

eMedNY

New York State Department Of Health Office Of Health Insurance Programs

278 Health Care Services Review – Inquiry (Confirmation) Companion Guide

NPI EDITION

ASC X12N V4010X059 278: Health Care Services Review - Inquiry (Confirmation)

Version: 4.0

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278

Health Care Services Review – Inquiry (Confirmation)

Functional Group=HI

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

HIPAA IG NOTE:

It is recommended that separate transaction sets be used for different patients.

COMPANION GUIDE DISCLAIMER:

The New York State Department Of Health (NYSDOH) has provided this DRAFT Medicaid Companion Guide for the 278 – Health Care Services Review – Inquiry - ASC X12N Transaction (004010X059) to assist Providers, Clearinghouses and all Covered Entities in preparing HIPAA compliant transactions. NYSDOH has focused primarily on the rules and policies regulating the submission of NYS Medicaid data that are provided within this Companion Guide document. NYSDOH has provided the information on www.nyhipaadesk.com as a tool to make the Provider's job easier in preparing electronic transactions in a HIPAA compliant manner.

It is important to note that the X12N 278 Health Care Services Review – Inquiry Implementation Guide is not currently included as a HIPAA guide. It represents a separate set of business events from those contained in the HIPAA Guide for Referral Certification and Authorization. However, the data content, code tables, and values supported in this guide are in compliance with the data content, code tables, and values supported in the X12N 278 Health Care Services Review - Request for Review transaction (004010X094A1) adopted as an industry standard under HIPAA. This enables trading partners to exchange information for other business events associated with the health care services review process in a consistent manner.

It is recommended that users implement the X12N 278 Health Care Services Review – Inquiry (Confirmation) transaction only as described in this Companion Document and in the X059 Implementation Guide to ensure consistency with the HIPAA transaction. This implementation guide is designed to assist providers who inquire about certification decisions, (specialty care, treatment, admission) and the Utilization Management Organizations (UMO) who respond to those inquiries using the 278 format. In the context of this implementation guide, an inquiry refers to a transaction that asks for information on previously processed requests for authorization or certification.

NYSDOH does not offer individual training to assist Providers in the use of the ASC X12N transactions provided on www.nyhipaadesk.com.

The information provided herein is believed to be true and correct based on the HIPAA guidelines. These regulations are continuing to evolve, therefore NYSDOH makes no guarantee, expressed or implied, as to the accuracy of the information provided herein. Furthermore, this is a living document and the information provided herein is subject to change as NYSDOH policy changes or as HIPAA legislation is updated or revised.

CG MODIFICATION TRACKING:

>V4.0

- 05/16/2008 Updated NATIONAL PROVIDER IDENTIFIER note in the "Eligibility, Coverage or Benefit Inquiry' section.
- Updated NPI information in following Loop(s) and segment(s):

LOOP	SEGMENT	ELEMENT/LOCATION
2010B	NM1	NM108
	REF	REF02

>V3.0

- 09/18/2007 Removed phone system options information from NYS Medicaid Note in front matter, leaving the call center 800 number. Added note to refer to Technical Supplementary Guide.
- 02/28/2007 Added NATIONAL PROVIDER IDENTIFIER note into the "Eligibility, Coverage or Benefit Inquiry' section.

Added NPI information to following Loop(s) and segment(s):

LOOP	SEGMENT	ELEMENT/LOCATION
2010B	NM1	NM108; NM109

REF REF02

Changed title: Replaced "Office of Medicaid Management" with the new name "Office of Health Insurance Programs".

NATIONAL PROVIDER IDENTIFIER (NPI):

ALL NYS MEDICAID PROVIDERS WHO ARE HEALTH CARE PROVIDERS ARE REQUIRED TO VISIT EMEDNY.ORG TO REGISTER THEIR NPI(S) AS SOON AS POSSIBLE.

As per the Administrative Simplification provision (Standard for Unique Health Identifier for Health Care Providers), of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the National Provider Identifier (NPI) was adopted as the standard (unique health identifier) for health care providers for use in the health care system.

The New York State Department of Health (NYSDOH) will not be ready to implement the NPI system changes by May 23, 2008. As a result, NYS Medicaid provider IDs and license numbers will continue to be required for processing until the NPI system release is installed. This release is currently scheduled for September 1st, 2008. To find out how to obtain an NPI, please visit www.cms.hhs.gov/NationalProvIdentStand.

IMPORTANT NOTE: All updates provided in this guide are intended to allow our trading partners to prepare for NPI. Since the 278 transaction can not handle both identifiers (NPI and legacy), **TRADING PARTNERS WILL NEED TO CONTINUE SENDING THEIR LEGACY IDENTIFIERS UNTIL SEPTEMBER 2008**, at which time eMedNY will be ready to accept the NPI for processing.

NYSDOH has developed the National Provider Identifier (NPI) Web Enabled Entry process as a means for providers/submitters to communicate their NPI to eMedNY. The NPI Web Enabled Entry system can be accessed by going to www.emedny.org and clicking on "Enter NPI" located in the green box on the right of the screen. It is required to register all NPI(s) associated with a NYS Medicaid provider by using the web-enabled application on the emedny.org website. A batch process for reporting the NPI to eMedNY is also available. Refer to the "NPI Information" area at www.emedny.org for the file specification for the batch process.

All submitters should be aware that the NPI will be the only permitted provider identifier (except for non-healthcare providers) other than Tax-ID. The NYS Medicaid Provider ID, the Locator Code, and the License Number will all be disallowed.

NYS MEDICAID NOTE:

The Companion Guide, which is provided by NYSDOH, outlines the required format for the New York State Medicaid Health Care Services Review – Inquiry (Confirmation). It is important that Providers study the Companion Guide and become familiar with the data that will be received by NYSDOH in transmission of a 278 Health Care Services Review – Inquiry (Confirmation) Transaction.

This Draft Companion Guide does not modify the standards; rather, it puts forth the subset of information from the IG that will be required for processing transactions. It is important that Providers use this Companion Guide as a supplement to the IG. Within the IG, there are data elements, which have many different qualifiers available for use. Each qualifier identifies a different item of information. This document omits code qualifiers that are not necessary for NYS Medicaid processing. Although not all available codes are listed in this document, NYSDOH will accept any codes named or listed in the X12N IG. When necessary, a "NYS MEDICAID NOTE" is included to describe NYSDOH specific requirements. These notes provide guidance to ensure proper processing of the 278 transaction.

It is important to understand that NYSDOH has provided "NYS MEDICAID NOTE(s)" stating "NYSDOH will ignore data when provided" in some segments ("required" or "situational"). The intent here is to advise the submitting entity to submit data (for "required" segments), but that the data will not be used for NYS Medicaid transaction processing. The IG lists all loops, segments, and elements. The Companion Guide may omit some of the previously mentioned IG items, unless they are defined as required in the IG, or the situation requires their use for NYS Medicaid processing. Although not all IG items are listed in the Companion Guide, NYS Medicaid will accept all transactions that comply with the HIPAA IG. Providers are encouraged to use the IG to understand the positioning of the data examples provided for every segment, since our Companion Guide may not list all the elements.

BATCH PROCESSING: For batch 278 transactions NYSDOH will support multiple STs within a single ISA, but will support only one Patient event within a single ST.

SUPPORT:

Please refer to the Technical Supplementary Companion Guide for information about transaction header structures, transaction size limits, electronic communications methods, and enrollment as a trading partner. This document is available for download at nyhipaadesk.com.

For further assistance, NYSDOH and its fiscal agent, Computer Sciences Corporation (CSC), are urging providers to visit a web community, <https://www.nyhipaadesk.com>, which will provide Companion Guide updates and other pertinent information. In addition, questions may be sent to NYSDOH's Test Support Team at nyhipaadesk@csc.com.

Providers with questions may call the eMedNY Call Center at: 1-800-343-9000.

Please be advised that Unit representatives will only answer questions related to New York Medicaid HIPAA requirements.

The ASC X12N Implementation Guides and their associated addenda are available in electronic format at: www.wpc-edi.com/hipaa. Pharmacy Providers can acquire the NCPDP Implementation Guide from www.ncdp.org.

Heading:

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

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2000A					1		
010	HL	Utilization Management Organization (UMO) Level	M	1			Required
LOOP ID - 2010A					1		
170	NM1	Utilization Management Organization (UMO) Name	O	1			Required
LOOP ID - 2000B					1		
010	HL	Requester Level	M	1			Required
LOOP ID - 2010B					1		
170	NM1	Requester Name	O	1			Required
180	REF	Requester Supplemental Identification	O	8			Situational
240	PRV	Requester Provider Information	O	1			Situational
LOOP ID - 2000C					1		
010	HL	Subscriber Level	M	1			Required
020	TRN	Subscriber Trace Number	O	2			Situational
LOOP ID - 2010C					1		
170	NM1	Subscriber Name	O	1			Required
180	REF	Subscriber Supplemental Identification	O	9			Situational
LOOP ID - 2000D					1		
010	HL	Dependent Level	O	1			Situational
LOOP ID - 2000E					>1		
010	HL	Reference Provider Level	M	1			Required
LOOP ID - 2000F					>1		
010	HL	Service Provider Level	M	1			Required
LOOP ID - 2000G					>1		
010	HL	Service Level	M	1			Required
020	TRN	Service Trace Number	M	2			Situational
040	UM	Health Care Services Review Information	O	1			Required
070	DTP	Service Date	O	1			Situational
070	DTP	Admission Date	O	1			Situational
070	DTP	Surgery Date	O	1			Situational
080	HI	Procedures	O	1			Situational
280	SE	Transaction Set Trailer	M	1			Required

ST Transaction Set Header

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

User Option (Usage): Required

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

HIPAA IG Notes:

1. This segment indicates the start of a Healthcare Services Review Inquiry transaction set with all of the supporting detail information. This transaction set is the electronic equivalent of a phone, fax, or paper-based Utilization Management review inquiry.

