ASC X12N/004010X161

Based on Version 4, Release 1

ASC X12 Standards for Electronic Data Interchange
Technical Report Type 3

Implementation Guide and Application Reporting (824)

JUNE 2005

DRAFT

$67.50 - Bound Document
$45.00 - Downloaded Portable Document (PDF)
$80.00 - PDF on CD-ROM

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1 Purpose and Business Information

1.1 Implementation Purpose and Scope

The purpose of this implementation guide is to provide standardized data content and structure to users of the ASC X12 824 transaction set. This implementation guide is intended to enable a receiver of an X12 transaction set, related to insurance business processes, to report errors that are outside of the scope of the ASC X12 997 error reporting, or to report the results of an application system's data content edits of transaction sets.

This ASC X12 824 implementation guide does not replace existing ASC X12N approved implementation guides designed to report transaction set errors, such as the ASC X12N 277 implementation guide designed for reporting certain implementation-related errors and status of the ASC X12N 837. Nor does it replace transaction-specific ASC X12N 824 implementation guides such as the ASC X12N 266/824 or the ASC X12N 148/824.

This implementation guide was designed to be usable by the receiver of an X12 transaction set related to insurance business processes. It is designed to report transaction set errors related to the use of any X12N-approved implementation guide that does not have another standard vehicle for the reporting of such errors. It has also been developed to supplement other error-reporting vehicles that may not provide for reporting of every transaction set error. It was designed as a standard vehicle to allow users to replace the myriad of proprietary electronic and hard copy formats developed for application reporting. It is not intended for use in place of the ASC X12 997 transaction sets. For more information on the relationship between the 824 transaction set and other response transaction sets, refer to the ASC X12 document "Reference Model for the Acknowledgment and Tracking of EDI Interchanges".

Trading partners would determine jointly whether to exchange the 824 transaction set to report receipt of a transaction set that complied with the respective business application, in addition to error reporting. Users of this guide include, but are not limited to, insurers, clearinghouses that transfer insurance data in standard transaction sets between users, and providers of services.

1.2 Version Information

This implementation guide is based on the October 1997 ASC X12 standards, referred to as Version 4, Release 1, Sub-release 0 (004010). The unique Version/Release/Industry Identifier Code for transaction sets that are defined by this implementation guide is 004010**X161**.

The two-character Functional Identifier Code(s) for the transaction set(s) that are included in this implementation guide is (are):

- ***AG*** ***Application Advice (824)***

The Version/Release/Industry Identifier Code and the applicable Functional Identifier Code must be transmitted in the Functional Group Header (GS segment) that

begins a functional group of these transaction sets. For more information, see the descriptions of GS01 and GS08 in Appendix C.

1.3 Implementation Limitations

1.3.1 Batch and Real-Time Usage

There are multiple methods available for sending and receiving business transactions electronically. Two common modes for EDI transactions are batch and real-time.

Batch - In a batch mode the sender does not remain connected while the receiver processes the transactions. Processing is usually completed according to a set schedule. If there is an associated business response transaction (such as a 271 Response to a 270 Request for Eligibility), the receiver creates the response transaction and stores it for future delivery. The sender of the original transmission reconnects at a later time and picks up the response transaction. This implementation guide does not set specific response time parameters for these activities.

Real Time - In real-time mode the sender remains connected while the receiver processes the transactions and returns a response transaction to the sender. This implementation guide does not set specific response time parameters for implementers.

This implementation guide is intended to support use in batch mode. This implementation guide is intended to support use in real-time mode.

1.3.2 Other Usage Limitations

This implementation guide is not intended for use by non-Insurance entities, such as financial institutions. A statement that the transaction is not intended to support a specific mode does not preclude its use in that mode between willing trading partners.

1.4 Business Usage

This ASC X12 824 implementation guide is intended to meet the needs of the insurance industry as a whole, for a standard implementation convention designed for reporting of application errors that are not included in the error reporting of the 997 or 999, or to report receipt of a transaction set that fully complies with the business application.

For more information on the relationship between the 824 transaction set and other response transaction sets, refer to the ASC X12 document “Reference Model for the Acknowledgment and Tracking of EDI Interchanges”.

1.5 Business Terminology

1.5.1 Batch and Item

The OTI Loop (2000) is used to identify the transaction set and/or the portion of a transaction set to which this 824 is responding. There can be many OTI loops with a single 824 transaction. Each OTI loop can be defined to identify the entire transaction set, individual items or batches, along with their associated status. In this context, “batch” and “item” are defined as follows:

An “item” is a self-contained body of data that will trigger or support a business process. A transaction set can contain many items, yet each stands on its own as a complete body of data that can be processed individually by the business process. Examples of an item include, but are not limited to, the following:

A single claim (Loop 2300) in an 837 transaction set.
A single member (Loop 2000) in an 834 transaction set.
An individual remittance (Loop 2000B) in an 820 transaction set.
A single estimate in a 124 transaction set.

A “batch” is a subordinate portion of a transaction set that contains one or more items. A transaction set can contain many batches, and each batch can contain many items. Examples of a batch include, but are not limited to, the following:

An entire subscriber level (2000C) loop in a 270 transaction set.
An entire provider level (2000A) loop in an 837 transaction set.
An entire subscriber level (2000B) loop in an 837 transaction set.
An entire patient level (2000C) loop in an 837 transaction set.
An entire subscriber level (2000D) loop in a 276 transaction set.

1.5.2 Acceptance and Rejection

An 824 transaction set may be used to report acceptance or rejection of a transaction set, batch, or item (as defined in each OTI loop) within a received transaction set. For purposes of this implementation guide, the terms acceptance and rejection are defined as follows:

Acceptance means that the transaction, batch, or item has passed all application level edits and will be processed by the application system.

Rejection means that the transaction, batch, or item contained errors that prevent processing by the application system. The transaction, batch, or item must be corrected and resubmitted by the sender.

1.6 Transaction Acknowledgments

There are several acknowledgment implementation transactions available for use. The IG developers have noted acknowledgment requirements in this section. Other recommendations of acknowledgment transactions may be used at the discretion of the trading partners. A statement that the acknowledgment is not required does not preclude its use between willing trading partners.

1.6.1 997 Functional Acknowledgment

The 997 informs the submitter that the functional group arrived at the destination. It may include information about the syntactical quality of the transmission.

The Functional Acknowledgment (997) transaction is not required as a response to receipt of a batch transaction compliant with this implementation guide.

The Functional Acknowledgment (997) transaction is not required as a response to receipt of a real-time transaction compliant with this implementation guide.

A 997 Implementation Guide is being developed for use by the Insurance industry and is expected to be available for use with this version of this Implementation Guide.

1.6.2 Application Advice

The 824 informs the submitter of results of the receiving application system's data content edits of transaction sets.

The Application Advice (824) transaction is not required as a response to receipt of a batch transaction compliant with this implementation guide.

The Application Advice (824) transaction is not required as a response to receipt of a real-time transaction compliant with this implementation guide.

An 824 Implementation Guide is being developed for use by the Insurance industry and is expected to be available for use with this version of this Implementation Guide.

1.7 Related Transactions

There are no transactions related to the transactions described in this implementation guide.

1.8 Trading Partner Agreements

Trading partner agreements are used to establish and document the relationship between trading partners. A trading partner agreement must not override the specifications in this implementation guide if a transmission is reported in GS08 to be a product of this implementation guide.

1.9 The HIPAA Role in Implementation Guides

Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (PL 104-191 - known as HIPAA) direct the Secretary of Health and Human Services to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

This implementation guide has been developed for use as an insurance industry implementation guide. At the time of publication it has not been adopted as a HIPAA standard. Should the Secretary adopt this implementation guide as a standard, the Secretary will establish compliance dates for its use by HIPAA covered entities.

1.10 Data Overview

1.10.1 Overall Data Architecture

NOTE
See Appendix B, Nomenclature, to review the transaction set structure, including descriptions of segments, data elements, levels and loops.

1.10.1.1 Response Process

The following informational flow shows how the 824 transaction set is used with other X12 response transactions.

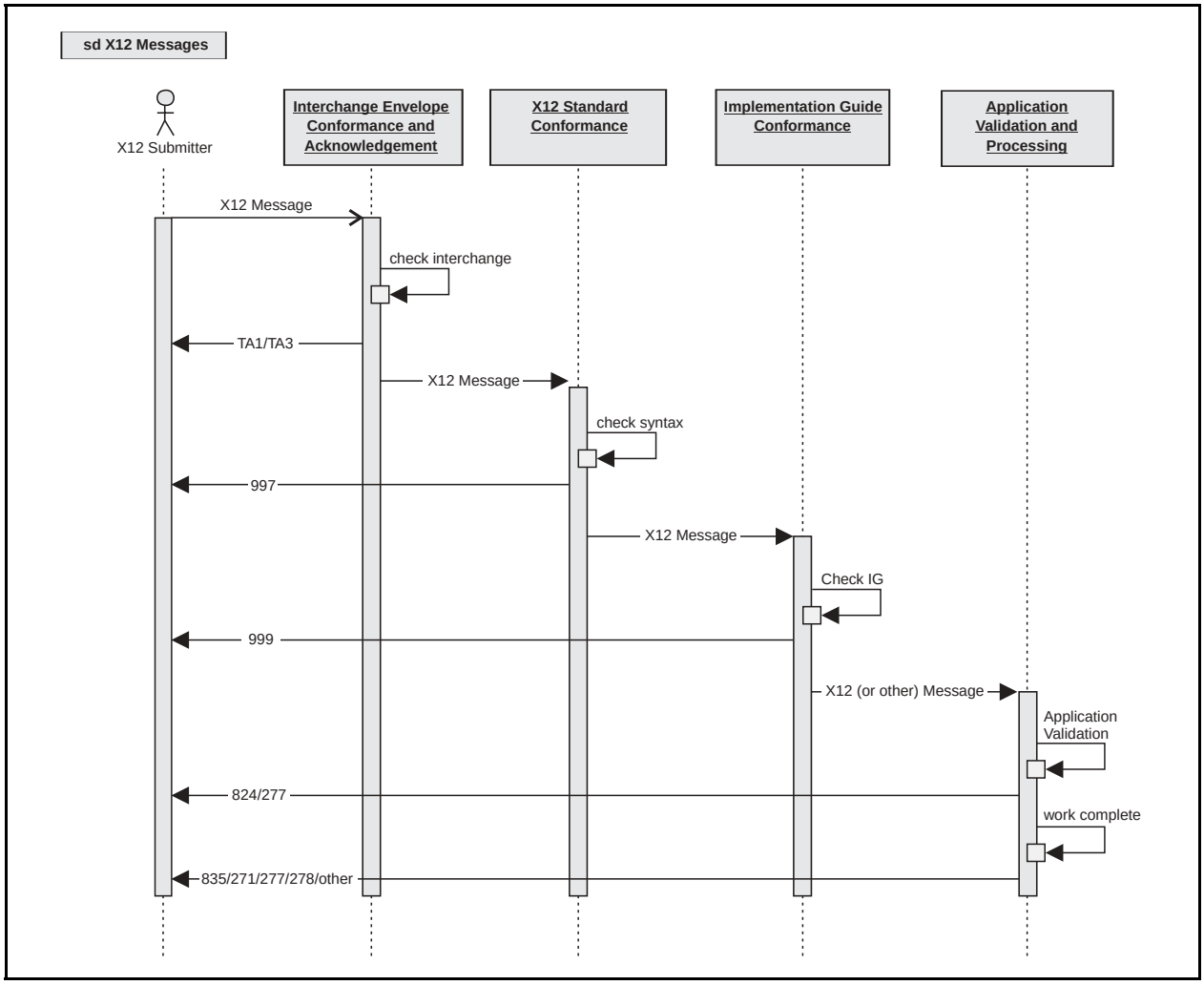


Figure 1.1. X12 Acknowledgment Diagram

For more information on the relationship between the 824 transaction set and other response transaction sets, refer to the ASC X12 document “Reference Model for the Acknowledgment and Tracking of EDI Interchanges”.

1.10.1.2 Looping Structure

Two N1 loops (Loop 1000A and Loop 1000B) are used in the transaction set to identify the submitter (Loop 1000A) and the receiver (Loop 1000B) of the 824. Loop 2000 (OTI loop) is used to identify the received transaction set to which this 824 is responding (see loop, segment, or element notes for more detailed information of their use.). Loop 2100 (TED loop) is used to report the nature of the errors. As designed, the 824 would identify a particular transaction set and the location of each error within that transaction set, i.e., loop, segment, data element, and composite data element if applicable and identify a code to explain the error. An external code source is used to provide standard codes and messages to facilitate the use of the 824 for reporting of errors included in a wide range of X12 insurance transaction sets.

1.10.1.3 Application Advice

The 824 acknowledgment is divided into two tables, Header and Detail. See Section 2, Transaction Set, for a description of the following presentation format.

The Header level, Table 1, contains general information, such as the transaction set control reference number of the previously sent transaction, date, time, submitter and receiver.

The Detail level, Table 2, reports the results of an application system’s data content edits.

The 824 transaction set is intended to be a response to one and only one X12 transaction set related to insurance business processes. A received interchange may contain multiple functional groups, each of which contain their respective transaction set(s). The 824 transaction set is responsive only at the transaction set level. For example, if a received interchange contains 3 functional groups, each containing a single 270, 276, and 278 transaction set, respectively, and each received transaction set contains an error that is not intended to be reported on any associated response transaction set, then one 824 transaction set will be created for the erred 270 transaction set, a second 824 transaction set will be created for the erred 276 transaction set, and a third 824 transaction set will be created for the erred 278 transaction set.

2 Transaction Set

NOTE
See Appendix B, Nomenclature, to review the transaction set structure, including descriptions of segments, data elements, levels, and loops.

2.1 Presentation Examples

The ASC X12 standards are generic. For example, multiple trading communities use the same PER segment to specify administrative communication contacts. Each community decides which elements to use and which code values in those elements are applicable.

This implementation guide uses a format that depicts both the generalized standard and the insurance industry-specific implementation. In this implementation guide, **IMPLEMENTATION** specifies the requirements for this implementation. **X12 STANDARD** is included as a reference only.

The transaction set presentation is comprised of two main sections with subsections within the main sections:

2.3 Transaction Set Listing

There are two sub-sections under this general title. The first sub-section concerns this implementation of a generic X12 transaction set. The second sub-section concerns the generic X12 standard itself.

IMPLEMENTATION

This section lists the levels, loops, and segments contained in this implementation. It also serves as an index to the segment detail.

STANDARD

This section is included as a reference.

2.4 Segment Detail

There are three sub-sections under this general title. This section repeats once for each segment used in this implementation providing segment specific detail and X12 standard detail.

SEGMENT DETAIL

This section is included as a reference.

DIAGRAM

This section is included as a reference. It provides a pictorial view of the standard and shows which elements are used in this implementation.

ELEMENT DETAIL

This section specifies the implementation details of each data element.

These illustrations (Figures 2.1 through 2.5) are examples and are not extracted from the Section 2 detail in this implementation guide. Annotated illustrations, presented below in the same order they appear in this implementation guide, describe the format of the transaction set that follows.

IMPLEMENTATION

Indicates that this section is the implementation and not the standard

800 Insurance Transaction Set

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
53	0100	ST	Transaction Set Header	R	1	
54	0200	BPR	Financial Information	R	1	
60	0400	TRN	Reassociation Key	R	1	
62	0500	CUR	Non-US Dollars Currency	S	1	
65	0600	REF	Receiver ID	S	1	
66	0600	REF	Version Number	S	1	
68	0700	DTM	Production Date	S	1	
			PAYER NAME			**1**
70	0800	N1	Payer Name	R	1	
72	1000	N3	Payer Address	S	1	
75	1100	N4	Payer City, State, Zip	S	1	
76	1200	REF	Additional Payer Reference Number	S	1	
78	1300	PER	Payer Contact	S	1	
			PAYEE NAME			**1**
79	0800	N1	Payee Name	R	1	
81	1000	N3	Payee Address	S	1	
82	1100	N4	Payee City, State, Zip	S	1	
84	1200	REF	Payee Additional Reference Number	S	>1	

Each segment is assigned an industry specific name. Not used segments do not appear

Each loop is assigned an industry specific name

Segment repeats and loop repeats reflect actual usage

R=Required
S=Situational

Position Numbers and Segment IDs retain their X12 values

Individual segments and entire loops are repeated

Figure 2.1. Transaction Set Key — Implementation

STANDARD

Indicates that this section is identical to the ASC X12 standard

See *Appendix B.1, ASC X12 Nomenclature* for a complete description of the standard

800 Insurance Transaction Set

Functional Group ID: XX

This Draft Standard for Trial Use contains the format and establishes the data contents of the Insurance Transaction Set (800) within the context of the Electronic Data Interchange (EDI) environment.

Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
0100	ST	Transaction Set Header	M	1	
0200	BPR	Beginning Segment	M	1	
0300	NTE	Note/Special Instruction	O	>1	
0400	TRN	Trace	O	1	

Figure 2.2. Transaction Set Key — Standard

SEGMENT DETAIL

Industry assigned Segment Name

NM1 - PATIENT NAME

X12 Segment Name: Individual or Organizational Name

X12 Purpose: To supply the full name of an individual or organizational entity

X12 Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.
3. **C1203**
   If NM112 is present, then NM103 is required.

