

Note: National Provider Identifiers (NPI's) will be issued beginning in May 2005. This Companion Document is applicable during the NPI transition period from May 2005 to May 2007.

For Admission notifications (UM01 = AR) HI (Procedures) segments should be associated with the actual physician or supplier, not the facility.

For Admission notifications (UM01 = AR) admission and discharge dates must be given under the 2000E loop for the facility.

Supply as many 2000E loops as are needed to represent all service providers. Please supply 2000E loops for the Attending Physician if known, even if they do not provide any services. Use PRV segments to identify them.

A service provider can provide zero or more services, represented by 2000F loops. A service may specify multiple procedures in a single HI (Procedures) segment, but it is usually simpler to specify one procedure per service. Otherwise interactions between HI and other segments such as HSD might produce incorrect information.

The standard requires at least one 2000F loop for each 2000E loop. If you are just providing physician information for a physician who is involved in the case but is not listed as providing a service (e.g. the Attending Physician), you can enter a dummy 2000F loop containing the minimum fields required by the standard: UM01, UM02 and UM09. UM01 and UM02 should match the other 2000F loops in the request. UM09 can be anything. The contents of this loop will be ignored. If your software forces you to enter a value for UM03, enter 1 (Medical), but don't provide a value for UM04.

For "real" 2000F loops that represent an actual service, the standard requires UM04 (Service Location) unless UM03 identifies the service location (that is, the description includes "Inpatient", "Outpatient", "Home", "Office", etc.) See the "UM04 Codes" tab.

We require a HI (Procedures) segment for all professional services.

Note that the standard forbids using a DTP segment to supply Service Date or Surgery Date when a HI (Procedures) segment is used. Use HI01-04 etc. instead.

The standard allows up to three 2010E (Service Provider Name) loops within each 2000E (Service Provider) loop. However it explicitly forbids using this technique to represent multiple distinct service providers. Therefore our policy will be to record only the first 2010E name within a 2000E loop.