Example:

ST*278*0001~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
ST01	143	Transaction Set Identifier Code Description: Code uniquely identifying a Transaction Set	M	ID	3/3	Required	1
		Code Name 278 Health Care Services Review Information					
ST02	329	Transaction Set Control Number Description: 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	Required	1
		HIPAA IG Note: The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research. Use the corresponding value in SE02 for this transaction set.					

BHT Beginning of Hierarchical Transaction

Pos: 020	Max: 1
Heading – Mandatory	
Loop: N/A	Elements: 5

User Option (Usage): Required

To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Example:

BHT*0083*28*199800114000001*19980101*1400~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>				
BHT01	1005	Hierarchical Structure Code Description: Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set <table border="1"> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> <tr> <td>0083</td> <td>Information Source, Information Receiver, Subscriber, Dependent, Referring Provider, Provider of Service, Services</td> </tr> </table>	<u>Code</u>	<u>Name</u>	0083	Information Source, Information Receiver, Subscriber, Dependent, Referring Provider, Provider of Service, Services	M	ID	4/4	Required	1
<u>Code</u>	<u>Name</u>										
0083	Information Source, Information Receiver, Subscriber, Dependent, Referring Provider, Provider of Service, Services										
BHT02	353	Transaction Set Purpose Code Description: Code identifying purpose of transaction set <table border="1"> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> <tr> <td>28</td> <td>Query</td> </tr> </table>	<u>Code</u>	<u>Name</u>	28	Query	M	ID	2/2	Required	1
<u>Code</u>	<u>Name</u>										
28	Query										
BHT03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Submitter Transaction Identifier HIPAA IG Note: Use this element to trace the transaction from one point to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse. If the inquiry transaction is processed in real time. The respondent must return this value in the corresponding 278 response transaction's BHT03. This identifier will only be returned by the last entity to handle the 278. This identifier will not be passed through the complete life of the transaction. All recipients of real time 278 inquiry transactions are required to return the Submitter Transaction Identifier in their 278 response if one is submitted.	O	AN	1/30	Required	1				
BHT04	373	Date Description: Date expressed as CCYYMMDD	O	DT	8/8	Required	1				
NYSDOH			8				eMedNY				

BHT05	337	Industry: Transaction Set Creation Date	O	TM	4/8	Required	1
		Time					
		Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)					
		Industry: Transaction Set Creation Time					

HL Utilization Management Organization (UMO) Level

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

User Option (Usage): Required

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

Example:

HL*1**20*1~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required	1
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required	1
		Code Name 20 Information Source					
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required	1
		Code Name 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.					

NM1 Utilization Management Organization (UMO) Name

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

User Option (Usage): Required

To supply the full name of an individual or organizational entity

HIPAA IG Notes:

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

Example:

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name X3 Utilization Management Organization	M	ID	2/3	Required	1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity NYS MEDICAID NOTE: NYSDOH expects qualifier '2'. Code Name 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Utilization Management Organization (UMO) Last or Organization Name HIPAA IG Note: Use if name information is needed to identify the UMO. NYS MEDICAID NOTE: NYSDOH expects 'NYSDOH'.	O	AN	1/35	Situational	1
NM104	1036	Name First: Individual first name Industry: Utilization Management Organization (UMO) First Name HIPAA IG Note: Use if NM103 is valued and the reviewing entity is an individual (NM102), such as a primary care provider	O	AN	1/25	Situational	1
NM105	1037	Name Middle: Individual middle name or initial Industry: Utilization Management Organization (UMO) Name HIPAA IG Note: Use if NM104 is present and the middle name/initial of the person is known.	O	AN	1/25	Situational	1
NM107	1039	Name Suffix: Suffix to individual name Industry: Utilization Management Organization (UMO) Name Suffix	O	AN	1/10	Situational	1

NM108	66	<p>HIPAA IG Note: Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.</p>	X	ID	1/2	Required	1				
		<p>Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67)</p>									
		<p>NYS MEDICAID NOTE: NYSDOH expects qualifier 'PI'.</p>									
		<table border="1"> <thead> <tr> <th data-bbox="316 409 381 441"><u>Code</u></th> <th data-bbox="462 409 535 441"><u>Name</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="316 441 349 472">PI</td> <td data-bbox="462 441 673 472">Payor Identification</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	PI	Payor Identification					
<u>Code</u>	<u>Name</u>										
PI	Payor Identification										
		<p>HIPAA IG Note: Use until the National PlanID is mandated if the UMO is a payer.</p>									
NM109	67	<p>Identification Code Description: Code identifying a party or other code</p>	X	AN	2/80	Required	1				
		<p>Industry: Utilization Management Organization (UMO) Identifier</p>									
		<p>NYS MEDICAID NOTE: NYSDOH expects value '141797357'.</p>									
		<p>ExternalCodeList Name: 537</p>									
		<p>Description: Health Care Financing Administration National Provider Identifier</p>									
		<p>ExternalCodeList Name: 540</p>									
		<p>Description: Health Care Financing Administration National PlanID</p>									

HL Requester Level

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

User Option (Usage): Required

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

HIPAA IG Notes:

1. Use this segment to indicate the healthcare services review information receiver. For inquiry transactions, this segment corresponds to the identification of the entity initiating the inquiry.

Example:

HL*2*1*21*1~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required	1
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required	1
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required	1
		Code Name					
		21 Information Receiver					
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required	1
		Code Name					
		1 Additional Subordinate HL Data Segment in This Hierarchical Structure.					

NM1 Requester Name

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

User Option (Usage): Required

To supply the full name of an individual or organizational entity

HIPAA IG Notes:

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

Example:

NM1*1P*1*WHITE*CHRIS****46*000012345~

NYS MEDICAID NOTE:

NYSDOH expects to receive the requesting provider's NPI in this segment, for all covered entities, after NYSDOH's implementation of NPI. All non covered entities must submit the requesting provider's NYS Medicaid ID, in the REF segment of Loop 2010B. Prior to NYSDOH's implementation of NPI, all entities must submit the requesting provider's NYS Medicaid ID, in the REF segment of Loop 2010B.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep						
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual NYS MEDICAID NOTE: NYSDOH expects the following values: <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>1P</td> <td>Provider</td> </tr> <tr> <td>FA</td> <td>Facility</td> </tr> </tbody> </table> HIPAA IG Note: Signifies the provider making the request.	Code	Name	1P	Provider	FA	Facility	M	ID	2/3	Required	1
Code	Name												
1P	Provider												
FA	Facility												
NM102	1065	Entity Type Qualifier: Code qualifying the type of entity <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> </tr> <tr> <td>2</td> <td>Non-Person Entity</td> </tr> </tbody> </table>	Code	Name	1	Person	2	Non-Person Entity	M	ID	1/1	Required	1
Code	Name												
1	Person												
2	Non-Person Entity												
NM103	1035	Name Last or Organization Name: Individual last name or organizational name Industry: Requester Last or Organization Name HIPAA IG Note: Use if name information is needed to identify the requester.	O	AN	1/35	Situational	1						
NM104	1036	Name First: Individual first name Industry: Requester First Name HIPAA IG Note: Use if NM103 is present and NM102 = 1.	O	AN	1/25	Situational	1						
NM105	1037	Name Middle: Individual middle name or initial Industry: Requester Middle Name HIPAA IG Note: Use if NM104 is present and the middle name/initial of the person is known.	O	AN	1/25	Situational	1						
NM107	1039	Name Suffix: Suffix to individual name	O	AN	1/10	Situational	1						
NYSDOH			14				eMedNY						

NM108	66	<p>Industry: Requester Name Suffix HIPAA IG Note: Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.</p>	X	ID	1/2	Required	1										
		<p>Entity Identifier Code Description: Code designating the system/method of code structure used for Identification Code (67)</p>															
		<p>NYS MEDICAID NOTE: NYSDOH expects the following qualifiers:</p>															
		<table border="1"> <thead> <tr> <th data-bbox="316 436 380 464"><u>Code</u></th> <th data-bbox="467 436 537 464"><u>Name</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="316 470 347 497">24</td> <td data-bbox="467 470 821 497">Employer's Identification Number</td> </tr> <tr> <td data-bbox="316 504 347 531">34</td> <td data-bbox="467 504 786 560">Social Security Number Cannot be used for Medicare.</td> </tr> <tr> <td data-bbox="316 567 347 594">46</td> <td data-bbox="467 567 1015 594">Electronic Transmitter Identification Number (ETIN)</td> </tr> <tr> <td data-bbox="316 621 354 648">XX</td> <td data-bbox="467 621 1154 653">Health Care Financing Administration National Provider Identifier</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	24	Employer's Identification Number	34	Social Security Number Cannot be used for Medicare.	46	Electronic Transmitter Identification Number (ETIN)	XX	Health Care Financing Administration National Provider Identifier					
<u>Code</u>	<u>Name</u>																
24	Employer's Identification Number																
34	Social Security Number Cannot be used for Medicare.																
46	Electronic Transmitter Identification Number (ETIN)																
XX	Health Care Financing Administration National Provider Identifier																
		<p>Description: Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</p>															
NM109	67	<p>Identification Code Description: Code identifying a party or other code Industry: Requester Identifier NYS MEDICAID NOTE: NYSDOH expects to receive the Requesting Provider's NPI in this data element, when qualifier in NM108 is 'XX'.</p>	X	AN	2/80	Required	1										
		<p>ExternalCodeList Name: 537 Description: Health Care Financing Administration National Provider Identifier</p>															

