Common Procedural Coding System</p> <p>BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure <b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure</p> <p>JP National Standard Tooth Numbering System <b>CODE SOURCE:</b> 135: American Dental Association Codes</p> <p>ZZ Mutually Defined Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.  This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property &amp; Casualty claims/encounters that are not covered under HIPAA.</p> <p>ABR Assigned by Receiver Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.</p> <p>NDC National Drug Code (NDC) <b>CODE SOURCE:</b> 134: National Drug Code 240: National Drug Code by Format</p>	M	ID	1/3	Required
	1271	<p><b>Industry Code</b></p> <p><b>Description:</b> Code indicating a code from a specific industry code list</p> <p><b>Industry:</b> Procedure Code</p> <p><b>ExternalCodeList</b> <b>Name:</b> 130 <b>Description:</b> Health Care Financing Administration Common Procedural Coding System</p> <p><b>ExternalCodeList</b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure</p> <p><b>ExternalCodeList</b> <b>Name:</b> 132 <b>Description:</b> National Uniform Billing Committee (NUBC) codes</p> <p><b>ExternalCodeList</b></p>	M	AN	1/30	Required

**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

1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
	<b>Description:</b> Code indicating the date format, time format, or date and time format				
	<b>HIPAA Notes:</b> Required if X12N syntax conditions apply.				
	<b>Code Name</b>				
	D8 Date Expressed in Format CCYYMMDD				
	RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
1251	<b>Date Time Period</b>	C	AN	1/35	Situational
	<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
	<b>Industry:</b> Procedure Date				
	<b>HIPAA Notes:</b> Required if proposed or actual procedure date is known.				
782	<b>Monetary Amount</b>	O	R	1/18	Situational
	<b>Description:</b> Monetary amount				
	<b>Industry:</b> Procedure Monetary Amount				
	<b>HIPAA Notes:</b> Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.				
380	<b>Quantity</b>	O	R	1/15	Situational
	<b>Description:</b> Numeric value of quantity				
	<b>Industry:</b> Procedure Quantity				
	<b>HIPAA Notes:</b> Required if requesting authorization for more than one occurrence of the procedure identified in HI02-2 for the same time period.				
799	<b>Version Identifier</b>	O	AN	1/30	Situational
	<b>Description:</b> Revision level of a particular format, program, technique or algorithm				
	<b>Industry:</b> Version, Release, or Industry Identifier				
	<b>HIPAA Notes:</b> Required if the code list referenced in HI02-1 has a version identifier. Otherwise Not Used.				
HI03	C022 <b>Health Care Code Information</b>	O	Comp		Situational
	<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
	<b>CIGNA Trading Partner Notes:</b> Procedure Code 3				
	<b>HIPAA Notes:</b> Use this for the third procedure.				
1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required

**Ref**      **Id**      **Element Name**      **Req**      **Type**      **Min/Max**      **Usage**

**Description:** Code identifying a specific industry code list

**Code Name**

BO Health Care Financing Administration Common Procedural Coding System

Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.

**CODE SOURCE:**

130: Health Care Financing Administration Common Procedural Coding System

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

**CODE SOURCE:**

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

JP National Standard Tooth Numbering System

**CODE SOURCE:**

135: American Dental Association Codes

ZZ Mutually Defined

Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.

NDC National Drug Code (NDC)

**CODE SOURCE:**

134: National Drug Code

240: National Drug Code by Format

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

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

**Industry:** Procedure Code

**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

1250 **Date Time Period Format Qualifier**      C      ID      2/3      Situational

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

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<b>HIPAA Notes:</b> Required if X12N syntax conditions apply.				
		<b>Code Name</b> D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> Procedure Date <b>HIPAA Notes:</b> Required if proposed or actual procedure date is known.	C	AN	1/35	Situational
	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> Procedure Monetary Amount <b>HIPAA Notes:</b> Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.	O	R	1/18	Situational
	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> Procedure Quantity <b>HIPAA Notes:</b> Required if requesting authorization for more than one occurrence of the procedure identified in HI03-2 for the same time period.	O	R	1/15	Situational
	799	<b>Version Identifier</b> <b>Description:</b> Revision level of a particular format, program, technique or algorithm <b>Industry:</b> Version, Release, or Industry Identifier <b>HIPAA Notes:</b> Required if the code list referenced in HI03-1 has a version identifier. Otherwise Not Used.	O	AN	1/30	Situational
HI04	C022	<b>Health Care Code Information</b> <b>Description:</b> To send health care codes and their associated dates, amounts and quantities <b>CIGNA Trading Partner Notes:</b> Procedure Code 4 <b>HIPAA Notes:</b> Use this for the fourth procedure.	O	Comp		Situational
	1270	<b>Code List Qualifier Code</b> <b>Description:</b> Code identifying a specific industry code list <b>Code Name</b> BO Health Care Financing Administration Common Procedural Coding System Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO. <b>CODE SOURCE:</b> 130: Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure <b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure JP National Standard Tooth Numbering System <b>CODE SOURCE:</b> 135: American Dental Association Codes ZZ Mutually Defined	M	ID	1/3	Required

**Code Name**

Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.

ABR Assigned by Receiver

Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.

NDC National Drug Code (NDC)

134: National Drug Code  
240: National Drug Code by Format

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

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

**Industry:** Procedure Code

**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

1250 **Date Time Period Format Qualifier** C ID 2/3 Situational

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

**HIPAA Notes:** Required if X12N syntax conditions apply.

**Code Name**

D8 Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

1251 **Date Time Period** C AN 1/35 Situational

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

**Industry:** Procedure Date

**HIPAA Notes:** Required if proposed or actual procedure date is known.

782 **Monetary Amount** O R 1/18 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> Monetary amount</p> <p><b>Industry:</b> Procedure Monetary Amount</p> <p><b>HIPAA Notes:</b> Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.</p>				
	380	<p><b>Quantity</b></p> <p><b>Description:</b> Numeric value of quantity</p> <p><b>Industry:</b> Procedure Quantity</p> <p><b>HIPAA Notes:</b> Required if requesting authorization for more than one occurrence of the procedure identified in HI04-2 for the same time period.</p>	O	R	1/15	Situational
	799	<p><b>Version Identifier</b></p> <p><b>Description:</b> Revision level of a particular format, program, technique or algorithm</p> <p><b>Industry:</b> Version, Release, or Industry Identifier</p> <p><b>HIPAA Notes:</b> Required if the code list referenced in HI04-1 has a version identifier. Otherwise Not Used.</p>	O	AN	1/30	Situational
HI05	C022	<p><b>Health Care Code Information</b></p> <p><b>Description:</b> To send health care codes and their associated dates, amounts and quantities</p> <p><b>CIGNA Trading Partner Notes:</b> Procedure Code 5</p> <p><b>HIPAA Notes:</b> Use this for the fifth procedure.</p>	O	Comp		Situational
	1270	<p><b>Code List Qualifier Code</b></p> <p><b>Description:</b> Code identifying a specific industry code list</p> <p><b>HIPAA Notes:</b> Required if X12N syntax conditions apply.</p>	M	ID	1/3	Required

**Code Name**

- BO Health Care Financing Administration Common Procedural Coding System  
 Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.  
**CODE SOURCE:**  
 130: Health Care Financing Administration Common Procedural Coding System
- BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure  
**CODE SOURCE:**  
 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
- JP National Standard Tooth Numbering System  
**CODE SOURCE:**  
 135: American Dental Association Codes
- ZZ Mutually Defined  
 Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.  
  
 This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.
- ABR Assigned by Receiver  
 Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.
- NDC National Drug Code (NDC)  
**CODE SOURCE:**  
 134: National Drug Code  
 240: National Drug Code by Format