| Loop | Segment | Element | HIPAA Name | Required | Count | Comments | NtfSubmitInternal Element |
|--------|---------|----------|------------------------------------|--------------------------|----------|--|------------------------------|
| | ISA | ISA09 | Interchange Date | Y | 1 | YYMMDD, Must be actual transmission date, not entered by user. | NotificationDate |
| | | ISA15 | Usage Indicator | Y | 1 | P=Production, T=Test | TestData |
| | ST | ST01 | Transaction Set ID Code | Y | 1 | 278=Health Care Services Review Information | |
| | BHT | BHT02 | Transaction Set Purpose Code | Y | 1 | 13=Request | |
| | | BHT03 | Reference Identification | Y | | Assigned by sender, used in response | |
| 2000A | | | UMO Level | Y | 1 | | |
| 2010A | NM1 | NM101 | Entity Identified Code | Y | | X3=UMO | |
| | | NM102 | Entity Type Qualifier | Y | | 2 | |
| | | NM108 | Identification Code Qualifier | Y | | PI=Payer ID | |
| | | NM109 | Identification Code | Y | | 87726=UnitedHealth | |
| 2000B | | | Requester Level | Y | 1 | | |
| 2010B | | | | | 1 | | |
| | NM1 | | Requester Name | Y | 1 | Initial Contact | InitialContact |
| | | NM101 | Entity Identified Code | Y | | 1P=Provider, FA=Facility | InitialContact/ContactFromCd |
| | | NM102 | Entity Type Qualifier | Y | | | InitialContact/ContactFromCd |
| | | NM103 | Name Last or Organization Name | Y | | | InitialContact/ContactName |
| | | NM108 | Identification Code Qualifier | Y | | 24 = Employer's Identification Number | |
| | | NM109 | Identification Code | Y | | TIN or NPID | TaxId |
| | REF | | | Y | 1 | | |
| | | REF01 | Reference Identification Qualifier | Y | | EI = Employer's Identification Number | |
| | | REF02 | Reference Identification | Y | | TIN | MPIN or CosmosPrvid |
| | PER | | Requester Contact Information | Y | 1 | Follow-up Contact | |
| | | PER01 | Contact Function Code | Y | | IC | ReturnContact |
| | | PER02 | Name | N | | free-form contact name | ReturnContactName |
| | | PER03 | Communication Number Qualifier | Y | | TE=telephone | |
| | | PER04 | Communication Number | Y | | | ReturnContactPhone |
| | | PER05 | Communication Number Qualifier | N | | EX=extension | |
| | | PER06 | Communication Number | N | | extension if required | |
| | REF | | | Y | 1 | Provider Number | |
| | | REF01 | Reference Identification Qualifier | Y | | ZH ZH= Carrier Assigned Reference | |
| | | REF02 | Reference Identification | Y | | Medica Provider Number or United assigned provider number | |
| | PRV | | Provider Information | N | 1 | If Requester is a physician | |
| | | PRV01 | Provider Code | Y | | | InitialContact/ContactFromCd |
| | | PRV02 | Reference Identification Qualifier | Y | | ZZ=Health Care Provider Taxonomy | |
| | | PRV03 | Reference Identification | Y | | Reference Identification | |
| 2000C | | | Subscriber Level | Y | 1 | Always required | Subscriber (and Patient) |
| | TRN | | Patient Event Tracking Number | N | multiple | Returned in response, otherwise ignored | |
| | HI | | Subscriber Diagnosis | If subscriber is patient | | | |
| | | HI01 - 1 | Diagnosis Type Code | Y | | BK=Principal diagnosis | DxList/PrimaryDx |
| | | HI01 - 2 | Diagnosis Code | Y | | | DxCode |
| | | HI02 - 1 | Diagnosis Type Code | N | | BJ=Admitting diagnosis, BF=Secondary Diagnosis | DxList/AdmittingDx |
| | | HI02 - 2 | Diagnosis Code | N | | | DxCode |
| | | HI03 - 1 | Diagnosis Type Code | N | | BF=Secondary diagnosis | DxList/SecondardDx |
| | | HI03 - 2 | Diagnosis Code | N | | | DxCode |
| 2010CA | NM1 | | | Y | 1 | Subscriber Name | |
| | | NM101 | Entity Identifier Code | Y | | IL | |
| | | NM102 | Entity Type Qualifier | Y | | 1 | |
| | | NM103 | Name Last or Organization Name | Y | | | LastName |

