Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
Header	**ISA**	**Interchange Control Header**			**green for Tahoma**	**blue - ACS**	**turquoise for gaps**		**PLANS WILL ALSO GET AN 820 FOR PAYMENT**
Header	ISA01	Authorization Information Qualifier	ID2		"00"-No Authorization Information Present		Literal	Required	
Header	ISA02	Authorization Data Identification	AN10		"00"-No Meaningful Information		Literal	Required	
Header	ISA03	Security Information Qualifier	ID2		"00"-No Security Information Present		Literal	Required	
Header	ISA04	Security Information	AN10		"00"-No Meaningful Information		Literal	Required	
Header	ISA05	Interchange ID Qualifier	ID2		<Configured Sender's ID type>		Configure	Required	See Guide for Valid Values
Header	ISA06	Interchange Sender ID	AN15		<Configured Sender's ID type>		Configure	Required	
Header	ISA07	Interchange ID Qualifier	ID2		<Configured Receiver's ID type>		Configure	Required	See Guide for Valid Values
Header	ISA08	Interchange Receiver ID	AN15		<Configured Receiver's ID>		Configure	Required	
Header	ISA09	Interchange Date	DT6		<Derive current date>		Derive	Required	YYMMDD
Header	ISA10	Interchange Time	TM4		<Derive current time>		Derive	Required	HHMM
Header	ISA11	Interchange Control Standards Identifier	ID1		"U"-U.S. EDI		Literal	Required	
Header	ISA12	Interchange Control Version Number	ID5		"00401"		Literal	Required	
Header	ISA13	Interchange Control Number	N9		<Derive unique ID for all ISAs from this sender: timestamp precise to hundredths of a second>		Derive	Required	
Header	ISA14	Acknowledgment Requrested	ID1		<Configured ack>		Configure	Required	"0"-No Ack Requested, "1"-Interchange Ack Requested
Header	ISA15	Usage Indicator	ID1		<Configured usage>		Configure	Required	"P"-Production, "T"-Test
Header	ISA16	Component Element Separator	1		":"=Component Delimiter		Literal	Required	

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
Header	**GS**	**Functional Group Header**							**One functional group for each set of same transactions**
Header	GS01	Functional Identifier Code	ID2		"BE"-Benefit Enrollment and Maintenance (834)		Literal	Required	Depends on transaction
Header	GS02	Application Sender's Code	AN15		<Configure Sender's sub-division>		Configure	Required	<ID for sub-div of ISA06>
Header	GS03	Application Receiver's Code	AN15		<Configure Receiver's sub-division>		Configure	Required	<ID for sub-div of ISA08>
Header	GS04	Date	DT8		<Derive current date>		Derive	Required	CCYYMMDD
Header	GS05	Time	TM8		<Derive current time>		Derive	Required	HHMM(SSDD)
Header	GS06	Group Control Number	N9		<Default to unique ID for each GS from this sender: timestamp precise to hundredths of a second>		Default	Required	Batch Number
Header	GS07	Responsible Agency Code	ID2		"X"-ASC X12		Literal	Required	
Header	GS08	Version/Release/Industry Identifier Code	AN12		"004010X095" or "004010X095A1"		Literal	Required	Depends on transaction
Header	**ST**	**Transaction Set Header**			**Monthly "payment listing" of clients to HMOs**				
Header	ST 01	Transaction Set Identifier Code	ID3		"834"-Benefit Enrollment and Maintenance		Literal	Required	
Header	ST 02	Transaction Set Control Number	AN9		Sequence from 1 by 1 for each transaction in batch		Derive	Required	Sequence from 1 by 1 for each transaction in batch
Header	**BGN**	**Beginning Segment**							
Header	BGN01	Transaction Set Purpose Code	ID2		"00"-Original		Literal	Required	"00"-Original, "15"-Resubmit (correction), "22"-Info Copy (resending original)

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
Header	BGN02	Transaction Set Identifier Code	AN30		Sequence from 1 by 1 for each transaction in batch		**Should uniquely ID tx from sender, not repeat in each batch**	Required	unique ID, e.g., timestamp
Header	BGN03	Transaction Set Creation Date	DT8		current date		Derive	Required	current date
Header	BGN04	Transaction Set Creation Time	TM8		current time		Derive	Required	current time
Header	BGN05	Time Zone Code	ID2		"PT"-Pacific Time		Literal	Not required	See Guide for valid values
Header	BGN06	Transaction Set Identifier Code	AN30				Text	Not required	If resubmit or resend, BGN02 from original tx
Header	BGN08	Action Code	ID2		"4"-Verify, for full roster		Literal	Required	"2"-Change (add, term), "4"-Verify (audit)
Header	**REF**	**Transaction Set Policy Number**							
Header	REF01	Reference Identification Qualifier	ID3		"38"-Master Policy Number		Literal	Not required	
Header	REF02	Master Policy Number	AN30	MHCP	PCOP-BILLING-PROV		tells whether BPH+ or Healthy Opions	Not required	
Header	**DTP**	**File Effective Date**							
Header	DTP01	Date Time Qualifier	ID3		"007"-Effective		Coded Values	Not required	"007"-Effective, "303"-Maintnenace Effective, "382"-Enrollment, "388"-Payment Begins
Header	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Not required	
Header	DTP03	Date Time Period	AN35		<Default to Current date>		Default	Not required	
1000A	**N1**	**Sponsor Name**							
1000A	N101	Entity Identifier Code	ID3		"P5"-Plan Sponsor		Literal	Required	