See section B.1.1.3.8 for a description of these values

Industry assigned Loop ID and Loop Name

Industry Loop Repeat

Industry Segment Repeat

Loop: **2100B — PATIENT NAME Loop Repeat: 1**

Segment Repeat: **1**

Industry usage

Usage: **SITUATIONAL**

Situational Rule: **Required when the patient is different from the insured. If not required by this implementation guide, do not send.**

Situational Rule

Industry Notes

TR3 Notes: **1. Any necessary identification number must be provided in NM109.**

TR3 Example: **NM1*QC*1*Shepard*Sam*A***34*452114586~**

Example

Figure 2.3. Segment Key — Implementation

DIAGRAM

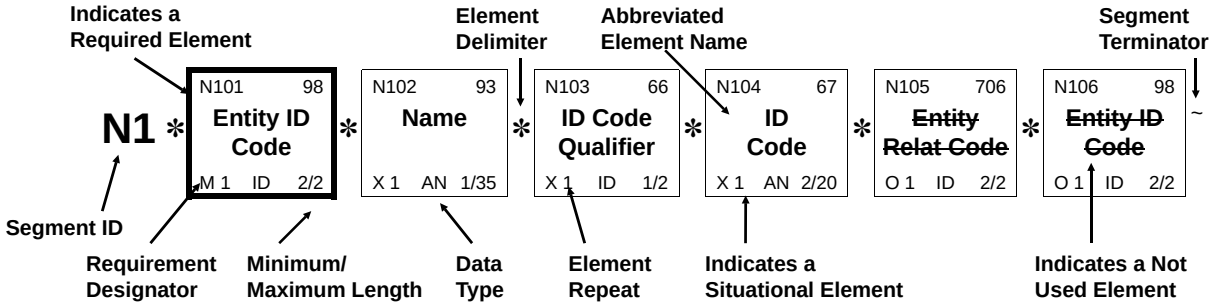


Figure 2.4. Segment Key — Diagram

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**SVC01**	**C003**	**COMPOSITE MEDICAL PROCEDURE IDENTIFIER** To identify a medical procedure by its standardized codes and applicable modifiers	**M 1**
			Use the Primary Payer's adjudicated Medical Procedure Code.	
REQUIRED	**SVC01 - 1**	**235**	**Product/Service ID Qualifier** Code identifying the type/source of the descriptive number used in Product/Service ID (234)	**M ID 2/2**
			IMPLEMENTATION NAME: **Product or Service ID Qualifier**	
			The value in SVC01-1 qualifies the values in SVC01-2, SVC01-3, SVC01-4, SVC01-5, and SVC01-6.	
			CODE / DEFINITION	
			AD — **American Dental Association Codes** CODE SOURCE **135:** American Dental Association	
			HP — **Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code** CODE SOURCE **716:** Health Insurance Prospective Payment System (HIPPS) Rate Code for Skilled Nursing Facilities	
REQUIRED	**SVC01 - 2**	**234**	**Product/Service ID** Identifying number for a product or service	**M AN 1/48**
NOT USED	**SVC01 - 3**	**1339**	**Procedure Modifier**	**O AN 2/2**
NOT USED	**SVC01 - 4**	**1339**	**Procedure Modifier**	**O AN 2/2**
NOT USED	**SVC01 - 5**	**1339**	**Procedure Modifier**	**O AN 2/2**
NOT USED	**SVC01 - 6**	**1339**	**Procedure Modifier**	**O AN 2/2**
NOT USED	**SVC01 - 7**	**352**	**Description**	**O AN 1/80**
REQUIRED	**SVC02**	**782**	**Monetary Amount** Monetary amount	**M 1 R 1/18**
			SEMANTIC: SVC02 is the submitted service charge.	
			This value can not be negative.	
NOT USED	**SVC03**	**782**	**Monetary Amount**	**O 1 R 1/18**
SITUATIONAL	**SVC04**	**234**	**Product/Service ID** Identifying number for a product or service	**O 1 AN 1/48**
			SEMANTIC: SVC04 is the National Uniform Billing Committee Revenue Code.	
			SITUATIONAL RULE: ***Required when an NUBC revenue code was considered during adjudication in addition to a procedure code already identified in SVC01. If not required by this implementation guide, do not send.***	
			IMPLEMENTATION NAME: **National Uniform Billing Committee Revenue Code**	

Reference Designator

Composite Number

Element Repeat

Industry Usage: See the following page for complete descriptions

Industry Note

Selected Code Values

See Appendix A for external code source reference

Data Element Number

X12 Semantic Note

Situational Rule

Implementation Name See Appendix E for definition

Figure 2.5. Segment Key — Element Summary

2.2 Implementation Usage

2.2.1 Industry Usage

Industry Usage describes when loops, segments, and elements are to be sent when complying with this implementation guide. The three choices for Usage are required, not used, and situational. To avoid confusion, these are named differently than the X12 standard Condition Designators (mandatory, optional, and relational).

Required This loop/segment/element must always be sent.

Required segments in Situational loops only occur when the loop is used.

Required elements in Situational segments only occur when the segment is used.

Required component elements in Situational composite elements only occur when the composite element is used.

Not Used This element must never be sent.

Situational Use of this loop/segment/element varies, depending on data content and business context as described in the defining rule. The defining rule is documented in a Situational Rule attached to the item.

There are two forms of Situational Rules.

The first form is “Required when <explicit condition statement>. If not required by this implementation guide, may be provided at the sender’s discretion, but cannot be required by the receiver.” The data qualified by such a situational rule cannot be required or requested by the receiver, transmission of this data is solely at the sender’s discretion.

The alternative form is “Required when <explicit condition statement>. If not required by this implementation guide, do not send.” The data qualified by such a situational rule cannot be sent except as described in the explicit condition statement.

2.2.1.1 Transaction Compliance Related to Industry Usage

A transmitted transaction complies with an implementation guide when it satisfies the requirements as defined within the implementation guide. The presence or absence of an item (loop, segment, or element) complies with the industry usage specified by this implementation guide according to the following table.

Industry Usage	Business Condition is	Item is	Transaction Complies with Implementation Guide?
Required	N/A	Sent	Yes
		Not Sent	No
Not Used	N/A	Sent	No
		Not Sent	Yes
Situational (Required when <explicit condition statement>. If not required by this implementation guide, may be provided at the sender's discretion, but cannot be required by the receiver.)	True	Sent	Yes
		Not Sent	No
	Not True	Sent	Yes
		Not Sent	Yes
Situational (Required when <explicit condition statement>. If not required by this implementation guide, do not send.)	True	Sent	Yes
		Not Sent	No
	Not True	Sent	No
		Not Sent	Yes

This table specifies how an entity is to evaluate a transmitted transaction for compliance with industry usage. It is not intended to require or imply that the receiver must reject non-compliant transactions. The receiver will handle non-compliant transactions based on its business process and any applicable regulations.

2.2.2 Loops

Loop requirements depend on the context or location of the loop within the transaction. See Appendix B for more information on loops.

- A nested loop can be used only when the associated higher level loop is used.
- The usage of a loop is the same as the usage of its beginning segment.
  - If a loop's beginning segment is Required, the loop is Required and must occur at least once unless it is nested in a loop that is not being used.
  - If a loop's beginning segment is Situational, the loop is Situational.
- Subsequent segments within a loop can be sent only when the beginning segment is used.
- Required segments in Situational loops occur only when the loop is used.

2.3 Transaction Set Listing

2.3.1 Implementation

This section lists the levels, loops, and segments contained in this implementation. It also serves as an index to the segment detail. Refer to section 2.1 Presentation Examples for detailed information on the components of the Implementation section.

IMPLEMENTATION

824 Application Reporting

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
27	010	ST	Transaction Set Header	R	1	
28	020	BGN	Beginning Segment	R	1	
			LOOP ID - 1000A SUBMITTER NAME			1
30	030	N1	Submitter Name	R	1	
32	070	REF	Submitter Secondary Identifier	S	1	
33	080	PER	Submitter EDI Contact Information	S	2	
			LOOP ID - 1000B RECEIVER NAME			1
36	030	N1	Receiver Name	R	1	

Table 2 - Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000 ORIGINAL TRANSACTION IDENTIFICATION			>1
38	010	OTI	Original Transaction Identification	R	1	
44	020	REF	Reference Identification	S	1	
49	030	DTM	Date/Time Reference	S	2	
53	050	AMT	Monetary Amount	S	3	
56	060	QTY	Quantity	S	3	
59	065	NM1	Individual or Organizational Name	S	6	
			LOOP ID - 2100 ERROR OR INFORMATIONAL MESSAGE LOCATION			>1
64	070	TED	Error or Informational Message Location	S	1	
66	080	NTE	Situational Context Location	S	10	
67	082	RED	Error or Informational Message	R	100	
69	090	SE	Transaction Set Trailer	R	1	

2.3.2 X12 Standard

This section is included as a reference. The implementation guide reference clarifies actual usage. Refer to section 2.1 Presentation Examples for detailed information on the components of the X12 Standard section.

STANDARD

824 Application Advice

Functional Group ID: AG

This Draft Standard for Trial Use contains the format and establishes the data contents of the Application Advice Transaction Set (824) for use within the context of an Electronic Data Interchange (EDI) environment. The transaction set can be used to provide the ability to report the results of an application system's data content edits of transaction sets. The results of editing transaction sets can be reported at the functional group and transaction set level, in either coded or free-form format. It is designed to accommodate the business need of reporting the acceptance, rejection or acceptance with change of any transaction set. The Application Advice should not be used in place of a transaction set designed as a specific response to another transaction set (e.g., purchase order acknowledgment sent in response to a purchase order).

Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
010	ST	Transaction Set Header	M	1	
020	BGN	Beginning Segment	M	1	
		LOOP ID - N1			>1
030	N1	Name	O	1	
040	N2	Additional Name Information	O	2	
050	N3	Address Information	O	2	
060	N4	Geographic Location	O	1	
070	REF	Reference Identification	O	12	
080	PER	Administrative Communications Contact	O	3	

Table 2 - Detail

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
		LOOP ID - OTI			>1
010	OTI	Original Transaction Identification	M	1	
020	REF	Reference Identification	O	12	
030	DTM	Date/Time Reference	O	2	
040	PER	Administrative Communications Contact	O	3	
050	AMT	Monetary Amount	O	>1	
060	QTY	Quantity	O	>1	
065	NM1	Individual or Organizational Name	O	9	
		LOOP ID - OTI/TED			>1
070	TED	Technical Error Description	O	1	
080	NTE	Note/Special Instruction	O	100	
082	RED	Related Data	O	100	
		LOOP ID - OTI/LM			>1
085	LM	Code Source Information	O	1	
		LOOP ID - OTI/LM/LQ			100
086	LQ	Industry Code	M	1	
087	RED	Related Data	O	100	
090	SE	Transaction Set Trailer	M	1	

NOTES:

2/010 The OTI loop is intended to provide a unique identification of the transaction set that is the subject of this application acknowledgment.

2/020 The REF segment allows for the provision of secondary reference identification or numbers required to uniquely identify the original transaction set. The primary reference identification or number should be provided in elements OTI02-03.

2/030 The DTM segment allows for the provision of date, time, or date and time information required to uniquely identify the original transaction set.

2/040 The PER segment should be utilized if administrative communications contact information is important to the unique identification of the original transaction set.

2/050 The AMT segment should be utilized if monetary amount information is important to the unique identification of the original transaction set.

2/060 The QTY segment should be utilized if quantity information is important to the unique identification of the original transaction set.

2/065 The NM1 segment allows for the provision of entity identification information required to uniquely identify the original transaction set.

2/082 The RED segment may be used to provide data related to the error condition specified in the associated TED01 element.

2/085 The LM loop is used to identify industry-based or proprietary application error conditions.

2/087 The RED segment may be used to provide data related to the error condition specified in the associated LQ02 element.

2.4 824 - Application Reporting

This section specifies the segments, data elements, and codes for this implementation. Refer to section 2.1 Presentation Examples for detailed information on the components of the Segment Detail section.

SEGMENT DETAIL

ST - TRANSACTION SET HEADER

X12 Segment Name: Transaction Set Header

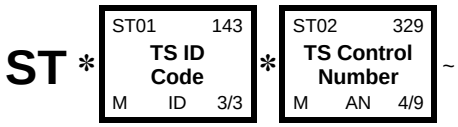
X12 Purpose: To indicate the start of a transaction set and to assign a control number

Segment Repeat: **1**

Usage: **REQUIRED**

TR3 Example: **ST*824*1234~**

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**ST01**	**143**	**Transaction Set Identifier Code** Code uniquely identifying a Transaction Set	**M ID 3/3**
			SEMANTIC: 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).	
			CODE — **DEFINITION** **824** — **Application Advice**	
REQUIRED	**ST02**	**329**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	**M AN 4/9**
			The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). The number also aids in error resolution research. For example, start with the number 0001 and increment from there.	

SEGMENT DETAIL

BGN - BEGINNING SEGMENT

X12 Segment Name: Beginning Segment

X12 Purpose: To indicate the beginning of a transaction set

X12 Syntax: **1. C0504**
If BGN05 is present, then BGN04 is required.

Segment Repeat: **1**

Usage: **REQUIRED**

TR3 Example: **BGN∗11∗20011218001∗20011224∗2311∗∗123456789∗∗U~**

DIAGRAM

BGN ∗ BGN01 353 **TS Purpose Code** M ID 2/2 ∗ BGN02 127 **Reference Ident** M AN 1/30 ∗ BGN03 373 **Date** M DT 8/8 ∗ BGN04 337 **Time** X TM 4/8 ∗ BGN05 623 ~~**Time Code**~~ O ID 2/2 ∗ BGN06 127 **Reference Ident** O AN 1/30

∗ BGN07 640 ~~**Transaction Type Code**~~ O ID 2/2 ∗ BGN08 306 **Action Code** O ID 1/2 ∗ BGN09 786 ~~**Security Level Code**~~ O ID 2/2 ~

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**BGN01**	**353**	**Transaction Set Purpose Code** Code identifying purpose of transaction set CODE / DEFINITION **11** / **Response**	**M ID 2/2**
REQUIRED	**BGN02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SEMANTIC: BGN02 is the transaction set reference number. IMPLEMENTATION NAME: **Transaction Set Identifier Code** **Use a value assigned by the submitter of the 824 transaction set to uniquely identify this 824 transaction set, such as an internal tracking number, file name, etc.**	**M AN 1/30**
REQUIRED	**BGN03**	**373**	**Date** Date expressed as CCYYMMDD SEMANTIC: BGN03 is the transaction set date. IMPLEMENTATION NAME: **Transaction Set Creation Date**	**M DT 8/8**

REQUIRED	**BGN04**	**337**	**Time** 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) SYNTAX: C0504 SEMANTIC: BGN04 is the transaction set time. IMPLEMENTATION NAME: **Transaction Set Creation Time**	**X**	**TM**	**4/8**
NOT USED	**BGN05**	**623**	**Time Code**	**O**	**ID**	**2/2**
SITUATIONAL	**BGN06**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SEMANTIC: BGN06 is the transaction set reference number of a previously sent transaction affected by the current transaction. SITUATIONAL RULE: ***Required when (OTI10 is equal to 112, 124, 187, 266, 269, 272, 275, or 834, and the submitter of the 824 knows the BGN02 value in the original transaction set to which this 824 is responding) or (OTI10 is equal to 148, 270, 271, 274, 276, 277, 278, or 837, and the submitter of the 824 knows the BHT03 value in the original transaction set to which this 824 is responding) or (OTI10 is equal to 811 and the submitter of the 824 knows the BIG02 value in the original transaction set to which this 824 is responding) or (OTI10 is equal to 820, 835, or 841, and the submitter of the 824 knows the ST02 value in the original transaction set to which this 824 is responding). If not required by this implementation guide, do not send.*** IMPLEMENTATION NAME: **Referenced Interchange Control Number** **When used, this is the value in BGN02, BHT03, BIG02, or ST02 (depending on the value used in OTI10, as indicated in the situational note above) from the interchange containing the transaction set to which this 824 transaction set is responding.**	**O**	**AN**	**1/30**
NOT USED	**BGN07**	**640**	**Transaction Type Code**	**O**	**ID**	**2/2**
REQUIRED	**BGN08**	**306**	**Action Code** Code indicating type of action	**O**	**ID**	**1/2**

CODE	DEFINITION
RU	**Return**
	Required when a portion of the transaction set is being accepted.
U	**Reject**
	Required when an entire transaction set is being rejected.
WQ	**Accept**
	Required when an entire transaction set is being accepted.

NOT USED	**BGN09**	**786**	**Security Level Code**	**O**	**ID**	**2/2**

SEGMENT DETAIL

N1 - SUBMITTER NAME

X12 Segment Name: Name

X12 Purpose: To identify a party by type of organization, name, and code

X12 Syntax:

1. **R0203**
   At least one of N102 or N103 is required.
2. **P0304**
   If either N103 or N104 is present, then the other is required.

Loop: **1000A — SUBMITTER NAME Loop Repeat: 1**

Segment Repeat: **1**

Usage: **REQUIRED**

TR3 Notes:

1. **This segment identifies the information about the Submitter of the 824 transaction set.**

TR3 Example: **N1*41*ABC Submitter Name*46*123456789ABCDE~**

DIAGRAM

N1	*	N101 98 **Entity ID Code** M ID 2/3	*	N102 93 **Name** X AN 1/60	*	N103 66 **ID Code Qualifier** X ID 1/2	*	N104 67 **ID Code** X AN 2/80	*	N105 706 ~~**Entity Relat Code**~~ O ID 2/2	*	N106 98 ~~**Entity ID Code**~~ O ID 2/3	~	

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**N101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**

CODE	DEFINITION
41	**Submitter**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**N102**	**93**	**Name** Free-form name SYNTAX: R0203 IMPLEMENTATION NAME: **Submitter Name**	**X AN 1/60**
REQUIRED	**N103**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: R0203, P0304	**X ID 1/2**

CODE	DEFINITION
1	**D-U-N-S Number, Dun & Bradstreet** CODE SOURCE **16:** D-U-N-S Number
9	**D-U-N-S+4, D-U-N-S Number with Four Character Suffix**

CODE SOURCE **16:** D-U-N-S Number

24	**Employer's Identification Number**
46	**Electronic Transmitter Identification Number (ETIN)**
75	**State or Province Assigned Number**
EQ	**Insurance Company Assigned Identification Number**
FI	**Federal Taxpayer's Identification Number**
PI	**Payor Identification**
XV	**Health Care Financing Administration National PlanID** ***Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.***

CODE SOURCE **540:** Centers for Medicare and Medicaid Services PlanID

XX	**Health Care Financing Administration National Provider Identifier** ***Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.***

CODE SOURCE **537:** Centers for Medicare and Medicaid Services National Provider Identifier

REQUIRED	**N104**	**67**	**Identification Code** Code identifying a party or other code	**X**	**AN**	**2/80**

SYNTAX: P0304

COMMENT: This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.

IMPLEMENTATION NAME: **Submitter Identifier**

NOT USED	**N105**	**706**	**Entity Relationship Code**	**O**	**ID**	**2/2**
NOT USED	**N106**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

SEGMENT DETAIL

REF - SUBMITTER SECONDARY IDENTIFIER

X12 Segment Name: Reference Identification

X12 Purpose: To specify identifying information

X12 Syntax:
1. **R0203**
   At least one of REF02 or REF03 is required.

