



**HIPAA Transaction Standard Companion Guide**  
For Availity<sup>®</sup> Health Information Network Users

**Refers to the Technical Reports Type 3 Based on ASC X12  
version 005010X212**

276/277 – Health Care Claim Status Inquiry and Response

**Companion Guide Version Number: 2.1**

**January 2018**

## Disclaimer

The Florida Health Care Plan, Inc. (FHCP) *Companion Guide for EDI Transactions (Technical Reports, Type 3 TR3)* provides guidelines in submitting electronic batch transactions. Because the HIPAA ASC X12-TR3s require transmitters and receivers to make certain determination elections (e.g., whether, or to what extent, situational data elements apply), this *Companion Guide* documents those determinations, elections, assumptions or data issues that are permitted to be specific to FHCP business processes when implementing the HIPAA ASC X12 5010 TR3s.

This *Companion Guide* does **not** replace or cover all segments specified in the HIPAA ASC X12 TR3s. It does not attempt to amend any of the requirements of the TR3s, or impose any additional obligations on trading partners of FHCP that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This *Companion Guide* provides information on FHCP specific codes relevant to FHCP business processes and rules and situations that are within the parameters of HIPAA. Readers of this *Companion Guide* should be acquainted with the HIPAA ASC X12 TR3s, their structure, and content.

This *Companion Guide* provides supplemental information that exists between FHCP and its trading partners. Trading partners should refer to their Trading Partner Agreement for guidelines pertaining to Availity<sup>®</sup> LLC, legal conditions surrounding the implementation of the electronic data interchange (EDI) transactions and code sets. However, trading partners should refer to this *Companion Guide* for Information on FHCP business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Nothing contained in this *Companion Guide* is intended to amend, revoke, contradict or otherwise alter the terms and conditions of your applicable Trading Partner Agreement. If there is an inconsistency between the terms of this *Companion Guide* and the terms of your applicable Trading Partner Agreement, the terms of the Trading Partner Agreement will govern. If there is an inconsistency between the terms of this *Companion Guide* and any terms of the TR3, the relevant TR3 will govern with respect to HIPAA edits, and this *Companion Guide* will control with respect to business edits.

# Table of Contents

<b>I.</b>	<b>INTRODUCTION.....</b>	<b>5</b>
	What is HIPAA 5010? .....	5
	Purpose of the Technical Reports Type 3 Guides .....	5
	How to Obtain Copies of the Technical Reports Type 3 Guides .....	5
	Purpose of this 276/277 Companion Guide .....	5
	About Availity L.L.C. – Patients. Not Paperwork.®.....	6
	Registration with Availity .....	6
<b>II.</b>	<b>ASC X12 TRANSACTIONS SUPPORTED .....</b>	<b>6</b>
<b>III.</b>	<b>GENERAL INFORMATION .....</b>	<b>7</b>
<b>IV.</b>	<b>EDI PROCESSING AND ACKNOWLEDGEMENTS.....</b>	<b>7</b>
	EDI Processing Hours.....	7
	997 Functional Acknowledgement Transaction.....	7
<b>V.</b>	<b>PAYER – SPECIFIC REQUIREMENTS .....</b>	<b>8</b>
<b>VI.</b>	<b>CONTROL SEGMENTS &amp; ENVELOPES.....</b>	<b>9</b>
	Global Information .....	9
	Add this: .....	10
	Enveloping Information – 276 Inquiry .....	11
	<i>Loop 2000A: Information Source Level .....</i>	<i>16</i>
	<i>Loop 2100A: Payer.....</i>	<i>17</i>
	<i>Loop 2000B: Information Receiver .....</i>	<i>18</i>
	<b><i>LOOP 2100B: RECEIVER NAME .....</i></b>	<b><i>18</i></b>
	<i>Loop 2000C: Service Provider .....</i>	<i>20</i>
	<i>Loop 2000C: Service Provider .....</i>	<i>20</i>
	<i>Loop 2100C: Provider Name.....</i>	<i>21</i>
	<i>Loop 2000D: Subscriber.....</i>	<i>22</i>
	<i>Loop 2100D: Subscriber Name.....</i>	<i>24</i>
	<i>Loop 2200D: Claims Status Tracking Number.....</i>	<i>25</i>
	<i>Loop 2210D: Service Line Information .....</i>	<i>30</i>
	<i>Loop 2000E: Dependent Level .....</i>	<i>33</i>
	<i>Loop 2100E: Dependent Name .....</i>	<i>34</i>
	<i>Loop 2200E: Claims Status Tracking Number .....</i>	<i>35</i>
	<i>Loop 2210E: Service Line Information.....</i>	<i>40</i>

<b>Enveloping Information .....</b>	<b>43</b>
<b>Business Requirements .....</b>	<b>48</b>
<i>Loop 2000A: Information Source .....</i>	<i>48</i>
<i>Loop 2100A: Payer Name.....</i>	<i>49</i>
<i>Loop 2000B: Information Receiver .....</i>	<i>51</i>
<i>Loop 2100B: Information Receiver Name .....</i>	<i>51</i>
<i>Loop 2200B: Information Receiver Trace Identifier.....</i>	<i>52</i>
<i>Loop 2000C: Service Provider Level .....</i>	<i>54</i>
<i>Loop 2100C: Provider Name.....</i>	<i>55</i>
<i>Loop 2200C: Provider of Service Trace Identifier .....</i>	<i>56</i>
<i>Loop 2000D: Subscriber Level.....</i>	<i>58</i>
<i>Loop 2100D: Subscriber Name.....</i>	<i>59</i>
<i>Loop 2200D: Claims Status Tracking Number .....</i>	<i>61</i>
<i>Loop 2220D: Service Line Information .....</i>	<i>68</i>
<i>Loop 2000E: Dependent Level .....</i>	<i>71</i>
<i>Loop 2100E: Dependent Name .....</i>	<i>72</i>
<i>Loop 2200E: Claim Status Tracking Number .....</i>	<i>74</i>
 <b>TRANSACTIONAL TESTING PROCESSES .....</b>	 <b>86</b>
 <b>VII. TRADING PARTNER AGREEMENT .....</b>	 <b>86</b>

# 276/277 Claim Status Inquiry and Response Companion Guide (5010)

## I. Introduction

### **What is HIPAA 5010?**

The Health Insurance Portability and Accountability Act (HIPAA) requires that the health care industry in the United States comply with the electronic data interchange (EDI) standards as established by the Secretary of Health and Human Services. The ASC X12 005010X212 is the established standard for Claim Status Inquiry and Response (276/277).

### **Purpose of the Technical Reports Type 3 Guides**

The Technical Reports Type 3 Guides (TR3s) for the 276/277 Claim Status Inquiry and Response transaction specifies in detail the required formats. It contains requirements for the use of specific segments and specific data elements within segments, and is written for all health care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to send HIPAA-compliant files to FHCP via your vendor.

### **How to Obtain Copies of the Technical Reports Type 3 Guides**

TR3 Guides for ASC X12 005010X212 Claim Status Inquiry and Response (276/277) and all other HIPAA standard transactions are available electronically at <http://www.wpc-edi.com>.

### **Purpose of this 276/277 Companion Guide**

This *276/277 Companion Guide* was created for FHCP trading partners to supplement the 276/277 TR3. It describes the data content, business rules, and characteristics of the 276/277 transaction.

## **About Availity L.L.C. – Patients. Not Paperwork.®**

Availity optimizes information exchange between multiple health care stakeholders through a single, secure network. The Availity Health Information Network encompasses administrative, financial, and clinical services, supporting both real-time and batch EDI via the web and through business to business (B2B) integration. For more information, including an online demonstration, please visit [www.availity.com](http://www.availity.com) or call 1-800-AVAILITY (282-4548).

## **Registration with Availity**

### **In order to register, you'll need:**

1. Basic information about your practice, including your Federal Tax ID/National Provider Identifier
2. Someone with the legal authority (typically an owner or senior partner) to sign agreements for your organization.
3. An office manager or other employee who can oversee the Availity Implementation and maintain user ID's and access.