REF Requester Supplemental Identification

Pos: 180	Max: 9
Detail - Optional	
Loop: 2010B	Elements: 2

User Option (Usage): Situational

To specify identifying information

HIPAA IG Notes:

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

Example:

REF*1G*123456~

NYS MEDICAID NOTE:

NYSDOH will return data when received. Do not send this segment if NM108 is 'XX' and NM109 contains NPI. All non covered entities must submit this segment with qualifier 'ZH' in REF01 and NYS Medicaid ID in REF02.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep				
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification NYS MEDICAID NOTE: NYSDOH expects qualifier 'ZH'. <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>ZH</td> <td>Carrier Assigned Reference Number</td> </tr> </tbody> </table>	Code	Name	ZH	Carrier Assigned Reference Number	M	ID	2/3	Required	1
Code	Name										
ZH	Carrier Assigned Reference Number										
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Requester Supplemental Identifier NYS MEDICAID NOTE: NYSDOH expects to receive the Requesting Provider's NYS Medicaid ID in this data element, if provider is not mandated to obtain a NPI.	X	AN	1/30	Required	1				

PRV Requester Provider Information

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

User Option (Usage): Situational

To specify the identifying characteristics of a provider

HIPAA IG Notes:

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

Example:

PRV*PC*ZZ*203BA0000Y~

NYS MEDICAID NOTE:

NYSDOH will return data when received.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep																								
PRV01	1221	Provider Code Description: Code identifying the type of provider	M	ID	1/3	Required	1																								
		<table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr><td>AD</td><td>Admitting</td></tr> <tr><td>AS</td><td>Assistant Surgeon</td></tr> <tr><td>AT</td><td>Attending</td></tr> <tr><td>CO</td><td>Consulting</td></tr> <tr><td>CV</td><td>Covering</td></tr> <tr><td>OP</td><td>Operating</td></tr> <tr><td>OR</td><td>Ordering</td></tr> <tr><td>OT</td><td>Other Physician</td></tr> <tr><td>PC</td><td>Primary Care Physician</td></tr> <tr><td>PE</td><td>Performing</td></tr> <tr><td>RF</td><td>Referring</td></tr> </tbody> </table>	Code	Name	AD	Admitting	AS	Assistant Surgeon	AT	Attending	CO	Consulting	CV	Covering	OP	Operating	OR	Ordering	OT	Other Physician	PC	Primary Care Physician	PE	Performing	RF	Referring					
Code	Name																														
AD	Admitting																														
AS	Assistant Surgeon																														
AT	Attending																														
CO	Consulting																														
CV	Covering																														
OP	Operating																														
OR	Ordering																														
OT	Other Physician																														
PC	Primary Care Physician																														
PE	Performing																														
RF	Referring																														
PRV02	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1																								
		<table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>ZZ</td> <td>Mutually Defined</td> </tr> </tbody> </table> <p>HIPAA IG Note: ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.</p>	Code	Name	ZZ	Mutually Defined																									
Code	Name																														
ZZ	Mutually Defined																														
PRV03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M	AN	1/30	Required	1																								
		<p>Industry: Provider Taxonomy Code Alias: Provider Specialty Code NYS MEDICAID NOTE: NYSDOH expects to receive the Taxonomy Code when applicable. Please refer to the 270/278 Supplemental Document for Taxonomy Usage provided on www.nyhipaadesk.com.</p>																													

ExternalCodeList

Name: HCPT

Description: Health Care Provider Taxonomy

HL Subscriber Level

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

User Option (Usage): Situational

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

HIPAA IG Notes:

- This segment is used to indicate the subscriber hierarchical level. This corresponds to the identification of the subscriber or individual insured member. The subscriber could also be the patient. If the subscriber is the patient, the dependent hierarchical level (Loop 2000D) is not used.
- If the transaction set is used in a real time mode (see section 1.3.5.2 for additional detail), it can contain only one patient request. One patient request is defined as follows:
 - one subscriber loop (Loop 2000C) if the subscriber is the patient
 - one subscriber loop (Loop 2000C) if the dependent is the patient and has unique member ID
 - one subscriber loop (Loop 2000C) and one dependent Loop (Loop 2000D) where the dependent is the patient and dependent does not have a unique (different from the subscriber) member ID
- To inquire on multiple patients within a single transaction, you must use this transaction in batch mode (see section 1.3.5.3 for additional detail). If the transaction identifies the patients (see Note 4 that follows), it can contain a maximum of 99 patient requests. One patient request is defined as follows:
 - one subscriber loop (Loop 2000C) if the subscriber is the patient
 - one subscriber loop (Loop 2000C) if the dependent is the patient and has unique member ID
 - one subscriber loop (Loop 2000C) and one dependent Loop (Loop 2000D) where the dependent is the patient and dependent does not have a unique (different from the subscriber) member ID

Note: In batch mode, the transaction can include more than one dependent loop for each subscriber loop. In this case, each dependent loop counts as one patient.
- The Subscriber Hierarchical level (Loop 2000C) is required if the inquiry concerns authorizations for a specific patient. Situational use of this segment enables the requester to create an inquiry that does not specify the name or member information for each patient. If the requester omits this loop on the inquiry, the requester (who must also be the referring provider) can inquire on the status of all the health care services review requests that the referring provider submitted on a specific date. The authors of this guide do not recommend implementation of this method of inquiry. For the UMO to respond to this type of inquiry, the UMO must provide other methods of access to authorizations on file in addition to access by member ID. It is not the intent of the authors of this guide to require UMOs to support this level of inquiry. Support at this level is at the discretion of the UMO. The UMO must authenticate that the provider initiating the inquiry has a relationship with this patient that authorizes the requester to receive this information.
- Referring Provider Loop 2000E and Service Loop 2000G must be valued if Loop 2000C is not valued.
- Do not value Loop 2000D if Loop 2000C is not valued.
- Required segments in this loop are required only when this loop is used.

Example:

HL*3*2*22*1~

NYS MEDICAID NOTE:

For batch 278 transactions NYSDOH will support multiple STs within a single ISA, but will support only one Patient event within a single ST.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required	1
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required	1

HL03	735	<p>Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure</p> <p>Code Name 22 Subscriber</p>	M	ID	1/2	Required	1
HL04	736	<p>Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described</p> <p>Code Name 0 No subordinate HL Segment in This Hierarchical Structure. 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.</p>	O	ID	1/1	Required	1

TRN Subscriber Trace Number

Pos: 020	Max: 9
Detail - Optional	
Loop: 2000C	Elements: 4

User Option (Usage): Situational

To uniquely identify a transaction to an application

HIPAA IG Notes:

1. The TRN segment enables you to assign a unique trace number to this inquiry. Use this TRN segment only if the subscriber is the patient and the inquiry does not contain any service level (Loop 2000F) information. If the inquiry contains service level (Loop 2000F) information, use the TRN segment in Loop 2000F instead of the TRN segment in this loop to assign a unique trace number to each service included in this inquiry.
2. If the transaction is routed through a clearinghouse, the clearinghouse may add their own TRN segment. If the transaction passes through multiple clearinghouses, and the second clearinghouse needs to assign their own TRN segment, they must replace the TRN from the first clearinghouse and retain it to be returned in the 278 response. If the second clearinghouse does not need to assign a TRN segment, they should pass all received TRN segments.
3. Each trace number provided in the TRN segment at this level on the inquiry must be returned by the UMO in the TRN segment at the corresponding level of the response.

Example:

TRN*1*111099*9012345678*RADIOLOGY~

NYS MEDICAID NOTE:

NYSDOH will return data when received.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
TRN01	481	Trace Type Code Description: Code identifying which transaction is being referenced <u>Code</u> <u>Name</u> 1 Current Transaction Trace Numbers	M	ID	1/2	Required	1
TRN02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Subscriber Trace Number HIPAA IG Note: This can provide unique identification for the transaction. NYS MEDICAID NOTE: For non-POS transactions the Provider may populate this data element with any HIPAA-compliant information.	M	AN	1/30	Required	1
TRN03	509	Originating Company Identifier Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 Industry: Trace Assigning Entity	O	AN	10/10	Required	1

Identifier
HIPAA IG Note: Use this element to identify the organization that assigned this trace number. TRN03 must be completed to aid requesters and clearinghouses in identifying their TRN in the 278 response.
 The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.