Loop: **1000A — SUBMITTER NAME**

Segment Repeat: **1**

Usage: **SITUATIONAL**

Situational Rule: **Required when the entity identified in Loop 1000A (Submitter Name) is submitting this 824 on behalf of a sub-component, such as a branch or department within the submitter organization. If not required by this implementation guide, do not send.**

TR3 Example: **REF*3L*12345~**

DIAGRAM

REF	*	REF01 128 Reference Ident Qual M ID 2/3	*	REF02 127 Reference Ident X AN 1/30	*	REF03 352 ~~Description~~ X AN 1/80	*	REF04 C040 ~~Reference Identifier~~ O	~

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification CODE: **3L** — DEFINITION: **Branch Identifier**	**M ID 2/3**
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: **Submitter Branch Identifier Code**	**X AN 1/30**
NOT USED	**REF03**	**352**	**Description**	**X AN 1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**

SEGMENT DETAIL

PER - SUBMITTER EDI CONTACT INFORMATION

X12 Segment Name: Administrative Communications Contact

X12 Purpose: To identify a person or office to whom administrative communications should be directed

X12 Syntax:

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

Loop: **1000A — SUBMITTER NAME**

Segment Repeat: **2**

Usage: **SITUATIONAL**

Situational Rule: **Required when contact information is other than indicated in the Trading Partner Agreement/profile. If not required by this implementation guide, do not send.**

TR3 Notes:

1. **When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number must 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, if known, must be included in the communication number data element immediately after the telephone number.**
2. **The PER segment must be filled from left to right. PER04 must be present before PER06. The PER06 must be present before using PER08.**
3. **Only one of each type of communication number may be sent. In order to send all four types, repeat the PER segment for the fourth communication number. The PER02 must not be used in the second PER.**
4. **The second repetition of the PER must not occur unless the first is full, if the information applies to the same contact.**

TR3 Example: **PER*IC*Johnathan Smith*TE*8005551212*EX*1439~**

DIAGRAM

PER	PER01 366 Contact Funct Code M ID 2/2	PER02 93 Name O AN 1/60	PER03 365 Comm Number Qual X ID 2/2	PER04 364 Comm Number X AN 1/80	PER05 365 Comm Number Qual X ID 2/2	PER06 364 Comm Number X AN 1/80

PER07 365 Comm Number Qual X ID 2/2	PER08 364 Comm Number X AN 1/80	PER09 443 ~~Contact Inq Reference~~ O AN 1/20 ~

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PER01**	**366**	**Contact Function Code** Code identifying the major duty or responsibility of the person or group named	**M ID 2/2**

CODE	DEFINITION
IC	**Information Contact**

SITUATIONAL	**PER02**	**93**	**Name** Free-form name	**O AN 1/60**

SITUATIONAL RULE: ***Required in the first occurrence of the PER. Not used in the second occurrence of the PER. If not required by this implementation guide, do not send.***

IMPLEMENTATION NAME: **Submitter Contact Name**

SITUATIONAL	**PER03**	**365**	**Communication Number Qualifier** Code identifying the type of communication number	**X ID 2/2**

SYNTAX: P0304

SITUATIONAL RULE: ***Required when either a telephone number, facsimile number, or email address is available for the entity identified in the N1 Submitter Name segment. If not required by this implementation guide, do not send.***

CODE	DEFINITION
EM	**Electronic Mail**
FX	**Facsimile**
TE	**Telephone**

SITUATIONAL	**PER04**	**364**	**Communication Number** Complete communications number including country or area code when applicable	**X AN 1/80**

SYNTAX: P0304

SITUATIONAL RULE: ***Required when a value is present in the PER03. If not required by this implementation guide, do not send.***

SITUATIONAL	**PER05**	**365**	**Communication Number Qualifier** Code identifying the type of communication number	**X**	**ID**	**2/2**

SYNTAX: P0506

SITUATIONAL RULE: ***Required when either a telephone number, facsimile number, or email address is available for the entity identified in the N1 Submitter Name segment, and that information has not been supplied in the PER04. If not required by this implementation guide, do not send.***

CODE	DEFINITION
EM	**Electronic Mail**
EX	**Telephone Extension**
	Extension cannot be reported unless TE and telephone number exist in PER03/PER04. (See PER example)
FX	**Facsimile**
TE	**Telephone**

SITUATIONAL	**PER06**	**364**	**Communication Number** Complete communications number including country or area code when applicable	**X**	**AN**	**1/80**

SYNTAX: P0506

SITUATIONAL RULE: ***Required when a value is present in the PER05. If not required by this implementation guide, do not send.***

SITUATIONAL	**PER07**	**365**	**Communication Number Qualifier** Code identifying the type of communication number	**X**	**ID**	**2/2**

SYNTAX: P0708

SITUATIONAL RULE: ***Required when either a telephone number, facsimile number, or email address is available for the entity identified in the N1 Submitter Name segment, and that information has not been supplied in the PER04 or PER06. If not required by this implementation guide, do not send.***

CODE	DEFINITION
EM	**Electronic Mail**
EX	**Telephone Extension**
	Extension cannot be reported unless TE and telephone number exist in PER05/PER06. (See PER example)
FX	**Facsimile**
TE	**Telephone**

SITUATIONAL	**PER08**	**364**	**Communication Number** Complete communications number including country or area code when applicable	**X**	**AN**	**1/80**

SYNTAX: P0708

SITUATIONAL RULE: ***Required when a value is present in the PER07. If not required by this implementation guide, do not send.***

NOT USED	**PER09**	**443**	**Contact Inquiry Reference**	**O**	**AN**	**1/20**

SEGMENT DETAIL

N1 - RECEIVER NAME

X12 Segment Name: Name

X12 Purpose: To identify a party by type of organization, name, and code

X12 Syntax:

1. **R0203**
   At least one of N102 or N103 is required.
2. **P0304**
   If either N103 or N104 is present, then the other is required.

Loop: **1000B — RECEIVER NAME Loop Repeat: 1**

Segment Repeat: **1**

Usage: **REQUIRED**

TR3 Notes:

1. **This segment identifies the information about the Receiver of the 824 transaction set.**

TR3 Example: **N1*40*ABC Receiver Name*46*EDCBA987654321~**

DIAGRAM

N1	*	N101 98 **Entity ID Code** M ID 2/3	*	N102 93 **Name** X AN 1/60	*	N103 66 **ID Code Qualifier** X ID 1/2	*	N104 67 **ID Code** X AN 2/80	*	N105 706 ~~**Entity Relat Code**~~ O ID 2/2	*	N106 98 ~~**Entity ID Code**~~ O ID 2/3	~		

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**N101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**
			CODE: **40** — DEFINITION: **Receiver**	
SITUATIONAL	**N102**	**93**	**Name** Free-form name SYNTAX: R0203 SITUATIONAL RULE: ***Required when the name of the entity identified in N104 is known. If not required by this implementation guide, do not send.*** IMPLEMENTATION NAME: **Receiver Name**	**X AN 1/60**

REQUIRED	**N103**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: R0203, P0304	**X**	**ID**	**1/2**

CODE	DEFINITION
1	**D-U-N-S Number, Dun & Bradstreet** CODE SOURCE **16:** D-U-N-S Number
9	**D-U-N-S+4, D-U-N-S Number with Four Character Suffix** CODE SOURCE **16:** D-U-N-S Number
24	**Employer's Identification Number**
46	**Electronic Transmitter Identification Number (ETIN)**
75	**State or Province Assigned Number**
EQ	**Insurance Company Assigned Identification Number**
FI	**Federal Taxpayer's Identification Number**
PI	**Payor Identification**
XV	**Health Care Financing Administration National PlanID** ***Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.*** CODE SOURCE **540:** Centers for Medicare and Medicaid Services PlanID
XX	**Health Care Financing Administration National Provider Identifier** ***Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.*** CODE SOURCE **537:** Centers for Medicare and Medicaid Services National Provider Identifier

REQUIRED	**N104**	**67**	**Identification Code** Code identifying a party or other code SYNTAX: P0304 COMMENT: This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party. IMPLEMENTATION NAME: **Receiver Identifier**	**X**	**AN**	**2/80**
NOT USED	**N105**	**706**	**Entity Relationship Code**	**O**	**ID**	**2/2**
NOT USED	**N106**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

SEGMENT DETAIL

OTI - ORIGINAL TRANSACTION IDENTIFICATION

X12 Segment Name: Original Transaction Identification

X12 Purpose: To identify the edited transaction set and the level at which the results of the edit are reported, and to indicate the accepted, rejected, or accepted-with-change edit result

X12 Set Notes:

1. The OTI loop is intended to provide a unique identification of the transaction set that is the subject of this application acknowledgment.

X12 Syntax:

1. **C0908**
   If OTI09 is present, then OTI08 is required.

Loop: **2000 — ORIGINAL TRANSACTION IDENTIFICATION Loop Repeat: >1**

Segment Repeat: **1**

Usage: **REQUIRED**

TR3 Notes:

1. **An 824 transaction set may be used to report acceptance or rejection of an entire transaction set, an item within a transaction set, or a subordinate portion of a transaction set that contains one or more items. The OTI segment is used as the primary means to identify the portion (or all) of the received transaction set which is being reported upon.**

   For example, if an entire transaction set (i.e. ST/SE) is being rejected, then the OTI segment would likely indicate the ST control number to identify which ST/SE transaction set of the received file is being rejected. If part of the transaction set is being rejected (e.g. a single claim status request in a 276 transaction set), then the OTI segment could indicate the Submitter Trace number in the TRN segment of the rejected portion.

2. **When reporting with this 824 transaction set, the terms 'acceptance' and 'rejection' refer to edits at the application level.**

TR3 Example:
Property and Casualty Example:
OTI*IR*IX*999999999*20020605*1430*555555*0001*266*004010~**
This example indicates the rejection of a single item within a 266 transaction set.

TR3 Example:
Health Care Example:
OTI*TP*TN*999999999*20020605*1442*555555*0001*276*004010X093A1~**
This example indicates that part of the 276 transaction set was accepted and part was rejected.

DIAGRAM

OTI *

OTI01 110	OTI02 128	OTI03 127	OTI04 142	OTI05 124	OTI06 373
Application Ack Code	**Reference Ident Qual**	**Reference Ident**	~~**Application Send's Code**~~	~~**Application Rec's Code**~~	**Date**
M ID 1/2	M ID 2/3	M AN 1/30	O AN 2/15	O AN 2/15	O DT 8/8

*

OTI07 337	OTI08 28	OTI09 329	OTI10 143	OTI11 480	OTI12 353
Time	**Group Ctrl Number**	**TS Control Number**	**TS ID Code**	**Ver/Release ID Code**	~~**TS Purpose Code**~~
O TM 4/8	X N0 1/9	O AN 4/9	O ID 3/3	O AN 1/12	O ID 2/2

*

OTI13 640	OTI14 346	OTI15 306	OTI16 305	OTI17 641
~~**Transaction Type Code**~~	~~**Application Type**~~	~~**Action Code**~~	~~**Transaction Handle Code**~~	~~**Status Reason Code**~~
O ID 2/2	O ID 2/2	O ID 1/2	O ID 1/2	O ID 3/3

~

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**OTI01**	**110**	**Application Acknowledgment Code** Code indicating the application system edit results of the business data	**M ID 1/2**

The codes for the "Application Acknowledgement Code" contain two characters. The first character indicates the edit level, and the second character indicates the results of the edit. Any combination of the first and second characters is valid. The following values are valid for each set of characters:

First character

T=Transaction Set.

B=Batch - A subordinate portion of a transaction set that contains one or more items. For example, an entire Subscriber Level (2000C) Loop in a 270 transaction set.

I=Item - A self-contained body of data that will trigger or support a business process. For example, a single claim in an 837 transaction set.

Note: see section 1.5 for additional information.

Second character

A=Accept: Use this code when no errors or informational messages are present and all data is accepted for further processing.

C=Accept with Data Content Change: Use this code when errors or informational messages are present and the data is changed to accept for further processing.

E=Accept with Errors: Use this code when all data is accepted for further processing even though errors or informational messages are present.

P=Partial Accept/Reject: Use this code when a portion of the data is accepted and a portion of the data is rejected due to errors. Informational messages may also be present. Some data has been accepted for further processing. Rejected data must be corrected by the submitter and resubmitted.

R=Reject: Use this code when all data is rejected due to errors. Informational messages may also be present. No data is accepted for further processing. Submitter must correct and resubmit the (batch, transaction set, or item) that was in error.

Note: Errors and informational messages are reported in the TED loop.

CODE	DEFINITION
BA	Batch Accept
BC	Batch Accept with Data Content Change
BE	Batch Accept with Error
BP	Batch Partial Accept/Reject
BR	Batch Reject
IA	Item Accept
IC	Item Accept with Data Content Change
IE	Item Accept with Error
IP	Item Partial Accept/Reject
IR	Item Reject
TA	Transaction Set Accept
TC	Transaction Set Accept with Data Content Change
TE	Transaction Set Accept with Error
TP	Transaction Set Partial Accept/Reject
TR	Transaction Set Reject

REQUIRED	**OTI02**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M**	**ID**	**2/3**

COMMENT: OTI02 contains the qualifier identifying the business transaction from the original business application, and OTI03 will contain the original business application identification.

CODE	DEFINITION
BT	**Batch Number**
	Required when OTI01 contains BA, BC, BE, BP, or BR.
IX	**Item Number**
	Required when OTI01 contains IA, IC, IE, IP, or IR.
TN	**Transaction Reference Number**
	Required when OTI01 contains TA, TC, TE, TP, or TR.

REQUIRED	**OTI03**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	**M**	**AN**	**1/30**

SEMANTIC: OTI03 is the primary reference identification or number used to uniquely identify the original transaction set.

IMPLEMENTATION NAME: **Edit Level Reference Identifier**

This element is designed to contain a value to uniquely identify the transaction, batch, or item, as noted in the OTI02. However, it is not always possible to use a single value for this purpose, depending on the edit level (i.e. the value in OTI02), the transaction set to which this 824 is responding, and whether the creator of the 824 has access to the X12 format of the original data. When OTI02 = TN, and the creator of the 824 knows the ST02 value within the original transaction set to which this 824 is responding, the OTI09 value will contain the transaction set control number, which uniquely identifies the transaction set. In all other cases, the subsequent REF, DTM, AMT, QTY, and/or NM1 segments are used to uniquely identify the transaction, batch, or item described in this OTI loop. In each of these cases, the OTI03 value serves no useful purpose. However, since this element is required by the X12 standard, the value 'NA' will always be used.

NOT USED	**OTI04**	**142**	**Application Sender's Code**	**O**	**AN**	**2/15**
NOT USED	**OTI05**	**124**	**Application Receiver's Code**	**O**	**AN**	**2/15**
SITUATIONAL	**OTI06**	**373**	**Date** Date expressed as CCYYMMDD	**O**	**DT**	**8/8**

SEMANTIC: OTI06 is the group date.

SITUATIONAL RULE: ***Required when the submitter of the 824 knows the GS04 value from the functional group containing the transaction set to which this 824 is responding. If not required by this implementation guide, do not send.***

IMPLEMENTATION NAME: **Functional Group Creation Date**

When used, this is the value in GS04 from the functional group containing the transaction set to which this 824 transaction set is responding.

SITUATIONAL **OTI07** **337** **Time** **O** **TM** **4/8**

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)

SEMANTIC: OTI07 is the group time.

SITUATIONAL RULE: ***Required when the submitter of the 824 knows the GS05 value from the functional group containing the transactionset to which this 824 is responding. If not required by this implementation guide, do not send.***

IMPLEMENTATION NAME: **Functional Group Creation Time**

When used, this is the value in GS05 from the functional group containing the transaction set to which this 824 transaction set is responding.

SITUATIONAL **OTI08** **28** **Group Control Number** **X** **N0** **1/9**

Assigned number originated and maintained by the sender

SYNTAX: C0908

SITUATIONAL RULE: ***Required when OTI09 is used. If not required by this implementation guide, do not send.***

IMPLEMENTATION NAME: **Functional Group Control Number**

When used, this is the value in GS06 from the functional group containing the transaction set to which this 824 transaction set is responding.

SITUATIONAL **OTI09** **329** **Transaction Set Control Number** **O** **AN** **4/9**

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

SYNTAX: C0908

COMMENT: If used, OTI09 through OTI10 will contain values from the original electronic transaction set generated by the sender.

SITUATIONAL RULE: ***Required when the submitter of the 824 knows the ST02 value and GS06 value within the original transaction set to which this 824 is responding. If not required by this implementation guide, do not send.***

When used, this is the value in ST02 from the transaction set to which this 824 transaction set is responding.

REQUIRED **OTI10** **143** **Transaction Set Identifier Code** **O** **ID** **3/3**

Code uniquely identifying a Transaction Set

CODE	DEFINITION
112	Property Damage Report
124	Property and Casualty Vehicle Damage
148	Report of Injury, Illness or Incident
266	Mortgage or Property Record Change Notification
270	Eligibility, Coverage or Benefit Inquiry
271	Eligibility, Coverage or Benefit Information
272	Property and Casualty Loss Notification
275	Patient Information

			276	**Health Care Claim Status Request**		
			277	**Health Care Claim Status Notification**		
			278	**Health Care Services Review Information**		
			811	**Consolidated Service Invoice/Statement**		
			820	**Payment Order/Remittance Advice**		
			834	**Benefit Enrollment and Maintenance**		
			835	**Health Care Claim Payment/Advice**		
			837	**Health Care Claim**		
				Includes Property and Casualty Medical Bill Report to Regulatory Agencies.		
			841	**Specifications/Technical Information**		
SITUATIONAL	**OTI11**	**480**	**Version / Release / Industry Identifier Code**	**O**	**AN**	**1/12**
			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			
			SEMANTIC: If OTI11 is present, it will contain the version/release under which the original electronic transaction was translated by the receiver.			
			SITUATIONAL RULE: ***Required when the submitter of the 824 knows the GS08 value from the functional group containing the transaction set to which this 824 is responding. If not required by this implementation guide, do not send.***			
			IMPLEMENTATION NAME: **Version, Release, or Industry Identifier**			
			CODE SOURCE **881:** Version / Release / Industry Identifier Code			
			When used, this is the value in GS08 from the functional group containing the transaction set to which this 824 transaction set is responding.			
NOT USED	**OTI12**	**353**	**Transaction Set Purpose Code**	**O**	**ID**	**2/2**
NOT USED	**OTI13**	**640**	**Transaction Type Code**	**O**	**ID**	**2/2**
NOT USED	**OTI14**	**346**	**Application Type**	**O**	**ID**	**2/2**
NOT USED	**OTI15**	**306**	**Action Code**	**O**	**ID**	**1/2**
NOT USED	**OTI16**	**305**	**Transaction Handling Code**	**O**	**ID**	**1/2**
NOT USED	**OTI17**	**641**	**Status Reason Code**	**O**	**ID**	**3/3**

SEGMENT DETAIL

REF - REFERENCE IDENTIFICATION

X12 Segment Name: Reference Identification

X12 Purpose: To specify identifying information

X12 Set Notes:

1. The REF segment allows for the provision of secondary reference identification or numbers required to uniquely identify the original transaction set. The primary reference identification or number should be provided in elements OTI02-03.

