

CIGNA'S Companion Guide for 271 Eligibility, Coverage or Benefit Information

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271 Eligibility, Coverage or Benefit Information

Functional Group=HB

Purpose: This Draft Standard for Trial Use contains the format and establishes the data contents of the Eligibility, Coverage or Benefit Information Transaction Set (271) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to communicate information about or changes to eligibility, coverage or benefits from information sources (such as - insurers, sponsors, payors) to information receivers (such as - physicians, hospitals, repair facilities, third party administrators, governmental agencies). This information includes but is not limited to: benefit status, explanation of benefits, coverages, dependent coverage level, effective dates, amounts for co-insurance, co-pays, deductibles, exclusions and limitations.

1. This is CIGNA's Companion Guide for Trading Partners, who will receive the 271 files sent by CIGNA. This document will explain to the receiver how CIGNA will send a V4010 271, and what information it will carry. This document has been modeled after the ANSI guide for version 4010(X12) of the 271 transaction set with the available options set forth by the HIPAA regulations. The guide was originally published in May 2000 as 004010X092, and now includes the addendum published in October 2002 as "004010X092A1".

2. Eligibility and Benefit Inquiry Availability:

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

CIGNA usage of the Loops/Segments/Elements:

3. CIGNA utilizes 'PR' as Entity Identifier Code (NM101) in NM1 (Information Source) segment in 2100A loop.
4. CIGNA utilizes '2' as Entity Type Qualifier (NM102) in NM1 (Information Source) segment in 2100A loop.
5. CIGNA utilizes 'FI' as Identification Code Qualifier (NM108) in NM1 (Information Source) segment in 2100A loop.
6. CIGNA supports the following EB01 - Eligibility and Benefit codes in EB segment in loops 2110C and 2110D.

- 1 = Active Coverage
- 5 = Active - Pending Investigation
- 6 = Inactive
- A = Co-Insurance (CIGNA Liability)
- B = Co-payment
- C = Deductible
- CB = Coverage Basis
- F = Limitations
- G = Out of pocket
- L = Primary Care Provider
- N = Services Restricted to Following Provider
- Q = Second Surgical Opinion Required
- R = Other or Additional Payer
- U = Contact Following Entity for Eligibility or Benefit Information
- V = Cannot Process
- W = Other Source of Data

Effective January 2, 2005:

7. An additional occurrence of the "EB Subscriber Eligibility or Benefit Information" segment will be utilized when Medical Management services are rendered outside of CIGNA.

8. A four-character code in EB05 in the "EB Subscriber Eligibility or Benefit Information" segment will indicate the medical management service level for the member. The valid values are "PHS+", "PHS", or "N/A".

9. The value "X3" will be utilized as Entity Identifier Code (NM101) in NM1 (Subscriber Benefit Related Entity Name) segment in loop 2020C when the member has an entity other than CIGNA responsible for the utilization management.

10. CIGNA utilizes NM103 (Name Last or Organization Name) element in NM1 (Subscriber Benefit Related Entity Name) segment in loop 2020C only when 'NM101 equals "X3" this data element identifies the name of the entity that is responsible for the member's utilization management.

11. CIGNA utilizes 'TE' as Communication Number Qualifier (PER03) in PER (Subscriber Related Entity Contact Information) segment in the 2120C loop to identify the member's utilization management entity telephone number when it is not CIGNA.

12. CIGNA uses PER04 (Communication Number) in PER (Subscriber Related Entity Contact Information) segment in 2120C loop to provide the telephone number of the member's Utilization management entity when it is not CIGNA.

13. CIGNA identifies a unique member identifier rather than the Social Security Number (SSN). If a unique member identifier exists, it will be used as the primary identification code (NM109) in the NM1 (Subscriber Name) segment in 2100C loop on all responses, in place of the member's SSN. Once this unique member identifier is provided to the information receiver, this identifier should be used for all future inquiries, communications and claim submissions.

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.

14. An additional occurrence of loop 2120C will be utilized to identify when Medical Management services are rendered outside of CIGNA (carveout).

15. CIGNA utilizes 'W' as Eligibility or Benefit Information in EB segment in loop 2110C when Medical Management services are rendered outside of CIGNA (carveout).

Effective April 25, 2005:

16. Dental Benefits: CIGNA will provide Late Entrant and Wait Period information in the EB segment in loops 2110C and 2100D, when applicable. Reference the EB05 sections of the Companion Guide for details.

17. Pharmacy Benefits: CIGNA will provide additional Pharmacy information in the EB segment in loops 2110C and 2100D, when applicable. Reference the EB05 sections of the Companion Guide for details.

Effective June 13, 2005

18. The verbiage "Open Access Plus In-Network" will be provided as Plan Coverage Description (EB05) in the EB segment in loops 2110C and 2110D when the benefit has been determined to be Open Access Plus In Network.

19. For any benefit that is not supported by a source system or a member's benefit, CIGNA will default STC to 30 and respond with all benefit information that is applicable for that member.

20. CIGNA does not use the following Loops/Segments/Elements Information:

- HSD (Health Care Services Delivery);
- EB13 (Composite Medical Procedure Identifier) element in EB (Subscriber Eligibility or Benefit Information) segment in loops 2110C and 2110D at this time.

Effective August 22, 2005:

21. CIGNA utilizes '81' as Service Type Code (EB03) for Routine Physical. The verbiage 'Adult Preventative Care' will be provided as a companion Plan Coverage Description (EB05) in the EB segment in Loops 2110C and 2110D

Effective October 24, 2005:

22. Strategic Alliance Project

CIGNA utilizes 'U' as Eligibility or Benefit Information (EB01) in EB segment in loops 2110C and 2110D for members of Strategic Alliance. Service Type Code (EB03) will have a value of '30'. Depending on CIGNA's role in the alliance, additional information will be sent on the 271 response.

23. When CIGNA has an SA-R role and the member's eligibility source is end-state, or if CIGNA is a Supporting Party, Plan Coverage Description (EB05) will have the Alliance Partner's name. The Alliance Partner's contact information will also be provided in the PER segment of Loop 2100A as follows:

- PER02 will contain the Alliance Partner's name
- PER03 will have 'TE'
- PER04 will have the Alliance telephone number

When CIGNA has an SA-R role and member eligibility source is legacy, Plan Coverage Description (EB05) will have the redirect message 'Refer to member's ID for the number to call for service'. PER02 in Loop 2100A will carry the same message, PER03 and PER04 will contain spaces.

***Beginning April 2009, additional 'U' responses may be returned for former members of Great West. See April 2009 release notes (#35) for details.

24. CIGNA Care Network

When the Member's CIGNA Care Network option has Tiered Benefits, CIGNA will utilize the EB05 segment of loops 2110C and 2110D to further define benefit or coverage information, when applicable.

25. CIGNA Choice Fund

When the Member is enrolled in one of CIGNA's Fund-Based products, the fund followed by the product type, at the plan level benefit lines, will be communicated back to inquiring provider via 271 responses.

Choice Funds involved are:

- HRA (Healthcare Reimbursement Account)
- HSA (Health Savings Account)

Product types involved are:

- Network
- Network Open Access
- Network POS Open Access
- HMO Open Access
- POS Open Access
- Open Access Plus
- Open Access Plus In-Network

- Pharmacy

Example:

- The verbiage 'Choice Fund HRA Network POS Open Access' will be provided as Plan Coverage Description (EB05) in the EB segment in loops 2110C and 2100D when the member chose the fund Health Care Reimbursement Account with product Network POS Open Access

Effective September 30, 2006

26. Managed Care Members: If the Member is enrolled in a managed-care benefit plan; the HMO Code, Network ID and Line of Business will be returned on the 271 response via the REF segment within the 2100C or 2100D loops. Data element REF01 will have the value 'N6'. REF02 will contain the 'N6' qualifier. REF03 will have the elements: HMO Code, Network ID and LOB separated by spaces.

Example: REF*N6*018 VA805FLEX*HMO-Code Network-ID LOB-Code~

Where:

REF01 = N6

REF02 = 018 VA805 FLEX

REF03 = HMO-Code, Network-ID, LOB-Code

This data was previously passed in an EB segment.

27. Place of Service: CIGNA will utilize III (Subscriber Eligibility or Benefit Additional Information) segments in loops 2115C and 2115D for coverage levels that vary based on the place of service.

28. Accumulated Amounts: When available, CIGNA will display amounts accumulated at the plan level towards the Individual and Family Deductibles, Individual and Family Out-of-Pocket Maximums and Individual Lifetime Maximum. They will be identified by the use of EB06 Qualifiers.

29. Range Banded Benefits: CIGNA will provide Range Banded Benefits, where applicable, identifying them with an EB09 qualifier.

30. Infertility related services: CIGNA will provide infertility benefits Using Service Type codes 61 and 83.

31. Vision Benefits: CIGNA will provide detailed vision benefits, when available.

32. Coordination of Benefits: An additional occurrence of loop 2120C/2120D will be created, using an EB01 segment of 'R', to provide Coordination of Benefits information, as reported to CIGNA, when available. NM101, DTP03 and REF02 segments will further define the Coordination of Benefits information.

33. CIGNA responds with the following Service Type Codes (EB03), where applicable:

Medical

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

69 Maternity ** new to medical as of 9/2006
 70 Transplants ** new to medical as of 9/2006
 71 Audiology Exam ** new to medical as of 9/2006
 72 Inhalation Therapy ** new to medical as of 9/2006
 73 Diagnostic Medical (X-ray & Lab)
 74 Private Duty Nursing ** new to medical as of 9/2006
 75 Prosthetic Device
 76 Dialysis ** new to medical as of 9/2006
 78 Chemotherapy ** new to medical as of 9/2006
 79 Allergy Testing ** new to medical as of 9/2006
 80 Immunizations ** new to medical as of 9/2006
 81 Routine Physical - A companion value of 'Adult Preventative Care' will be in EB05
 82 Family Planning ** new to medical as of 9/2006
 83 Infertility ** new to medical as of 9/2006
 84 Abortion ** new to medical as of 9/2006
 88 Pharmacy - (Indemnity Products only)
 90 Mail Order Prescription Drug - (CIGNA formulary)
 91 Brand Name Prescription Drug - (CIGNA formulary)
 92 Generic Prescription Drug - (CIGNA generic)
 93 Podiatry ** new to medical as of 9/2006
 96 Professional (Physician) - (Primary Care)
 97 Anesthesiologist ** new to medical as of 9/2006
 98 Professional (Physician) Visit - Office ** new to medical as of 9/2006
 A0 Professional (Physician) Visit - Outpatient ** new to medical as of 9/2006
 A3 Professional (Physician) Visit - Home ** new to medical as of 9/2006
 A9 Rehabilitation
 AC Rehabilitation - Outpatient ** new to medical as of 9/2006
 AD Occupational Therapy ** new to medical as of 9/2006
 AF Speech Therapy ** new to medical as of 9/2006
 AG Skilled Nursing Care
 AL Vision (Optometry)
 AM Frames ** new to medical as of 9/2006
 AN Routine Exam ** new to medical as of 9/2006
 AO Lenses ** new to medical as of 9/2006
 AR Experimental Drug Therapy ** new to medical as of 9/2006
 BD Cognitive Therapy ** new to medical as of 9/2006
 BF Pulmonary Rehabilitation ** new to medical as of 9/2006
 BG Cardiac Rehabilitation ** new to medical as of 9/2006
 BH Pediatric ** new to medical as of 9/2006
 BK Orthopedic ** new to medical as of 9/2006
 BL Cardiac ** new to medical as of 9/2006
 BN Gastrointestinal ** new to medical as of 9/2006
 BQ Neurology ** new to medical as of 9/2006
 BR Eye ** new to medical as of 9/2006

Dental

35 Dental Care

Behavioral

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

October 2008

34. The values returned in EB08 will now be in decimal format where applicable. Sample output will be formatted as:
1.00 (100 percent)

.50 (50 percent)
 .00 (0 percent)

35. February 2009

CIGNA will, for the first time, make use of MSG segments:

CIGNA Healthcare will implement modifications that may, based on a member's coverage, provide a CIGNA member's Health Reimbursement Account (HRA) balance as part of the 271 response. The fund balance will be passed in the 2110C/D segments in an EB loop along with a MSG segment descriptor.

Example:

```
EB*F*IND*30***29*1417.15~
MSG* HRA BALANCE~
```

CIGNA Healthcare will implement modifications that may, depending upon member coverage information, utilize the provider data entered in loop 2100B to determine whether the member's benefits passed in the response are in or out of network for the inquiring provider. The response will be passed in the 2110C/D MSG segment.

Example:

```
EB*1**30**OPEN ACCESS PLUS~
MSG* Member is in network based on Tax ID provided in request. ~
```

Possible MSG01 values are:

- Member is in network based on Tax ID provided in request
- Member is out of network based on Tax ID provided in request
- Member is in network based on the Provider ID provided in request
- Member is out of network based on the Provider ID provided in request

April 2009:

36. Great West

CIGNA's 271 response for unconverted members of the former Great West business [member's whose eligibility has not been converted to Cigna's systems] will contain the following:

```
PER02 will be populated with "Great-West Healthcare/CIGNA "
PER04 will be populated with "800-663-8081"
```

In loops 2110C and 2110D for members of Great West that have not yet been converted to CIGNA systems, if the members coverage is active (the request date is within the member's active dates), two EB loops will be built.

The first loop will include the coverage information -

```
EB01 will be set to "1" (active coverage)
EB02 will be blank
EB03 will contain the value "30"
EB05 will be populated with "Great-West Healthcare/CIGNA"
DTP will contain the coverage date(s)
```

For the second loop -

```
EB01 will be set to "U" (Contact following Entity for Elig and Ben)
EB05 will be populated with "Great-West Healthcare/CIGNA".
```

If the member has been terminated (the date of the request is after the date of the member's coverage), a single loop will be built:

```
EB01 will be set to "6"
EB02 will be blank
EB03 will contain the value "30"
EB05 will be populated with "Great-West Healthcare/CIGNA"
DTP will contain the coverage date(s)
```

Not Defined:

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

Heading:

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

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2000A						≥1	
010	HL	Information Source Level	M	1			Required
025	AAA	Request Validation	O	9			Situational
LOOP ID - 2100A						1	
030	NM1	Information Source Name	O	1			Required
040	REF	Information Source Additional Identification	O	9			Situational
080	PER	Information Source Contact Information	O	3			Situational
085	AAA	Request Validation	O	9			Situational
LOOP ID - 2000B						≥1	
010	HL	Information Receiver Level	O	1			Situational
LOOP ID - 2100B						1	
030	NM1	Information Receiver Name	O	1			Required
040	REF	Information Receiver Additional Identification	O	9			Situational
085	AAA	Information Receiver Request Validation	O	9			Situational
LOOP ID - 2000C						≥1	
010	HL	Subscriber Level	O	1			Situational
020	TRN	Subscriber Trace Number	O	3		N2/020	Situational
LOOP ID - 2100C						1	
030	NM1	Subscriber Name	O	1			Required
040	REF	Subscriber Additional Identification	O	9			Situational
060	N3	Subscriber Address	O	1			Situational
070	N4	Subscriber City/State/ZIP Code	O	1			Situational
080	PER	Subscriber Contact Information	O	3			Situational
085	AAA	Subscriber Request Validation	O	9			Situational
100	DMG	Subscriber Demographic Information	O	1			Situational
110	INS	Subscriber Relationship	O	1			Situational
120	DTP	Subscriber Date	O	9			Situational
LOOP ID - 2110C						≥1	
130	EB	Subscriber Eligibility or Benefit Information	O	1			Situational
135	HSD	Health Care Services Delivery	O	9			Optional - not supported for CIGNA response.
140	REF	Subscriber Additional Identification	O	9			Situational
150	DTP	Subscriber Eligibility/Benefit Date	O	20			Situational
160	AAA	Subscriber Request Validation	O	9			Situational
250	MSG	Message Text	O	10			Optional - not supported for CIGNA response.
LOOP ID - 2115C						10	
260	III	Subscriber Eligibility or Benefit Additional Information	O	1			Situational
LOOP ID - LS						1	
330	LS	Loop Header	O	1			Situational
LOOP ID - 2120C						1	

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
340	NM1	Subscriber Benefit Related Entity Name	O	1			Situational
360	N3	Subscriber Benefit Related Entity Address	O	1			Situational
370	N4	Subscriber Benefit Related City/State/ZIP Code	O	1			Situational
380	PER	Subscriber Benefit Related Entity Contact Information	O	3			Situational
390	PRV	Subscriber Benefit Related Provider Information	O	1			Situational
400	LE	Loop Trailer	M	1			Situational
<u>LOOP ID - 2000D</u>					<u>≥1</u>		
010	HL	Dependent Level	O	1			Situational
020	TRN	Dependent Trace Number	O	3		N2/020	Situational
<u>LOOP ID - 2100D</u>					<u>1</u>		
030	NM1	Dependent Name	O	1			Required
040	REF	Dependent Additional Identification	O	9			Situational
060	N3	Dependent Address	O	1			Situational
070	N4	Dependent City/State/ZIP Code	O	1			Situational
080	PER	Dependent Contact Information	O	3			Situational
085	AAA	Dependent Request Validation	O	9			Situational
100	DMG	Dependent Demographic Information	O	1			Situational
110	INS	Dependent Relationship	O	1			Situational
120	DTP	Dependent Date	O	9			Situational
<u>LOOP ID - 2110D</u>					<u>≥1</u>		
130	EB	Dependent Eligibility or Benefit Information	O	1			Situational
135	HSD	Health Care Services Delivery	O	9			Situational - not supported for CIGNA response.
140	REF	Dependent Additional Identification	O	9			Situational
150	DTP	Dependent Eligibility/Benefit Date	O	20			Situational
160	AAA	Dependent Request Validation	O	9			Situational
250	MSG	Message Text	O	10			Optional - not supported for CIGNA response.
<u>LOOP ID - 2115D</u>					<u>10</u>		
260	III	Dependent Eligibility or Benefit Additional Information	O	1			Situational
<u>LOOP ID - LS</u>					<u>1</u>		
330	LS	Dependent Eligibility or Benefit Information	O	1			Situational
<u>LOOP ID - 2120D</u>					<u>1</u>		
340	NM1	Dependent Benefit Related Entity Name	O	1			Situational
360	N3	Dependent Benefit Related Entity Address	O	1			Situational
370	N4	Dependent Benefit Related Entity City/State/ZIP Code	O	1			Situational
380	PER	Dependent Benefit Related Entity Contact Information	O	3			Situational
390	PRV	Dependent Benefit Related	O	1			Situational

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
Provider Information							
400	LE	Loop Trailer	M	1			Situational
410	SE	Transaction Set Trailer	M	1			Required

Not Defined:

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

Notes:

- 2/020 If the Eligibility, Coverage or Benefit Inquiry Transaction Set (270) includes a TRN segment, then the Eligibility, Coverage or Benefit Information Transaction Set (271) must return the trace number identified in the TRN segment.
- 2/020 If the Eligibility, Coverage or Benefit Inquiry Transaction Set (270) includes a TRN segment, then the Eligibility, Coverage or Benefit Information Transaction Set (271) must return the trace number identified in the TRN segment.

ISA Interchange Control Header

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

User Option (Usage): Required

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

Notes:

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

Example:

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

Element Summary:

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

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

Code Name

00 No Authorization Information Present (No Meaningful Information in I02)
ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION.

03 Additional Data Identification

ISA02	I02	Authorization Information	M	AN	10/10	Required
-------	-----	----------------------------------	---	----	-------	----------

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

ISA03	I03	Security Information Qualifier	M	ID	2/2	Required
-------	-----	---------------------------------------	---	----	-----	----------

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

Code Name

00 No Security Information Present (No Meaningful Information in I04)
ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.

01 Password

ISA04	I04	Security Information	M	AN	10/10	Required
-------	-----	-----------------------------	---	----	-------	----------

Description: This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)

ISA05	I05	Interchange ID Qualifier	M	ID	2/2	Required
-------	-----	---------------------------------	---	----	-----	----------

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

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

Code Name

01 Duns (Dun & Bradstreet)

14 Duns Plus Suffix

20 Health Industry Number (HIN)

CODE SOURCE:

121: Health Industry Identification Number

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

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

29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)

Code Name

30 U.S. Federal Tax Identification Number
 33 National Association of Insurance Commissioners Company Code (NAIC)
 ZZ Mutually Defined

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

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

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

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

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

Code Name

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

CODE SOURCE:

121: Health Industry Identification Number

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

ISA08 I07 **Interchange Receiver ID** M AN 15/15 Required

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

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

Description: Date of the interchange

User Note 4: The date format is YYMMDD.

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

Description: Time of the interchange

User Note 4: The time format is HHMM.

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

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

All valid standard codes are used.

ISA12 I11 **Interchange Control Version Number** M ID 5/5 Required

Description: Code specifying the version number of the interchange control segments

Code Name

00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997

ISA13 I12 **Interchange Control Number** M N0 9/9 Required

Description: A control number assigned by the interchange sender

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

ISA14 I13 **Acknowledgment Requested** M ID 1/1 Required

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<p>Description: Code sent by the sender to request an interchange acknowledgment (TA1)</p> <p>User Note 4: See Section A.1.5.1 for interchange acknowledgment information.</p> <p>All valid standard codes are used.</p>				
ISA15	I14	Usage Indicator	M	ID	1/1	Required
		<p>Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information</p> <p>Code Name</p> <p>P Production Data</p> <p>T Test Data</p>				
ISA16	I15	Component Element Separator	M		1/1	Required
		<p>Description: Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator</p>				

GS Functional Group Header

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

User Option (Usage): Required

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

Example:

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

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS01	479	Functional Identifier Code	M	ID	2/2	Required
Description: Code identifying a group of application related transaction sets						
Code Name						
HB Eligibility, Coverage or Benefit Information (271)						
GS02	142	Application Sender's Code	M	AN	2/15	Required
Description: Code identifying party sending transmission; codes agreed to by trading partners						
User Note 4: Use this code to identify the unit sending the information.						
GS03	124	Application Receiver's Code	M	AN	2/15	Required
Description: Code identifying party receiving transmission; codes agreed to by trading partners						
User Note 4: Use this code to identify the unit receiving the information.						
GS04	373	Date	M	DT	8/8	Required
Description: Date expressed as CCYYMMDD						
User Note 4: Use this date for the functional group creation date.						
GS05	337	Time	M	TM	4/8	Required
Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)						
User Note 4: Use this time for the creation time. The recommended format is HHMM.						
GS06	28	Group Control Number	M	N0	1/9	Required
Description: Assigned number originated and maintained by the sender						
GS07	455	Responsible Agency Code	M	ID	1/2	Required
Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480						
Code Name						
X Accredited Standards Committee X12						
GS08	480	Version / Release / Industry Identifier Code	M	AN	1/12	Required
Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed						
Code Name						
004010 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997						
004010X061A Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.						
004010X091A Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.						

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

Semantics:

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

Comments:

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

ST Transaction Set Header

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

User Option (Usage): Required

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

Notes:

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

Example:

ST*271*0001~

Element Summary:

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

Description: Code uniquely identifying a Transaction Set

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

Code Name

271 Eligibility, Coverage or Benefit Information

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

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

The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Start with a number, for example "0001", and increment from there. This number must be unique within a specific group and interchange, but can repeat in other groups and interchanges.