## **II. ASC X12 Transactions Supported**

FHCP processes the following ASCX12 276 005010X212 HIPAA transaction for Claims Status Inquiry via Availity.

## **III. General Information**

### **EDI Technical Assistance**

To request technical assistance from FHCP, please send an email to [edisupport@fhcp.com](mailto:edisupport@fhcp.com).

**Note:** For support of EDI transactions through Availity, please visit [www.Availity.com](http://www.Availity.com) or call 1-800-Availity (282-4548).

### **Password Changes**

If a password change is necessary, please contact Availity Health Information Network at 1-800-Availity or [www.Availity.com](http://www.Availity.com).

## **IV. EDI Processing and Acknowledgements**

The purpose of this section is to outline FHCP processes for handling the initial processing of incoming files and the electronic acknowledgment generation process.

### **EDI Processing Hours**

The 276/277 Claim Status Inquiry and Response transaction files can be transmitted seven days a week, 24 hours a day.

### **997 Functional Acknowledgement Transaction**

If the file submission passes the ISA/IEA pre-screening above, it is then checked for ASC X12 syntax and HIPAA compliance errors. When the compliance check is complete, a 997 will be sent to the trading partner informing them if the file has been accepted or rejected. If multiple transaction sets (ST-SE) are sent within a functional group (GS-GE), the entire functional group (GS-GE) will be rejected when an ASC X12 or HIPAA compliance error is found.

## V. Payer – Specific Requirements

The purpose of this section is to delineate specific data requirements where multiple valid values are presented within the 5010 TR3.

### Common Definitions

- **Interchange control header (ISA06) Interchange Sender ID (Mailbox ID)** - is individually assigned to each trading partner.
- **Interchange control header (ISA08) Interchange Receiver ID** - is the FHCP tax ID, 593222484.
- **Interchange control header (ISA15) Usage Indicator** - defines whether the transaction is a test (T) or production (P).
- **Functional group header (GS02) Application Sender's code** – is individually assigned to each trading partner.

## VI. Control Segments & Envelopes

### Global Information

Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
All Transactions		FHCP requires a Trading Partner Agreement to be on file with Availity indicating all electronic transactions the Trading Partner intends to send or receive.
All Segments		Only loops, segments, and data elements valid for the 276 HIPAA-AS TR3 Guide ASC X12 005010X212 will be used for processing.
<p>Acknowledgments –</p> <p>FHCP acknowledgements are created to communicate the status of transactions. It is imperative that they be retrieved on a daily basis. One file could result in multiple acknowledgements.</p> <p><b><u>ANSI X12:</u></b></p> <p>997 - Functional Acknowledgement</p>		<b>997</b> is available immediately after “depositing file”
Negative Values		Submission of any negative values in the 276 transaction will not be processed or forwarded.
Date fields		All dates submitted on an incoming 276 Claim Status Inquiry must be a valid calendar date in the appropriate format based on the respective HIPAA-AS TR3 qualifier. Failure to do so may cause processing delays or rejection.

Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
Batch Transaction Processing	All Segments	Generally, Availity and FHCP Gateway accept transmissions 24 hours a day, 7 days a week.
Multiple Transmissions		Any errors detected in a transaction set will result in the entire transaction set being rejected.
All transactions – B2B / EDI		FHCP requests to remove “-“ (dashes) from all tax IDs, SSNs and zip codes.
All Segments	Response	An outbound 277 HIPAA compliant claim status is contingent upon FHCP’s receipt of an original ANSI X12 5010 837 claim. Therefore, if the claim was not received via a HIPAA compliant 837 claim, all relevant data elements and values are not available for return on the 277 transactions.
All Segments	Response	If the provider of services has been assessed a lien, levy or garnishment, all money from claim payments will be withheld by FHCP. If an ANSI X12 276, requests the status of a claim that meets this condition, the 277 response will provide the payment information that you would have received without the garnishment being applied.

**Add this:**

<b>Interchange Control Header</b>	ISA	All transactions utilize delimiters from the following list: >,*,~,^, ,{ and : . Submitting delimiters not supported within this list may cause an interchange (transmission) to be rejected.
<b>Interchange Control Structure</b>	ISA	Must submit Claim Status inquiry data using the basic character set as defined in Appendix B of the <b>ASC X12 005010X212 TR3</b> . In addition to the basic character set, you may choose to submit lower case characters and the special character (@) from the extended character set. Any other characters submitted from the extended character set may cause the interchange (transmission) to be rejected by the Plan.



**Segment:****ISA Interchange Control Header**

Usage:

Required

## Element Summary

Ref Des	Usage	Element Name	Element Note
ISA11	R	Repetition Separator	All transactions utilize {as repetition separator. Submitting delimiters other than this may cause an interchange (transmission) to be rejected.
ISA12	R	Interchange Control Version Number	<b>00501:</b> Standards Approved for Publication by ASC X12 Procedure Review Board through October 2003.
ISA13	R	Interchange Control Number	A control number assigned by the interchange sender.
ISA14	R	Acknowledgment Requested	<b>0:</b> No interchange Acknowledgment Requested. <b>1:</b> Interchange Acknowledgement Requested (TA1).
ISA15	R	Interchange Usage Indicator	FHCP requires <b>P</b> in this field to indicate the data enclosed in this transaction is a production file.
ISA16	R	Component Element Separator	<b>&gt; Delimiters : ^</b> FHCP requires the use of the above delimiters to separate component data elements within a composite data structure.

**Segment:****IEA Interchange Control Trailer**

Usage:

Required – By Implementation Guide

## Element Summary

Ref Des	Usage	Element Name	Element Note
IEA01	R	Number of Included Functional Groups	A count of the number (#) of functional groups included in an interchange.
IEA02	R	Interchange Control Number	A control number (#) assigned by the interchange sender. This number must be identical to the number assigned in ISA13.

**Segment:****GS Functional Group Header**

Usage:

Required – By Implementation Guide

## Element Summary

Ref Des	Usage	Element Name	Element Note
GS01	R	Functional Identifier Code	<b>HR</b> – Claim Status Inquiry FHCP requires submission of the above value in this field.
GS02	R	Application Sender's Code	FHCP requires the ID published by the Sender
GS03	R	Application Receiver's Code	FHCP requires <b>593222484</b> in this field.
GS04	R	Date	<b>CCYYMMDD</b> FHCP requires submission of relevant date for the functional group creation date.
GS05	R	Time	<b>HHMM</b> FHCP requires the time associated with the creation of the functional group (reference GS04) expressed in the above format.
GS06	R	Group Control Number	This is a unique number that is assigned by the sender and the number in this field must be

**Segment:** **GS Functional Group Header**

Usage: Required – By Implementation Guide

Element Summary

Ref Des	Usage	Element Name	Element Note
			identical to the data element in the associated functional group trailer GE02.
GS07	R	Responsible Agency Code	<b>X</b> – Accredited Standards Committee X12 FHCP requires submission of the above value in this field.
GS08	R	Version/Release/Industry Identifier Code	<b>005010X220A1</b> FHCP requires submission of the above HIPAA-AS ANSI X12 834 Benefit Enrollment version number (#)

**Segment:** **GS Functional Group Header**

Usage: Required – By Implementation Guide

Element Summary

Ref Des	Usage	Element Name	Element Note
GE01	R	Number of Transaction Sets Included	Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element.
GE02	R	Group Control Number	Assigned number originated and maintained by the sender.

**Segment: ST Transaction Set Header**

Usage: Required – By Implementation Guide

Element Summary

Ref Des	Usage	Element Name	Element Note
ST01	R	Transaction Set Identifier Code	<b>276:</b> Health Care Claim Status Request. FHCP requires submission of the above value in this field.
ST02	R	Transaction Set Control Number	An identifying control number assigned by the sender that must be unique within the transaction set functional group.  The transaction set control number in the SE02 segment must be identical to the number in this field.
ST03	R	Implementation Convention Reference	Must contain <b>005010X220A1</b>

**Segment: BHT Beginning of Hierarchical Transaction**

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
BHT01	R	Hierarchical Structure Code	<b>0010:</b> Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
BHT02	R	Transaction Set Purpose Code	<b>13:</b> Request
BHT03	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
BHT04	R	Date	Date expressed as <b>CCYYMMDD</b> where CC represents the first two digits of the calendar

**Segment: BHT Beginning of Hierarchical Transaction**

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
			year.
BTH05	R	Time	Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD.