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
1000A	N102	Plan Sponsor Name	AN60		"Washington State DSHS Medical Assistance Administration"		Literal	**Required**	
1000A	N103	Identification Code Qualifier	ID2		"FI"-Federal Taxpayer's ID		Literal	Required	"FI"-TaxID, "ZZ"-EIN
1000A	N104	Sponsor Identifier	AN80		"91-6001088"		Literal	**Required**	
1000B	**N1**	**Payer**							
1000B	N101	Entity Identifier Code	ID3		"IN"-Insurer		Literal	Not required	
1000B	N102	Insurer Name	AN60	Prov-File	PROV-NAME	X(31)	(Healthy Options Plans: Kaiser, etc.)	Not required	
1000B	N103	Identification Code Qualifier	ID2	Prov-File	PROV-SSN-IRS-NUM-IND	X(1)	If "E", insert "FI"	Required	"FI"-Tax ID, "XV"-PlanID (future)
1000B	N104	Insurer Identification Code	AN80	Prov-File	PROV-EMPLR-IDENT-NUM	X(10)	same ID for BPH+, Healthy Options: see REF above	**Required**	
1000C	**N1**	**TPA/Broker Name**							
1000C	N101	Entity Identifier Code	ID3				Coded Values	**Required if TPA/Broker involved**	"BO"-Broker, "TV"-TPA
1000C	N102	TPA or Broker Name	AN60				Text	**Required if TPA/Broker involved**	
1000C	N103	Identification Code Qualifier	ID2				Coded Values	**Required if TPA/Broker involved**	"94"-Payer-assigned ID, "FI"-TaxID, "XV"-PlanID (future)
1000C	N104	TPA or Broker Identification Code	AN80				Text	**Required if TPA/Broker involved**	
1100C	**ACT**	**TPA/Broker Account Information**							
1100C	ACT01	TPA or Broker Account Number	AN35				Text	**Required if sponsor acct # <> TPA/broker acct #**	

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
1100C	ACT06	TPA or Broker Account Number	AN35				Text	Not required	
2000	**INS**	**Member Level Detail**						**Max 10,000 loops**	**Subscriber must precede Dependent**
2000	INS01	Insured Indicator	ID1		"Y" = subscriber is patient		Literal	**Required**	"Y"-insured is subscriber, "N"-insured is dependent
2000	INS02	Individual Relationship Code	ID2		"18"-insured is subscriber		Literal	**Required**	See Guide for valid values
2000	INS03	Maintenance Type Code	ID3	MHCP	LIST-REC-MAJOR-TYPE	X(1)	C1 = 021; C2 = 030 ; C4 = 024	**Required**	"001"-change, "021"-add (default), "024"-term, "025"-reinstate, "030"-audit (roster)
				MHCP	LIST-REC-MINOR-TYPE	X(1)			
2000	INS04	Maintenance Reason Code	ID3	MHCP	PCOP-TERM-CODE (termination codes; use if present)	9(1)	A or B = 07; D = 22; C = 43; E = 14, F = AI, G = 21, H = XN; I = 33	Not required	
2000	INS05	Benefit Status Code	ID1		"A"-Active		Coded Values	**Required**	"A"-Active (default), "C"-COBRA, "S"-survivor, "T"-TEFRA
2000	INS06	Medicare Plan Code	ID1		"E"-no Medicare			**Required if Medicare covered**	"A"-Part A, "B"-Part B, "C"-Parts A & B, "D"-Part unknown, "E"-no Medicare
2000	INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code	ID2				Coded Values	**Required if COBRA**	See Guide for valid values

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2000	INS08	Employment Status Code	ID2		"FT"-Full-time		Coded Values	**Required if member = subscriber**	"AO"-Mil.Active Overseas, "AU"-Mil.Active US, "FT"-Full-time, "L1"-on leave, "PT"-Part-time, "RT"-Retired,
2000	INS09	Student Status Code	ID1				Coded Values	Not required	"F"-Full-time, "N"-Not a Student, "P"-Part-time
2000	INS10	Handicap Indicator	ID1		"N"-No; if on disabled program, MAA doesn't enroll them.			**Required if handicapped**	Y/N
2000	INS11	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Not required	
2000	INS12	Insured Individual Death Date	AN35				Date	Not required	
2000	INS17	Birth Sequence Number	N9				Number	Not required	
2000	**REF**	**Subscriber Number**							
2000	REF01	Reference Identification Qualifier	ID3		"0F"-Subscriber Number		Literal	Required	
2000	REF02	Subscriber Identifier	AN30	MHCP	RECIP-IDENT-NUMBER	X(14)	DSHS PIC	**Required**	Unique Member ID, used to link suscriber with dependents
2000	**REF**	**Member Policy Number**							
2000	REF01	Reference Identification Qualifier	ID3		"1L"-Group or Policy Number		Literal	**Policy Number must be either here or in loop 2300 REF**	
2000	REF02	Insured Group or Policy Number	AN30				Text	**Policy Number must be either here or in loop 2300 REF**	A policy number that applies to all coverage loops (2300)
2000	**REF**	**Member Identification Number**							

