



fallon community health plan
health care claim status request and response

companion guide
to the

health care claim status request and response
ANSI X12N 276/277 (version 004010X093A1)
implementation guide

document history

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introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that **Fallon Community Health Plan** and all other covered entities comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services. The ANSI X12N 276/277 (Version 004010X093A1) Implementation Guide (IG) for Health Care Claim Status Request and Response has been established as the standard for claim status transactions compliance. The implementation guide is available electronically at www.wpc-edi.com/HIPAA.

Although the implementation guide contains requirements for use of specific segments and data elements within the segments, the guide was written for use by all health benefit payors. This document has been prepared as an FCHP-specific companion document to that implementation guide to clarify when conditional data elements and segments must be used for FCHP reporting, and to identify those codes and data elements that do not apply to FCHP.

This companion guide document supplements, but does not contradict any requirements in the 276/277 version 004010X093A1 implementation guide (original version).

The intended audience for this document is the technical resource responsible for submitting electronic enrollment transactions to FCHP. In addition, this information should be communicated and coordinated to the department within the employer groups responsible for maintaining this information.

confidentiality, privacy and security

Maintaining the confidentiality of personal health information has been, and continues to be, one of Fallon Community Health Plan's guiding principles. Fallon Community Health Plan has a strict confidentiality policy with regard to safeguarding patient, employee and health plan information. All employees are required to be familiar and comply with FCHP policy on the confidentiality of member personal and clinical information to ensure that all member information is treated in a confidential and respectful manner. The policy permits use or disclosure of members' medical or personal information only as necessary to conduct required business, care management, approved research, quality assurance or measurement activities, when authorized to do so by a member or as required by law.

In order to comply with our own internal policies and the provisions of the Health Insurance Portability and Accountability Act, 1996 (HIPAA), Fallon Community Health Plan has outlined specific requirements applicable to the electronic exchange of protected health information (PHI) including provisions for:

- Maintaining confidentiality of protected information
- Confidentiality safeguards
- Security standards
- Return or destruction of protected information
- Compliance with state and federal regulatory and statutory requirements
- Required disclosure
- Use of business associates

implementing edi transactions with fchp

contact an edi coordinator at:

866-ASK-FCHP or e-mail edi.coordinator@fchp.org.

Trading partners who want to exchange electronic transactions with FCHP should call or e-mail the contact listed above. The information necessary for implementation will be provided. FCHP-required enrollment forms can also be obtained in PDF format online at www.fchp.org.

trading partner set-up

There are many data elements in the ISA segment that are used for processing control purposes. For example, the ISA segment contains data elements such as authorization information, security information, sender identification and receiver identification that can be used for control purposes. These data elements are agreed upon by the trading partners prior to exchange of electronic information. FCHP-specific requirements are defined in subsequent sections of this document.

testing

All trading partners are required to test the exchange of electronic transactions with FCHP prior to the exchange of production files with live data.

FCHP will assign two usernames and passwords: one for testing and another for production. The production username and password will be assigned upon successful completion of simulation testing.

All test files will be processed at time of receipt, and feedback to the trading partner will occur within five business days. Preliminary test files should contain at least 25 enrollment transactions but not more than 50.

FCHP requires the following naming convention for all test files submitted: XXMMDDVT.276 (eight character maximum). The first 2 letters are used to identify trading partner, then 2 digit month, 2 digit day, version number, and test file indicator. If multiple files are to be sent on the same day, then version numbers would need to be sent as part of the file naming convention.

The test indicator is crucial to the entry of the file into the test environment.

Changes and “verify” (audit) transactions must be sent in separate files.

production

At the completion of successful simulation testing, trading partners will be given a production username and password, as well as a date to begin the exchange of compliant production transaction files.

FCHP requires the following naming convention for all production files submitted: XXMMDDV1.276 (eight character maximum). The first 2 letters are used to identify trading partner, then 2 digit month, 2 digit day, version number, and production file indicator. If multiple files are to be sent on the same day, then version numbers would need to be sent as part of the file naming convention.

The production indicator is crucial to the entry of the file into the test environment.

acknowledgement

FCHP will be supporting the functional Acknowledgement Transaction Set (997) and using it as an acknowledgement for incoming files as of 10/16/03.

specific data requirements – 276 health care claim status request

general

The purpose of this section is to clarify when data elements and segments must be used for Fallon Community Health Plan. The following information is designed to help you complete the 276 request transactions. If you follow these guidelines, we will be better able to process your claim status request transactions accurately and efficiently.

BOLD indicates value should be submitted as shown. All fields in the ISA are required and fixed length and should be blank filled if field value is not at the requested length.