| Loop | Segment | Element | HIPAA Name | Required | Count | Comments | NtfSubmitInternal Element |
|--------|---------|----------|-------------------------------------|------------------------------|--------------------------|--|--|
| | | NM104 | Name First | Y | | | FirstName |
| | | NM108 | Identification Code Qualifier | Y | | MI | |
| | | NM109 | Identification Code | Y | | Member ID from card | Patient/EEID or AltID |
| | REF | | | Y | | Group Number | |
| | | REF01 | Reference Identification Qualifier | Y | | 6P | |
| | | REF02 | Reference Identification | Y | | Group Number from card (5-digit Cosmos or 6-digit Unet) Include leading zeros. | PatientEligibility/Cosmos/GrpNbr or Unet/PolicyNbr |
| | REF | | | N | | Cosmos Div | |
| | | REF01 | Reference Identification Qualifier | N | | N6 Plan Network Identification Number | |
| | | REF01 | Reference Identification Qualifier | N | | HJ= Identity Card Number | |
| | | REF02 | Reference Identification | N | | If Cosmos subscriber and Div is known IF HJ and dependent code available please enter. (2 digit number following the members name on the id card | PatientEligibility/Cosmos/Div |
| | DMG | | | | If subscriber is patient | Subscriber Demographic Information | |
| | | DMG01 | Date Time Period Format Qualifier | Y | | D8 | |
| | | DMG02 | Subscriber Birth Date | Y | | CCYYMMDD | Patient/DateOfBirth |
| | | DMG02 | Gender Code | Y | | F or M | Patient/Gender |
| 2000D | | | Dependent Level | If patient is not subscriber | 1 | | Patient |
| | TRN | | Patient Event Tracking Number | N | multiple | Returned in response, otherwise ignored | |
| | HI | | Dependent Diagnosis | Y | | | |
| | | HI01 - 1 | Diagnosis Type Code | Y | | BK=Principal diagnosis | DxList/PrimaryDx |
| | | HI01 - 2 | Diagnosis Code | Y | | | DxCode |
| | | HI02 - 1 | Diagnosis Type Code | N | | BJ=Admitting diagnosis, BF=Secondary Diagnosis | DxList/AdmittingDx |
| | | HI02 - 2 | Diagnosis Code | N | | | DxCode |
| | | HI03 - 1 | Diagnosis Type Code | N | | BF=Secondary diagnosis | DxList/SecondardDx |
| | | HI03 - 2 | Diagnosis Code | N | | | DxCode |
| 2010DA | NM1 | | | Y | | Dependent Name | |
| | | NM101 | Entity Identifier Code | Y | | QC | |
| | | NM102 | Entity Type Qualifier | Y | | 1 | |
| | | NM103 | Name Last or Organization Name | Y | | | LastName |
| | | NM104 | Name First | Y | | | FirstName |
| | REF | REF01 | Reference Identification Qualifier | N | | Provide EJ - Patient Account number (Must be Returned in Response) | |
| | | REF02 | Reference Identification | N | | Provide Patient Account Number (Must be Returned in Response) | |
| | DMG | | | Y | 1 | Dependent Demographic Information | |
| | | DMG01 | Date Time Period Format Qualifier | Y | | D8 | |
| | | DMG02 | Dependent Birth Date | Y | | CCYYMMDD | DateOfBirth |
| | | DMG03 | Gender Code | Y | | F or M | Gender |
| | INS | | | N | 1 | We can use this if available | |
| | | INS01 | Insured Indicator | Y | | N | |
| | | INS02 | Individual Relationship Code | Y | | see 278 doc | RelCd |
| 2000E | | | Service Provider Level for Facility | Y | 1 | Required for Admissions (UM01 = AR) | ServiceProviderItem/Provider |
| 2010E | NM1 | | | Y | 1 | | |
| | | NM101 | Entity Identifier Code | Y | | FA | |
| | | NM102 | Entity Type Qualifier | Y | | 2 | |
| | | NM103 | Name Last or Organization Name | Y | | | BusinessName |
| | | NM108 | Identification Code Qualifier | Y | | 24 = Employer's Identification Number | |
| | | NM109 | Identification Code | Y | | TIN or NPID | TaxId |
| | REF | | | Y | 1 | | |