X12 Syntax:

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

Loop: **2000 — ORIGINAL TRANSACTION IDENTIFICATION**

Segment Repeat: **1**

Usage: **SITUATIONAL**

Situational Rule: **Required when additional information is necessary to identify the portion (or all) of the transaction set that is being reported in this Loop 2000 (OTI). If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.**

TR3 Notes:

1. **For example, if the Loop 2000 (OTI) is being used to define a provider loop, the REF segment could be used to identify the actual provider number, indicating the specific provider loop within the transaction set.**
2. **The sender should consider 'minimum necessary' privacy requirements in deciding to use this discretionary segment.**

TR3 Example: **REF*1A*12345~**

DIAGRAM

REF	*	REF01 128 **Reference Ident Qual** M ID 2/3	*	REF02 127 **Reference Ident** X AN 1/30	*	REF03 352 ~~**Description**~~ X AN 1/80	*	REF04 C040 ~~**Reference Identifier**~~ O	~

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**

CODE	DEFINITION
06	**System Number**
0B	**State License Number**
0F	**Subscriber Number**
0M	**Mortgage Identification Number**

11	Account Number
14	Master Account Number
17	Client Reporting Category
18	Plan Number
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1E	Dentist License Number
1F	Anesthesia License Number
1G	Provider UPIN Number
1H	CHAMPUS Identification Number
1J	Facility ID Number
1K	Payor's Claim Number
1L	Group or Policy Number
1S	Ambulatory Patient Group (APG) Number
1W	Member Identification Number
23	Client Number
28	Employee Identification Number
2F	Consolidated Invoice Number
2I	Tracking Number
2U	Payer Identification Number
33	Lender Case Number
38	Master Policy Number
3H	Case Number
3J	Office Number
49	Family Unit Number
4A	Personal Identification Number (PIN)
4N	Special Payment Reference Number
5G	Complaint
5H	Incident
60	Account Suffix Code
6N	Claimant Number
6P	Group Number
6R	Provider Control Number
72	Schedule Reference Number
7I	Subscriber Authorization Number
7K	List of Materials
87	Functional Category
89	Assembly Number
8U	Bank Assigned Security Identifier
8X	Transaction Category or Type
94	File Identification Number
9A	Repriced Claim Reference Number

9B	**Repriced Line Item Reference Number**
9C	**Adjusted Repriced Claim Reference Number**
9D	**Adjusted Repriced Line Item Reference Number**
9K	**Servicer**
9N	**Investor**
9R	**Job Order Number**
A9	**Health Insurance Account Number**
AAL	**Agent Number**
AB	**Acceptable Source Purchaser ID**
ADB	**Master Property Number**
AZ	**Health Insurance Policy Number**
B3	**Preferred Provider Organization Number**
B7	**Life Insurance Policy Number**
BA	**Retirement Plan Policy Number**
BB	**Authorization Number**
BLT	**Billing Type**
BQ	**Health Maintenance Organization Code Number**
BR	**Broker or Sales Office Number**
BT	**Batch Number**
CE	**Class of Contract Code**
CK	**Check Number**
CRN	**Casualty Report Number**
CT	**Contract Number**
D3	**National Association of Boards of Pharmacy Number** CODE SOURCE **307:** National Council for Prescription Drug Programs Pharmacy Number
D8	**Loss Report Number**
D9	**Claim Number**
DD	**Document Identification Code**
DX	**Department/Agency Number**
E5	**Claimant's Claim Number**
E9	**Attachment Code**
EA	**Medical Record Identification Number**
EI	**Employer's Identification Number**
EJ	**Patient Account Number**
EL	**Electronic device pin number**
EM	**Electronic Payment Reference Number**
EO	**Submitter Identification Number**
EV	**Receiver Identification Number**
EW	**Mammography Certification Number**
F2	**Version Code - Local**
F4	**Facility Certification Number**
F5	**Medicare Version Code**
F6	**Health Insurance Claim (HIC) Number**
F8	**Original Reference Number**

FH	**Clinic Number**
FI	**File Identifier**
FJ	**Line Item Control Number**
FY	**Claim Office Number**
G1	**Prior Authorization Number**
G2	**Provider Commercial Number**
G3	**Predetermination of Benefits Identification Number**
G4	**Peer Review Organization (PRO) Approval Number**
G5	**Provider Site Number**
HI	**Health Industry Number (HIN)** CODE SOURCE **121:** Health Industry Number
HJ	**Identity Card Number**
HPI	**Health Care Financing Administration National Provider Identifier** CODE SOURCE **537:** Centers for Medicare and Medicaid Services National Provider Identifier
IF	**Issue Number**
IG	**Insurance Policy Number**
IJ	**Standard Industry Classification (SIC) Code**
IP	**Inspection Report Number**
IX	**Item Number**
JD	**User Identification**
KW	**Certification**
LC	**Lease Number**
LD	**Loan Number**
LU	**Location Number**
LX	**Qualified Products List**
LZ	**Lender Account Number**
ME	**Message Address or ID**
N5	**Provider Plan Network Identification Number**
N6	**Plan Network Identification Number**
N7	**Facility Network Identification Number**
NF	**National Association of Insurance Commissioners (NAIC) Code** CODE SOURCE **245:** National Association of Insurance Commissioners (NAIC) Code
NQ	**Medicaid Recipient Identification Number**
OZ	**Product Number**
P4	**Project Code**
PG	**Product Group**
PM	**Part Number**
POL	**Policy Number**
PQ	**Payee Identification**
Q4	**Prior Identifier Number**
Q5	**Property Control Number**
QQ	**Unit Number**

			RB	**Rate code number**		
			S3	**Specification Number**		
			ST	**Store Number**		
			SY	**Social Security Number**		
			T4	**Signal Code**		
			T7	**Affected Subsystem Code**		
			TJ	**Federal Taxpayer's Identification Number**		
			TN	**Transaction Reference Number**		
			TT	**Terminal Code**		
			TX	**Tax Exempt Number**		
			U3	**Unique Supplier Identification Number (USIN)**		
			UA	**Mortgage Number**		
			VD	**Volume Number**		
			VE	**Vendor Abbreviation Code**		
			VP	**Vendor Product Number**		
			VR	**Vendor ID Number**		
			VT	**Motor Vehicle ID Number**		
			WU	**Vessel**		
			X1	**Provider Claim Number**		
			X4	**Clinical Laboratory Improvement Amendment Number**		
			X5	**State Industrial Accident Provider Number**		
			Y4	**Agency Claim Number**		
			Z8	**Federal Housing Administration Case Number**		
			Z9	**Veterans Affairs Case Number**		
			ZH	**Carrier Assigned Reference Number**		
			ZS	**Software Application Number**		
			ZZ	**Mutually Defined**		
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: **Additional Reference Identification Number**	**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

SEGMENT DETAIL

DTM - DATE/TIME REFERENCE

X12 Segment Name: Date/Time Reference

X12 Purpose: To specify pertinent dates and times

X12 Set Notes:

1. The DTM segment allows for the provision of date, time, or date and time information required to uniquely identify the original transaction set.

X12 Syntax:

1. **R020305**
   At least one of DTM02, DTM03 or DTM05 is required.
2. **C0403**
   If DTM04 is present, then DTM03 is required.
3. **P0506**
   If either DTM05 or DTM06 is present, then the other is required.

Loop: **2000 — ORIGINAL TRANSACTION IDENTIFICATION**

Segment Repeat: **2**

Usage: **SITUATIONAL**

Situational Rule: **Required when date information is necessary to identify the portion (or all) of the transaction set that is being reported in this Loop 2000 (OTI). If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.**

TR3 Notes:

1. **For example, if the Loop 2000 (OTI) is being used to define a particular insurance policy, the DTM segment could be used to identify the policy effective date, helping indicate the specific policy within the transaction set.**

TR3 Example: **DTM*007*20020517~**

DIAGRAM

DTM	*	DTM01 374 **Date/Time Qualifier** M ID 3/3	*	DTM02 373 **Date** X DT 8/8	*	DTM03 337 ~~Time~~ X TM 4/8	*	DTM04 623 ~~Time Code~~ O ID 2/2	*	DTM05 1250 ~~Date Time format Qual~~ X ID 2/3	*	DTM06 1251 ~~Date Time Period~~ X AN 1/35	~

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTM01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	**M ID 3/3**

IMPLEMENTATION NAME: **Date Time Qualifier**

CODE	DEFINITION
003	**Invoice**
007	**Effective**
009	**Process**

011	Shipped
017	Estimated Delivery
035	Delivered
036	Expiration
050	Received
089	Inquiry
090	Report Start
091	Report End
096	Discharge
097	Transaction Creation
102	Issue
119	Test Performed
142	Loss
150	Service Period Start
151	Service Period End
186	Invoice Period Start
187	Invoice Period End
193	Period Start
194	Period End
198	Completion
227	Lease Term Start
228	Lease Term End
232	Claim Statement Period Start
233	Claim Statement Period End
242	Actual Start
245	Estimated Completion
285	Employment or Hire
286	Retirement
296	Return to Work
297	Date Last Worked
300	Enrollment Signature Date
301	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event
303	Maintenance Effective
304	Latest Visit or Consultation
307	Eligibility
310	Date of Closing
313	Cycle
330	Referral Date
336	Employment Begin
337	Employment End
338	Medicare Begin
339	Medicare End
340	Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin

341	Consolidated Omnibus Budget Reconciliation Act (COBRA) End
344	Coordination of Benefits Begin
345	Coordination of Benefits End
348	Benefit Begin
349	Benefit End
350	Education Begin
351	Education End
356	Eligibility Begin
357	Eligibility End
360	Disability Begin
361	Disability End
370	Actual Departure Date
372	Actual Arrival Date
383	Adjusted Hire
388	Payment Commencement
393	Plan Participation Suspension
394	Rehire
405	Production
431	Onset of Current Symptoms or Illness
434	Statement
435	Admission
438	Onset of Similar Symptoms or Illness
439	Accident
441	Prior Placement
446	Replacement
452	Appliance Placement
453	Acute Manifestation of a Chronic Condition
454	Initial Treatment
455	Last X-Ray
456	Surgery
461	Last Certification
463	Begin Therapy
471	Prescription
472	Service
473	Medicaid Begin
474	Medicaid End
480	Arterial Blood Gas Test
481	Oxygen Saturation Test
484	Last Menstrual Period
485	Injury Begin
486	Injury End
517	Inspected
523	Date of Claim

			539 Policy Effective			
			540 Policy Expiration			
			543 Last Premium Paid Date			
			547 Date of Loan			
			573 Date Claim Paid			
			582 Report Period			
			607 Certification Revision			
			666 Date Paid			
			738 Most Recent Hemoglobin or Hematocrit or Both			
			739 Most Recent Serum Creatine			
			809 Posted			
			866 Examination			
			881 Request			
			938 Order			
			999 Document Date			
			ABC Estimated Date of Birth			
			INC Incident			
			ZZZ Mutually Defined			
REQUIRED	DTM02	373	Date Date expressed as CCYYMMDD SYNTAX: R020305	X	DT	8/8
			IMPLEMENTATION NAME: Additional Reference Date			
NOT USED	DTM03	337	Time	X	TM	4/8
NOT USED	DTM04	623	Time Code	O	ID	2/2
NOT USED	DTM05	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	DTM06	1251	Date Time Period	X	AN	1/35

SEGMENT DETAIL

AMT - MONETARY AMOUNT

X12 Segment Name: Monetary Amount

X12 Purpose: To indicate the total monetary amount

X12 Set Notes:

1. The AMT segment should be utilized if monetary amount information is important to the unique identification of the original transaction set.

Loop: **2000 — ORIGINAL TRANSACTION IDENTIFICATION**

Segment Repeat: **3**

Usage: **SITUATIONAL**

Situational Rule: **Required when monetary information is necessary to identify the portion (or all) of the transaction set that is being reported in this Loop 2000 (OTI). If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.**

TR3 Notes:

1. **For example, if the Loop 2000 (OTI) is being used to define a premium payment, the AMT segment could be used to identify the premium amount, helping to indicate the specific premium payment within the transaction.**

TR3 Example: **AMT*P3*123456~**

DIAGRAM

AMT	*	AMT01 522 **Amount Qual Code** M ID 1/3	*	AMT02 782 **Monetary Amount** M R 1/18	*	AMT03 478 ~~**Cred/Debit Flag Code**~~ O ID 1/1	~

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**AMT01**	**522**	**Amount Qualifier Code** Code to qualify amount	**M**	**ID**	**1/3**

CODE	DEFINITION
1	**Line Item Total**
2	**Batch Total**
5	**Total Invoice Amount**
3V	**Mortgage**
3Y	**Non-operational Fixed Assets**
4Y	**Damages**
8V	**Services**
8Y	**Share Premium Capital**
A8	**Noncovered Charges - Actual**
AA	**Allocated**
AAE	**Approved Amount**

AU	Coverage Amount
B1	Benefit Amount
B6	Allowed - Actual
B7	Deductible - Estimated
B9	Co-insurance - Actual
BM	Adjustments
BR	Adjusted Insured Loss Amount
C1	Co-Payment Amount
C5	Claim Amount Due - Estimated
CE	Summary Amount
CI	Funds Held for Insured
D	Payor Amount Paid
D2	Deductible Amount
D8	Discount Amount
DX	Deductible Waived
DY	Per Day Limit
F2	Patient Responsibility - Actual
F3	Patient Responsibility - Estimated
F4	Postage Claimed
F5	Patient Amount Paid
F7	Sales Tax
GT	Goods and Services Tax
GW	Total Charge
I	Interest
KF	Net Paid Amount
KH	Deduction Amount
M8	Markup Amount
MA	Maximum Amount
N1	Net Worth
N8	Miscellaneous Taxes
NE	Net Billed
NL	Negative Ledger Balance
P3	Premium Amount
PG	Payoff
PN	Prior Gross Invoice Total
R	Spend Down
RP	Repair
SM	Supplemental
T	Tax
T2	Total Claim Before Taxes
T3	Total Submitted Charges
TP	Total payment amount
TT	Total Transaction Amount
YT	Denied

			YU	**In Process**			
				Use this code for "Amount (of batches or items as defined in OTI) Accepted".			
			YY	**Returned**			
				Use this code for "Amount (of batches or items as defined in OTI) Rejected".			
			ZK	**Federal Medicare or Medicaid Payment Mandate - Category 1**			
			ZL	**Federal Medicare or Medicaid Payment Mandate - Category 2**			
			ZM	**Federal Medicare or Medicaid Payment Mandate - Category 3**			
			ZN	**Federal Medicare or Medicaid Payment Mandate - Category 4**			
			ZO	**Federal Medicare or Medicaid Payment Mandate - Category 5**			
			ZZ	**Mutually Defined**			
REQUIRED	**AMT02**	**782**	**Monetary Amount** Monetary amount		**M**	**R**	**1/18**
			IMPLEMENTATION NAME: **Additional Reference Amount**				
NOT USED	**AMT03**	**478**	**Credit/Debit Flag Code**		**O**	**ID**	**1/1**

SEGMENT DETAIL

QTY - QUANTITY

X12 Segment Name: Quantity

X12 Purpose: To specify quantity information

X12 Set Notes:

1. The QTY segment should be utilized if quantity information is important to the unique identification of the original transaction set.

X12 Syntax:

1. **R0204**
   At least one of QTY02 or QTY04 is required.
2. **E0204**
   Only one of QTY02 or QTY04 may be present.

Loop: **2000 — ORIGINAL TRANSACTION IDENTIFICATION**

Segment Repeat: **3**

Usage: **SITUATIONAL**

Situational Rule: **Required when quantity information is necessary to identify the portion (or all) of the transaction set that is being reported in this Loop 2000 (OTI). If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.**

TR3 Notes:

1. **For example, if the LOOP 2000 (OTI) is being used to define a particular 2000 Loop in an 835 remittance advice, the QTY segment could be used to identify the total number of segments in that particular loop. This, along with corresponding REF and NM1 segments (to identify the particular provider in that loop) would help to indicate the specific 2000 Loop in that transaction set.**

TR3 Example: **QTY*2W*1234~**

DIAGRAM

QTY	QTY01 673 Quantity Qualifier M ID 2/2	QTY02 380 Quantity X R 1/15	QTY03 C001 ~~Composite Unit of Mea~~ O	QTY04 61 ~~Free Form Message~~ X AN 1/30

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**QTY01**	**673**	**Quantity Qualifier** Code specifying the type of quantity	**M ID 2/2**

CODE	DEFINITION
01	**Discrete Quantity**
02	**Cumulative Quantity**
1N	**Scrap allowed**
2W	**Segments**
2Y	**Functional Groups**

2Z	Transaction Sets
3S	Total Debits
3T	Total Credits
41	Number of Batches
42	Number of Checks
46	Total transactions
90	Acknowledged Quantity
	Use this code for "Quantity (of batches or items as defined in OTI) Accepted".
AA	Unacknowledged Quantity
	Use this code for "Quantity (of batches or items as defined in OTI) Rejected".
BF	Age Modifying Units
CA	Covered - Actual
CD	Co-insured - Actual
EC	Use of Extracorporeal Circulation
EM	Emergency Modifying Units
HF	Invoices
HM	Use of Hypothermia
HO	Use of Hypotension
HP	Use of Hyperbaric Pressurization
HS	Hours
LA	Life-time Reserve - Actual
LE	Life-time Reserve - Estimated
NA	Number of Non-covered Days
NE	Non-Covered - Estimated
NP	Number of Members
NR	Not Replaced Blood Units
OU	Outlier Days
P3	Physical Status III
P4	Physical Status IV
P5	Physical Status V
P6	Number of Services or Procedures
PS	Prescription
SG	Swan-Ganz
TO	Total
VS	Visits
ZK	Federal Medicare or Medicaid Payment Mandate - Category 1
ZL	Federal Medicare or Medicaid Payment Mandate - Category 2
ZM	Federal Medicare or Medicaid Payment Mandate - Category 3
ZN	Federal Medicare or Medicaid Payment Mandate - Category 4

			ZO **Federal Medicare or Medicaid Payment Mandate - Category 5**			
REQUIRED	**QTY02**	**380**	**Quantity** Numeric value of quantity SYNTAX: R0204, E0204	**X**	**R**	**1/15**
			IMPLEMENTATION NAME: **Additional Reference Quantity**			
NOT USED	**QTY03**	**C001**	**COMPOSITE UNIT OF MEASURE**	**O**		
NOT USED	**QTY04**	**61**	**Free-Form Message**	**X**	**AN**	**1/30**

SEGMENT DETAIL

NM1 - INDIVIDUAL OR ORGANIZATIONAL NAME

X12 Segment Name: Individual or Organizational Name

X12 Purpose: To supply the full name of an individual or organizational entity

X12 Set Notes:

1. The NM1 segment allows for the provision of entity identification information required to uniquely identify the original transaction set.