TRN04 127

Reference Identification
Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Industry: Trace Assigning Entity Additional Identifier
HIPAA IG Note: Use this information if necessary to further identify a specific component, such as a specific division or group, of the company identified in the previous data element (TRN03).

O AN 1/30 Situational 1

NM1 Subscriber Name

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

User Option (Usage): Required

To supply the full name of an individual or organizational entity

HIPAA IG Notes:

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

Example:

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

NYS MEDICAID NOTE:

NYSDOH will return data when received.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required	1
		Code Name IL Insured or Subscriber					
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required	1
		Code Name 1 Person					
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name	O	AN	1/35	Situational	1
		Industry: Subscriber Last Name HIPAA IG Note: Use if name information is needed to identify the subscriber.					
NM104	1036	Name First Description: Individual first name	O	AN	1/25	Situational	1
		Industry: Subscriber First Name HIPAA IG Note: Use if name information is needed to identify the subscriber.					
NM105	1037	Name Middle Description: Individual middle name or initial	O	AN	1/25	Situational	1
		Industry: Subscriber Middle Name HIPAA IG Note: Use if name information is needed to identify the subscriber and middle name/initial of the subscriber is known.					
NM107	1039	Name Suffix Description: Suffix to individual name	O	AN	1/10	Situational	1

NM108	66	<p>Industry: Subscriber Name Suffix HIPAA IG Note: Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.</p>	X	ID	1/2	Required	1				
		<p>Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) NYS MEDICAID NOTE: NYSDOH expects qualifier 'MI'.</p>									
		<table border="1"> <thead> <tr> <th data-bbox="315 436 380 464"><u>Code</u></th> <th data-bbox="467 436 537 464"><u>Name</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="315 470 347 497">MI</td> <td data-bbox="467 470 792 497">Member Identification Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	MI	Member Identification Number					
<u>Code</u>	<u>Name</u>										
MI	Member Identification Number										
		<p>HIPAA IG Note: The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Use MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.</p>									
NM109	67	<p>Identification Code Description: Code identifying a party or other code Industry: Subscriber Primary Identifier Alias: Subscriber Member Number NYS MEDICAID NOTE: NYSDOH expects to receive the Recipient's Medicaid ID, or CBIC (Common Benefit Identification Card), or Medicaid Access Number. (If the CBIC Number is supplied, the iteration of the REF segment (where REF01 = HJ) does not need to be supplied.)</p>	X	AN	2/80	Required	1				

REF Subscriber Supplemental Identification

Pos: 180	Max: 9
Detail - Optional	
Loop: 2010C	Elements: 2

User Option (Usage): Situational

To specify identifying information

HIPAA IG Notes:

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

Example:

REF*SY*123456789~

NYS MEDICAID NOTE:

If the CBIC Number is supplied, the iteration of the REF segment, where REF01 = HJ, does not need to be supplied.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep												
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification NYS MEDICAID NOTE: NYSDOH expects qualifier 'HJ' and the Card Sequence Number (last two digits of the CBIC - Common Benefit Identification Card Number) in REF02, if not supplied in NM109. Otherwise, NYSDOH expects 'NQ' or 'SY'.	M	ID	2/3	Required	1												
		<table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>HJ</td> <td>Identity Card Number</td> </tr> <tr> <td></td> <td> HIPAA IG Note: Use this code when the Identity Card Number differs from the Member Identification Number. This is particularly prevalent in the Medicaid environment. </td> </tr> <tr> <td>NQ</td> <td>Medicaid Recipient Identification Number</td> </tr> <tr> <td>SY</td> <td>Social Security Number</td> </tr> <tr> <td></td> <td> HIPAA IG Note: Use this code only if the Social Security Number was not used by the payer as its primary method of identifying the subscriber. The social security number may not be used for Medicare. </td> </tr> </tbody> </table>	Code	Name	HJ	Identity Card Number		HIPAA IG Note: Use this code when the Identity Card Number differs from the Member Identification Number. This is particularly prevalent in the Medicaid environment.	NQ	Medicaid Recipient Identification Number	SY	Social Security Number		HIPAA IG Note: Use this code only if the Social Security Number was not used by the payer as its primary method of identifying the subscriber. The social security number may not be used for Medicare.					
Code	Name																		
HJ	Identity Card Number																		
	HIPAA IG Note: Use this code when the Identity Card Number differs from the Member Identification Number. This is particularly prevalent in the Medicaid environment.																		
NQ	Medicaid Recipient Identification Number																		
SY	Social Security Number																		
	HIPAA IG Note: Use this code only if the Social Security Number was not used by the payer as its primary method of identifying the subscriber. The social security number may not be used for Medicare.																		
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Subscriber Supplemental Identifier NYS MEDICAID NOTE: If REF01 = 'HJ', NYSDOH expects the Card Sequence Number (last two digits of the CBIC - Common Benefit Identification Card Number).	X	AN	1/30	Required	1												

HL Dependent Hierarchical Level

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

User Option (Usage): Situational

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

HIPAA IG Notes:

- Do not value 2000D if 2000C is not valued.
- Use this hierarchical loop only if the patient is someone other than the subscriber and the patient does not have a unique (different from the subscriber) member Id.
- If the patient has a unique member ID, use Loop 2000C to identify the patient.
- Required segments in this loop are required only when this loop is used.
- If the transaction set is used in a real time mode (see section 1.3.5.2 for additional detail), it can contain only one patient request. One patient request is defined as follows:
 - one subscriber loop (Loop 2000C) if the subscriber is the patient
 - one subscriber loop (Loop 2000C) if the dependent is the patient and has a unique member ID
 - one subscriber loop (Loop 2000C) and one dependent loop (Loop 2000D) where the dependent is the patient and the dependent does not have a unique (different from the subscriber) member ID.
- To inquire on multiple patients within a single transaction, you must use this transaction in batch mode (see section 1.3.5.3 for additional detail). If the transaction identifies the patients, it can contain a maximum of 99 patient requests. One patient request is defined as follows:
 - one subscriber loop (Loop 2000C) if the subscriber is the patient
 - one subscriber loop (Loop 2000C) if the dependent is the patient and has a unique member ID
 - one subscriber loop (Loop 2000C) and one dependent loop (Loop 2000D) where the dependent is the patient and the dependent does not have a unique (different from the subscriber) member ID.

Note: In batch mode, the transaction can include more than one dependent loop for each subscriber loop. In this case, each dependent loop counts as one patient.

Example:

HL*4*3*23*1~

NYS MEDICAID NOTE:

This segment (and entire 2000D Loop) is not used by NYSDOH since all members are enrolled as subscribers. NYSDOH will reject any transaction that reports this segment, due to the Implementation Guide restriction of repeating patient information.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required	1
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required	1
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure Code Name 23 Dependent	M	ID	1/2	Required	1
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required	1

<u>Code</u>	<u>Name</u>
0	No Subordinate HL segment In This Hierarchical Structure.
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

HL Referring Provider Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000E	Elements: 4

User Option (Usage): Situational

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

HIPAA IG Notes:

1. Use this loop to identify the provider who originally requested the specialty referral, facility admission, or services. Use the PRV segment to indicate the role of the provider in the care of the patient.
2. Required segments in this loop are required only when this loop is used.
3. A requesting provider who is also the service provider can use this loop to inquire on authorizations for this patient from a specific referring provider. Patient identification information (Loop 2000C/Loop 2000D) is required. A service provider cannot use Loop 2000E to determine all authorizations to them from a particular referring provider.
4. If the same Referring Provider is responsible for more than one certification in the inquiry, it is not necessary to repeat this loop for each occurrence of Loop 2000F (Service Provider) provided that the role (if specified) of the referring provider is the same in the care of the patient.
5. If Patient Loop 2000C or Loop 2000D is not valued on the request, the Referring Provider must be the same entity as the Requesting Provider. If the Patient loop and the Referring Provider loop are not valued, the respondent/UMO can either (1) reject the request because it contains no patient identification information or (2) assume that the Requesting Provider is the Referring Provider and that this is an inquiry on the status of health care services reviews for multiple patients. (See "Multiple Patients Certifications Inquiry" in section 1.3.1 for more information.)

Example:

HL*5*4*PA*1~

NYS MEDICAID NOTE:

NYSDOH will ignore data if received.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required	1
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required	1
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required	1
		Code Name PA Primary Administrator					
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required	1
		Code Name 0 No Subordinate HL segment in This Hierarchical Structure. 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.					

HL Service Provider Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000F	Elements: 4

User Option (Usage): Situational

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

HIPAA IG Notes:

1. Use Loop 2000F to identify the specific person, group practice, facility, or specialty entity to provide services.
2. Use multiple occurrences of this loop if inquiring on certifications involving multiple service providers.

Example:

HL*6*5*19*1~

NYS MEDICAID NOTE:

NYSDOH will ignore data if received.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required	1
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required	1
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required	1
		Code Name SS Services					
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required	1
		Code Name 0 No Subordinate HL Segment in This Hierarchical Structure. 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.					