*Loop 2000A: Information Source Level*

**Segment: HL Information Source Level**

Loop: 2000A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
HL03	R	Hierarchical Level Code	<b>20:</b> Information Source
HL04	R	Hierarchical Child Code	<b>1:</b> Additional Subordinate HL Data Segment in This Hierarchical Structure

**Loop 2100A: Payer**

**Segment: NM1 Payer Name**

Loop: 2100A

Usage: Required

**Element Summary**

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	<b>PR: Payer</b>
NM102	R	Entity Type Qualifier	<b>2:</b> Non – Person Entity
NM103	R	Name Last or Organization Name	<b>FHCP</b> ----- FHCP requests submission of above value in this field.
NM108	R	Identification Code Qualifier	<b>PI:</b> Payor Identification <b>XV:</b> Centers for Medicare and Medicaid Services Plan ID
NM109	R	Identification Code	Code identifying a party or other code

***Loop 2000B: Information Receiver***

**Segment:** **HL Information Receiver Level**

Loop: 2000B

Usage: Required

**Element Summary**

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
HL02	R	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to
HL03	R	Hierarchical Level Code	<b>21:</b> Information Receiver
HL04	R	Hierarchical Child Code	<b>1:</b> Additional Subordinate HL Data Segment in This Hierarchical Structure

***Loop 2100B: Receiver Name***

**Segment:** **NM1 Information Receiver Name**

L Loop: 2100B

U Usage: Required

**Element Summary**

Ref Des	Usage	Element Name	Element Note
---------	-------	--------------	--------------

**Segment: NM1 Information Receiver Name**

L Loop: 2100B

U Usage: Required

**Element Summary**

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	<b>41:</b> Submitter
NM102	R	Entity Type Qualifier	<b>1:</b> Person <b>2:</b> Non – Person Entity
NM103	S	Name Last or Organization Name	
NM104	S	Name First	Individual first name
NM105	S	Name Middle	Individual middle name or initial
NM108	R	Identification Code Qualifier	<b>46:</b> Electronic Transmitter Identification Number (ETIN)
NM109	R	Identification Code	FHCP requests the requester’s published Sender ID

*Loop 2000C: Service Provider*

**Segment: HL Service Provider**

Loop: 2000C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
HL02	R	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to
HL03	R	Hierarchical Level Code	<b>19:</b> Provider of Service
HL04	R	Hierarchical Child Code	<b>1:</b> Additional Subordinate HL Data Segment in This Hierarchical Structure

*Loop 2000C: Service Provider*

**Segment: HL Service Provider**

Loop: 2000C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
HL02	R	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment

**Segment:** **HL Service Provider**

Loop: 2000C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
			being described is subordinate to
HL03	R	Hierarchical Level Code	<b>19:</b> Provider of Service
HL04	R	Hierarchical Child Code	<b>1:</b> Additional Subordinate HL Data Segment in This Hierarchical Structure

***Loop 2100C: Provider Name***

**Segment:** **NM1 Provider Name**

Loop: 2100C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	FHCP requests the requester's published Sender ID in this field with NM108 qualifier of " <b>XX</b> " and the sender ID in NM109 when NM101 = " <b>41</b> ".
NM102	R	Entity Type Qualifier	<b>1:</b> Person <b>2:</b> Non – Person Entity
NM103	S	Name Last or Organization Name	Individual last name or organization name
NM104	S	First Name	Required by FHCP when NM102 = 1 and the

**Segment: NM1 Provider Name**

Loop: 2100C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
			person has a first name that is known
NM105	S	Middle Name	Individual middle name or initial
NM107	S	Name Suffix	Suffix to individual name
NM108	R	Identification Code Qualifier	FHCP requires <b>XX</b> in M108 and Provider <b>NPI number</b> in NM 109
NM109	R	Identification Code	FHCP requires <b>XX</b> in M108 and Provider <b>NPI number</b> in NM 109

*Loop 2000D: Subscriber*

**Segment: HL Subscriber Level**

Loop: 2000D

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
HL02	R	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to.

**Segment: HL Subscriber Level**

Loop: 2000D

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HL03	S	Hierarchical Level Code	<b>22:</b> Subscriber
HL04	R	Hierarchical Child Code	<b>0:</b> No Subordinate HL Segment in This Hierarchical Structure <b>1:</b> Additional Subordinate HL Data Segment in This Hierarchical Structure

**Segment: DMG Subscriber Demographic Information**

Loop: 2000D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DMG01	R	Date Time Period Format Qualifier	<b>D8:</b> Date Expressed in Format CCYYMMDD
DMG02	R	Subscriber/Patient DOB	Patient DOB is required field by FHCP. Patient DOB cannot be greater than today's date.
DMG03	S	Subscriber/Patient Gender Code	FHCO requires that only the gender codes listed below be submitted, all other will be rejected <b>M</b> – Male, <b>F</b> - Female

**Loop 2100D: Subscriber Name**

**Segment: NM1 Subscriber Name**

Loop: 2100D

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	<b>IL:</b> Insured or Subscriber
NM102	R	Entity Type Qualifier	<b>1:</b> Person <b>2:</b> Non – Person Entity
NM103	R	Name Last or Organization	Individual last name or organizational name
NM104	S	Name First	Required by FHCP when NM102 = 1 and the person has a first name that is known.
NM105	S	Name Middle	Individual middle name or initial
NM107	S	Name Suffix	Suffix to individual name
NM108	R	Identification Code Qualifier	<b>MI:</b> member identification number  FHCP requires the submission of the above qualifier in this data element.
NM109	R	Identification Code	FHCP requires the submission of the ID number (#) exactly as it appears on the FHCP ID card <b>without any embedded spaces</b> , including any applicable alpha prefix or suffix.  <b>Important Notice:</b> The FHCP member's identification number ('Member Number') is unique to the member and should be entered in the Subscriber loop (2100D NM109) <b>even if the patient is a dependent (.)</b> Note that the identification code used must be that of membership card. The identification code may include an alpha prefix and/or a numeric suffix, and may be up to 14 characters in length.  Failure to submit the data as indicated above

**Segment:** **NM1** Subscriber Name

Loop: 2100D

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
			may result in a claim/encounter not found message.

*Loop 2200D: Claims Status Tracking Number*

**Segment:** **TRN** Claim Status Tracking Number

Loop: 2200D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
TRN01	R	Trace Type Code	1: Current Transaction Trace Numbers.
TRN02	R	Trace Number	FHCP requires the submission of the Patient Account Number if available in this data element. <b>FHCP will return the number that was submitted in the 276 inquiry on the 277 response transaction.</b>

**Segment:** **REF Payer Claim Control Number**

Loop: 2200D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	FHCP requires Reference Identification Qualifier (REF01) to be <b>1K</b> (Payer's Claim Number)
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment:** **REF Institutional Bill Type Identification**

Loop: 2200D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	FHCP requires Reference Identification Qualifier (REF01) to be <b>1K</b> (Payer's Claim Number)
REF02	R	Institutional Bill Type	FHCP requires Bill Type Qualifier (REF01) to be <b>BLT</b> (Billing Type)

**Segment:** **REF Application or Location System Identifier**

Loop: 2200D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	<b>LU:</b> Location Number
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment:** **REF Group Number**

Loop: 2200D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	<b>6P:</b> Group Number.
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment: REF Patient Control Number**

Loop: 2200D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Patient Account Number	FHCP requires REF01 = <b>EJ</b>
REF02	R	Patient Control Number	<p>FHCP restricts Patient Account Number 20 characters or less.</p> <p>This segment should not be sent for a Claim Status inquiry if the provider has already received a statement on the claim, electronic or otherwise using the claim number.</p> <p>Submission of this segment when statement has already been received may result in mismatch condition.</p>

**Segment: REF Pharmacy Prescription Number**

Loop: 2200D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	<b>XZ:</b> Pharmacy Prescription Number
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:**

**REF Claim Identification Number for Clearinghouse and other Transmission Intermediaries**

Loop: 2200D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	<b>D9:</b> Claim Number
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:**

**AMT Claim Submitted Charges**

Loop: 2200D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
AMT01	R	Amount Qualifier Code	<b>T3:</b> Total Submitted Charges
AMT02	R	Total Claim Charge Amount	FHCP will not accept negative numbers in this field.