X12 Syntax:

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

Loop: **2000 — ORIGINAL TRANSACTION IDENTIFICATION**

Segment Repeat: **6**

Usage: **SITUATIONAL**

Situational Rule: **Required when names are necessary to identify the portion (or all) of the transaction set that is being reported in this Loop 2000 (OTI). If not required by this implementation guide, may be provided at the sender's discretion but cannot be required by the receiver.**

TR3 Notes:

1. **For example, if the Loop 2000 (OTI) is being used to define a specific dependent within an enrollment transaction set, the NM1 segment could be used to identify the specific dependent within the transaction set.**
2. **The sender should consider 'minimum necessary' privacy requirements in deciding to use this discretionary segment.**

TR3 Example: **NM1*03*1*Smith*Jerome*A~**

DIAGRAM

NM1 *

NM101 98	NM102 1065	NM103 1035	NM104 1036	NM105 1037	NM106 1038
Entity ID Code	**Entity Type Qualifier**	**Name Last/ Org Name**	**Name First**	**Name Middle**	~~**Name Prefix**~~
M ID 2/3	M ID 1/1	O AN 1/35	O AN 1/25	O AN 1/25	O AN 1/10

*

NM107 1039	NM108 66	NM109 67	NM110 706	NM111 98
~~**Name Suffix**~~	**ID Code Qualifier**	**ID Code**	~~**Entity Relat Code**~~	~~**Entity ID Code**~~
O AN 1/10	X ID 1/2	X AN 2/80	X ID 2/2	O ID 2/3

~

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	M ID 2/3

CODE	DEFINITION
03	Dependent
13	Contracted Service Provider
1B	Applicant
1E	Health Maintenance Organization (HMO)
1H	Kidney Dialysis Unit
1I	Preferred Provider Organization (PPO)
1K	Franchisor
1P	Provider
1R	University, College or School
1T	Physician, Clinic or Group Practice
1X	Laboratory
2B	Third-Party Administrator
2D	Miscellaneous Health Care Facility
2K	Partnership
30	Service Supplier
31	Postal Mailing Address
36	Employer
3D	Obstetrics and Gynecology Facility
40	Receiver
41	Submitter
47	Estimator
69	Repairing Outlet
70	Prior Incorrect Insured
71	Attending Physician
72	Operating Physician
73	Other Physician
74	Corrected Insured
77	Service Location
80	Hospital
82	Rendering Provider
85	Billing Provider
87	Pay-to Provider
8W	Payment Address
AAP	Employee
AG	Agent/Agency
AI	Airline
AO	Account Of

BB	Business Partner
BE	Beneficiary
BR	Broker
BV	Billing Service
CC	Claimant
CX	Claim Administrator
DK	Ordering Physician
DN	Referring Provider
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
EF	Electronic Filer
EI	Executor of Estate
ENR	Enroller
EXS	Ex-spouse
EY	Employee Name
FA	Facility
FW	Forwarder
GD	Guardian
GP	Gateway Provider
GW	Group
GY	Treatment Facility
H5	Paying Agent
HA	Owner
HK	Subscriber
IAE	Member
IL	Insured or Subscriber
IN	Insurer
IP	Independent Adjuster
J6	Power of Attorney
KU	Receiver Site
L5	Contact
LE	Lessor
LI	Independent Lab
LN	Lender
LS	Lessee
M8	Educational Institution
MH	Mortgage Insurer
NZ	Primary Physician
OD	Doctor of Optometry
OW	Owner of Property or Unit
P2	Primary Insured or Subscriber
P3	Primary Care Provider
P4	Prior Insurance Carrier

			P5 **Plan Sponsor**			
			PE **Payee**			
			PR **Payer**			
			PRP **Primary Payer**			
			PV **Party performing certification**			
			QA **Pharmacy**			
			QB **Purchase Service Provider**			
			QC **Patient**			
			QD **Responsible Party**			
			QE **Policyholder**			
			QH **Physician**			
			QN **Dentist**			
			QV **Group Practice**			
			R6 **Requester**			
			RI **Remit To**			
			S3 **Custodial Parent**			
			SEP **Secondary Payer**			
			SJ **Service Provider**			
			SU **Supplier/Manufacturer**			
			TL **Testing Laboratory**			
			TM **Transmitter**			
			TT **Transfer To**			
			TTP **Tertiary Payer**			
			TV **Third Party Administrator (TPA)**			
			UY **Vehicle**			
			VN **Vendor**			
			X3 **Utilization Management Organization**			
			Y2 **Managed Care Organization**			
			ZZ **Mutually Defined**			
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	**M**	**ID**	**1/1**
			CODE / DEFINITION			
			1 **Person**			
			2 **Non-Person Entity**			
REQUIRED	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name	**O**	**AN**	**1/35**
			IMPLEMENTATION NAME: **Additional Reference Last Name**			
SITUATIONAL	**NM104**	**1036**	**Name First** Individual first name	**O**	**AN**	**1/25**
			SITUATIONAL RULE: ***Required when present in the transaction set to which this 824 transaction set is responding, and NM102 = '1'. If not required by this implementation guide, do not send.***			
			IMPLEMENTATION NAME: **Additional Reference First Name**			

SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial	**O**	**AN**	**1/25**
			SITUATIONAL RULE: ***Required when present in the transaction set to which this 824 transaction set is responding, and NM102 = '1'. If not required by this implementation guide, do not send.***			
			IMPLEMENTATION NAME: **Additional Reference Middle Name**			
NOT USED	**NM106**	**1038**	**Name Prefix**	**O**	**AN**	**1/10**
NOT USED	**NM107**	**1039**	**Name Suffix**	**O**	**AN**	**1/10**
SITUATIONAL	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809	**X**	**ID**	**1/2**
			SITUATIONAL RULE: ***Required when NM109 is used. If not required by this implementation guide, do not send.***			
			When used, this is the value from the original transaction set to which this 824 is responding.			
SITUATIONAL	**NM109**	**67**	**Identification Code** Code identifying a party or other code SYNTAX: P0809	**X**	**AN**	**2/80**
			SITUATIONAL RULE: ***Required when present in the transaction set to which this 824 transaction set is responding. If not required by this implementation guide, do not send.***			
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

SEGMENT DETAIL

TED - ERROR OR INFORMATIONAL MESSAGE LOCATION

X12 Segment Name: Technical Error Description

X12 Purpose: To identify the error and, if feasible, the erroneous segment, or data element, or both

Loop: **2100 — ERROR OR INFORMATIONAL MESSAGE LOCATION Loop Repeat: >1**

Segment Repeat: **1**

Usage: **SITUATIONAL**

Situational Rule: **Required when OTI01 is equal to "BR", "IR", "TR", "BC", "IC", "TC", "BE", "IE", "TE", "BP", "IP", or "TP". If not required by this implementation guide, do not send.**

TR3 Notes:

1. **The TED Loop is used to report errors or warnings about the data referenced in this OTI Loop.**

   Errors indicate rejection of all or part of the data referenced in the OTI Loop.

   Warnings do not indicate rejection of the data referenced in the OTI Loop, but may result in rejection in the future.

TR3 Example: **TED*024**REF*456*2**123450000021*1234500000~**

DIAGRAM

TED * TED01 647 **Appl Error Cond Code** M ID 1/3 * TED02 3 ~~**Free-Form Message**~~ O AN 1/60 * TED03 721 **Segment ID Code** O ID 2/3 * TED04 719 **Segment Pos in TS** O N0 1/6 * TED05 722 **Element Pos in Segment** O N0 1/2 * TED06 725 ~~**Data Elemnt Ref Number**~~ O N0 1/4

* TED07 724 **Copy of Bad Data Elemnt** O AN 1/99 * TED08 961 **Data Elemnt New Content** O AN 1/99 ~

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**TED01**	**647**	**Application Error Condition Code** Code indicating application error condition	**M**	**ID**	**1/3**
			The error or informational code is reported in RED06.			
			CODE / DEFINITION			
			024 / **Other Unlisted Reason**			
			Value chosen to make segment compliant with X12 syntax.			
NOT USED	**TED02**	**3**	**Free Form Message**	**O**	**AN**	**1/60**
SITUATIONAL	**TED03**	**721**	**Segment ID Code** Code defining the segment ID of the data segment in error (See Appendix A - Number 77)	**O**	**ID**	**2/3**
			SITUATIONAL RULE: ***Required when the submitter of the 824 knows the segment ID and segment position within the original transaction set of the data referenced in this TED Loop. If not required by this implementation guide, do not send.***			
			CODE SOURCE **77:** X12 Directories			
SITUATIONAL	**TED04**	**719**	**Segment Position in Transaction Set** The numerical count position of this data segment from the start of the transaction set: the transaction set header is count position 1	**O**	**N0**	**1/6**
			SITUATIONAL RULE: ***Required when TED03 is used. If not required by this implementation guide, do not send.***			
			If segment is missing, indicate the numerical count position of the next identifiable segment in this instance of the transaction set.			
REQUIRED	**TED05**	**722**	**Element Position in Segment** This is used to indicate the relative position of a simple data element, or the relative position of a composite data structure with the relative position of the component within the composite data structure, in error; in the data segment the count starts with 1 for the simple data element or composite data structure immediately following the segment ID	**O**	**N0**	**1/2**
NOT USED	**TED06**	**725**	**Data Element Reference Number**	**O**	**N0**	**1/4**
SITUATIONAL	**TED07**	**724**	**Copy of Bad Data Element** This is a copy of the data element in error	**O**	**AN**	**1/99**
			SITUATIONAL RULE: ***Required unless invalid characters are present or data is missing. If not required by this implementation guide, do not send.***			
SITUATIONAL	**TED08**	**961**	**Data Element New Content** New data which has replaced erroneous data	**O**	**AN**	**1/99**
			SITUATIONAL RULE: ***Required when OTI01 is equal to "BC", "IC", or "TC". If not required by this implementation guide, do not send.***			

SEGMENT DETAIL

NTE - SITUATIONAL CONTEXT LOCATION

X12 Segment Name: Note/Special Instruction

X12 Purpose: To transmit information in a free-form format, if necessary, for comment or special instruction

X12 Comments:

1. The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processable. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

Loop: **2100 — ERROR OR INFORMATIONAL MESSAGE LOCATION**

Segment Repeat: **10**

Usage: **SITUATIONAL**

Situational Rule: **Required when the error in RED06 was triggered by a situational requirement of the implementation guide or application business application and the submitter of the 824 knows the segment ID and segment position within the original transaction set of the data that triggered the situation. If not required by this implementation guide, do not send.**

TR3 Notes:

1. **The NTE is used to identify the situational requirement.**

TR3 Example: **NTE*ZZZ*HL 356 4~**

DIAGRAM

NTE	*	NTE01 363 Note Ref Code O ID 3/3	*	NTE02 352 Description M AN 1/80	~

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NTE01**	**363**	**Note Reference Code** Code identifying the functional area or purpose for which the note applies	**O ID 3/3**
			CODE: **ZZZ** — DEFINITION: **Mutually Defined**	
REQUIRED	**NTE02**	**352**	**Description** A free-form description to clarify the related data elements and their content	**M AN 1/80**
			The NTE02 is used to identify the location of the situational requirement. It is always in the form of segment id, segment position within transaction set, and element position (if needed), each separated by a single space.	

SEGMENT DETAIL

RED - ERROR OR INFORMATIONAL MESSAGE

X12 Segment Name: Related Data

X12 Purpose: To provide business data related to an item within a transaction to which a business application editing process has been applied, and an error condition has resulted

X12 Set Notes:

1. The RED segment may be used to provide data related to the error condition specified in the associated TED01 element.

X12 Syntax:

1. **R0206**
   At least one of RED02 or RED06 is required.
2. **E0206**
   Only one of RED02 or RED06 may be present.
3. **P030506**
   If either RED03, RED05 or RED06 are present, then the others are required.
4. **C0403**
   If RED04 is present, then RED03 is required.

Loop: **2100 — ERROR OR INFORMATIONAL MESSAGE LOCATION**

Segment Repeat: **100**

Usage: **REQUIRED**

TR3 Example: **RED*NA**94**IBP*E011~**

DIAGRAM

RED	*	RED01 352 **Description** M AN 1/80	*	RED02 1609 ~~**Related Data ID Cod**~~ X ID 2/3	*	RED03 559 **Agency Qual Code** X ID 2/2	*	RED04 822 ~~**Source Subqual**~~ O AN 1/15	*	RED05 1270 **Code List Qual Code** X ID 1/3	*	RED06 1271 **Industry Code** X AN 1/30	~

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**RED01**	**352**	**Description** A free-form description to clarify the related data elements and their content	**M**	**AN**	**1/80**

SEMANTIC: RED01 provides the related business data, whose nature is defined by the code in RED02 or RED06.

COMMENT: As an example of the use of the RED01 element, an application edit is applied to the Unit Price element within an Invoice (810) transaction set. The result of that edit indicates an invalid unit price. One piece of related business data would be the associated Product or Service Identification (data element #234). In this example, RED01 would be used to convey the associated Product or Service Identification.

IMPLEMENTATION NAME: **Error Description**

No description is needed to clarify the error code in RED06. If additional error codes are needed, a request should be submitted to the Insurance Business Process Application Error Code List Maintenance Committee (see Appendix A for details). However, since this data element is required according to the X12 standard, use the default value of "NA".

NOT USED	**RED02**	**1609**	**Related Data Identification Code**	**X**	**ID**	**2/3**
REQUIRED	**RED03**	**559**	**Agency Qualifier Code** Code identifying the agency assigning the code values	**X**	**ID**	**2/2**

SYNTAX: P030506, C0403

SEMANTIC: RED03 identifies the agency maintaining the code list identified in RED05.

This element is not useful in defining the error or informational message reported in this segment. However, the code value '94' will be used to maintain conformance with the X12 standard.

NOT USED	**RED04**	**822**	**Source Subqualifier**	**O**	**AN**	**1/15**
REQUIRED	**RED05**	**1270**	**Code List Qualifier Code** Code identifying a specific industry code list	**X**	**ID**	**1/3**

SYNTAX: P030506

SEMANTIC: RED05 identifies the code list containing the code indicated in RED06.

IMPLEMENTATION NAME: **Insurance Business Process Application Error Code Qualifier Code**

CODE	DEFINITION
ZZ	**Mutually Defined**

REQUIRED	**RED06**	**1271**	**Industry Code** Code indicating a code from a specific industry code list	**X**	**AN**	**1/30**

SYNTAX: R0206, E0206, P030506

SEMANTIC: RED06 is an industry-defined code identifying the specific type of related data in RED01.

IMPLEMENTATION NAME: **Insurance Business Process Application Error Code**

SEGMENT DETAIL

SE - TRANSACTION SET TRAILER

X12 Segment Name: Transaction Set Trailer

X12 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)

X12 Comments: **1.** SE is the last segment of each transaction set.

Segment Repeat: **1**

Usage: **REQUIRED**

TR3 Example: **SE*15*1234~**

DIAGRAM

SE * [SE01 96 **Number of Inc Segs** M N0 1/10] * [SE02 329 **TS Control Number** M AN 4/9] ~

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**SE01**	**96**	**Number of Included Segments** Total number of segments included in a transaction set including ST and SE segments	**M**	**N0**	**1/10**
REQUIRED	**SE02**	**329**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	**M**	**AN**	**4/9**

3 Examples

3.1 Business Scenario 1 - Positive Acknowledgement

ABC Insurance is a health care insurance company and has an Electronic Transmitter Identification Number of 111111111. ABC Insurance provides health care insurance to SmithCo, which uses an Electronic Transmitter Identification Number of A1234 for all of its EDI transmissions with ABC Insurance. The EDI contact at ABC Insurance is John Johnson, who can be reached to discuss transmission issues at (800) 555-1212, extension 1439.

ABC Insurance received a benefit enrollment (834 transaction set, version 004010X095) from SmithCo on 7/9/2002 at 9:02am, which contained an Interchange Control number (ISA13) of 123456789, a Functional Group Control number (GS06) of 0002, and a Transaction Set Control Number (ST02) of 0001. The transaction set was subjected to the appropriate business application edits and was found it to be in compliance with the business application.

Although it is not legally mandated, it is the policy of ABC Insurance to respond to all error-free transaction sets with a positive 824 response. Therefore, a positive 824 was prepared, on 7/9/2002 at 9:32am, for return to SmithCo. The 824 transaction set's unique transaction set identifier within ABC Insurance's application was FFA.ABCDEF.123456. and contained a Transaction Set Control Number of 021390001.

3.1.1 Transmission

The following is the 824 transaction set sent from ABC Insurance to acknowledge receipt of the 834 from SmithCo described in 4.1, Business Scenario 1:

```
ST*824*021390001~
BGN*11*FFA.ABCDEF.123456*20020709*0932*
 *123456789**WQ~
N1*41*ABC INSURANCE*46*111111111~
PER*IC*JOHN JOHNSON*TE*8005551212*EX*1439~
N1*40*SMITHCO*46*A1234~
OTI*TA*TN*ST0001***20020709*0902*0002*0001*
 834*005010X186~
SE*7*021390001~
```

3.2 Business Scenario 2 - Complete Transaction Set Reject Reporting

DEF Insurance is an automobile insurance company and has an Electronic Transmitter Identification Number of 222222222. DEF Insurance provides automobile insurance to the fleet of JonesCo Transportation, which uses an Electronic Transmitter Identification Number of B5678 for all of its EDI transmissions with DEF Insurance. The EDI contact at DEF Insurance is Tom Evans, who can be reached to discuss transmission issues at (800) 555-1212, extension 1439. DEF Insur-

ance has an agreement with its trading partners that any implementation guide edit failure will result in the rejection of the entire transaction set.

DEF Insurance received a vehicle damage report (124 transaction set, version 004010) from JonesCo on 7/9/2002 at 9:02am, which contained an Interchange Control number (ISA13) of 123456789, a Functional Group Control number (GS06) of 0002, and a Transaction Set Control Number (ST02) of 0001. The transaction set was subjected to the appropriate business application edits and contained an invalid Vehicle Identification Number in the VEH02 data element.

DEF Insurance prepared an 824 transaction set, on 7/9/2002 at 9:32am, for return to JonesCo. The report's unique transaction set identifier within DEF Insurance's application was FFA.ABCDEF.123456. and contained a Transaction Set Control Number of 021390002.