Semantics:

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

BHT Beginning of Hierarchical Transaction

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

Notes:

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

Example:

BHT*0022*11*199800114000001*19980101*1401~

Element Summary:

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

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

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

Code Name

0022 Information Source, Information Receiver, Subscriber, Dependent

BHT02	353	Transaction Set Purpose Code	M	ID	2/2	Required
-------	-----	-------------------------------------	---	----	-----	----------

Description: Code identifying purpose of transaction set

Code Name

11 Response

BHT03	127	Reference Identification	O	AN	1/30	Situational
-------	-----	---------------------------------	---	----	------	-------------

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

Industry: Submitter Transaction Identifier

This element is only to be used if the transaction is processed in Real Time. This element is to be used to trace the transaction from one point to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse. This identifier is to be the identifier received in the BHT03 of the corresponding 270 transaction. This identifier is not to be passed through the complete life of the transaction, rather replaced with the identifier received in the 270. All recipients of Real Time 270 transactions are required to return the Submitter Transaction Identifier in their 271 response.

BHT04	373	Date	O	DT	8/8	Required
-------	-----	-------------	---	----	-----	----------

Description: Date expressed as CCYYMMDD

Industry: Transaction Set Creation Date

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

BHT05	337	Time	O	TM	4/8	Required
-------	-----	-------------	---	----	-----	----------

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

Industry: Transaction Set Creation Time

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

Semantics:

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

3. BHT05 is the time the transaction was created within the business application system.

Loop 2000A

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

User Option (Usage): Required

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

Notes:

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

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

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

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

Example:

```
HL*1**20*1~
```

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Information Source Level	M	1		Required
025	AAA	Request Validation	O	9		Situational
030		Loop 2100A	O		1	Required

Comments:

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

HL Information Source Level

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

User Option (Usage): Required

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

Notes:

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

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

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

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

Example:

```
HL*1**20*1~
```

Element Summary:

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

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

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

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

```
HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~
```

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

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

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

Code Name

20 Information Source

HL04	736	Hierarchical Child Code	O	ID	1/1	Required
------	-----	--------------------------------	---	----	-----	----------

Description: Code indicating if there are hierarchical child data segments subordinate to the level being described

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

All valid standard codes are used.

Comments:

- The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
- The HL segment defines a top-down/left-right ordered structure.
- HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
- HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.

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.

AAA Request Validation

Pos: 025	Max: 9
Detail - Optional	
Loop: 2000A	Elements: 3

User Option (Usage): Situational

Purpose: To specify the validity of the request and indicate follow-up action authorized

Notes:

1. Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.
2. Use of this segment at this location in the HL is to identify reasons why a request cannot be processed based on the entities identified in ISA06, ISA08, GS02 or GS03.

Example:

AAA*Y**42*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>
AAA01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required

Description: Code indicating a Yes or No condition or response

Industry: Valid Request Indicator

Code Name

N No

Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.

Y Yes

Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.

AAA03	901	Reject Reason Code	O	ID	2/2	Required
-------	-----	---------------------------	---	----	-----	----------

Description: Code assigned by issuer to identify reason for rejection

Use this code to indicate the reason why the transaction was unable to be processed successfully by the entity identified in either ISA08 or GS03.

Code Name

04 Authorized Quantity Exceeded

Use this code to indicate that the transaction exceeds the number of patient requests allowed by the entity identified in either ISA08 or GS03. See section 1.3.3 Business Uses for more information regarding the number of patient requests allowed in a transaction. This is not to be used to indicate that the number of patient requests exceeds the number allowed by the Information Source identified in Loop 2100A.

41 Authorization/Access Restrictions

Use this code to indicate that the entity identified in GS02 is not authorized to submit 270 transactions to the entity identified in either ISA08 or GS03. This is not to be used to indicate Authorization/Access Restrictions as related to the Information Source Identified in Loop 2100A.

42 Unable to Respond at Current Time

Use this code to indicate that the entity identified in either ISA08 or GS03 is unable to process the transaction at the current time. This indicates that there is a problem within the systems of the entity identified in either ISA08 or GS03 and is not related to any problem with the Information Source Identified in Loop 2100A.

79 Invalid Participant Identification

Use this code to indicate that the value in either GS02 or GS03 is invalid.

AAA04	889	Follow-up Action Code	O	ID	1/1	Required
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Description: Code identifying follow-up actions allowed

Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

Code Name

C	Please Correct and Resubmit
N	Resubmission Not Allowed
P	Please Resubmit Original Transaction
R	Resubmission Allowed
S	Do Not Resubmit; Inquiry Initiated to a Third Party
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

Semantics:

1. AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.

Comments:

1. If AAA02 is used, AAA03 contains a code from an industry code list.

Loop 2100A

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

User Option (Usage): Required

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

Notes:

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

Example:

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

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
030	NM1	Information Source Name	O	1		Required
040	REF	Information Source Additional Identification	O	9		Situational
080	PER	Information Source Contact Information	O	3		Situational
085	AAA	Request Validation	O	9		Situational

Semantics:

1. NM102 qualifies NM103.

Comments:

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

NM1 Information Source Name

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

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

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

Example:

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

Element Summary:

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

Description: Code identifying an organizational entity, a physical location, property or an individual**CIGNA TRADING PARTNER NOTES:** CIGNA uses (PR) - Payer.**Code Name**

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

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

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

CIGNA TRADING PARTNER NOTES: CIGNA uses (2) - Non-Person Entity**Code Name**

1	Person
2	Non-Person Entity

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

Description: Individual last name or organizational name**Industry:** Information Source Last or Organization Name

Use this name for the organization name if NM102 is "2". Otherwise, this will be the individual's last name. Use if available.

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

Description: Individual first name**Industry:** Information Source First Name

Use this name only if available and NM102 is "1".

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

Use this name only if available and NM102 is "1".

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

Description: Suffix to individual name**Industry:** Information Source Name Suffix

Use name suffix only if available and NM102 is "1"; e.g., Sr., Jr., or III.

NM108	66	Identification Code Qualifier	C	ID	1/2	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>
------------	-----------	---------------------	------------	-------------	----------------	--------------

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

Use code value "XV" if the Information Source is a Payer and the National PlanID is mandated for use. Use code value "XX" if the information source is a provider and the HCFA National Provider Identifier is mandated for use. Otherwise one of the other appropriate code values may be used.

CIGNA TRADING PARTNER NOTES: CIGNA uses (FI) - Federal Taxpayer's Identification Number.

Code Name

24	Employer's Identification Number
46	Electronic Transmitter Identification Number (ETIN)
FI	Federal Taxpayer's Identification Number
NI	National Association of Insurance Commissioners (NAIC) Identification
PI	Payor Identification
XV	Health Care Financing Administration National Payer Identification Number (PAYERID)

CODE SOURCE:

540: Health Care Financing Administration National PlanID

XX	Health Care Financing Administration National Provider Identifier
----	---

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

Industry: Information Source Primary Identifier

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

ExternalCodeList

Name: 245

Description: National Association of Insurance Commissioners (NAIC) Code

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National PlanID

Syntax Rules:

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

Semantics:

1. NM102 qualifies NM103.

Comments:

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

REF Information Source Additional Identification

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

User Option (Usage): Situational

Purpose: To specify identifying information

Notes:

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

Example:

REF*18*302485~

Element Summary:

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

Description: Code qualifying the Reference Identification

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

Code Name

18	Plan Number
55	Sequence Number

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

Industry: Plan Name

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

REF03	352	Description	C	AN	1/80	Situational
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Description: A free-form description to clarify the related data elements and their content

Industry: Plan Name

Use if available.

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.

PER Information Source Contact Information

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

User Option (Usage): Situational

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

Notes:

1. This segment is recommended when the eligibility question cannot be answered electronically. It is used when the information source wishes to provide a contact for further inquiry. If telephone extension is sent, it should always be in the occurrence of the communications number following the actual phone number. See the example for an illustration.
2. If this segment is used, at a minimum either PER02 must be used or PER03 and PER04 must be used. It is recommended that at least PER02, PER03 and PER04 are sent if this segment is used.
3. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
4. By definition of the standard, if PER03 is used, PER04 is required.

Example:

```
PER*IC*MEMBER SERVICES*TE*8005551654*FX*2128769304~
PER*IC*BILLING DEPT*TE*2128763654*EX*2104*FX*2128769304~
```

CIGNA TRADING PARTNER NOTES:

Strategic Alliance Project:

Effective October 24, 2005, depending on CIGNA's role in the Strategic Alliance, below PER data elements will be sent back on the 271 response.

When CIGNA has an SA-R role and the member's eligibility source is end-state, or if CIGNA is a Supporting Party, Plan Coverage Description (EB05) will have the Alliance Partner's name. The Alliance Partner's contact information will also be provided in the PER segment of Loop 2100A as follows:

- PER02 will contain the Alliance Partner's name
- PER03 will have 'TE'
- PER04 will have the Alliance telephone number

When CIGNA has an SA-R role and member eligibility source is legacy, Plan Coverage Description (EB05) will have the redirect message 'Refer to member's ID for the number to call for service'. PER02 in Loop 2100A will carry the same message, PER03 and PER04 will contain spaces.

Effective April 2009:

CIGNA's 271 response for unconverted members of the former Great West business [member's whose eligibility has not been converted to Cigna's systems] will contain the following:

PER02 will be populated with "Great-West Healthcare/CIGNA "

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

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code	M	ID	2/2	Required

Description: Code identifying the major duty or responsibility of the person or group named

Use this code to specify the type of person or group to which the contact number applies.

Code Name

IC Information Contact

PER02	93	Name	O	AN	1/60	Situational
-------	----	-------------	---	----	------	-------------

Description: Free-form name

Industry: Information Source Contact Name

Use this name for the individual's name or group's name to use when contacting the individual or organization.

Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).

PER03	365	Communication Number Qualifier	C	ID	2/2	Situational
-------	-----	---------------------------------------	---	----	-----	-------------

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Description: Code identifying the type of communication number Use this code to specify what type of communication number is following.				
		Code Name ED Electronic Data Interchange Access Number EM Electronic Mail FX Facsimile TE Telephone				
PER04	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable Industry: Information Source Communication Number Required when PER02 is not present or when a contact number is to be sent in addition to the contact name. Use this number for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC AAA = Area Code BBBCCCC = Local Number				
PER05	365	Communication Number Qualifier	C	ID	2/2	Situational
		Description: Code identifying the type of communication number Use this code to specify what type of communication number is following.				
		Code Name ED Electronic Data Interchange Access Number EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone				
PER06	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable Industry: Information Source Communication Number Required when an additional contact number is to be sent. Use this number for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC AAA = Area Code BBBCCCC = Local Number				
PER07	365	Communication Number Qualifier	C	ID	2/2	Situational
		Description: Code identifying the type of communication number Use this code to specify what type of communication number is following.				
		Code Name ED Electronic Data Interchange Access Number EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone				
PER08	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable Industry: Information Source Communication Number Required when an additional contact number is to be sent. Use this number for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC AAA = Area Code BBBCCCC = Local Number				

<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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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.

AAA Request Validation

Pos: 085	Max: 9
Detail - Optional	
Loop: 2100A	Elements: 3

User Option (Usage): Situational

Purpose: To specify the validity of the request and indicate follow-up action authorized

Notes:

1. Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.
2. Use this segment to indicate problems in processing the transaction specifically related to the information source data contained in the original 270 transaction's information source name loop (Loop 2100A) or to indicate that the information source itself is experiencing system problems.

Example:

AAA*Y**42*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>
AAA01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required

Description: Code indicating a Yes or No condition or response

Industry: Valid Request Indicator

Code Name

N No

Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.

Y Yes

Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.

AAA03	901	Reject Reason Code	O	ID	2/2	Required
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Description: Code assigned by issuer to identify reason for rejection

Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content.

Code Name

04 Authorized Quantity Exceeded

Use this code to indicate that the transaction exceeds the number of patient requests allowed by the Information Source identified in Loop 2100A. See section 1.3.3 Business Uses for more information regarding the number of patient requests allowed in a transaction.

41 Authorization/Access Restrictions

Use this code to indicate that the entity identified in ISA06 or GS02 is not authorized to submit 270 transactions to the Information Source Identified in Loop 2100A.

42 Unable to Respond at Current Time

Use this code to indicate that Information Source Identified in Loop 2100A is unable to process the transaction at the current time. This indicates that there is a problem within the Information Source's system.

79 Invalid Participant Identification

Use this code to indicate that Information Source Identified in Loop 2100A is invalid. If the transaction is processed by a clearing house, VAN, etc., use this code to indicate that the Information Source Identified in Loop 2100A is not a valid identifier for Information Sources the clearing house, VAN, etc. have access to. If the transaction is sent directly to the Information Source, use this code to indicate that the Information Source Identified in Loop 2100A is not a valid identifier.

80 No Response received - Transaction Terminated

Use this code only if the transaction is processed by a clearing house, VAN, etc. Use this code to indicate that the transaction was sent to the Information Source Identified in Loop 2100A however no response was received in the expected time frame.

T4 Payer Name or Identifier Missing

Use this code to indicate that either the name or identifier for Information Source Identified in Loop

Code Name

2100A is missing.

AAA04 889

Follow-up Action Code

O

ID

1/1

Required

Description: Code identifying follow-up actions allowed

Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

Code Name

C Please Correct and Resubmit

N Resubmission Not Allowed

P Please Resubmit Original Transaction

R Resubmission Allowed

S Do Not Resubmit; Inquiry Initiated to a Third Party

W Please Wait 30 Days and Resubmit

X Please Wait 10 Days and Resubmit

Y Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

Semantics:

1. AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.

Comments:

1. If AAA02 is used, AAA03 contains a code from an industry code list.

Loop 2000B

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

User Option (Usage): Situational

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

Notes:

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

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

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

Information Source Loop 2000A

Information Receiver Loop 2000B

Subscriber Loop 2000C

Dependent Loop 2000D

Eligibility or Benefit Information

Dependent Loop 2000D

Eligibility or Benefit Information

Subscriber Loop 2000C

Eligibility or Benefit Information

3. This segment is required if this loop is used.

Example:

HL*2*1*21*1~

Loop Summary:

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

Comments:

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

HL Information Receiver Level

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

User Option (Usage): Situational

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

Notes:

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

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

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

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

3. This segment is required if this loop is used.

Example:

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

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required
Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure						
Use the sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).						
An example of the use of the HL segment and this data element is:						
HL*1**20*1~						
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~						
HL*2*1*21*1~						
NM1*1P*1*JONES*MARCUS***MD*SV*0202034~						
HL02	734	Hierarchical Parent ID Number	O	AN	1/12	Required
Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to						
Use this ID number to identify the specific hierarchical level to which this level is subordinate.						
HL03	735	Hierarchical Level Code	M	ID	1/2	Required
Description: Code defining the characteristic of a level in a hierarchical structure						
All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.						
Code Name						
21 Information Receiver						
HL04	736	Hierarchical Child Code	O	ID	1/1	Required
Description: Code indicating if there are hierarchical child data segments subordinate to the level being described						
Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.						
All valid standard codes are used.						

Comments:

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

Loop 2100B

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

User Option (Usage): Required

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

Notes:

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

Example:

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

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
030	NM1	Information Receiver Name	O	1		Required
040	REF	Information Receiver Additional Identification	O	9		Situational
085	AAA	Information Receiver Request Validation	O	9		Situational

Semantics:

1. NM102 qualifies NM103.

Comments:

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

NM1 Information Receiver Name

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

User Option (Usage): Required

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

Notes:

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

Example:

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

Element Summary:

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

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

Code Name

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

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

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

Code Name

1	Person
2	Non-Person Entity

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

Industry: Information Receiver Last or Organization Name

Use this name for the organization name if the entity type qualifier is a non-person entity. Otherwise, this will be the individual's last name.
Use if available.

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

Industry: Information Receiver First Name

Use this name only if available and NM102 is "1".

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

Industry: Information Receiver Middle Name

Use this name only if available and NM102 is "1".

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

Industry: Information Receiver Name Suffix

Use name suffix only if available and NM102 is "1"; e.g., Sr., Jr., or III.

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

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

Use this element to qualify the identification number submitted in NM109. This is the number that the information source associates with the information receiver. Because only one number can be submitted in NM109, the following hierarchy must be used. Additional identifiers are to be placed in the REF segment. If the information receiver is a provider and the National Provider ID is mandated for use, code value "XX" must be used. Otherwise, one of the following codes may be used with the following hierarchy applied: Use the first code that applies: "SV", "PP", "FI", "34". The code "SV" is recommended to be used prior to the mandated use of the National Provider ID. If the information receiver is a payer and the HCFA National PlanID is mandated for use, code value "XV" must be used, otherwise, use code value "PI". If the information receiver is an employer, use code value "24".

Code Name

24 Employer's Identification Number

Use this code only when the 270/271 transaction sets are used by an employer inquiring about eligibility and benefits of their employees.

34 Social Security Number

The social security number may not be used for any Federally administered programs such as Medicare.

FI Federal Taxpayer's Identification Number

PI Payor Identification

Use this code only when the information receiver is a payer.

PP Pharmacy Processor Number

SV Service Provider Number

Use this code for the identification number assigned by the information source.

XV Health Care Financing Administration National Payer Identification Number (PAYERID)

CODE SOURCE:

540: Health Care Financing Administration National PlanID

XX Health Care Financing Administration National Provider Identifier

See code source 537.

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

Industry: Information Receiver Identification Number

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

CIGNA TRADING PARTNER NOTES: Effective June 1, 2005; If the NPI was originally submitted in the NM1 (Information Receiver Name) segment on the 270 request, then it will be sent back on the 271 transaction.

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National PlanID

Syntax Rules:

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

Semantics:

1. NM102 qualifies NM103.

Comments:

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

REF Information Receiver Additional Identification

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

User Option (Usage): Situational

Purpose: To specify identifying information

Notes:

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

Example:

REF*EO*477563928~

CIGNA TRADING PARTNER NOTES:

CIGNA does not utilize REF (Information Receiver Additional Identification) segment at this time

Element Summary:

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

Description: Code qualifying the Reference Identification

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

Code Name

0B State License Number

The state assigning the license number must be identified in REF03.

1C Medicare Provider Number

1D Medicaid Provider Number

1J Facility ID Number

4A Personal Identification Number (PIN)

CT Contract Number

EL Electronic device pin number

EO Submitter Identification Number

JD User Identification

N5 Provider Plan Network Identification Number

N7 Facility Network Identification Number

Q4 Prior Identifier Number

SY Social Security Number

The social security number may not be used for any Federally administered programs such as Medicare.

TJ Federal Taxpayer's Identification Number

HPI Health Care Financing Administration National Provider Identifier

The Health Care Financing Administration National Provider Identifier may be used in this segment prior to being mandated for use.

CODE SOURCE:

537: Health Care Financing Administration National Provider Identifier

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

Industry: Information Receiver Additional Identifier

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

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

REF03	352	Description	C	AN	1/80	Situational
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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: A free-form description to clarify the related data elements and their content

Industry: License Number State Code

Use this element for the two character state code of the state assigning the identifier supplied in REF02. This element is required if the identifier supplied in REF02 is the State License Number. See Code source 22: States and Outlying Areas of the U.S.

ExternalCodeList

Name: 22

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

Syntax Rules:

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

Semantics:

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

AAA Information Receiver Request Validation

Pos: 085	Max: 9
Detail - Optional	
Loop: 2100B	Elements: 3

User Option (Usage): Situational

Purpose: To specify the validity of the request and indicate follow-up action authorized

Notes:

1. Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.
2. Use this segment to indicate problems in processing the transaction specifically related to the information receiver data contained in the original 270 transaction's information receiver name loop (Loop 2100B).

Example:

AAA*N**43*C~

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>
AAA01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required

Description: Code indicating a Yes or No condition or response

Industry: Valid Request Indicator

Code Name

N No

Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.

Y Yes

Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.

AAA03	901	Reject Reason Code	O	ID	2/2	Required
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Description: Code assigned by issuer to identify reason for rejection

Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content.

Code Name

15 Required application data missing

Use this code only when the information receiver's additional identification is missing.

41 Authorization/Access Restrictions

43 Invalid/Missing Provider Identification

44 Invalid/Missing Provider Name

45 Invalid/Missing Provider Specialty

46 Invalid/Missing Provider Phone Number

47 Invalid/Missing Provider State

48 Invalid/Missing Referring Provider Identification Number

50 Provider Ineligible for Inquiries

51 Provider Not on File

79 Invalid Participant Identification

Use this code only when the information receiver is not a provider or payer.

97 Invalid or Missing Provider Address

T4 Payer Name or Identifier Missing

Use this code only when the information receiver is a payer.

AAA04	889	Follow-up Action Code	O	ID	1/1	Required
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Description: Code identifying follow-up actions allowed

Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

Code Name

C	Please Correct and Resubmit
N	Resubmission Not Allowed
R	Resubmission Allowed
S	Do Not Resubmit; Inquiry Initiated to a Third Party
W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

Semantics:

1. AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.

Comments:

1. If AAA02 is used, AAA03 contains a code from an industry code list.

Loop 2000C

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

User Option (Usage): Situational

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

Notes:

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

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

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

Information Source Loop 2000A

Information Receiver Loop 2000B

Subscriber Loop 2000C

Dependent Loop 2000D

Eligibility or Benefit Information

Dependent Loop 2000D

Eligibility or Benefit Information

Subscriber Loop 2000C

Eligibility or Benefit Information

3. This segment is required if this loop is 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	O	1		Situational
020	TRN	Subscriber Trace Number	O	3		Situational
030		Loop 2100C	O		1	Required

Comments:

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

HL Subscriber Level

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

User Option (Usage): Situational

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

Notes:

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

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

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

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

3. This segment is required if this loop is 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	Hierarchical ID Number	M	AN	1/12	Required

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

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

```
HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*JONES*MARCUS***MD*SV*0202034~
HL*3*2*22*1~
NM1*IL*1*SMITH*ROBERT*B***MI*1122333301~
HL*4*3*23*0~
NM1*03*1*SMITH*MARY*LOU~
Eligibility/Benefit Data
HL*5*2*22*0~
NM1*IL*1*BROWN*JOHN*E***MI*22211333301~
Eligibility/Benefit Data
```

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

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

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

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

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

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

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

Code Name

22	Subscriber
----	------------

Use the subscriber level to identify the insured or subscriber of the health care coverage. This entity may or may not be the actual patient.

HL04	736	Hierarchical Child Code	O	ID	1/1	Required
------	-----	--------------------------------	---	----	-----	----------

Description: Code indicating if there are hierarchical child data segments subordinate to the level being described

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

Because of the hierarchical structure, the code value in the HL04 at the Loop 2000C level should be "1" if a Loop 2000D level (dependent) is associated with this subscriber. If no Loop 2000D level exists for this subscriber, then the code value for HL04 should be "0" (zero).

All valid standard codes are used.

Comments:

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

TRN Subscriber Trace Number

Pos: 020	Max: 3
Detail - Optional	
Loop: 2000C	Elements: 4

User Option (Usage): Situational

Purpose: To uniquely identify a transaction to an application

Notes:

1. Use this segment to convey a unique trace or reference number. See Section 1.3.6 Information Linkage for additional information.
2. An information source may receive up to two TRN segments in each loop 2000C of a 270 transaction and must return each of them in loop 2000C of the 271 transaction with a value of "2" in TRN01.
3. If the subscriber is the patient, an information source may add one TRN segment to loop 2000C with a value of "1" in TRN01 and must identify themselves in TRN03.
4. If this transaction passes through a clearinghouse, the clearinghouse will receive from the information source the information receiver's TRN segment and the clearinghouse's TRN segment with a value of "2" in TRN01. Since the ultimate destination of the transaction is the information receiver, if the clearinghouse intends on passing their TRN segment to the information receiver, the clearinghouse must change the value in TRN01 to "1" of their TRN segment. This must be done since the trace number in the clearinghouse's TRN segment is not actually a referenced transaction trace number to the information receiver.