**Segment: DTP Claim Service Date**

Loop: 2200D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	<b>472:</b> Service
DTP02	R	Date Time Period Format Qualifier	<b>D8:</b> Date Expressed in Format CCYYMMDD <b>RD8:</b> Range of Dates Expressed in Format CCYYMMDD - CCYYMMDD
DTP03	R	Claim Service Period From Claim Service Period To	The 'Claim Service Period From' and "Claim Service Period To' dates must be a date that occurs on or after the "Patient Birth Date'. The "Claim Service Period From and 'Claim Service Period To dates cannot be in the future. The 'Claim Service Period From' date cannot be greater than the 'Claim Service Period To'date.

***Loop 2210D: Service Line Information***

**Segment: SVC Service Line Information**

Loop: 2210D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
SVC01	R	Composite Medical Procedure	To identify a medical procedure by its

**Segment:****SVC Service Line Information**

Loop: 2210D

Usage: Situational

## Element Summary

Ref Des	Usage	Element Name	Element Note
		Identifier	standardized codes and applicable modifiers.
SVC01 – 1	R	Product/ Service ID Qualifier	<b>AD – WK:</b> Applicable Codes.
SVC01 – 2	R	Product/Service ID	Identifying number for a product or service
SVC01 – 3	S	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by trading partners.
SVC01 – 4	S	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by trading partners
SVC01 – 5	S	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by trading partners
SVC01 – 6	S	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by trading partners
SVC02	R	Monetary Amount	Monetary Amount
SVC04	S	Product/Service ID	Identifying number for a product or service
SVC07	R	Quantity	Numeric value of quantity

**Segment:** **REF Service Line Item Identification**

Loop: 2210D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	<b>FJ:</b> Line Item Control Number
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **DTP Service Line Date**

Loop: 2210D

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	<b>472:</b> Service
DTP02	R	Date Time Period Format Qualifier	<b>D8:</b> Date Expressed in Format CCYYMMDD – CCYYMMDD.
DTP03	R	Date Time Period	Expression of a date, a time, or range of dates, times or dates and times.

### *Loop 2000E: Dependent Level*

**Segment:** **HL Dependent Level**

Loop: 2000E

Usage: Situational

#### Element Summary

Ref Des	Usage	Element Name	Element Note
.HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
HL02	R	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to.
HL03	R	Hierarchical Level Code	<b>23:</b> Dependent

**Segment:** **DMG Dependent Demographic Information**

Loop: 2000E

Usage: Required

#### Element Summary

Ref Des	Usage	Element Name	Element Note
DMG01	R	Date Time Period Format Qualifier	<b>D8:</b> Date Expressed in Format CCYYMMDD.
DMG02	R	Subscriber/Patient DOB	Patient DOB is required field by FHCP. Patient DOB cannot be greater than today's date.
DMG03	R	Subscriber/Patient Gender Code	FHCP requires that only the gender codes listed below be submitted, all other will be rejected. <b>M-</b> Male, <b>F</b> - Female

**Loop 2100E: Dependent Name**

**Segment: NM1 Dependent Name**

Loop: 2100E

Usage: Required

**Element Summary**

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity identifier Code	<b>QC:</b> Patient
NM102	R	Entity Type Qualifier	<b>1:</b> Person
NM103	R	Name Last or Organization Name	Individual last name or organizational name
NM104	S	Patient First Name	Required by FHCP when NM102 = 1 and the person has a known first name.
NM105	S	Name Middle	Individual middle name or initial
NM107	S	Name Suffix	Suffix to individual name
NM108	R	Identification Code Qualifier	<b>MI:</b> member identification number FHCP requires the submission of the above qualifier in this data element.
NM109	R	Identification Code	FHCP requires the submission of the ID (#) exactly as it appears on the FHCP ID card including any applicable alpha prefix or suffix. <b>Important Notice:</b> The FHCP member's identification number ("Member Number") is unique to the member and should be entered in the Subscriber loop (201C NM109) <b><u>even if the patient is a dependent.</u></b> Note the identification code used must be that of the patient, as presented on the FHCP membership card. The identification code may include an alpha prefix and/or a numeric suffix, and may be up to 14 characters in length.

**Segment:** **NM1** Dependent Name

Loop: 2100E

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
			Failure to submit the data as indicated above may result in a claim/encounter not found message.

*Loop 2200E: Claims Status Tracking Number*

**Segment:** **TRN** Claim Status Tracking Number

Loop: 2200E

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
TRN01	R	Trace Type Code	1: Current Transaction Trace Numbers
TRN02	R	Trace Number	<b>FHCP will return the number that was submitted in the 276 inquiry on the 277 response transaction.</b>

**Segment:** **REF** Payer Claim Control Number

Loop: 2200E

Usage: Situational

Element Summary

---

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	FHCP requires Reference Identification Qualifier (REF01) to be <b>1K</b> (Payer's Claim Number).
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment:**                                **REF Institutional Bill Type Identification**

Loop:                                        2200E

Usage:                                      Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	<b>BLT:</b> Billing Type.
REF02	R	Reference Identification	FHCP requires Bill Type Qualifier (REF01) to be <b>BLT</b> (Billing Type).

**Segment:**                                **REF Application or Location System Identifier**

Loop:                                        2200E

Usage:                                      Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification	<b>LU:</b> Location Number



Loop: 2200E

Usage: Situational

#### Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Patient Account Number	FHCP requires REF01 = <b>EJ</b>
REF02	R	Patient Control Number	<p>FHCP restricts Patient Account Number to 20 characters or less.</p> <p>This segment should not be sent for a Claim Status inquiry if the provider has already received a statement on the claim, electronic or otherwise using the claim number.</p> <p>Submission of this segment when a statement has already been received may result in a mismatch condition.</p>

### Segment: **REF Pharmacy Prescription Number**

Loop: 2200E

Usage: Situational

#### Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	<b>XZ</b> : Pharmacy Prescription Number
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment:** **REF Claim Identification Number for Clearinghouses and other Transmission Intermediaries**

Loop: 2200E

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	<b>D9:</b> Claim Number
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment:** **AMT Claim Submitted Charges**

Loop: 2200E

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
AMT01	R	Amount Qualifier Code	<b>T3:</b> Total Submitted Charges
AMT02	R	Total Claim Charge Amount	FHCP will not accept negative numbers in the field.

## DTP Claim Service Date

**Segment:**

Loop: 2200E

Usage: Situational

### Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	<b>472:</b> Service
DTP02	R	Date Time Period Format Qualifier	<b>D8:</b> Date Expressed in Format CCYYMMDD <b>RD8:</b> Range of Date Expressed in Format CCYYMMD - CCYYMMDD
DTP03	R	Claim Service Period From Claim Service Period To	The 'Claim Service Period From' and 'Claim Service To' dates must be a date that occurs on or after the 'Patient Birth Date'. The 'Claim Service Period From' and 'Claim Service Period To' dates cannot be in the future. The 'Claim Service Period From' date cannot be greater than the 'Claim Service Period To' date.

### *Loop 2210E: Service Line Information*

**Segment:**

## SVC Service Line Information

Loop: 2210E

Usage: Situational

### Element Summary

Ref Des	Usage	Element Name	Element Note
SVC01	R	Composite Medical Procedure Identifier	To identify a medical procedure by its standardized codes and applicable modifiers.