| Loop | Segment | Element | HIPAA Name | Required | Count | Comments | NtfSubmitInternal Element |
|-------|---------|----------|------------------------------------|------------------------|----------|--|--|
| | | REF01 | Reference Identification Qualifier | Y | | EI = Employer's Identification Number | |
| | | REF02 | Reference Identification | Y | | TIN | MPIN or CosmosPrvld |
| | REF | | | Y | 1 | | |
| | | REF01 | Reference Identification Qualifier | Y | | ZH = Carrier Assigned Reference No., | |
| | | REF01 | Reference Identification Qualifier | Y | | N5 = Provider Plan Network Id No. | |
| | | REF02 | Reference Identification | Y | | Cosmos (7-digit) or Unet (9-digit) ID. Include leading zeros.(United Provider #) | MPIN or CosmosPrvld |
| | N3 | | Service Provider Address | N | 1 | Please provide if available | |
| | | N301 | Address Information | Y | | | StreetAddr1 |
| | | N302 | Address Information | N | | address line 2 | StreetAddr2 |
| | N4 | | City/State/Zip | N | 1 | Please provide if available | |
| | | N401 | City Name | N | | | City |
| | | N402 | State or Province Code | N | | | StateCd |
| | | N403 | Postal Code | N | | | Zip |
| | PER | | Contact Information | Y | 1 | | |
| | | PER01 | Contact Function Code | Y | | IC = Information Contact | |
| | | PER02 | Name | N | | free-form contact name- provide if different than or not sent in the NM1 segment in loop 2010E | |
| | | PER03 | Communication Number Qualifier | Y | | TE=telephone | |
| | | PER04 | Communication Number | Y | | Provide Contacts Telephone number | PhoneNbr |
| | | | | | | | |
| 2000F | | | Service Level for Facility | Y | 1 | Required for Admissions (UM01 = AR) | ServiceList/InpatientSvc |
| | TRN | | Service Trace Number | N | multiple | Returned in response, otherwise ignored | |
| | UM | | Health Care Services Review Info | Y | 1 | | |
| | | UM01 | Request Category Code | Y | | AR = Admission Request, SC = Specialty Care Review (for referral) | Notification/NotificationType |
| | | UM02 | Certification Type Code | Y | | I=Initial Do you want 4,R or S also here? - Defere to future version | |
| | | UM03 | Service Type Code | Y | | see 278 doc | SvcDetailCd |
| | | UM04 - 1 | Facility Type Code | Y | | see Notes | PlaceOfSvcCd |
| | | UM04 - 2 | Facility Code Qualifier | Y | | A=Uniform Billing Claim Form Bill Type, B = Electronic Media Claims National Standard Format | |
| | | UM06 | Level of Service Code | N | | 03=Emergency, U=Urgent | SvcDescriptorCd |
| | | UM09 | Release of Information Code | Y | | preferably Y, see 278 doc | Notes |
| | REF | REF01 | Reference Identification Qualifier | | | If requesting a change in UM02 (4, R , S) need to put "BB" here. BB = Authorization number. | |
| | | REF02 | Reference Identification | | | If BB used in REF01- need to enter the previous certification id here. | |
| | DTP | | Admission Date | Y | 1 | | |
| | | DTP01 | Date Time Qualifier | Y | | 435=Admission | |
| | | DTP02 | Date Time Period Format Qualifier | Y | | D8=Date CCYYMMDD | |
| | | DTP03 | Proposed or Actual Admission Date | Y | | CCYYMMDD | ExpectedAdmitDt or ActualAdmitDt |
| | DTP | | Discharge Date | N | 1 | Please supply estimated or actual discharge date if known | |
| | | DTP01 | Date Time Qualifier | Y | 1 | 096=Discharge | |
| | | DTP02 | Date Time Period Format Qualifier | Y | | D8=Date | |
| | | DTP03 | Proposed or Actual Discharge Date | Y | | CCYYMMDD | ExpectedDischargeDt or ActualDischargeDt |
| | CRC | | Patient Condition Information | N | multiple | | Notes |
| | CL1 | | Institutional Claim Code | If Inpatient Service | 1 | | Notes |
| | | CL101 | Admission Type Code | Y | | | |
| | | CL102 | Admission Source Code | N | | | |
| | | CL103 | Patient Status Code | N | | | |
| | | CL104 | Nursing Home Status Code | Only for Nursing Homes | | | |
| | CR1 | | Ambulance Transport Information | N | 1 | | Notes |