HL Service Level

Pos: 010	Max: 1
Detail - Mandatory	
Loop: 2000G	Elements: 4

User Option (Usage): Situational

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

HIPAA IG Notes:

1. The Service level enables you to further qualify your inquiry. Use Loop 2000G to identify the service(s) certified or to identify an existing certification associated with this inquiry.
2. When you use this loop on the inquiry, you limit the range of certifications that meet the specifications entered. Use of this segment also ensures that the response from the UMO contains only those certifications relevant to the criteria you provided.
3. This loop is required if this is a multiple patients certifications inquiry (see "Multiple Patients Certifications Inquiry" in section 1.3.1) and Patient Loop 2000C or Loop 2000D is not valued.
4. This segment is required if this loop is used.

Example:

HL*7*6*SS*0~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required	1
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required	1
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required	1
		Code Name SS Services					
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required	1
		Code Name 0 No Subordinate HL Segment in This Hierarchical Structure.					

TRN Service Trace Number

Pos: 020	Max: 9
Detail - Optional	
Loop: 2000G	Elements: 4

User Option (Usage): Situational

To uniquely identify a transaction to an application

HIPAA IG Notes:

1. Use this segment to assign a unique trace number to this service inquiry. It is recommended that you assign a unique trace (TRN segment) to each service level (Loop 2000F) on the inquiry to aid in the reconciliation of the 278 response.
2. If the transaction is routed through a clearinghouse, the clearinghouse may add their own TRN segment. If the transaction passes through multiple clearinghouses, and the second clearinghouse needs to assign their own TRN segment, they must replace the TRN from the first clearinghouse and retain it to be returned in the 278 response. If the second clearinghouse does not need to assign a TRN segment, they should pass all received TRN segments.
3. Each trace number provided in the TRN segment at this level on the inquiry must be returned by the UMO in the TRN segment at the corresponding level of the response.

Example:

TRN*1*111099*9012345678*RADIOLOGY~

NYS MEDICAID NOTE:

NYSDOH will return data when received.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
TRN01	481	Trace Type Code Description: Code identifying which transaction is being referenced Code Name 1 Current Transaction Trace Numbers	M	ID	1/2	Required	1
TRN02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Subscriber Trace Number	M	AN	1/30	Required	1
TRN03	509	Originating Company Identifier Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 Industry: Trace Assigning Entity Identifier HIPAA IG Note: Use this element to identify the organization that assigned this trace number. TRN03 must be completed to aid requesters and clearinghouses in identifying their TRN in the 278 response. The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned	O	AN	10/10	Required	1

TRN04	127	identifier is used.	O	AN	1/30	Situational	1
		Reference Identification					
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier					
		Industry: Trace Assigning Entity Additional Identifier					
		HIPAA IG Note: Use this information if necessary to further identify a specific component, such as a specific division or group, of the company identified in the previous data element (TRN03).					

UM

Health Care Services Review Information

Pos: 040	Max: 1
Detail - Optional	
Loop: 2000G	Elements: 3

User Option (Usage): Required

To specify health care services review information

HIPAA IG Notes:

1. Use this segment to identify the type of health care service review that is the subject of the inquiry. Value this segment if you want to limit the inquiry to only referrals, admission certifications, or health care service certifications.
2. Omit this segment if you want to inquire on all health care services review categories.

Example:

UM*SC**83~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>												
UM01	1525	<p>Request Category Code Description: Code indicating a type of request HIPAA IG Note: The value assigned to UM01 limits the inquiry to only those certifications in the categories specified. NYS MEDICAID NOTE: NYSDOH expects value 'HS'.</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>HS</td> <td>Health Services Review</td> </tr> </tbody> </table> <p>HIPAA IG Note: Use this code to inquire on certification for services related to an episode of care.</p>	<u>Code</u>	<u>Name</u>	HS	Health Services Review	M	ID	1/2	Required	1								
<u>Code</u>	<u>Name</u>																		
HS	Health Services Review																		
UM03	1365	<p>Service Type Code Description: Code identifying the classification of service HIPAA IG Note: Use this segment to limit the inquiry to only those certifications for the type of service specified. Use of this segment assumes that the original health care services review request specified the same service type. Note that the original health care services review request might have specified a different service type or expressed the service as a specific procedure or set of procedures in the HI Procedures segment. Use of this segment implies that only those certifications with an exact match on this value are returned by the UMO. NYS MEDICAID NOTE: When it is necessary to report the Taxonomy Code in PRV03, Loop 2010B, please refer to the 270/278 Supplemental Document for Taxonomy Usage provided on www.nyhipaadesk.com.</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Medical Care</td> </tr> <tr> <td>2</td> <td>Surgical</td> </tr> <tr> <td>3</td> <td>Consultation</td> </tr> <tr> <td>4</td> <td>Diagnostic X-Ray</td> </tr> <tr> <td>5</td> <td>Diagnostic Lab</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	1	Medical Care	2	Surgical	3	Consultation	4	Diagnostic X-Ray	5	Diagnostic Lab	O	ID	1/2	Situational	1
<u>Code</u>	<u>Name</u>																		
1	Medical Care																		
2	Surgical																		
3	Consultation																		
4	Diagnostic X-Ray																		
5	Diagnostic Lab																		

6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
12	Durable Medical Equipment Purchase
14	Renal Supplies in the Home
15	Alternate Method Dialysis
16	Chronic Renal Disease (CRD) Equipment
17	Pre-Admission Testing
18	Durable Medical Equipment Rental
20	Second Surgical Opinion
21	Third Surgical Opinion
23	Diagnostic Dental
24	Periodontics
25	Restorative
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
33	Chiropractic
34	Chiropractic Office Visits
35	Dental Care
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
42	Home Health Care
44	Home Health Visits
45	Hospice
46	Respite Care
48	Hospital - Inpatient
50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
54	Long Term Care
56	Medically Related Transportation
57	Air Transportation
58	Cabulance
59	Licensed Ambulance
61	In-vitro Fertilization
62	MRI/CAT Scan
63	Donor Procedures
64	Acupuncture
65	Newborn Care
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
77	Otological Exam
78	Chemotherapy
79	Allergy Testing

- 80 Immunizations
- 82 Family Planning
- 83 Infertility
- 84 Abortion
- 85 AIDS
- 86 Emergency Services
- 93 Podiatry
- 94 Podiatry - Office Visits
- 95 Podiatry - Nursing Home Visits
- 98 Professional (Physician) Visit - Office
- 99 Professional (Physician) Visit - Inpatient
- A0 Professional (Physician) Visit - Outpatient
- A1 Professional (Physician) Visit - Nursing Home
- A2 Professional (Physician) Visit - Skilled Nursing Facility
- A3 Professional (Physician) Visit - Home
- A4 Psychiatric
- A6 Psychotherapy
- A7 Psychiatric - Inpatient
- A8 Psychiatric - Outpatient
- A9 Rehabilitation
- AB Rehabilitation - Inpatient
- AC Rehabilitation - Outpatient
- AD Occupational Therapy
- AE Physical Medicine
- AF Speech Therapy
- AG Skilled Nursing Care
- AI Substance Abuse
- AJ Alcoholism
- AK Drug Addiction
- AL Vision (Optometry)
- AR Experimental Drug Therapy
- BB Partial Hospitalization (Psychiatric)
- BC Day Care (Psychiatric)
- BD Cognitive Therapy
- BE Massage Therapy
- BF Pulmonary Rehabilitation
- BG Cardiac Rehabilitation
- BS Invasive Procedures

UM04 C023 **Health Care Service Location Information** O Comp Situational 1

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

HIPAA IG Note: Use this segment to limit the inquiry to only those certifications for the facility type specified. Use of this segment assumes that the original health care services review request specified the same facility type. Note that the original health care services review request might have specified a different facility type or expressed the facility as part of the service type in UM03. Use of this segment implies that only those certifications with an exact match on this value are returned by the UMO.

1331	<p>Facility Code Value</p> <p>Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format</p> <p>Industry: Facility Type Code</p> <p>HIPAA IG Note: Use to indicate a facility code value from the code source referenced in UM04-2.</p> <p>ExternalCodeList</p> <p>Name: 236</p> <p>Description: Uniform Billing Claim Form Bill Type</p> <p>ExternalCodeList</p> <p>Name: 237</p> <p>Description: Place of Service from Health Care Financing Administration Claim Form</p>	M	AN	1/2	Required	1														
1332	<p>Facility Code Qualifier</p> <p>Description: Code identifying the type of facility referenced</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Code</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> </tr> </thead> <tbody> <tr> <td style="padding-left: 20px;">A</td> <td>Uniform Billing Claim Form Bill Type</td> </tr> <tr> <td colspan="2" style="padding-left: 20px;">CODE SOURCE:</td> </tr> <tr> <td colspan="2" style="padding-left: 40px;">236: Uniform Billing Claim Form Bill Type</td> </tr> <tr> <td style="padding-left: 20px;">B</td> <td>Place of service code from the FAO record of the Electronic Media Claims National Standard Format</td> </tr> <tr> <td colspan="2" style="padding-left: 20px;">CODE SOURCE:</td> </tr> <tr> <td colspan="2" style="padding-left: 40px;">237: Place of Service from Health Care Financing Administration Claim Form</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	A	Uniform Billing Claim Form Bill Type	CODE SOURCE:		236: Uniform Billing Claim Form Bill Type		B	Place of service code from the FAO record of the Electronic Media Claims National Standard Format	CODE SOURCE:		237: Place of Service from Health Care Financing Administration Claim Form		O	ID	1/2	Required	1
<u>Code</u>	<u>Name</u>																			
A	Uniform Billing Claim Form Bill Type																			
CODE SOURCE:																				
236: Uniform Billing Claim Form Bill Type																				
B	Place of service code from the FAO record of the Electronic Media Claims National Standard Format																			
CODE SOURCE:																				
237: Place of Service from Health Care Financing Administration Claim Form																				

To specify identifying information

DTP

Service Date

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

User Option (Usage): Situational

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

HIPAA IG Notes:

1. Use the service date (range) to limit the inquiry to those certifications for service within a specific time period.
2. The HI segment in Loop 2000F is used for specific procedures and has a Procedure Date field (Hlxx-4). Specifying a date in this DTP segment on the inquiry does not ensure that the UMO will find those certifications for specific services or procedures that have the same date or date range in the HI segment. If you are inquiring about a specific service or procedure codes on the inquiry, use the requested or actual procedure date in the HI segment Procedure Date field (Hlxx-4) to specify the time period.