Example:

```
TRN*2*98175-012547*9877281234*RADIOLOGY~
TRN*2*109834652831*9XYZCLEARH*REALTIME~
TRN*1*209991094361*9ABCINSURE~
```

The above example represents how an information source would respond. The first TRN segment was initiated by the information receiver. The second TRN segment was initiated by the clearinghouse. The third TRN segment was initiated by the information source.

```
TRN*2*98175-012547*9877281234*RADIOLOGY~
TRN*1*109834652831*9XYZCLEARH*REALTIME~
TRN*1*209991094361*9ABCINSURE~
```

The above example represents how a clearinghouse would respond to the same set of TRN segments if the clearinghouse intends to pass their TRN segment on to the information receiver. If the clearinghouse does not intend to pass their TRN segment on to the information receiver, only the first and third TRN segments in the example would be sent.

Element Summary:

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

Description: Code identifying which transaction is being referenced

Code Name

1 Current Transaction Trace Numbers

The term "Current Transaction Trace Numbers" refers to trace or reference numbers assigned by the creator of the 271 transaction (the information source).
If a clearinghouse has assigned a TRN segment and intends on returning their TRN segment in the 271 response to the information receiver, they must convert the value in TRN01 to "1" (since it will be returned by the information source as a "2").

2 Referenced Transaction Trace Numbers

The term "Referenced Transaction Trace Numbers" refers to trace or reference numbers originally sent in the 270 transaction and now returned in the 271.

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

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

Industry: Trace Number

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

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

Industry: Trace Assigning Entity Identifier

If TRN01 is "2", this is the value received in the original 270 transaction.

If TRN01 is "1", use this information to identify the organization that assigned this trace number.

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

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		identifier is used.				
TRN04	127	Reference Identification	O	AN	1/30	Situational
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Industry: Trace Assigning Entity Additional Identifier				
		If TRN01 is "2", this is the value received in the original 270 transaction.				
		If TRN01 is "1", use this information if necessary to further identify a specific component, such as a specific division or group of the entity 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.

Loop 2100C

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

User Option (Usage): Required

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

Notes:

1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the insured or subscriber.

Example:

NM1*IL*1*SMITH*JOHN*L***MI*4441155501~

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
030	NM1	Subscriber Name	O	1		Required
040	REF	Subscriber Additional Identification	O	9		Situational
060	N3	Subscriber Address	O	1		Situational
070	N4	Subscriber City/State/ZIP Code	O	1		Situational
080	PER	Subscriber Contact Information	O	3		Situational
085	AAA	Subscriber Request Validation	O	9		Situational
100	DMG	Subscriber Demographic Information	O	1		Situational
110	INS	Subscriber Relationship	O	1		Situational
120	DTP	Subscriber Date	O	9		Situational
130		Loop 2110C	O		>1	Situational

Semantics:

1. NM102 qualifies NM103.

Comments:

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

NM1 Subscriber Name

Pos: 030	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 9

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

1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the insured or subscriber.

Example:

```
NM1*IL*1*SMITH*JOHN*L***MI*44411555501~
```

Element Summary:

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

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

Code Name

IL Insured or Subscriber

NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
-------	------	------------------------------	---	----	-----	----------

Description: Code qualifying the type of entity

Code Name

1 Person

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

Description: Individual last name or organizational name

Industry: Subscriber Last Name

Use this name for the subscriber's last name.

Required unless a rejection response is generated and this element was not valued in the request.

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

Description: Individual first name

Industry: Subscriber First Name

Use this name for the subscriber's first name.

Required unless a rejection response is generated and this element was not valued in the request.

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

Industry: Subscriber Middle Name

Use this name for the subscriber's middle name or initial.

Change second note: Required if this is available from the Information Source's database unless a rejection response is generated and this element was not valued in the request.

NM106	1038	Name Prefix	O	AN	1/10	Situational
-------	------	--------------------	---	----	------	-------------

Description: Prefix to individual name

Industry: Subscriber Name Prefix

Use this only to convey a persons Military Rank.

See Appendix C for Code Source DOD1, Military Health Systems Functional Area Manual - Data.

ExternalCodeList

Name: DOD1

Description: Military Rank and Health Care Service Region

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

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Industry: Subscriber Name Suffix				
		Use this for the suffix to an individual's name; e.g., Sr., Jr., or III. Use if available.				
NM108	66	Identification Code Qualifier	C	ID	1/2	Situational
		Description: Code designating the system/method of code structure used for Identification Code (67)				
		Use this element to qualify the identification number submitted in NM109. This is the primary number that the information source associates with the subscriber. Required unless a rejection response is generated and this element was not valued in the request.				
		Code Name				
		MI Member Identification Number				
		This code may only be used prior to the mandated use of code "ZZ". This is the unique number the payer or information source uses to identify the insured (e.g., Health Insurance Claim Number, Medicaid Recipient ID Number, HMO member ID, etc.).				
		ZZ Mutually Defined				
		The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.				
NM109	67	Identification Code	C	AN	2/80	Situational
		Description: Code identifying a party or other code				
		Industry: Subscriber Primary Identifier				
		Use this code for the reference number as qualified by the preceding data element (NM108). Required unless a rejection response is generated and this element was not valued in the request.				
		CIGNA TRADING PARTNER NOTES: Effective January 1, 2005; identifies a CIGNA specific unique member identifier rather than the Social Security Number (SSN). If a unique member identifier exists, it will be used as the primary identification code on all responses, in place of the member's SSN. Once this unique member identifier is provided to the information receiver, this identifier should be used for all future inquiries, communications and claim submissions.				
		Note: if a request is received prior to January 1, 2005 with a date of service of 1/1/2005 or later, the unique identifier (if it exists) will be sent back in the response.				

Syntax Rules:

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

Semantics:

1. NM102 qualifies NM103.

Comments:

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

REF Subscriber Additional Identification

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

User Option (Usage): Situational

Purpose: To specify identifying information

Notes:

1. Use this segment to supply an identification number other than or in addition to the Member Identification Number. The type of reference number is determined by the qualifier in REF01.
2. Required if the Information Source requires additional identifiers necessary to identify the Subscriber for other transactions such as claims, authorizations, etc.
3. Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number an information source knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.
4. If the 270 request contained a REF segment with a Patient Account Number in Loop 2100C/REF02 with REF01 equal EJ, then it must be returned in the 271 transaction using this segment.

Example:

REF*18*660415~

CIGNA TRADING PARTNER NOTES:

Managed Care Members:

Effective October 24, 2005, if the Member is enrolled in a managed-care benefit plan; the HMO Code, Network ID and Line of Business will be returned on the 271. Data element REF01 will have the value 'N6'. REF02 will contain the 'N6' qualifier. REF03 will have the elements: HMO Code, Network ID and LOB separated by spaces.

Example: REF*N6*018 VA805FLEX*HMO-Code Network-ID LOB-Code~

Where:

REF01 = N6

REF02 = 018 VA805 FLEX

REF03 = HMO-Code, Network-ID, LOB-Code

Element Summary:

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

Description: Code qualifying the Reference Identification

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

Code Name

18 Plan Number

1L Group or Policy Number

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

1W Member Identification Number

Use only if Loop 2100C NM108 contains ZZ, and is prior to the mandated use of the HIPAA Unique Patient Identifier.

3H Case Number

49 Family Unit Number

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

6P Group Number

A6 Employee Identification Number

CT Contract Number

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

Code Name

EA Medical Record Identification Number

EJ Patient Account Number

F6 Health Insurance Claim (HIC) Number

See segment note 3.

GH Identification Card Serial Number

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

HJ Identity Card Number

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

IF Issue Number

IG Insurance Policy Number

ML Military Rank/Civilian Pay Grade Number

If conveying a Military rank see Code Source DOD1: Military Health Systems Functional Area Manual -Data.

If conveying a Civilian Pay Grade Number see Code Source DOD2: Department of Defense Instruction (DODI) 1000.13.

N6 Plan Network Identification Number

NQ Medicaid Recipient Identification Number

See segment note 2.

Q4 Prior Identifier Number

This code is to be used when a corrected or new identification number is returned in NM109, the originally submitted identification number is to be returned in REF02. To be used in conjunction with code "001" in INS03 and code "25" in INS04.

SY Social Security Number

The social security number may not be used for any Federally administered programs such as Medicare.

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

Industry: Subscriber Supplemental Identifier

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

ExternalCodeList

Name: DOD1

Description: Military Health Systems Functional Area Manual - Data.

ExternalCodeList

Name: DOD2

Description: Department of Defense Instruction (DODI) 1000.13.

REF03	352	Description	C	AN	1/80	Situational
-------	-----	--------------------	---	----	------	-------------

Description: A free-form description to clarify the related data elements and their content

Industry: Plan Sponsor Name

Use if available.

Syntax Rules:

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

Semantics:

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

N3 Subscriber Address

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

User Option (Usage): Situational

Purpose: To specify the location of the named party

Notes:

1. Use this segment to identify address information for a subscriber.
2. Use of this segment is required if the transaction is not rejected and address information is available from the information source's database.
3. Do not return address information from the 270 request.

Example:

N3*15197 BROADWAY AVENUE*APT 215~

Element Summary:

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

N4 Subscriber City/State/ZIP Code

Pos: 070	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 6

User Option (Usage): Situational

Purpose: To specify the geographic place of the named party

Notes:

1. Use this segment to identify the city, state and ZIP Code for the subscriber.
2. Use of this segment is required if the transaction is not rejected and address information is available from the information source's database.
3. Do not return address information from the 270 request.

Example:

N4*NEW YORK*NY*10003~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name	O	AN	2/30	Situational
Description: Free-form text for city name						
Industry: Subscriber City Name						
Use this text for the city name of the subscriber's address.						
N402	156	State or Province Code	O	ID	2/2	Situational
Description: Code (Standard State/Province) as defined by appropriate government agency						
Industry: Subscriber State Code						
CODE SOURCE: 22: States and Outlying Areas of the U.S.						
Use this code for the state code of the subscriber's address.						
ExternalCodeList						
Name: 22						
Description: States and Outlying Areas of the U.S.						
N403	116	Postal Code	O	ID	3/15	Situational
Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States)						
Industry: Subscriber Postal Zone or ZIP Code						
CODE SOURCE: 51: ZIP Code						
Use this code for the ZIP or Postal Code of the subscriber's address.						
ExternalCodeList						
Name: 51						
Description: ZIP Code						
N404	26	Country Code	O	ID	2/3	Situational
Description: Code identifying the country						
CODE SOURCE: 5: Countries, Currencies and Funds						
Use this code to specify the country of the subscriber's address, if other than the United States.						
ExternalCodeList						
Name: 5						
Description: Countries, Currencies and Funds						
N405	309	Location Qualifier	C	ID	1/2	Situational
Description: Code identifying type of location						
Use if available. Typically only applicable for Medicaid.						

Code Name

CY County/Parish

FI Federal Information Processing Standards (FIPS) 55 (Named Populated Places)

CODE SOURCE:

43: FIPS-55 (Named Populated Places)

N406	310	Location Identifier	O	AN	1/30	Situational
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Description: Code which identifies a specific location

Industry: Location Identification Code

Use this to identify the location as qualified by the preceding data element (N405).

ExternalCodeList

Name: 43

Description: FIPS-55 (Named Populated Places)

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 Subscriber Contact Information

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

User Option (Usage): Situational

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

Notes:

1. Use this segment when needed to identify a contact name and/or communications number for the entity identified. This segment allows for three contact numbers to be listed. This segment is used when the information source wishes to provide a contact for the entity identified in loop 2100C NM1.
If telephone extension is sent, it should always be in the occurrence of the communications number following the actual phone number. See the example for an illustration.
2. If this segment is used, at a minimum either PER02 must be used or PER03 and PER04 must be used. It is recommended that at least PER02, PER03 and PER04 are sent if this segment is used.
3. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
4. By definition of the standard, if PER03 is used, PER04 is required.

Example:

PER*IC**HP*2128779765*WP*2127838736*EX*763~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code	M	ID	2/2	Required
Description: Code identifying the major duty or responsibility of the person or group named						
Use this code to specify the type of person or group to which the contact number applies.						
Code Name						
IC Information Contact						
PER02	93	Name	O	AN	1/60	Situational
Description: Free-form name						
Industry: Subscriber Contact Name						
Use this name for the individual's name or group's name to use when contacting the individual or organization.						
Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).						
PER03	365	Communication Number Qualifier	C	ID	2/2	Situational
Description: Code identifying the type of communication number						
Use this code to specify what type of communication number is following.						
Code Name						
HP Home Phone Number						
TE Telephone						
WP Work Phone Number						
PER04	364	Communication Number	C	AN	1/80	Situational
Description: Complete communications number including country or area code when applicable						
Industry: Subscriber Contact Number						
Required when PER02 is not present or when a contact number is to be sent in addition to the contact name.						
Use this number for the communication number as qualified by the preceding data element.						
The format for US domestic phone numbers is:						
AAABBBCCCC						
AAA = Area Code						
BBBCCCC = Local Number						
PER05	365	Communication Number Qualifier	C	ID	2/2	Situational

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Description: Code identifying the type of communication number				
		Use this code to specify what type of communication number is following.				
		Code Name				
		EX Telephone Extension				
		HP Home Phone Number				
		TE Telephone				
		WP Work Phone Number				
PER06	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable				
		Industry: Subscriber Contact Number				
		Required when an additional contact number is to be sent. Use this number for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBCCCC AAA = Area Code BBCCCC = Local Number				
PER07	365	Communication Number Qualifier	C	ID	2/2	Situational
		Description: Code identifying the type of communication number				
		Use this code to specify what type of communication number is following.				
		Code Name				
		EX Telephone Extension				
		HP Home Phone Number				
		TE Telephone				
		WP Work Phone Number				
PER08	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable				
		Industry: Subscriber Contact Number				
		Required when an additional contact number is to be sent. Use this number for the communication number as qualified by the preceding data element.				

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.

AAA Subscriber Request Validation

Pos: 085	Max: 9
Detail - Optional	
Loop: 2100C	Elements: 3

User Option (Usage): Situational

Purpose: To specify the validity of the request and indicate follow-up action authorized

Notes:

1. Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.
2. Use this segment to indicate problems in processing the transaction specifically related to the data contained in the original 270 transaction's subscriber name loop (Loop 2100C).

Example:

AAA*N**72*C~

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>
AAA01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required

Description: Code indicating a Yes or No condition or response

Industry: Valid Request Indicator

Code Name

N No

Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.

Y Yes

Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.

AAA03	901	Reject Reason Code	O	ID	2/2	Required
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Description: Code assigned by issuer to identify reason for rejection

Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content.

Use codes "43", "45", "47", "48", or "51" only in response to information that is in or should be in the PRV segment in the Subscriber Name loop (2100C).

Code Name

15 Required application data missing

42 Unable to Respond at Current Time

Use this code in a batch environment where an information source returns all requests from the 270 in the 271 and identifies "Unable to Respond at Current Time" for each individual request (subscriber or dependent) within the transaction that they were unable to process for reasons other than data content (such as their system is down or timed out when generating a response).

43 Invalid/Missing Provider Identification

45 Invalid/Missing Provider Specialty

47 Invalid/Missing Provider State

48 Invalid/Missing Referring Provider Identification Number

49 Provider is Not Primary Care Physician

51 Provider Not on File

52 Service Dates Not Within Provider Plan Enrollment

56 Inappropriate Date

57 Invalid/Missing Date(s) of Service

58 Invalid/Missing Date-of-Birth

60 Date of Birth Follows Date(s) of Service

61 Date of Death Precedes Date(s) of Service

62 Date of Service Not Within Allowable Inquiry Period

63 Date of Service in Future

64 Invalid/Missing Patient ID

Code Name

65	Invalid/Missing Patient Name
66	Invalid/Missing Patient Gender Code
67	Patient Not Found
68	Duplicate Patient ID Number
71	Patient Birth Date Does Not Match That for the Patient on the Database
72	Invalid/Missing Subscriber/Insured ID
73	Invalid/Missing Subscriber/Insured Name
74	Invalid/Missing Subscriber/Insured Gender Code
75	Subscriber/Insured Not Found
76	Duplicate Subscriber/Insured ID Number
77	Subscriber Found, Patient Not Found
78	Subscriber/Insured Not in Group/Plan Identified

AAA04 889 **Follow-up Action Code** O ID 1/1 Required

Description: Code identifying follow-up actions allowed

Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

Code Name

C	Please Correct and Resubmit
N	Resubmission Not Allowed
R	Resubmission Allowed
	Use only when AAA03 is "42".
S	Do Not Resubmit; Inquiry Initiated to a Third Party
W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly
	Use only when AAA03 is "42".

Semantics:

1. AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.

Comments:

1. If AAA02 is used, AAA03 contains a code from an industry code list.

DMG Subscriber Demographic Information

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

User Option (Usage): Situational

Purpose: To supply demographic information

Notes:

1. Use this segment to convey the birth date or gender demographic information for the subscriber.
2. Use this segment only if the subscriber is the patient and if this information is available from the Information Source's database unless a rejection response is generated and the elements were not valued in the request.

Example:

DMG*D8*19430917*M~

Element Summary:

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

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

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

Code Name

D8 Date Expressed in Format CCYYMMDD

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

Industry: Subscriber Birth Date

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

Required if this is available from the Information Source's database unless a rejection response is generated and this element was not valued in the request.

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

Industry: Subscriber Gender Code

Required if this is available from the Information Source's database unless a rejection response is generated and this element was not valued in the request.

Code Name

F Female

M Male

U Unknown

Syntax Rules:

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

Semantics:

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

INS Subscriber Relationship

Pos: 110	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 7

User Option (Usage): Situational

Purpose: To provide benefit information on insured entities

Notes:

1. Use this segment if necessary to convey insurance related information about the individual identified.
2. This segment may also be used to identify that the information source has changed some of the identifying elements for the subscriber that the information receiver submitted in the original 270 transaction.
3. Different types of health plans identify patients in different manners depending upon how their eligibility is structured. However, two approaches predominate.
The first approach is to assign each individual member of the family (and plan) a unique ID number. This number can be used to identify and access that individual's information independent of whether he or she is a child, spouse, or the actual subscriber to the plan. In this approach, the patient can be identified at the subscriber or insured hierarchical level because a unique ID number exists to access eligibility information for this individual. The relationship of this individual to the actual subscriber or contract holder would be one of spouse, child, self, etc.
The second approach is to assign the actual subscriber or contract holder a unique ID number that is entered into the eligibility system. Any related spouse, children, or dependents are identified through the subscriber's ID and have no unique identification number of their own. In this approach, the subscriber would be identified at the Loop 2100C subscriber or insured level, and the actual patient (spouse, child, etc.) would be identified at the Loop 2100D dependent level under the subscriber.

Example:

INS*Y*18*001*25~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
INS01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required
Description: Code indicating a Yes or No condition or response						
Industry: Insured Indicator						
Code Name						
Y Yes						
INS02	1069	Individual Relationship Code	M	ID	2/2	Required
Description: Code indicating the relationship between two individuals or entities						
Code Name						
18 Self						
INS03	875	Maintenance Type Code	O	ID	3/3	Situational
Description: Code identifying the specific type of item maintenance						
Use this element (and code "25" in INS04) if any of the identifying elements for the subscriber have been changed from those submitted in the 270.						
Code Name						
001 Change						
INS04	1203	Maintenance Reason Code	O	ID	2/3	Situational
Description: Code identifying the reason for the maintenance change						
Use this element (and code "001" in INS03) if any of the identifying elements for the subscriber have been changed from those submitted in the 270.						
Code Name						
25 Change in Identifying Data Elements						
Use this code to indicate that a change has been made to the primary elements that identify a specific person. Such elements are first name, last name, date of birth, identification numbers, and address.						
INS09	1220	Student Status Code	O	ID	1/1	Situational
Description: Code indicating the student status of the patient if 19 years of age or older, not handicapped						

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		and not the insured Use if available. All valid standard codes are used.				
INS10	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Handicap Indicator Use if available.	O	ID	1/1	Situational
		Code Name N No Y Yes				
INS17	1470	Number Description: A generic number Industry: Birth Sequence Number Use to indicate the birth order in the event of multiple birth's in association with the birth date supplied in DMG02.	O	N0	1/9	Situational

Syntax Rules:

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

Semantics:

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

DTP Subscriber Date

Pos: 120	Max: 9
Detail - Optional	
Loop: 2100C	Elements: 3

User Option (Usage): Situational

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

Notes:

1. Use this segment to convey any relevant dates. The dates represented may be in the past, the current date, or a future date. The dates may also be a single date or a span of dates. Which date(s) to use is determined by the format qualifier in DTP02.
2. When using codes "307" (Eligibility), "356" (Eligibility Begin), "357" (Eligibility End), "435" (Admission) or "472" (Service) at this level, it is implied that these dates apply to all of the Eligibility or Benefit Information (EB) loops that follow.

Example:

DTP*346*D8*19950818~

Element Summary:

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

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

Industry: Date Time Qualifier

Code Name

102	Issue
152	Effective Date of Change
291	Plan
307	Eligibility
318	Added
340	Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin
341	Consolidated Omnibus Budget Reconciliation Act (COBRA) End
342	Premium Paid to Date Begin
343	Premium Paid to Date End
346	Plan Begin
347	Plan End
356	Eligibility Begin
357	Eligibility End
382	Enrollment
435	Admission
442	Date of Death
458	Certification
472	Service
539	Policy Effective
540	Policy Expiration
636	Date of Last Update
771	Status

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

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

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

Code Name

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

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

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

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

Semantics:

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

Loop 2110C

Pos: 130	Repeat: >1
Optional	
Loop: 2110C	Elements: N/A

User Option (Usage): Situational

Purpose: To supply eligibility or benefit information

Notes:

1. Use this segment to begin the eligibility/benefit information looping structure. The EB segment is used to convey the specific eligibility or benefit information for the entity identified.
2. This segment is required if the subscriber is the person whose eligibility or benefits are being described and the transaction is not rejected (see Section 1.3.9) or if the transaction needs to be rejected in this loop.
3. When the subscriber is not the person whose eligibility or benefits are being described, this loop must not be used.
4. A limit to the number of repeats of EB loops has not been established. In a batch environment there is no practical reason to limit the number of EB loop repeats. In a real time environment, consideration should be given to how many EB loops are generated given the amount of time it takes to format the response and the amount of time it will take to transmit that response. Since these limitations will vary by information source, it would be completely arbitrary for the developers to set a limit. It is not the intent of the developers to limit the amount of information that is returned in a response, rather to alert information sources to consider the potential delays if the response contains too much information to be formatted and transmitted in real time.
5. The minimum data for a HIPAA compliant response for a person that has been located in the information source's system must indicate either, 1 - Active Coverage or 6 - Inactive in EB01 and, 30 - Health Benefit Plan Coverage in EB03. Information sources are not limited to the minimum HIPAA compliant response and are highly encouraged to create as elaborate a response their systems allow. See section 1.3.7 HIPAA Compliant Use of the 270/271 Transaction Set for additional information.