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
ISA	Interchange Control Header		R		
	ISA01 - Auth Info Qualifier		R	00/03	00
	ISA02 - Auth Information		R		Blank fill
	ISA03 - Security Info Qual		R	00/01	00
	ISA04 - Security Information		R		Blank fill
	ISA05 - Interchange ID Qual		R		ZZ
	ISA06 - Interchange Sender ID		R	<Sender ID>	Trading Partner Name
	ISA07 - Interchange ID Qual		R		ZZ
	ISA08 - Interchange Receiver ID		R	<Receiver ID>	FCHP
	ISA09 - Interchange Date		R	<YYMMDD>	
	ISA10 - Interchange Time		R	<HHMM>	
	ISA11 - Interchange Control Std		R	U	
	ISA12 - Interchange Version		R	00401	
	ISA13 - Interchange Control		R	<Unique #>	Unique number sent by TP
	ISA14 - Ack requested		R	0/1	0
	ISA15 - Test/Production		R	P/T	T for test or P for production
	ISA16 - Component Element Sep		R		>
GS	Functional Group Header		R		
	GS01 - Functional ID Code		R	HN/HR	HR
	GS02 - App Sender's Code		R	<Sender ID>	Sender's TIN
	GS03 - App Receiver's Code		R	<Receiver Code>	FALLON276
	GS04 - Date		R	<CCYYMMDD>	
	GS05 - Time		R	<HHMM>	
	GS06 - Group Control Number		R	<Unique #>	Assigned number sent by TP

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
	GS07 - Resp Agency Code		R	X	
	GS08 - Version		R	004010X093A1	
ST	Transaction Set Header		R		
	ST01 - Transaction Set ID Code		R	276	
	ST02 - Transaction Control #		R	<Unique #>	
BHT	Beginning of Hierarchical Transaction		R		
	BHT01 - Hierarchical Structure Code		R	0010	
	BHT02 - Transaction Set Purpose Code		R	13	
	BHT03 - Reference Identification		O	NOT USED	
	BHT04 - Date		O	<CCYYMMDD>	
	BHT05 - Time		O	NOT USED	
	BHT06 - Reference ID		O	NOT USED	
HL	Information Source Level	2000A	R		
	HL01 - Hierarchical ID Number	2000A	R	<Unique#>	
	HL02 - Hierarchical Parent ID Number	2000A	O	NOT USED	
	HL03 - Hierarchical Level Code	2000A	R	20	
	HL04 - Hierarchical Child Code	2000A	R	1	
NM1	Payer Name	2100A	R		
	NM101 - Entity Identifier Code	2100A	R	PR	
	NM102 - Entity Type Qualifier	2100A	R	2	
	NM103 - Name Last or Organization Name	2100A	R		
	NM104 - Name First	2100A	O	NOT USED	
	NM105 - Name Middle	2100A	O	NOT USED	
	NM106 - Name Prefix	2100A	O	NOT USED	
	NM107 - Name Suffix	2100A	O	NOT USED	
	NM108 - Identification Code Qualifier	2100A	X	21/AD/FI/NI/PI/PP/XV	
	NM109 - Identification Code	2100A	X		
	NM110 - Entity Relationship Code	2100A	X	NOT USED	
	NM111 - Entity Identifier Code	2100A	X	NOT USED	
PER	Payer Contact Information	2100A	S		
	PER01 - Contact Function Code	2100A	R	IC	
	PER02 - Name	2100A	O		
	PER03 - Communication Number Qualifier	2100A	X	ED/EM/TE	
	PER04 - Communication number	2100A	X		
	PER05 - Communication Number Qualifier	2100A	X	EX	
	PER06 - Communication Number	2100A	X	<number>	
	PER07 - Communication Number	2100A	X	EX/FX	

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
	Qualifier				
	PER08 - Communication Number	2100A	X	<Number>	
	PER09 - Contact Inquiry Reference	2100A	O	NOT USED	
HL	Information Receiver Level	2000B	R		
	HL01 - Hierarchical ID Number	2000B	R	<Unique#>	
	HL02 - Hierarchical Parent ID Number	2000B	O		
	HL03 - Hierarchical Level Code	2000B	R	21	
	HL04 - Hierarchical Child Code	2000B	R	1	
NM1	Information Receiver Name	2100B	R		
	NM101 - Entity Identifier Code	2100B	R	41	
	NM102 - Entity Type Qualifier	2100B	R	1/2	
	NM103 - Name Last or Organization Name	2100B	R		
	NM104 - Name First	2100B	O		
	NM105 - Name Middle	2100B	O		
	NM106 - Name Prefix	2100B	O	NOT USED	
	NM107 - Name Suffix	2100B	O		
	NM108 - Identification Code Qualifier	2100B	X	46/FI/XX	
	NM109 - Identification Code	2100B	X		
	NM110 - Entity Relationship Code	2100B	X	NOT USED	
	NM111 - Entity Identifier Code	2100B	X	NOT USED	
HL	Service Provider Level	2000C	R		
	HL01 - Hierarchical ID Number	2000C	R	<Unique#>	
	HL02 - Hierarchical Parent ID Number	2000C	O		
	HL03 - Hierarchical Level Code	2000C	R	19	