**Segment:****SVC Service Line Information**

Loop: 2210E

Usage: Situational

## Element Summary

Ref Des	Usage	Element Name	Element Note
SVC01 – 1	R	Product/Service ID Qualifier	<b>AD – WK:</b> Applicable Codes.
SVC01 – 2	R	Product/Service ID	Identifying a number for a product or service.
SVC01 – 3	S	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by trading partners.
SVC01 – 4	S	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by trading partners.
SVC01 – 5	S	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by trading partners.
SVC01 – 6	S	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by trading partners.
SVC02	R	Monetary Amount	Monetary Amount
SVC04	S	Product/Service ID	Identifying number for a product or service.
SVC07	R	Quantity	Numeric value of quantity.

**Segment:** **REF Service Line Item Identification**

Loop: 2210E

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	<b>FJ:</b> Line Item Control Number
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment:** **DTP Service Line Date**

Loop: 2210E

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	<b>472:</b> Service
DTP02	R	Date Time Period Time Qualifier	<b>D8:</b> Date Expressed in Format CCYYMMDD <b>RD8:</b> Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD.
DTP03	R	Date Time Period	Expression of a date, a time, or range of dates, times or date and times.

**Segment: SE Transaction Set Trailer**

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
SE01	R	Number of Included Segments	Total number of segments included in a transaction set including ST and SE segments.
SE02	R	Transaction Set Control Number	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.

**Enveloping Information**

**Segment: ISA Interchange Control Header**

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
ISA01	R	Authorization Information Qualifier	<b>00</b> – No Authorization Information Present <b>03</b> – Additional Data Identification
ISA02	R	Authorization Information	FHCP requires <b>10 spaces</b> in this field.
ISA03	R	Security Information Qualifier	<b>00</b> : No Security Information Present (No Meaningful Information in I04) <b>01</b> : Password
ISA04	R	Security Information	FHCP requires <b>10 spaces</b> in this field.
ISA05	R	Interchange ID Qualifier	FHCP requires <b>01</b> in this field.

**Segment:****ISA Interchange Control Header**

Usage:

Required

## Element Summary

Ref Des	Usage	Element Name	Element Note
ISA06	R	Interchange Sender ID	FHCP requires ID published by sender.
ISA07	R	Interchange ID Qualifier	FHCP requires <b>ZZ</b> in this field.
ISA08	R	Interchange Receiver ID	FHCP will only accept the submission of FHCP tax ID number <b>593222484</b> in this field.
ISA09	R	Interchange Date	<b>YYMMDD</b> Requires submission of the relevant date of the interchange.
ISA10	R	Interchange Time	<b>HHMM</b> Requires submission of relevant time of the interchange.
ISA11	R	Repetition Separator	All transactions utilize {as repetition separator. Submitting delimiters other than this may cause an interchange (transmission) to be rejected.
ISA12	R	Interchange Control Version Number	00501 – Draft Standards for Trial Use Approved by ASC X12, etc. FHCP requires submission of the above value in this field.
ISA13	R	Interchange Control Number	This is a unique control number that is assigned by the sender and the number in this field must be identical to the associated interchange trailer in the IEA02 segment.
ISA14	R	Acknowledgment Requested	<b>0</b> – No Interchange Acknowledgement Requested (TA1) <b>1</b> – Interchange Acknowledgement Requested (TA1) The TA1 will not be provided without a



**Segment:****GS Functional Group Header**

Usage:

Required – By Implementation Guide

## Element Summary

Ref Des	Usage	Element Name	Element Note
GS01	R	Functional Identifier Code	<b>HR</b> – Claim Status Inquiry.
GS02	R	Application Sender's Code	FHCP requires the ID published by the Sender
GS03	R	Application Receiver's Code	FHCP requires <b>593222484</b> in this field. FHCP requires submission of above value in this field.
GS04	R	Date	<b>CCYYMMDD</b> FHCP requires submission of relevant date for the functional group creation date.
GS05	R	Time	<b>HHMM</b> FHCP requires the time associated with the creation of the functional group (reference GS04) expressed in the above format.
GS06	R	Group Control Number	This is a unique number that is assigned by the sender and the number in this field must be identical to the data element in the associated functional group trailer GE02.
GS07	R	Responsible Agency Code	<b>X</b> – Accredited Standards Committee X12 FHCP requires submission of the above value in this field.
GS08	R	Version/Release/Industry Identifier Code	<b>005010X220A1</b> FHCP requires submission of the above HIPAA-AS ANSI X12 834 Benefit Enrollment version number (#)

**Segment:** **GS Functional Group Trailer**

Usage: Required – By Implementation Guide

Element Summary

Ref Des	Usage	Element Name	Element Note
GE01	R	Number of Transaction Sets Included	Total number of transaction sets included in the functional group or interchange (transmission)group terminated by the trailer containing this data element.
GE02	R	Group Control Number	Assigned number originated and maintained by the sender.

**Segment:** **ST Transaction Set Header**

Usage: Required – By Implementation Guide

Element Summary

Ref Des	Usage	Element Name	Element Note
ST01	R	Transaction Set Identifier Code	<b>277:</b> Health Care Claim Status Request
ST02	R	Transaction Set Control Number	An identifying control number assigned by the sender that must be unique within the transaction set functional group.  The transaction set control number in the SE02 segment must be identical to the number in this field.
ST03	R	Implementation Convention Reference	Must contain <b>005010X220A1</b>

**Segment: BGN Beginning of Hierarchical**

Usage: Required – By Implementation Guide

Element Summary

Ref Des	Usage	Element Name	Element Note
BHT01	R	Hierarchical Structure Code	<b>0010:</b> Information Source, Information Receiver, Provider of Service, Subscriber Dependent.
BHT02	R	Transaction Set Purpose	<b>08:</b> Status
BHT03	R	Reference Identification	Reference information as defined for a particular Transaction Set or specified by the Reference Identification Qualifier.
BHT04	R	Date	Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year.
BHT05	R	Time	Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD
BHT06	R	Transaction Type Code	<b>DG:</b> Response

**Business Requirements**

***Loop 2000A: Information Source***

**Segment: HL Information Source Level**

Loop: 2000A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.

**Segment: HL Information Source Level**

Loop: 2000A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HL03	R	Hierarchical Level Code	<b>20:</b> Information Source
HL04	R	Hierarchical Child Code	<b>1:</b> Additional Subordinate HL Data Segment in This Hierarchical Structure

*Loop 2100A: Payer Name*

**Segment: NM1 Payer Name**

Loop: 2100A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	<b>PR:</b> Payer
NM102	R	Entity Type Qualifier	<b>2:</b> Non – Person Entity
NM103	R	Name Last or Organization Name	<b>FHCP</b> ----- FHCP requests submission of above value in this field.
NM108	R	Identification Code Qualifier	<b>MI:</b> member identification number. FHCP requires the submission of the above qualifier in this date element.
NM109	R	Identification Code	Code Identifying a party or other code.

**Segment:** **PER Payer Contact Information**

Loop: 2100A

Usage: Situational

**Element Summary**

Ref Des	Usage	Element Name	Element Note
PER01	R	Contact Function Code	<b>IC:</b> Information Contact.
PER02	S	Name	Free-form name.
PER03	R	Communication Number Qualifier	<b>ED – TX:</b> Applicable Codes.
PER04	R	Communication Number	Complete communications number including country or area code when applicable.
PER05	S	Communication Number Qualifier	<b>ED – TX:</b> Applicable Codes.
PER06	S	Communication Number	Complete communications number including country or area code when applicable.
PER07	S	Communication Number Qualifier	<b>ED – TX:</b> Applicable Codes.
PER08	S	Communication Number	Complete communications number including country or area code when applicable.

***Loop 2000B: Information Receiver***

**Segment:** **HL Information Receiver Level**

Loop: 2000B

Usage: Required

**Element Summary**

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
HL02	R	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate.
HL03	R	Hierarchical Level Code	<b>21:</b> Information Receiver
HL04	R	Hierarchical Child Code	<b>0:</b> No Subordinate HL Segment in This Hierarchical Structure. <b>1:</b> Additional Subordinate HL Data Segment in This Hierarchical Structure.