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> Procedure Code				
	<b>ExternalCodeList</b>				
	<b>Name:</b> 130				
	<b>Description:</b> Health Care Financing Administration Common Procedural Coding System				
	<b>ExternalCodeList</b>				
	<b>Name:</b> 131				
	<b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	<b>ExternalCodeList</b>				
	<b>Name:</b> 132				
	<b>Description:</b> National Uniform Billing Committee (NUBC) codes				
	<b>ExternalCodeList</b>				
	<b>Name:</b> 134				
	<b>Description:</b> National Drug Code				
	<b>ExternalCodeList</b>				
	<b>Name:</b> 135				
	<b>Description:</b> American Dental Association Codes				
	<b>ExternalCodeList</b>				
	<b>Name:</b> 240				
	<b>Description:</b> National Drug Code by Format				
	<b>ExternalCodeList</b>				
	<b>Name:</b> 513				
	<b>Description:</b> Home Infusion EDI Coalition (HIEC) Product/Service Code List				
1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
	<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				
	RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
1251	<b>Date Time Period</b>	C	AN	1/35	Situational
	<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
	<b>Industry:</b> Procedure Date				
	<b>HIPAA Notes:</b> Required if proposed or actual procedure date is known.				
782	<b>Monetary Amount</b>	O	R	1/18	Situational
	<b>Description:</b> Monetary amount				
	<b>Industry:</b> Procedure Monetary Amount				
	<b>HIPAA Notes:</b> Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.				
380	<b>Quantity</b>	O	R	1/15	Situational
	<b>Description:</b> Numeric value of quantity				
	<b>Industry:</b> Procedure Quantity				
	<b>HIPAA Notes:</b> Required if requesting authorization for more than one occurrence of the procedure identified in HI05-2 for the same time period.				
799	<b>Version Identifier</b>	O	AN	1/30	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> Revision level of a particular format, program, technique or algorithm</p> <p><b>Industry:</b> Version, Release, or Industry Identifier</p> <p><b>HIPAA Notes:</b> Required if the code list referenced in HI05-1 has a version identifier. Otherwise Not Used.</p>				
HI06	C022	<p><b>Health Care Code Information</b></p> <p><b>Description:</b> To send health care codes and their associated dates, amounts and quantities</p> <p><b>CIGNA Trading Partner Notes:</b> Procedure Code 6</p> <p><b>HIPAA Notes:</b> Use this for the sixth procedure.</p>	O	Comp		Situational
	1270	<p><b>Code List Qualifier Code</b></p> <p><b>Description:</b> Code identifying a specific industry code list</p> <p><b>Code Name</b></p> <p>BO Health Care Financing Administration Common Procedural Coding System Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO. <b>CODE SOURCE:</b> 130: Health Care Financing Administration Common Procedural Coding System</p> <p>BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure <b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure</p> <p>JP National Standard Tooth Numbering System <b>CODE SOURCE:</b> 135: American Dental Association Codes</p> <p>ZZ Mutually Defined Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.  This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property &amp; Casualty claims/encounters that are not covered under HIPAA.</p> <p>ABR Assigned by Receiver Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.</p> <p>NDC National Drug Code (NDC) <b>CODE SOURCE:</b> 134: National Drug Code 240: National Drug Code by Format</p>	M	ID	1/3	Required
	1271	<p><b>Industry Code</b></p> <p><b>Description:</b> Code indicating a code from a specific industry code list</p> <p><b>Industry:</b> Procedure Code</p> <p><b>ExternalCodeList</b> <b>Name:</b> 130 <b>Description:</b> Health Care Financing Administration Common Procedural Coding System</p> <p><b>ExternalCodeList</b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure</p> <p><b>ExternalCodeList</b> <b>Name:</b> 132 <b>Description:</b> National Uniform Billing Committee (NUBC) codes</p>	M	AN	1/30	Required

**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

1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
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**Description:** Code indicating the date format, time format, or date and time format**HIPAA Notes:** Required if X12N syntax conditions apply.**Code Name**

D8 Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

1251	<b>Date Time Period</b>	C	AN	1/35	Situational
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**Description:** Expression of a date, a time, or range of dates, times or dates and times**Industry:** Procedure Date**HIPAA Notes:** Required if proposed or actual procedure date is known.

782	<b>Monetary Amount</b>	O	R	1/18	Situational
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**Description:** Monetary amount**Industry:** Procedure Monetary Amount**HIPAA Notes:** Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.

380	<b>Quantity</b>	O	R	1/15	Situational
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**Description:** Numeric value of quantity**Industry:** Procedure Quantity**HIPAA Notes:** Required if requesting authorization for more than one occurrence of the procedure identified in HI06-2 for the same time period.

799	<b>Version Identifier</b>	O	AN	1/30	Situational
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**Description:** Revision level of a particular format, program, technique or algorithm**Industry:** Version, Release, or Industry Identifier**HIPAA Notes:** Required if the code list referenced in HI06-1 has a version identifier. Otherwise Not Used.

HI07	C022	<b>Health Care Code Information</b>	O	Comp	Situational
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**Description:** To send health care codes and their associated dates, amounts and quantities**CIGNA Trading Partner Notes:** Procedure Code 7**HIPAA Notes:** Use this for the seventh procedure.

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

**Description:** Code identifying a specific industry code list

**Code Name**

BO Health Care Financing Administration Common Procedural Coding System

Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.

**CODE SOURCE:**

130: Health Care Financing Administration Common Procedural Coding System

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

**CODE SOURCE:**

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

JP National Standard Tooth Numbering System

**CODE SOURCE:**

135: American Dental Association Codes

ZZ Mutually Defined

Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.

ABR Assigned by Receiver

Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.

NDC National Drug Code (NDC)

**CODE SOURCE:**

134: National Drug Code

240: National Drug Code by Format

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

**Industry:** Procedure Code

**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

	1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>HIPAA Notes:</b> Required if X12N syntax conditions apply.				
		<b>Code Name</b>				
		D8 Date Expressed in Format CCYYMMDD				
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
	1251	<b>Date Time Period</b>	C	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Procedure Date				
		<b>HIPAA Notes:</b> Required if proposed or actual procedure date is known.				
	782	<b>Monetary Amount</b>	O	R	1/18	Situational
		<b>Description:</b> Monetary amount				
		<b>Industry:</b> Procedure Monetary Amount				
		<b>HIPAA Notes:</b> Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.				
	380	<b>Quantity</b>	O	R	1/15	Situational
		<b>Description:</b> Numeric value of quantity				
		<b>Industry:</b> Procedure Quantity				
		<b>HIPAA Notes:</b> Required if requesting authorization for more than one occurrence of the procedure identified in HI07-2 for the same time period.				
	799	<b>Version Identifier</b>	O	AN	1/30	Situational
		<b>Description:</b> Revision level of a particular format, program, technique or algorithm				
		<b>Industry:</b> Version, Release, or Industry Identifier				
		<b>HIPAA Notes:</b> Required if the code list referenced in HI07-1 has a version identifier. Otherwise Not Used.				
HI08	C022	<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
		<b>CIGNA Trading Partner Notes:</b> Procedure Code 8				
		<b>HIPAA Notes:</b> Use this for the eighth procedure.				
	1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Code Name</b>				
		BO Health Care Financing Administration Common Procedural Coding System				
		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.				
		<b>CODE SOURCE:</b>				
		130: Health Care Financing Administration Common Procedural Coding System				
		BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		JP National Standard Tooth Numbering System				

**Code Name**

**CODE SOURCE:**

135: American Dental Association Codes

ZZ Mutually Defined

Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.

ABR Assigned by Receiver

Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.

NDC National Drug Code (NDC)

**CODE SOURCE:**

134: National Drug Code  
240: National Drug Code by Format

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

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

**Industry:** Procedure Code

**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

1250 **Date Time Period Format Qualifier** C ID 2/3 Situational

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

**HIPAA Notes:** Required if X12N syntax conditions apply.

**Code Name**

D8 Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

1251 **Date Time Period** C AN 1/35 Situational

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

<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> Procedure Date				
		<b>HIPAA Notes:</b> Required if proposed or actual procedure date is known.				
	782	<b>Monetary Amount</b>	O	R	1/18	Situational
		<b>Description:</b> Monetary amount				
		<b>Industry:</b> Procedure Monetary Amount				
		<b>HIPAA Notes:</b> Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.				
	380	<b>Quantity</b>	O	R	1/15	Situational
		<b>Description:</b> Numeric value of quantity				
		<b>Industry:</b> Procedure Quantity				
		<b>HIPAA Notes:</b> Required if requesting authorization for more than one occurrence of the procedure identified in HI08-2 for the same time period.				
	799	<b>Version Identifier</b>	O	AN	1/30	Situational
		<b>Description:</b> Revision level of a particular format, program, technique or algorithm				
		<b>Industry:</b> Version, Release, or Industry Identifier				
		<b>HIPAA Notes:</b> Required if the code list referenced in HI08-1 has a version identifier. Otherwise Not Used.				
HI09	C022	<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
		<b>CIGNA Trading Partner Notes:</b> Procedure Code 9				
		<b>HIPAA Notes:</b> Use this for the ninth procedure.				
	1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Code Name</b>				
	BO	Health Care Financing Administration Common Procedural Coding System				
		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.				
		<b>CODE SOURCE:</b>				
		130: Health Care Financing Administration Common Procedural Coding System				
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	JP	National Standard Tooth Numbering System				
		<b>CODE SOURCE:</b>				
		135: American Dental Association Codes				
	ZZ	Mutually Defined				
		Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.				
		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.				
	ABR	Assigned by Receiver				
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.				
	NDC	National Drug Code (NDC)				
		<b>CODE SOURCE:</b>				

