

LOOP ID	Loop Description	Loop Repeat (Max. Use)	Segment Position	Segment ID	Segment Repeat	Reference Designator	Element Name	Element Requirement Designator	Requirement Designator	Element Type	Min./Max. Element Length	Comments and Additional Info	Mapping Details
HDR	Header (not really a loop)		ISA	1			Interchange Control Header	R	M			Required The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange.	
HDR			ISA		ISA01		Authorization Information Qualifier	R	M	ID	2/2	Code to identify the type of information in the Authorization Information 00 No Authorization Information Present (No Meaningful Information in I02) ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION INFORMATION 03 Additional Data Identification	
HDR			ISA		ISA02		Authorization Information	R	M	AN	10/10	Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	
HDR			ISA		ISA03		Security Information Qualifier	R	M	ID	2/2	Code to identify the type of information in the Security Information No Security Information Present (No Meaningful Information in I04) ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA. 01 Password	
HDR			ISA		ISA04		Security Information	R	M	AN	10/10	This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)	
HDR			ISA		ISA05		Interchange ID Qualifier	R	M	ID	2/2	Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified This ID qualifies the Sender in ISA06. CODE DEFINITION 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) CODE SOURCE 121: Health Industry Identification Number 27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) 28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (NAIC) ZZ Mutually Defined	
HDR			ISA		ISA06		Interchange Sender ID	R	M	AN	15/15	Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element	

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HDR				ISA		ISA07	Interchange ID Qualifier	R	M	ID	2 2	Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified This ID qualifies the Receiver in ISA08. 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) CODE SOURCE 121: Health Industry Identification Number 27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) 28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (NAIC) ZZ Mutually Defined	
HDR				ISA		ISA08	Interchange Receiver ID	R	M	AN	15/15	Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them	
HDR				ISA		ISA09	Interchange Date	R	M	DT	6/6	Date of the interchange The date format is YYMMDD.	
HDR				ISA		ISA10	Interchange Time	R	M	TM	4/4	Time of the interchange The time format is HHMM.	
HDR				ISA		ISA11	Interchange Control Standards Identifier	R	M	ID	1/1	Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer CODE DEFINITION U U.S. EDI Community of ASC X12, TDCC, and UCS	
HDR				ISA		ISA12	Interchange Control Version Number	R	M	ID	5/5	This version number covers the interchange control segments CODE DEFINITION 00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
HDR				ISA		ISA13	Interchange Control Number	R	M	ID	9/9	A control number assigned by the interchange sender The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.	
HDR				ISA		ISA14	Acknowledgment Requested	R	M	ID	1/1	Code sent by the sender to request an interchange acknowledgment (TA1) See Section A.1.5.1 for interchange acknowledgment information. 0 No Acknowledgment Requested 1 Interchange Acknowledgment Requested	
HDR				ISA		ISA15	Usage Indicator	R	M	ID	1/1	Code to indicate whether data enclosed by this interchange envelope is test, production or information CODE DEFINITION P Production Data T Test Data	

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HDR				ISA	ISA16		Component Element Separator	R	M		1/1	Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator	
HDR	Header (not really a loop)			GS			Functional Group Header	R	M			To indicate the beginning of a functional group and to provide control information	
HDR				GS	GS01		Functional Identifier Code	R	M	ID	2/2	Code identifying a group of application related transaction sets BE Benefit Enrollment and Maintenance (834)	
HDR				GS	GS02		Application Sender's Code	R	M	AN	2/15	Code identifying party sending transmission; codes agreed to by trading partners Use this code to identify the unit sending the information.	
HDR				GS	GS03		Application Receiver's Code	R	M	AN	2/15	Code identifying party sending transmission; codes agreed to by trading partners Use this code to identify the unit receiving the information.	
HDR				GS	GS04		Date	R	M	DT	8/8	Date expressed as CCYYMMDD SEMANTIC: GS04 is the group date. Use this date for the functional group creation date.to by trading partners Use this code to identify the unit receiving the information.	
HDR				GS	GS05		Time	R	M	TN	4/8	Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) SEMANTIC: GS05 is the group time. Use this time for the creation time. The recommended format is HHMM.	
HDR				GS	GS06		Group Control Number	R	M	ID	1/9	Assigned number originated and maintained by the sender SEMANTIC: The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.	
HDR				GS	GS07		Responsible Agency Code	R	M	ID	1/2	Code used in conjunction with Data Element 480 to identify the issuer of the standard CODE DEFINITION X Accredited Standards Committee X12	
HDR				GS	GS08		Version / Release / Industry Identifier Code	R	M	AN	1/12	Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed CODE DEFINITION 004010X095 Draft Standards Approved for Publication by ASCX12 Procedures Review Board through October1997, as published in this implementation guide.	