3.2.1 Transmission

The following is the 824 transaction set sent from DEF Insurance to report on the implementation guide error of the 124 from JonesCo described in 4.2, Business Scenario 2:

```
ST*824*021390002~
BGN*11*FFA.ABCDEF.123456*20020709*0932**
 123456789**U~
N1*41*DEF INSURANCE*46*222222222~
PER*IC*TOM EVANS*TE*8005551212*EX*1439~
N1*40*JONESCO*46*B5678~
OTI*TR*TN*ST0001***20020709*0902*0002*0001*
 124*004010~
TED*024**VEH*36*02~
RED*NA**94**IBP*E054~
SE*9*021390002~
```

3.3 Business Scenario 3 - Partial Transaction Set Reject Reporting

Standard X12 envelope. Note that it is Version 5010, so the ISA11 instead of being the typical U you find under HIPAA, now contains the "repeat" delimiter, with a default of "^". The X12 envelope is created by the creator of the 824 transaction.

```
ISA*00*          *00*          *ZZ*RECEIVERS ID
 *ZZ*SUBMITTERS ID  *040831*1500*^*00501*
 000000022*0*P*:~
GS*AG*RECEIVERID*SENDERID*20040831*150057*22*X*
 005010X186~
```

The X12 Transaction Set starts with the ST. Again, since this is version 5010, there is an ST03.

```
ST*824*0001~
BGN*11*12345*20040831*150057**0123**RU~
```

The submitter of the 824 is “Consolidated Insurance” and the original 837 was received from Dr. Phil Good by Consolidated Insurance.

```
N1*41*CONSOLIDATED INSURANCE CO*46*00000~
PER*IC*CUSTOMER SERVICE*TE*8005551212~
N1*40*PHIL GOOD, M.D.*46*TXX23~
```

We start by reporting at the Transaction Set level that the entire Transaction Set has been accepted by Consolidated Insurance into their “production” system. The REF02 comes from the BHT03 of the 837, which typically is the “Tape/Reel Serial Number”. For additional validation and reconciliation, the total dollar amount of all the claims in the 837 Transaction set is given in AMT02 and the count of all claims in the 837 is given in QTY02. The 837 Transaction Set submitter is identified as Phil Good. In addition, there is a Warning message attached to this Transaction Set that reports that the segment terminators were followed by new-lines. Since this is only a warning, it did not cause rejection of the 837 Transaction Set. This Transaction Set summary is important in reconciling the 824 with the 837 that it is responding to.

```
OTI*TA*TN*ST0021**PRODUCTION*040812*1253*1000001*
 0021*837*004010X098A1~
REF*F8*0123~
DTM*050*20040814~
AMT*GW*16970.33~
QTY*TO*5~
NM1*41*2*PHIL GOOD, M.D.*****46*TXX23~
TED*024~
RED*NA**94**IBP*W050~
```

Next comes a “Batch” level summary. Since the 837 only had one billing provider, there is only one batch reported, but if the 837 had contained several Billing Providers there would have been one batch reported for each Billing Provider loop in the 837. This batch allows the quick identification of acceptance or rejection for all the claims for that billing provider, and gives a claim count for this Billing Provider and the total dollar amount for those.

```
OTI*BP*BT*7654321***040812*1253*1000001*0021*837*
 004010X098A1~
REF*1C*99983000~
AMT*2*16970.33~
QTY*46*5~
NM1*85*2*GOOD AND ASSOCIATES*****24*555667777~
```

Here comes the first claim. This claim was accepted and contained no errors. The information given here helps identify the claim for reconciliation purposes. The Patient Account Number of the claim is given in both OTI03 and in the REF*EJ segment. If this claim had been an institutional claim perhaps it could have had additional reconciliation elements in the REF segment such as the Medical Record Number and the Bill Type. In addition, if the payer can assign an Internal Claim Control Number during the application that validates the claims, the ICN would be reported in another REF segment.

```
OTI*IA*IX*26462967**ACCEPTED*040812*1253*1000001*
 0021*837*004010X098A1~
```

```
REF*EJ*26462967~
AMT*GW*540~
NM1*QC*1*SMITH*TED****MI*000221111A~
```

The second claim is “Accepted with Error” and the error is noted as an invalid ZIP code. The invalid ZIP code is 10407 as reported in TED07.

```
OTI*IE*IX*78945639837**ACCEPTED*040812*1253*
 1000001*0021*837*004010X098A1~
REF*EJ*78945639837~
AMT*GW*1100.67~
NM1*QC*1*BROWN*ROBERT*W**JR*MI*888553737~
TED*024**N4*32*3**10407~
RED*NA**94**IBP*E038~
```

The third claim is rejected. This one, in addition to an invalid ZIP code error, also reports a missing UPIN for the referring provider. The missing UPIN would have been in a REF segment. The REF segment is not required by the implementation guide, but is required by the transaction receiver’s business application to adjudicate the claim. Since the REF segment is missing, we report (in the TED) the position where it was expected.

```
OTI*IR*IX*8437450584598**REJECTED*040812*1253*
 1000001*0021*837*004010X098A1~
REF*EJ*8437450584598~
AMT*GW*12642.16~
NM1*QC*1*JAMES*JIM*D**II*MI*011332211~
TED*024**N4*54*3**73076~
RED*NA**94**IBP*E038~
TED*024**REF*68~
RED*NA**94**IBP*E019~
```

Another perfectly clean claim reported as accepted.

```
OTI*IA*IX*984576898**ACCEPTED*040812*1253*1000001*
 0021*837*004010X098A1~
REF*EJ*984576898~
AMT*GW*1900.5~
NM1*QC*1*MAE*SALLIE*M***MI*987654321~
```

The last claim was also “Accepted with errors” and the two error messages for the two invalid ZIP codes are reported.

```
OTI*IE*IX*8767657645765**ACCEPTED*040812*1253*
 1000001*0021*837*004010X098A1~
REF*EJ*8767657645765~
AMT*GW*787~
NM1*QC*1*DOE*JANE****MI*777553333~
TED*024**N4*113*3**27387~
RED*NA**94**IBP*E038~
TED*024**N4*124*3**27378~
RED*NA**94**IBP*E038~
```

Standard end of transaction envelope.

```
SE*52*0001~
GE*1*22~
IEA*1*000000022~
```

A External Code Sources

16 D-U-N-S Number

SIMPLE DATA ELEMENT/CODE REFERENCES

860, 66/1, 66/9, 128/DNS, 128/DUN

SOURCE

Dun & Bradstreet

AVAILABLE FROM

U.S. D-U-N-S Number assignment and lookup services are available through EDI, on-line, several types of mainframe and personal computer media, through a 900 Number Service (900-990-3867), and in print.

Dun & Bradstreet Information Services
Information Quality Department
D-U-N-S Number Administration
899 Eaton Avenue
Bethlehem, PA 18025-0001

ABSTRACT

The D-U-N-S Number is a non-indicative nine-digit number assigned and maintained by Dun & Bradstreet to identify unique business establishments. D-U-N-S Numbers are assigned to businesses worldwide. The ninth digit of the D-U-N-S Number is a Modulus Ten Check Digit which catches 100% of single digit errors and 98% of single transposition errors. D-U-N-S Numbers provide positive identification of business locations possessing unique, separate, and distinct operations. Through the D-U-N-S Number, Dun & Bradstreet maintains linkage between units of an organization to easily identify corporate family relationships, such as those between headquarters, branches, subsidiaries, and divisions. The D-U-N-S Number is the non-indicative computer "address" of a business for which detailed marketing and credit information is maintained by Dun & Bradstreet.

77 X12 Directories

SIMPLE DATA ELEMENT/CODE REFERENCES

721, 725

SOURCE

X12.3 Data Element Dictionary
X12.22 Segment Directory

AVAILABLE FROM

Data Interchange Standards Association, Inc. (DISA)
Suite 200
1800 Diagonal Road
Alexandria, VA 22314-2852

ABSTRACT

The data element dictionary contains the format and descriptions of data elements used to construct X12 segments. It also contains code lists associated with these data elements. The segment directory contains the format and definitions of the data segments used to construct X12 transaction sets.

121 Health Industry Number

SIMPLE DATA ELEMENT/CODE REFERENCES

66/21, 128/HI, 1270/HI, I05/20

SOURCE

Health Industry Number Database

AVAILABLE FROM

Health Industry Business Communications Council
5110 North 40th Street
Phoenix, AZ 85018

ABSTRACT

The HIN is a coding system, developed and administered by the Health Industry Business Communications Council, that assigns a unique code number to hospitals other provider organizations, and manufacturers and distributors.

245 National Association of Insurance Commissioners (NAIC) Code

SIMPLE DATA ELEMENT/CODE REFERENCES

128/NF

SOURCE

National Association of Insurance Commissioners Company Code List Manual

AVAILABLE FROM

National Association of Insurance Commission Publications Department
12th Street, Suite 1100
Kansas City, MO 64105-1925

ABSTRACT

Codes that uniquely identify each insurance company.

307 National Council for Prescription Drug Programs Pharmacy Number

SIMPLE DATA ELEMENT/CODE REFERENCES

128/D3

SOURCE

National Council for Prescription Drug Programs (NCPDP) Provider Number Database and Listing

AVAILABLE FROM

National Council for Prescription Drug Programs (NCPDP)
9240 East Raintree Drive
Scottsdale, AZ 85260

ABSTRACT

A unique number assigned in the U.S. and its territories to individual clinic, hospital, chain, and independent pharmacy and dispensing physician locations that conduct business by billing third-party and dispensing physician locations that conduct business by billing third-party drug benefit payers. The National Council for Prescription Drug Programs (NCPDP) maintains this database. The NCPDP Provider Number is a seven-digit number with the following format SSNNNNC, where SS=NCPDP assigned state code number, NNNN=sequential numbering scheme assigned to pharmacy locations, and C=check digit caluculate by algorithm from previous six digits.

537 Centers for Medicare and Medicaid Services National Provider Identifier

SIMPLE DATA ELEMENT/CODE REFERENCES

66/XX, 128/HPI

SOURCE

National Provider System

AVAILABLE FROM

Centers for Medicare and Medicaid Services
Office of Financial Management
Division of Provider/Supplier Enrollment
C4-10-07
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT

The Health Care Financing Administration is developing the National Provider Identifier (NPI), which has been proposed as the standard unique identifier for each health care provider under the Health Insurance Portability and Accountability Act of 1996.

540 Centers for Medicare and Medicaid Services PlanID

SIMPLE DATA ELEMENT/CODE REFERENCES

66/XV, 128/ABY

SOURCE

PlanID Database

AVAILABLE FROM

Centers for Medicare and Medicaid Services
Center of Beneficiary Services, Membership Operations Group
Division of Benefit Coordination
S1-05-06
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT

The Centers for Medicare and Medicaid Services has joined with other payers to develop a unique national payer identification number. The Centers for Medicare and Medicaid Services is the authorizing agent for enumerating payers through

the services of a PlanID Registrar. It may also be used by other payers on a voluntary basis.

881 Version / Release / Industry Identifier Code

SIMPLE DATA ELEMENT/CODE REFERENCES

480

SOURCE

Data Interchange Standards Association

AVAILABLE FROM

Data Interchange Standards Association
333 John Carlyle Street, Suite 600
Alexandria, VA 22314

ABSTRACT

Code indicating the version, release, sub-release, 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 sub-release, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed.

B Nomenclature

B.1 ASC X12 Nomenclature

B.1.1 Interchange and Application Control Structures

Appendix B is provided as a reference to the X12 syntax, usage, and related information. It is not a full statement of Interchange and Control Structure rules. The full X12 Interchange and Control Structures and other rules (X12.5, X12.6, X12.59, X12 dictionaries, other X12 standards and official documents) apply unless specifically modified in the detailed instructions of this implementation guide (see Section B.1.1.3.1.2 for an example of such a modification).

B.1.1.1 Interchange Control Structure

The transmission of data proceeds according to very strict format rules to ensure the integrity and maintain the efficiency of the interchange. Each business grouping of data is called a transaction set. For instance, a group of benefit enrollments sent from a sponsor to a payer is considered a transaction set.

Each transaction set contains groups of logically related data in units called segments. For instance, the N4 segment used in the transaction set conveys the city, state, ZIP Code, and other geographic information. A transaction set contains multiple segments, so the addresses of the different parties, for example, can be conveyed from one computer to the other. An analogy would be that the transaction set is like a freight train; the segments are like the train's cars; and each segment can contain several data elements the same as a train car can hold multiple crates.

The sequence of the elements within one segment is specified by the ASC X12 standard as well as the sequence of segments in the transaction set. In a more conventional computing environ-

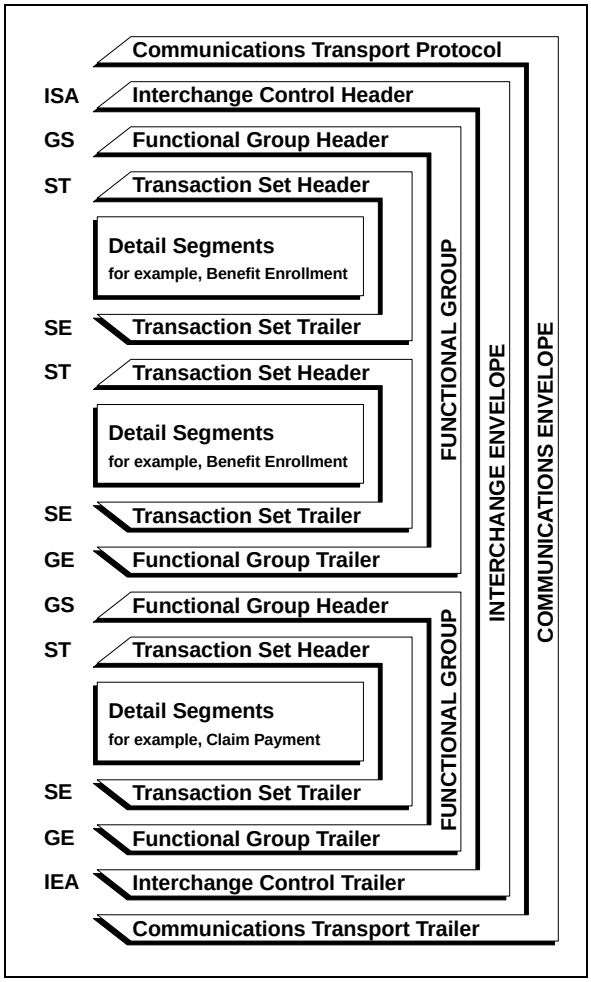


Figure B.1. Transmission Control Schematic

ment, the segments would be equivalent to records, and the elements equivalent to fields.

Similar transaction sets, called “functional groups,” can be sent together within a transmission. Each functional group is prefaced by a group start segment; and a functional group is terminated by a group end segment. One or more functional groups are prefaced by an interchange header and followed by an interchange trailer. Figure B.1., Transmission Control Schematic, illustrates this interchange control.

The interchange header and trailer segments envelop one or more functional groups or interchange-related control segments and perform the following functions:

1. Define the data element separators and the data segment terminator.
2. Identify the sender and receiver.
3. Provide control information for the interchange.
4. Allow for authorization and security information.

B.1.1.2 Application Control Structure Definitions and Concepts

B.1.1.2.1 Basic Structure

A data element corresponds to a data field in data processing terminology. A data segment corresponds to a record in data processing terminology. The data segment begins with a segment ID and contains related data elements. A control segment has the same structure as a data segment; the distinction is in the use. The data segment is used primarily to convey user information, but the control segment is used primarily to convey control information and to group data segments.

B.1.1.2.2 Basic Character Set

The section that follows is designed to have representation in the common character code schemes of EBCDIC, ASCII, and CCITT International Alphabet 5. The ASC X12 standards are graphic-character-oriented; therefore, common character encoding schemes other than those specified herein may be used as long as a common mapping is available. Because the graphic characters have an implied mapping across character code schemes, those bit patterns are not provided here.

The basic character set of this standard, shown in Figure B.2., Basic Character Set, includes those selected from the uppercase letters, digits, space, and special characters as specified below.

A...Z	**0...9**	**!**	**“**	**&**	**’**	**(**	**)**	*****	**+**
,	**-**	**.**	**/**	**:**	**;**	**?**	**=**	**“ ” (space)**	

Figure B.2. Basic Character Set

B.1.1.2.3 Extended Character Set

An extended character set may be used by negotiation between the two parties and includes the lowercase letters and other special characters as specified in Figure B.3., Extended Character Set.

a..z	%	~	@	[	]	_	{
}	\	|	<	>	#	$	

Figure B.3. Extended Character Set

Note that the extended characters include several character codes that have multiple graphical representations for a specific bit pattern. The complete list appears in other standards such as CCITT S.5. Use of the USA graphics for these codes presents no problem unless data is exchanged with an international partner. Other problems, such as the translation of item descriptions from English to French, arise when exchanging data with an international partner, but minimizing the use of codes with multiple graphics eliminates one of the more obvious problems.

For implementations compliant with this guide, either the entire extended character set must be acceptable, or the entire extended character set must not be used. In the absence of a specific trading partner agreement to the contrary, trading partners will assume that the extended character set is acceptable. Use of the extended character set allows the use of the “@” character in email addresses within the PER segment. Users should note that characters in the extended character set, as well as the basic character set, may be used as delimiters only when they do not occur in the data as stated in Section B.1.1.2.7.

B.1.1.2.4 Control Characters

Two control character groups are specified; they have restricted usage. The common notation for these groups is also provided, together with the character coding in three common alphabets. In the Matrix B.1., Base Control Set, the column IA5 represents CCITT V.3 International Alphabet 5.

B.1.1.2.4.1 Base Control Set

The base control set includes those characters that will not have a disruptive effect on most communication protocols. These are represented by:

NOTATION	NAME	EBCDIC	ASCII	IA5
BEL	bell	2F	07	07
HT	horizontal tab	05	09	09
LF	line feed	25	0A	0A
VT	vertical tab	0B	0B	0B
FF	form feed	0C	0C	0C
CR	carriage return	0D	0D	0D
FS	file separator	1C	1C	1C
GS	group separator	1D	1D	1D
RS	record separator	1E	1E	1E
US	unit separator	1F	1F	1F
NL	new line	15		

Matrix B.1. Base Control Set

The Group Separator (GS) may be an exception in this set because it is used in the 3780 communications protocol to indicate blank space compression.

B.1.1.2.4.2 Extended Control Set

The extended control set includes those that may have an effect on a transmission system. These are shown in Matrix B.2., Extended Control Set.

NOTATION	NAME	EBCDIC	ASCII	IA5
SOH	start of header	01	01	01
STX	start of text	02	02	02
ETX	end of text	03	03	03
EOT	end of transmission	37	04	04
ENQ	enquiry	2D	05	05
ACK	acknowledge	2E	06	06
DC1	device control 1	11	11	11
DC2	device control 2	12	12	12
DC3	device control 3	13	13	13
DC4	device control 4	3C	14	14
NAK	negative acknowledge	3D	15	15
SYN	synchronous idle	32	16	16
ETB	end of block	26	17	17

Matrix B.2. Extended Control Set

B.1.1.2.5 Delimiters

A delimiter is a character used to separate two data elements or component elements or to terminate a segment. The delimiters are an integral part of the data.

Delimiters are specified in the interchange header segment, ISA. The ISA segment can be considered in implementations compliant with this guide (see Appendix C, ISA Segment Note 1) to be a 105 byte fixed length record, followed by a segment terminator. The data element separator is byte number 4; the repetition separator is byte number 83; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator.

Once specified in the interchange header, the delimiters are not to be used in a data element value elsewhere in the interchange. For consistency, this implementation guide uses the delimiters shown in Matrix B.3., Delimiters, in all examples of EDI transmissions.

CHARACTER	NAME	DELIMITER
*	Asterisk	Data Element Separator
^	Caret	Repetition Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator

Matrix B.3. Delimiters

The delimiters above are for illustration purposes only and are not specific recommendations or requirements. Users of this implementation guide should be aware that an application system may use some valid delimiter characters within the application data. Occurrences of delimiter characters in transmitted data within a data element will result in errors in translation. The existence of asterisks (*) within transmitted application data is a known issue that can affect translation software.

B.1.1.3 Business Transaction Structure Definitions and Concepts

The ASC X12 standards define commonly used business transactions (such as a health care claim) in a formal structure called “transaction sets.” A transaction set is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment. Each segment is composed of the following:

- A unique segment ID
- One or more logically related data elements each preceded by a data element separator
- A segment terminator

B.1.1.3.1 Data Element

The data element is the smallest named unit of information in the ASC X12 standard. Data elements are identified as either simple or component. A data element that occurs as an ordinally positioned member of a composite data structure is identified as a component data element. A data element that occurs in a segment outside the defined boundaries of a composite data structure is identified as a simple data element. The distinction between simple and component data elements is strictly a matter of context because a data element can be used in either capacity.