Example:

```
EB*1*FAM*96*GP~
EB*B**98***27*10**VS*1~
EB*C*IND****23*200~
EB*C*FAM****23*600~
EB*A**A6*****.50~
```

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
130	EB	Subscriber Eligibility or Benefit Information	O	1		Situational
135	HSD	Health Care Services Delivery	O	9		Optional - not supported for CIGNA response.
140	REF	Subscriber Additional Identification	O	9		Situational
150	DTP	Subscriber Eligibility/Benefit Date	O	20		Situational
160	AAA	Subscriber Request Validation	O	9		Situational
250	MSG	Message Text	O	10		Optional - not supported for CIGNA response.
260		Loop 2115C	O		10	Situational
330		Loop LS	O		1	Situational

Semantics:

1. EB01 qualifies EB06 through EB10.
2. EB11 is the authorization or certification indicator. A "Y" value indicates that an authorization or certification is required per plan provisions. An "N" value indicates that an authorization or certification is not required per plan provisions. A "U" value indicates it is unknown whether the plan provisions require an authorization or certification.
3. EB12 is the plan network indicator. A "Y" value indicates the benefits identified are considered In-Plan-Network. An "N" value indicates that the benefits identified are considered Out-Of-Plan-Network. A "U" value indicates it is unknown whether the benefits identified are part of the Plan Network.

EB Subscriber Eligibility or Benefit Information

Pos: 130	Max: 1
Detail - Optional	
Loop: 2110C	Elements: 13

User Option (Usage): Situational

Purpose: To supply eligibility or benefit information

Notes:

1. Use this segment to begin the eligibility/benefit information looping structure. The EB segment is used to convey the specific eligibility or benefit information for the entity identified.
2. This segment is required if the subscriber is the person whose eligibility or benefits are being described and the transaction is not rejected (see Section 1.3.9) or if the transaction needs to be rejected in this loop.
3. When the subscriber is not the person whose eligibility or benefits are being described, this loop must not be used.
4. A limit to the number of repeats of EB loops has not been established. In a batch environment there is no practical reason to limit the number of EB loop repeats. In a real time environment, consideration should be given to how many EB loops are generated given the amount of time it takes to format the response and the amount of time it will take to transmit that response. Since these limitations will vary by information source, it would be completely arbitrary for the developers to set a limit. It is not the intent of the developers to limit the amount of information that is returned in a response, rather to alert information sources to consider the potential delays if the response contains too much information to be formatted and transmitted in real time.
5. The minimum data for a HIPAA compliant response for a person that has been located in the information source's system must indicate either, 1- Active Coverage or 6 - Inactive in EB01 and, 30 - Health Benefit Plan Coverage in EB03. Information sources are not limited to the minimum HIPAA compliant response and are highly encouraged to create as elaborate a response their systems allow. See section 1.3.7 HIPAA Compliant Use of the 270/271 Transaction Set for additional information.

Example:

```
EB*1*FAM*96*GP~
EB*B**98***27*10**VS*1~
EB*C*IND***23*200~
EB*C*FAM***23*600~
EB*A**A6*****.50~
```

CIGNA TRADING PARTNER NOTES:

Effective January 1, 2005; An additional occurrence of the "EB Subscriber Eligibility or Benefit Information" segment will be utilized when Medical Management services are rendered outside of CIGNA.

CIGNA Care Network: Effective October 24, 2005, when the Member's CIGNA Care Network option has Tiered Benefits, CIGNA will utilize the EB05 segment of loops 2110C and 2110D to further define benefit or coverage information, when applicable.

CIGNA Choice Fund: Effective October 24, 2005, when the Member is enrolled in one of CIGNA's Fund-Based products, CIGNA will utilize the EB05 segment in loops 2110C and 2100D to provide the type of fund chosen and the product type.

Choice Funds involved are:

- HRA (Healthcare Reimbursement Account)
- HSA (Health Savings Account)

Product types involved are:

- Network
- Network Open Access
- Network POS Open Access
- HMO Open Access
- POS Open Access
- Open Access Plus
- Open Access Plus In-Network
- Pharmacy

Example: 'Choice Fund HRA Network POS Open Access' will be passed in the Plan Coverage Description (EB05) if a member has the fund '(HRA) Health Care Reimbursement Account' with product type 'Network POS Open Access'.

Strategic Alliance Project: Effective October 24, 2005, depending on CIGNA's role in the Strategic Alliance, the Plan Coverage Description (EB05) will contain the Alliance Partner's Name or a redirect message of 'Refer to the member's ID for the number to call'.

Effective September 2006: When available and applicable, CIGNA will display the following additional information:

Amounts accumulated at the plan level towards the Individual and Family Deductibles, Individual and Family Out-of-Pocket Maximums and Individual Lifetime Maximums will be provided when available from the source system.

Range Banded Benefits on Service Type Codes will be identified using EB09 qualifiers.

Coordination of Benefits information

- EB01 segment will contain the value 'R'
- EB04 segment will utilize Insurance Type codes of OT, MA, ME or MC
- EB05 will further define the Insurance Type codes in EB04, when warranted.

Note: Remaining COB data will be passed in NM1, DTP and REF segments.

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>
EB01	1390	Eligibility or Benefit Information	M	ID	1/2	Required

Description: Code identifying eligibility or benefit information

Use this code to identify the eligibility or benefit information. This may be the eligibility status of the individual or the benefit related category that is being further described in the following data elements. This data element also qualifies the data in elements EB06 through EB10.

CIGNA TRADING PARTNER NOTES: Effective January 1, 2005, CIGNA utilizes 'W' as Eligibility or Benefit Information when Medical Management services are rendered outside of CIGNA (carveout).

Effective October 24, 2005, CIGNA utilizes 'U' as Eligibility or Benefit Information (EB01) for members of Strategic Alliance. Data element Service Type Code (EB03) will be valued at '30'.

Effective September, 2006, CIGNA utilizes 'R' as an Eligibility or Benefit Information (EB01) when providing Coordination of Benefits information.

Effective April 2009, CIGNA utilizes 'U' as Eligibility or Benefit Information (EB01) in EB segment in loops 2110C and 2110D for members of Great West that have not yet been converted to CIGNA systems.

Code Name

1	Active Coverage
5	Active - Pending Investigation
6	Inactive
A	Co-Insurance
B	Co-Payment
C	Deductible
F	Limitations
G	Out of Pocket (Stop Loss)
L	Primary Care Provider
N	Services Restricted to Following Provider
Q	Second Surgical Opinion Required
R	Other or Additional Payor
U	Contact Following Entity for Eligibility or Benefit Information
V	Cannot Process
W	Other Source of Data
CB	Coverage Basis

EB02	1207	Coverage Level Code	O	ID	3/3	Situational
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Description: Code indicating the level of coverage being provided for this insured

Industry: Benefit Coverage Level Code

Use this code to identify the level of coverage of benefits. It identifies the types and number of entities that are covered by the insurance plan.
Use if available.

Code Name

CHD	Children Only
DEP	Dependents Only
ECH	Employee and Children
EMP	Employee Only
ESP	Employee and Spouse
FAM	Family

Code Name

IND Individual
 SPC Spouse and Children
 SPO Spouse Only

EB03 1365 **Service Type Code** O ID 1/2 Situational

Description: Code identifying the classification of service

If a service type code is sent by an information receiver that is not supported by the information source, the information source must respond with at least a service type code of 30 - Health Benefit Plan Coverage. See EB segment notes and section 1.3.7 HIPAA Compliant Use of the 270/271 Transaction Set for additional information. Information receivers need to be made aware that receipt of a 271 response with a Service Type Code of 30 indicates that the information source may not be able to process an explicit request and the response does not indicate coverage of a specific benefit if one was sent in the 270 request. If a very specific type or category of service for which eligibility or benefits can be described, use one of the codes from the full list.

Code Name

1 Medical Care
 2 Surgical
 3 Consultation
 4 Diagnostic X-Ray
 5 Diagnostic Lab
 6 Radiation Therapy
 7 Anesthesia
 8 Surgical Assistance
 9 Other Medical
 10 Blood Charges
 12 Durable Medical Equipment Purchase
 13 Ambulatory Service Center Facility
 17 Pre-Admission Testing
 19 Pneumonia Vaccine
 20 Second Surgical Opinion
 22 Social Work
 30 Health Benefit Plan Coverage

Use this code if only a single category of benefits can be supported.

33 Chiropractic
 35 Dental Care
 42 Home Health Care
 45 Hospice
 46 Respite Care
 47 Hospital
 48 Hospital - Inpatient
 49 Hospital - Room and Board
 50 Hospital - Outpatient
 51 Hospital - Emergency Accident
 52 Hospital - Emergency Medical
 53 Hospital - Ambulatory Surgical
 56 Medically Related Transportation
 59 Licensed Ambulance
 61 In-vitro Fertilization
 62 MRI/CAT Scan
 64 Acupuncture
 67 Smoking Cessation
 68 Well Baby Care
 69 Maternity
 70 Transplants
 71 Audiology Exam

Code	Name
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
78	Chemotherapy
79	Allergy Testing
80	Immunizations
81	Routine Physical
82	Family Planning
83	Infertility
84	Abortion
86	Emergency Services
88	Pharmacy
90	Mail Order Prescription Drug
91	Brand Name Prescription Drug
92	Generic Prescription Drug
93	Podiatry
96	Professional (Physician)
97	Anesthesiologist
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A2	Professional (Physician) Visit - Skilled Nursing Facility
A3	Professional (Physician) Visit - Home
A4	Psychiatric
A5	Psychiatric - Room and Board
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
A9	Rehabilitation
AA	Rehabilitation - Room and Board
AC	Rehabilitation - Outpatient
AD	Occupational Therapy
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision (Optometry)
AM	Frames
AN	Routine Exam
AO	Lenses
AR	Experimental Drug Therapy
BB	Partial Hospitalization (Psychiatric)
BC	Day Care (Psychiatric)
BD	Cognitive Therapy
BF	Pulmonary Rehabilitation
BG	Cardiac Rehabilitation
BH	Pediatric
BK	Orthopedic
BL	Cardiac
BN	Gastrointestinal
BQ	Neurology

Code Name

BR Eye

EB04	1336	Insurance Type Code	O	ID	1/3	Situational
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Description: Code identifying the type of insurance policy within a specific insurance program

Use if available.

CIGNA TRADING PARTNER NOTES: Effective September 2006, Cigna will utilize the following EB04 values to provide Other Insurance information, when applicable:

- "MA"
- "MB"
- "OT"
- "MC"

All valid standard codes are used.

EB05	1204	Plan Coverage Description	O	AN	1/50	Situational
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Description: A description or number that identifies the plan or coverage

Use this free-form text area to convey the specific product name for an insurance plan.

Use if available.

CIGNA TRADING PARTNER NOTES: Effective January 1, 2005; A four-character code will indicate the medical management service level for the member. The valid values are "PHS+", "PHS", or "N/A".

Dental Benefits:

Effective April 25, 2005, CIGNA will utilize EB05 to further define or describe Late Entrant or Wait Period information. The following verbiage will be used, when applicable:

- "Plan may have Late Entrant and Wait Period benefit"
- "Plan may have Wait Period benefit"
- "Plan may have Late Entrant benefit"

Additional values added June 13, 2005:

- "level – 1 coverage and level -2 coverage" - When the benefit plan determination is based on class and has a coinsurance
- "level – 1 coverage and level -2 coverage" - When the benefit plan determination is based on class and has a maximum.
- "level – 1 coverage and level -2 coverage. Plan may have late entrant benefit" - When the benefit plan determination is based on class and has a coinsurance and may have a late entrant (LE)
- "level – 1 coverage and level -2 coverage. Plan may have Wait Period benefit" - When the benefit plan determination is based on class and has a coinsurance and may have a wait period (WP)
- "level – 1 coverage and level -2 coverage. Plan may have Late Entrant and Wait Period benefit" - When the benefit plan determination is based on class and has a coinsurance and may have a late entrant (LE) and wait period (WP).

Pharmacy Benefits:

•Effective April 25, 2005; CIGNA will utilize EB05 to provide pharmacy descriptions, as needed. The following verbiage will be used, when applicable:

- "Pharmacy" - When the benefit has been determined to be Pharmacy
- "generic" - When the benefit applies to generic prescriptions

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<ul style="list-style-type: none"> "non-preferred" - When the benefit applies to non-preferred prescriptions "brand preferred" - When the benefit applies to preferred prescriptions "brand preferred \$100 or less" - When the benefit applies to brand preferred prescriptions that cost \$100 or less. "brand preferred more than \$100" - When the benefit applies to brand preferred prescriptions that cost more than \$100. "brand non-preferred" - When the benefit applies to brand non-preferred prescriptions. 				
		<p>Open Access Plus:</p> <p>Effective June 13, 2005; the verbiage "Open Access Plus In-Network" will be provided as Plan Coverage Description (EB05) when the benefit has been determined to be Open Access Plus In Network.</p> <p>Effective August 22, 2005, the verbiage 'Adult Preventative Care' will be provided as Plan Coverage Description (EB05) when Service Type Code (EB03) has a value of '81' for Routine Physical</p> <p>Effective October 24, 2005, when the Member's CIGNA Care Network option has Tiered Benefits, CIGNA will utilize the EB05 segment of loops 2110C and 2110D to further define benefit or coverage information, when applicable. Possible values are:</p> <ul style="list-style-type: none"> "PCP Inpatient Hospital Visit" "CCN Specialist Office Visit" "CCN Specialist In and Out Patient Visit" "Non-CCN Specialist Office Visit" "Non-CCN Specialist In and Out Patient Visit" "Out-of-Network Specialist Office Visit" "Out-of-Network Specialist In and Out Patient Visit" <p>Additional values, effective September 2006:</p> <ul style="list-style-type: none"> "All Therapies- CCN Specialist" "All Therapies - Non CCN Specialist" "Short Term Rehab-Not Including Cardiac CCN Specialist" "Short Term Rehab-Not Including Cardiac non-CCN Specialist" "Short Term Rehab - CCN Specialist" "Short Term Rehab - Non CCN Specialist" "CCN Specialist" "Non CCN Specialist" <p>Coordination of Benefits</p> <p>Effective September 2006, CIGNA will utilize EB05 to further describe other carrier information provided in the EB04 segment. Possible values are:</p> <ul style="list-style-type: none"> "Tricare" "Medicare Parts A and B" 				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																																								
		• "Medicare Part D"																																												
EB06	615	Time Period Qualifier	O	ID	1/2	Situational																																								
		Description: Code defining periods																																												
		Use this code for the time period category for the benefits being described when needed to qualify benefit availability.																																												
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr><td>6</td><td>Hour</td></tr> <tr><td>7</td><td>Day</td></tr> <tr><td>13</td><td>24 Hours</td></tr> <tr><td>21</td><td>Years</td></tr> <tr><td>22</td><td>Service Year</td></tr> <tr><td>23</td><td>Calendar Year</td></tr> <tr><td>24</td><td>Year to Date</td></tr> <tr><td>25</td><td>Contract</td></tr> <tr><td>26</td><td>Episode</td></tr> <tr><td>27</td><td>Visit</td></tr> <tr><td>28</td><td>Outlier</td></tr> <tr><td>29</td><td>Remaining</td></tr> <tr><td>30</td><td>Exceeded</td></tr> <tr><td>31</td><td>Not Exceeded</td></tr> <tr><td>32</td><td>Lifetime</td></tr> <tr><td>33</td><td>Lifetime Remaining</td></tr> <tr><td>34</td><td>Month</td></tr> <tr><td>35</td><td>Week</td></tr> <tr><td>36</td><td>Admission</td></tr> </tbody> </table>					<u>Code</u>	<u>Name</u>	6	Hour	7	Day	13	24 Hours	21	Years	22	Service Year	23	Calendar Year	24	Year to Date	25	Contract	26	Episode	27	Visit	28	Outlier	29	Remaining	30	Exceeded	31	Not Exceeded	32	Lifetime	33	Lifetime Remaining	34	Month	35	Week	36	Admission
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31	Not Exceeded																																													
32	Lifetime																																													
33	Lifetime Remaining																																													
34	Month																																													
35	Week																																													
36	Admission																																													
EB07	782	Monetary Amount	O	R	1/18	Situational																																								
		Description: Monetary amount																																												
		Industry: Benefit Amount																																												
		Use this monetary amount as qualified by EB01. Use if eligibility or benefit must be qualified by a monetary amount; e.g., deductible, co-payment.																																												
EB08	954	Percent	O	R	1/10	Situational																																								
		Description: Percentage expressed as a decimal																																												
		Industry: Benefit Percent																																												
		Use this percentage rate as qualified by EB01. Use if eligibility or benefit must be qualified by a percentage; e.g., co-insurance.																																												
		CIGNA TRADING PARTNER NOTES: Benefit Percent Effective October 2008, CIGNA will portray this value as a decimal where applicable. 1.00 = 100% .50 = 50% .00 = 0%																																												
EB09	673	Quantity Qualifier	C	ID	2/2	Situational																																								
		Description: Code specifying the type of quantity																																												
		Use this code to identify the type of units that are being conveyed in the following data element (EB10).																																												
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr><td>99</td><td>Quantity Used</td></tr> <tr><td>CA</td><td>Covered - Actual</td></tr> <tr><td>CE</td><td>Covered - Estimated</td></tr> <tr><td>DB</td><td>Deductible Blood Units</td></tr> <tr><td>DY</td><td>Days</td></tr> <tr><td>HS</td><td>Hours</td></tr> </tbody> </table>					<u>Code</u>	<u>Name</u>	99	Quantity Used	CA	Covered - Actual	CE	Covered - Estimated	DB	Deductible Blood Units	DY	Days	HS	Hours																										
<u>Code</u>	<u>Name</u>																																													
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CE	Covered - Estimated																																													
DB	Deductible Blood Units																																													
DY	Days																																													
HS	Hours																																													

Code Name

- LA Life-time Reserve - Actual
- LE Life-time Reserve - Estimated
- MN Month
- P6 Number of Services or Procedures
- QA Quantity Approved
- S7 Age, High Value
- S8 Age, Low Value
- VS Visits
- YY Years

Use this code when a benefit is based on a maximum age for the patient.

Use this code when a benefit is based on a minimum age for the patient.

EB10 380 **Quantity** C R 1/15 Situational

Description: Numeric value of quantity

Industry: Benefit Quantity

Use this number for the quantity value as qualified by the preceding data element (EB09).

EB11 1073 **Yes/No Condition or Response Code** O ID 1/1 Situational

Description: Code indicating a Yes or No condition or response

Industry: Authorization or Certification Indicator

Use if it is necessary to indicate if authorization or certification is required.

Code Name

- N No
- U Unknown
- Y Yes

EB12 1073 **Yes/No Condition or Response Code** O ID 1/1 Situational

Description: Code indicating a Yes or No condition or response

Industry: In Plan Network Indicator

Use if it is necessary to indicate if benefits are considered In or Out of Plan-Network or not.

Code Name

- N No
- U Unknown
- Y Yes

EB13 C003 **Composite Medical Procedure Identifier** O Comp Situational

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

Use this composite data element only if an information source can support this high level of functionality. The EB13 allows for a very specific response to a very specific inquiry, such as based on a diagnosis or a procedure code. This element is only recommended when responding to an inquiry that contained related EQ02 data.

CIGNA TRADING PARTNER NOTES: Not supported on CIGNA response.

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

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

Industry: Product or Service ID Qualifier

Use this code to identify the external code list of the following procedure/service code.

Code Name

- AD American Dental Association Codes
- CJ Current Procedural Terminology (CPT) Codes

CODE SOURCE:

135: American Dental Association Codes

CODE SOURCE:

Code Name

	133: Current Procedural Terminology (CPT) Codes
HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes CODE SOURCE: 130: Health Care Financing Administration Common Procedural Coding System
ID	International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure CODE SOURCE: 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
IV	Home Infusion EDI Coalition (HIEC) Product/Service Code 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. CODE SOURCE: 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List
N4	National Drug Code in 5-4-2 Format CODE SOURCE: 240: National Drug Code by Format
ZZ	Mutually Defined NOT ADVISED Use this code only for local codes or interim uses until an appropriate new code is approved.

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

Description: Identifying number for a product or service

Industry: Procedure Code

Use this ID number for the product/service code as qualified by the preceding data element.

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

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

ExternalCodeList

Name: 133

Description: Current Procedural Terminology (CPT) Codes

ExternalCodeList

Name: 135

Description: American Dental Association Codes

ExternalCodeList

Name: 240

Description: National Drug Code by Format

ExternalCodeList

Name: 513

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

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

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

Use this modifier for the procedure code identified in EB13-2 if modifiers are needed to further specify the service.

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

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

Use this modifier for the procedure code identified in EB13-2 if modifiers are needed to further specify the service.

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
	1339	Procedure Modifier	O	AN	2/2	Situational
		Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Use this modifier for the procedure code identified in EB13-2 if modifiers are needed to further specify the service.				
	1339	Procedure Modifier	O	AN	2/2	Situational
		Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Use this modifier for the procedure code identified in EB13-2 if modifiers are needed to further specify the service.				

Syntax Rules:

1. P0910 - If either EB09 or EB10 is present, then the other is required.

Semantics:

1. EB01 qualifies EB06 through EB10.
2. EB11 is the authorization or certification indicator. A "Y" value indicates that an authorization or certification is required per plan provisions. An "N" value indicates that an authorization or certification is not required per plan provisions. A "U" value indicates it is unknown whether the plan provisions require an authorization or certification.
3. EB12 is the plan network indicator. A "Y" value indicates the benefits identified are considered In-Plan-Network. An "N" value indicates that the benefits identified are considered Out-Of-Plan-Network. A "U" value indicates it is unknown whether the benefits identified are part of the Plan Network.

HSD Health Care Services Delivery

Pos: 135	Max: 9
Detail - Optional	
Loop: 2110C	Elements: 8

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

Purpose: To specify the delivery pattern of health care services

Notes:

1. Use this segment only when benefits identified in either EB03 or EB13 have a specific delivery or usage pattern associated with the benefit.

Example:

HSD*VS*30***22~

Thirty visits per service year

HSD*VS*12*WK*3*34*1~

Twelve visits, three visits per week, for 1 month.

CIGNA TRADING PARTNER NOTES:

Not supported on CIGNA response.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HSD01	673	Quantity Qualifier	C	ID	2/2	Situational
Description: Code specifying the type of quantity						
Required if identifying type and quantity of benefits.						
Required if HSD02 is used.						
Code Name						
DY Days						
FL Units						
HS Hours						
MN Month						
VS Visits						
HSD02	380	Quantity	C	R	1/15	Situational
Description: Numeric value of quantity						
Industry: Benefit Quantity						
Required if identifying type and quantity of benefits.						
Required if HSD01 is used.						
HSD03	355	Unit or Basis for Measurement Code	O	ID	2/2	Situational
Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken						
Used if needed to provide further information about the number and frequency of benefits.						
Code Name						
DA Days						
MO Months						
VS Visit						
WK Week						
YR Years						
HSD04	1167	Sample Selection Modulus	O	R	1/6	Situational
Description: To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes						
Used if needed to provide further information about the number and frequency of benefits.						
HSD05	615	Time Period Qualifier	C	ID	1/2	Situational
Description: Code defining periods						
Used if needed to provide further information about the number and frequency of benefits.						

<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>				
		6 Hour				
		7 Day				
		21 Years				
		22 Service Year				
		23 Calendar Year				
		24 Year to Date				
		25 Contract				
		26 Episode				
		27 Visit				
		28 Outlier				
		29 Remaining				
		30 Exceeded				
		31 Not Exceeded				
		32 Lifetime				
		33 Lifetime Remaining				
		34 Month				
		35 Week				

HSD06	616	Number of Periods	O	N0	1/3	Situational
		Description: Total number of periods				
		Industry: Period Count				
		Used if needed to provide further information about the number and frequency of benefits.				