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2000	REF01	Reference Identification Qualifier	ID3		"DX"-Agency			Not required	"17"-TPA, "23"-clientID, "3H"-case#, "DX"-dept, "F6"-HIC, "Q4"-prior, "ZZ"-position title
2000	REF02	Subscriber Supplemental Identifier	AN30	MHCP	CSO-OF-RESIDENCE	X(09)	with REF01 = "DX"	Not required	Additional Identifiers
2000	**REF**	**Prior Coverage Months**							
2000	REF01	Reference Identification Qualifier	ID3		"QQ"-Unit Number		Literal	Required if new member	
2000	REF02	Prior Coverage Month Count	AN30	Recip-Elig-File	NUM-OF-PCOP-VAR	S9(3)	Must get the number of prior months covered per plan being enrolled (consecutive or not), for Certificate of Creditable	**Required if new member**	Number of prior months covered
2000	**DTP**	**Member Level Dates**							**Up to 20 DTPs**
2000	DTP01	Date Time Qualifier	ID3		"473"-Medicaid begin, "474"-Medicaid end		Two occurs	Required if dates apply	See Guide for valid values
2000	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if dates apply	
2000	DTP03	Status Information Effective Date	AN35	Recip-Elig-File	RECIP-ELIG-BEG-DATE	9(5)	This is Medicaid begin/end	**Required if dates apply**	(Elig. Begin/end dates go in loop 2300)
				Recip-Elig-File	RECIP-ELIG-END-DATE	9(5)	For terms, send "347" only		
2100A	**NM1**	**Member Name**							
2100A	NM101	Entity Identifier Code	ID3		"IL"-Insured/Subscriber		Default	Required	"IL"-Insured/Subscr, "74"-Corrected Insured
2100A	NM102	Entity Type Qualifier	ID1		"1"-Person		Literal	Required	

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2100A	NM103	Subscriber Last Name	AN35	MHCP	RECIP-NAME	X(22)	parse name	**Required**	
2100A	NM104	Subscriber First Name	AN25	MHCP	RECIP-NAME	X(22)	parse name	**Required**	
2100A	NM105	Subscriber Middle Name	AN25	MHCP	RECIP-NAME	X(22)	parse name	Not required	
2100A	NM106	Subscriber Name Prefix	AN10				Text	Not required	
2100A	NM107	Subscriber Name Suffix	AN10				Text	Not required	
2100A	NM108	Identification Code Qualifier	ID2		"34"-SSN		Literal	Not required	
2100A	NM109	Subscriber Identifier	AN80	MHCP	PAYEE-SSN		Text	Not required	
2100A	**PER**	**Member Communications Numbers**							
2100A	PER01	Contact Function Code	ID2		"IP"-Insured Party		Literal	Not required	
2100A	PER03	Communication Number Qualifier	ID2		"TE"-Telephone		Literal	Not required	"EM"-Email, "EX"-Ext., "FX"-Fax, "HP"-Home Phone, "TE"-Telephone, "WP"-Work Phone
2100A	PER04	Communication Number	AN80	MHCP	RECIP-PHONE-NUMBER	X(10)	Text	Not required	
2100A	PER05	Communication Number Qualifier	ID2				Coded Value	Not required	"EM"-Email, "EX"-Ext., "FX"-Fax, "HP"-Home Phone, "TE"-Telephone, "WP"-Work Phone
2100A	PER06	Communication Number	AN80				Text	Not required	
2100A	PER07	Communication Number Qualifier	ID2				Coded Value	Not required	"EM"-Email, "EX"-Ext., "FX"-Fax, "HP"-Home Phone, "TE"-Telephone, "WP"-Work Phone
2100A	PER08	Communication Number	AN80				Text	Not required	
2100A	**N3**	**Member Residence Street Address**							