Data elements are assigned a unique reference number. Each data element has a name, description, type, minimum length, and maximum length. For ID type data elements, this guide provides the applicable ASC X12 code values and their descriptions or references where the valid code list can be obtained.

A simple data element within a segment may have an attribute indicating that it may occur once or a specific number of times more than once. The number of permitted repeats are defined as an attribute in the individual segment where the repeated data element occurs.

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric, decimal, and binary elements.

The data element types shown in Matrix B.4., Data Element Types, appear in this implementation guide.

SYMBOL	TYPE
Nn	Numeric
R	Decimal
ID	Identifier
AN	String
DT	Date
TM	Time
B	Binary

Matrix B.4. Data Element Types

The data element minimum and maximum lengths may be restricted in this implementation guide for a compliant implementation. Such restrictions may occur by virtue of the allowed qualifier for the data element or by specific instructions regarding length or format as stated in this implementation guide.

B.1.1.3.1.1 Numeric

A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data.

This set of guides denotes the number of implied decimal positions. The representation for this data element type is “Nn” where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.

If n is 0, it need not appear in the specification; N is equivalent to N0. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) must not be transmitted.

EXAMPLE
A transmitted value of 1234, when specified as numeric type N2, represents a value of 12.34.

Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement. The length of a numeric type data element does not include the optional sign.

B.1.1.3.1.2 Decimal

A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as “R.”

The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end) the decimal point must be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) must not be transmitted.

Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point must be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1,000,000) is expressly prohibited. The length of a decimal type data element does not include the optional leading sign or decimal point.

EXAMPLE
A transmitted value of 12.34 represents a decimal value of 12.34.

While the ASC X12 standard supports usage of exponential notation, this guide prohibits that usage

For implementation of this guide under the rules promulgated under the Health Insurance Portability and Accountability Act (HIPAA), decimal data elements in Data Element 782 (Monetary Amount) will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). Note the statement in the preceding paragraph that the decimal point and leading sign, if sent, are not part of the character count.

EXAMPLE
For implementations mandated under HIPAA rules:

- The following transmitted value represents the largest positive dollar amount that can be sent:
  99999999.99
- The following transmitted value is the longest string of characters that can be sent representing whole dollars.
  99999999
- The following transmitted value is the longest string of characters that can be sent representing negative dollars and cents.
  -99999999.99
- The following transmitted value is the longest string of characters that can be sent representing negative whole dollars.
  -99999999

B.1.1.3.1.3 Identifier

An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC X12 Committee or some other body recognized by the Committee. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is “ID.”

B.1.1.3.1.4 String

A string data element is a sequence of any characters from the basic or extended character sets. The string data element must contain at least one non-space character. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is “AN.”

B.1.1.3.1.5 Date

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31). The representation for this data element type is “DT.” Users of this guide should note that all dates within transactions are 8-character dates (millennium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment and the TA1 segment where the century is easily determined because of the nature of an interchange header.

B.1.1.3.1.6 Time

A time data element is used to express the ISO standard time HHMMSSd..d format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59), SS is the second (00 to 59) and d..d is decimal seconds. The representation for this data element type is “TM.” The length of the data element determines the format of the transmitted time.

EXAMPLE
Transmitted data elements of four characters denote HHMM. Transmitted data elements of six characters denote HHMMSS.

B.1.1.3.2 Repeating Data Elements

Simple or composite data elements within a segment can be designated as repeating data elements. Repeating data elements are adjacent data elements that occur up to a number of times specified in the standard as number of repeats. The implementation guide may also specify the number of repeats of a repeating data element in a specific location in the transaction that are permitted in a compliant implementation. Adjacent occurrences of the same repeating simple data element or composite data structure in a segment shall be separated by a repetition separator.

B.1.1.3.3 Composite Data Structure

The composite data structure is an intermediate unit of information in a segment. Composite data structures are composed of one or more logically related simple data elements, each, except the last, followed by a sub-element separator. The final data element is followed by the next data element separator or the segment terminator. Each simple data element within a composite is called a component.

Each composite data structure has a unique four-character identifier, a name, and a purpose. The identifier serves as a label for the composite. A composite data structure can be further defined through the use of syntax notes, semantic notes, and comments. Each component within the composite is further characterized by a reference designator and a condition designator. The reference designators and the condition designators are described in Sections B.1.1.3.8 and B.1.1.3.9.

A composite data structure within a segment may have an attribute indicating that it may occur once or a specific number of times more than once. The number of permitted repeats are defined as an attribute in the individual segment where the repeated composite data structure occurs.

B.1.1.3.4 Data Segment

The data segment is an intermediate unit of information in a transaction set. In the data stream, a data segment consists of a segment identifier, one or more composite data structures or simple data elements each preceded by a data element separator and succeeded by a segment terminator.

Each data segment has a unique two- or three-character identifier, a name, and a purpose. The identifier serves as a label for the data segment. A segment can be further defined through the use of syntax notes, semantic notes, and comments. Each simple data element or composite data structure within the segment is further characterized by a reference designator and a condition designator.

B.1.1.3.5 Syntax Notes

Syntax notes describe relational conditions among two or more data segment units within the same segment, or among two or more component data elements within the same composite data structure. For a complete description of the relational conditions, See B.1.1.3.9, Condition Designator.

B.1.1.3.6 Semantic Notes

Simple data elements or composite data structures may be referenced by a semantic note within a particular segment. A semantic note provides important additional information regarding the intended meaning of a designated data element,

particularly a generic type, in the context of its use within a specific data segment. Semantic notes may also define a relational condition among data elements in a segment based on the presence of a specific value (or one of a set of values) in one of the data elements.

B.1.1.3.7 Comments

A segment comment provides additional information regarding the intended use of the segment.

B.1.1.3.8 Reference Designator

Each simple data element or composite data structure in a segment is provided a structured code that indicates the segment in which it is used and the sequential position within the segment. The code is composed of the segment identifier followed by a two-digit number that defines the position of the simple data element or composite data structure in that segment.

For purposes of creating reference designators, the composite data structure is viewed as the hierarchical equal of the simple data element. Each component data element in a composite data structure is identified by a suffix appended to the reference designator for the composite data structure of which it is a member. This suffix is a two-digit number, prefixed with a hyphen, that defines the position of the component data element in the composite data structure.

EXAMPLE

- The first simple element of the CLP segment would be identified as CLP01.
- The first position in the SVC segment is occupied by a composite data structure that contains seven component data elements, the reference designator for the second component data element would be SVC01-02.

B.1.1.3.9 Condition Designator

This section provides information about X12 standard conditions designators. It is provided so that users will have information about the general standard. Implementation guides may impose other conditions designators. See implementation guide section 2.1 Presentation Examples for detailed information about the implementation guide Industry Usage requirements for compliant implementation.

Data element conditions are of three types: mandatory, optional, and relational. They define the circumstances under which a data element may be required to be present or not present in a particular segment.

DESIGNATOR	DESCRIPTION
M- Mandatory	The designation of mandatory is absolute in the sense that there is no dependency on other data elements. This designation may apply to either simple data elements or composite data structures. If the designation applies to a composite data structure, then at least one value of a component data element in that composite data structure shall be included in the data segment.
O- Optional	The designation of optional means that there is no requirement for a simple data element or composite data structure to be present in the segment. The presence of a value for a simple data element or the presence of value for any of the component data elements of a composite data structure is at the option of the sender.

DESIGNATOR	DESCRIPTION
X- Relational	Relational conditions may exist among two or more simple data elements within the same data segment based on the presence or absence of one of those data elements (presence means a data element must not be empty). Relational conditions are specified by a condition code (see table below) and the reference designators of the affected data elements. A data element may be subject to more than one relational condition. The definitions for each of the condition codes used within syntax notes are detailed below:

CONDITION CODE	DEFINITION
P- Paired or Multiple	If any element specified in the relational condition is present, then all of the elements specified must be present.
R- Required	At least one of the elements specified in the condition must be present.
E- Exclusion	Not more than one of the elements specified in the condition may be present.
C- Conditional	If the first element specified in the condition is present, then all other elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.
L- List Conditional	If the first element specified in the condition is present, then at least one of the remaining elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.

Table B.5. Condition Designator

B.1.1.3.10 Absence of Data

Any simple data element that is indicated as mandatory must not be empty if the segment is used. At least one component data element of a composite data structure that is indicated as mandatory must not be empty if the segment is used. Optional simple data elements and/or composite data structures and their preceding data element separators that are not needed must be omitted if they occur at the end of a segment. If they do not occur at the end of the segment, the simple data element values and/or composite data structure values may be omitted. Their absence is indicated by the occurrence of their preceding data element separators, in order to maintain the element's or structure's position as defined in the data segment.

Likewise, when additional information is not necessary within a composite, the composite may be terminated by providing the appropriate data element separator or segment terminator.

If a segment has no data in any data element within the segment (an "empty" segment), that segment must not be sent.

B.1.1.3.11 Control Segments

A control segment has the same structure as a data segment, but it is used for transferring control information rather than application information.

B.1.1.3.11.1 Loop Control Segments

Loop control segments are used only to delineate bounded loops. Delineation of the loop shall consist of the loop header (LS segment) and the loop trailer (LE segment). The loop header defines the start of a structure that must contain one or more iterations of a loop of data segments and provides the loop identifier for this loop. The loop trailer defines the end of the structure. The LS segment appears only before the first occurrence of the loop, and the LE segment appears only after the last occurrence of the loop. Unbounded looping structures do not use loop control segments.

B.1.1.3.11.2 Transaction Set Control Segments

The transaction set is delineated by the transaction set header (ST segment) and the transaction set trailer (SE segment). The transaction set header identifies the start and identifier of the transaction set. The transaction set trailer identifies the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments.

B.1.1.3.11.3 Functional Group Control Segments

The functional group is delineated by the functional group header (GS segment) and the functional group trailer (GE segment). The functional group header starts and identifies one or more related transaction sets and provides a control number and application identification information. The functional group trailer defines the end of the functional group of related transaction sets and provides a count of contained transaction sets.

B.1.1.3.11.4 Relations among Control Segments

The control segment of this standard must have a nested relationship as is shown and annotated in this subsection. The letters preceding the control segment name are the segment identifier for that control segment. The indentation of segment identifiers shown below indicates the subordination among control segments.

GS Functional Group Header, starts a group of related transaction sets.

- **ST** Transaction Set Header, starts a transaction set.
  - **LS** Loop Header, starts a bounded loop of data segments but is not part of the loop.
    - **LS** Loop Header, starts an inner, nested, bounded loop.
    - **LE** Loop Trailer, ends an inner, nested bounded loop.
  - **LE** Loop Trailer, ends a bounded loop of data segments but is not part of the loop.
- **SE** Transaction Set Trailer, ends a transaction set.

GE Functional Group Trailer, ends a group of related transaction sets.

More than one ST/SE pair, each representing a transaction set, may be used within one functional group. Also more than one LS/LE pair, each representing a bounded loop, may be used within one transaction set.

B.1.1.3.12 Transaction Set

The transaction set is the smallest meaningful set of information exchanged between trading partners. The transaction set consists of a transaction set header segment, one or more data segments in a specified order, and a transaction set trailer segment. See Figure B.1., Transmission Control Schematic.

B.1.1.3.12.1 Transaction Set Header and Trailer

A transaction set identifier uniquely identifies a transaction set. This identifier is the first data element of the Transaction Set Header Segment (ST). A user assigned transaction set control number in the header must match the control number in the Trailer Segment (SE) for any given transaction set. The value for the number of included segments in the SE segment is the total number of segments in the transaction set, including the ST and SE segments.

B.1.1.3.12.2 Data Segment Groups

The data segments in a transaction set may be repeated as individual data segments or as unbounded or bounded loops.

B.1.1.3.12.3 Repeated Occurrences of Single Data Segments

When a single data segment is allowed to be repeated, it may have a specified maximum number of occurrences defined at each specified position within a given transaction set standard. Alternatively, a segment may be allowed to repeat an unlimited number of times. The notation for an unlimited number of repetitions is “>1.”

B.1.1.3.12.4 Loops of Data Segments

Loops are groups of semantically related segments. Data segment loops may be unbounded or bounded.

B.1.1.3.12.4.1 Unbounded Loops

To establish the iteration of a loop, the first data segment in the loop must appear once and only once in each iteration. Loops may have a specified maximum number of repetitions. Alternatively, the loop may be specified as having an unlimited number of iterations. The notation for an unlimited number of repetitions is “>1.”

A specified sequence of segments is in the loop. Loops themselves are optional or mandatory. The requirement designator of the beginning segment of a loop indicates whether at least one occurrence of the loop is required. Each appearance of the beginning segment defines an occurrence of the loop.

The requirement designator of any segment within the loop after the beginning segment applies to that segment for each occurrence of the loop. If there is a mandatory requirement designator for any data segment within the loop after the beginning segment, that data segment is mandatory for each occurrence of the loop. If the loop is optional, the mandatory segment only occurs if the loop occurs.

B.1.1.3.12.4.2 Bounded Loops

The characteristics of unbounded loops described previously also apply to bounded loops. In addition, bounded loops require a Loop Start Segment (LS) to appear before the first occurrence and a Loop End Segment (LE) to appear after the last consecutive occurrence of the loop. If the loop does not occur, the LS and LE segments are suppressed.

B.1.1.3.12.5 Data Segments in a Transaction Set

When data segments are combined to form a transaction set, three characteristics are applied to each data segment: a requirement designator, a position in the transaction set, and a maximum occurrence.

B.1.1.3.12.6 Data Segment Requirement Designators

A data segment, or loop, has one of the following requirement designators for health care and insurance transaction sets, indicating its appearance in the data stream of a transmission. These requirement designators are represented by a single character code.

DESIGNATOR	DESCRIPTION
M- Mandatory	This data segment must be included in the transaction set. (Note that a data segment may be mandatory in a loop of data segments, but the loop itself is optional if the beginning segment of the loop is designated as optional.)
O- Optional	The presence of this data segment is the option of the sending party.

B.1.1.3.12.7 Data Segment Position

The ordinal positions of the segments in a transaction set are explicitly specified for that transaction. Subject to the flexibility provided by the optional requirement designators of the segments, this positioning must be maintained.

B.1.1.3.12.8 Data Segment Occurrence

A data segment may have a maximum occurrence of one, a finite number greater than one, or an unlimited number indicated by “>1.”

B.1.1.3.13 Functional Group

A functional group is a group of similar transaction sets that is bounded by a functional group header segment and a functional group trailer segment. The functional identifier defines the group of transactions that may be included within the functional group. The value for the functional group control number in the header and trailer control segments must be identical for any given group. The value for the number of included transaction sets is the total number of transaction sets in the group. See Figure B.1., Transmission Control Schematic.

B.1.1.4 Envelopes and Control Structures

B.1.1.4.1 Interchange Control Structures

Typically, the term “interchange” connotes the ISA/IEA envelope that is transmitted between trading/business partners. Interchange control is achieved through several “control” components. The interchange control number is contained in data element ISA13 of the ISA segment. The identical control number must also occur in data element 02 of the IEA segment. Most commercial translation software products will verify that these two elements are identical. In most translation software products, if these elements are different the interchange will be “suspended” in error.

There are many other features of the ISA segment that are used for control measures. For instance, the ISA segment contains data elements such as authorization information, security information, sender identification, and receiver identification that can be used for control purposes. These data elements are agreed upon by the trading partners prior to transmission. The interchange date and time data elements as well as the interchange control number within the ISA segment are

used for debugging purposes when there is a problem with the transmission or the interchange.

Data Element ISA12, Interchange Control Version Number, indicates the version of the ISA/IEA envelope. GS08 indicates the version of the transaction sets contained within the ISA/IEA envelope. The versions are not required to be the same. An Interchange Acknowledgment can be requested through data element ISA14. The interchange acknowlegement is the TA1 segment. Data element ISA15, Test Indicator, is used between trading partners to indicate that the transmission is in a “test” or “production” mode. Data element ISA16, Subelement Separator, is used by the translator for interpretation of composite data elements.

The ending component of the interchange or ISA/IEA envelope is the IEA segment. Data element IEA01 indicates the number of functional groups that are included within the interchange. In most commercial translation software products, an aggregate count of functional groups is kept while interpreting the interchange. This count is then verified with data element IEA01. If there is a discrepancy, in most commercial products, the interchange is suspended. The other data element in the IEA segment is IEA02 which is referenced above.

See the Appendix C, EDI Control Directory, for a complete detailing of the interchange control header and trailer. The authors recommend that when two transactions with different X12 versions numbers are sent in one interchange control structure (multiple functional groups within one ISA/IEA envelope), the Interchange Control version used should be that of the most recent transaction version included in the envelope. For the transmission of HIPAA transactions with mixed versions, this would be a compliant enveloping structure.

B.1.1.4.2 Functional Groups

Control structures within the functional group envelope include the functional identifier code in GS01. The Functional Identifier Code is used by the commercial translation software during interpretation of the interchange to determine the different transaction sets that may be included within the functional group. If an inappropriate transaction set is contained within the functional group, most commercial translation software will suspend the functional group within the interchange. The Application Sender’s Code in GS02 can be used to identify the sending unit of the transmission. The Application Receiver’s Code in GS03 can be used to identify the receiving unit of the transmission. The functional group contains a creation date (GS04) and creation time (GS05) for the functional group. The Group Control Number is contained in GS06. These data elements (GS04, GS05, and GS06) can be used for debugging purposes. GS08,Version/Release/Industry Identifier Code is the version/release/sub-release of the transaction sets being transmitted in this functional group.

The Functional Group Control Number in GS06 must be identical to data element 02 of the GE segment. Data element GE01 indicates the number of transaction sets within the functional group. In most commercial translation software products, an aggregate count of the transaction sets is kept while interpreting the functional group. This count is then verified with data element GE01.

See the Appendix C, EDI Control Directory, for a complete detailing of the functional group header and trailer.

B.1.1.4.3 HL Structures

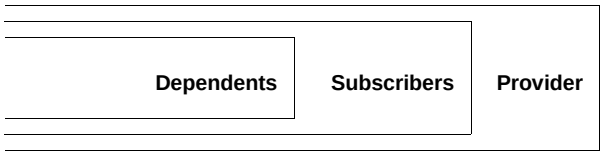
The HL segment is used in several X12 transaction sets to identify levels of detail information using a hierarchical structure, such as relating dependents to a subscriber. Hierarchical levels may differ from guide to guide.

For example, each provider can bill for one or more subscribers, each subscriber can have one or more dependents and the subscriber and the dependents can make one or more claims.

Each guide states what levels are available, the level's usage, number of repeats, and whether that level has subordinate levels within a transaction set.

For implementations compliant with this guide, the repeats of the loops identified by the HL structure shall appear in the hierarchical order specified in BHT01, when those particular hierarchical levels exist. That is, an HL parent loop must be followed by the subordinate child loops, if any, prior to commencing a new HL parent loop at the same hierarchical level.

The following diagram, from transaction set 837, illustrates a typical hierarchy.