HSD07	678	Ship/Delivery or Calendar Pattern Code	O	ID	1/2	Situational
		Description: Code which specifies the routine shipments, deliveries, or calendar pattern				
		Industry: Delivery Frequency Code				
		Used if needed to provide further information about the number and frequency of benefits.				

<u>Code</u>	<u>Name</u>
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
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.

Code Name

- 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)
- 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

Used if needed to provide further information about the number and frequency of benefits.

Code Name

- 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.

REF Subscriber Additional Identification

Pos: 140	Max: 9
Detail - Optional	
Loop: 2110C	Elements: 3

User Option (Usage): Situational

Purpose: To specify identifying information

Notes:

1. Use this segment to identify other or additional reference numbers for the entity identified. The type of reference number is determined by the qualifier in REF01.
2. Use this segment for reference identifiers related only to the EB loop that it is contained in (e.g. Other or Additional Payer's identifiers).

Example:

REF*G1*653745725~

Element Summary:

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

Description: Code qualifying the Reference Identification

Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both. Use "1L", "1W", "18", "49", "6P", "A6", "F6", "IG", "N6", and "NQ" only in an EB loop with EB01 = "R".

Code Name

18 Plan Number

1L Group or Policy Number

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

1W Member Identification Number

49 Family Unit Number

6P Group Number

9F Referral Number

A6 Employee Identification Number

F6 Health Insurance Claim (HIC) Number

G1 Prior Authorization Number

IG Insurance Policy Number

N6 Plan Network Identification Number

NQ Medicaid Recipient Identification Number

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

Industry: Subscriber Eligibility or Benefit Identifier

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

CIGNA TRADING PARTNER NOTES: Effective September 2006, in a Coordination of Benefits situation, if another carrier's policy number is available to CIGNA it will be displayed in the REF02 field.

REF03	352	Description	C	AN	1/80	Situational
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Description: A free-form description to clarify the related data elements and their content

Industry: Plan Sponsor Name

Use if available.

Syntax Rules:

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

Semantics:

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

DTP Subscriber Eligibility/Benefit Date

Pos: 150	Max: 20
Detail - Optional	
Loop: 2110C	Elements: 3

User Option (Usage): Situational**Purpose:** To specify any or all of a date, a time, or a time period**Notes:**

1. Use this segment to convey dates associated with the information contained in the corresponding Eligibility or Benefit Information (EB) loop.
2. When using codes "307" (Eligibility), "435" (Admission) or "472"(Service) at this level, it is implied that these dates apply only to the Eligibility or Benefit Information (EB) loop that it is located in. If there is a need to supply a global Eligibility, Admission or Service date, it must be provided in the DTP segment within the Subscriber Name (Loop 2100C) loop.

Example:

DTP*472*D8*19960624~

Element Summary:

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

Description: Code specifying type of date or time, or both date and time**Industry:** Date Time Qualifier**Code Name**

193	Period Start
194	Period End
198	Completion
290	Coordination of Benefits
292	Benefit
295	Primary Care Provider
304	Latest Visit or Consultation
307	Eligibility
318	Added
348	Benefit Begin
349	Benefit End
356	Eligibility Begin
357	Eligibility End
435	Admission
472	Service
636	Date of Last Update

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

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

Code Name

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

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

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

CIGNA TRADING PARTNER NOTES: Effective September 2006, When Coordination of Benefits information is being passed, the DTP03 field is populated with the other carrier's policy effective/effective-cancel dates, as reported to CIGNA.**Semantics:**

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

AAA Subscriber Request Validation

Pos: 160	Max: 9
Detail - Optional	
Loop: 2110C	Elements: 3

User Option (Usage): Situational

Purpose: To specify the validity of the request and indicate follow-up action authorized

Notes:

1. Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.
2. Use this segment to indicate problems in processing the transaction specifically related to specific eligibility/benefit inquiry data contained in the original 270 transaction's subscriber eligibility/benefit inquiry information loop (Loop 2110C).

Example:

AAA*N**70*C~

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>
AAA01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required

Description: Code indicating a Yes or No condition or response

Industry: Valid Request Indicator

Code Name

N No

Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.

Y Yes

Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.

AAA03	901	Reject Reason Code	O	ID	2/2	Required
-------	-----	---------------------------	---	----	-----	----------

Description: Code assigned by issuer to identify reason for rejection

Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content.

Code Name

15 Required application data missing
 52 Service Dates Not Within Provider Plan Enrollment
 53 Inquired Benefit Inconsistent with Provider Type
 54 Inappropriate Product/Service ID Qualifier
 55 Inappropriate Product/Service ID
 56 Inappropriate Date
 57 Invalid/Missing Date(s) of Service
 60 Date of Birth Follows Date(s) of Service
 61 Date of Death Precedes Date(s) of Service
 62 Date of Service Not Within Allowable Inquiry Period
 63 Date of Service in Future
 69 Inconsistent with Patient's Age
 70 Inconsistent with Patient's Gender

AAA04	889	Follow-up Action Code	O	ID	1/1	Required
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Description: Code identifying follow-up actions allowed

Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

Code Name

C Please Correct and Resubmit
 N Resubmission Not Allowed
 R Resubmission Allowed

Code Name

W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

Semantics:

1. AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.

Comments:

1. If AAA02 is used, AAA03 contains a code from an industry code list.

MSG Message Text

Pos: 250	Max: 10
Detail - Optional	
Loop: 2110C	Elements: 1

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

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

Notes:

1. Free form text or description fields are not recommended because they require human interpretation.
2. Under no circumstances can an information source use the MSG segment to relay information that can be sent using codified information in existing data elements. If the need exists to use the MSG segment, it is highly recommended that the entity needing to use the MSG segment approach X12N with data maintenance to solve the business need without the use of the MSG segment.
3. Benefit Disclaimers are strongly discouraged. See section 1.3.10 Disclaimers Within the Transaction. Under no circumstances are more than one MSG segment to be used for a Benefit Disclaimer per individual response.

Example:

MSG*Free form text is discouraged~

CIGNA TRADING PARTNER NOTES:

Beginning February 2009 CIGNA may utilize the MSG segment to further explain values provided in EB*1 or EB*F loops.

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: Beginning February 2009, MSG01 may contain one of the following messages:

- Member is in network based on Tax ID provided in request~
- Member is out of network based on Tax ID provided in request~
- Member is in network based on the Provider ID provided in request~
- Member is out of network based on the Provider ID provided in request~
- HRA BALANCE~

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 2115C

Pos: 260	Repeat: 10
Optional	
Loop: 2115C	Elements: N/A

User Option (Usage): Situational

Purpose: To report information

Notes:

1. Use this segment to begin the Subscriber Eligibility or Benefit Additional Information looping structure.
2. This segment has two purposes. Information that was received in III segments in Loop 2110C of the 270 Inquiry and was used in the determination of the eligibility or benefit response must be returned. If information was provided in III segments of Loop 2110C but was not used in the determination of the eligibility or benefits it must not be returned. This segment can also be used to identify limitations in the benefits explained in the corresponding Loop 2110C, such as if benefits are limited to a type of facility or for a specific diagnosis code.
3. Use this segment to identify Diagnosis codes and/or Facility Type as they relate to the information provided in the EB segment.
4. Use the III segment only if an information source can support this high level functionality.
5. Use this segment only one time for the Principal Diagnosis Code and only one time for Facility Type Code.

Example:

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

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>
260	III	Subscriber Eligibility or Benefit Additional Information	O	1		Situational

Semantics:

1. III03 is used to categorize III04.

III Subscriber Eligibility or Benefit Additional Information

Pos: 260	Max: 1
Detail - Optional	
Loop: 2115C	Elements: 2

User Option (Usage): Situational

Purpose: To report information

Notes:

1. Use this segment to begin the Subscriber Eligibility or Benefit Additional Information looping structure.
2. This segment has two purposes. Information that was received in III segments in Loop 2110C of the 270 Inquiry and was used in the determination of the eligibility or benefit response must be returned. If information was provided in III segments of Loop 2110C but was not used in the determination of the eligibility or benefits it must not be returned. This segment can also be used to identify limitations in the benefits explained in the corresponding Loop 2110C, such as if benefits are limited to a type of facility or for a specific diagnosis code.
3. Use this segment to identify Diagnosis codes and/or Facility Type as they relate to the information provided in the EB segment.
4. Use the III segment only if an information source can support this high level functionality.
5. Use this segment only one time for the Principal Diagnosis Code and only one time for Facility Type Code.

Example:

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

CIGNA TRADING PARTNER NOTES:

Effective September 2006, CIGNA uses segment III (Subscriber Eligibility or Benefit Additional Information Loop) to display Place of Service when benefits vary based on location.

- 11 Office
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 Emergency Room - Hospital

Element Summary:

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

Description: Code identifying a specific industry code list

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

Code Name

BF Diagnosis

CODE SOURCE:

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

BK Principal Diagnosis

CODE SOURCE:

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

ZZ Mutually Defined

Use this code for Facility Type Code.

See Appendix C for Code Source 237, Place of Service from Health Care Financing Administration Claim Form.

III02	1271	Industry Code	C	AN	1/30	Required
-------	------	----------------------	---	----	------	----------

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

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

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

- 11 Office
- 12 Home
- 21 Inpatient Hospital
- 22 Outpatient Hospital

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		23 Emergency Room - Hospital				
		24 Ambulatory Surgical Center				
		25 Birthing Center				
		26 Military Treatment Facility				
		31 Skilled Nursing Facility				
		32 Nursing Facility				
		33 Custodial Care Facility				
		34 Hospice				
		41 Ambulance - Land				
		42 Ambulance - Air or Water				
		50 Federally Qualified Health Center				
		51 Inpatient Psychiatric Facility				
		52 Psychiatric Facility Partial Hospitalization				
		53 Community Mental Health Center				
		54 Intermediate Care Facility/Mentally Retarded				
		55 Residential Substance Abuse Treatment Facility				
		56 Psychiatric Residential Treatment Center				
		60 Mass Immunization Center				
		61 Comprehensive Inpatient Rehabilitation Facility				
		62 Comprehensive Outpatient Rehabilitation Facility				
		65 End-Stage Renal Disease Treatment Facility				
		71 State or Local Public Health Clinic				
		72 Rural Health Clinic				
		81 Independent Laboratory				
		99 Other Unlisted Facility				

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

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

Semantics:

1. III03 is used to categorize III04.

Loop LS

Pos: 330	Repeat: 1
Optional	
Loop: LS	Elements: N/A

User Option (Usage): Situational

Purpose: To indicate that the next segment begins a loop

Notes:

1. Use this segment to identify the beginning of the Subscriber Benefit Related Entity Name loop. Because both the subscriber's name loop and this loop begin with NM1 segments, the LS and LE segments are used to differentiate these two loops. Required if Loop 2120C is used.

Example:

LS*2120~

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>
330	LS	Loop Header	O	1		Situational
340		Loop 2120C	O		1	Situational
400	LE	Loop Trailer	M	1		Situational

Semantics:

1. One loop may be nested contained within another loop, provided the inner nested loop terminates before the outer loop. When specified by the standard setting body as mandatory, this segment in combination with "LE", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.

Comments:

1. See Figures Appendix for an explanation of the use of the LS and LE segments.

LS Loop Header

Pos: 330	Max: 1
Detail - Optional	
Loop: LS	Elements: 1

User Option (Usage): Situational

Purpose: To indicate that the next segment begins a loop

Notes:

1. Use this segment to identify the beginning of the Subscriber Benefit Related Entity Name loop. Because both the subscriber's name loop and this loop begin with NM1 segments, the LS and LE segments are used to differentiate these two loops. Required if Loop 2120C is used.

Example:

LS*2120~

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>
LS01	447	Loop Identifier Code	M	AN	1/6	Required

Description: The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE

This data element must have the value of "2120".

Semantics:

1. One loop may be nested contained within another loop, provided the inner nested loop terminates before the outer loop. When specified by the standard setting body as mandatory, this segment in combination with "LE", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.

Comments:

1. See Figures Appendix for an explanation of the use of the LS and LE segments.

Loop 2120C

Pos: 340	Repeat: 1
Optional	
Loop: 2120C	Elements: N/A

User Option (Usage): Situational

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

Notes:

1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify a provider (such as the primary care provider), an individual, another payer, or another information source when applicable to the eligibility response.

Example:

NM1*P3*1*JONES*MARCUS***MD*SV*111223333~

CIGNA TRADING PARTNER NOTES:

Effective January 1, 2005; An additional occurrence of loop 2120C will be utilized to identify when Medical Management services are rendered outside of CIGNA (carveout).

Effective September 2006, an additional occurrence of loop 2120C/2120D will be created to provide Coordination of Benefits information when it is available.

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>
340	NM1	Subscriber Benefit Related Entity Name	O	1		Situational
360	N3	Subscriber Benefit Related Entity Address	O	1		Situational
370	N4	Subscriber Benefit Related City/State/ZIP Code	O	1		Situational
380	PER	Subscriber Benefit Related Entity Contact Information	O	3		Situational
390	PRV	Subscriber Benefit Related Provider Information	O	1		Situational

Semantics:

1. NM102 qualifies NM103.

Comments:

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

NM1 Subscriber Benefit Related Entity Name

Pos: 340	Max: 1
Detail - Optional	
Loop: 2120C	Elements: 8

User Option (Usage): Situational

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

Notes:

1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify a provider (such as the primary care provider), an individual, another payer, or another information source when applicable to the eligibility response.

Example:

NM1*P3*1*JONES*MARCUS***MD*SV*111223333~

Element Summary:

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

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

CIGNA TRADING PARTNER NOTES: Effective January 1, 2005; The value "X3" will be utilized when the member has an entity other than CIGNA responsible for the utilization management.

Effective September 2006, when passing Coordination of Benefits information, CIGNA uses these values

- PRP Primary Payer
- SEP Secondary Payer
- TTP Tertiary Payer

to describe the other carrier's order of benefit determination.

Code Name

13	Contracted Service Provider
1P	Provider
2B	Third-Party Administrator
36	Employer
73	Other Physician
FA	Facility
GP	Gateway Provider
IL	Insured or Subscriber
	Use if identifying an insured or subscriber to a plan other than the information source (such as in a co-ordination of benefits situation).
LR	Legal Representative
P3	Primary Care Provider
P4	Prior Insurance Carrier
P5	Plan Sponsor
PR	Payer
VN	Vendor
X3	Utilization Management Organization
PRP	Primary Payer
SEP	Secondary Payer
TTP	Tertiary Payer

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

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

CIGNA TRADING PARTNER NOTES: Effective September 2006, when passing Coordination of Benefits information, CIGNA defaults this value to '2'.

<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 Person				
		2 Non-Person Entity				
NM103	1035	Name Last or Organization Name	O	AN	1/35	Situational
		Description: Individual last name or organizational name				
		Industry: Benefit Related Entity Last or Organization Name				
		Use this name for the organization name if the entity type qualifier is a non-person entity. Otherwise, this will be the individual's last name. Use if available.				
		CIGNA TRADING PARTNER NOTES: Effective January 1, 2005; Only when 'NM101 equals "X3" this data element identifies the name of the entity that is responsible for the member's utilization management.				
NM104	1036	Name First	O	AN	1/25	Situational
		Description: Individual first name				
		Industry: Benefit Related Entity First Name				
		Use this name only if available and NM102 is "1".				
		CIGNA TRADING PARTNER NOTES: Effective January 1, 2005; identifies the member's utilization management entity telephone number when it is not CIGNA.				
NM105	1037	Name Middle	O	AN	1/25	Situational
		Description: Individual middle name or initial				
		Industry: Benefit Related Entity Middle Name				
		Use this name only if available and NM102 is "1".				
NM107	1039	Name Suffix	O	AN	1/10	Situational
		Description: Suffix to individual name				
		Industry: Benefit Related Entity Name Suffix				
		Use name suffix only if available and NM102 is "1"; e.g., Sr., Jr., or III.				
NM108	66	Identification Code Qualifier	C	ID	1/2	Situational
		Description: Code designating the system/method of code structure used for Identification Code (67)				
		If the entity being identified is a provider and the National Provider ID is mandated for use, code value "XX" must be used, otherwise, one of the other codes may be used. If the entity being identified is a payer and the HCFA National PlanID is mandated for use, code value "XV" must be used, otherwise, one of the other codes may be used. If the entity being identified is an individual, the "HIPAA Individual Identifier" must be used once this identifier has been adopted, otherwise, one of the other codes may be used. Required when available.				
		<u>Code</u> <u>Name</u>				
		24 Employer's Identification Number				
		34 Social Security Number				
		The social security number may not be used for any Federally administered programs such as Medicare.				
		46 Electronic Transmitter Identification Number (ETIN)				
		FA Facility Identification				
		FI Federal Taxpayer's Identification Number				
		MI Member Identification Number				
		Use this code to identify the entity's Member Identification Number associated with a payer other than the information source in Loop 2100A. This code may only be used prior to the mandated use of code "ZZ".				
		NI National Association of Insurance Commissioners (NAIC) Identification				
		PI Payor Identification				
		PP Pharmacy Processor Number				
		SV Service Provider Number				
		XV Health Care Financing Administration National Payer Identification Number (PAYERID)				
		CODE SOURCE:				

Code Name

	540: Health Care Financing Administration National PlanID
XX	Health Care Financing Administration National Provider Identifier
ZZ	Mutually Defined
	The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.

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

Description: Code identifying a party or other code

Industry: Benefit Related Entity Identifier

Use this code for the reference number as qualified by the preceding data element (NM108). Required when available.

ExternalCodeList

Name: 245

Description: National Association of Insurance Commissioners (NAIC) Code

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National PlanID

Syntax Rules:

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

Semantics:

1. NM102 qualifies NM103.

Comments:

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

N3 Subscriber Benefit Related Entity Address

Pos: 360	Max: 1
Detail - Optional	
Loop: 2120C	Elements: 2

User Option (Usage): Situational

Purpose: To specify the location of the named party

Notes:

1. Use this segment to identify address information for an entity.
2. Required when needed to further identify the entity or individual in loop 2120C NM1 and the information is available.

Example:

N3*201 PARK AVENUE*SUITE 300~

Element Summary:

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

N4 Subscriber Benefit Related City/State/ZIP Code

Pos: 370	Max: 1
Detail - Optional	
Loop: 2120C	Elements: 6

User Option (Usage): Situational

Purpose: To specify the geographic place of the named party

Notes:

1. Use this segment to identify the city, state and ZIP Code for an entity.
2. Required when needed to further identify the entity or individual in loop 2120C NM1 and the information is available.

Example:

N4*NEW YORK*NY*10003~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name	O	AN	2/30	Situational
Description: Free-form text for city name						
Industry: Benefit Related Entity City Name						
Use this text for the city name of the entity's address.						
N402	156	State or Province Code	O	ID	2/2	Situational
Description: Code (Standard State/Province) as defined by appropriate government agency						
Industry: Benefit Related Entity State Code						
CODE SOURCE: 22: States and Outlying Areas of the U.S.						
Use this code for the state code of the entity's address.						
ExternalCodeList						
Name: 22						
Description: States and Outlying Areas of the U.S.						
N403	116	Postal Code	O	ID	3/15	Situational
Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States)						
Industry: Benefit Related Entity Postal Zone or ZIP Code						
CODE SOURCE: 51: ZIP Code						
Use this code for the ZIP or Postal Code of the entity's address.						
ExternalCodeList						
Name: 51						
Description: ZIP Code						
N404	26	Country Code	O	ID	2/3	Situational
Description: Code identifying the country						
CODE SOURCE: 5: Countries, Currencies and Funds						
Use this code to specify the country of the entity's address, if other than the United States.						
ExternalCodeList						
Name: 5						
Description: Countries, Currencies and Funds						
N405	309	Location Qualifier	C	ID	1/2	Situational
Description: Code identifying type of location						
Use only for CHAMPUS/TRICARE or CHAMPVA purposes.						
Code Name						
RJ		Region				

Code Name

Use this code only to communicate the Department of Defense Health Service Region in N406.

N406	310	Location Identifier	O	AN	1/30	Situational
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Description: Code which identifies a specific location

Industry: Department of Defense Health Service Region Code

Use only for CHAMPUS/TRICARE or CHAMPVA to communicate the Department of Defense Health Service Region for a Primary Care Provider.

CODE SOURCE DOD1: Military Health Systems Functional Area Manual - Data.

ExternalCodeList

Name: DOD1

Description: Military Health Systems Functional Area

Manual - Data.

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 Subscriber Benefit Related Entity Contact Information

Pos: 380	Max: 3
Detail - Optional	
Loop: 2120C	Elements: 8

User Option (Usage): Situational

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

Notes:

1. Use this segment when needed to identify a contact name and/or communications number for the entity identified. This segment allows for three contact numbers to be listed. This segment is used when the information source wishes to provide a contact for the entity identified in loop 2120C NM1.

If telephone extension is sent, it should always be in the occurrence of the communications number following the actual phone number.

See the example for an illustration.

2. If this segment is used, at a minimum either PER02 must be used or PER03 and PER04 must be used. It is recommended that at least PER02, PER03 and PER04 are sent if this segment is used.

3. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

4. By definition of the standard, if PER03 is used, PER04 is required.

Example:

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

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code	M	ID	2/2	Required

Description: Code identifying the major duty or responsibility of the person or group named

Use this code to specify the type of person or group to which the contact number applies.

Code Name

IC Information Contact

PER02	93	Name	O	AN	1/60	Situational
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Description: Free-form name

Industry: Benefit Related Entity Contact Name

Use this name for the individual's name or group's name to use when contacting the individual or organization.

Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).

PER03	365	Communication Number Qualifier	C	ID	2/2	Situational
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Description: Code identifying the type of communication number

Use this code to specify what type of communication number is following.

CIGNA TRADING PARTNER NOTES: Effective January 1, 2005; identifies the member's utilization management entity telephone number when it is not CIGNA.

Code Name

ED Electronic Data Interchange Access Number

EM Electronic Mail

FX Facsimile

TE Telephone

WP Work Phone Number

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

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

Industry: Benefit Related Entity Communication Number

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Required when PER02 is not present or when a contact number is to be sent in addition to the contact name. Use this number for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC AAA = Area Code BBBCCCC = Local Number				
		CIGNA TRADING PARTNER NOTES: Effective January 1, 2005; identifies the member's utilization management entity telephone number when it is not CIGNA.				
PER05	365	Communication Number Qualifier	C	ID	2/2	Situational
		Description: Code identifying the type of communication number				
		Use this code to specify what type of communication number is following.				
		Code Name				
		ED Electronic Data Interchange Access Number				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		TE Telephone				
		WP Work Phone Number				
PER06	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable				
		Industry: Benefit Related Entity Communication Number				
		Required when an additional contact number is to be sent. Use this number for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC AAA = Area Code BBBCCCC = Local Number				
PER07	365	Communication Number Qualifier	C	ID	2/2	Situational
		Description: Code identifying the type of communication number				
		Use this code to specify what type of communication number is following.				
		Code Name				
		ED Electronic Data Interchange Access Number				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		TE Telephone				
		WP Work Phone Number				
PER08	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable				
		Industry: Benefit Related Entity Communication Number				
		Required when an additional contact number is to be sent. Use this number for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC AAA = Area Code BBBCCCC = Local Number				

Syntax Rules:

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

PRV Subscriber Benefit Related Provider Information

Pos: 390	Max: 1
Detail - Optional	
Loop: 2120C	Elements: 3

User Option (Usage): Situational

Purpose: To specify the identifying characteristics of a provider

Notes:

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

Example:

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

Element Summary:

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

Description: Code identifying the type of provider

Code Name

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

PRV02	128	Reference Identification Qualifier	M	ID	2/3	Required
-------	-----	---	---	----	-----	----------

Description: Code qualifying the Reference Identification

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

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

Code Name

9K	Servicer
----	----------

Use this code for the identification number assigned by the information source to be used by the

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

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

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

Industry: Provider Identifier

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

ExternalCodeList

Name: 307

Description: National Association of Boards of Pharmacy Number

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

ExternalCodeList

Name: HCPT

Description: Health Care Provider Taxonomy

LE Loop Trailer

Pos: 400	Max: 1
Detail - Mandatory	
Loop: LS	Elements: 1

User Option (Usage): Situational

Purpose: To indicate that the loop immediately preceding this segment is complete

Notes:

1. Use this segment to identify the end of the Subscriber Benefit Related Entity Name loop. Because both the subscriber's name loop and this loop begin with NM1 segments, the LS and LE segments are used to differentiate these two loops. Required if Loop 2120C is used.