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HDR		010	ST	1				M				Required.	
HDR			ST			ST01	Transaction Set Identifier Code	R	M	ID	3/3	834 Benefit Enrollment and Maintenance	
HDR			ST			ST02	Transaction Set Control Number	R	M	AN	4/9	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges.	
HDR		020	BGN	1				M				Required.	
HDR			BGN			BGN01	Transaction Set Purpose Code	R	M	ID	2/2	If the original transaction has already been processed, an incoming transaction using this code may be rejected by the receiver. The rejection will be identified to the sender by telephone or other direct contact. 00 Original 15 Re-Submission -Send the "15" when the original transmission was incorrect, has yet to be processed by the receiver, and a new corrected transmission is being sent. This transmission can then be pended by the receiver's translator for further review. 22 Information Copy -Send the "22" when the original transmission was lost or not processed, and the sender is passing another transmission that is the same as the original.	
HDR			BGN			BGN02	Reference Identification	R	M	AN	1/30	Use the transaction set reference number assigned by the sender's application to uniquely identify this occurrence of the transaction for future reference.	
HDR			BGN			BGN03	Date	R	M	DT	8/8	Use this date to identify the date that the submitter created the file.	
HDR			BGN			BGN04	Time	R	X	TM	4/8	Use the time to identify the time of day that the submitter created the file. This element is used as a time stamp to uniquely identify the transmission.	
HDR			BGN			BGN06	Reference Identification	S	O	AN	1/30	If BGN01 equals 15 or 22, then BGN06 should be used to cross reference to the previously sent transaction.	
HDR			BGN			BGN08	Action Code	R	O	ID	1/2	2 Change (Update) Used to identify a transaction of additions, terminations and changes to the current enrollment. 4 Verify Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.	
HDR		>1	030	REF	>1			O				1. This segment can be used if a unique ID Number for a group applies to the entire transaction set. 2. The definition of the Master Policy Number is determined by the issuer of the policy, the Payer/Plan Administrator. The Master Policy Number may be used to meet various business needs such as indicating the line of business under which the policy is defined. 3. This segment is REQUIRED when the contract or trading partner agreement identify a Master Policy Number for use with electronic enrollment.	
HDR			REF			REF01	Reference Identification Qualifier	R	M	ID	2/3	38 Master Policy Number	
HDR			REF			REF02	Reference Identification Master Policy Number	R	X	AN	1/30		
HDR		>1	040	DTP	>1			O				1. To be sent when required by contract terms.	
HDR			DTP			DTP01	Date/Time Qualifier	R	M	ID	3/3	007 Effective 303 Maintenance Effective 382 Enrollment 388 Payment Commencement	