The two examples below illustrate this requirement:

Example 1 based on Implementation Guide 811X201:

INSURER
- First STATE in transaction (child of INSURER)
  - First POLICY in transaction (child of first STATE)
    - First VEHICLE in transaction (child of first POLICY)
  - Second POLICY in transaction (child of first STATE)
    - Second VEHICLE in transaction (child of second POLICY)
    - Third VEHICLE in transaction (child of second POLICY)
- Second STATE in transaction (child of INSURER)
  - Third POLICY in transaction (child of second STATE)
    - Fourth VEHICLE in transaction (child of third POLICY)

Example 2 based on Implementation Guide 837X141

First PROVIDER in transaction
- First SUBSCRIBER in transaction (child of first PROVIDER)

Second PROVIDER in transaction
- Second SUBSCRIBER in transaction (child of second PROVIDER)
  - First DEPENDENT in transaction (child of second SUBSCRIBER)
  - Second DEPENDENT in transaction (child of second SUBSCRIBER)
- Third SUBSCRIBER in transaction (child of second PROVIDER)

Third PROVIDER in transaction
- Fourth SUBSCRIBER in transaction (child of third PROVIDER)
- Fifth SUBSCRIBER in transaction (child of third PROVIDER
  - Third DEPENDENT in transaction (child of fifth SUBSCRIBER)

B.1.1.5 Acknowledgments

B.1.1.5.1 Interchange Acknowledgment, TA1

The TA1 segment provides the capability for the interchange receiver to notify the sender that a valid envelope was received or that problems were encountered with the interchange control structure. The TA1 verifies the envelopes only. Transaction set-specific verification is accomplished through use of the Functional Acknowledgment Transaction Set, 997. See B.1.1.5.2, Functional Acknowledgment, 997, for more details. The TA1 is unique in that it is a single segment transmitted without the GS/GE envelope structure. A TA1 can be included in an interchange with other functional groups and transactions.

Encompassed in the TA1 are the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number, interchange date and time are identical to those that were present in the transmitted interchange from the trading partner. This provides the capability to associate the TA1 with the transmitted interchange. TA104, Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors. TA105, Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure. Values for this data element indicate whether the error occurred at the interchange or functional group envelope.

B.1.1.5.2 Functional Acknowledgment, 997

The Functional Acknowledgment Transaction Set, 997, has been designed to allow trading partners to establish a comprehensive control function as a part of their business exchange process. This acknowledgment process facilitates control of EDI. There is a one-to-one correspondence between a 997 and a functional group. Segments within the 997 can identify the acceptance or rejection of the functional group, transaction sets or segments. Data elements in error can also be identified. There are many EDI implementations that have incorporated the acknowledgment process in all of their electronic communications. The 997 is used as a functional acknowledgment to a previously transmitted functional group.

The 997 is a transaction set and thus is encapsulated within the interchange control structure (envelopes) for transmission.

B.2 Object Descriptors

Object Descriptors (OD) provide a method to uniquely identify specific locations within an implementation guide. There is an OD assigned at every level of the X12N implementation:

1. Transaction Set
2. Loop
3. Segment
4. Composite Data Element
5. Component Data Element
6. Simple Data Element

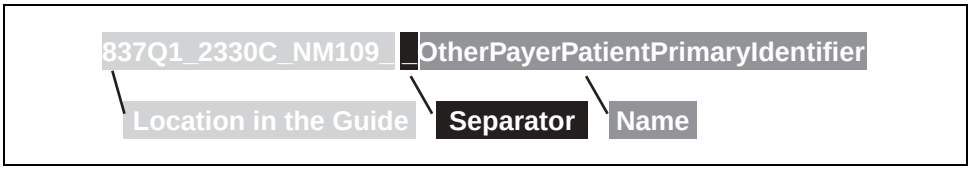
ODs at the first four levels are coded using X12 identifiers separated by under-bars:

Entity	Example
1. Transaction Set Identifier plus a unique 2 character value	837Q1
2. Above plus under bar plus Loop Identifier as assigned within an implementation guide	837Q1_2330C
3. Above plus under bar plus Segment Identifier	837Q1_2330C_NM1
4. Above plus Reference Designator plus under bar plus Composite Identifier	837Q1_2400_SV101_C003

The fifth and sixth levels add a name derived from the “Industry Term” defined in the X12N Data Dictionary. The name is derived by removing the spaces.

Entity	Example
5. Number 4 above plus composite sequence plus under bar plus name	837Q1_2400_SV101_C00302_ProcedureCode
6. Number 3 above plus Reference Designator plus two under bars plus name	837Q1_2330C_NM109__OtherPayerPatientPrimaryIdentifier

Said in another way, ODs contain a coded component specifying a location in an implementation guide, a separator, and a name portion. For example:



Since ODs are unique across all X12N implementation guides, they can be used for a variety of purposes. For example, as a cross reference to older data transmission systems, like the National Standard Format for health care claims, or to form XML tags for newer data transmission systems.

C EDI Control Directory

C.1 Control Segments

- **ISA**
  Interchange Control Header Segment
- **GS**
  Functional Group Header Segment
- **GE**
  Functional Group Trailer Segment
- **IEA**
  Interchange Control Trailer Segment

IMPLEMENTATION

INTERCHANGE CONTROL HEADER

Notes: **1. 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* :~**

STANDARD

ISA Interchange Control Header

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

DIAGRAM

ISA * ISA01 I01 **Author Info Qualifer** M ID 2/2 * ISA02 I02 **Author Information** M AN 10/10 * ISA03 I03 **Security Info Qual** M ID 2/2 * ISA04 I04 **Security Information** M AN 10/10 * ISA05 I05 **Interchange ID Qual** M ID 2/2 * ISA06 I06 **Interchange Sender ID** M AN 15/15

* ISA07 I05 **Interchange ID Qual** M ID 2/2 * ISA08 I07 **Interchange Receiver ID** M AN 15/15 * ISA09 I08 **Interchange Date** M DT 6/6 * ISA10 I09 **Interchange Time** M TM 4/4 * ISA11 I10 **Inter Ctrl Stand Ident** M ID 1/1 * ISA12 I11 **Inter Ctrl Version Num** M ID 5/5

* ISA13 I12 **Inter Ctrl Number** M N0 9/9 * ISA14 I13 **Ack Requested** M ID 1/1 * ISA15 I14 **Usage Indicator** M ID 1/1 * ISA16 I15 **Component Elem Sepera** M 1/1 ~

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**ISA01**	**I01**	**Authorization Information Qualifier** Code to identify the type of information in the Authorization Information	**M ID 2/2**

CODE	DEFINITION
00	**No Authorization Information Present (No Meaningful Information in I02)** **ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION INFORMATION.**
03	**Additional Data Identification**

REQUIRED	**ISA02**	**I02**	**Authorization Information** 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)	**M AN 10/10**

REQUIRED **ISA03** **I03** **Security Information Qualifier** **M ID 2/2**
Code to identify the type of information in the Security Information

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

REQUIRED **ISA04** **I04** **Security Information** **M AN 10/10**
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)

REQUIRED **ISA05** **I05** **Interchange ID Qualifier** **M ID 2/2**
Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

This ID qualifies the Sender in ISA06.

CODE	DEFINITION
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**

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

REQUIRED **ISA07** **I05** **Interchange ID Qualifier** **M ID 2/2**
Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

This ID qualifies the Receiver in ISA08.

CODE	DEFINITION
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**

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

REQUIRED **ISA09** **I08** **Interchange Date** **M** **DT** **6/6**
Date of the interchange

The date format is YYMMDD.

REQUIRED **ISA10** **I09** **Interchange Time** **M** **TM** **4/4**
Time of the interchange

The time format is HHMM.

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

CODE	DEFINITION
U	**U.S. EDI Community of ASC X12, TDCC, and UCS**

REQUIRED **ISA12** **I11** **Interchange Control Version Number** **M** **ID** **5/5**
This version number covers the interchange control segments

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

REQUIRED **ISA13** **I12** **Interchange Control Number** **M** **N0** **9/9**
A control number assigned by the interchange sender

The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.

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

Code sent by the sender to request an interchange acknowledgment (TA1)

See Section B.1.5.1 for interchange acknowledgment information.

CODE	DEFINITION
0	No Acknowledgment Requested
1	Interchange Acknowledgment Requested

REQUIRED **ISA15** **I14** **Usage Indicator** **M** **ID** **1/1**

Code to indicate whether data enclosed by this interchange envelope is test, production or information

CODE	DEFINITION
P	Production Data
T	Test Data

REQUIRED **ISA16** **I15** **Component Element Separator** **M** **1/1**

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

IMPLEMENTATION

FUNCTIONAL GROUP HEADER

Example: **GS*AG*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X161~**

STANDARD

GS Functional Group Header

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

DIAGRAM

GS	*	GS01 479 **Functional ID Code** M ID 2/2	*	GS02 142 **Application Send's Code** M AN 2/15	*	GS03 124 **Application Rec's Code** M AN 2/15	*	GS04 373 **Date** M DT 8/8	*	GS05 337 **Time** M TM 4/8	*	GS06 28 **Group Ctrl Number** M N0 1/9

*	GS07 455 **Responsible Agency Code** M ID 1/2	*	GS08 480 **Ver/Release ID Code** M AN 1/12	~	

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**GS01**	**479**	**Functional Identifier Code** Code identifying a group of application related transaction sets CODE — DEFINITION **AG** — **Application Advice (824)**	**M ID 2/2**
REQUIRED	**GS02**	**142**	**Application Sender's Code** Code identifying party sending transmission; codes agreed to by trading partners **Use this code to identify the unit sending the information.**	**M AN 2/15**
REQUIRED	**GS03**	**124**	**Application Receiver's Code** Code identifying party receiving transmission. Codes agreed to by trading partners **Use this code to identify the unit receiving the information.**	**M AN 2/15**
REQUIRED	**GS04**	**373**	**Date** Date expressed as CCYYMMDD **SEMANTIC:** GS04 is the group date. **Use this date for the functional group creation date.**	**M DT 8/8**
REQUIRED	**GS05**	**337**	**Time** 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) **SEMANTIC:** GS05 is the group time. **Use this time for the creation time. The recommended format is HHMM.**	**M TM 4/8**

REQUIRED	**GS06**	**28**	**Group Control Number** Assigned number originated and maintained by the sender SEMANTIC: The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.	**M**	**N0**	**1/9**
REQUIRED	**GS07**	**455**	**Responsible Agency Code** Code used in conjunction with Data Element 480 to identify the issuer of the standard	**M**	**ID**	**1/2**

CODE	DEFINITION
X	**Accredited Standards Committee X12**

REQUIRED	**GS08**	**480**	**Version / Release / Industry Identifier Code** 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	**M**	**AN**	**1/12**

CODE	DEFINITION
004010X161	**Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.**

IMPLEMENTATION

FUNCTIONAL GROUP TRAILER

Example: **GE*1*1~**

STANDARD

GE Functional Group Trailer

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

DIAGRAM

GE	*	GE01 97 **Number of TS Included** M N0 1/6	*	GE02 28 **Group Ctrl Number** M N0 1/9	~

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**GE01**	**97**	**Number of Transaction Sets Included** Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	**M**	**N0**	**1/6**
REQUIRED	**GE02**	**28**	**Group Control Number** Assigned number originated and maintained by the sender	**M**	**N0**	**1/9**

SEMANTIC: The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

IMPLEMENTATION

INTERCHANGE CONTROL TRAILER

Example: IEA*1*000000905~

STANDARD

IEA Interchange Control Trailer

Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

DIAGRAM

IEA * [IEA01 I16 **Num of Incl Funct Group** M N0 1/5] * [IEA02 I12 **Inter Ctrl Number** M N0 9/9] ~

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**IEA01**	**I16**	**Number of Included Functional Groups** A count of the number of functional groups included in an interchange	**M**	**N0**	**1/5**
REQUIRED	**IEA02**	**I12**	**Interchange Control Number** A control number assigned by the interchange sender	**M**	**N0**	**9/9**

D Change Summary

This Implementation Guide was based on the 005010X186 Implementation Guide.

Summary of changes from 005010X186 to 004010X161

- Removed CTX segment.

E Data Element Glossary

E.1 Data Element Name Index

This section contains an alphabetic listing of data elements used in this implementation guide. Consult the X12N Data Element Dictionary for a complete list of all X12N Data Elements. Data element names in normal type are generic ASC X12 names. Italic type indicates a health care industry defined name.

Name — ***Payment Date***
Definition — Date of payment.
Transaction Set ID — **277**
Locator Key — D | 2200D | SPA12 | C001-2 | 373 ..... **156**

H=Header, D=Detail, S=Summary
Loop ID
Segment ID/Reference Designator
Composite ID-Sequence
Data Element Number
Page Number

Action Code
Code indicating type of action
H | | BGN08 | - | 306 .....**29**

Additional Reference Amount
Monetary amount uniquely identifying the original transaction.
D | 2000 | AMT02 | - | 782 .....**55**

Additional Reference Date
Date uniquely identifying the orginal transaction.
D | 2000 | DTM02 | - | 373 .....**52**

Additional Reference First Name
First name of individual uniquely identifying the original transaction.
D | 2000 | NM104 | - | 1036 .....**62**

Additional Reference Identification Number
Reference information as defined for a particular transaction set or as specified by the Reference Identification Qualifier.
D | 2000 | REF02 | - | 127 .....**48**

Additional Reference Last Name
Last name of individual uniquely identifying the original transaction.
D | 2000 | NM103 | - | 1035 .....**62**

Additional Reference Middle Name
Middle name of individual uniquely identifying the original transaction.
D | 2000 | NM105 | - | 1037 ..... **63**

Additional Reference Quantity
Quantity uniquely identifying the original transaction.
D | 2000 | QTY02 | - | 380 ..... **58**

Agency Qualifier Code
Identifies the agency assigning the code values.
D | 2100 | RED03 | - | 559 ..... **68**

Amount Qualifier Code
Code to qualify amount.
D | 2000 | AMT01 | - | 522 ..... **53**

Application Acknowledgment Code
Code indicating the application system edit results of the business data.
D | 2000 | OTI01 | - | 110..... **39**

Application Error Condition Code
Code indicating application error condition.
D | 2100 | TED01 | - | 647 ..... **65**

Communication Number

Complete communications number including country or area code when applicable

H	1000A	PER04	-	364	**34**
H	1000A	PER06	-	364	**35**
H	1000A	PER08	-	364	**35**

Communication Number Qualifier

Code identifying the type of communication number.

H	1000A	PER03	-	365	**34**
H	1000A	PER05	-	365	**35**
H	1000A	PER07	-	365	**35**

Contact Function Code

Code identifying the major duty or responsibility of the person or group named.

H	1000A	PER01	-	366	**34**

Copy of Bad Data Element

This is a copy of the data element in error.

D	2100	TED07	-	724	**65**

Data Element New Content

New data which has replaced erroneous data.

D	2100	TED08	-	961	**65**

Date Time Qualifier

Code specifying the type of date or time or both date and time.

D	2000	DTM01	-	374	**49**

Description

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

D	2100	NTE02	-	352	**66**

Edit Level Reference Identifier

The primary reference identification or number used to uniquely identify the original transaction.

D	2000	OTI03	-	127	**41**

Element Position in Segment

This is used to indicate the relative position of a simple data element or the relative position of a composite data structure with the relative position of the component within the composite data structure.

D	2100	TED05	-	722	**65**

Entity Identifier Code

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

H	1000A	N101	-	98	**30**
H	1000B	N101	-	98	**36**
D	2000	NM101	-	98	**60**

Entity Type Qualifier

Code qualifying the type of entity.

D	2000	NM102	-	1065	**62**

Error Description

NEED DEFINITION.

D	2100	RED01	-	352	**68**

Functional Group Control Number

Originator's functional group control number.

D	2000	OTI08	-	28	**42**

Functional Group Creation Date

Functional Group Creation Date.

D	2000	OTI06	-	373	**41**

Functional Group Creation Time

Functional Group Creation Time.

D	2000	OTI07	-	337	**42**

Identification Code

Code identifying a party or other code.

D	2000	NM109	-	67	**63**

Identification Code Qualifier

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

H	1000A	N103	-	66	**30**
H	1000B	N103	-	66	**37**
D	2000	NM108	-	66	**63**

Insurance Business Process Application Error Code Qualifier Code

Code representing the external code source to use in RED06.

D	2100	RED05	-	1270	**68**

Insurance Business Process Application Error Code

Code indicating the error or informational message.

D	2100	RED06	-	1271	**68**

Note Reference Code

Code identifying the functional area or purpose for which the note applies.

D	2100	NTE01	-	363	**66**

Number of Included Segments

Total number of segments included in a transaction set including ST and SE segments.

D		SE01	-	96	**69**

Quantity Qualifier

Code specifying the type of quantity.

D	2000	QTY01	-	673	.....	**56**

Receiver Identifier

Number identifying the organization receiving the payment.

H	1000B	N104	-	67	.....	**37**

Receiver Name

Name of organization receiving the transaction.

H	1000B	N102	-	93	.....	**36**

Reference Identification Qualifier

Code qualifying the reference identification.

H	1000A	REF01	-	128	.....	**32**
D	2000	OTI02	-	128	.....	**41**
D	2000	REF01	-	128	.....	**44**

Referenced Interchange Control Number

Interchange control number of transaction being acknowledged by this transaction set.

H		BGN06	-	127	.....	**29**

Segment ID Code

Code defining the segment ID of the data segment in error (See Appendix A - Number 77).

D	2100	TED03	-	721	.....	**65**

Segment Position in Transaction Set

The numerical count position of this data segment from the start of the transaction set: the transaction set header is count position 1.

D	2100	TED04	-	719	.....	**65**

Submitter Branch Identifier Code

This value identifies a third party, branch, or department within the submitter's organization.

H	1000A	REF02	-	127	.....	**32**

Submitter Contact Name

Name of the person at the submitter organization to whom inquiries about the transaction should be directed.

H	1000A	PER02	-	93	.....	**34**

Submitter Identifier

Code or number identifying the entity submitting the claim.

H	1000A	N104	-	67	.....	**31**

Submitter Name

Name identifying the entity submitting the transaction.

H	1000A	N102	-	93	.....	**30**

Transaction Set Control Number

The unique identification number within a transaction set.

H		ST02	-	329	.....	**27**
D	2000	OTI09	-	329	.....	**42**
D		SE02	-	329	.....	**69**

Transaction Set Creation Date

Identifies the date the submitter created the transaction.

H		BGN03	-	373	.....	**28**

Transaction Set Creation Time

Time file is created for transmission.

H		BGN04	-	337	.....	**29**

Transaction Set Identifier Code

Code uniquely identifying a Transaction Set.

H		ST01	-	143	.....	**27**
H		BGN02	-	127	.....	**28**
D	2000	OTI10	-	143	.....	**42**

Transaction Set Purpose Code

Code identifying purpose of transaction set.

H		BGN01	-	353	.....	**28**

Version, Release, or Industry Identifier

Code indicating the version, release, sub-release and industry identification of the EDI standard being used.

D	2000	OTI11	-	480	.....	**43**