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
	HL04 - Hierarchical Child Code	2000C	R	1	
NM1	Provider Name	2100C	R		
	NM101 - Entity Identifier Code	2100C	R	1P	
	NM102 - Entity Type Qualifier	2100C	R	1/2	
	NM103 - Name Last or Organization Name	2100C	R		
	NM104 - Name First	2100C	O		
	NM105 - Name Middle	2100C	O		
	NM106 - Name Prefix	2100C	O		
	NM107 - Name Suffix	2100C	O		
	NM108 - Identification Code Qualifier	2100C	X	FI/SV/XX	
	NM109 - Identification Code	2100C	X		
	NM110 - Entity Relationship Code	2100C	X	NOT USED	
	NM111 - Entity Identifier Code	2100C	O	NOT USED	
HL	Subscriber Level	2000 D	R		
	HL01 - Hierarchical ID Number	2000 D	R	<Unique#>	
	HL02 - Hierarchical Parent ID Number	2000 D	O		
	HL03 - Hierarchical Level Code	2000 D	R	22	
	HL04 - Hierarchical Child Code	2000 D	R	0/1	
DMG	Subscriber Demographic Information	2000 D	S		
	DMG01 - Date/Time Format Qualifier	2000 D	X	D8	
	DMG02 - Date/Time Period	2000 D	O	<CCYYMMDD>	
	DMG03 - Gender Code	2000 D	O	F/M/U	
	DMG04 - Marital Status Code	2000 D	O	NOT USED	
	DMG05 - Race or Ethnicity Code	2000 D	O	NOT USED	
	DMG06 - Citizenship Status Code	2000 D	O	NOT USED	
	DMG07 - Country Code	2000 D	O	NOT USED	
	DMG08 - Basis of Verification Code	2000 D	O	NOT USED	
	DMG09 - Quantity	2000 D	O	NOT USED	

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
NM1	Subscriber Name	2100 D	R		
	NM101 - Entity Identifier Code	2100 D	R	IL/QC	
	NM102 - Entity Type Qualifier	2100 D	R	1/2	
	NM103 - Name Last or Organization Name	2100 D	R		
	NM104 - Name First	2100 D	O		
	NM105 - Name Middle	2100 D	O		
	NM106 - Name Prefix	2100 D	O		
	NM107 - Name Suffix	2100 D	O		
	NM108 - Identification Code Qualifier	2100 D	X	24/MI/ZZ	
	NM109 - Identification Code	2100 D	X		
	NM110 - Entity Relationship Code	2100 D	X	NOT USED	
	NM111 - Entity Identifier Code	2100 D	O	NOT USED	
TRN	Claim Submitter Trace Number	2200 D	R		
	TRN01 - Trace Type Code	2200 D	R	1	
	TRN02 - Reference Identification	2200 D	R	<Unique#>	
	TRN03 - Originating Company Identifier	2200 D	O	NOT USED	
	TRN04 - Reference Identification	2200 D	O	NOT USED	
REF	Payer Claim Identification Number	2200 D	S		
	REF01 - Reference Identification Qualifier	2200 D	R	1K	
	REF02 - Reference Identification	2200 D	R	<Claim#>	
	REF03 - Description	2200 D	X	NOT USED	
	REF04 - Reference Identifier	2200 D	O	NOT USED	
REF	Institutional Bill Type Identification	2200 D	S		
	REF01 - Reference Identification	2200	R	BLT	

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
	Qualifier	D			
	REF02 - Reference Identification	2200 D	R	<Bill type ID>	
	REF03 - Description	2200 D	X	NOT USED	
	REF04 - Reference Identifier	2200 D	O	NOT USED	
REF	Medical Record Identification	2200 D	S		
	REF01 - Reference Identification Qualifier	2200 D	R	EA	
	REF02 - Reference Identification	2200 D	R	<Medical record #>	
	REF03 - Description	2200 D	X	NOT USED	
	REF04 - Reference Identifier	2200 D	O	NOT USED	
AMT	Claim Submitted Charges	2200 D	S		
	AMT01 - Amount Qualifier Code	2200 D	R	T3	
	AMT01 - Monetary Amount	2200 D	R		
	AMT03 - Credit/Debit Flag Code	2200 D	O	NOT USED	
DTP	Claim Service Date	2200 D	S		
	DTP01 - Date/Time Qualifier	2200 D	R	232	
	DTP02 - Date Time Period Format Qualifier	2200 D	R	RD8	
	DTP03 - Date/Time Period	2200 D	R	<CCYYMMDD-CCYYMMDD>	
SVC	Service Line Information	2210 D	S		
	SVC01 - Composite Medical Procedure Identifier	2210 D	R		
	SVC01-1: Product/Service ID Qualifier	2210 D	R	AD/CI/HC/ID/IV/ N1/N2/N3/N4/N D/NH/NU/RB	
	SVC01-2: Product/Service ID	2210 D	R		
	SVC01-3: Procedure Modifier	2210 D	O		
	SVC01-4: Procedure Modifier	2210 D	O		
	SVC01-5: Procedure Modifier	2210 D	O		