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HDR			DTP			DTP02	Date Time Period Format Qualifier		R	M	ID	2/3	D8 Date Expressed in Format CCYYMMDD	
HDR			DTP			DTP03	Date Time Period		R	M	AN	1/35		
1000	Subscriber	>1	Loop											
1000A		1	070	N1	1					M			1. Use this loop to identify the sponsor. See section 1.3 for the definition of sponsor.	
1000A				N1		N101	Entity Identifier Code		R	M	ID	2/3	P5 Plan Sponsor	
1000A				N1		N102	Name		S	X	AN	1/60	This element may be used at the sender's discretion.	
1000A				N1		N103	Identification Code Qualifier		R	X	ID	1/2	FI Federal Taxpayer's Identification Number - The developers recommend that this code be used until the HIPAA standard identifier is implemented. ZZ Mutually Defined - The value 'ZZ', when used in this data element shall be defined as HIPAA Employer Identifier once this identifier has been adopted.	
1000A				N1		N104	Identification Code		R	X	AN	2/80		
1000B		1	070	N1	1					M			1. Use this loop to identify the payer. See section 1.3 for the definition of a payer.	
1000B				N1		N101	Entity Identifier Code		R	M	ID	2/3	IN Insurer	
1000B				N1		N102	Name		S	X	AN	1/60	Insurer Identification Code	
1000B				N1		N103	Identification Code Qualifier		R	X	ID	1/2	94 Code assigned by the organization that is the ultimate destination of the transaction set FI Federal Taxpayer's Identification Number XV Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.	
1000B				N1		N104	Identification Code		R	X	AN	2/80		
2000	Member Level Detail	>1	Loop										1. Subscriber information must precede dependent information in a transmission, or the subscriber information must have been submitted to the receiver in a previous transmission. 2. No more than 10,000 INS segments can occur in a single 834 transaction. Multiple transactions within a single interchange can be used to transfer information on larger numbers of members.	
2000													1. A Subscriber is a person who elects the benefits and is affiliated with the employer or the insurer. A Dependent is a person who is affiliated with the subscriber, such as a spouse, child, etc., and is therefore entitled to benefits. Subscriber information must come before dependent information. The INS segment is used to note if information being submitted is subscriber information or dependent information. 2.If either INS11 or INS12 is present, then the other is required. 1. Subscriber information must precede dependent information in a transmission, or the subscriber information must have been submitted to the receiver in a previous transmission. 2. No more than 10,000 INS segments can occur in a single 834 transaction. Multiple transactions within a single interchange can be used to transfer information on larger numbers of members.	
2000				INS		INS01	Subscriber? Yes/No Condition or Response Code		R	M	ID	1/1	N No - dependent Y Yes - subscriber	

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2000				INS		INS02	Individual Relationship Code	R	M	ID	2/2	This value should be used for the subscriber. 01 Spouse 03 Father or Mother 04 Grandfather or Grandmother 05 Grandson or Granddaughter 06 Uncle or Aunt 07 Nephew or Niece 08 Cousin 09 Adopted Child 10 Foster Child 11 Son-in-law or Daughter-in-law 12 Brother-in-law or Sister-in-law 13 Mother-in-law or Father-in-law 14 Brother or Sister 15 Ward 17 Stepson or Stepdaughter 18 Self 19 Child 23 Sponsored Dependent Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy. 24 Dependent of a Minor Dependent 25 Ex-spouse 26 Guardian 31 Court Appointed Guardian 32 Mother 33 Father 38 Collateral Dependent Relative related by blood or marriage who resides in the home and is dependent on the insured for a major portion of their support.	49
2000				INS		INS03	Maintenance Type Code	R	O	ID	3/3	001 Change Use this code to indicate a change to an existing subscriber/dependent record. 021 Addition Use this code to add a subscriber or dependent. 024 Cancellation or Termination Use this code for cancellation, termination, or deletion of a subscriber or dependent. 025 Reinstatement Use this code for reinstatement of a cancelled subscriber/dependent record. 030 Audit or Compare Use this code when sending a full roster to verify that the sponsor and payer databases are synchronized. See section 2.6, Updates versus Full File Audits, for additional information	13
2000				INS		INS04	Maintenance Reason Code	S	O	ID	2/3	between the sponsor and payer allow this data element to not be sent. 01 Divorce 02 Birth 03 Death 04 Retirement 05 Adoption 06 Strike 07 Termination of Benefits 08 Termination of Employment 09 Consolidation Omnibus Budget Reconciliation Act (COBRA) 10 Consolidation Omnibus Budget Reconciliation Act (COBRA) Premium Paid 11 Surviving Spouse 14 Voluntary Withdrawal 15 Primary Care Provider (PCP) Change 16 Quit 17 Fired 18 Suspended 20 Active 21 Disability 22 Plan Change This is used when a member changes from one Plan to a different Plan. This is not intended to identify changes to a Plan. 25 Change in Identifying Data Elements Use this code when a change has been made to the primary elements that identify an individual. Such primary elements include the following: first name, last name, Social Security Number, date of birth, and employee identification number. 26 Declined Coverage The subscriber declined a previously active coverage. 27 Pre-Enrollment This code can be used to enroll newborns prior to receiving the newborn's application. 28 Initial Enrollment 29 Benefit Selection This is used when a member changes benefits within a Plan. 31 Legal Separation 32 Marriage	
2000				INS		INS05	Benefit Status Code	R	O	ID	1/1	A Active C Consolidated Omnibus Budget Reconciliation Act (COBRA) S Surviving Insured T Tax Equity and Fiscal Responsibility Act (TEFRA)	21