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2100A	N301	Subscriber Address Line	AN55	MHCP	RECIP-ADDR-LINE-1	X(25)	Text	**Required for subscr or if depend addr is different**	
2100A	N302	Subscriber Address Line	AN55	MHCP	RECIP-ADDR-LINE-2	X(20)	Text	Not required	
2100A	**N4**	**Member Residence City, State, ZIP Code**							
2100A	N401	Subscriber City Name	AN30	MHCP	RECIP-ADDR-LINE-3	X(20)	First 18 bytes	**Required for subscr or if depend addr is different**	
2100A	N402	Subscriber State Code	ID2	MHCP	RECIP-ADDR-LINE-3	X(20)	last 2 bytes	**Required for subscr or if depend addr is different**	
2100A	N403	Subscriber Postal Zone or ZIP Code	ID15	MHCP	RECIP-ZIP-CODE	9(5)		**Required for subscr or if depend addr is different**	
2100A	N404	Country Code	ID3				External Code Set	Not required	
2100A	N405	Location Qualifier	ID2		"60"-area		Coded Values	Not required	"CY"-county, "60"-area
2100A	N406	Location Identification Code	AN30	MHCP	REGION-CODE	X(3)	Text	Not required	
2100A	**DMG**	**Member Demographics**							
2100A	DMG01	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required	
2100A	DMG02	Member Birth Date	AN35	MHCP	RECIP-DATE-OF-BIRTH	9(7)	Date	**Required if new or changed**	
2100A	DMG03	Gender Code	ID1	MHCP	RECIP-SEX-CODE	X(1)	"1" -> "M", "2" -> "F", "0" -> "U"	**Required if new or changed**	F, M, U
2100A	DMG04	Marital Status Code	ID1					Not required	See Guide for valid values
2100A	DMG05	Race or Ethnicity Code	ID1	MHCP	RECIP-RACE-CODE	X(1)	See map in ACS 834 map, p.84	Not required	See Guide for valid values
2100A	DMG06	Citizenship Status Code	ID2					Not required	See Guide for valid values

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2100A	**ICM**	**Member Income**							
2100A	ICM01	Frequency Code	ID1				Coded Values	Not required	See Guide for valid values
2100A	ICM02	Wage Amount	R18				Number	Not required	
2100A	ICM03	Work Hours Count	R15				Number	Not required	
2100A	ICM04	Location Identification Code	AN30				Text	Not required	
2100A	ICM05	Salary Grade Code	AN5				Text	Not required	
2100A	**AMT**	**Member Policy Amounts**							**Policy-level amounts**
2100A	AMT01	Amount Qualifier Code	ID3		"P3"-premium amounts		Literal	Not required	"B9"-coins., "C1"-copay, "D2"-deduct., "P3"-premium
2100A	AMT02	Contract Amount	R18	MHCP	RATE	s9(3)v99		Not required	
2100A	**HLH**	**Member Health Information**							
2100A	HLH01	Health Related Code	ID1				Coded Values	Not required	"N"-none, "S"-substance abuse, "T"-tobacco, "U"-unknown, "X"-tobacco & substance abuse
2100A	HLH02	Member Height	R8				Number	Not required	(in inches)
2100A	HLH03	Member Weight	R10				Number	Not required	(in pounds)
2100A	**LUI**	**Member Language**							
2100A	LUI01	Identification Code Qualifier	ID2		"LD"-NISO Z39.53 Lang Codes		Literal	Not required	"LE"-ISO 639 Lang. Codes, "LD"-NISO Z39.53 Lang Codes
2100A	LUI02	Language Code	AN80	MHCP	PRIMARY-LANG-IND	X(2)	See map in ACS 834 map, p.97-98	Not required	See www.oasis-open.org/cover/iso639a.html
2100A	LUI03	Language Description	AN80				Text	Not required	

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2100A	LUI04	Language Use Indicator	ID2				Coded Values	Not required	"5"-Reading, "7"-Speaking, "8"-Native
2100B	**NM1**	**Incorrect Member Name**							
2100B	NM101	Entity Identifier Code	ID3		"70"-Prior Incorrect Insured		Literal	Not required	
2100B	NM102	Entity Type Qualifier	ID1		"1"-Person		Literal	Not required	
2100B	NM103	Prior Incorrect Insured Last Name	AN35				Text	Not required	
2100B	NM104	Prior Incorrect Insured First Name	AN25				Text	Not required	
2100B	NM105	Prior Incorrect Insured Middle Name	AN25				Text	Not required	
2100B	NM106	Prior Incorrect Insured Name Prefix	AN10				Text	Not required	
2100B	NM107	Prior Incorrect Insured Name Suffix	AN10				Text	Not required	
2100B	NM108	Identification Code Qualifier	ID2		"34"-SSN		Literal	Not required	
2100B	NM109	Prior Incorrect Insured Identifier	AN80	MHCP	FORMER-RECIP-ID-NUM	X(7)	Text	Not required	
2100B	**DMG**	**Incorrect Member Demographics**							
2100B	DMG01	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if changed	
2100B	DMG02	Prior Incorrect Insured Birth Date	AN35				Date	**Required if changed**	
2100B	DMG03	Prior Incorrect Insured Gender Code	ID1				Coded Values	**Required if changed**	F, M, U
2100C	**NM1**	**Member Mailing Address**							
2100C	NM101	Entity Identifier Code	ID3				Literal	Not required	
2100C	NM102	Entity Type Qualifier	ID1				Literal	Not required	
2100C	**N3**	**Member Mail Street Address**							
2100C	N301	Subscriber Address Line	AN55				Text	Not required	
2100C	N302	Subscriber Address Line	AN55				Text	Not required	