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
	SVC01-6: Procedure Modifier	2210 D	O		
	SVC01-7: Description	2210 D	O	NOT USED	
	SVC02 - Monetary Amount	2210 D	R		
	SVC03 - Monetary Amount	2210 D	O	NOT USED	
	SVC04 - Product/Service ID	2210 D	O		
	SVC05 - Quantity	2210 D	O	NOT USED	
	SVC06 - Composite Medical Procedure Identifier	2210 D	O	NOT USED	
	SVC07 - Quantity	2210 D	O		
REF	Service Line Item Identification	2210 D	S		
	REF01 - Reference Identification Qualifier	2210 D	R	FJ	
	REF02 - Reference Identification	2210 D	R	<Line item control #>	
	REF03 - Description	2200 D	X	NOT USED	
	REF04 - Reference Identifier	2200 D	O	NOT USED	
DTP	Service Line Date	2210 D	R		
	DTP01 - Date/Time Qualifier	2210 D	R	472	
	DTP02 - Date/Time Period Format Qualifier	2210 D	R	RD8	
	DTP03 - Date/Time Period	2200 D	R	<CCYYMMDD-CCYYMMDD>	
HL	Dependent Level	2000E	S		
	HL01 - Hierarchical ID Number	2000E	R	<Unique#>	
	HL02 - Hierarchical Parent ID Number	2000E	O		
	HL03 - Hierarchical Level Code	2000E	R	23	
	HL04 - Hierarchical Child Code	2000E	O	NOT USED	
DMG	Subscriber Demographic Information	2000E	S		
	DMG01 - Date/Time Format Qualifier	2000E	X	D8	
	DMG02 - Date/Time Period	2000E	O	<CCYYMMDD>	
	DMG03 - Gender Code	2000E	O	F/M/U	
	DMG04 - Marital Status Code	2000E	O	NOT USED	
	DMG05 - Race or Ethnicity Code	2000E	O	NOT USED	

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
	DMG06 - Citizenship Status Code	2000E	O	NOT USED	
	DMG07 - Country Code	2000E	O	NOT USED	
	DMG08 - Basis of Verification Code	2000E	O	NOT USED	
	DMG09 - Quantity	2000E	O	NOT USED	
NM1	Dependent Name	2100E	R		
	NM101 - Entity Identifier Code	2100E	R	QC	
	NM102 - Entity Type Qualifier	2100E	R	1	
	NM103 - Name Last or Organization Name	2100E	O		
	NM104 - Name First	2100E	O		
	NM105 - Name Middle	2100E	O		
	NM106 - Name Prefix	2100E	O		
	NM107 - Name Suffix	2100E	O		
	NM108 - Identification Code Qualifier	2100E	X	MI/ZZ	
	NM109 - Identification Code	2100E	X		
	NM110 - Entity Relationship Code	2100E	X	NOT USED	
	NM111 - Entity Identifier Code	2100E	O	NOT USED	
TRN	Claim Submitter Trace Number	2200E	R		
	TRN01 - Trace Type Code	2200E	R	1	
	TRN02 - Reference Identification	2200E	R	<Unique #>	
	TRN03 - Originating Company Identifier	2200E	O	NOT USED	
	TRN04 - Reference Identification	2200E	O	NOT USED	
REF	Payer Claim Identification Number	2200E	S		
	REF01 - Reference Identification Qualifier	2200E	R	1K	
	REF02 - Reference Identification	2200E	R	<Claim #>	
	REF03 - Description	2200E	X	NOT USED	
	REF04 - Reference Identifier	2200E	O	NOT USED	
REF	Institutional Bill Type Identification	2200E	S		
	REF01 - Reference Identification Qualifier	2200E	R	BLT	
	REF02 - Reference Identification	2200E	R	<Bill type ID>	
	REF03 - Description	2200E	X	NOT USED	
	REF04 - Reference Identifier	2200E	O	NOT USED	
REF	Medical Record Identification	2200E	S		
	REF01 - Reference Identification Qualifier	2200E	R	EA	
	REF02 - Reference Identification	2200E	R	<Medical record #>	
	REF03 - Description	2200E	X	NOT USED	