| Loop | Segment | Element | HIPAA Name | Required | Count | Comments | NtfSubmitInternal Element |
|-------|---------|------------|------------------------------------|----------|----------|--|--|
| 2000E | | | Service Provider Level | N | multiple | For other service providers. | AttendingPhysician or Provider |
| 2010E | NM1 | | | Y | 1 | | |
| | | NM101 | Entity Identifier Code | Y | | 1T or SJ | |
| | | NM102 | Entity Type Qualifier | Y | | 1 or 2 | |
| | | NM103 | Name Last or Organization Name | Y | | | LastName |
| | | NM104 | Name First | N | | Please provide if available | FirstName |
| | | NM108 | Identification Code Qualifier | Y | | 24 | |
| | | NM109 | Identification Code | Y | | TIN | TaxId |
| | REF | | | Y | 1 | | |
| | | REF01 | Reference Identification Qualifier | N | | ZH | |
| | | REF02 | Reference Identification | N | | Cosmos (7-digit) or Unet (9-digit) ID. Include leading zeros. | MPIN or CosmosPrvld |
| | N3 | | Service Provider Address | N | 1 | Please provide if available | |
| | | N301 | Address Information | Y | | | StreetAddr1 |
| | | N302 | Address Information | N | | address line 2 | StreetAddr2 |
| | N4 | | City/State/Zip | N | 1 | Please provide if available | |
| | | N401 | City Name | N | | | |
| | | N402 | State or Province Code | N | | | City |
| | | N403 | Postal Code | N | | | StateCd |
| | PER | | Contact Information | Y | 1 | | Zip |
| | | PER01 | Contact Function Code | Y | | IC | |
| | | PER02 | Name | N | | free-form contact name | |
| | | PER03 | Communication Number Qualifier | Y | | TE=telephone | |
| | | PER04 | Communication Number | Y | | | PhoneNbr |
| | PRV | | Service Provider Information | Y | 1 | Required for Attending Physician | |
| | | PRV01 | Provider Code | Y | | AT=Attending, PC=Primary Care | used to assign to the right element |
| | | PRV02 | Reference Identification Qualifier | Y | | ZZ=Health Care Provider Taxonomy | |
| | | PRV03 | Reference Identification | Y | | we don't use this but the standard requires it | |
| 2000F | | | Service Level | Y | multiple | See Notes | Procedure or ProfessionalSvc |
| | TRN | | Service Trace Number | N | multiple | Returned in response, otherwise ignored | |
| | UM | | Health Care Services Review Info | Y | 1 | | |
| | | UM01 | Request Category Code | Y | | AR=Admission, HS=Health Services. Must be the same for all segments in the request | |
| | | UM02 | Certification Type Code | Y | | I=Initial | |
| | | UM03 | Service Type Code | Y | | see 278 doc | SvcDetailCd |
| | | UM04 - 1 | Facility Type Code | Y | | see Notes | PlaceOfSvcCd |
| | | UM04 - 2 | Facility Code Qualifier | Y | | A=Uniform Billing Claim Form Bill Type, B = Electronic Media Claims National Standard Format | |
| | | UM06 | Level of Service Code | N | | 03=Emergency, U=Urgent | SvcDescriptorCd |
| | | UM09 | Release of Information Code | Y | | preferably Y, see 278 doc | Notes |
| | HI | | Procedures | Y | 1 | | |
| | | HI01 - 1 | Code List Qualifier Code | Y | | BO = CPT or HCPCS | |
| | | HI01 - 2 | Procedure Code | Y | | | ProcedureCd |
| | | HI01 - 3 | Date Time Period Format Qualifier | Y | | D8=Date, RD8=Date Range | |
| | | HI01 - 4 | Date Time Period | Y | | CCYYMMDD or CCYYMMDD-CCYYMMDD | ExpectedDateOfSvc or ExpectedProcedure/FromDate, ToDate |
| | | HI01 - 5 | Monetary Amount | N | | Use for Durable Medical Equipment | DMECost |
| | | HI01 - 6 | Quantity | N | | For multiple instances. Do not use if HSD is supplied. | ExpectedProcedure/Total |
| | | HI02, etc. | | N | | Additional procedures. | |
| | HSD | | Health Care Services Delivery | N | 1 | For complex combinations. | ExpectedProcedure |
| | | HSD01 | Quantity Qualifier | Y | | See HSD Segment Tab for "HSD Segment" | (values calculated) |
| | | HSD02 | Quantity | Y | | | |