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2000			INS		INS06	Medicare Plan Code	S	O	ID	1/1	This element is REQUIRED if a member is being enrolled or disenrolled in Medicare, is currently enrolled in Medicare or has terminated or changed their Medicare enrollment. CODE DEFINITION A Medicare Part A B Medicare Part B C Medicare Part A and B D Medicare Medicare - Part Unknown E No Medicare		
2000			INS		INS08	Employment Status Code	S	O	ID	2/2	REQUIRED for subscriber. If this insurance enrollment is through a non employment based program such as Medicare or Medicaid then this data element will contain the status of the subscriber in that program, rather than their employment status. Codes for non employment based programs will be limited to "FT", Full Time, "PT", Part-Time, and "TE", Terminated. AO Active Military - Overseas AU Active Military - USA FT Full-time Full time active employee L1 Leave of Absence PT Part-time Part time Active Employee RT Retired TE Terminated		
2000			INS		INS09	Student Status Code	S	O	ID	1/1	Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured Only use the Student Status Code when describing a non-spouse dependent whose age requires a qualifying condition for enrollment (e.g., being an active student). See the Plan contract for details of the age requirements for student status usage. F Full-time N Not a Student P Part-time		
2000			INS		INS10	Handicapped? Yes/No Condition or Response Code	S	O	ID	1/1	This element is REQUIRED if the member is handicapped or to correct previous report of handicapped status. N No Y Yes		
2000			INS		INS11	Date Time Period Format Qualifier	S	X	ID	2/3	D8 Date Expressed in Format CCYYMMDD		
2000			INS		INS12	Date of Member's Death Date Time Period	S	X	AN	1/35	Use this date for the date of death of the subscriber/dependent. Use this date for the date of death of the subscriber/dependent. This does not replace the use of the termination date within the 2300 loop.	47	
2000			INS		INS17	Birth Sequence Number	S	O	N0	1/9	Required if reporting family members with the same birth date, when needed for proper reporting, tracking or response to benefits.		
2000			020 REF		REF01	Reference Identification Qualifier	R	M	ID	2/3	1. If the subscriber's/dependent's Social Security Number is known, it should be passed in the NM108 segment (position 2-030). 2.This segment must contain a unique SUBSCRIBER identification number (SSN or other). This occurrence is identified by the OF qualifier (REF01). This identifier is used for linking the subscriber with dependents as required under many policies. 3.The developers recommend using the identifier developed under the HIPAA legislation, when that becomes available. At least one of REF02 or REF03 is required.		
2000			REF		REF01	Reference Identification Qualifier	R	M	ID	2/3	OF Subscriber Number		

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2000			REF		REF02	Reference Identification	R	X	AN	1/30			39
		020	REF									1. This segment should be used if the policy or group number applies to all coverage data (all 2300 loops) that apply for this member. 2. This segment is required unless the policy number is sent in the REF segment, loop 2300 position 290.	
2000			REF		REF01	Reference Identification Qualifier	R	M	ID	2/3	1L Member Policy Number		
2000			REF		REF02	Reference Identification	R	X	AN	1/30			39
		020	REF	5								1. This segment is used to pass further identifying information on the member. It should be used if the data is available. See REF01 for data elements that can be passed.	
2000			REF		REF01	Reference Identification Qualifier	R	M	ID	2/3	17 Client Reporting Category ZZ Mutually Defined 23 Client Number 3H Case Number DX Department/Agency Number		
2000			REF		REF02	Reference Identification	R	X	AN	1/30			39
2000		>1	025	DTP	>1 (20)						Applicable dates, as listed in DTP01, are REQUIRED when enrolling a member or when the sponsor is informed of any change to those dates. Only those dates that apply to the particular insurance contract need to be sent. While many of the dates listed for DTP01 are related to termination, the only code that is used to actually terminate a Member is 357 (Eligibility End). Similarly, the only date that identifies the start of coverage for an initial enrollment is 356 (Eligibility Begin).		