	<u>Code</u>	<u>Name</u>				
		134: National Drug Code 240: National Drug Code by Format				
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>	Procedure Code				
	<b>ExternalCodeList</b>					
	<b>Name:</b>	130				
	<b>Description:</b>	Health Care Financing Administration Common Procedural Coding System				
	<b>ExternalCodeList</b>					
	<b>Name:</b>	131				
	<b>Description:</b>	International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	<b>ExternalCodeList</b>					
	<b>Name:</b>	132				
	<b>Description:</b>	National Uniform Billing Committee (NUBC) codes				
	<b>ExternalCodeList</b>					
	<b>Name:</b>	134				
	<b>Description:</b>	National Drug Code				
	<b>ExternalCodeList</b>					
	<b>Name:</b>	135				
	<b>Description:</b>	American Dental Association Codes				
	<b>ExternalCodeList</b>					
	<b>Name:</b>	240				
	<b>Description:</b>	National Drug Code by Format				
	<b>ExternalCodeList</b>					
	<b>Name:</b>	513				
	<b>Description:</b>	Home Infusion EDI Coalition (HIEC) Product/Service Code List				
1250	<b>Date Time Period Format Qualifier</b>		C	ID	2/3	Situational
	<b>Description:</b>	Code indicating the date format, time format, or date and time format				
	<b>HIPAA Notes:</b>	Required if X12N syntax conditions apply.				
	<b>Code</b>	<b>Name</b>				
	D8	Date Expressed in Format CCYYMMDD				
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
1251	<b>Date Time Period</b>		C	AN	1/35	Situational
	<b>Description:</b>	Expression of a date, a time, or range of dates, times or dates and times				
	<b>Industry:</b>	Procedure Date				
782	<b>Monetary Amount</b>		O	R	1/18	Situational
	<b>Description:</b>	Monetary amount				
	<b>Industry:</b>	Procedure Monetary Amount				
	<b>HIPAA Notes:</b>	Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.				
380	<b>Quantity</b>		O	R	1/15	Situational
	<b>Description:</b>	Numeric value of quantity				
	<b>Industry:</b>	Procedure Quantity				
799	<b>Version Identifier</b>		O	AN	1/30	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> Revision level of a particular format, program, technique or algorithm</p> <p><b>Industry:</b> Version, Release, or Industry Identifier</p>				
HI10	C022	<p><b>Health Care Code Information</b></p> <p><b>Description:</b> To send health care codes and their associated dates, amounts and quantities</p> <p><b>CIGNA Trading Partner Notes:</b> Procedure Code 10</p> <p><b>HIPAA Notes:</b> Use this for the tenth procedure.</p>	O	Comp		Situational
	1270	<p><b>Code List Qualifier Code</b></p> <p><b>Description:</b> Code identifying a specific industry code list</p> <p><b>Code Name</b></p> <p>BO Health Care Financing Administration Common Procedural Coding System Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO. <b>CODE SOURCE:</b> 130: Health Care Financing Administration Common Procedural Coding System</p> <p>BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure <b>CODE SOURCE:</b> 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure</p> <p>JP National Standard Tooth Numbering System <b>CODE SOURCE:</b> 135: American Dental Association Codes</p> <p>ZZ Mutually Defined Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.  This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property &amp; Casualty claims/encounters that are not covered under HIPAA.</p> <p>ABR Assigned by Receiver Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.</p> <p>NDC National Drug Code (NDC) <b>CODE SOURCE:</b> 134: National Drug Code 240: National Drug Code by Format</p>	M	ID	1/3	Required
	1271	<p><b>Industry Code</b></p> <p><b>Description:</b> Code indicating a code from a specific industry code list</p> <p><b>Industry:</b> Procedure Code</p> <p><b>ExternalCodeList</b> <b>Name:</b> 130 <b>Description:</b> Health Care Financing Administration Common Procedural Coding System</p> <p><b>ExternalCodeList</b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure</p> <p><b>ExternalCodeList</b> <b>Name:</b> 132 <b>Description:</b> National Uniform Billing Committee (NUBC) codes</p> <p><b>ExternalCodeList</b> <b>Name:</b> 134</p>	M	AN	1/30	Required

**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

1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
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**Description:** Code indicating the date format, time format, or date and time format

**HIPAA Notes:** Required if X12N syntax conditions apply.

**Code Name**

D8 Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

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

**Industry:** Procedure Date

782	<b>Monetary Amount</b>	O	R	1/18	Situational
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**Description:** Monetary amount

**Industry:** Procedure Monetary Amount

**HIPAA Notes:** Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.

380	<b>Quantity</b>	O	R	1/15	Situational
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**Description:** Numeric value of quantity

**Industry:** Procedure Quantity

799	<b>Version Identifier</b>	O	AN	1/30	Situational
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**Description:** Revision level of a particular format, program, technique or algorithm

**Industry:** Version, Release, or Industry Identifier

HI11	C022	<b>Health Care Code Information</b>	O	Comp	Situational
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**Description:** To send health care codes and their associated dates, amounts and quantities

**CIGNA Trading Partner Notes:** Procedure Code 11

**HIPAA Notes:** Use this for the eleventh procedure.

1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
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**Description:** Code identifying a specific industry code list

**Code Name**

BO Health Care Financing Administration Common Procedural Coding System

Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.

**CODE SOURCE:**

130: Health Care Financing Administration Common Procedural Coding System

**Code Name**

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

**CODE SOURCE:**

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

JP National Standard Tooth Numbering System

**CODE SOURCE:**

135: American Dental Association Codes

ZZ Mutually Defined

Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.

ABR Assigned by Receiver

Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.

NDC National Drug Code (NDC)

**CODE SOURCE:**

134: National Drug Code  
240: National Drug Code by Format

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

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

**Industry:** Procedure Code

**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

1250 **Date Time Period Format Qualifier** C ID 2/3 Situational

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

**HIPAA Notes:** Required if X12N syntax conditions apply.

**Code Name**

D8 Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

	1251	<b>Date Time Period</b>	C	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Procedure Date				
	782	<b>Monetary Amount</b>	O	R	1/18	Situational
		<b>Description:</b> Monetary amount				
		<b>Industry:</b> Procedure Monetary Amount				
		<b>HIPAA Notes:</b> Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.				
	380	<b>Quantity</b>	O	R	1/15	Situational
		<b>Description:</b> Numeric value of quantity				
		<b>Industry:</b> Procedure Quantity				
	799	<b>Version Identifier</b>	O	AN	1/30	Situational
		<b>Description:</b> Revision level of a particular format, program, technique or algorithm				
		<b>Industry:</b> Version, Release, or Industry Identifier				
HI12	C022	<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
		<b>CIGNA Trading Partner Notes:</b> Procedure Code 12				
		<b>HIPAA Notes:</b> Use this for the twelfth procedure.				
	1270	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Code Name</b>				
	BO	Health Care Financing Administration Common Procedural Coding System				
		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.				
		<b>CODE SOURCE:</b>				
		130: Health Care Financing Administration Common Procedural Coding System				
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure				
		<b>CODE SOURCE:</b>				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	JP	National Standard Tooth Numbering System				
		<b>CODE SOURCE:</b>				
		135: American Dental Association Codes				
	ZZ	Mutually Defined				
		Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.				
		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.				
	ABR	Assigned by Receiver				
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.				
	NDC	National Drug Code (NDC)				
		<b>CODE SOURCE:</b>				
		134: National Drug Code				
		240: National Drug Code by Format				
	1271	<b>Industry Code</b>	M	AN	1/30	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 indicating a code from a specific industry code list				
		<b>Industry:</b> Procedure Code				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 130				
		<b>Description:</b> Health Care Financing Administration Common Procedural Coding System				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 131				
		<b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 132				
		<b>Description:</b> National Uniform Billing Committee (NUBC) codes				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 134				
		<b>Description:</b> National Drug Code				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 135				
		<b>Description:</b> American Dental Association Codes				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 240				
		<b>Description:</b> National Drug Code by Format				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 513				
		<b>Description:</b> Home Infusion EDI Coalition (HIEC) Product/Service Code List				
1250		<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>HIPAA Notes:</b> Required if X12N syntax conditions apply.				
		<b>Code Name</b>				
		D8 Date Expressed in Format CCYYMMDD				
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
1251		<b>Date Time Period</b>	C	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		<b>Industry:</b> Procedure Date				
782		<b>Monetary Amount</b>	O	R	1/18	Situational
		<b>Description:</b> Monetary amount				
		<b>Industry:</b> Procedure Monetary Amount				
		<b>HIPAA Notes:</b> Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.				
380		<b>Quantity</b>	O	R	1/15	Situational
		<b>Description:</b> Numeric value of quantity				
		<b>Industry:</b> Procedure Quantity				
799		<b>Version Identifier</b>	O	AN	1/30	Situational
		<b>Description:</b> Revision level of a particular format, program, technique or algorithm				
		<b>Industry:</b> Version, Release, or Industry Identifier				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
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# HSD Health Care Services Delivery

Pos: 090	Max: 1
Detail - Optional	
Loop: 2000F	Elements: 8

**User Option (Usage):** Situational

**Purpose:** To specify the delivery pattern of health care services

## Notes:

1. Use the HSD segment when requesting services (other than spinal manipulation services) that have a specific pattern of delivery or usage. For spinal manipulation services, use the CR2 segment. An explanation of the uses of this segment follows.  
 HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means "one visit". Between HSD02 and HSD03 verbally insert a "per every". HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means "three days". Between HSD04 and HSD05 verbally insert a "for". HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means "21 days". The total message reads: HSD\*VS\*1\*DA\*3\*7\*21~ = "One visit per every three days for 21 days". Another similar data string of HSD\*VS\*2\*DA\*4\*7\*20~ = "Two visits per every four days for 20 days". An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD\*VS\*1\*\*\*\*\*SX\*D~ means "1 visit on Wednesday and Thursday morning".

## Example:

HSD\*VS\*1\*DA\*1\*7\*10~ (This indicates "1 visit every (per) 1 day (daily) for 10 days".)  
 HSD\*VS\*1\*DA\*\*\*\*W~ (This indicates "1 visit per day whenever necessary".)

## CIGNA Trading Partner Notes:

Suggest/Recommend provider includes this segment to expedite the processing of this request.