Example:

DTP*472*D8*19980723~

NYS MEDICAID NOTE:

NYSDOH will return data when received.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 472 Service					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format NYS MEDICAID NOTE: NYSDOH expects qualifier 'D8'. NYSDOH will ignore qualifier 'RD8' if submitted, and will process Current Date in DTP03.	M	ID	2/3	Required	1
		Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Proposed or Actual Service Date NYS MEDICAID NOTE: NYSDOH expects the Date of Service in CCYYMMDD format. If DTP02 is populated with value 'RD8', NYSDOH will ignore value submitted in this field and will process Current Date.	M	AN	1/35	Required	1

DTP

Admission Date

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

User Option (Usage): Situational

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

HIPAA IG Notes:

1. Use the admission date to limit the inquiry to those certifications for admissions within a specific time period.

Example:

DTP*435*D8*19980723~

NYS MEDICAID NOTE:

NYSDOH will return data when received.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 435 Admission					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required	1
		Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Proposed or Actual Admission Date	M	AN	1/35	Required	1

DTP Surgery Date

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

User Option (Usage): Situational

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

HIPAA IG Notes:

1. Use the surgery date to limit the inquiry to those certifications for surgery within a specific time period.
2. The HI segment in Loop 2000F may be used for specific surgical procedures and has a Procedure Date field (Hixx-4). Specifying a date in this DTP segment on the inquiry does not ensure that the UMO will find those certifications for specific surgical procedures that have the same date or date range in the HI segment. If you are inquiring about a specific surgical procedure use the requested or actual surgical procedure date in the HI segment Procedure Date field (Hixx-4) to specify the time period.

Example:

DTP*456*D8*19980723~

NYS MEDICAID NOTE:

NYSDOH will return data when received.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 456 Surgery					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required	1
		Code Name D8 Date Expressed in Format CCYYMMDD					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	M	AN	1/35	Required	1

HI Procedures

Pos: 080	Max: 1
Detail - Optional	
Loop: 2000G	Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

HIPAA IG Notes:

1. Use this segment to limit the inquiry to specific services and procedures.
2. If you specify multiple services or procedures within a single HI segment, you are requesting that the UMO locate only those certifications containing the same services and procedures associated with a single episode of care. If you are inquiring on certifications for multiple services or procedures, where each may represent a separate episode of care, use a separate HI segment in a separate Service loop (Loop 2000F) for each service or procedure
3. If the inquiry specifies a general service/procedure code, the UMO should return certifications containing the same code and/or certifications containing more specific service/procedure codes associated with the general code on the inquiry.
4. Use the most current version of the code list identified in Hlxx-1 Code List Qualifier Code (Data Element 1270).

Example:

HI*BO:49000:D8:2000115~

NYS MEDICAID NOTE:

NYSDOH will return data when received.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
HI01	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities Alias: Procedure Code 1	M	Comp		Required	1
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list NYS MEDICAID NOTE: NYSDOH expects qualifier 'BO' or 'NDC'.	M	ID	1/3	Required	1
		Code Name BO Health Care Financing Administration Common Procedural Coding System HIPAA IG Note: Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO. CODE SOURCE: 130: Health Care Financing Administration Common Procedural Coding System					
		NDC National Drug Code (NDC) CODE SOURCE: 134: National Drug Code 240: National Drug Code by Format					
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Procedure Code NYS MEDICAID NOTE: When HI01-1 = 'BO', NYSDOH expects a dental procedure code or a valid HCPCS code for a DME or supply item. The only codes that may be expected for the following services are: 76499 - To be used by a physician, hospital or clinic when the primary service provided is a diagnostic radiological service. It should	M	AN	1/30	Required	1

not be used if the radiological service is ancillary to the service being rendered. It should be used on the Service Authorization (SA) only if the Provider can submit a stand-alone claim for the radiological service.
 99070 - To be used by a pharmacy when non-DVS non-drug items are being dispensed.
 99212 - To be used by a physician, hospital or clinic for any services provided other than radiology.
 S5000 - To be used by an Ordering Provider when posting pharmacy services, or by a pharmacy when generic or over-the-counter drugs are dispensed.
 S5001 - To be used by a pharmacy when brand name drugs are dispensed.
 S9981 - To be used by an Ordering Provider when a laboratory service is posted, or by a laboratory when a laboratory service is provided.

When HI01-1 = 'NDC', NYSDOH expects an NDC Code.

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

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

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) codes

ExternalCodeList

Name: 134

Description: National Drug Code

ExternalCodeList

Name: 135

Description: American Dental Association Codes

ExternalCodeList

Name: 240

Description: National Drug Code by Format

ExternalCodeList

Name: 513

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

1250	Date	Time	Period	Format	Qualifier	X	ID	2/3	Situational	1
	Description: Code indicating the date format, time format, or date and time format									
	HIPAA IG Note: Required if X12N syntax conditions apply.									

Code **Name**

D8 Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

1251	Date	Time	Period	Format	Qualifier	X	AN	1/35	Situational	1
	Description: Expression of a date, a time, or range of dates, times or dates and times									
	Industry: Procedure Date									
	HIPAA IG Note: Use the Procedure date (range) to limit the inquiry to those certifications for procedures authorized to occur within a specific time period.									

380	<p>Quantity NYS MEDICAID NOTE: (Although stated usage by X12 is 'Not Used', NYSDOH will process this data element when supplied by the provider.) When HI01-2 = 99212, enter the number of Service Units provided by the Requesting Provider. When HI01-2 = 76499, enter the number of Radiological Services provided by the Requesting Provider. When HI01-2 = S9981, enter the number of Lab Tests ordered. When HI01-2 = S5000, enter the number of prescriptions ordered or the number of prescriptions filled generically. When HI01-2 = S5001, enter the number of Brand Name prescriptions ordered. When HI01-2 = 99070, enter the number of non-drug prescriptions filled. When HI01-1 = BO and HI01-2 not equal 99212, 76499, 99070, S9981, S5000, or S5001, enter the number of times the dental procedure was performed. When HI01-1 = NDC, enter the quantity of the drug or item dispensed. When only one HI and HI01-2 = 99212, S5000 or S9981, enter the number of Service Units delivered by the requesting provider, Prescriptions Filled or Lab Tests performed respectively.</p>	O	R	1/15	Not Used	1
799	<p>Version Identifier Description: Revision level of a particular format, program, technique or algorithm HIPAA IG Note: Required if the code list referenced in HI01-1 has a version identifier. Otherwise Not Used.</p>	O	AN	1/30	Situational	1
HI02	C022	<p>Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities Alias: Procedure Code 2. NYS MEDICAID NOTE: Refer to NYS MEDICAID NOTES in composite data element HI01.</p>	O	Comp	Situational	1
1270	<p>Code List Qualifier Code Description: Code identifying a specific industry code list Code Name BO Health Care Financing Administration Common Procedural Coding System HIPAA IG Note: Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO. CODE SOURCE:</p>	M	ID	1/3	Required	1

	element HI01.					
1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required	1
	Code Name BO Health Care Financing Administration Common Procedural Coding System					
	HIPAA IG Note: Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.					
	CODE SOURCE: 130: Health Care Financing Administration Common Procedural Coding System					
	NDC National Drug Code (NDC)					
	CODE SOURCE: 134: National Drug Code 240: National Drug Code by Format					
1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Procedure Code	M	AN	1/30	Required	1
	ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System					
	ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
	ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) codes					
	ExternalCodeList Name: 134 Description: National Drug Code					
	ExternalCodeList Name: 135 Description: American Dental Association Codes					
	ExternalCodeList Name: 240 Description: National Drug Code by Format					
	ExternalCodeList Name: 513 Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List					
1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format HIPAA IG Note: Required if X12N syntax conditions apply.	X	ID	2/3	Situational	1
	Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD					
1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date HIPAA IG Note: Use the Procedure date (range) to limit the inquiry to those certifications for procedures authorized to occur within a specific time period.	X	AN	1/35	Situational	1
380	Quantity	O	R	1/15	Not Used	1
799	Version Identifier Description: Revision level of a particular	O	AN	1/30	Situational	1

		format, program, technique or algorithm HIPAA IG Note: Required if the code list referenced in HI03-1 has a version identifier. Otherwise Not Used.					
HI04	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities Alias: Procedure Code 4 NYS MEDICAID NOTE: Refer to NYS MEDICAID NOTES in composite data element HI01.	O	Comp		Situational	1
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required	1
		Code Name BO Health Care Financing Administration Common Procedural Coding System HIPAA IG Note: Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO. CODE SOURCE: 130: Health Care Financing Administration Common Procedural Coding System					
		NDC National Drug Code (NDC) HIPAA IG Note: 134: National Drug Code 240: National Drug Code by Format					
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Procedure Code ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) codes ExternalCodeList Name: 134 Description: National Drug Code ExternalCodeList Name: 135 Description: American Dental Association Codes ExternalCodeList Name: 240 Description: National Drug Code by Format ExternalCodeList Name: 513 Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List	M	AN	1/30	Required	1
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format HIPAA IG Note: Required if X12N syntax conditions apply.	X	ID	2/3	Situational	1
		Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD					