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2000			DTP		DTP01	Date/Time Qualifier		R	M	ID	3/3	286 Retirement 296 Return to Work 297 Date Last Worked 300 Enrollment Signature Date 301 Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event 303 Maintenance Effective 336 Employment Begin 337 Employment End 338 Medicare Begin 339 Medicare End 340 Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin 341 Consolidated Omnibus Budget Reconciliation Act (COBRA) End 350 Education Begin - This is the start date for the student at the current educational institution. 351 Education End - This is the expected graduation date the student at the current educational institution. 356 Eligibility Begin - This is used to convey the beginning date when a member could elect to enroll or begin benefits in any health care plan through the employer. This is not the actual begin date, which is conveyed in the DTP segment at position 270. 357 Eligibility End - This code is used as the end of eligibility date (termination reason). 383 Adjusted Hire 393 Plan Participation Suspension 394 Rehire 473 Medicaid Begin 474 Medicaid End	
2000			DTP		DTP02	Date Time Period Format Qualifier		R	M	ID	2/3	D8 Date Expressed in Format CCYYMMDD	
2000			DTP		DTP03	Date Time Period		R	M	AN	1/35		
2100	Member Information	>1	Loop									Details of member and related information.	
2100A	Member Name											This segment is used to identify a member being enrolled or changing benefits or a member correcting identifier information.	
2100A		>1	030	NM1	1							1. If either NM108 or NM109 is present, then the other is required. 2. If NM111 is present, then NM110 is required.	
2100A				NM1		NM101	Entity Identifier Code	R	M	ID	2/3	74 Corrected Insured Use this code if this transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B. IL Insured or Subscriber Use this code for enrolling a new member or updating a member with no change in identifying information. The identifying information for a member is specified under the insurance contract between the sponsor and payer.	
2100A				NM1		NM102	Entity Type Qualifier	R	M	ID	1/1	1 Person	
2100A				NM1		NM103	Name Last or Organization Name	R	O	AN	1/35		4 36
2100A				NM1		NM104	Name First	R	O	AN	1/25		3 35
2100A				NM1		NM105	Name Middle	S	O	AN	1/25		
2100A				NM1		NM108	Identification Code Qualifier	S	X	ID	1/2	Send when required by X12 syntax. 34 Social Security Number The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS. ZZ Mutually Defined Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.	
2100A				NM1		NM109	Identification Code	S	X	AN	2/80	Until the the HIPAA Individual Identifier is available the SSN is to be sent when available and allowed under confidentiality regulations.	44

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2100A		040	PER	1								1. This segment is used when contact information is provided to the sponsor about the member. The contact information should be sent to the payer when enrolling subscribers, when enrolling dependents and the dependent's contact number is different than the subscriber's contact, and when changing a member's contact information. 2. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number. To identify a person or office to whom administrative communications should be directed 1. If either PER03 or PER04 is present, then the other is required. 2. If either PER05 or PER06 is present, then the other is required. 3. If either PER07 or PER08 is present, then the other is required.	
2100A			PER			PER01	Contact Function Code	R	M	ID	2/2	IP Insured Party	
2100A			PER			PER03	Communication Number Qualifier	R	X	ID	2/2	EM Electronic Mail EX Telephone Extension FX Facsimile HP Home Phone Number TE Telephone WP Work Phone Number	
2100A			PER			PER04	Communication Number	R	X	AN	1/80		33
2100A		050	N3	1								1. REQUIRED when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.	
2100A			N3			N301	Address Information	R	M	AN	1/55		26
2100A			N3			N302	Address Informaion	S	O	AN	1/55		30
2100A		060	N4	1								1. REQUIRED when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. If N406 is present, then N405 is required	
2100A			N4			N401	City Name	R	O	AN	2/30		27
2100A			N4			N402	State or Province Code	R	O	ID	2/2		28
2100A			N4			N403	Postal Code	R	O	ID	3/15		29
2100A		080	DMG	1								1. REQUIRED when enrolling a new member or when changing a member's demographic information. 2. This segment is REQUIRED for dependent changes records until the National Individual Identifier is mandated.	
2100A			DMG			DMG01	Date Time Period Format Qualifier	R	X	ID	2/3		
2100A			DMG			DMG02	Date Time Period	R	X	AN	1/35	Expression of a date, a time, or range of dates, times or dates and times	38
2100A			DMG			DMG03	Gender Code	R	O	ID	1/1	F Female M Male U Unknown This code is to be used when the gender is unknown or when it can not be report for any other reason. Unknown should only be used when there is no way of obtaining the gender of the member. This may cause problems in some systems and should be avoided.	37