## 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>
HSD01	673	<b>Quantity Qualifier</b>	C	ID	2/2	Situational
<b>Description:</b> Code specifying the type of quantity						
<b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.						
<b>HIPAA Notes:</b> Use if needed to indicate the type of service count quantified in HSD02.						
<b>Code Name</b>						
DY Days						
FL Units						
HS Hours						
MN Month						
VS Visits						
HSD02	380	<b>Quantity</b>	C	R	1/15	Situational
<b>Description:</b> Numeric value of quantity						
<b>Industry:</b> Service Unit Count						
<b>CIGNA Trading Partner Notes:</b> Service Quantity						
CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request						
<b>HIPAA Notes:</b> Use this number for the quantity of services to be rendered.						
HSD03	355	<b>Unit or Basis for Measurement Code</b>	O	ID	2/2	Situational
<b>Description:</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken						
<b>HIPAA Notes:</b> Use this code for the timeframe in which the quantity of services in HSD02 will be rendered.						

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<b>Code Name</b>				
		DA Days				
		MO Months				
		WK Week				
HSD04	1167	<b>Sample Selection Modulus</b>	O	R	1/6	Situational
		<b>Description:</b> To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes				
HSD05	615	<b>Time Period Qualifier</b>	C	ID	1/2	Situational
		<b>Description:</b> Code defining periods				
		<b>HIPAA Notes:</b> Use this code for the time period for which the services will be continued.				
		<b>Code Name</b>				
		6 Hour				
		7 Day				
		21 Years				
		26 Episode				
		27 Visit				
		34 Month				
		35 Week				
HSD06	616	<b>Number of Periods</b>	O	N0	1/3	Situational
		<b>Description:</b> Total number of periods				
		<b>Industry:</b> Period Count				
		<b>HIPAA Notes:</b> Use this number for the number of time periods in HSD05 that are requested.				
HSD07	678	<b>Ship/Delivery or Calendar Pattern Code</b>	O	ID	1/2	Situational
		<b>Description:</b> Code which specifies the routine shipments, deliveries, or calendar pattern				
		<b>Industry:</b> Ship, Delivery or Calendar Pattern Code				
		<b>CIGNA Trading Partner Notes:</b> Service Delivery Calendar Pattern Code				
		<b>HIPAA Notes:</b> Use this code for the calendar delivery pattern for the services.				
		<b>Code Name</b>				
		1 1st Week of the Month				
		2 2nd Week of the Month				
		3 3rd Week of the Month				
		4 4th Week of the Month				
		5 5th Week of the Month				
		6 1st & 3rd Weeks of the Month				
		7 2nd & 4th Weeks of the Month				
		8 1st Working Day of Period				
		9 Last Working Day of Period				
		A Monday through Friday				
		B Monday through Saturday				
		C Monday through Sunday				
		D Monday				
		E Tuesday				
		F Wednesday				
		G Thursday				

<u>Code</u>	<u>Name</u>
H	Friday
J	Saturday
K	Sunday
L	Monday through Thursday
M	Immediately
N	As Directed
O	Daily Mon. through Fri.
P	1/2 Mon. & 1/2 Thurs.
Q	1/2 Tues. & 1/2 Thurs.
R	1/2 Wed. & 1/2 Fri.
S	Once Anytime Mon. through Fri.
T	1/2 Tue. & 1/2 Fri.
U	1/2 Mon. & 1/2 Wed.
V	1/3 Mon., 1/3 Wed., 1/3 Fri.
W	Whenever Necessary
X	1/2 By Wed., Bal. By Fri.
Y	None (Also Used to Cancel or Override a Previous Pattern)
SA	Sunday, Monday, Thursday, Friday, Saturday
SB	Tuesday through Saturday
SC	Sunday, Wednesday, Thursday, Friday, Saturday
SD	Monday, Wednesday, Thursday, Friday, Saturday
SG	Tuesday through Friday
SL	Monday, Tuesday and Thursday
SP	Monday, Tuesday and Friday
SX	Wednesday and Thursday
SY	Monday, Wednesday and Thursday
SZ	Tuesday, Thursday and Friday

HSD08 679 **Ship/Delivery Pattern Time Code** O ID 1/1 Situational

**Description:** Code which specifies the time for routine shipments or deliveries

**Industry:** Delivery Pattern Time Code

**CIGNA Trading Partner Notes:** Service Delivery Time Pattern Code

**HIPAA Notes:** Use this code for the time delivery pattern for the services.

<u>Code</u>	<u>Name</u>
A	1st Shift (Normal Working Hours)
B	2nd Shift
C	3rd Shift
D	A.M.
E	P.M.
F	As Directed
G	Any Shift
Y	None (Also Used to Cancel or Override a Previous Pattern)

### Syntax Rules:

1. P0102 - If either HSD01 or HSD02 is present, then the other is required.
2. C0605 - If HSD06 is present, then HSD05 is required.

# CRC Patient Condition Information

Pos: 100	Max: 6
Detail - Optional	
Loop: 2000F	Elements: 7

**User Option (Usage):** Situational

**Purpose:** To supply information on conditions

## Notes:

1. Use this segment to provide additional patient condition information needed to justify the medical necessity of the services requested.

## Example:

CRC\*75\*Y\*12~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider includes this segment to expedite the processing of this request, if applicable to services being required.

## 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>
CRC01	1136	<b>Code Category</b>	M	ID	2/2	Required
<b>Description:</b> Specifies the situation or category to which the code applies						
<b>CIGNA Trading Partner Notes:</b> Condition Code Category						
<b>Code Name</b>						
07 Ambulance Certification						
08 Chiropractic Certification						
11 Oxygen Therapy Certification						
75 Functional Limitations						
76 Activities Permitted						
77 Mental Status						
CRC02	1073	<b>Yes/No Condition or Response Code</b>	M	ID	1/1	Required
<b>Description:</b> Code indicating a Yes or No condition or response						
<b>Industry:</b> Certification Condition Indicator						
<b>Code Name</b>						
N No						
Y Yes						
CRC03	1321	<b>Condition Indicator</b>	M	ID	2/2	Required
<b>Description:</b> Code indicating a condition						
<b>Industry:</b> Condition Code						
<b>Code Name</b>						
01 Patient was admitted to a hospital						
02 Patient was bed confined before the ambulance service						
03 Patient was bed confined after the ambulance service						
04 Patient was moved by stretcher						
05 Patient was unconscious or in shock						
06 Patient was transported in an emergency situation						
07 Patient had to be physically restrained						
08 Patient had visible hemorrhaging						
09 Ambulance service was medically necessary						
10 Patient is ambulatory						
11 Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility						

**Code Name**

- 12 Patient is confined to a bed or chair
- 13 Patient is Confined to a Room or an Area Without Bathroom Facilities
- 14 Ambulation is Impaired and Walking Aid is Used for Mobility
- 15 Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
- 16 Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
- 17 Patient's Ability to Breathe is Severely Impaired
- 18 Patient condition requires frequent and/or immediate changes in body positions
- 19 Patient can operate controls
- 20 Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
- 21 Patient owns equipment
- 22 Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
- 23 Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
- 24 Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
- 25 Item has been prescribed as part of a planned regimen of treatment in patient home
- 26 Patient is highly susceptible to decubitus ulcers
- 27 Patient or a care-giver has been instructed in use of equipment
- 30 Without the equipment, the patient would require surgery
- 31 Patient has had a total knee replacement
- 35 This Feeding is the Only Form of Nutritional Intake for This Patient
- 37 Oxygen delivery equipment is stationary
- 39 Patient Has Mobilizing Respiratory Tract Secretions
- 40 Patient or Caregiver is Capable of Using the Equipment Without Technical or Professional Supervision
- 41 Patient or Caregiver is Unable to Propel or Lift a Standard Weight Wheelchair
- 42 Patient Requires Leg Elevation for Edema or Body Alignment
- 43 Patient Weight or Usage Needs Necessitate a Heavy Duty Wheelchair
- 44 Patient Requires Reclining Function of a Wheelchair
- 45 Patient is Unable to Operate a Wheelchair Manually
- 46 Patient or Caregiver Requires Side Transfer into Wheelchair, Commode or Other
- 60 Transportation Was To the Nearest Facility
- 9D Lack of Appropriate Facility within Reasonable Distance to Treat Patient in the Event of Complications
- 9H Patient Requires Intensive IV Therapy
- 9J Patient Requires Protective Isolation
- 9K Patient Requires Frequent Monitoring
- IH Independent at Home
- LB Legally Blind
- SL Speech Limitations

CRC04 1321 **Condition Indicator** O ID 2/2 Situational

**Description:** Code indicating a condition

**Industry:** Condition Code

**HIPAA Notes:** Use this data element to specify additional codes indicating a patient's condition.

Use if multiple conditions apply to the certification.