Example:

LE*2120~

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>
LE01	447	Loop Identifier Code	M	AN	1/6	Required

Description: The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE

This data element must have the value of "2120".

Semantics:

1. One loop may be nested contained within another loop, provided the inner nested loop terminates before the other loop. When specified by the standards setting body as mandatory, this segment in combination with "LS", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop beginning segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.

Comments:

1. See Figures Appendix for an explanation of the use of the LE and LS segments.

Loop 2000D

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

User Option (Usage): Situational

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

Notes:

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

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

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

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

Example:

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

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
010	HL	Dependent Level	O	1		Situational
020	TRN	Dependent Trace Number	O	3		Situational
030		Loop 2100D	O		1	Required

Comments:

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

HL Dependent Level

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

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

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

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

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

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

Example:

HL*4*3*23*0~

Element Summary:

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

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

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

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

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

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

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

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

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

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

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

Code Name

23 Dependent

Use the dependent level to identify an individual(s) who may be a dependent of the subscriber/insured. This entity may or may not be the actual patient.

HL04	736	Hierarchical Child Code	O	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>
------------	-----------	---------------------	------------	-------------	----------------	--------------

Description: Code indicating if there are hierarchical child data segments subordinate to the level being described

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

Because of the hierarchical structure, and because no subordinate HL levels exist, the code value in the HL04 at the Loop 2000D level should be "0" (zero).

Code Name

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 Dependent Trace Number

Pos: 020	Max: 3
Detail - Optional	
Loop: 2000D	Elements: 4

User Option (Usage): Situational

Purpose: To uniquely identify a transaction to an application

Notes:

1. Use this segment to convey a unique trace or reference number. See Section 1.3.6 Information Linkage for additional information.
2. An information source may receive up to two TRN segments in each loop 2000D of a 270 transaction and must return each of them in loop 2000D of the 271 transaction with a value of "2" in TRN01.
3. An information source may add one TRN segment to loop 2000D with a value of "1" in TRN01 and must identify themselves in TRN03.
4. If this transaction passes through a clearinghouse, the clearinghouse will receive from the information source the information receiver's TRN segment and the clearinghouse's TRN segment with a value of "2" in TRN01. Since the ultimate destination of the transaction is the information receiver, if the clearinghouse intends on passing their TRN segment to the information receiver, the clearinghouse must change the value in TRN01 to "1" of their TRN segment. This must be done since the trace number in the clearinghouse's TRN segment is not actually a referenced transaction trace number to the information receiver.

Example:

```
TRN*2*98175-012547*9877281234*RADIOLOGY~
TRN*2*109834652831*9XYZCLEARH*REALTIME~
TRN*1*209991094361*9ABCINSURE~
```

The above example represents how an information source would respond. The first TRN segment was initiated by the information receiver. The second TRN segment was initiated by the clearinghouse. The third TRN segment was initiated by the information source.

```
TRN*2*98175-012547*9877281234*RADIOLOGY~
TRN*1*109834652831*9XYZCLEARH*REALTIME~
TRN*1*209991094361*9ABCINSURE~
```

The above example represents how a clearinghouse would respond to the same set of TRN segments if the clearinghouse intends to pass their TRN segment on to the information receiver. If the clearinghouse does not intend to pass their TRN segment on to the information receiver, only the first and third TRN segments in the example would be sent.

Element Summary:

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

Description: Code identifying which transaction is being referenced

Code Name

1 Current Transaction Trace Numbers

The term "Current Transaction Trace Numbers" refers to trace or reference numbers assigned by the creator of the 271 transaction (the information source).
If a clearinghouse has assigned a TRN segment and intends on returning their TRN segment in the 271 response to the information receiver, they must convert the value in TRN01 to "1" (since it will be returned by the information source as a "2").

2 Referenced Transaction Trace Numbers

The term "Referenced Transaction Trace Numbers" refers to trace or reference numbers originally sent in the 270 transaction and now returned in the 271.

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

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

Industry: Trace Number

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

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

Industry: Trace Assigning Entity Identifier

If TRN01 is "2", this is the value received in the original 270 transaction.

If TRN01 is "1", use this information to identify the organization that assigned this trace number.

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

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		identifier is used.				
TRN04	127	Reference Identification	O	AN	1/30	Situational
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Industry: Trace Assigning Entity Additional Identifier				
		If TRN01 is "2", this is the value received in the original 270 transaction.				
		If TRN01 is "1", use this information if necessary to further identify a specific component, such as a specific division or group of the entity 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.

Loop 2100D

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

User Option (Usage): Required

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

Notes:

1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the dependent of an insured or subscriber.

Example:

NM1*03*1*SMITH*JOHN*L**JR*MI*444115555~

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
030	NM1	Dependent Name	O	1		Required
040	REF	Dependent Additional Identification	O	9		Situational
060	N3	Dependent Address	O	1		Situational
070	N4	Dependent City/State/ZIP Code	O	1		Situational
080	PER	Dependent Contact Information	O	3		Situational
085	AAA	Dependent Request Validation	O	9		Situational
100	DMG	Dependent Demographic Information	O	1		Situational
110	INS	Dependent Relationship	O	1		Situational
120	DTP	Dependent Date	O	9		Situational
130		Loop 2110D	O		>1	Situational

Semantics:

1. NM102 qualifies NM103.

Comments:

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

NM1 Dependent Name

Pos: 030	Max: 1
Detail - Optional	
Loop: 2100D	Elements: 8

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

1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the dependent of an insured or subscriber.

Example:

NM1*03*1*SMITH*JOHN*L**JR*MI*44411555~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
Description: Code identifying an organizational entity, a physical location, property or an individual						
Code Name						
03 Dependent						
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
Description: Code qualifying the type of entity						
Code Name						
1 Person						
NM103	1035	Name Last or Organization Name	O	AN	1/35	Situational
Description: Individual last name or organizational name						
Industry: Dependent Last Name						
Use this name for the dependent's last name. Required unless a rejection response is generated and this element was not valued in the request.						
NM104	1036	Name First	O	AN	1/25	Situational
Description: Individual first name						
Industry: Dependent First Name						
Use this name for the dependent's first name. Required unless a rejection response is generated and this element was not valued in the request.						
NM105	1037	Name Middle	O	AN	1/25	Situational
Description: Individual middle name or initial						
Industry: Dependent Middle Name						
Use this name for the dependent's middle name or initial. Required if this is available from the Information Source's database unless a rejection response is generated and this element was not valued in the request.						
NM107	1039	Name Suffix	O	AN	1/10	Situational
Description: Suffix to individual name						
Industry: Dependent Name Suffix						
Use this for the suffix to an individual's name; e.g., Sr., Jr., or III. Use if available.						
NM108	66	Identification Code Qualifier	C	ID	1/2	Situational
Description: Code designating the system/method of code structure used for Identification Code (67)						
Use this element to qualify the identification number submitted in NM109. This is the primary number that the information source associates with the dependent. Prior to the mandated use of the HIPAA Unique Patient Identifier, the Member Identification Number for the dependent will be returned if the information source has assigned a unique identifier for the dependent.						

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Subsequent 270 requests should contain this Member Identification Number and the dependent would then be submitted as the subscriber. Required when available.				
		Code				
		Name				
		MI				Member Identification Number This code may only be used prior to the mandated use of code "ZZ". This is the unique number the payer or information source uses to identify the insured (e.g., Health Insurance Claim Number, Medicaid Recipient ID Number, HMO Member ID, etc.).
		ZZ				Mutually Defined The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.
NM109	67	Identification Code	C	AN	2/80	Situational
		Description: Code identifying a party or other code				
		Industry: Dependent Primary Identifier				
		Use this code for the reference number as qualified by the preceding data element (NM108). Required when available.				
		CIGNA TRADING PARTNER NOTES: Effective January 1, 2005; identifies a CIGNA specific unique member identifier rather than the Social Security Number (SSN). If a unique member identifier exists, it will be used as the primary identification code on all responses, in place of the member's SSN. Once this unique member identifier is provided to the information receiver, this identifier should be used for all future inquiries, communications and claim submissions.				
		Note: if a request is received prior to January 1, 2005 with a date of service of 1/1/2005 or later, the unique identifier (if it exists) will be sent back in the response.				

Syntax Rules:

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

Semantics:

1. NM102 qualifies NM103.

Comments:

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

REF Dependent Additional Identification

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

User Option (Usage): Situational

Purpose: To specify identifying information

Notes:

1. Use this segment to supply an identification number other than or in addition to the Member Identification Number. The type of reference number is determined by the qualifier in REF01.
2. Required if the Information Source requires additional identifiers necessary to identify the Subscriber for other transactions such as claims, authorizations, etc.
3. Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number an information source knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.
4. If the 270 request contained a REF segment with a Patient Account Number in Loop 2100D/REF02 with REF01 equal EJ, then it must be returned in the 271 transaction using this segment.

Example:

REF*18*660415~
REF*49*03~

CIGNA TRADING PARTNER NOTES:

Managed Care Members:

Effective October 24, 2005, if the Member is enrolled in a managed-care benefit plan; the HMO Code, Network ID and Line of Business will be returned on the 271. Data element REF01 will have the value 'N6'. REF02 will contain the 'N6' qualifier. REF03 will have the elements: HMO Code, Network ID and LOB separated by spaces.

Example: REF*N6*018 VA805FLEX*HMO-Code Network-ID LOB-Code~

Where:

REF01 = N6
REF02 = 018 VA805 FLEX
REF03 = HMO-Code, Network-ID, LOB-Code

Element Summary:

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

Description: Code qualifying the Reference Identification

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

Code Name

18	Plan Number
1L	Group or Policy Number
Use this code only if it cannot be determined if the number is a Group Number or a Policy number. Use codes "IG" or "6P" when they can be determined.	
1W	Member Identification Number
Use only if Loop 2100D NM108 contains ZZ, and is prior to the mandated use of the HIPAA Unique Patient Identifier.	
49	Family Unit Number
This is the suffix to the Dependent's Member Identification Number which allows the information source to use one identification number as the base number for each family member. The suffix identifies the individual family member. Only the suffix is to be entered here. The Member Identification Number is to be entered in Loop 2100C NM109 or REF02. If the complete Member Identification Number with the suffix is entered in Loop 2100D NM109 or REF02, the suffix should not be entered here.	
6P	Group Number
A6	Employee Identification Number
CT	Contract Number
EA	Medical Record Identification Number
EJ	Patient Account Number

Code Name

F6 Health Insurance Claim (HIC) Number

See segment note 2.

GH Identification Card Serial Number

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

HJ Identity Card Number

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

IF Issue Number

IG Insurance Policy Number

M7 Medical Assistance Category

N6 Plan Network Identification Number

NQ Medicaid Recipient Identification Number

See segment note 2.

Q4 Prior Identifier Number

This code is to be used when a corrected or new identification number is returned in NM109, the originally submitted identification number is to be returned in REF02. To be used in conjunction with code "001" in INS03 and code "25" in INS04.

SY Social Security Number

The social security number may not be used for any Federally administered programs such as Medicare.

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

Industry: Dependent Supplemental Identifier

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

REF03	352	Description	C	AN	1/80	Situational
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Description: A free-form description to clarify the related data elements and their content

Industry: Plan Sponsor Name

Use if available.

Syntax Rules:

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

Semantics:

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

N3 Dependent Address

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

User Option (Usage): Situational

Purpose: To specify the location of the named party

Notes:

1. Use this segment to identify address information for a dependent.
2. Use of this segment is required if the transaction is not rejected and address information is available from the information source's database.
3. Do not return address information from the 270 request.

Example:

N3*15197 BROADWAY AVENUE*APT 215~

Element Summary:

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

N4 Dependent City/State/ZIP Code

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

User Option (Usage): Situational

Purpose: To specify the geographic place of the named party

Notes:

1. Use this segment to identify the city, state and ZIP Code for a dependent.
2. Use of this segment is required if the transaction is not rejected and address information is available from the information source's database.
3. Do not return address information from the 270 request.

Example:

N4*NEW YORK*NY*10003~

Element Summary:

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

Syntax Rules:

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

Comments:

1. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

2. N402 is required only if city name (N401) is in the U.S. or Canada.

PER Dependent Contact Information

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

User Option (Usage): Situational

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

Notes:

1. Use this segment when needed to identify a contact name and/or communications number for the entity identified. This segment allows for three contact numbers to be listed. This segment is used when the information source wishes to provide a contact for the entity identified in loop 2100D NM1. If telephone extension is sent, it should always be in the occurrence of the communications number following the actual phone number. See the example for an illustration.
2. If this segment is used, at a minimum either PER02 must be used or PER03 and PER04 must be used. It is recommended that at least PER02, PER03 and PER04 are sent if this segment is used.
3. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
4. By definition of the standard, if PER03 is used, PER04 is required.

Example:

PER*IC**HP*2128779765*WP*2127838736*EX*763~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code	M	ID	2/2	Required

Description: Code identifying the major duty or responsibility of the person or group named
Use this code to specify the type of person or group to which the contact number applies.

Code Name

IC Information Contact

PER02	93	Name	O	AN	1/60	Situational
-------	----	-------------	---	----	------	-------------

Description: Free-form name

Industry: Dependent Contact Name

Use this name for the individual's name or group's name to use when contacting the individual or organization.

Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).

PER03	365	Communication Number Qualifier	C	ID	2/2	Situational
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Description: Code identifying the type of communication number

Use this code to specify what type of communication number is following.

Code Name

HP Home Phone Number

TE Telephone

WP Work Phone Number

PER04	364	Communication Number	C	AN	1/80	Situational
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Description: Complete communications number including country or area code when applicable

Industry: Dependent Contact Number

Required when PER02 is not present or when a contact number is to be sent in addition to the contact name. Use this number for the communication number as qualified by the preceding data element.

The format for US domestic phone numbers is:

AAABBBCCCC

AAA = Area Code

BBBCCCC = Local Number

PER05	365	Communication Number Qualifier	C	ID	2/2	Situational
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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>
		Description: Code identifying the type of communication number Use this code to specify what type of communication number is following.				
		Code Name EX Telephone Extension HP Home Phone Number TE Telephone WP Work Phone Number				
PER06	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable Industry: Dependent Contact Number Required when an additional contact number is to be sent. Use this number for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC AAA = Area Code BBBCCCC = Local Number				
PER07	365	Communication Number Qualifier	C	ID	2/2	Situational
		Description: Code identifying the type of communication number Use this code to specify what type of communication number is following.				
		Code Name EX Telephone Extension HP Home Phone Number TE Telephone WP Work Phone Number				
PER08	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable Industry: Dependent Contact Number Required when an additional contact number is to be sent. Use this number for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC AAA = Area Code BBBCCCC = Local Number				

Syntax Rules:

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

AAA Dependent Request Validation

Pos: 085	Max: 9
Detail - Optional	
Loop: 2100D	Elements: 3

User Option (Usage): Situational

Purpose: To specify the validity of the request and indicate follow-up action authorized

Notes:

1. Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.
2. Use this segment to indicate problems in processing the transaction specifically related to the data contained in the original 270 transaction's dependent name loop (Loop 2100D).

Example:

AAA*N**72*C~

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>
AAA01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required

Description: Code indicating a Yes or No condition or response

Industry: Valid Request Indicator

Code Name

N	No
Y	Yes

AAA03	901	Reject Reason Code	O	ID	2/2	Required
-------	-----	---------------------------	---	----	-----	----------

Description: Code assigned by issuer to identify reason for rejection

Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content.

Use codes "43", "45", "47", "48", or "51" only in response to information that is in or should be in the PRV segment in the Dependent Name loop (2100D).

Code Name

15	Required application data missing
42	Unable to Respond at Current Time
Use this code in a batch environment where an information source returns all requests from the 270 in the 271 and identifies "Unable to Respond at Current Time" for each individual request (subscriber or dependent) within the transaction that they were unable to process for reasons other than data content (such as their system is down or timed out in generating a response). Use only codes "R", "S", or "Y" for AAA04.	
43	Invalid/Missing Provider Identification
45	Invalid/Missing Provider Specialty
47	Invalid/Missing Provider State
48	Invalid/Missing Referring Provider Identification Number
49	Provider is Not Primary Care Physician
51	Provider Not on File
52	Service Dates Not Within Provider Plan Enrollment
56	Inappropriate Date
57	Invalid/Missing Date(s) of Service
58	Invalid/Missing Date-of-Birth
60	Date of Birth Follows Date(s) of Service
61	Date of Death Precedes Date(s) of Service
62	Date of Service Not Within Allowable Inquiry Period
63	Date of Service in Future
64	Invalid/Missing Patient ID
65	Invalid/Missing Patient Name
66	Invalid/Missing Patient Gender Code
67	Patient Not Found

Code Name

68 Duplicate Patient ID Number

71 Patient Birth Date Does Not Match That for the Patient on the Database

AAA04 889

Follow-up Action Code

O

ID

1/1

Required

Description: Code identifying follow-up actions allowed

Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

Code Name

C Please Correct and Resubmit

N Resubmission Not Allowed

R Resubmission Allowed

Use only when AAA03 is "42".

S Do Not Resubmit; Inquiry Initiated to a Third Party

W Please Wait 30 Days and Resubmit

X Please Wait 10 Days and Resubmit

Y Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

Use only when AAA03 is "42".

Semantics:

1. AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.

Comments:

1. If AAA02 is used, AAA03 contains a code from an industry code list.

DMG Dependent Demographic Information

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

User Option (Usage): Situational

Purpose: To supply demographic information

Notes:

1. Use this segment to convey the birth date or gender demographic information for the dependent.
2. Required if this is available from the Information Source's database unless a rejection response is generated and this element was not valued in the request.

Example:

DMG*D8*19750616*M~

Element Summary:

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

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

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

Code Name

D8 Date Expressed in Format CCYYMMDD

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

Industry: Dependent Birth Date

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

Required if this is available from the Information Source's database unless a rejection response is generated and this element was not valued in the request.

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

Industry: Dependent Gender Code

Required if this is available from the Information Source's database unless a rejection response is generated and this element was not valued in the request.

Code Name

F Female

M Male

U Unknown

Syntax Rules:

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

Semantics:

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

INS Dependent Relationship

Pos: 110	Max: 1
Detail - Optional	
Loop: 2100D	Elements: 7

User Option (Usage): Situational

Purpose: To provide benefit information on insured entities

Notes:

1. Use this segment if necessary to convey insurance related information about the individual identified.
2. This segment may also be used to identify that the information source has changed some of the identifying elements for the dependent that the information receiver submitted in the original 270 transaction.
3. Different types of health plans identify patients in different manners depending upon how their eligibility is structured. However, two approaches predominate.
The first approach is to assign each individual member of the family (and plan) a unique ID number. This number can be used to identify and access that individual's information independent of whether he or she is a child, spouse, or the actual subscriber to the plan. In this approach, the patient can be identified at the subscriber or insured hierarchical level because a unique ID number exists to access eligibility information for this individual. The relationship if this individual to the actual subscriber or contract holder would be one of spouse, child, self, etc.
The second approach is to assign the actual subscriber or contract holder a unique ID number that is entered into the eligibility system. Any related spouse, children, or dependents are identified through the subscriber's ID and have no unique identification number of their own. In this approach, the subscriber would be identified at the Loop 2100C subscriber or insured level, and the actual patient (spouse, child, etc.) would be identified at the Loop 2100D dependent level under the subscriber.

Example:

INS*N*19*****F*****3~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
INS01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required
Description: Code indicating a Yes or No condition or response						
Industry: Insured Indicator						
Code Name						
N No						
INS02	1069	Individual Relationship Code	M	ID	2/2	Required
Description: Code indicating the relationship between two individuals or entities						
Code Name						
01 Spouse						
19 Child						
21 Unknown						
Use this code only if relationship information is not available and there is a need to use data elements INS03, INS04, INS09, INS10 or INS17.						
34 Other Adult						
INS03	875	Maintenance Type Code	O	ID	3/3	Situational
Description: Code identifying the specific type of item maintenance						
Use this element (and code "25" in INS04) if any of the identifying elements for the subscriber have been changed from those submitted in the 270.						
Code Name						
001 Change						
INS04	1203	Maintenance Reason Code	O	ID	2/3	Situational
Description: Code identifying the reason for the maintenance change						
Use this element (and code "001" in INS03) if any of the identifying elements for the subscriber have been changed from those submitted in the 270.						
Code Name						
25 Change in Identifying Data Elements						
Use this code to indicate that a change has been made to the primary elements that identify a						

Code Name

specific person. Such elements are first name, last name, date of birth, and identification numbers.

INS09	1220	Student Status Code	O	ID	1/1	Situational
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Description: Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured
Use if available.
All valid standard codes are used.

INS10	1073	Yes/No Condition or Response Code	O	ID	1/1	Situational
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Description: Code indicating a Yes or No condition or response
Use if available.

Code Name

N	No
Y	Yes

INS17	1470	Number	O	N0	1/9	Situational
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Description: A generic number
Industry: Birth Sequence Number
Use to indicate the birth order in the event of multiple birth's in association with the birth date supplied in DMG02.

Syntax Rules:

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

Semantics:

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

DTP Dependent Date

Pos: 120	Max: 9
Detail - Optional	
Loop: 2100D	Elements: 3

User Option (Usage): Situational

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

Notes:

1. Use this segment to convey any relevant dates. The dates represented may be in the past, the current date, or a future date. The dates may also be a single date or a span of dates. Which date(s) to use is determined by the format qualifier in DTP02.
2. When using codes "307" (Eligibility), "356" (Eligibility Begin), "357" (Eligibility End), "435" (Admission) or "472" (Service) at this level, it is implied that these dates apply to all of the Eligibility or Benefit Information (EB) loops that follow.