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2100C	**N4**	**Member Mail City, State, Zip**							
2100C	N401	Subscriber City Name	AN30					Not required	
2100C	N402	Subscriber State Code	ID2					Not required	
2100C	N403	Subscriber Postal Zone or ZIP Code	ID15					Not required	
2100C	N404	Country Code	ID3				External Code Set	Not required	
2100D	**NM1**	**Member Employer**							
2100D	NM101	Entity Identifier Code	ID3		"ES"-Employer		Literal	Not required	
2100D	NM102	Entity Type Qualifier	ID1				Coded Values	Not required	"1"-person, "2"-non-person
2100D	NM103	Insured Employer Name	AN35				Text	Not required	
2100D	NM104	Insured Employer First Name	AN25				Text	Not required	
2100D	NM105	Insured Employer Middle Name	AN25				Text	Not required	
2100D	NM107	Insured Employer Name Suffix	AN10				Text	Not required	
2100D	NM108	Identification Code Qualifier	ID2		"ZZ"-EIN		Literal	Not required	
2100D	NM109	Insured Employer Identifier	AN80				Text	Not required	
2100D	**PER**	**Member Employer Communications Numbers**							
2100D	PER01	Contact Function Code	ID2		"EP"-Employer Contact		Literal	Not required	
2100D	PER03	Communication Number Qualifier	ID2				Coded Values	Not required	"EM"-email, "FX"-fax, "EX"-ext, "TE"-phone
2100D	PER04	Communication Number	AN80				Text	Not required	
2100D	PER05	Communication Number Qualifier	ID2				Coded Values	Not required	"EM"-email, "FX"-fax, "EX"-ext, "TE"-phone
2100D	PER06	Communication Number	AN80				Text	Not required	
2100D	PER07	Communication Number Qualifier	ID2				Coded Values	Not required	"EM"-email, "FX"-fax, "EX"-ext, "TE"-phone

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2100D	PER08	Communication Number	AN80				Text	Not required	
2100D	**N3**	**Member Employer Street Address**							
2100D	N301	Insured Employer Address Line	AN55				Text	Not required	
2100D	N302	Insured Employer Address Line	AN55				Text	Not required	
2100D	**N4**	**Member Employer City, State, Zip**							
2100D	N401	Insured Employer City Name	AN30				Text	Not required	
2100D	N402	Insured Employer State Code	ID2				External Code Set	Not required	
2100D	N403	Insured Employer Postal Zone or ZIP Code	ID15				External Code Set	Not required	
2100D	N404	Country Code	ID3				External Code Set	Not required	
2100E	**NM1**	**Member School**							
2100E	NM101	Entity Identifier Code	ID3		"M8"-Educational Institution		Literal	Not required	
2100E	NM102	Entity Type Qualifier	ID1		"2"-Non-Person		Literal	Not required	
2100E	NM103	School Name	AN35				Text	Not required	
2100E	**PER**	**Member School Commmunications Numbers**							
2100E	PER01	Contact Function Code	ID2		"SK"-School Clerk		Literal	Not required	
2100E	PER03	Communication Number Qualifier	ID2				Coded Values	Not required	"EM"-email, "FX"-fax, "EX"-ext, "TE"-phone
2100E	PER04	Communication Number	AN80				Text	Not required	
2100E	PER05	Communication Number Qualifier	ID2				Coded Values	Not required	"EM"-email, "FX"-fax, "EX"-ext, "TE"-phone
2100E	PER06	Communication Number	AN80				Text	Not required	
2100E	PER07	Communication Number Qualifier	ID2				Coded Values	Not required	"EM"-email, "FX"-fax, "EX"-ext, "TE"-phone
2100E	PER08	Communication Number	AN80				Text	Not required	

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2100E	**N3**	**Member School Street Address**							
2100E	N301	School Address Line	AN55				Text	Not required	
2100E	N302	School Address Line	AN55				Text	Not required	
2100E	**N4**	**Member School City, State, Zip**							
2100E	N401	School City Name	AN30				Text	Not required	
2100E	N402	School State Code	ID2				External Code Set	Not required	
2100E	N403	School Postal Zone or ZIP Code	ID15				External Code Set	Not required	
2100E	N404	Country Code	ID3				External Code Set	Not required	
2100F	**NM1**	**Custodial Parent**							
2100F	NM101	Entity Identifier Code	ID3		"S3"-Custodial Parent		Literal	Required if custodial parent <> subscriber	
2100F	NM102	Entity Type Qualifier	ID1		"1"-Person		Literal	Required if custodial parent <> subscriber	
2100F	NM103	Custodial Parent Last Name	AN35				Text	Required if custodial parent <> subscriber	
2100F	NM104	Custodial Parent First Name	AN25				Text	Required if custodial parent <> subscriber	
2100F	NM105	Custodial Parent Middle Name	AN25				Text	Not required	
2100F	NM106	Custodial Parent Name Prefix	AN10				Text	Not required	
2100F	NM107	Custodial Parent Name Suffix	AN10				Text	Not required	
2100F	NM108	Identification Code Qualifier	ID2				Coded Values	Not required	"34"-SSN, "ZZ"-mutually defined
2100F	NM109	Custodial Parent Identifier	AN80				Text	Not required	
2100F	**PER**	**Custodial Parent Communications Numbers**							