**Code Name**

- 01 Patient was admitted to a hospital
- 02 Patient was bed confined before the ambulance service
- 03 Patient was bed confined after the ambulance service
- 04 Patient was moved by stretcher

**Code Name**

05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
10	Patient is ambulatory
11	Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
12	Patient is confined to a bed or chair
13	Patient is Confined to a Room or an Area Without Bathroom Facilities
14	Ambulation is Impaired and Walking Aid is Used for Mobility
15	Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
16	Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
17	Patient's Ability to Breathe is Severely Impaired
18	Patient condition requires frequent and/or immediate changes in body positions
19	Patient can operate controls
20	Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
21	Patient owns equipment
22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
23	Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
25	Item has been prescribed as part of a planned regimen of treatment in patient home
26	Patient is highly susceptible to decubitus ulcers
27	Patient or a care-giver has been instructed in use of equipment
30	Without the equipment, the patient would require surgery
31	Patient has had a total knee replacement
35	This Feeding is the Only Form of Nutritional Intake for This Patient
37	Oxygen delivery equipment is stationary
39	Patient Has Mobilizing Respiratory Tract Secretions
40	Patient or Caregiver is Capable of Using the Equipment Without Technical or Professional Supervision
41	Patient or Caregiver is Unable to Propel or Lift a Standard Weight Wheelchair
42	Patient Requires Leg Elevation for Edema or Body Alignment
43	Patient Weight or Usage Needs Necessitate a Heavy Duty Wheelchair
44	Patient Requires Reclining Function of a Wheelchair
45	Patient is Unable to Operate a Wheelchair Manually
46	Patient or Caregiver Requires Side Transfer into Wheelchair, Commode or Other
60	Transportation Was To the Nearest Facility
9D	Lack of Appropriate Facility within Reasonable Distance to Treat Patient in the Event of Complications
9H	Patient Requires Intensive IV Therapy
9J	Patient Requires Protective Isolation
9K	Patient Requires Frequent Monitoring
IH	Independent at Home
LB	Legally Blind
SL	Speech Limitations

CRC05	1321	<b>Condition Indicator</b>	O	ID	2/2	Situational
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**Description:** Code indicating a condition

**Industry:** Condition Code

**HIPAA Notes:** Use this data element to specify additional codes indicating a patient's condition.

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Use if multiple conditions apply to the certification.				
		<b><u>Code</u></b>				
		<b><u>Name</u></b>				
		01				Patient was admitted to a hospital
		02				Patient was bed confined before the ambulance service
		03				Patient was bed confined after the ambulance service
		04				Patient was moved by stretcher
		05				Patient was unconscious or in shock
		06				Patient was transported in an emergency situation
		07				Patient had to be physically restrained
		08				Patient had visible hemorrhaging
		09				Ambulance service was medically necessary
		10				Patient is ambulatory
		11				Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
		12				Patient is confined to a bed or chair
		13				Patient is Confined to a Room or an Area Without Bathroom Facilities
		14				Ambulation is Impaired and Walking Aid is Used for Mobility
		15				Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
		16				Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
		17				Patient's Ability to Breathe is Severely Impaired
		18				Patient condition requires frequent and/or immediate changes in body positions
		19				Patient can operate controls
		20				Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
		21				Patient owns equipment
		22				Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
		23				Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
		24				Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
		25				Item has been prescribed as part of a planned regimen of treatment in patient home
		26				Patient is highly susceptible to decubitus ulcers
		27				Patient or a care-giver has been instructed in use of equipment
		30				Without the equipment, the patient would require surgery
		31				Patient has had a total knee replacement
		35				This Feeding is the Only Form of Nutritional Intake for This Patient
		37				Oxygen delivery equipment is stationary
		39				Patient Has Mobilizing Respiratory Tract Secretions
		40				Patient or Caregiver is Capable of Using the Equipment Without Technical or Professional Supervision
		41				Patient or Caregiver is Unable to Propel or Lift a Standard Weight Wheelchair
		42				Patient Requires Leg Elevation for Edema or Body Alignment
		43				Patient Weight or Usage Needs Necessitate a Heavy Duty Wheelchair
		44				Patient Requires Reclining Function of a Wheelchair
		45				Patient is Unable to Operate a Wheelchair Manually
		46				Patient or Caregiver Requires Side Transfer into Wheelchair, Commode or Other
		60				Transportation Was To the Nearest Facility
		9D				Lack of Appropriate Facility within Reasonable Distance to Treat Patient in the Event of Complications
		9H				Patient Requires Intensive IV Therapy
		9J				Patient Requires Protective Isolation
		9K				Patient Requires Frequent Monitoring
		IH				Independent at Home
		LB				Legally Blind
		SL				Speech Limitations

CRC06 1321 **Condition Indicator** O ID 2/2 Situational

**Description:** Code indicating a condition

**Industry:** Condition Code

**HIPAA Notes:** Use this data element to specify additional codes indicating a patient's condition.

Use if multiple conditions apply to the certification.

**Code Name**

- 01 Patient was admitted to a hospital
- 02 Patient was bed confined before the ambulance service
- 03 Patient was bed confined after the ambulance service
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation
- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 10 Patient is ambulatory
- 11 Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
- 12 Patient is confined to a bed or chair
- 13 Patient is Confined to a Room or an Area Without Bathroom Facilities
- 14 Ambulation is Impaired and Walking Aid is Used for Mobility
- 15 Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
- 16 Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
- 17 Patient's Ability to Breathe is Severely Impaired
- 18 Patient condition requires frequent and/or immediate changes in body positions
- 19 Patient can operate controls
- 20 Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
- 21 Patient owns equipment
- 22 Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
- 23 Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
- 24 Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
- 25 Item has been prescribed as part of a planned regimen of treatment in patient home
- 26 Patient is highly susceptible to decubitus ulcers
- 27 Patient or a care-giver has been instructed in use of equipment
- 30 Without the equipment, the patient would require surgery
- 31 Patient has had a total knee replacement
- 35 This Feeding is the Only Form of Nutritional Intake for This Patient
- 37 Oxygen delivery equipment is stationary
- 39 Patient Has Mobilizing Respiratory Tract Secretions
- 40 Patient or Caregiver is Capable of Using the Equipment Without Technical or Professional Supervision
- 41 Patient or Caregiver is Unable to Propel or Lift a Standard Weight Wheelchair
- 42 Patient Requires Leg Elevation for Edema or Body Alignment
- 43 Patient Weight or Usage Needs Necessitate a Heavy Duty Wheelchair
- 44 Patient Requires Reclining Function of a Wheelchair
- 45 Patient is Unable to Operate a Wheelchair Manually
- 46 Patient or Caregiver Requires Side Transfer into Wheelchair, Commode or Other
- 60 Transportation Was To the Nearest Facility
- 9D Lack of Appropriate Facility within Reasonable Distance to Treat Patient in the Event of Complications
- 9H Patient Requires Intensive IV Therapy

**Code Name**

9J Patient Requires Protective Isolation  
 9K Patient Requires Frequent Monitoring  
 IH Independent at Home  
 LB Legally Blind  
 SL Speech Limitations

CRC07 1321

**Condition Indicator**

O

ID

2/2

Situational

**Description:** Code indicating a condition**Industry:** Condition Code**HIPAA Notes:** Use this data element to specify additional codes indicating a patient's condition.

Use if multiple conditions apply to the certification.

**Code Name**

01 Patient was admitted to a hospital  
 02 Patient was bed confined before the ambulance service  
 03 Patient was bed confined after the ambulance service  
 04 Patient was moved by stretcher  
 05 Patient was unconscious or in shock  
 06 Patient was transported in an emergency situation  
 07 Patient had to be physically restrained  
 08 Patient had visible hemorrhaging  
 09 Ambulance service was medically necessary  
 10 Patient is ambulatory  
 11 Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility  
 12 Patient is confined to a bed or chair  
 13 Patient is Confined to a Room or an Area Without Bathroom Facilities  
 14 Ambulation is Impaired and Walking Aid is Used for Mobility  
 15 Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed  
 16 Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons  
 17 Patient's Ability to Breathe is Severely Impaired  
 18 Patient condition requires frequent and/or immediate changes in body positions  
 19 Patient can operate controls  
 20 Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary  
 21 Patient owns equipment  
 22 Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary  
 23 Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair  
 24 Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use  
 25 Item has been prescribed as part of a planned regimen of treatment in patient home  
 26 Patient is highly susceptible to decubitus ulcers  
 27 Patient or a care-giver has been instructed in use of equipment  
 30 Without the equipment, the patient would require surgery  
 31 Patient has had a total knee replacement  
 35 This Feeding is the Only Form of Nutritional Intake for This Patient  
 37 Oxygen delivery equipment is stationary  
 39 Patient Has Mobilizing Respiratory Tract Secretions  
 40 Patient or Caregiver is Capable of Using the Equipment Without Technical or Professional Supervision  
 41 Patient or Caregiver is Unable to Propel or Lift a Standard Weight Wheelchair  
 42 Patient Requires Leg Elevation for Edema or Body Alignment  
 43 Patient Weight or Usage Needs Necessitate a Heavy Duty Wheelchair

**Code Name**

44	Patient Requires Reclining Function of a Wheelchair
45	Patient is Unable to Operate a Wheelchair Manually
46	Patient or Caregiver Requires Side Transfer into Wheelchair, Commode or Other
60	Transportation Was To the Nearest Facility
9D	Lack of Appropriate Facility within Reasonable Distance to Treat Patient in the Event of Complications
9H	Patient Requires Intensive IV Therapy
9J	Patient Requires Protective Isolation
9K	Patient Requires Frequent Monitoring
IH	Independent at Home
LB	Legally Blind
SL	Speech Limitations