***Loop 2100B: Information Receiver Name***

**Segment:** **NM1 Information Receiver Name**

Loop: 2100B

Usage: Required

**Element Summary**

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	FHCP requests the requester's published Sender ID in this field with NM108 qualifier of "XX" and the sender ID in NM109 when

**Segment:** **NM1** Information Receiver Name

Loop: 2100B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
			NM101 = "41".
NM102	R	Entity Type Qualifier	1: Person 2: Non – Person Entity.
NM103	S	Name Last or Organization Name	Individual last name or organizational name.
NM104	S	Name First	Individual first name.
NM105	S	Name Middle	Individual middle name or initial.
NM108	R	Identification Code Qualifier	46: Electronic Transmitter Identification Number (ETIN).
NM109	R	Identification Code	Code identifying a party or other code.

***Loop 2200B: Information Receiver Trace Identifier***

**Segment:** **TRN** Information Receiver Trace Identifier

Loop: 2200B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
---------	-------	--------------	--------------

**Segment:** **TRN** Information Receiver Trace Identifier

Loop: 2200B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
TRN01	R	Trace Type Code	<b>2:</b> Referenced Transaction Trace Number.
TRN02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment:** **STC** Information Receiver Status Information

Loop: 2200B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
STC01	R	Health Care Claim Status	Used to convey status of the entire claim or a specific service line.
STC01 – 1	R	Industry Code	Code indicating a code from a specific industry code list.
STC01 – 2	R	Industry Code	Code indicating a code from a specific industry code list.
STC01 – 3	S	Entity Identifier Code	<b>41:</b> Submitter <b>AY:</b> Clearinghouse <b>PR:</b> Payer
STC02	R	Date	Date expressed as CCYYMMDD where CC

**Segment:** **STC** Information Receiver Status Information

Loop: 2200B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
			represents the first two digits of the calendar year.
STC10	S	Health Care Claim Status	Used to convey status of the entire claim or a specific service line.
STC10 – 1	R	Industry Code	Code indicating a code from a specific industry code list.
STC10 – 2	R	Industry Code	Code indicating a code from a specific industry code list.
STC10 – 3	S	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.
STC11	S	Health Care Claim Status	Used to convey status of the entire claim or a specific service line.
STC11 – 1	R	Industry Code	Code indicating a code from a specific industry code list.
STC11 – 2	R	Industry Code	Code indicating a code from a specific industry code list.
STC11 – 3	S	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.

*Loop 2000C: Service Provider Level*

**Segment:** **HL** Service Provider Level

Loop: 2000C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
HL02	R	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to.
HL03	R	Hierarchical Level Code	<b>19:</b> Provider Service.
HL04	R	Hierarchical Child Code	<b>0:</b> No Subordinate HL Segment in This Hierarchical Structure. <b>1:</b> Additional Subordinate HL Data Segment in This Hierarchical Structure.

*Loop 2100C: Provider Name*

**Segment: NM1 Provider Name**

Loop: 2100C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	FHCP requests the requester's published Sender ID in this field with NM108 qualifier of "XX" and the sender ID in NM109 when

**Segment: NM1 Provider Name**

Loop: 2100C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
			NM101 = "41".
NM102	R	Entity Type Qualifier	1: Person 2: Non – Person Entity
NM103	S	Name Last or Organization Name	Individual last name or organization name.
NM104	R	Name First	Individual first name.
NM105	S	Name Middle	Individual middle name or initial.
NM107	S	Name Suffix	Suffix individual name
NM108	R	Identification Code Qualifier	FHCP requires <b>XX</b> in NM108 and Provider <b>NPI number</b> in NM109.
NM109	R	Identification Code	Code identifying a party or other code.

*Loop 2200C: Provider of Service Trace Identifier*

**Segment: TRN Provider of Service Trace Identifier**

Loop: 2200C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
TRN01	R	Trace Type Code	1: <b>Current Transaction Trace Numbers</b>

**Segment: TRN Provider of Service Trace Identifier**

Loop: 2200C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
TRN02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Center.

**Segment: STC Provider Status Information**

Loop: 2200C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
STC01	R	Health Care Claim Status	Used to convey status of the entire claim or a specific service line.
STC01 – 1	R	Industry Code	Code indicating a code from a specific industry code list.
STC01 – 2	R	Industry Code	Code indicating a code from a specific industry code list.
STC01 – 3	S	Entity Identifier Code	<b>1P:</b> Code List Qualifier Code
STC02	R	Date	Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year.
STC10	S	Health Care Claim Status	Used to convey status of the entire claim or

**Segment: STC Provider Status Information**

Loop: 2200C

Usage: Required

**Element Summary**

Ref Des	Usage	Element Name	Element Note
			a specific service line.
STC10 – 1	R	Industry Code	Code indicating a code from a specific industry code list.
STC10 – 2	R	Industry Code	Code indicating a code from a specific industry code list.
STC10 – 3	S	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.
STC11	S	Health Care Claim Status	Used to convey status of the entire claim or a specific service line.
STC11 -1	R	Industry Code	Code indicating a code from a specific industry code list.
STC11 – 2	R	Industry Code	Code indicating a code from a specific industry code list.
STC11 – 3	S	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.

***Loop 2000D: Subscriber Level***

**Segment: HL Subscriber Level**

Loop: 2000D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
HL02	R	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to.
HL03	R	Hierarchical Level Code	<b>22:</b> Subscriber
HL04	R	Hierarchical Child Code	<b>0:</b> No Subordinate HL Segment in This Hierarchical Structure. <b>1:</b> Additional Subordinate HL Data Segment in This Hierarchical Structure.

*Loop 2100D: Subscriber Name*

Segment: **NM1** Subscriber Name

Loop: 2100D

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	<b>IL:</b> Insured or Subscriber
NM102	R	Entity Type Qualifier	<b>1:</b> Person <b>2:</b> Non – Person Entity
NM103	R	Name Last or Organization Name	Individual last name or organizational name.

**Segment: NM1 Subscriber Name**

Loop: 2100D

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM104	R	Name First	Required by FHCP when NM102 = 1 and the person has a first name that is known.
NM105	S	Name Middle	Individual middle name or initial.
NM107	S	Name Suffix	Suffix to individual name.
NM108	R	Identification Code Qualifier	<b>MI:</b> member identification number. FHCP requires the submission of the above qualifier in this data element.
NM109	R	Identification Code	FHCP requires the submission of the ID number (#) exactly as it appears on the FHCP ID card <b>without any embedded spaces</b> , including any applicable alpha prefix or suffix.  <b>Important Notice:</b> The FHCP member's identification number ("Member Number") is unique to the member and should be entered in the Subscriber loop (2010C NM109) <b>even if the patient is a dependent</b> . Note that the identification code used must be that of the patient, as presented on the FHCP membership card. The identification code may include alpha prefix and/or a numeric suffix and may be up to 14 characters in length.  Failure to submit the data as indicated above may result in claim/encounter not found in message.

*Loop 2200D: Claims Status Tracking Number*

**Segment:**

**TRN Claim Status Tracking Number**

Loop: 2200D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
TRN01	R	Trace Type Code	<b>2:</b> Referenced Transaction Trace Numbers.
TRN02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment:**

**STC Claim Level Status Information**

Loop: 2200D

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
STC01	R	Health Care Claim Status	Used to convey status of the entire claim or a specific service line.
STC01 – 1	R	Industry Code	Code indicating a code from a specific industry code list.
STC01 – 2	R	Industry Code	Code indicating a code from a specific industry code list.
STC01 – 3	R	Entity Identifier Code	<b>03 – ZZ:</b> Applicable Codes.
STC01 – 4	S	Code List Qualifier Code	<b>RX:</b> National Council for Prescription Drug

**Segment:****STC Claim Level Status Information**

Loop: 2200D

Usage: Required

## Element Summary

Ref Des	Usage	Element Name	Element Note
			Programs Reject/Payment Codes.
STC02	R	Date	Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year.
STC04	S	Monetary Amount	Monetary Amount.
STC05	S	Monetary Amount	Monetary Amount.
STC06	S	Date	Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year.
STC08	S	Date	Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year.
STC09	S	Check Number	FHCP will not return a check number in this data element if multiple checks are issued for a paid claim. This is in compliance with the direction provided in the ANSI X12 5010A1 277 TR3.
STC10	S	Health Care Claim Status	Used to convey status of the entire claim or a specific service line.
STC10 -1	R	Industry Code	Code indicating a code from a specific industry code list.
STC10 – 2	R	Industry Code	Code indicating a code from a specific industry code list.
STC10 – 3	S	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.