1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date HIPAA IG Note: Use the Procedure date (range) to limit the inquiry to those certifications for procedures authorized to occur within a specific time period.	X	AN	1/35	Situational	1
380	Quantity	O	R	1/15	Not Used	1
799	Version Identifier Description: Revision level of a particular format, program, technique or algorithm HIPAA IG Note: Required if the code list referenced in HI04-1 has a version identifier. Otherwise Not Used.	O	AN	1/30	Situational	1
HI05	C022 Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities Alias: Procedure Code 5 HIPAA IG Note: Use this for the fifth procedure. NYS MEDICAID NOTE: Refer to NYS MEDICAID NOTES in composite data element HI01.	O	Comp		Situational	1
1270	Code List Qualifier Code Description: Code identifying a specific industry code list HIPAA IG Note: Required if X12N syntax conditions apply.	M	ID	1/3	Required	1
	Code Name					
	BO	Health Care Financing Administration Common Procedural Coding System HIPAA IG Note: Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO. CODE SOURCE: 130: Health Care Financing Administration Common Procedural Coding System				
	NDC	National Drug Code (NDC) CODE SOURCE: 134: National Drug Code 240: National Drug Code by Format				
1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Procedure Code ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) codes ExternalCodeList Name: 134 Description: National Drug Code ExternalCodeList Name: 135 Description: American Dental Association Codes ExternalCodeList	M	AN	1/30	Required	1

		Name: 240				
		Description: National Drug Code by Format				
		ExternalCodeList				
		Name: 513				
		Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List				
1250		Date Time Period Format Qualifier	X	ID	2/3	Situational 1
		Description: Code indicating the date format, time format, or date and time format				
		Code				
		Name				
		D8				Date Expressed in Format CCYYMMDD
		RD8				Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
1251		Date Time Period	X	AN	1/35	Situational 1
		Description: Expression of a date, a time, or range of dates, times or dates and times				
		Industry: Procedure Date				
		HIPAA IG Note: Use the Procedure date (range) to limit the inquiry to those certifications for procedures authorized to occur within a specific time period.				
380		Quantity	O	R	1/15	Not Used 1
799		Version Identifier	O	AN	1/30	Situational 1
		Description: Revision level of a particular format, program, technique or algorithm				
		HIPAA IG Note: Required if the code list referenced in HI05-1 has a version identifier. Otherwise Not Used.				
HI06	C022	Health Care Code Information	O	Comp		Situational 1
		Description: To send health care codes and their associated dates, amounts and quantities				
		Alias: Procedure Code 6				
		HIPAA IG Note: Use this for the sixth procedure.				
		NYS MEDICAID NOTE: Refer to NYS MEDICAID NOTES in composite data element HI01.				
1270		Code List Qualifier Code	M	ID	1/3	Required 1
		Description: Code identifying a specific industry code list				
		Code				
		Name				
		BO				Health Care Financing Administration Common Procedural Coding System
		HIPAA IG Note:				Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.
		CODE SOURCE:				130: Health Care Financing Administration Common Procedural Coding System
		NDC				National Drug Code (NDC)
		CODE SOURCE:				134: National Drug Code 240: National Drug Code by Format
1271		Industry Code	M	AN	1/30	Required 1
		Description: Code indicating a code from a specific industry code list				
		Industry: Procedure Code				
		ExternalCodeList				
		Name: 130				
		Description: Health Care Financing Administration Common Procedural Coding System				
		ExternalCodeList				
		Name: 131				
		Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		ExternalCodeList				

Name: 132
Description: National Uniform Billing Committee (NUBC) codes

ExternalCodeList

Name: 134
Description: National Drug Code

ExternalCodeList

Name: 135
Description: American Dental Association Codes

ExternalCodeList

Name: 240
Description: National Drug Code by Format

ExternalCodeList

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

1250	Date Time Period Format Qualifier	X	ID	2/3	Situational	1
	Description: Code indicating the date format, time format, or date and time format					
	HIPAA IG Note: Required if X12N syntax conditions apply.					

<u>Code</u>	<u>Name</u>
D8	Date Expressed in Format CCYYMMDD
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

1251	Date Time Period	X	AN	1/35	Situational	1
	Description: Expression of a date, a time, or range of dates, times or dates and times					
	Industry: Procedure Date					
	HIPAA IG Note: Use the Procedure date (range) to limit the inquiry to those certifications for procedures authorized to occur within a specific time period.					

380	Quantity	O	R	1/15	Not Used	1
799	Version Identifier	O	AN	1/30	Situational	1
	Description: Revision level of a particular format, program, technique or algorithm					
	HIPAA IG Note: Required if the code list referenced in HI06-1 has a version identifier. Otherwise Not Used.					

HI07	C022	Health Care Code Information	O	Comp	Situational	1
		Description: To send health care codes and their associated dates, amounts and quantities				
		Alias: Procedure Code 7				
		NYS MEDICAID NOTE: Refer to NYS MEDICAID NOTES in composite data element HI01.				

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

<u>Code</u>	<u>Name</u>
BO	Health Care Financing Administration Common Procedural Coding System
	HIPAA IG Note: Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.
	CODE SOURCE: 130: Health Care Financing Administration Common Procedural Coding System

NDC	National Drug Code (NDC)
	CODE SOURCE: 134: National Drug Code 240: National Drug Code by Format

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

Industry: Procedure Code

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

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

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) codes

ExternalCodeList

Name: 134

Description: National Drug Code

ExternalCodeList

Name: 135

Description: American Dental Association Codes

ExternalCodeList

Name: 240

Description: National Drug Code by Format

ExternalCodeList

Name: 513

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

1250	Date Time Period Format Qualifier	X	ID	2/3	Situational	1
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Description: Code indicating the date format, time format, or date and time format

HIPAA IG Note: Required if X12N syntax conditions apply.

Code

Name

D8 Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

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

Industry: Procedure Date

HIPAA IG Note: Use the Procedure date (range) to limit the inquiry to those certifications for procedures authorized to occur within a specific time period.

380	Quantity	O	R	1/15	Not Used	1
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799	Version Identifier	O	AN	1/30	Situational	1
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Description: Revision level of a particular format, program, technique or algorithm

HIPAA IG Note: Required if the code list referenced in HI07-1 has a version identifier. Otherwise Not Used.

HI08	C022	Health Care Code Information	O	Comp	Situational	1
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Description: To send health care codes and their associated dates, amounts and quantities

Alias: Procedure Code 8

NYS MEDICAID NOTE: Refer to NYS MEDICAID NOTES in composite data element HI01.

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

Code

Name

BO Health Care Financing Administration Common Procedural Coding System

		HIPAA IG Note: Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.				
		CODE SOURCE: 130: Health Care Financing Administration Common Procedural Coding System				
	NDC	National Drug Code (NDC)				
		CODE SOURCE: 134: National Drug Code 240: National Drug Code by Format				
1271	Industry Code	M	AN	1/30	Required	1
	Description: Code indicating a code from a specific industry code list					
	Industry: Procedure Code					
	ExternalCodeList					
	Name: 130					
	Description: Health Care Financing Administration Common Procedural Coding System					
	ExternalCodeList					
	Name: 131					
	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
	ExternalCodeList					
	Name: 132					
	Description: National Uniform Billing Committee (NUBC) codes					
	ExternalCodeList					
	Name: 134					
	Description: National Drug Code					
	ExternalCodeList					
	Name: 135					
	Description: American Dental Association Codes					
	ExternalCodeList					
	Name: 240					
	Description: National Drug Code by Format					
	ExternalCodeList					
	Name: 513					
	Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List					
1250	Date Time Period Format Qualifier	X	ID	2/3	Situational	1
	Description: Code indicating the date format, time format, or date and time format					
	HIPAA IG Note: Required if X12N syntax conditions apply.					
	Code	Name				
	D8	Date Expressed in Format CCYYMMDD				
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
1251	Date Time Period	X	AN	1/35	Situational	1
	Description: Expression of a date, a time, or range of dates, times or dates and times					
	Industry: Procedure Date					
	HIPAA IG Note: Use the Procedure date (range) to limit the inquiry to those certifications for procedures authorized to occur within a specific time period.					
380	Quantity	O	R	1/15	Not Used	1
799	Version Identifier	O	AN	1/30	Situational	1
	Description: Revision level of a particular format, program, technique or algorithm					
	HIPAA IG Note: Required if the code list referenced in HI08-1 has a version identifier. Otherwise Not Used.					
HI09	C022	O	Comp		Situational	1
	Health Care Code Information					
	Description: To send health care codes and their associated dates, amounts and					