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
	REF04 - Reference Identifier	2200E	O	NOT USED	
AMT	Claim Submitted Charges	2200E	S		
	AMT01 - Amount Qualifier Code	2200E	R	T3	
	AMT01 - Monetary Amount	2200E	R		
	AMT03 - Credit/Debit Flag Code	2200E	O	NOT USED	
DTP	Claim Service Date	2200E	S		
	DTP01 - Date/Time Qualifier	2200E	R	232	
	DTP02 - Date/Time Period Format Qualifier	2200E	R	RD8	
	DTP03 - Date/Time Period	2200E	R	<CCYYMMDD-CCYYMMDD>	
SVC	Service Line Information	2210E	S		
	SVC01 - Composite Medical Procedure Identifier	2210E	R		
	SVC01-1: Product/Service ID Qualifier	2210E	R	AD/CI/HC/ID/IV/N1/N2/N3/N4/N D/NH/NU/RB	
	SVC01-2: Product/Service ID	2210E	R		
	SVC01-3: Procedure Modifier	2210E	O		
	SVC01-4: Procedure Modifier	2210E	O		
	SVC01-5: Procedure Modifier	2210E	O		
	SVC01-6: Procedure Modifier	2210E	O		
	SVC01-7: Description	2210E	O	NOT USED	
	SVC02 - Monetary Amount	2210E	R		
	SVC03 - Monetary Amount	2210E	O	NOT USED	
	SVC04 - Product/Service ID	2210E	O		
	SVC05 - Quantity	2210E	O	NOT USED	
	SVC06 - Composite Medical Procedure Identifier	2210E	O	NOT USED	
	SVC07 - Quantity	2210E	O		
REF	Service Line Item Identification	2210E	S		
	REF01 - Reference Identification Qualifier	2210E	R	FJ	
	REF02 - Reference Identification	2210E	R	<Line item control #>	
	REF03 - Description	2200E	X	NOT USED	
	REF04 - Reference Identifier	2200E	O	NOT USED	
DTP	Service Line Date	2210E	R		
	DTP01 - Date/Time Qualifier	2210E	R	472	
	DTP02 - Date/Time Period Format Qualifier	2210E	R	RD8	
	DTP03 - Date/Time Period	2200E	R	<CCYYMMDD - CCYYMMDD>	
SE	Transaction Set Trailer		R		
	SE01 - Number of Segments		R	<Number>	

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
	SE02 - Control Number		R	<Number value must be identical to ST02>	
GE	Functional Group Trailer		R		
	GE01 - Number of Transaction Sets Included		R	<Number>	
	GE02 - Group Control Number		R	<Number value must be identical to the associated GS06>	
IEA	Interchange Control Trailer		R		
	IEA01 - Number of Transaction Sets Included		R	<Number>	
	IEA02 - Group Control Number		R	<Number value must be identical to ISA13>	

specific data requirements – 277 health care claim status response

general

The purpose of this section is to clarify data elements and segments used for to complete the 277 claim status response transactions.

BOLD indicates the value will be completed as shown. All fields in the ISA are required and fixed length and will be blank filled if the field value is not at the requested length.

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
ISA	Interchange Control Header		R		
	ISA01 - Auth Info Qualifier		R	00/03	00
	ISA02 - Auth Information		R		Blank fill
	ISA03 - Security Info Qual		R	00/01	00
	ISA04 - Security Information		R		Blank fill
	ISA05 - Interchange ID Qual		R		ZZ
	ISA06 - Interchange Sender ID		R	<Sender ID>	FCHP
	ISA07 - Interchange ID Qual		R		ZZ
	ISA08 - Interchange Receiver ID		R	<Receiver ID>	Trading Partner name
	ISA09 - Interchange Date		R	<YYMMDD>	
	ISA10 - Interchange Time		R	<HHMM>	
	ISA11 - Interchange Control Std		R	U	
	ISA12 - Interchange Version		R	00401	
	ISA13 - Interchange Control		R	<Unique #>	
	ISA14 - Ack requested		R	0/1	0
	ISA15 - Test/Production		R	P/T	T for test or P for production
	ISA16 - Component Element Sep		R		>
GS	Functional Group Header		R		
	GS01 - Functional ID Code		R	HN/HR	HN
	GS02 - App Sender's Code		R	<Sender ID>	FALLON277
	GS03 - App Receiver's Code		R	<Receiver Code>	Sender's TIN
	GS04 - Date		R	<CCYYMMDD>	
	GS05 - Time		R	<HHMM>	
	GS06 - Group Control Number		R	<Unique #>	
	GS07 - Resp Agency Code		R	X	
	GS08 - Version		R	004010X093A1	