| Loop | Segment | Element | HIPAA Name | Required | Count | Comments | NtfSubmitInternal Element |
|-------|---------|---------|---|----------|----------|--|-------------------------------------|
| | | HSD03 | Unit or Basis for Measurement Code | N | | | |
| | | HSD04 | Sample Selection Modulus | N | | | |
| | | HSD05 | Time Period Qualifier | N | | | |
| | | HSD06 | Number of Periods | N | | | |
| | CRC | | Patient Condition Information | N | multiple | | Notes |
| | CR1 | | Ambulance Transport Information | N | 1 | | Notes |
| | CR2 | | Spinal Manipulation Service Information | N | 1 | | Notes |
| | CR5 | | Home Oxygen Therapy | N | 1 | | Notes |
| | CR6 | | Home Health Care Information | N | 1 | | Notes |
| | MSG | MSG01 | Free Form Message Text | N | | | Notes |
| 2000E | | | Service Provider Level | N | multiple | For physicians involved in the case who are not reporting services. Please include Attending Physician if known. | AttendingPhysician or Provider |
| 2010E | NM1 | | | Y | 1 | | |
| | | NM101 | Entity Identifier Code | Y | | 1T or SJ | |
| | | NM102 | Entity Type Qualifier | Y | | 1 or 2 | |
| | | NM103 | Name Last or Organization Name | Y | | | LastName |
| | | NM104 | Name First | N | | Please provide if available | FirstName |
| | | NM108 | Identification Code Qualifier | N | | 24 | |
| | | NM109 | Identification Code | N | | TIN if known | TaxId |
| | REF | | | N | 1 | | |
| | | REF01 | Reference Identification Qualifier | N | | ZH | |
| | | REF02 | Reference Identification | N | | Assigned by Payor | MPIN or CosmosPrvId |
| | N3 | | Service Provider Address | N | 1 | Please provide if available | |
| | | N301 | Address Information | Y | | | StreetAddr1 |
| | | N302 | Address Information | N | | address line 2 | StreetAddr2 |
| | N4 | | City/State/Zip | N | 1 | Please provide if available | |
| | | N401 | City Name | N | | | |
| | | N402 | State or Province Code | N | | | City |
| | | N403 | Postal Code | N | | | StateCd |
| | PER | | Contact Information | Y | 1 | | Zip |
| | | PER01 | Contact Function Code | Y | | IC | |
| | | PER02 | Name | N | | free-form contact name | |
| | | PER03 | Communication Number Qualifier | Y | | TE=telephone | |
| | | PER04 | Communication Number | Y | | | PhoneNbr |
| | PRV | | Service Provider Information | Y | 1 | Required for Attending Physician | |
| | | PRV01 | Provider Code | Y | | AT=Attending, PC=Primary Care | used to assign to the right element |
| | | PRV02 | Reference Identification Qualifier | Y | | ZZ=Health Care Provider Taxonomy | |
| | | PRV03 | Reference Identification | Y | | we don't use this but the standard requires it | |
| 2000F | | | Service Level | Y | 1 | Dummy Service Loop, required by the standard | (not included) |
| | TRN | | Service Trace Number | N | multiple | Returned in response, otherwise ignored | |
| | UM | | Health Care Services Review Info | Y | 1 | | |
| | | UM01 | Request Category Code | Y | | AR=Admission, HS=Health Services. Must be the same for all segments in the request | |
| | | UM02 | Certification Type Code | Y | | I=Initial | |
| | | UM03 | Service Type Code | N | | 1=Medical | SvcDetailCd |
| | | UM09 | Release of Information Code | Y | | Enter M if you don't know | |

The standard requires UM04 (Service Location) unless UM03 identifies the service location (that is, the description includes "Inpatient", "Outpatient", "Home", "Office", etc.)

Uniform Billing Claim Form Bill Type (UM04-2 = A). We recognize the following codes:

| Code | Location |
|-------------|---|
| 11 | Hospital Inpatient (including Medicare Part A) |
| 12 | Hospital Inpatient (Medicare Part B only) |
| 13 | Hospital Outpatient |
| 14 | Hospital Other (for hospital referenced diagnostic services or home health not under plan of treatment) |
| 21 | Skilled Nursing Facility |
| 31 | Home |
| 41 | Religious Non-medical Inpatient |
| 51 | Religious Non-medical ECF |
| 61 | Intermediate Care |
| 71 | Rural Health Clinic |
| 72 | Hospital Based or Independent Renal Dialysis Center |
| 73 | Free Standing Clinic |
| 74 | Outpatient Rehab Facility |
| 75 | Comprehensive Outpatient Rehab Clinic |
| 76 | Community Mental Health Center |
| 81 | Hospice (non-hospital based) |
| 82 | Hospice (hospital based) |
| 83 | Ambulatory Surgery Center |
| 84 | Free Standing Birthing Center |
| 85 | Critical Access Hospital |
| 86 | Residential Facility |