**Semantics:**

1. CRC01 qualifies CRC03 through CRC07.
2. CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

# CL1 Institutional Claim Code

Pos: 110	Max: 1
Detail - Optional	
Loop: 2000F	Elements: 4

**User Option (Usage):** Situational

**Purpose:** To supply information specific to hospital claims

## Notes:

1. Use only when requesting certification for admission (UM01 = AR) to a facility.

## Example:

CL1\*3\*\*01~

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CL101	1315	<b>Admission Type Code</b>	O	ID	1/1	Situational
<p><b>Description:</b> Code indicating the priority of this admission</p> <p><b>CODE SOURCE:</b> 231: Admission Type Code</p> <p><b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.</p> <p><b>HIPAA Notes:</b> Required if requesting admission to a hospital for inpatient services.</p> <p><b>ExternalCodeList</b>  <b>Name:</b> 231  <b>Description:</b> Admission Type Code</p>						
CL102	1314	<b>Admission Source Code</b>	O	ID	1/1	Situational
<p><b>Description:</b> Code indicating the source of this admission</p> <p><b>CODE SOURCE:</b> 230: Admission Source Code</p> <p><b>HIPAA Notes:</b> Used only when certification requires information on the admission source that is not provided in the Requester Loop 2000B.</p> <p><b>ExternalCodeList</b>  <b>Name:</b> 230  <b>Description:</b> Admission Source Code</p>						
CL103	1352	<b>Patient Status Code</b>	O	ID	1/2	Situational
<p><b>Description:</b> Code indicating patient status as of the "statement covers through date"</p> <p><b>CODE SOURCE:</b> 239: Patient Status Code</p> <p><b>HIPAA Notes:</b> Use only for inpatient services. Under most circumstances, this data element is not used.</p> <p><b>ExternalCodeList</b>  <b>Name:</b> 239  <b>Description:</b> Patient Status Code</p>						
CL104	1345	<b>Nursing Home Residential Status Code</b>	O	ID	1/1	Situational
<p><b>Description:</b> Code specifying the status of a nursing home resident at the time of service</p> <p><b>HIPAA Notes:</b> Use only when certification involves a nursing home resident.</p>						

Ref

Id

Element Name

Req

Type

Min/Max

Usage

All valid standard codes are used.

# CR1 Ambulance Transport Information

Pos: 120	Max: 1
Detail - Optional	
Loop: 2000F	Elements: 10

**User Option (Usage):** Situational

**Purpose:** To supply information related to the ambulance service rendered to a patient

## Notes:

1. Required for certifications involving non-emergency ambulance transport of a patient.

## Example:

CR1\*LB\*155\*T\*A~

## 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>
CR101	355	<b>Unit or Basis for Measurement Code</b>	C	ID	2/2	Situational
		<b>Description:</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
		<b>HIPAA Notes:</b> Required if CR102 is present.				
		<b>Code Name</b>				
		KG Kilogram				
		LB Pound				
CR102	81	<b>Weight</b>	C	R	1/10	Situational
		<b>Description:</b> Numeric value of weight				
		<b>Industry:</b> Patient Weight				
		<b>HIPAA Notes:</b> Required if patient weight information is needed to justify the medical necessity of the level of ambulance services.				
CR103	1316	<b>Ambulance Transport Code</b>	O	ID	1/1	Required
		<b>Description:</b> Code indicating the type of ambulance transport				
		<b>All valid standard codes are used.</b>				
CR104	1317	<b>Ambulance Transport Reason Code</b>	O	ID	1/1	Required
		<b>Description:</b> Code indicating the reason for ambulance transport				
		<b>Code Name</b>				
		A Patient was transported to nearest facility for care of symptoms, complaints, or both				
		Can be used to indicate that the patient was transferred to a residential facility.				
		B Patient was transported for the benefit of a preferred physician				
		C Patient was transported for the nearness of family members				
		D Patient was transported for the care of a specialist or for availability of specialized equipment				
		E Patient Transferred to Rehabilitation Facility				
CR105	355	<b>Unit or Basis for Measurement Code</b>	C	ID	2/2	Situational
		<b>Description:</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
		<b>HIPAA Notes:</b> Required if CR106 is present.				
		<b>Code Name</b>				
		DH Miles				
		DK Kilometers				
CR106	380	<b>Quantity</b>	C	R	1/15	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>Description:</b> Numeric value of quantity <b>Industry:</b> Transport Distance <b>HIPAA Notes:</b> Required if known.				
CR107	166	<b>Address Information</b> <b>Description:</b> Address information <b>Industry:</b> Ambulance Trip Origin Address <b>HIPAA Notes:</b> Required if CR106 is not present.	O	AN	1/55	Situational
CR108	166	<b>Address Information</b> <b>Description:</b> Address information <b>Industry:</b> Ambulance Trip Destination Address <b>HIPAA Notes:</b> Required if CR106 is not present.	O	AN	1/55	Situational
CR109	352	<b>Description</b> <b>Description:</b> A free-form description to clarify the related data elements and their content <b>Industry:</b> Round Trip Purpose Description <b>HIPAA Notes:</b> Required if needed when CR103 (Ambulance Transport Code) = "X Round Trip" to justify the round trip. Otherwise Not Used.	O	AN	1/80	Situational
CR110	352	<b>Description</b> <b>Description:</b> A free-form description to clarify the related data elements and their content <b>Industry:</b> Stretcher Purpose Description <b>HIPAA Notes:</b> Required if needed to justify usage of stretcher.	O	AN	1/80	Situational

### Syntax Rules:

1. P0102 - If either CR101 or CR102 is present, then the other is required.
2. P0506 - If either CR105 or CR106 is present, then the other is required.

### Semantics:

1. CR102 is the weight of the patient at time of transport.
2. CR106 is the distance traveled during transport.
3. CR107 is the address of origin.
4. CR108 is the address of destination.
5. CR109 is the purpose for the round trip ambulance service.
6. CR110 is the purpose for the usage of a stretcher during ambulance service.

# CR2 Spinal Manipulation Service Information

Pos: 130	Max: 1
Detail - Optional	
Loop: 2000F	Elements: 12

**User Option (Usage):** Situational

**Purpose:** To supply information related to the chiropractic service rendered to a patient

## Notes:

1. Required if requesting certification for spinal manipulation services and UM01 = HS (Health Services Review).

## Example:

CR2\*1\*5\*\*\*\*\*Y~

## 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>
CR201	609	<b>Count</b>	C	N0	1/9	Situational
		<b>Description:</b> Occurrence counter				
		<b>Industry:</b> Treatment Series Number				
		<b>HIPAA Notes:</b> Required if requesting certification for a specific treatment number in a series of treatments.				
CR202	380	<b>Quantity</b>	C	R	1/15	Situational
		<b>Description:</b> Numeric value of quantity				
		<b>Industry:</b> Treatment Count				
		<b>HIPAA Notes:</b> Required if CR201 is present.				
CR203	1367	<b>Subluxation Level Code</b>	C	ID	2/3	Situational
		<b>Description:</b> Code identifying the specific level of subluxation				
		<b>HIPAA Notes:</b> Required if the patient's condition or treatment involves subluxation.				
		<b>All valid standard codes are used.</b>				
CR204	1367	<b>Subluxation Level Code</b>	O	ID	2/3	Situational
		<b>Description:</b> Code identifying the specific level of subluxation				
		<b>HIPAA Notes:</b> Required if the patient's condition or treatment involves subluxation to express the ending level of subluxation.				
		<b>All valid standard codes are used.</b>				
CR205	355	<b>Unit or Basis for Measurement Code</b>	C	ID	2/2	Situational
		<b>Description:</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
		<b>HIPAA Notes:</b> Required if requesting authorization for a spinal manipulation treatment series to indicate the proposed treatment time period.				
		<b>Code Name</b>				
		DA Days				
		MO Months				
		WK Week				
		YR Years				
CR206	380	<b>Quantity</b>	C	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> Treatment Period Count				
		<b>HIPAA Notes:</b> Required if requesting authorization for a spinal manipulation treatment series.				
CR207	380	<b>Quantity</b>	O	R	1/15	Situational
		<b>Description:</b> Numeric value of quantity				
		<b>Industry:</b> Monthly Treatment Count				
		<b>HIPAA Notes:</b> Required if CR205 = "MO" to indicate the proposed number of treatments included in a month of service.				
CR208	1342	<b>Nature of Condition Code</b>	O	ID	1/1	Situational
		<b>Description:</b> Code indicating the nature of a patient's condition				
		<b>Industry:</b> Patient Condition Code				
		<b>HIPAA Notes:</b> Required if UM01 = "HS".				
		<b>All valid standard codes are used.</b>				
CR209	1073	<b>Yes/No Condition or Response Code</b>	O	ID	1/1	Situational
		<b>Description:</b> Code indicating a Yes or No condition or response				
		<b>Industry:</b> Complication Indicator				
		<b>HIPAA Notes:</b> Required if UM01 = "HS".				
		<b>Code Name</b>				
		N No				
		Y Yes				
CR210	352	<b>Description</b>	O	AN	1/80	Situational
		<b>Description:</b> A free-form description to clarify the related data elements and their content				
		<b>Industry:</b> Patient Condition Description				
		<b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.				
		<b>HIPAA Notes:</b> Use at discretion of requester.				
CR211	352	<b>Description</b>	O	AN	1/80	Situational
		<b>Description:</b> A free-form description to clarify the related data elements and their content				
		<b>Industry:</b> Patient Condition Description				
		<b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.				
		<b>HIPAA Notes:</b> Use at discretion of requester.				
CR212	1073	<b>Yes/No Condition or Response Code</b>	O	ID	1/1	Required
		<b>Description:</b> Code indicating a Yes or No condition or response				
		<b>Industry:</b> X-ray Availability Indicator				
		<b>Code Name</b>				
		N No				
		Y Yes				

**Syntax Rules:**

1. P0102 - If either CR201 or CR202 is present, then the other is required.

2. C0403 - If CR204 is present, then CR203 is required.
3. P0506 - If either CR205 or CR206 is present, then the other is required.