LOOP ID	Loop Description	Loop Repeat (Max. Use)	Segment Position	Segment ID	Segment Repeat	Reference Designator	Element Name	Element Requirement Designator	Requirement Designator	Element Type	Min./Max. Element Length	Comments and Additional Info	Mapping Details
2100A				DMG		DMG04	Marital Status Code	S	O	ID	1/1	This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information. B Registered Domestic Partner D Divorced I Single M Married R Unreported S Separated U Unmarried (Single or Divorced or Widowed) This code should be used if the previous status is unknown. W Widowed X Legally Separated	22
2100B	Incorrect Member Name	1	Loop	NM1					O			This segment only used if a corrected name is sent in loop 2100A or if the previously supplied demographics are being changed. If only the demographics are being changed, the code in NM101 in Loop 2100A will be IL, and the code in NM101 in this loop will be 70.	
2100B				NM1		NM101	Entity Identifier Code	R	M	ID	2/3	70 Prior Incorrect Insured Use this code if correcting identifying or demographic information on a member enrolled. If only demographic information is being corrected, NM101 in Loop 2100A will be IL and the name information in NM103, NM104, NM105 will be identical in loop 2100A and this loop.	
2100B				NM1		NM102	Entity Type Qualifier	R	M	AN	1/35	CODE DEFINITION 1 Person	
2100B				NM1		NM103	Name Last or Organization Name	R	O	AN	1/35	Individual last name or organizational name INDUSTRY: Prior Incorrect Insured Last Name	
2100B				NM1		NM104	Name First	R	O	AN	1/25	Name First Prior Incorrect Insured First Name	
2100B				NM1		NM105	Name Middle	S	O	AN	1/25	Prior Incorrect Insured middle name or initial	
2100B				NM1		NM106	Name Prefix	S	O	AN	1/10	Prior Incorrect Insured Name Prefix	
2100B				NM1		NM107	Name Suffix	S	O	AN	1/10	Prior Incorrect Insured Name Suffix	
2100B				NM1		NM108	Identification Code Qualifier	S	X	ID	1/2	Send when required by X12 syntax. CODE DEFINITION 34 Social Security Number The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS. ZZ Mutually Defined Value is required if National Individual Identifier is Mandated for use. Otherwise, one of the other listed codes may be used.	
2100B						NM109	Identification Code	S	X	AN	2/80	Prior Incorrect Insured Identifier	
2100B	Incorrect Member Demographics	1		DMG				S				This segment is REQUIRED when there is a change to the previously supplied demographic information	
2100B				DMG		DMG01	Date Time Period Format Qualifier	R	X	ID	2/3	Code indicating the date format, time format, or date and time format SYNTAX: P0102 CODE DEFINITION D8 Date Expressed in Format CCYYMMDD	
2100B				DMG		DMG02	Date Time Period	R	X	AN	1/35	Date Time Period INDUSTRY: Prior Incorrect Insured Birth Date	
2100B				DMG		DMG03	Gender Code	R	O	ID	1/1	Gender Code INDUSTRY: Prior Incorrect Insured Gender Code CODE DEFINITION F Female M Male U Unknown	
2200	Member Disability Information	4	Loop									This loop is for disability information.	

LOOP ID	Loop Description	Loop Repeat (Max. Use)	Segment Position	Segment ID	Segment Repeat	Reference Designator	Element Name	Element Requirement Designator	Requirement Designator	Element Type	Min./Max. Element Length	Comments and Additional Info	Mapping Details
2200		200	DSB	1				O				1. This segment should only be sent when enrolling a disabled member or when disability information about an existing member is added or changed. 2. Use this segment to report a disability of either a subscriber or a dependent within the appropriate 2000 loop.	
2200			DSB			DSB01	Disability Type Code	R	M	ID	1/1	1. The DSB loop may only appear for the Subscriber. 1 Short Term Disability 2 Long Term Disability 3 Permanent or Total Disability 4 No Disability	
2300	Health Coverage	99	Loop										
2300		260	HD	1				O				1. Send this segment is REQUIRED when enrolling a new member or when adding, updating or removing coverage from an existing member.	
2300			HD			HD01	Maintenance Type Code	R	M	ID	3/3	001 Change 002 Delete 021 Addition 024 Cancellation or Termination 025 Reinstatement 026 Correction 030 Audit or Compare 032 Employee Information Not Applicable	50
2300			HD			HD03	Insurance Line Code	R	O	ID	2/3	AG Preventive Care/Wellness AH 24 Hour Care AJ Medicare Risk AK Mental Health DCP Dental Capitation This identifies a dental managed care organization (DMO). DEN Dental EPO Exclusive Provider Organization FAC Facility HE Hearing HLT Health Includes both hospital and professional coverage. HMO Health Maintenance Organization LTC Long-Term Care LTD Long-Term Disability MM Major Medical MOD Mail Order Drug PDG Prescription Drug POS Point of Service PPO Preferred Provider Organization PRA Practitioners STD Short-Term Disability UR Utilization Review VIS Vision	
2300			HD			HD04	Plan Coverage Description	S	O	AN	1/50	Use this element when additional information is needed by the insurer to describe the exact type of coverage being provided. If required by an insurer, this information must be included. The insurer establishes the content of this element in the contract.	