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2100F	PER01	Contact Function Code	ID2		"PQ"-Parent of Guardian		Literal	Not required	"PQ"-Parent of Guardian
2100F	PER03	Communication Number Qualifier	ID2				Coded Values	Not required	"EM"-Email, "EX"-Ext., "FX"-Fax, "HP"-Home Phone, "TE"-Telephone, "WP"-Work Phone
2100F	PER04	Communication Number	AN80				Text	Not required	
2100F	PER05	Communication Number Qualifier	ID2				Coded Values	Not required	"EM"-Email, "EX"-Ext., "FX"-Fax, "HP"-Home Phone, "TE"-Telephone, "WP"-Work Phone
2100F	PER06	Communication Number	AN80				Text	Not required	
2100F	PER07	Communication Number Qualifier	ID2				Coded Values	Not required	"EM"-Email, "EX"-Ext., "FX"-Fax, "HP"-Home Phone, "TE"-Telephone, "WP"-Work Phone
2100F	PER08	Communication Number	AN80				Text	Not required	
2100F	**N3**	**Custodial Parent Street Address**							
2100F	N301	Custodial Parent Address Line	AN55				Text	Not required	
2100F	N302	Custodial Parent Address Line	AN55				Text	Not required	
2100F	**N4**	**Custodial Parent City, State, Zip**							
2100F	N401	Custodial Parent City Name	AN30				Text	Not required	
2100F	N402	Custodial Parent State Code	ID2				External Code Set	Not required	
2100F	N403	Custodial Parent Postal Zone or ZIP Code	ID15				External Code Set	Not required	

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2100F	N404	Country Code	ID3				External Code Set	Not required	
2100G	**NM1**	**Responsible Person**							
2100G	NM101	Entity Identifier Code	ID3				Coded Values	Not required	"E1"-Legal Rep, "EI"-Executor, "EXS"-Ex-spouse, "QD"-Responsible Party, "GD"-Guardian, "J6"-Power of Atty,
2100G	NM102	Entity Type Qualifier	ID1		"1"-Person		Literal	Not required	
2100G	NM103	Responsible Party Last or Organization Name	AN35				Text	Not required	
2100G	NM104	Responsible Party First Name	AN25				Text	Not required	
2100G	NM105	Responsible Party Middle Name	AN25				Text	Not required	
2100G	NM106	Responsible Party Name Prefix	AN10				Text	Not required	
2100G	NM107	Responsible Party Suffix Name	AN10				Text	Not required	
2100G	NM108	Identification Code Qualifier	ID2		"34"-SSN		Literal	Not required	
2100G	NM109	Responsible Party Identifier	AN80				Text	Not required	
2100G	**PER**	**Responsible Person Communications Numbers**							
2100G	PER01	Contact Function Code	ID2		"RP"-Responsible Person		Literal	Not required	
2100G	PER03	Communication Number Qualifier	ID2				Coded Values	Not required	"EM"-Email, "EX"-Ext., "FX"-Fax, "HP"-Home Phone, "TE"-Telephone, "WP"-

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2100G	PER04	Communication Number	AN80				Text	Not required	
2100G	PER05	Communication Number Qualifier	ID2				Coded Values	Not required	"EM"-Email, "EX"-Ext., "FX"-Fax, "HP"-Home Phone, "TE"-Telephone, "WP"-Work Phone
2100G	PER06	Communication Number	AN80				Text	Not required	
2100G	PER07	Communication Number Qualifier	ID2				Coded Values	Not required	"EM"-Email, "EX"-Ext., "FX"-Fax, "HP"-Home Phone, "TE"-Telephone, "WP"-Work Phone
2100G	PER08	Communication Number	AN80				Text	Not required	email
2100G	**N3**	**Responsible Person Street Address**							
2100G	N301	Responsible Party Address Line	AN55				Text	Not required	
2100G	N302	Responsible Party Address Line	AN55				Text	Not required	
2100G	**N4**	**Responsible Person City, State, Zip**							
2100G	N401	Responsible Party City Name	AN30				Text	Not required	
2100G	N402	Responsible Party State Code	ID2				External Code Set	Not required	
2100G	N403	Responsible Party Postal Zone or ZIP Code	ID15				External Code Set	Not required	
2100G	N404	Country Code	ID3				External Code Set	Not required	
2200	**DSB**	**Disability Information**							
2200	DSB01	Disability Type Code	ID1					Not required	"1"-short term, "2"-long term, "3"-permanent, "4"-none
2200	DSB07	Product or Service ID Qualifier	ID2				Literal	Not required	"DX"-ICD9