**Segment:** **STC Claim Level Status Information**

Loop: 2200D

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
STC10 – 4	S	Code List Qualifier Code	<b>RX:</b> National Council for Prescription Drug Programs Reject/Payment Codes
STC11	S	Health Care Claim Status	Used to convey status of the entire claim or a specific service line.
STC11 – 1	R	Industry Code	Code indicating a code from a specific industry code list.
STC11 – 2	R	Industry Code	Code indicating a code from a specific industry code list.
STC11 – 3	S	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.
STC11 – 4	S	Code List Qualifier Code	<b>RX:</b> National Council for Prescription Drug Programs Reject/Payment Codes.

**Segment:** **REF Payer Claim Control Number**

Loop: 2200D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	FHCP requires Reference Identification Qualifier (REF01) to be <b>1K</b> (Payer's Claim



**Segment:** **REF Patient Control Number**

Loop: 2200D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	FHCP requires REF01 = <b>EJ</b> . FHCP restrict Patient Account Number to 20 characters or less. This segment should not be sent for a Claim Status inquiry if the provider has already received a statement on the claim, electronic or otherwise using the claim number. Submission of this segment when a statement has already been received may results in a mismatch condition.
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment:** **REF Pharmacy Prescription Number**

Loop: 2200D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	<b>XZ:</b> Pharmacy Prescription Number.
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment:** **REF Voucher Identifier**

Loop: 2200D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	<b>VV:</b> Voucher.
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment:** **REF Claim Identification Number for Clearinghouses and Other Transmission Intermediaries**

Loop: 2200D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	<b>D9:</b> Claim Number.
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment:** **DTP Claim Service Date**

Loop: 2200D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	<b>472:</b> Service.
DTP02	R	Date Time Period Format Qualifier	<b>D8:</b> Date Expressed in Format CCYYMMDD. <b>RD8:</b> Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD.
DTP03	R	Claim Service Period From Claim Service Period To	The 'Claim Service Period From' and 'Claim Service Period To' dates must be a date that occurs on or after the 'Patient Birth Date'.  The 'Claim Service Period From' and 'Claim Service Period To' dates cannot be in the future.  The 'Claim Service Period From' date cannot be greater than the 'Claim Service Period To' date.

**Loop 2220D: Service Line Information**

**Segment: SVC Service Line Information**

Loop: 2220D

Usage: Situational

**Element Summary**

Ref Des	Usage	Element Name	Element Note
SVC01	R	Composed Medical Procedure	To identify a medical procedure by its standardized codes and applicable modifiers.
SVC01 – 1	R	Products/Service ID Qualifier	<b>AD – WK:</b> Applicable Codes.
SVC01 – 2	R	Product/Service ID	Identifying number for a product or service.
SVC01 – 3	S	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by trading partners.
SVC01 – 4	S	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by trading partners.
SVC01 - 5	S	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by trading partners.
SVC01 - 6	S	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by trading partners.
SVC02	R	Monetary Amount	Monetary amount.
SVC03	R	Monetary Amount	Monetary amount.
SVC04	S	Product/Service ID	Identifying number for a product or service.
SVC07	R	Quantity	Numeric value of quantity.

**Segment:****STC Service Line Status Information**

Loop: 2220D

Usage: Required

## Element Summary

Ref Des	Usage	Element Name	Element Note
STC01	R	Health Care Claim Status	Used to convey status of the entire claim or specific service line.
STC01 – 1	R	Industry Code	Code indicating a code from a specific industry code list.
STC01 – 2	R	Industry Code	Code indicating a code from a specific industry code list.
STC01 – 3	S	Entity Identifier Code	<b>03 – ZZ:</b> Applicable Codes.
STC01 – 4	S	Code List Qualifier Code	<b>RX:</b> National Council for Prescription Drug Programs Reject/Payment Codes.
STC02	R	Date	Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year.
STC10	R	Health Care Claim Status	Used to convey status of the entire claim or specific service line.
STC10 – 1	R	Industry Code	Code indicating a code from a specific industry code list.
STC10 - 2	R	Industry Code	Code indicating a code from a specific industry code list.
STC10 – 3	S	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.
STC10 – 4	S	Code List Qualifier Code	<b>RX:</b> National Council for Prescription Drug Programs Reject/Payment Codes.

**Segment: STC Service Line Status Information**

Loop: 2220D

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
STC11	S	Health Care Claim Status	Used to convey status of the entire claim or specific service line.
STC11 – 1	R	Industry Code	Code indicating a code from a specific industry code list.
STC11 – 2	R	Industry Code	Code indicating a code from a specific industry code list.
STC11 – 3	S	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.
STC11 – 4	S	Code List Qualifier Code	<b>RX:</b> National Council for Prescription Drug Programs Reject/Payment Codes.

**Segment: REF Service Line Identification**

Loop: 2220D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	<b>FJ:</b> Line Item Control Number.
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment: DTP Service Line Date**

Loop: 2220D

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/ Time Qualifier	<b>472:</b> Service
DTP02	R	Date Time Period Format Qualifier	<b>D8:</b> Date Expressed in Format CCYYMMDD. <b>RD8:</b> Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD.
DTP03	R	Date Time Period	Expression of a date, a time, or range of dates, times or dates and times.

*Loop 2000E: Dependent Level*

**Segment: HL Dependent Level**

Loop: 2000E

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
HL02	R	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data

**Segment:****HL Dependent Level**

Loop: 2000E

Usage: Situational

## Element Summary

Ref Des	Usage	Element Name	Element Note
			segment being described is subordinate to.
HL03	R	Hierarchical Level Code	<b>23:</b> Dependent.

***Loop 2100E: Dependent Name*****Segment:****HL Dependent Name**

Loop: 2100E

Usage: Required

## Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	<b>QC:</b> Patient.
NM102	R	Entity Type Qualifier	<b>1:</b> Person
NM103	R	Name Last or Organization Name	Individual last name or organizational name
NM104	R	Name First	Required by FHCP when NM102 = 1 and the person has a known first name.
NM105	S	Name Middle	Individual middle name or initial.

**Segment:****HL Dependent Name**

Loop: 2100E

Usage: Required

## Element Summary

Ref Des	Usage	Element Name	Element Note
NM107	S	Name Suffix	Suffix to individual name.
NM108	R	Identification Code Qualifier	<b>MI:</b> member identification number. FHCP requires the submission of the above qualifier in this data element.
NM109	R	Identification Code	FHCP requires the submission of the ID number (#) exactly as it appears on the FHCP ID card <b>without any embedded spaces</b> , including any applicable alpha prefix or suffix.  <b>Important Notice:</b> The FHCP member's identification number ("Member Number") is unique to the member and should be entered in the Subscriber loop (2010C NM109) <b>even if the patient is a dependent</b> . Note that the identification code used must be that of the patient, as presented on the FHCP membership card. The identification code may include alpha prefix and/or a numeric suffix and may be up to 14 characters in length.  Failure to submit the data as indicated above may result in claim/encounter not found in message.

*Loop 2200E: Claim Status Tracking Number*

**Segment:**

**TRN Claim Status Tracking Number**

Loop: 2200E

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
TRN01	R	Trace Type Code	<b>2:</b> Referenced Transaction Trace Numbers.
TRN02	R	Reference Identification	FHCP requires the submission of the <b>Patient Account Number</b> if available in this data element.  <b>FHCP will return the number that was submitted in the 276 inquiry on the 277 response transaction.</b>

**Segment:**

**STC Claim Level Status Information**

Loop: 2200E

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
STC01	R	Health Care Claim Status	Used to convey status of the entire claim or specific service line.
STC01 – 1	R	Industry Code	Code indicating a code from a specific industry code list.