LOOP ID	Loop Description	Loop Repeat (Max. Use)	Segment Position	Segment ID	Segment Repeat	Reference Designator	Element Name	Element Requirement Designator	Requirement Designator	Element Type	Min./Max. Element Length	Comments and Additional Info	Mapping Details
2300			HD		HD05	Coverage Level Code	S	O	ID	3/3	<p>This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.</p> <p>CHD Children Only DEP Dependents Only E1D Employee and One Dependent For this code, the dependent is a non-spouse dependent. This code is not used for identification of Employee and Spouse. See code ESP. E2D Employee and Two Dependents E3D Employee and Three Dependents E5D Employee and One or More Dependents E6D Employee and Two or More Dependents E7D Employee and Three or More Dependents E8D Employee and Four or More Dependents E9D Employee and Five or More Dependents ECH Employee and Children EMP Employee Only ESP Employee and Spouse FAM Family IND Individual SPC Spouse and Children SPO Spouse Only TWO Two Party</p>		
2300		270	DTP	10				O				1. This segment contains the date that maintenance was performed or effective, and the benefit begin and end dates for the coverage or line of business.	
2300			DTP		DTP01	Date/Time Qualifier	R	M	ID	3/3	<p>303 Maintenance Effective This is the effective date of a change where a member's coverage is not being added or removed. 348 Benefit Begin This is the effective date of coverage. This code should always be sent when adding coverage. 349 Benefit End This is the date the coverage specified in the 2300 loop is being terminated. Termination of specified coverage is identified by HD01 code 024 -Cancellation or Termination. This code should always be sent when removing coverage from a member. This code should not be used when a member is terminating all eligible coverage. 543 Last Premium Paid Date</p>		
2300			DTP		DTP02	Date Time Period Format Qualifier	R	M	ID	2/3	D8 Date Expressed in Format CCYYMMDD		
2300			DTP		DTP03	Date Time Period	R	M	AN	1/35		14 — 15	
2300		290	REF	2								<p>This segment should be used to identify a policy or group number for a particular insurance product if it has not already been identified in either REF02, position 1-030 or REF02, position 2-020. This is necessary when not all coverage types have the same group or policy number.</p>	

LOOP ID	Loop Description	Loop Repeat (Max. Use)	Segment Position	Segment ID	Segment Repeat	Reference Designator	Element Name	Element Requirement Designator	Requirement Designator	Element Type	Min./Max. Element Length	Comments and Additional Info	Mapping Details
2300												This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information. 1L Group or Policy Number ZZ Mutually Defined 1303 Use this code for the Payment Plan Type Code (Annual or Quarterly) until a standard code is assigned.	
2300			REF			REF01	Reference Identification Qualifier	R	M	ID	2/3		
2300			REF			REF02	Reference Identification	R	X	AN	1/30		12
2310	Provider Information	30	Loop									1. Use this loop to provide information about primary care or capitated physicians and pharmacies chosen by the enrollee in a managed care plan when that selection is made through the sponsor. Use one iteration of the loop to identify each applicable health care service provider.	
2310												2. The primary care provider effective date is defaulted to the effective date of the product identified in the DTP segment of the 2300 loop. When an enrollee switches from one primary care provider to another through the sponsor, the new provider should be listed with the effective date of change. 1. The LX loop contains information about the primary care providers for the subscriber or the dependent, and about the beneficiaries of any employer-sponsored life insurance for the subscriber.	
2310			LX			LX01	Assigned Number	R	M	N0	1/6	Use this sequential number for LX loops for this insured person.	
2310												1. The National Provider ID should be passed in NM109. Until that ID is available the Federal Tax ID should be used. 2. Use the name fields, NM103 through NM107, only when the sponsor has the name of the provider but is not able to pass a standard ID in NM109. This may occur because the ID is unknown or because local regulations prevent using Social Security Numbers or Federal Tax IDs. 3. If the entity code, NM102, is 1 for person and the name is being passed, NM103 and NM104 must be used and NM105, NM106 and NM107 may be used. When the name is being passed for a non-person entity only NM103 may be used and NM104 through NM107 must not be sent. 1. If either NM108 or NM109 is present, then the other is required. 2. If NM111 is present, then NM110 is required.	
2310												3D Obstetrics and Gynecology Facility OD Doctor of Optometry P3 Primary Care Provider QA Pharmacy QN Dentist Y2 Managed Care Organization	
2310						NM1	Entity Identifier Code	R	M	ID	2/3	1 Person	
2310						NM1	Entity Type Qualifier	R	M	ID	1/1	2 Non-Person Entity	