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
ST	Transaction Set Header		R		
	ST01 - Transaction Set ID Code		R	277	
	ST02 - Transaction Control #		R	<Number identical to SE02>	
BHT	Beginning of Hierarchical Transaction		R		
	BHT01 - Hierarchical Structure Code		R	0010	
	BHT02 - Transaction Set Purpose Code		R	08	
	BHT03 - Reference Identification		R		277X093
	BHT04 - Date		R	<CCYYMMDD>	
	BHT05 - Time		O	NOT USED	
	BHT06 - Reference ID		R	DG	
HL	Information Source Level	2000A	R		
	HL01 - Hierarchical ID Number	2000A	R	<Unique #>	
	HL02 - Hierarchical Parent ID Number	2000A	O	NOT USED	
	HL03 - Hierarchical Level Code	2000A	R	20	
	HL04 - Hierarchical Child Code	2000A	R	1	
NM1	Payer Name	2100A	R		
	NM101 - Entity Identifier Code	2100A	R	PR	
	NM102 - Entity Type Qualifier	2100A	R	2	
	NM103 - Name Last or Organization Name	2100A	R		
	NM104 - Name First	2100A	O	NOT USED	
	NM105 - Name Middle	2100A	O	NOT USED	
	NM106 - Name Prefix	2100A	O	NOT USED	
	NM107 - Name Suffix	2100A	O	NOT USED	
	NM108 - Identification Code Qualifier	2100A	X	21/AD/FI/NI/PI/PP/XV	
	NM109 - Identification Code	2100A	X		
	NM110 - Entity Relationship Code	2100A	X	NOT USED	
	NM111 - Entity Identifier Code	2100A	X	NOT USED	
PER	Payer Contact Information	2100A	S		
	PER01 - Contact Function Code	2100A	R	IC	
	PER02 - Name	2100A	O		
	PER03 - Communication Number Qualifier	2100A	X	ED/EM/TE	
	PER04 - Communication Number	2100A	X		
	PER05 - Communication Number Qualifier	2100A	X	EX	
	PER06 - Communication	2100A	X	<Number>	

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
	Number				
	PER07 - Communication Number Qualifier	2100A	X	EX/FX	
	PER08 - Communication Number	2100A	X	<Number>	
	PER09 - Contact Inquiry Reference	2100A	O	NOT USED	
HL	Information Receiver Level	2000B	R		
	HL01 - Hierarchical ID Number	2000B	R	<Unique #>	
	HL02 - Hierarchical Parent ID Number	2000B	O		
	HL03 - Hierarchical Level Code	2000B	R	21	
	HL04 - Hierarchical Child Code	2000B	R	1	
NM1	Information Receiver Name	2100B	R		
	NM101 - Entity Identifier Code	2100B	R	41	
	NM102 - Entity Type Qualifier	2100B	R	1/2	
	NM103 - Name Last or Organization Name	2100B	R		
	NM104 - Name First	2100B	O		
	NM105 - Name Middle	2100B	O		
	NM106 - Name Prefix	2100B	O	NOT USED	
	NM107 - Name Suffix	2100B	O		
	NM108 - Identification Code Qualifier	2100B	X	46/FI/XX	
	NM109 - Identification Code	2100B	X		
	NM110 - Entity Relationship Code	2100B	X	NOT USED	
	NM111 - Entity Identifier Code	2100B	X	NOT USED	
HL	Service Provider Level	2000C	R		
	HL01 - Hierarchical ID Number	2000C	R	<Unique #>	
	HL02 - Hierarchical Parent ID Number	2000C	O		
	HL03 - Hierarchical Level Code	2000C	R	19	

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
	HL04 - Hierarchical Child Code	2000C	R	1	
NM1	Provider Name	2100C	R		
	NM101 - Entity Identifier Code	2100C	R	1P	
	NM102 - Entity Type Qualifier	2100C	R	1/2	
	NM103 - Name Last or Organization Name	2100C	R		
	NM104 - Name First	2100C	O		
	NM105 - Name Middle	2100C	O		
	NM106 - Name Prefix	2100C	O		
	NM107 - Name Suffix	2100C	O		
	NM108 - Identification Code Qualifier	2100C	X	FI/SV/XX	
	NM109 - Identification Code	2100C	X		
	NM110 - Entity Relationship Code	2100C	X	NOT USED	
	NM111 - Entity Identifier Code	2100C	O	NOT USED	
HL	Subscriber Level	2000D	R		
	HL01 - Hierarchical ID Number	2000D	R	<Unique #>	
	HL02 - Hierarchical Parent ID Number	2000D	O		
	HL03 - Hierarchical Level Code	2000D	R	22	
	HL04 - Hierarchical Child Code	2000D	R	0/1	
DMG	Subscriber Demographic Information	2000D	S		
	DMG01 - Date/Time Format Qualifier	2000D	X	D8	
	DMG02 - Date/Time Period	2000D	O	<CCYYMMDD>	
	DMG03 - Gender Code	2000D	O	F/M/U	
	DMG04 - Marital Status Code	2000D	O	NOT USED	
	DMG05 - Race or Ethnicity Code	2000D	O	NOT USED	
	DMG06 - Citizenship Status Code	2000D	O	NOT USED	
	DMG07 - Country Code	2000D	O	NOT USED	
	DMG08 - Basis of Verification Code	2000D	O	NOT USED	
	DMG09 - Quantity	2000D	O	NOT USED	