Example:

DTP*346*D8*19950818~

Element Summary:

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

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

Industry: Date Time Qualifier

Code Name

102	Issue
152	Effective Date of Change
291	Plan
307	Eligibility
318	Added
340	Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin
341	Consolidated Omnibus Budget Reconciliation Act (COBRA) End
342	Premium Paid to Date Begin
343	Premium Paid to Date End
346	Plan Begin
347	Plan End
382	Enrollment
435	Admission
442	Date of Death
458	Certification
472	Service
539	Policy Effective
540	Policy Expiration
636	Date of Last Update

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

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

Code Name

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

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

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

Semantics:

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

Loop 2110D

Pos: 130	Repeat: >1
Optional	
Loop: 2110D	Elements: N/A

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

1. Use this segment to begin the eligibility/benefit information looping structure. The EB segment is used to convey the specific eligibility or benefit information for the entity identified.
2. This segment is required if the dependent is the person whose eligibility or benefits are being described and the transaction is not rejected (see Section 1.3.9) or if the transaction needs to be rejected in this loop.
3. A limit to the number of repeats of EB loops has not been established. In a batch environment there is no practical reason to limit the number of EB loop repeats. In a real time environment, consideration should be given to how many EB loops are generated given the amount of time it takes to format the response and the amount of time it will take to transmit that response. Since these limitations will vary by information source, it would be completely arbitrary for the developers to set a limit. It is not the intent of the developers to limit the amount of information that is returned in a response, rather to alert information sources to consider the potential delays if the response contains too much information to be formatted and transmitted in real time.
4. The minimum data for a HIPAA compliant response for a person that has been located in the information source's system must indicate either, 1 - Active Coverage or 6 - Inactive in EB01 and, 30 - Health Benefit Plan Coverage in EB03. Information sources are not limited to the minimum HIPAA compliant response and are highly encouraged to create as elaborate a response their systems allow. See section 1.3.7 HIPAA Compliant Use of the 270/271 Transaction Set for additional information.

Example:

```
EB*1*FAM*96*GP~
EB*B**98***27*10**VS*1~
EB*C*IND****23*200~
EB*C*FAM****23*600~
EB*A**A6*****.50~
EB*L~
```

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
130	EB	Dependent Eligibility or Benefit Information	O	1		Situational
135	HSD	Health Care Services Delivery	O	9		Situational - not supported for CIGNA response.
140	REF	Dependent Additional Identification	O	9		Situational
150	DTP	Dependent Eligibility/Benefit Date	O	20		Situational
160	AAA	Dependent Request Validation	O	9		Situational
250	MSG	Message Text	O	10		Optional - not supported for CIGNA response.
260		Loop 2115D	O		10	Situational
330		Loop LS	O		1	Situational

Semantics:

1. EB01 qualifies EB06 through EB10.
2. EB11 is the authorization or certification indicator. A "Y" value indicates that an authorization or certification is required per plan provisions. An "N" value indicates that an authorization or certification is not required per plan provisions. A "U" value indicates it is unknown whether the plan provisions require an authorization or certification.
3. EB12 is the plan network indicator. A "Y" value indicates the benefits identified are considered In-Plan-Network. An "N" value indicates that the benefits identified are considered Out-Of-Plan-Network. A "U" value indicates it is unknown whether the benefits identified are part of the Plan Network.

EB Dependent Eligibility or Benefit Information

Pos: 130	Max: 1
Detail - Optional	
Loop: 2110D	Elements: 13

User Option (Usage): Situational

Purpose: To supply eligibility or benefit information

Notes:

1. Use this segment to begin the eligibility/benefit information looping structure. The EB segment is used to convey the specific eligibility or benefit information for the entity identified.
2. This segment is required if the dependent is the person whose eligibility or benefits are being described and the transaction is not rejected (see Section 1.3.9) or if the transaction needs to be rejected in this loop.
3. A limit to the number of repeats of EB loops has not been established. In a batch environment there is no practical reason to limit the number of EB loop repeats. In a real time environment, consideration should be given to how many EB loops are generated given the amount of time it takes to format the response and the amount of time it will take to transmit that response. Since these limitations will vary by information source, it would be completely arbitrary for the developers to set a limit. It is not the intent of the developers to limit the amount of information that is returned in a response, rather to alert information sources to consider the potential delays if the response contains too much information to be formatted and transmitted in real time.
4. The minimum data for a HIPAA compliant response for a person that has been located in the information source's system must indicate either, 1- Active Coverage or 6 - Inactive in EB01 and, 30 - Health Benefit Plan Coverage in EB03. Information sources are not limited to the minimum HIPAA compliant response and are highly encouraged to create as elaborate a response their systems allow. See section 1.3.7 HIPAA Compliant Use of the 270/271 Transaction Set for additional information.

Example:

```
EB*1*FAM*96*GP~
EB*B**98***27*10**VS*1~
EB*C*IND****23*200~
EB*C*FAM****23*600~
EB*A**A6*****.50~
EB*L~
```

CIGNA TRADING PARTNER NOTES:

Effective January 1, 2005; An additional occurrence of the "EB Subscriber Eligibility or Benefit Information" segment will be utilized when Medical Management services are rendered outside of CIGNA.

CIGNA Care Network: Effective October 24, 2005, when the Member's CIGNA Care Network option has Tiered Benefits, CIGNA will utilize the EB05 segment of loops 2110C and 2110D to further define benefit or coverage information, when applicable.

CIGNA Choice Fund: Effective October 24, 2005, when the Member is enrolled in one of CIGNA's Fund-Based products, CIGNA will utilize the EB05 segment in loops 2110C and 2100D to provide the type of fund chosen and the product type.

Choice Funds involved are:

- HRA (Healthcare Reimbursement Account)
- HSA (Health Savings Account)

Product types involved are:

- Network
- Network Open Access
- Network POS Open Access
- HMO Open Access
- POS Open Access
- Open Access Plus
- Open Access Plus In-Network
- Pharmacy

Example: 'Choice Fund HRA Network POS Open Access' will be passed in the Plan Coverage Description (EB05) if a member has the fund '(HRA) Health Care Reimbursement Account' with product type 'Network POS Open Access'.

Strategic Alliance Project: Effective October 24, 2005, depending on CIGNA's role in the Strategic Alliance, the Plan Coverage Description (EB05) will contain the Alliance Partner's Name or a redirect message of 'Refer to the member's ID for the number to call'.

Effective September 2006: When available and applicable, CIGNA will display the following additional information:

Amounts accumulated towards the plan level maximums for Individual and Family Deductibles, Individual and Family Out-of-Pocket Maximums and Individual Lifetime Maximums will be provided when available from the source system.

Range Banded Benefits on Service Type Codes will be identified using EB09 qualifiers.

Coordination of Benefits information

- EB01 segment will contain the value 'R'
- EB04 segment will utilize Insurance Type codes of OT, MA, ME or MC
- EB05 will further define the Insurance Type codes in EB04, when warranted.

Note: Remaining COB data will be passed in NM1, DTP and REF segments.

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>
EB01	1390	Eligibility or Benefit Information	M	ID	1/2	Required

Description: Code identifying eligibility or benefit information

Use this code to identify the eligibility or benefit information. This may be the eligibility status of the individual or the benefit related category that is being further described in the following data elements. This data element also qualifies the data in elements EB06 through EB10.

CIGNA TRADING PARTNER NOTES: Effective January 1, 2005, CIGNA utilizes 'W' as Eligibility or Benefit Information when Medical Management services are rendered outside of CIGNA (carveout).

Effective October 24, 2005, CIGNA utilizes 'U' as Eligibility or Benefit Information (EB01) for members of Strategic Alliance. Data element Service Type Code (EB03) will be valued at '30'.

Effective September 2006, CIGNA utilizes 'R' as an Eligibility or Benefit Information (EB01) when providing Coordination of Benefits information.

Effective April 2009, CIGNA utilizes 'U' as Eligibility or Benefit Information (EB01) in EB segment in loops 2110C and 2110D for members of Great West that have not yet been converted to CIGNA systems.

Code Name

1	Active Coverage
5	Active - Pending Investigation
6	Inactive
A	Co-Insurance
B	Co-Payment
C	Deductible
F	Limitations
G	Out of Pocket (Stop Loss)
L	Primary Care Provider
N	Services Restricted to Following Provider
Q	Second Surgical Opinion Required
R	Other or Additional Payor
U	Contact Following Entity for Eligibility or Benefit Information
V	Cannot Process
W	Other Source of Data
CB	Coverage Basis

EB02	1207	Coverage Level Code	O	ID	3/3	Situational
------	------	----------------------------	---	----	-----	-------------

Description: Code indicating the level of coverage being provided for this insured

Industry: Benefit Coverage Level Code

Use this code to identify the level of coverage of benefits. It identifies the types and number of entities that are covered by the insurance plan.
Use if available.

Code Name

CHD	Children Only
DEP	Dependents Only
ECH	Employee and Children
ESP	Employee and Spouse
FAM	Family
IND	Individual

Code Name

SPC Spouse and Children

SPO Spouse Only

EB03	1365	Service Type Code	O	ID	1/2	Situational
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Description: Code identifying the classification of service

If a service type code is sent by an information receiver that is not supported by the information source, the information source must respond with at least a service type code of 30 - Health Benefit Plan Coverage. See EB segment notes and section 1.3.7 HIPAA Compliant Use of the 270/271 Transaction Set for additional information. Information receivers need to be made aware that receipt of a 271 response with a Service Type Code of 30 indicates that the information source may not be able to process an explicit request and the response does not indicate coverage of a specific benefit if one was sent in the 270 request. If a very specific type or category of service for which eligibility or benefits can be described, use one of the codes from the full list.

Code Name

1	Medical Care
2	Surgical
3	Consultation
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
9	Other Medical
10	Blood Charges
12	Durable Medical Equipment Purchase
13	Ambulatory Service Center Facility
17	Pre-Admission Testing
19	Pneumonia Vaccine
20	Second Surgical Opinion
22	Social Work
30	Health Benefit Plan Coverage

Use this code if only a single category of benefits can be supported.

33	Chiropractic
35	Dental Care
42	Home Health Care
45	Hospice
46	Respite Care
47	Hospital
48	Hospital - Inpatient
49	Hospital - Room and Board
50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
56	Medically Related Transportation
59	Licensed Ambulance
61	In-vitro Fertilization
62	MRI/CAT Scan
64	Acupuncture
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy

Code	Name
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
78	Chemotherapy
79	Allergy Testing
80	Immunizations
81	Routine Physical
82	Family Planning
83	Infertility
84	Abortion
86	Emergency Services
88	Pharmacy
90	Mail Order Prescription Drug
91	Brand Name Prescription Drug
92	Generic Prescription Drug
93	Podiatry
96	Professional (Physician)
97	Anesthesiologist
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A2	Professional (Physician) Visit - Skilled Nursing Facility
A3	Professional (Physician) Visit - Home
A4	Psychiatric
A5	Psychiatric - Room and Board
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
A9	Rehabilitation
AA	Rehabilitation - Room and Board
AC	Rehabilitation - Outpatient
AD	Occupational Therapy
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision (Optometry)
AM	Frames
AN	Routine Exam
AO	Lenses
AR	Experimental Drug Therapy
BB	Partial Hospitalization (Psychiatric)
BC	Day Care (Psychiatric)
BD	Cognitive Therapy
BF	Pulmonary Rehabilitation
BG	Cardiac Rehabilitation
BH	Pediatric
BK	Orthopedic
BL	Cardiac
BN	Gastrointestinal
BQ	Neurology
BR	Eye

EB04	1336	Insurance Type Code	O	ID	1/3	Situational
------	------	----------------------------	---	----	-----	-------------

Description: Code identifying the type of insurance policy within a specific insurance program

Use if available.

CIGNA TRADING PARTNER NOTES: Effective September 2006, Cigna will utilize the following EB04 values to provide Other Insurance information, when applicable:

- "MA"
- "MB"
- "OT"
- "MC"

All valid standard codes are used.

EB05	1204	Plan Coverage Description	O	AN	1/50	Situational
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Description: A description or number that identifies the plan or coverage

Use this free-form text area to convey the specific product name for an insurance plan.

Use if available.

CIGNA TRADING PARTNER NOTES: Effective January 1, 2005; A four-character code will indicate the medical management service level for the member. The valid values are "PHS+", "PHS", or "N/A".

Dental Benefits:

Effective April 25, 2005, CIGNA will utilize EB05 to further define or describe Late Entrant or Wait Period information. The following verbiage will be used, when applicable:

- "Plan may have Late Entrant and Wait Period benefit"
- "Plan may have Wait Period benefit"
- "Plan may have Late Entrant benefit"

Additional values added June 13, 2005:

- "level - 1 coverage and level -2 coverage" - When the benefit plan determination is based on class and has a coinsurance
- "level - 1 coverage and level -2 coverage" - When the benefit plan determination is based on class and has a maximum.
- "level - 1 coverage and level -2 coverage. Plan may have late entrant benefit" - When the benefit plan determination is based on class and has a coinsurance and may have a late entrant (LE)
- "level - 1 coverage and level -2 coverage. Plan may have Wait Period benefit" - When the benefit plan determination is based on class and has a coinsurance and may have a wait period (WP)
- "level - 1 coverage and level -2 coverage. Plan may have Late Entrant and Wait Period benefit" - When the benefit plan determination is based on class and has a coinsurance and may have a late entrant (LE) and wait period (WP).

Pharmacy Benefits:

•Effective April 25, 2005; CIGNA will utilize EB05 to provide pharmacy descriptions, as needed. The following verbiage will be used, when applicable:

- "Pharmacy" - When the benefit has been determined to be Pharmacy
- "generic" - When the benefit applies to generic prescriptions
- "non-preferred" - When the benefit applies to non-preferred prescriptions
- "brand preferred" - When the benefit applies to preferred prescriptions

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<ul style="list-style-type: none"> "brand preferred \$100 or less" - When the benefit applies to brand preferred prescriptions that cost \$100 or less. "brand preferred more than \$100" - When the benefit applies to brand preferred prescriptions that cost more than \$100. "brand non-preferred" - When the benefit applies to brand non-preferred prescriptions. <p>Open Access Plus:</p> <p>Effective June 13, 2005; the verbiage "Open Access Plus In-Network" will be provided as Plan Coverage Description (EB05) when the benefit has been determined to be Open Access Plus In Network.</p> <p>Effective August 22, 2005, the verbiage 'Adult Preventative Care' will be provided as Plan Coverage Description (EB05) when Service Type Code (EB03) has a value of '81' for Routine Physical</p> <p>Effective October 24, 2005, when the Member's CIGNA Care Network option has Tiered Benefits, CIGNA will utilize the EB05 segment of loops 2110C and 2110D to further define benefit or coverage information, when applicable. Possible values are:</p> <ul style="list-style-type: none"> "PCP Inpatient Hospital Visit" "CCN Specialist Office Visit" "CCN Specialist In and Out Patient Visit" "Non-CCN Specialist Office Visit" "Non-CCN Specialist In and Out Patient Visit" "Out-of-Network Specialist Office Visit" "Out-of-Network Specialist In and Out Patient Visit" <p>Additional values, effective September 2006:</p> <ul style="list-style-type: none"> "All Therapies- CCN Specialist" "All Therapies - Non CCN Specialist" "Short Term Rehab-Not Including Cardiac CCN Specialist" "Short Term Rehab-Not Including Cardiac non-CCN Specialist" "Short Term Rehab - CCN Specialist" "Short Term Rehab - Non CCN Specialist" "CCN Specialist" "Non CCN Specialist" <p>Coordination of Benefits</p> <p>Effective September 2006, CIGNA will utilize EB05 to further describe other carrier information provided in the EB04 segment.</p>				
EB06	615	Time Period Qualifier	O	ID	1/2	Situational

Description: Code defining periods
 Use this code for the time period category for the benefits being described when needed to qualify benefit availability.

<u>Code</u>	<u>Name</u>
6	Hour

Code Name

7 Day
 13 24 Hours
 21 Years
 22 Service Year
 23 Calendar Year
 24 Year to Date
 25 Contract
 26 Episode
 27 Visit
 28 Outlier
 29 Remaining
 30 Exceeded
 31 Not Exceeded
 32 Lifetime
 33 Lifetime Remaining
 34 Month
 35 Week
 36 Admission

EB07 782 **Monetary Amount** O R 1/18 Situational

Description: Monetary amount

Industry: Benefit Amount

Use this monetary amount as qualified by EB01.

Use if eligibility or benefit must be qualified by a monetary amount; e.g., deductible, co-payment.

EB08 954 **Percent** O R 1/10 Situational

Description: Percentage expressed as a decimal

Industry: Benefit Percent

Use this percentage rate as qualified by EB01.

Use if eligibility or benefit must be qualified by a percentage; e.g., co-insurance.

CIGNA TRADING PARTNER NOTES: Effective October 2008, CIGNA will portray this value as a decimal where applicable.

1.00 = 100%

.50 = 50%

.00 = 0%

EB09 673 **Quantity Qualifier** C ID 2/2 Situational

Description: Code specifying the type of quantity

Use this code to identify the type of units that are being conveyed in the following data element (EB10).

Code Name

99 Quantity Used
 CA Covered - Actual
 CE Covered - Estimated
 DB Deductible Blood Units
 DY Days
 HS Hours
 LA Life-time Reserve - Actual
 LE Life-time Reserve - Estimated
 MN Month
 P6 Number of Services or Procedures
 QA Quantity Approved
 S7 Age, High Value
 S8 Age, Low Value

Use this code when a benefit is based on a maximum age for the patient.

Code Name

Use this code when a benefit is based on a minimum age for the patient.

VS Visits

YY Years

EB10 380 **Quantity** C R 1/15 Situational

Description: Numeric value of quantity

Industry: Benefit Quantity

Use this number for the quantity value as qualified by the preceding data element (EB09).

EB11 1073 **Yes/No Condition or Response Code** O ID 1/1 Situational

Description: Code indicating a Yes or No condition or response

Industry: Authorization or Certification Indicator

Use if it is necessary to indicate if authorization or certification is required.

Code Name

N No

U Unknown

Y Yes

EB12 1073 **Yes/No Condition or Response Code** O ID 1/1 Situational

Description: Code indicating a Yes or No condition or response

Industry: In Plan Network Indicator

Use if it is necessary to indicate if benefits are considered In or Out of Plan-Network or not.

Code Name

N No

U Unknown

Y Yes

EB13 C003 **Composite Medical Procedure Identifier** O Comp Situational

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

Use this composite data element only if an information source can support this high level of functionality. The EB13 allows for a very specific response to a very specific inquiry, such as based on a diagnosis or a procedure code. This element is only recommended when responding to an inquiry that contained related EQ02 data.

CIGNA TRADING PARTNER NOTES: Not supported on CIGNA inquiry.

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

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

Industry: Product or Service ID Qualifier

Use this code to identify the external code list of the following procedure/service code.

Code Name

AD American Dental Association Codes

CODE SOURCE:

135: American Dental Association Codes

CJ Current Procedural Terminology (CPT) Codes

CODE SOURCE:

133: Current Procedural Terminology (CPT) Codes

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

CODE SOURCE:

130: Health Care Financing Administration Common Procedural Coding System

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

CODE SOURCE:

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

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

Code Name

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.

CODE SOURCE:

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

N4 National Drug Code in 5-4-2 Format

CODE SOURCE:

240: National Drug Code by Format

ZZ Mutually Defined

NOT ADVISED

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

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

Description: Identifying number for a product or service

Industry: Procedure Code

Use this ID number for the product/service code as qualified by the preceding data element.

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

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

ExternalCodeList

Name: 133

Description: Current Procedural Terminology (CPT) Codes

ExternalCodeList

Name: 135

Description: American Dental Association Codes

ExternalCodeList

Name: 240

Description: National Drug Code by Format

ExternalCodeList

Name: 513

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

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

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

Use this modifier for the procedure code identified in EB13-2 if modifiers are needed to further specify the service.

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

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

Use this modifier for the procedure code identified in EB13-2 if modifiers are needed to further specify the service.

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

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

Use this modifier for the procedure code identified in EB13-2 if modifiers are needed to further specify the service.

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

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

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		trading partners				

Use this modifier for the procedure code identified in EB13-2 if modifiers are needed to further specify the service.

Syntax Rules:

1. P0910 - If either EB09 or EB10 is present, then the other is required.

Semantics:

1. EB01 qualifies EB06 through EB10.
2. EB11 is the authorization or certification indicator. A "Y" value indicates that an authorization or certification is required per plan provisions. An "N" value indicates that an authorization or certification is not required per plan provisions. A "U" value indicates it is unknown whether the plan provisions require an authorization or certification.
3. EB12 is the plan network indicator. A "Y" value indicates the benefits identified are considered In-Plan-Network. An "N" value indicates that the benefits identified are considered Out-Of-Plan-Network. A "U" value indicates it is unknown whether the benefits identified are part of the Plan Network.

HSD Health Care Services Delivery

Pos: 135	Max: 9
Detail - Optional	
Loop: 2110D	Elements: 8

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

Purpose: To specify the delivery pattern of health care services

Notes:

1. Use this segment only when benefits identified in either EB03 or EB13 have a specific delivery or usage pattern associated with the benefit.

Example:

HSD*VS*30***22~

Thirty visits per service year

HSD*VS*12*WK*3*34*1~

Twelve visits, three visits per week, for 1 month.

CIGNA TRADING PARTNER NOTES:

Not supported on CIGNA response.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HSD01	673	Quantity Qualifier	C	ID	2/2	Situational

Description: Code specifying the type of quantity

Required if identifying type and quantity of benefits.
Required if HSD02 is used.

Code Name

DY Days

FL Units

HS Hours

MN Month

VS Visits

HSD02	380	Quantity	C	R	1/15	Situational
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Description: Numeric value of quantity

Industry: Benefit Quantity

Required if identifying type and quantity of benefits.
Required if HSD01 is used.

HSD03	355	Unit or Basis for Measurement Code	O	ID	2/2	Situational
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Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

Used if needed to provide further information about the number and frequency of benefits.

Code Name

DA Days

MO Months

VS Visit

WK Week

YR Years

HSD04	1167	Sample Selection Modulus	O	R	1/6	Situational
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Description: To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes

Used if needed to provide further information about the number and frequency of benefits.

HSD05	615	Time Period Qualifier	C	ID	1/2	Situational
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Description: Code defining periods

Used if needed to provide further information about the number and frequency of benefits.

<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>				
		6 Hour				
		7 Day				
		21 Years				
		22 Service Year				
		23 Calendar Year				
		24 Year to Date				
		25 Contract				
		26 Episode				
		27 Visit				
		28 Outlier				
		29 Remaining				
		30 Exceeded				
		31 Not Exceeded				
		32 Lifetime				
		33 Lifetime Remaining				
		34 Month				
		35 Week				

HSD06	616	Number of Periods	O	N0	1/3	Situational
		Description: Total number of periods				
		Industry: Period Count				
		Used if needed to provide further information about the number and frequency of benefits.				

HSD07	678	Ship/Delivery or Calendar Pattern Code	O	ID	1/2	Situational
		Description: Code which specifies the routine shipments, deliveries, or calendar pattern				
		Industry: Delivery Frequency Code				
		Used if needed to provide further information about the number and frequency of benefits.				

<u>Code</u>	<u>Name</u>
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
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.

Code Name

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)
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

Used if needed to provide further information about the number and frequency of benefits.

Code Name

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.

REF Dependent Additional Identification

Pos: 140	Max: 9
Detail - Optional	
Loop: 2110D	Elements: 3

User Option (Usage): Situational

Purpose: To specify identifying information

Notes:

1. Use this segment to identify other or additional reference numbers for the entity identified. The type of reference number is determined by the qualifier in REF01.
2. Use this segment for reference identifiers related only to the EB loop that it is contained in (e.g. Other or Additional Payer's identifiers).

Example:

REF*G1*653745725~

Element Summary:

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

Description: Code qualifying the Reference Identification

Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both. Use "1L", "1W", "18", "49", "6P", "A6", "F6", "IG", "N6", and "NQ" only in an EB loop with EB01 = "R".