**Segment:****STC Claim Level Status Information**

Loop: 2200E

Usage: Required

## Element Summary

Ref Des	Usage	Element Name	Element Note
STC01 – 2	R	Industry Code	Code indicating a code from a specific industry code list.
STC01 – 3	S	Entity Identifier Code	<b>03 – ZZ:</b> Applicable Codes.
STC01 – 4	S	Code List Qualifier	<b>RX:</b> National Council for Prescription Drug Programs Reject/Payment Codes.
STC02	R	Date	Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year.
STC04	S	Monetary Amount	Monetary amount.
STC05	S	Monetary Amount	Monetary amount.
STC06	S	Date	Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year.
STC08	S	Date	Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year.
STC09	R	Check Number	FHCP will not return a check number in this data element if multiple checks are issued for a paid claim. This is in compliance with the direction provided in the ANSI X12 5010A 277 TR3.
STC10	S	Health Care Claim Status	Used to convey status of the entire claim or specific service line.

**Segment:****STC Claim Level Status Information**

Loop: 2200E

Usage: Required

## Element Summary

Ref Des	Usage	Element Name	Element Note
STC10 – 1	R	Industry Code	Code indicating a code from a specific industry code list.
STC10 – 2	R	Industry Code	Code indicating a code from a specific industry code list.
STC10 - 3	S	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.
STC10 – 4	S	Code List Qualifier	<b>RX:</b> National Council for Prescription Drug Programs Reject/Payment Codes.
STC11	S	Health Care Claim Status	Used to convey status of the entire claim or specific service line.
STC11 – 1	R	Industry Code	Code indicating a code from a specific industry code list.
STC11 – 2		Industry Code	Code indicating a code from a specific industry code list.
STC11 – 3	S	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.
STC11 – 4	S	Code List Qualifier	<b>RX:</b> National Council for Prescription Drug Programs Reject/Payment Codes.

**Segment:****REF Payer Claim Control Number**

Loop: 2200E

Usage: Situational

## Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	FHCP requires Reference Identification Qualifier (REF01) to be <b>1K</b> (Payer's Claim Number).
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment:****REF Institutional Bill Type Identification**

Loop: 2200E

Usage: Situational

## Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	FHCP requires Bill Type Qualifier (REF01) to be <b>BLT</b> (Billing Type).
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment:****REF Patient Control Number**

Loop: 2200E

Usage: Situational

#### Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	FHCP requires REF01 = <b>EJ</b> . FHCP restrict Patient Account Number to 20 characters or less. This segment should not be sent for a Claim Status inquiry if the provider has already received a statement on the claim, electronic or otherwise using the claim number. Submission of this segment when a statement has already been received may results in a mismatch condition
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

#### Segment:

## **REF** Pharmacy Prescription Number

Loop: 2200E

Usage: Situational

#### Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	<b>XZ</b> : Pharmacy Prescription Number
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment:****REF Voucher Identifier**

Loop: 2200E

Usage: Situational

## Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	<b>VV:</b> Voucher
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment:****REF Claim Identification Number for Clearinghouses and other Transmission Intermediaries**

Loop: 2200E

Usage: Situational

## Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	<b>D9:</b> Claim Number
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

## DTP Claim Service Date

**Segment:**

Loop: 2200E

Usage: Situational

**Element Summary**

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	<b>472:</b> Service
DTP03	R	Date Time Period Format Qualifier	<b>D8:</b> Date Expressed in Format CCYYMMDD. <b>RD8:</b> Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD
DTP03	R	Claim Service Period From Claim Service Period To	The 'Claim Service Period From' and 'Claim Service Period To' dates must be a date that occurs on or after the 'Patient Birth Date'.  The 'Claim Service Period From' and 'Claim Service Period To' dates cannot be in the future.  The 'Claim Service Period From' date cannot be greater than the 'Claim Service Period To' date.

## SVC Service Line Information

**Segment:**

Loop: 2200E

Usage: Situational

**Element Summary**

Ref Des	Usage	Element Name	Element Note
SVC01	R	Composite Medical Procedure Identifier	To identify a medical procedure by its standardized codes and applicable modifiers.
SVC01 – 1	R	Product/Service Id Qualifier	<b>AD – WK:</b> Applicable Code (s)
SVC01 – 2	R	Product/Service ID	Identifying number for a product or service.
SVC01 – 3	S	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by trading partners.
SVC01 – 4	S	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by trading partners
SVC01 – 5	S	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by trading partners
SVC01 - 6	S	Procedure Modifier	This identifies special circumstances related to the performance of the service, as defined by trading partners

## SVC Service Line Information

### Segment:

Loop: 2200E

Usage: Situational

### Element Summary

Ref Des	Usage	Element Name	Element Note
SVC02	R	Monetary Amount	Monetary amount
SVC03	R	Monetary Amount	Monetary amount
SVC04	S	Product/Service ID	Identifying number for a product or service.
SVC07	R	Quantity	Numeric value of quantity.

### Segment:

## STC Service Line Status Information

Loop: 2200E

Usage: Required

### Element Summary

---

Ref Des	Usage	Element Name	Element Note
STC01	R	Health Care Claim Status	Used to convey status of the entire claim or a specific service line.
STC01 – 1	R	Industry Code	Code indicating a code from a specific industry code list.
STC01 – 2	R	Industry Code	Code indicating a code from a specific industry code list.
STC01 – 3	S	Entity Identifier Code	<b>03 – ZZ:</b> Applicable Codes.
STC01 – 4	S	Code List Qualifier Code	<b>RX:</b> National Council for Prescription Drug Programs Reject/Payment Codes.
STC02	R	Date	Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year.
STC09	R	Check Number	FHCP will not return a check number in this data element if multiple checks are issued for a paid claim. This is in compliance with the direction provided in the ANSI X12 5010A 277 TR3.
STC10 – 1	R	Industry Code	Code indicating a code from a specific industry code list.
STC10 – 2	R	Industry Code	Code indicating a code from a specific industry code list.
STC10 – 3	S	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.
STC10 – 4	S	Code List Qualifier Code	<b>RX:</b> National Council for Prescription Drug Programs Reject/Payment Codes.
STC11	S	Health Care Claim Status	Used to convey status of the entire claim or a specific service line.
STC11 – 1	R	Industry Code	Code indicating a code from a specific industry code list.

**Segment:****STC Service Line Status Information**

Loop: 2200E

Usage: Required

## Element Summary

Ref Des	Usage	Element Name	Element Note
STC11 - 2	R	Industry Code	Code indicating a code from a specific industry code list.
STC11 - 3	S	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual.
STC11 - 4	S	Code List Qualifier Code	<b>RX:</b> National Council for Prescription Drug Programs Reject/Payment Codes.

**Segment:****REF Service Line Item Identification**

Loop: 2200E

Usage: Required

## Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	<b>FJ:</b> Line Item Control Number
REF02	R	Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.

**Segment:**

**REF Service Line Item Identification**

Loop: 2200E

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	<b>472:</b> Service
DTP02	R	Date Time Period Format Qualifier	<b>D8:</b> Date Expressed in Format CCYYMMDD. <b>RD8:</b> Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD
DTP03	R	Date Time Period	Expression of a date, a time, or range of dates, times or dates and times.

**Segment:** **DTP Service Line Date**

Loop: 2220E

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date Time Qualifier	<b>472:</b> Service
DTP02	R	Date Time Period Qualifier	<b>D8:</b> Date Expressed in Format CCYYMMDD. <b>RD8:</b> Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD.
DTP03	R	Service Line Date	Expression of a date, a time, or range of dates, times or dates and times.

**Segment:** **ST Transaction Set Trailer**

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
SE01	R	Number of Included Segments	Total number of segments included in a transaction set including ST and SE segments.
SE02	R	Transaction Set Control Number	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.

## Transactional Testing Processes

All trading partners, clearing houses should be certified via Availity. It is recommended that the trading partner obtain HIPAA Certification from an approved testing and certification third party vendor, prior to testing.

## VII. Trading Partner Agreement

Please contact Availity at 1-800-Availity (282-4548) or [www.Availity.com](http://www.Availity.com) for your Trading Partner Agreement.