**Semantics:**

1. CR201 is the number this treatment is in the series.
2. CR202 is the total number of treatments in the series.
3. CR206 is the time period involved in the treatment series.
4. CR207 is the number of treatments rendered in the month of service.
5. CR209 is complication indicator. A "Y" value indicates a complicated condition; an "N" value indicates an uncomplicated condition.
6. CR210 is a description of the patient's condition.
7. CR211 is an additional description of the patient's condition.
8. CR212 is X-rays availability indicator. A "Y" value indicates X-rays are maintained and available for carrier review; an "N" value indicates X-rays are not maintained and available for carrier review.

**Comments:**

1. When both CR203 and CR204 are present, CR203 is the beginning level of subluxation and CR204 is the ending level of subluxation.

# CR5 Home Oxygen Therapy Information

<b>Pos: 140</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000F</b>	<b>Elements: 16</b>

**User Option (Usage):** Situational

**Purpose:** To supply information regarding certification of medical necessity for home oxygen therapy

## Notes:

1. Required if requesting initial, extended, or revised certification of home oxygen therapy.
2. Use the UM segment data element UM02 instead of CR501 to specify the Certification Type Code.
3. Use the HSD segment instead of CR502 to specify the treatment period.

## Example:

CR5\*\*D\*\*\*1\*\*\*\*\*87\*N\*\*\*\*\*A~

## 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>
CR503	1348	<b>Oxygen Equipment Type Code</b>	O	ID	1/1	Situational
		<b>Description:</b> Code indicating the specific type of equipment being prescribed for the delivery of oxygen				
		<b>HIPAA Notes:</b> Either CR503 or CR518 is required.				
		<b>All valid standard codes are used.</b>				
CR504	1348	<b>Oxygen Equipment Type Code</b>	O	ID	1/1	Situational
		<b>Description:</b> Code indicating the specific type of equipment being prescribed for the delivery of oxygen				
		<b>HIPAA Notes:</b> Required if CR503 is present and more than one type of equipment is required to administer the oxygen therapy.				
		<b>All valid standard codes are used.</b>				
CR505	352	<b>Description</b>	O	AN	1/80	Situational
		<b>Description:</b> A free-form description to clarify the related data elements and their content				
		<b>Industry:</b> Equipment Reason Description				
		<b>HIPAA Notes:</b> Use if needed to provide additional information that could impact the medical decision.				
CR506	380	<b>Quantity</b>	O	R	1/15	Required
		<b>Description:</b> Numeric value of quantity				
		<b>Industry:</b> Oxygen Flow Rate				
		<b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.				
CR507	380	<b>Quantity</b>	O	R	1/15	Situational
		<b>Description:</b> Numeric value of quantity				
		<b>Industry:</b> Daily Oxygen Use Count				
		<b>HIPAA Notes:</b> Required if relevant to the type of home oxygen therapy requested.				
CR508	380	<b>Quantity</b>	O	R	1/15	Situational
		<b>Description:</b> Numeric value of quantity				
		<b>Industry:</b> Oxygen Use Period Hour Count				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<b>HIPAA Notes:</b> Required if relevant to the type of home oxygen therapy requested.				
CR509	352	<b>Description</b> <b>Description:</b> A free-form description to clarify the related data elements and their content <b>Industry:</b> Respiratory Therapist Order Text <b>HIPAA Notes:</b> Use at discretion of requester.	O	AN	1/80	Situational
CR510	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> Arterial Blood Gas Quantity <b>HIPAA Notes:</b> Either CR510 or CR511 is required.	O	R	1/15	Situational
CR511	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> Oxygen Saturation Quantity <b>HIPAA Notes:</b> Either CR510 or CR511 is required.	O	R	1/15	Situational
CR512	1349	<b>Oxygen Test Condition Code</b> <b>Description:</b> Code indicating the conditions under which a patient was tested <b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request. <b>All valid standard codes are used.</b>	O	ID	1/1	Required
CR513	1350	<b>Oxygen Test Findings Code</b> <b>Description:</b> Code indicating the findings of oxygen tests performed on a patient <b>HIPAA Notes:</b> Required if patient's arterial PO2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate. <b>All valid standard codes are used.</b>	O	ID	1/1	Situational
CR514	1350	<b>Oxygen Test Findings Code</b> <b>Description:</b> Code indicating the findings of oxygen tests performed on a patient <b>HIPAA Notes:</b> Required if patient's arterial PO2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate. <b>All valid standard codes are used.</b>	O	ID	1/1	Situational
CR515	1350	<b>Oxygen Test Findings Code</b> <b>Description:</b> Code indicating the findings of oxygen tests performed on a patient <b>HIPAA Notes:</b> Required if patient's arterial PO2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate. <b>All valid standard codes are used.</b>	O	ID	1/1	Situational
CR516	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity	O	R	1/15	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> Portable Oxygen System Flow Rate				
		<b>HIPAA Notes:</b> Required if either CR503, CR505 or CR518 = "D" (Liquid Portable) or "E" (Gaseous Portable).				
CR517	1382	<b>Oxygen Delivery System Code</b>	O	ID	1/1	Required
		<b>Description:</b> Code to indicate if a particular form of delivery was prescribed				
		<b>CIGNA Trading Partner Notes:</b> CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.				
		<b>All valid standard codes are used.</b>				
CR518	1348	<b>Oxygen Equipment Type Code</b>	O	ID	1/1	Situational
		<b>Description:</b> Code indicating the specific type of equipment being prescribed for the delivery of oxygen				
		<b>HIPAA Notes:</b> Either CR503 or CR518 is required.				
		<b>All valid standard codes are used.</b>				

### Semantics:

1. CR502 is the number of months covered by this certification.
2. CR505 is the reason for equipment.
3. CR506 is the oxygen flow rate in liters per minute.
4. CR507 is the number of times per day the patient must use oxygen.
5. CR508 is the number of hours per period of oxygen use.
6. CR509 is the special orders for the respiratory therapist.
7. CR510 is the arterial blood gas.
8. CR511 is the oxygen saturation.
9. CR516 is the oxygen flow rate for a portable oxygen system in liters per minute.

# CR6 Home Health Care Information

Pos: 150	Max: 1
Detail - Optional	
Loop: 2000F	Elements: 16

**User Option (Usage):** Situational

**Purpose:** To supply information related to the certification of a home health care patient

## Notes:

1. Required on requests for certification of home health care, private duty nursing, or services by a nurses' agency.
2. Use the HI segment at the patient level in Loop 2000C or Loop 2000D for diagnosis and diagnosis dates related to requests for home health care.
3. Requests for home health care must include a principal diagnosis (HI01-1 = BK) and principal diagnosis date in the HI segment at the patient level in Loop 2000C or Loop 2000D.

## Example:

CR6\*7\*19980601\*\*\*\*N\*N\*I~

## 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>
CR601	923	<b>Prognosis Code</b>	M	ID	1/1	Required
		<b>Description:</b> Code indicating physician's prognosis for the patient <b>All valid standard codes are used.</b>				
CR602	373	<b>Date</b>	M	DT	8/8	Required
		<b>Description:</b> Date expressed as CCYYMMDD <b>Industry:</b> Service From Date <b>CIGNA Trading Partner Notes:</b> Home Health Start Date  CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.				
CR603	1250	<b>Date Time Period Format Qualifier</b>	C	ID	2/3	Situational
		<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				
CR604	1251	<b>Date Time Period</b>	C	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> Home Health Certification Period <b>HIPAA Notes:</b> Required if duration of plan treatment period is known.				
CR606	1073	<b>Yes/No Condition or Response Code</b>	O	ID	1/1	Required
		<b>Description:</b> Code indicating a Yes or No condition or response <b>Industry:</b> Skilled Nursing Facility Indicator  <b>Code Name</b> N No U Unknown Y Yes				
CR607	1073	<b>Yes/No Condition or Response Code</b>	M	ID	1/1	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> Code indicating a Yes or No condition or response</p> <p><b>Industry:</b> Medicare Coverage Indicator</p> <p><b>Code Name</b></p> <p>N No</p> <p>U Unknown</p> <p>Y Yes</p>				
CR608	1322	<p><b>Certification Type Code</b></p> <p><b>Description:</b> Code indicating the type of certification</p> <p><b>HIPAA Notes:</b> This element should usually have the same value as UM02.</p> <p><b>Code Name</b></p> <p>1 Appeal - Immediate</p> <p>Use this value only for appeals of review decisions where the level of service required is emergency or urgent.</p> <p>2 Appeal - Standard</p> <p>Use this value for appeals of review decisions where the level of service required is not emergency or urgent.</p> <p>3 Cancel</p> <p>4 Extension</p> <p>I Initial</p> <p>R Renewal</p> <p>S Revised</p>	M	ID	1/1	Required
CR609	373	<p><b>Date</b></p> <p><b>Description:</b> Date expressed as CCYYMMDD</p> <p><b>Industry:</b> Surgery Date</p> <p><b>HIPAA Notes:</b> Required if home health care is related to a specific surgical procedure.</p>	C	DT	8/8	Situational
CR610	235	<p><b>Product/Service ID Qualifier</b></p> <p><b>Description:</b> Code identifying the type/source of the descriptive number used in Product/Service ID (234)</p> <p><b>Industry:</b> Product or Service ID Qualifier</p> <p><b>HIPAA Notes:</b> Required if home health care is related to a specific surgical procedure.</p> <p><b>Code Name</b></p> <p>HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes</p> <p>Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.</p> <p><b>CODE SOURCE:</b></p> <p>130: Health Care Financing Administration Common Procedural Coding System</p> <p>ID International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure</p> <p><b>CODE SOURCE:</b></p> <p>131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure</p>	C	ID	2/2	Situational
CR611	1137	<p><b>Medical Code Value</b></p> <p><b>Description:</b> Code value for describing a medical condition or procedure</p> <p><b>Industry:</b> Surgical Procedure Code</p> <p><b>HIPAA Notes:</b> Required if home health care is related to a specific surgical procedure.</p>	C	AN	1/15	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><u>ExternalCodeList</u></b> <b>Name:</b> 130 <b>Description:</b> Health Care Financing Administration Common Procedural Coding System				
		<b><u>ExternalCodeList</u></b> <b>Name:</b> 131 <b>Description:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
CR612	373	<b>Date</b> <b>Description:</b> Date expressed as CCYYMMDD <b>Industry:</b> Physician Order Date <b>HIPAA Notes:</b> Required if different from the date of the request.	O	DT	8/8	Situational
CR613	373	<b>Date</b> <b>Description:</b> Date expressed as CCYYMMDD <b>Industry:</b> Last Visit Date <b>HIPAA Notes:</b> Required if known.	O	DT	8/8	Situational
CR614	373	<b>Date</b> <b>Description:</b> Date expressed as CCYYMMDD <b>Industry:</b> Physician Contact Date <b>HIPAA Notes:</b> Required if known.	O	DT	8/8	Situational
CR615	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format <b>HIPAA Notes:</b> Required if the patient had a recent inpatient stay.	C	ID	2/3	Situational
		<b><u>Code Name</u></b> RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
CR616	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> Last Admission Period <b>HIPAA Notes:</b> Required if the patient had a recent inpatient stay.	C	AN	1/35	Situational
CR617	1384	<b>Patient Location Code</b> <b>Description:</b> Code identifying the location where patient is receiving medical treatment <b>Industry:</b> Patient Discharge Facility Type Code <b>HIPAA Notes:</b> Required if the patient had a recent inpatient stay. <b>All valid standard codes are used.</b>	C	ID	1/1	Situational