	quantities						
	Alias: Procedure Code 9						
	NYS MEDICAID NOTE: Refer to NYS MEDICAID NOTES in composite data element HI01.						
1270	Code List Qualifier Code	M	ID	1/3	Required	1	
	Description: Code identifying a specific industry code list						
	Code		Name				
	BO		Health Care Financing Administration Common Procedural Coding System				
			HIPAA IG Note:				
			Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.				
			CODE SOURCE:				
			130: Health Care Financing Administration Common Procedural Coding System				
	NDC		National Drug Code (NDC)				
			CODE SOURCE:				
			134: National Drug Code				
			240: National Drug Code by Format				
1271	Industry Code	M	AN	1/30	Required	1	
	Description: Code indicating a code from a specific industry code list						
	Industry: Procedure Code						
	ExternalCodeList						
	Name: 130						
	Description: Health Care Financing Administration Common Procedural Coding System						
	ExternalCodeList						
	Name: 131						
	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure						
	ExternalCodeList						
	Name: 132						
	Description: National Uniform Billing Committee (NUBC) codes						
	ExternalCodeList						
	Name: 134						
	Description: National Drug Code						
	ExternalCodeList						
	Name: 135						
	Description: American Dental Association Codes						
	ExternalCodeList						
	Name: 240						
	Description: National Drug Code by Format						
	ExternalCodeList						
	Name: 513						
	Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List						
1250	Date Time Period Format Qualifier	X	ID	2/3	Situational	1	
	Description: Code indicating the date format, time format, or date and time format						
	HIPAA IG Note: Required if X12N syntax conditions apply.						
	Code		Name				
	D8		Date Expressed in Format CCYYMMDD				
	RD8		Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
1251	Date Time Period	X	AN	1/35	Situational	1	
	Description: Expression of a date, a time, or range of dates, times or dates and times						
	Industry: Procedure Date						
	HIPAA IG Note: Use the Procedure date (range) to limit the inquiry to those certifications for procedures authorized to occur within a specific time period.						

	380	Quantity	O	R	1/15	Not Used	1
	799	Version Identifier Description: Revision level of a particular format, program, technique or algorithm HIPAA IG Note: Required if X12N syntax conditions apply.	O	AN	1/30	Situational	1
HI10	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities Alias: Procedure Code 10 NYS MEDICAID NOTE: Refer to NYS MEDICAID NOTES in composite data element HI01.	O	Comp		Situational	1
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required	1
		Code Name BO Health Care Financing Administration Common Procedural Coding System HIPAA IG Note: Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO. CODE SOURCE: 130: Health Care Financing Administration Common Procedural Coding System					
		NDC National Drug Code (NDC) CODE SOURCE: 134: National Drug Code 240: National Drug Code by Format					
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Procedure Code ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) codes ExternalCodeList Name: 134 Description: National Drug Code ExternalCodeList Name: 135 Description: American Dental Association Codes ExternalCodeList Name: 240 Description: National Drug Code by Format ExternalCodeList Name: 513 Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List	M	AN	1/30	Required	1
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format HIPAA IG Note: Required if X12N syntax conditions apply.	X	ID	2/3	Situational	1
		Code Name D8 Date Expressed in Format CCYYMMDD					

	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD					
1251	Date Time Period	X	AN	1/35	Situational	1	
	Description: Expression of a date, a time, or range of dates, times or dates and times						
	Industry: Procedure Date						
	HIPAA IG Note: Use the Procedure date (range) to limit the inquiry to those certifications for procedures authorized to occur within a specific time period						
380	Quantity	O	R	1/15	Not Used	1	
799	Version Identifier	O	AN	1/30	Situational	1	
	Description: Revision level of a particular format, program, technique or algorithm						
	HIPAA IG Note: Required if X12N syntax conditions apply.						
HI11	C022	Health Care Code Information	O	Comp	Situational	1	
	Description: To send health care codes and their associated dates, amounts and quantities						
	Alias: Procedure Code 11						
	NYS MEDICAID NOTE: Refer to NYS MEDICAID NOTES in composite data element HI01.						
1270	Code List Qualifier Code	M	ID	1/3	Required	1	
	Description: Code identifying a specific industry code list						
	Code	Name					
	BO	Health Care Financing Administration Common Procedural Coding System					
	HIPAA IG Note:						
	Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.						
	CODE SOURCE:						
	130: Health Care Financing Administration Common Procedural Coding System						
	NDC	National Drug Code (NDC)					
	CODE SOURCE:						
	134: National Drug Code						
	240: National Drug Code by Format						
1271	Industry Code	M	AN	1/30	Required	1	
	Description: Code indicating a code from a specific industry code list						
	Industry: Procedure Code						
	ExternalCodeList						
	Name: 130						
	Description: Health Care Financing Administration Common Procedural Coding System						
	ExternalCodeList						
	Name: 131						
	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure						
	ExternalCodeList						
	Name: 132						
	Description: National Uniform Billing Committee (NUBC) codes						
	ExternalCodeList						
	Name: 134						
	Description: National Drug Code						
	ExternalCodeList						
	Name: 135						
	Description: American Dental Association Codes						
	ExternalCodeList						
	Name: 240						
	Description: National Drug Code by Format						
	ExternalCodeList						

		Name: 513				
		Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List				
1250	Date Time Period Format Qualifier	X	ID	2/3	Situational	1
	Description: Code indicating the date format, time format, or date and time format					
	HIPAA IG Note: Required if X12N syntax conditions apply.					
	Code		Name			
	D8		Date Expressed in Format CCYYMMDD			
	RD8		Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD			
1251	Date Time Period	X	AN	1/35	Situational	1
	Description: Expression of a date, a time, or range of dates, times or dates and times					
	Industry: Procedure Date					
	HIPAA IG Note: Use the Procedure date (range) to limit the inquiry to those certifications for procedures authorized to occur within a specific time period					
380	Quantity	O	R	1/15	Not Used	1
799	Version Identifier	O	AN	1/30	Situational	1
	Description: Revision level of a particular format, program, technique or algorithm					
	Industry: Version, Release, or Industry Identifier					
	HIPAA IG Note: Required if X12N syntax conditions apply.					
HI12	C022	O	Comp		Situational	1
	Health Care Code Information					
	Description: To send health care codes and their associated dates, amounts and quantities					
	Alias: Procedure Code 12					
	NYS MEDICAID NOTE: Refer to NYS MEDICAID NOTES in composite data element HI01.					
1270	Code List Qualifier Code	M	ID	1/3	Required	1
	Description: Code identifying a specific industry code list					
	Code		Name			
	BO		Health Care Financing Administration Common Procedural Coding System			
			HIPAA IG Note:			
			Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.			
			CODE SOURCE:			
			130: Health Care Financing Administration Common Procedural Coding System			
	NDC		National Drug Code (NDC)			
			CODE SOURCE:			
			134: National Drug Code			
			240: National Drug Code by Format			
1271	Industry Code	M	AN	1/30	Required	1
	Description: Code indicating a code from a specific industry code list					
	Industry: Procedure Code					
	ExternalCodeList					
	Name: 130					
	Description: Health Care Financing Administration Common Procedural Coding System					
	ExternalCodeList					
	Name: 131					
	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
	ExternalCodeList					
	Name: 132					
	Description: National Uniform Billing Committee (NUBC) codes					

	<u>ExternalCodeList</u>					
	Name: 134					
	Description: National Drug Code					
	<u>ExternalCodeList</u>					
	Name: 135					
	Description: American Dental Association Codes					
	<u>ExternalCodeList</u>					
	Name: 240					
	Description: National Drug Code by Format					
	<u>ExternalCodeList</u>					
	Name: 513					
	Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List					
1250	Date Time Period Format Qualifier	X	ID	2/3	Situational	1
	Description: Code indicating the date format, time format, or date and time format					
	HIPAA IG Note: Required if X12N syntax conditions apply.					
	<u>Code</u>		<u>Name</u>			
	D8		Date Expressed in Format CCYYMMDD			
	RD8		Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD			
1251	Date Time Period	X	AN	1/35	Situational	1
	Description: Expression of a date, a time, or range of dates, times or dates and times					
	Industry: Procedure Date					
	HIPAA IG Note: Use the Procedure date (range) to limit the inquiry to those certifications for procedures authorized to occur within a specific time period					
380	Quantity	O	R	1/15	Not Used	1
799	Version Identifier	O	AN	1/30	Situational	1
	Description: Revision level of a particular format, program, technique or algorithm					
	Industry: Version, Release, or Industry Identifier					
	HIPAA IG Note: Required if the code list referenced in HI01-1 has a version identifier. Otherwise Not Used.					

SE Transaction Set Trailer

Pos: 280	Max: 1
Detail - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Example:

SE*24*0001~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
SE01	96	Number of Included Segments Description: Total number of segments included in a transaction set including ST and SE segments Industry: Transaction Segment Count	M	N0	1/10	Required	1
SE02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set HIPAA IG Note: The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. The number also aids in error resolution research.	M	AN	4/9	Required	1