Electronic Media Claims National Standard Format (UM04-2 = B). We recognize the following codes:

| Code | Location |
|-------------|---|
| 03 | School |
| 04 | Homeless Shelter |
| 05 | Indian Health Service Free-standing Facility |
| 06 | Indian Health Service Provider-based Facility |
| 07 | Tribal 638 Free-standing Facility |
| 08 | Tribal 638 Provider-based Facility |
| 11 | Office |

| | |
|----|---|
| 12 | Home |
| 13 | Assisted-living Facility |
| 14 | Group Home |
| 15 | Mobile Unit |
| 20 | Urgent Care Facility |
| 21 | Inpatient -- Hospital |
| 22 | Outpatient -- Hospital |
| 23 | Emergency Room -- Hospital |
| 24 | Ambulatory Surgical Center |
| 25 | Birth Center |
| 26 | Military Treatment Facility |
| 31 | Skilled Nursing Facility |
| 32 | Nursing Facility |
| 33 | Custodial Care Facility |
| 34 | Hospice |
| 41 | Ambulance -- Land |
| 42 | Ambulance -- Air or Water |
| 49 | Independent Clinic |
| 50 | Federally Qualified Health Center |
| 51 | Inpatient Psychiatric Facility |
| 52 | Psychiatric Facility -- Partial Hospitalization |
| 53 | Community Mental Health Center |
| 54 | Intermediate Care Facility / Mentally Retarded |
| 55 | Residential Substance Abuse Treatment Facility |
| 56 | Psychiatric Residential Treatment Center |
| 57 | Non-residential Substance Abuse Treatment Facility |
| 60 | Mass Immunization Center |
| 61 | Comprehensive Inpatient Rehabilitation Facility |
| 62 | Comprehensive Outpatient Rehabilitation Facility |
| 65 | End-stage Renal Disease Treatment Facility |
| 71 | Public Health Clinic Should read State or Local Health clinic |
| 72 | Rural Health Clinic |
| 81 | Independent Laboratory |

HSD Health Care Service Delivery

We cannot process every possible service delivery pattern that can be expressed using a HSD segment. The following rules will allow you to construct HSD segments that we can process.

Pattern 1: Units Without Repetition

HSD02 HSD01's

Examples:

"7 Units"

HSD01 = FL

HSD02 = 7

"3 Visits"

HSD01 = VS

HSD02 = 3

"12 Days"

HSD01 = DY

HSD02 = 12

We can handle the following values for HSD01: DY=Days, FL=Units, MN=Month, VS=Visits

Pattern 2: Units With Repetition

HSD02 HSD01's every HSD04 HSD03's for HSD06 HSD05's

We can handle the following values for HSD01: DY=Days, FL=Units, MN=Month, VS=Visits

The units specified in HSD03 must match those in HSD05:

Days: HSD03 = DA, HSD05 = 7

Weeks: HSD03 = WK, HSD05 = 35

Months: HSD03 = MO, HSD05 = 34

Examples:

"1 Visit every Week for 10 Weeks"

HSD01 = VS

HSD02 = 1

HSD03 = WK

HSD04 = 1

HSD05 = 35

HSD06 = 10

(The calculated total = 10)

"3 Units every other Day for 14 Days"

HSD01 = FL

HSD02 = 3

HSD03 = DA

HSD04 = 2

HSD05 = 7

HSD06 = 14

(The calculated total = 21)

"1 Day every 2 Weeks for 8 Weeks"

HSD01 = DY

HSD02 = 1

HSD03 = WK

HSD04 = 2

HSD05 = 35

HSD06 = 8

(The calculated total = 4)

Pattern 3: Units Only

You can also use the Procedure Quantity element (HIxx-4). DO NOT include an HSD segment if you do this.

"2 Units"

HI01-4 = 2

"2 Units @ \$250 with a total Cost of \$500"

HI01-4 = 2

HI01-5 = 250