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2200	DSB08	Diagnosis Code	AN15				Literal	Not required	"585"-ESRD only
2200	**DTP**	**Disability Eligibility Dates**							
2200	DTP01	Date Time Qualifier	ID3				Coded Values	Not required	"360"-begin, "361"-end
2200	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Not required	
2200	DTP03	Disability Eligibility Date	AN35				Date	Not required	
2300	**HD**	**Health Coverage**							
2300	HD01	Maintenance Type Code	ID3	MHCP	LIST-REC-MAJOR-TYPE	X(1)	"C" -> "030"; "E" -> "021"; "L" or "T" -> "024"	**Required**	001-change, 002-delete, 021-add, 024-term, 025-reinstate, 026-correction, 030-audit, 032-empl. data not applic
2300	HD03	Insurance Line Code	ID3	Recip-Elig-File	PCOP-TYPE	X(1)	"C" (Plans) -> "HMO", "P" (PCCM, tribes) -> "PRA"	**Required**	See Guide for valid values
2300	HD04	Plan Coverage Description	AN50	MHCP	PROGRAM-CODE	X(1)	byte 1	Not required	Program or Coverage Name or add'l info
				MHCP	MATCH-CODE	X(1)	byte 2		
		(derived from age & DOB)		MHCP	AGE-SEX-CODE	X(2)	bytes 3-4; used for pay rate		
				MHCP	PAYEE-INDICATOR	X(1)	byte 5		
		(derive age)		MHCP	RECIP-AGE	9(3)	bytes 6-8		
				MHCP	PREG-DUE-DATE	X(6)	bytes 9-14		
				MHCP	GROUP-NUMBER	X(4)	bytes 15-18; abbrev. Plan name		
				MHCP	INFO-CODE	9(2)	bytes 19-20; how assigned		
				MHCP	RECIP-EXCEP-INDIC	X(1)	byte 21: special needs kids "S"		
2300	HD05	Coverage Level Code	ID3		"IND"-Individual		Default	Not required	See Guide for valid values

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2300	**DTP**	**Health Coverage Dates**							**Multiple DTPs**
2300	DTP01	Date Time Qualifier	ID3		"348"-benefit beg, "349"-benefit end		Coded Values	Required	"303"-chg eff, "348"-benefit beg, "349"-benefit end, "543" last premium paid
2300	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required	"D8"-CCYYMMDD
2300	DTP03	Coverage Period	AN35	MHCP	MONTH-OF-SERVICE	X(4)	Get month begin/end	**Required**	
2300	**AMT**	**Health Coverage Policy**							**Benefit-level amounts**
2300	AMT01	Amount Qualifier Code	ID3				Coded Values	Not required	B9-coins., C1-copay, D2-deduct., P3-premium
2300	AMT02	Contract Amount	R18				Number	Not required	
2300	**REF**	**Health Coverage Policy Number**							
2300	REF01	Reference Identification Qualifier	ID3				Coded Values	Required if <> member level policy number	"17"-reporting category, "1L"-group/policy #, "ZZ"-payment plan type
2300	REF02	Insured Group or Policy Number	AN30				Text	**Required if <> member level policy number**	
2300	**IDC**	**Identification Card**							
2300	IDC01	Plan Coverage Description	AN50				Text	Not required	
2300	IDC02	Identification Card Type Code	ID1				Coded Values	Not required	D-dental, H-health, P-Rx
2300	IDC03	Identification Card Count	R15				Number	Not required	
2300	IDC04	Action Code	ID2				Coded Values	Not required	1-add, 2-change, RX-replace
2310	**LX**	**Provider Information**							

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2310	LX 01	Assigned Number	N6		sequence # from 1 by 1 for each provider		Derive	Not required: use for chosen plan associated providers	sequence # from 1 by 1 for each provider
2310	**NM1**	**Provider Name**							
2310	NM101	Entity Identifier Code	ID3		"P3"-PCP		Coded Values	**Required if using provider loop**	"3D"-OBGYN fac, "OD"-optom., "P3"-PCP, "QA"-pharmacy, "QN"-dentist, "Y2"-MCO
2310	NM102	Entity Type Qualifier	ID1		"1"-Person		Coded Values	**Required if using provider loop**	"1"-Person, "2"-Non-Person
2310	NM103	Provider Last or Organization Name	AN35	Prov-File	PROV-NAME	X(31)	This is PCCM or FQHC	Use name only when no std ID	
2310	NM104	Provider First Name	AN25				Text	Not required	
2310	NM105	Provider Middle Name	AN25				Text	Not required	
2310	NM106	Provider Name Prefix	AN10					Not required	
2310	NM107	Provider Name Suffix	AN10					Not required	
2310	NM108	Identification Code Qualifier	ID2	Prov-File	PROV EMPLR-IDENT-NUM via PROV-SSN-IRS-NUM-IND	X(1)	"E" -> "FI", "S" -> "34	Not required	"34"-SSN, "FI"-taxID, "XX"-NPI (future), "SV"-Payer's ID for prov
2310	NM109	Provider Identifier	AN80	Prov-File	PROV EMPLR-IDENT-NUM via PCOP-PERFORM-PROV	9(7)		Not required	
2310	NM110	Entity Relationship Code	ID2		"72"-Unknown			**Required if using provider loop**	"25"-Established Patient, "26"-Not Est. Pat., "72"-Unknown
2310	**N4**	**Provider City, State, ZIP Code**							
2310	N401	Provider City Name	AN30	Prov-File	PROV-CITY via PCOP-PERFORM-PROV	X(18)	Text	Not required	