**Syntax Rules:**

1. P0304 - If either CR603 or CR604 is present, then the other is required.
2. P091011 - If either CR609, CR610 or CR611 are present, then the others are required.
3. P151617 - If either CR615, CR616 or CR617 are present, then the others are required.

**Semantics:**

1. CR602 is the date covered home health services began.
2. CR604 is the certification period covered by this plan of treatment.

3. CR605 is the date of onset or exacerbation of the principal diagnosis.
4. A "Y" value indicates patient is receiving care in a 1861J1 (skilled nursing) facility. An "N" value indicates patient is not receiving care in a 1861J1 facility. A "U" value indicates it is unknown whether or not the patient is receiving care in a 1861J1 facility.
5. CR607 indicates if the patient is covered by Medicare. A "Y" value indicates the patient is covered by Medicare; an "N" value indicates patient is not covered by Medicare.
6. CR609 is date that the surgery identified in CR614 was performed.
7. CR610 qualifies CR611.
8. CR611 is the surgical procedure most relevant to the care being rendered.
9. CR612 is the date the agency received the verbal orders from the physician for start of care.
10. CR613 is the date that the patient was last seen by the physician.
11. CR614 is the date of the home health agency's most recent contact with the physician.
12. CR616 is the date range of the most recent inpatient stay.
13. CR617 indicates the type of facility from which the patient was most recently discharged.
14. CR618 is the date of onset or exacerbation of the first secondary diagnosis.
15. CR619 is the date of onset or exacerbation of the second secondary diagnosis.
16. CR620 is the date of onset or exacerbation of the third secondary diagnosis.
17. CR621 is the date of onset or exacerbation of the fourth secondary diagnosis.

# PWK Additional Service Information

Pos: 155	Max: 10
Detail - Optional	
Loop: 2000F	Elements: 5

**User Option (Usage):** Situational

**Purpose:** To identify the type or transmission or both of paperwork or supporting information

## Notes:

- This PWK segment is required if the requester has additional documentation (electronic, paper, or other medium) associated with this health care services review that applies to the service(s) requested in this Service loop. This PWK segment should not be used if
  - the 278 request (ST-SE) supports this information in its segments and data elements, or
  - the 278 request (ST-SE) does not support this information and the needed information pertains to the health care services review and not to a specific service.
- This PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or other medium. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be referenced in the electronic attachment.
- The requester can also use this PWK segment to identify paperwork that is held at the provider's office and is available upon request by the UMO (or appropriate entity). Use code AA in PWK02 to convey this specific use of the PWK segment. See code note under PWK02, code AA.  
Refer to Section 2.2.5 for more information on using this PWK segment.

## Example:

PWK\*OB\*BM\*\*\*AC\*DMN0012~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider includes this segment to expedite the processing of this request when applicable.

## 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>
PWK01	755	Report Type Code	M	ID	2/2	Required

**Description:** Code indicating the title or contents of a document, report or supporting item

**Industry:** Attachment Report Type Code

### Code Name

03	Report Justifying Treatment Beyond Utilization Guidelines
04	Drugs Administered
05	Treatment Diagnosis
06	Initial Assessment
07	Functional Goals
08	Plan of Treatment
09	Progress Report
10	Continued Treatment
11	Chemical Analysis
13	Certified Test Report
15	Justification for Admission
21	Recovery Plan
48	Social Security Benefit Letter
55	Rental Agreement
	Use for medical or dental equipment rental.
59	Benefit Letter
77	Support Data for Verification
A3	Allergies/Sensitivities Document
A4	Autopsy Report
AM	Ambulance Certification
AS	Admission Summary
AT	Purchase Order Attachment
	Use for purchase of medical or dental equipment.
B2	Prescription

**Code Name**

B3	Physician Order
BR	Benchmark Testing Results
BS	Baseline
BT	Blanket Test Results
CB	Chiropractic Justification
CK	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes
OB	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
P7	Periodontal Reports
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
QC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

PWK02 756 **Report Transmission Code** O ID 1/2 Required

**Description:** Code defining timing, transmission method or format by which reports are to be sent

**Industry:** Attachment Transmission Code

**Code Name**

AA Available on Request at Provider Site

This means that the paperwork is not being sent with the request at this time. Instead, it is available to the UMO (or appropriate entity) on request.

BM By Mail

**Code Name**

EL Electronically Only

Use to indicate that the attachment is being transmitted in a separate X12 functional group.

EM E-Mail

FX By Fax

VO Voice

Use this for voicemail or phone communication.

PWK05	66	<b>Identification Code Qualifier</b>	X	ID	1/2	Situational
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**Description:** Code designating the system/method of code structure used for Identification Code (67)**HIPAA Notes:** This data element is required when PWK02 DOES NOT equal "AA" or "VO". The requester can use it when PWK02 equals "AA" if the requester wants to send a document control number for an attachment remaining at the Provider's office.**Code Name**

AC Attachment Control Number

PWK06	67	<b>Identification Code</b>	X	AN	2/80	Situational
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**Description:** Code identifying a party or other code**Industry:** Attachment Control Number**HIPAA Notes:** Required if PWK02 equals BM, EL, EM or FX.

PWK07	352	<b>Description</b>	O	AN	1/80	Situational
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**Description:** A free-form description to clarify the related data elements and their content**Industry:** Attachment Description**HIPAA Notes:** This data element is used to add any additional information about the attachment described in this segment.**Syntax Rules:**

1. P0506 - If either PWK05 or PWK06 is present, then the other is required.

**Comments:**

1. PWK05 and PWK06 may be used to identify the addressee by a code number.
2. PWK07 may be used to indicate special information to be shown on the specified report.
3. PWK08 may be used to indicate action pertaining to a report.

# MSG Message Text

<b>Pos: 160</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000F</b>	<b>Elements: 1</b>

**User Option (Usage):** Not recommended

**Purpose:** To provide a free-form format that allows the transmission of text information

## Notes:

1. Use only if needed to convey free-form text about the health care services review requested.

## Example:

MSG\*This is a free-form text message~

## CIGNA Trading Partner Notes:

Suggest/Recommend provider submits/includes additional information regarding this referral to expedite the processing of this request.

## 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>
MSG01	933	Free-Form Message Text	M	AN	1/264	Required

**Description:** Free-form message text

**Industry:** Free Form Message Text

**CIGNA Trading Partner Notes:** CIGNA Recommended Field: Suggest/Recommend that provider submit this information to expedite the processing of the request.

## Syntax Rules:

1. C0302 - If MSG03 is present, then MSG02 is required.

## Semantics:

1. MSG03 is the number of lines to advance before printing.

## Comments:

1. MSG02 is not related to the specific characteristics of a printer, but identifies top of page, advance a line, etc.
2. If MSG02 is "AA - Advance the specified number of lines before print" then MSG03 is required.

# SE Transaction Set Trailer

<b>Pos: 280</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\*24\*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				
		<b>HIPAA Notes:</b> The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research.				

## Comments:

1. 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	116	<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	112	<b>Interchange Control Number</b>	M	N0	9/9	Required
		<b>Description:</b> A control number assigned by the interchange sender				