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
NM1	Subscriber Name	2100 D	R		
	NM101 - Entity Identifier Code	2100 D	R	IL/QC	
	NM102 - Entity Type Qualifier	2100 D	R	1/2	
	NM103 - Name Last or Organization Name	2100 D	R		
	NM104 - Name First	2100 D	O		
	NM105 - Name Middle	2100 D	O		
	NM106 - Name Prefix	2100 D	O		
	NM107 - Name Suffix	2100 D	O		
	NM108 - Identification Code Qualifier	2100 D	X	24/MI/ZZ	
	NM109 - Identification Code	2100 D	X		
	NM110 - Entity Relationship Code	2100 D	X	NOT USED	
	NM111 - Entity Identifier Code	2100 D	O	NOT USED	
TRN	Claim Submitter Trace Number	2200 D	R		
	TRN01 - Trace Type Code	2200 D	R	1	
	TRN02 - Reference Identification	2200 D	R	<Unique #>	
	TRN03 - Originating Company Identifier	2200 D	O	NOT USED	
	TRN04 - Reference Identification	2200 D	O	NOT USED	
REF	Payer Claim Identification Number	2200 D	S		
	REF01 - Reference Identification Qualifier	2200 D	R	1K	
	REF02 - Reference Identification	2200 D	R	<Claim #>	
	REF03 - Description	2200 D	X	NOT USED	
	REF04 - Reference Identifier	2200 D	O	NOT USED	
REF	Institutional Bill Type Identification	2200 D	S		
	REF01 - Reference	2200	R	BLT	

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
	Identification Qualifier	D			
	REF02 - Reference Identification	2200 D	R	<Bill type ID>	
	REF03 - Description	2200 D	X	NOT USED	
	REF04 - Reference Identifier	2200 D	O	NOT USED	
REF	Medical Record Identification	2200 D	S		
	REF01 - Reference Identification Qualifier	2200 D	R	EA	
	REF02 - Reference Identification	2200 D	R	<Medical record #>	
	REF03 - Description	2200 D	X	NOT USED	
	REF04 - Reference Identifier	2200 D	O	NOT USED	
AMT	Claim Submitted Charges	2200 D	S		
	AMT01 - Amount Qualifier Code	2200 D	R	T3	
	AMT01 - Monetary Amount	2200 D	R		
	AMT03 - Credit/Debit Flag Code	2200 D	O	NOT USED	
DTP	Claim Service Date	2200 D	S		
	DTP01 - Date/Time Qualifier	2200 D	R	232	
	DTP02 – Date/Time Period Format Qualifier	2200 D	R	RD8	
	DTP03 – Date/Time Period	2200 D	R	<CCYYMMDD-CCYYMMDD>	
SVC	Service Line Information	2210 D	S		
	SVC01 - Composite Medical Procedure Identifier	2210 D	R		
	SVC01 - 1: Product/Service ID Qualifier	2210 D	R	AD/CI/HC/ID/IV/N1/N2/N3/N4/ND/NH/NU/RB	
	SVC01-2: Product/Service ID	2210 D	R		
	SVC01-3: Procedure Modifier	2210 D	O		
	SVC01-4: Procedure Modifier	2210 D	O		
	SVC01-5: Procedure Modifier	2210 D	O		

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
	SVC01-6: Procedure Modifier	2210 D	O		
	SVC01-7: Description	2210 D	O	NOT USED	
	SVC02 - Monetary Amount	2210 D	R		
	SVC03 - Monetary Amount	2210 D	O	NOT USED	
	SVC04 - Product/Service ID	2210 D	O		
	SVC05 - Quantity	2210 D	O	NOT USED	
	SVC06 - Composite Medical Procedure Identifier	2210 D	O	NOT USED	
	SVC07 - Quantity	2210 D	O		
REF	Service Line Item Identification	2210 D	S		
	REF01 - Reference Identification Qualifier	2210 D	R	FJ	
	REF02 - Reference Identification	2210 D	R	<Line item control #>	
	REF03 - Description	2200 D	X	NOT USED	
	REF04 - Reference Identifier	2200 D	O	NOT USED	
DTP	Service Line Date	2210 D	R		
	DTP01 - Date/Time Qualifier	2210 D	R	472	
	DTP02 - Date/Time Period Format Qualifier	2210 D	R	RD8	
	DTP03 - Date/Time Period	2200 D	R	<CCYYMMDD-CCYYMMDD>	
HL	Dependent Level	2000E	S		
	HL01 - Hierarchical ID Number	2000E	R	<Unique #>	
	HL02 - Hierarchical Parent ID Number	2000E	O		
	HL03 - Hierarchical Level Code	2000E	R	23	
	HL04 - Hierarchical Child Code	2000E	O	NOT USED	
DMG	Subscriber Demographic Information	2000E	S		
	DMG01 - Date/Time Format Qualifier	2000E	X	D8	
	DMG02 - Date/Time Period	2000E	O	<CCYYMMDD>	
	DMG03 - Gender Code	2000E	O	F/M/U	
	DMG04 - Marital Status Code	2000E	O	NOT USED	
	DMG05 - Race or Ethnicity	2000E	O	NOT USED	