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2310	N402	Provider State Code	ID2	Prov-File	PROV-STATE via PCOP-PERFORM-PROV	X(02)	External Code Set	Not required	
2310	N403	Provider Postal Zone or Zip Code	ID15	Prov-File	PROV-ZIP-CODE via PCOP-PERFORM-PROV	9(9)	External Code Set	Not required	
2310	N404	Country Code	ID3				External Code Set	Not required	
2310	N405	Location Qualifier	ID2				Coded Values	Not required	"60"-area, "BY"-county, "RJ"-region
2310	N406	Location Identification Code	AN30				Text	Not required	
2310	**PER**	**Provider Communications Numbers**							
2310	PER01	Contact Function Code	ID2		"IC"-Information Contact		Literal	Not required	
2310	PER03	Communication Number Qualifier	ID2		"TE"-Telephone		Coded Values	Not required	"EM"-Email, "EX"-Ext., "FX"-Fax, "HP"-Home Phone, "TE"-Telephone, "WP"-Work Phone
2310	PER04	Communication Number	AN80	Prov-File	PROV-TELE-NUM via PCOP-PERFORM-PROV	9(10)	Text	Not required	
2310	PER05	Communication Number Qualifier	ID2				Coded Values	Not required	"EM"-Email, "EX"-Ext., "FX"-Fax, "HP"-Home Phone, "TE"-Telephone, "WP"-Work Phone
2310	PER06	Communication Number	AN80				Text	Not required	
2310	PER07	Communication Number Qualifier	ID2				Coded Values	Not required	"EM"-Email, "EX"-Ext., "FX"-Fax, "HP"-Home Phone, "TE"-Telephone, "WP"-Work Phone

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2310	PER08	Communication Number	AN80				Text	Not required	
2310	**PLA**	**PCP Change Reason**							
2310	PLA01	Action Code	ID2		"2"-change		Literal	Not required	
2310	PLA02	Entity Identifier Code	ID3		"1P"-provider		Literal	Not required	
2310	PLA03	Provider Effective Date	DT8				Date	Not required	
2310	PLA05	Maintenance Reason Code	ID3				Coded Values	Not required	See Guide for valid values
2320	**COB**	**Coordination of Benefits**							
2320	COB01	Payer Responsibility Sequence Number Code	ID1				Literal	Not required	"P"-Primary, "S"-Secondary, "T"-Tertiary, "U"-Unknown
2320	COB02	Insured Group or Policy Number	AN30				Text	Not required	
2320	COB03	Coordination of Benefits Code	ID1					Not required	"1"-COB, "5"-Unknown, "6"-No COB
2320	**REF**	**Additional Coordination of Benefits Identifiers**							
2320	REF01	Reference Identification Qualifier	ID3					Not required	"60"-acct sfx, "6P"-grp#, "A6"-EIN, "SY"-SSN
2320	REF02	Insured Group or Policy Number	AN30				Text	Not required	
2320	**N1**	**Other Insurance Company Name**							
2320	N101	Entity Identifier Code	ID3		"IN"-Insurer		Literal	Not required	
2320	N102	Insurer Name	AN60				Text	Not required	
2320	N103	Identification Code Qualifier	ID2				Coded Values	Not required	"FI"-taxID, "NI"-NAIC, "XV"-PlanID (future)
2320	N104	Insured Group or Policy Number	AN80					Not required	
2320	**DTP**	**Coordination of Benefits Eligibility Dates**							

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2320	DTP01	Date Time Qualifier	ID3				Coded Values	Not required	"344"-COB begins, "345"-COB ends
2320	DTP02	Date Time Period Format Qualifier	ID3				Literal	Not required	
2320	DTP03	Coordination of Benefits Date	AN35				Date	Not required	
Trailer	**SE**	**Transaction Set Trailer**							
Trailer	SE 01	Transaction Segment Count	N010				Derive	Required	[count of segments in transaction]
Trailer	SE 02	Transaction Set Control Number	AN9				Derive	Required	[same as ST02]
Trailer	**GE**	**Functional Group Trailer**							
Trailer	GE01	Number of Transaction Sets Included	N6		"1"-one tx in group		Derive	Required	Count number of transactions in group
Trailer	GE02	Group Control Number	N9		<Derive: same as GS06>		Derive	Required	Unique ID for each GS/GE from this sender
Trailer	**IEA**	**Interchange Control Trailer**							
Trailer	IEA01	Number of Included Functional Groups	N5		"1"-one func group in interchange		Derive	Required	Count number of groups in transmission
Trailer	IEA02	Interchange Control Number	N9		<Derive: same as ISA13>		Derive	Required	Unique ID for each ISA/IEA from this sender