Code Name

18 Plan Number

1L Group or Policy Number

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

1W Member Identification Number

49 Family Unit Number

6P Group Number

9F Referral Number

A6 Employee Identification Number

F6 Health Insurance Claim (HIC) Number

G1 Prior Authorization Number

IG Insurance Policy Number

N6 Plan Network Identification Number

NQ Medicaid Recipient Identification Number

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

Industry: Dependent Eligibility or Benefit Identifier

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

CIGNA TRADING PARTNER NOTES: Effective September 2006, in a Coordination of Benefits situation, if another carrier's policy number is available to CIGNA it will be displayed in the REF02 field.

REF03	352	Description	C	AN	1/80	Situational
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Description: A free-form description to clarify the related data elements and their content

Industry: Plan Sponsor Name

Use if available.

Syntax Rules:

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

Semantics:

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

DTP Dependent Eligibility/Benefit Date

Pos: 150	Max: 20
Detail - Optional	
Loop: 2110D	Elements: 3

User Option (Usage): Situational**Purpose:** To specify any or all of a date, a time, or a time period**Notes:**

1. Use this segment to convey dates associated with the information contained in the corresponding Eligibility or Benefit Information (EB) loop.
2. When using codes "307" (Eligibility), "435" (Admission) or "472" (Service) at this level, it is implied that these dates apply only to the Eligibility or Benefit Information (EB) loop that it is located in. If there is a need to supply a global Eligibility, Admission or Service date, it must be provided in the DTP segment within the Dependent Name (Loop 2100D) loop.

Example:

DTP*472*D8*19960624~

Element Summary:

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

Description: Code specifying type of date or time, or both date and time**Industry:** Date Time Qualifier**Code Name**

193	Period Start
194	Period End
198	Completion
290	Coordination of Benefits
292	Benefit
295	Primary Care Provider
304	Latest Visit or Consultation
307	Eligibility
318	Added
348	Benefit Begin
349	Benefit End
356	Eligibility Begin
357	Eligibility End
435	Admission
472	Service
636	Date of Last Update
771	Status

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

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

Code Name

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

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

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

CIGNA TRADING PARTNER NOTES: Effective September 2006, When Coordination of Benefits information is being passed, the DTP03 field is populated with the other carrier's policy effective/effective-cancel dates, as reported to CIGNA.

Semantics:

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

AAA Dependent Request Validation

Pos: 160	Max: 9
Detail - Optional	
Loop: 2110D	Elements: 3

User Option (Usage): Situational

Purpose: To specify the validity of the request and indicate follow-up action authorized

Notes:

1. Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.
2. Use this segment to indicate problems in processing the transaction specifically related to specific eligibility/benefit inquiry data contained in the original 270 transaction's dependent eligibility/benefit inquiry information loop (Loop 2110D).

Example:

AAA*N**70*C~

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>
AAA01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required

Description: Code indicating a Yes or No condition or response

Industry: Valid Request Indicator

Code Name

N No

Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.

Y Yes

Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.

AAA03	901	Reject Reason Code	O	ID	2/2	Required
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Description: Code assigned by issuer to identify reason for rejection

Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content.

Code Name

15 Required application data missing
 52 Service Dates Not Within Provider Plan Enrollment
 53 Inquired Benefit Inconsistent with Provider Type
 54 Inappropriate Product/Service ID Qualifier
 55 Inappropriate Product/Service ID
 56 Inappropriate Date
 57 Invalid/Missing Date(s) of Service
 60 Date of Birth Follows Date(s) of Service
 61 Date of Death Precedes Date(s) of Service
 62 Date of Service Not Within Allowable Inquiry Period
 63 Date of Service in Future
 69 Inconsistent with Patient's Age
 70 Inconsistent with Patient's Gender

AAA04	889	Follow-up Action Code	O	ID	1/1	Required
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Description: Code identifying follow-up actions allowed

Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

Code Name

C Please Correct and Resubmit
 N Resubmission Not Allowed
 R Resubmission Allowed

Code Name

W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

Semantics:

1. AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.

Comments:

1. If AAA02 is used, AAA03 contains a code from an industry code list.

MSG Message Text

Pos: 250	Max: 10
Detail - Optional	
Loop: 2110D	Elements: 1

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

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

Notes:

1. Free form text or description fields are not recommended because they require human interpretation.
2. Under no circumstances can an information source use the MSG segment to relay information that can be sent using codified information in existing data elements. If the need exists to use the MSG segment, it is highly recommended that the entity needing to use the MSG segment approach X12N with data maintenance to solve the business need without the use of the MSG segment.
3. Benefit Disclaimers are strongly discouraged. See section 1.3.10 Disclaimers Within the Transaction. Under no circumstances are more than one MSG segment to be used for a Benefit Disclaimer per individual response.

Example:

MSG*Free form text is discouraged~

CIGNA TRADING PARTNER NOTES:

Beginning February 2009 CIGNA may utilize the MSG segment to further explain values provided in EB*1 or EB*F loops.

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: Beginning February 2009, MSG01 may contain one of the following messages:

- Member is in network based on Tax ID provided in request~
- Member is out of network based on Tax ID provided in request~
- Member is in network based on the Provider ID provided in request~
- Member is out of network based on the Provider ID provided in request~
- HRA BALANCE~

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 2115D

Pos: 260	Repeat: 10
Optional	
Loop: 2115D	Elements: N/A

User Option (Usage): Situational

Purpose: To report information

Notes:

1. Use this segment to begin the Dependent Eligibility or Benefit Additional Information looping structure.
2. This segment has two purposes. Information that was received in III segments in Loop 2110D of the 270 Inquiry and was used in the determination of the eligibility or benefit response must be returned. If information was provided in III segments of Loop 2110D but was not used in the determination of the eligibility or benefits it must not be returned. This segment can also be used to identify limitations in the benefits explained in the corresponding Loop 2110D, such as if benefits are limited to a type of facility or for a specific diagnosis code.
3. Use this segment to identify Diagnosis codes and/or Facility Type as they relate to the information provided in the EB segment.
4. Use the III segment only if an information source can support this high level functionality.
5. Use this segment only one time for the Principal Diagnosis Code and only one time for Facility Type Code.

Example:

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

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>
260	III	Dependent Eligibility or Benefit Additional Information	O	1		Situational

Semantics:

1. III03 is used to categorize III04.

III Dependent Eligibility or Benefit Additional Information

Pos: 260	Max: 1
Detail - Optional	
Loop: 2115D	Elements: 2

User Option (Usage): Situational

Purpose: To report information

Notes:

1. Use this segment to begin the Dependent Eligibility or Benefit Additional Information looping structure.
2. This segment has two purposes. Information that was received in III segments in Loop 2110D of the 270 Inquiry and was used in the determination of the eligibility or benefit response must be returned. If information was provided in III segments of Loop 2110D but was not used in the determination of the eligibility or benefits it must not be returned. This segment can also be used to identify limitations in the benefits explained in the corresponding Loop 2110D, such as if benefits are limited to a type of facility or for a specific diagnosis code.
3. Use this segment to identify Diagnosis codes and/or Facility Type as they relate to the information provided in the EB segment.
4. Use the III segment only if an information source can support this high level functionality.
5. Use this segment only one time for the Principal Diagnosis Code and only one time for Facility Type Code.

Example:

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

CIGNA TRADING PARTNER NOTES:

Effective September 2006, CIGNA uses segment III (Subscriber Eligibility or Benefit Additional Information Loop) to display Place of Service for MRI/CAT [Service Type Code 62].

- 11 Office
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 Emergency Room - Hospital

Element Summary:

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

Description: Code identifying a specific industry code list

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

Code Name

BF Diagnosis

CODE SOURCE:

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

BK Principal Diagnosis

CODE SOURCE:

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

ZZ Mutually Defined

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

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

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

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

11 Office
12 Home
21 Inpatient Hospital
22 Outpatient Hospital

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		23 Emergency Room - Hospital				
		24 Ambulatory Surgical Center				
		25 Birthing Center				
		26 Military Treatment Facility				
		31 Skilled Nursing Facility				
		32 Nursing Facility				
		33 Custodial Care Facility				
		34 Hospice				
		41 Ambulance - Land				
		42 Ambulance - Air or Water				
		50 Federally Qualified Health Center				
		51 Inpatient Psychiatric Facility				
		52 Psychiatric Facility Partial Hospitalization				
		53 Community Mental Health Center				
		54 Intermediate Care Facility/Mentally Retarded				
		55 Residential Substance Abuse Treatment Facility				
		56 Psychiatric Residential Treatment Center				
		60 Mass Immunization Center				
		61 Comprehensive Inpatient Rehabilitation Facility				
		62 Comprehensive Outpatient Rehabilitation Facility				
		65 End-Stage Renal Disease Treatment Facility				
		71 State or Local Public Health Clinic				
		72 Rural Health Clinic				
		81 Independent Laboratory				
		99 Other Unlisted Facility				

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

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

Semantics:

1. III03 is used to categorize III04.

Loop LS

Pos: 330	Repeat: 1
Optional	
Loop: LS	Elements: N/A

User Option (Usage): Situational

Purpose: To indicate that the next segment begins a loop

Notes:

1. Use this segment to identify the beginning of the Dependent Benefit Related Entity Name loop. Because both the subscriber's name loop and this loop begin with NM1 segments, the LS and LE segments are used to differentiate these two loops. Required if Loop 2120D is used.

Example:

LS*2120~

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>
330	LS	Dependent Eligibility or Benefit Information	O	1		Situational
340		Loop 2120D	O		1	Situational
400	LE	Loop Trailer	M	1		Situational

Semantics:

1. One loop may be nested contained within another loop, provided the inner nested loop terminates before the outer loop. When specified by the standard setting body as mandatory, this segment in combination with "LE", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.

Comments:

1. See Figures Appendix for an explanation of the use of the LS and LE segments.

LS Dependent Eligibility or Benefit Information

Pos: 330	Max: 1
Detail - Optional	
Loop: LS	Elements: 1

User Option (Usage): Situational

Purpose: To indicate that the next segment begins a loop

Notes:

1. Use this segment to identify the beginning of the Dependent Benefit Related Entity Name loop. Because both the subscriber's name loop and this loop begin with NM1 segments, the LS and LE segments are used to differentiate these two loops. Required if Loop 2120D is used.

Example:

LS*2120~

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>
LS01	447	Loop Identifier Code	M	AN	1/6	Required

Description: The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE

This data element must have the value of "2120".

Semantics:

1. One loop may be nested contained within another loop, provided the inner nested loop terminates before the outer loop. When specified by the standard setting body as mandatory, this segment in combination with "LE", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.

Comments:

1. See Figures Appendix for an explanation of the use of the LS and LE segments.

Loop 2120D

Pos: 340	Repeat: 1
Optional	
Loop: 2120D	Elements: N/A

User Option (Usage): Situational

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

Notes:

1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify a provider (such as the primary care provider), an individual, another payer, or another information source when applicable to the eligibility response.

Example:

NM1*P3*1*JONES*MARCUS***MD*SV*111223333~

CIGNA TRADING PARTNER NOTES:

Effective January 1, 2005; An additional occurrence of loop 2120C will be utilized to identify when Medical Management services are rendered outside of CIGNA (carveout).

Effective September 2006, an additional occurrence of loop 2120C/2120D will be created to provide Coordination of Benefits information when it is available.

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>
340	NM1	Dependent Benefit Related Entity Name	O	1		Situational
360	N3	Dependent Benefit Related Entity Address	O	1		Situational
370	N4	Dependent Benefit Related Entity City/State/ZIP Code	O	1		Situational
380	PER	Dependent Benefit Related Entity Contact Information	O	3		Situational
390	PRV	Dependent Benefit Related Provider Information	O	1		Situational

Semantics:

- NM102 qualifies NM103.

Comments:

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

NM1 Dependent Benefit Related Entity Name

Pos: 340	Max: 1
Detail - Optional	
Loop: 2120D	Elements: 8

User Option (Usage): Situational

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

Notes:

1. Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify a provider (such as the primary care provider), an individual, another payer, or another information source when applicable to the eligibility response.

Example:

NM1*P3*1*JONES*MARCUS***MD*SV*111223333~

Element Summary:

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

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

CIGNA TRADING PARTNER NOTES: Effective January 1, 2005; The value "X3" will be utilized when the member has an entity other than CIGNA responsible for the utilization management.

Effective September 2006, when passing Coordination of Benefits information, CIGNA uses these values

- PRP Primary Payer
- SEP Secondary Payer
- TTP Tertiary Payer

to describe the other carrier's order of benefit determination.

Code Name

13	Contracted Service Provider
1P	Provider
2B	Third-Party Administrator
36	Employer
73	Other Physician
FA	Facility
GP	Gateway Provider
IL	Insured or Subscriber
	Use if identifying an insured or subscriber to a plan other than the information source (such as in a co-ordination of benefits situation).
LR	Legal Representative
P3	Primary Care Provider
P4	Prior Insurance Carrier
P5	Plan Sponsor
PR	Payer
VN	Vendor
X3	Utilization Management Organization
PRP	Primary Payer
SEP	Secondary Payer
TTP	Tertiary Payer

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

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

CIGNA TRADING PARTNER NOTES: Effective September 2006, when passing Coordination of Benefits

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		information, CIGNA defaults this value to '2'.				
		Code Name				
		1 Person				
		2 Non-Person Entity				
NM103	1035	Name Last or Organization Name	O	AN	1/35	Situational
		Description: Individual last name or organizational name				
		Industry: Benefit Related Entity Last or Organization Name				
		Use this name for the organization name if the entity type qualifier is a non-person entity. Otherwise, this will be the individual's last name. Use if available.				
		CIGNA TRADING PARTNER NOTES: Effective January 1, 2005; Only when 'NM101 equals "X3" this data element identifies the name of the entity that is responsible for the member's utilization management.				
NM104	1036	Name First	O	AN	1/25	Situational
		Description: Individual first name				
		Industry: Benefit Related Entity First Name				
		Use this name only if available and NM102 is "1".				
NM105	1037	Name Middle	O	AN	1/25	Situational
		Description: Individual middle name or initial				
		Industry: Benefit Related Entity Middle Name				
		Use this name only if available and NM102 is "1".				
NM107	1039	Name Suffix	O	AN	1/10	Situational
		Description: Suffix to individual name				
		Industry: Benefit Related Entity Name Suffix				
		Use name suffix only if available and NM102 is "1"; e.g., Sr., Jr., or III.				
NM108	66	Identification Code Qualifier	C	ID	1/2	Situational
		Description: Code designating the system/method of code structure used for Identification Code (67)				
		If the entity being identified is a provider and the National Provider ID is mandated for use, code value "XX" must be used, otherwise, one of the other codes may be used. If the entity being identified is a payer and the HCFA National PlanID is mandated for use, code value "XV" must be used, otherwise, one of the other codes may be used. If the entity being identified is an individual, the "HIPAA Individual Identifier" must be used once this identifier has been adopted, otherwise, one of the other codes may be used. Required when available.				
		Code Name				
		24 Employer's Identification Number				
		34 Social Security Number				
		The social security number may not be used for any Federally administered programs such as Medicare.				
		46 Electronic Transmitter Identification Number (ETIN)				
		FA Facility Identification				
		FI Federal Taxpayer's Identification Number				
		MI Member Identification Number				
		Use this code to identify the entity's Member Identification Number associated with a payer other than the information source in Loop 2100A. This code may only be used prior to the mandated use of code "ZZ".				
		NI National Association of Insurance Commissioners (NAIC) Identification				
		PI Payor Identification				
		PP Pharmacy Processor Number				
		SV Service Provider Number				
		XV Health Care Financing Administration National Payer Identification Number (PAYERID)				
		CODE SOURCE:				
		540: Health Care Financing Administration National PlanID				

Code Name

XX Health Care Financing Administration National Provider Identifier
 ZZ Mutually Defined

The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.

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

Description: Code identifying a party or other code

Industry: Benefit Related Entity Identifier

Use this code for the reference number as qualified by the preceding data element (NM108).
 Required when available.

ExternalCodeList

Name: 245

Description: National Association of Insurance Commissioners (NAIC) Code

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National PlanID

Syntax Rules:

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

Semantics:

1. NM102 qualifies NM103.

Comments:

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

N3 Dependent Benefit Related Entity Address

Pos: 360	Max: 1
Detail - Optional	
Loop: 2120D	Elements: 2

User Option (Usage): Situational

Purpose: To specify the location of the named party

Notes:

1. Use this segment to identify address information for an entity.
2. Required when needed to further identify the entity or individual in loop 2120D NM1 and the information is available.

Example:

N3*201 PARK AVENUE*SUITE 300~

Element Summary:

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

N4 Dependent Benefit Related Entity City/State/ZIP Code

Pos: 370	Max: 1
Detail - Optional	
Loop: 2120D	Elements: 6

User Option (Usage): Situational

Purpose: To specify the geographic place of the named party

Notes:

1. Use this segment to identify the city, state and ZIP Code for an entity.
2. Required when needed to further identify the entity or individual in loop 2120D NM1 and the information is available.

Example:

N4*NEW YORK*NY*10003~

Element Summary:

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

Description: Free-form text for city name

Industry: Benefit Related Entity City Name

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

N402	156	State or Province Code	O	ID	2/2	Situational
------	-----	------------------------	---	----	-----	-------------

Description: Code (Standard State/Province) as defined by appropriate government agency

Industry: Benefit Related Entity State Code

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

Use this code for the state code of the entity's address.

ExternalCodeList

Name: 22

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

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

Industry: Benefit Related Entity Postal Zone or ZIP Code

CODE SOURCE: 51: ZIP Code

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

ExternalCodeList

Name: 51

Description: ZIP Code

N404	26	Country Code	O	ID	2/3	Situational
------	----	--------------	---	----	-----	-------------

Description: Code identifying the country

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

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

N405	309	Location Qualifier	C	ID	1/2	Situational
------	-----	--------------------	---	----	-----	-------------

Description: Code identifying type of location

Use only for CHAMPUS/TRICARE or CHAMPVA purposes.

Code Name

RJ Region

Use this code only to communicate the Department of Defense Health Service Region in N406.

N406	310	Location Identifier	O	AN	1/30	Situational
------	-----	----------------------------	---	----	------	-------------

Description: Code which identifies a specific location

Industry: Department of Defense Health Service Region Code

Use only for CHAMPUS/TRICARE or CHAMPVA to communicate the Department of Defense Health Service Region for a Primary Care Provider.

CODE SOURCE DOD1: Military Health Systems Functional Area Manual - Data.

ExternalCodeList

Name: DOD1

Description: Military Health Systems Functional Area Manual - Data.

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 Dependent Benefit Related Entity Contact Information

Pos: 380	Max: 3
Detail - Optional	
Loop: 2120D	Elements: 8

User Option (Usage): Situational

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

Notes:

1. Use this segment when needed to identify a contact name and/or communications number for the entity identified. This segment allows for three contact numbers to be listed. This segment is used when the information source wishes to provide a contact for the entity identified in loop 2120D NM1. If telephone extension is sent, it should always be in the occurrence of the communications number following the actual phone number See the example for an illustration.
2. If this segment is used, at a minimum either PER02 must be used or PER03 and PER04 must be used. It is recommended that at least PER02, PER03 and PER04 are sent if this segment is used.
3. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
4. By definition of the standard, if PER03 is used, PER04 is required.

Example:

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER01	366	Contact Function Code	M	ID	2/2	Required

Description: Code identifying the major duty or responsibility of the person or group named
Use this code to specify the type of person or group to which the contact number applies.

Code Name

IC Information Contact

PER02	93	Name	O	AN	1/60	Situational
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Description: Free-form name

Industry: Benefit Related Entity Contact Name

Use this name for the individual's name or group's name to use when contacting the individual or organization.

Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).

PER03	365	Communication Number Qualifier	C	ID	2/2	Situational
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Description: Code identifying the type of communication number

Use this code to specify what type of communication number is following.

CIGNA TRADING PARTNER NOTES: Effective January 1, 2005; identifies the member's utilization management entity telephone number when it is not CIGNA

Code Name

ED Electronic Data Interchange Access Number

EM Electronic Mail

FX Facsimile

TE Telephone

WP Work Phone Number

PER04	364	Communication Number	C	AN	1/80	Situational
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Description: Complete communications number including country or area code when applicable

Industry: Benefit Related Entity Communication Number

Required when PER02 is not present or when a contact number is to be sent in addition to the contact name. Use this number for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		AAABBBCCCC AAA = Area Code BBBCCCC = Local Number				
		CIGNA TRADING PARTNER NOTES: Effective January 1, 2005; identifies the member's utilization management entity telephone number when it is not CIGNA.				
PER05	365	Communication Number Qualifier	C	ID	2/2	Situational
		Description: Code identifying the type of communication number Use this code to specify what type of communication number is following.				
		Code Name				
		ED Electronic Data Interchange Access Number				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		TE Telephone				
		WP Work Phone Number				
PER06	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable				
		Industry: Benefit Related Entity Communication Number				
		Required when an additional contact number is to be sent. Use this number for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC AAA = Area Code BBBCCCC = Local Number				
PER07	365	Communication Number Qualifier	C	ID	2/2	Situational
		Description: Code identifying the type of communication number Use this code to specify what type of communication number is following.				
		Code Name				
		ED Electronic Data Interchange Access Number				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		TE Telephone				
		WP Work Phone Number				
PER08	364	Communication Number	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable				
		Industry: Benefit Related Entity Communication Number				
		Required when an additional contact number is to be sent. Use this number for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC AAA = Area Code BBBCCCC = Local Number				

Syntax Rules:

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

PRV Dependent Benefit Related Provider Information

Pos: 390	Max: 1
Detail - Optional	
Loop: 2120D	Elements: 3

User Option (Usage): Situational

Purpose: To specify the identifying characteristics of a provider

Notes:

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

Example:

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

Element Summary:

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

Description: Code identifying the type of provider

Code Name

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

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

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

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

Code Name

9K	Servicer
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Use this code for the identification number assigned by the information source to be used by the

Code Name

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

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

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

Industry: Provider Identifier

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

ExternalCodeList

Name: 307

Description: National Association of Boards of Pharmacy Number

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

ExternalCodeList

Name: HCPT

Description: Health Care Provider Taxonomy

LE Loop Trailer

Pos: 400	Max: 1
Detail - Mandatory	
Loop: LS	Elements: 1

User Option (Usage): Situational

Purpose: To indicate that the loop immediately preceding this segment is complete

Notes:

1. Use this segment to identify the end of the Dependent Benefit Related Entity Name loop. Because both the subscriber's name loop and this loop begin with NM1 segments, the LS and LE segments are used to differentiate these two loops. Required if Loop 2120D is used.

Example:

LE*2120~

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>
LE01	447	Loop Identifier Code	M	AN	1/6	Required

Description: The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE

This data element must have the value of "2120".

Semantics:

1. One loop may be nested contained within another loop, provided the inner nested loop terminates before the other loop. When specified by the standards setting body as mandatory, this segment in combination with "LS", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop beginning segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.

Comments:

1. See Figures Appendix for an explanation of the use of the LE and LS segments.

SE Transaction Set Trailer

Pos: 410	Max: 1
Detail - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Notes:

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

Example:

SE*52*0001~

Element Summary:

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

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

Industry: Transaction Segment Count

SE02	329	Transaction Set Control Number	M	AN	4/9	Required
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Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set

The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Start with a number, for example "0001", and increment from there. This number must be unique within a specific functional group (segments GS through GE) and interchange, but can repeat in other groups and interchanges.

Comments:

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

GE Functional Group Trailer

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

User Option (Usage): Required

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

Element Summary:

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

Semantics:

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

Comments:

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

IEA Interchange Control Trailer

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

User Option (Usage): Required

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

Example:

IEA*1*000000905~

Element Summary:

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