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
	Code				
	DMG06 - Citizenship Status Code	2000E	O	NOT USED	
	DMG07 - Country Code	2000E	O	NOT USED	
	DMG08 - Basis of Verification Code	2000E	O	NOT USED	
	DMG09 - Quantity	2000E	O	NOT USED	
NM1	Dependent Name	2100E	R		
	NM101 - Entity Identifier Code	2100E	R	QC	
	NM102 - Entity Type Qualifier	2100E	R	1	
	NM103 - Name Last or Organization Name	2100E	O		
	NM104 - Name First	2100E	O		
	NM105 - Name Middle	2100E	O		
	NM106 - Name Prefix	2100E	O		
	NM107 - Name Suffix	2100E	O		
	NM108 - Identification Code Qualifier	2100E	X	MI/ZZ	
	NM109 - Identification Code	2100E	X		
	NM110 - Entity Relationship Code	2100E	X	NOT USED	
	NM111 - Entity Identifier Code	2100E	O	NOT USED	
TRN	Claim Submitter Trace Number	2200E	R		
	TRN01 - Trace Type Code	2200E	R	1	
	TRN02 - Reference Identification	2200E	R	<Unique #>	
	TRN03 - Originating Company Identifier	2200E	O	NOT USED	
	TRN04 - Reference Identification	2200E	O	NOT USED	
REF	Payer Claim Identification Number	2200E	S		
	REF01 - Reference Identification Qualifier	2200E	R	1K	
	REF02 - Reference Identification	2200E	R	<claim number>	
	REF03 - Description	2200E	X	NOT USED	
	REF04 - Reference Identifier	2200E	O	NOT USED	
REF	Institutional Bill Type Identification	2200E	S		
	REF01 - Reference Identification Qualifier	2200E	R	BLT	
	REF02 - Reference Identification	2200E	R	<Bill type ID>	
	REF03 - Description	2200E	X	NOT USED	
	REF04 - Reference Identifier	2200E	O	NOT USED	

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
REF	Medical Record Identification	2200E	S		
	REF01 - Reference Identification Qualifier	2200E	R	EA	
	REF02 - Reference Identification	2200E	R	<Medical record #>	
	REF03 - Description	2200E	X	NOT USED	
	REF04 - Reference Identifier	2200E	O	NOT USED	
AMT	Claim Submitted Charges	2200E	S		
	AMT01 - Amount Qualifier Code	2200E	R	T3	
	AMT01 - Monetary Amount	2200E	R		
	AMT03 - Credit/Debit Flag Code	2200E	O	NOT USED	
DTP	Claim Service Date	2200E	S		
	DTP01 - Date/Time Qualifier	2200E	R	232	
	DTP02 - Date/Time Period Format Qualifier	2200E	R	RD8	
	DTP03 - Date/Time Period	2200E	R	<CCYYMMDD-CCYYMMDD>	
SVC	Service Line Information	2210E	S		
	SVC01 - Composite Medical Procedure Identifier	2210E	R		
	SVC01-1: Product/Service ID Qualifier	2210E	R	AD/CI/HC/ID/IV/N1/N2/N3/N4/ND/NH/NU/RB	
	SVC01-2: Product/Service ID	2210E	R		
	SVC01-3: Procedure Modifier	2210E	O		
	SVC01-4: Procedure Modifier	2210E	O		
	SVC01-5: Procedure Modifier	2210E	O		
	SVC01-6: Procedure Modifier	2210E	O		
	SVC01-7: Description	2210E	O	NOT USED	
	SVC02 - Monetary Amount	2210E	R		
	SVC03 - Monetary Amount	2210E	O	NOT USED	
	SVC04 - Product/Service ID	2210E	O		
	SVC05 - Quantity	2210E	O	NOT USED	
	SVC06 - Composite Medical Procedure Identifier	2210E	O	NOT USED	
	SVC07 - Quantity	2210E	O		
REF	Service Line Item Identification	2210E	S		
	REF01 - Reference Identification Qualifier	2210E	R	FJ	
	REF02 - Reference Identification	2210E	R	<Line item control #>	
	REF03 - Description	2200E	X	NOT USED	
	REF04 - Reference Identifier	2200E	O	NOT USED	

Seg ID	Segment description	Loop ID	Seg Req	Valid values	FCHP-specific requirements
DTP	Service Line Date	2210E	R		
	DTP01 - Date/Time Qualifier	2210E	R	472	
	DTP02 – Date/Time Period Format Qualifier	2210E	R	RD8	
	DTP03 – Date/Time Period	2200E	R	<CCYYMMDD-CCYYMMDD>	
SE	Transaction Set Trailer		R		
	SE01 - Number of Segments		R	<Number>	
	SE02 - Control Number		R	<Number value must be identical to ST02>	
GE	Functional Group Trailer		R		
	GE01 - Number of Transaction Sets Included		R	<Number>	
	GE02 - Group Control Number		R	<Number value must be identical to the associated GS06>	
IEA	Interchange Control Trailer		R		
	IEA01 - Number of Transaction Sets Included		R	<Number>	
	IEA02 - Group Control Number		R	<Number value must be identical to ISA13>	