LOOP ID	Loop Description	Loop Repeat (Max. Use)	Segment Position	Segment ID	Segment Repeat	Reference Designator	Element Name	Element Requirement Designator	Requirement Designator	Element Type	Min./Max. Element Length	Comments and Additional Info	Mapping Details
2310				NM1		NM108	Identification Code Qualifier/ PCP ID Type	S	X	ID	1/2	34 Social Security Number The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS. FI Federal Taxpayer's Identification Number SV Service Provider Number This is a number assigned by the payer used to identify a provider. XX Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	
2310				NM1		NM109	Identification Code/ PCP ID	S	X	AN	2/80	Required when available to the sponsor and transmission is not prohibited by local, state, or Federal law.	48
2310				NM1		NM110	Entity Relationship Code	R	X	ID	2/2	This element indicates whether or not the member is an existing patient of the provider. 25 Established Patient 26 Not Established Patient 72 Unknown	
2320	Coordination of Benefits	1	400	COB		COB1	Payer Responsibility Sequence Number Code	R	O	ID	1/1	Code identifying the insurance carrier's level of responsibility for a payment of a claim CODE DEFINITION P Primary S Secondary T Tertiary U Unknown	
2320				COB		COB2	Reference Identification	R	O	AN	1/30	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
2320				COB		COB3	Coordination of Benefits	R	O	ID	1/1	Code identifying whether there is a coordination of benefits CODE DEFINITION 1 Coordination of Benefits 5 Unknown 6 No Coordination of Benefits Use this code to verify that it was determined that there is no COB.	
2320				N1		N101	Entity Identifier Code	R	M	ID	2/3	Code identifying an organizational entity, a physical location, property or an individual CODE DEFINITION IN Insurer	
2320				N1		N102	Insurer Name	R	X	AN	1/60	Send the insurance company name if no standard identifier is available to pass in N104.	
Trailer	Trailer not really a Loop	1		SE				R				Transaction Set Trailer To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)	
Trailer		1		SE		SE01	Number of Included Segments	R	M	N0	1/10	Total number of segments included in a transaction set including ST and SE segments	
Trailer				SE		SE02	Transaction Set Control Number	R	M	AN	4/9	The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges.	

LOOP ID	Loop Description	Loop Repeat (Max. Use)	Segment Position	Segment ID	Segment Repeat	Reference Designator	Element Name	Element Requirement Designator	Requirement Designator	Element Type	Min./Max. Element Length	Comments and Additional Info	Mapping Details
Trailer			GS					R				Functional Group Trailer To indicate the end of a functional group and to provide control information	25
Trailer			GS		GS01		Number of Transaction Sets Included	R	M	NO	1/6	Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	
Trailer			GS		GS02		Group Control Number	R	M	NO	1/9	M NO 1/9 Assigned number originated and maintained by the sender SEMANTIC: The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.	
Trailer		1	IEA					R	M			Interchange Control Trailer To define the end of an interchange of zero or more functional groups and interchange-related control segments	
Trailer			IEA		IEA01		Number of Included Functional Groups	R	M	NO	1/5	A count of the number of functional groups included in an interchange	
Trailer			IEA		IEA02		Interchange Control Number	R	M	NO	9/9	A control number assigned by the interchange sender	