**Appendix 11**

**834 Companion Guide**

**(Health Insurance ANSI 834 Version 5010 Companion Guide)**

**Version 1.6**

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# Introduction

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. The Department has adopted standards to support the electronic exchange of administrative and financial health care transactions between covered entities.

The intent of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of electronic data interchange standards in health care. The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were not imposed arbitrarily but were developed by processes that included significant public and private sector input.

# Document Purpose

This Guide serves as a Department (ETF) specific companion document to the 834 Benefit Enrollment and Maintenance Transaction Set Implementation Guide. This document provides information related to specific and clarifies the exchange of information on HIPAA transactions between the ETF’s system and its trading partners. ETF defines trading partners as covered entities that either submit or retrieve HIPAA batch transactions to and from ETF. This Companion Guide provides information about the 834 Benefit Enrollment and Maintenance that is specific to ETF and ETF’s trading partners, but does not change the definition, data condition, or use of a data element or segment. This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guide listed below. The ANSI ASC X12N Implementation Guides can be accessed at <http://www.wpc-edi.com>. • ASC X12N 834 (005010X220A1)

# Intended Users

Companion Guides are intended for members of the technical staffs of trading partners who are responsible for electronic transaction/file exchanges. This document covers both the daily eligibility file sent from ETF to Health Plans, and the monthly Full File Compare (FFC) sent from health plans to ETF.

# Relationship to HIPAA Implementation Guides

Companion Guides are intended to supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for format, content, and field values can be found in the Implementation Guides. This Companion Guide describes the technical interface environment with ETF, including

connectivity requirements and protocols, and electronic interchange procedures. This guide also provides specific information on data elements and the values required for transactions sent to or received from ETF.

Companion Guides are intended to supplement rather than replace the standard Implementation Guide for each transaction set. The information in these documents is not intended to:

* Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
* Add any additional data elements or segments to the defined data set.
* Utilize any code or data values that are not valid in the standard Implementation Guides.
* Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

# Summary of 5010 Changes

* ISA11 – replace U with ^
* ISA12 – replace 00401 with 00501
* GS08 – replace 004010X095A1 with 005010X220A1
* ST03 – new element is required, must be equal to value in GS08
* INS08 – new value of ‘AC’ is allowed
* For Standard Plan only, REF\*QQ (Prior Coverage Months) was moved from Loop 2000 to Loop 2300
* For COB Other Insurance Company Name, renamed N1 segment to NM1 segment, and moved Loop 2320 to Loop 2330
* For element NM102 of segment NM1 in Loop 2310 ETF will set value to ‘2’ if both Provider Identifier and Provider First Name are absent, ‘1’ otherwise. **Note** – in the 4010 version ETF has always set this value to ‘1’. Due to more restrictive rules on Loop 2310 element NM104 in the 5010 version, setting NM102 to ‘2’ when provider ID and first name are not present will prevent issues with HIPAA validation errors.
* HICN is moved from REF\*F6 segment to REF\*Q4 Segment
* MBI added in REF\*F6 segment

# ETF Specifications

This section covers the information that ETF and health plans will use to transmit eligibility data:

| Segment | Element | Required or Situational | Name | ETF Comments / Values |
| --- | --- | --- | --- | --- |
| **ISA** |  | **R** | **Interchange Control Header** |  |
|  | ISA01 | R | Authorization Information Qualifier | 00 |
|  | ISA02 | R | Authorization Information | Spaces |
|  | ISA03 | R | Security Information Qualifier | 00 |
|  | ISA04 | R | Security Information | Spaces |
|  | ISA05 | R | Interchange ID Qualifier | 30 |
|  | ISA06 | R | Interchange Sender ID | Sender Federal Tax Id Number |
|  | ISA07 | R | Interchange ID Qualifier | 30 |
|  | ISA08 | R | Interchange Receiver ID | Receiver Federal Tax Id Number for most insurers, special value for some |
|  | ISA09 | R | Interchange Date | Creation Date |
|  | ISA10 | R | Interchange Time | Creation Time |
|  | ISA11 | R | Repetition Separator | ^ |
|  | ISA12 | R | Interchange Control Version Number | 00501 |
|  | ISA13 | R | Interchange Control Number | Control number assigned by sender |
|  | ISA14 | R | Acknowledgement Requested | 1 (Yes) |
|  | ISA15 | R | Usage Indicator | P (Production Data) or T (Test Data) |
|  | ISA16 | R | Component Element Separator | | |
| **GS** |  |  | **Functional Group Header** |  |
|  | GS01 | R | Functional Identifier Code | BE |
|  | GS02 | R | Application Sender’s Code | Sender Code or Shortened Name |
|  | GS03 | R | Application Receiver’s Code | Receiver Shortened Name |
|  | GS04 | R | Date (Creation Date) | Creation Date of file |
|  | GS05 | R | Time (Creation Time) | Creation Time of file |
|  | GS06 | R | Group Control Number | Number assigned by ETF |
|  | GS07 | R | Responsibility Agency Code | X |
|  | GS08 | R | Identifier Code | 005010X220A1 |
| **ST** |  | **R** | **Transaction Set Header** |  |
|  | ST01 | R | Transaction Set Identifier Code | 834 |
|  | ST02 | R | Transaction Set Control Number | Sequential number starting with 1 |
|  | ST03 | R | Implementation Convention Reference | Same value as GS08 |
| **BGN** |  | **R** | **Beginning Segment** |  |
|  | BGN01 | R | Transaction Set Purpose Code | 00 (double zero) |
|  | BGN02 | R | Reference Identification | Create Date YYYYMMDD + Current Time + Counter |
|  | BGN03 | R | Date | Create Date YYYYMMDD |
|  | BGN04 | R | Time | Create Time HHMM |
|  | BGN08 | R | Action Code | 2 (Change) or 4 (Verify) |
| **DTP** |  | **S** | **File Effective Date** |  |
|  | DTP01 | R | Date/Time Qualifier | 007 (Effective) |
|  | DTP02 | R | Date Time Period Format Qualifier | D8 |
|  | DTP03 | R | Date Time Period | Effective Date YYYYMMDD |
| **Loop 1000 A** |  |  | **Sponsor Name** |  |
| **N1** |  | **R** | **Sponsor Name** |  |
|  | N101 | R | Entity Identifier Code | P5 |
|  | N102 | R | Name | ETF |
|  | N103 | R | Identification Code Qualifier | FI (Federal Taxpayer ID number) |
|  | N104 | R | Identification Code | 391103756 |
| **Loop 1000 B** |  |  | **Payer** |  |
| **N1** |  | **R** | **Payer** |  |
|  | N101 | R | Entity Identifier Code | IN |
|  | N102 | S | Name | Health Plan Name |
|  | N103 | R | Identification Code Qualifier | FI (Federal Taxpayer ID number) |
|  | N104 | R | Identification Code | Health Plan Federal Taxpayer Identification Number |
|  |  |  | **SUBSCRIBER SEGMENTS** |  |
| **Loop 2000** |  |  | **Member Level Detail** |  |
| **INS** |  | **R** | **Member Level Detail** |  |
|  | INS01 | R | Member Indicator | Y |
|  | INS02 | R | Individual Relationship Code | 18 |
|  | INS03 | R | Maintenance Type Code | 001, 021, 024, 025 or 030 |
|  | INS04 | S | Maintenance Reason Code | Use values from Implementation Guide, use XN for FFC file |
|  | INS05 | R | Benefit Status Code | A, C or S |
|  | INS06 | S | Medicare Plan Code | A, B, C or E |
|  | INS07 | S | COBRA Qualifying Event Code | 1, 4, 5 or 7 |
|  | INS08 | S | Employment Status Code | AC, FT, L1, PT, RT or TE |
|  | INS09 | N | Student Status Code | Not used |
|  | INS10 | S | Handicap Indicator | N or Y |
|  | INS11 | S | Date Time Period Format Qualifier | D8 |
|  | INS12 | S | Death Date | Death Date YYYYMMDD |
| **REF** |  | **R** | **Subscriber Identifier** |  |
|  | REF01 | R | Reference Identification Qualifier | 0F |
|  | REF02 | R | Reference Identification | Subscriber SSN (Family ID) |
| **REF** |  | **S** | **Member Policy Number** |  |
|  | REF01 | R | Reference Identification Qualifier | 1L |
|  | REF02 | R | Reference Identification | Subscriber ETF 5 digit Employer Group Number |
| **REF** |  | **S** | **Member Supplemental Identifier** |  |
|  | REF01 | R | Reference Identification Qualifier | 23 |
|  | REF02 | R | Reference Identification | Subscriber ETF Member Id |
| **REF** |  | **S** | **Member Supplemental Identifier** |  |
|  | REF01 | R | Reference Identification Qualifier | 3H |
|  | REF02 | R | Reference Identification | 2 digit Health Carrier code |
| **REF** |  | **S** | **Member Supplemental Identifier** |  |
|  | REF01 | R | Reference Identification Qualifier | 17 |
|  | REF02 | R | Reference Identification | 2 digit Actual relationship code |
| **REF** |  | **S** | **Member Supplemental Identifier** |  |
|  | REF01 | R | Reference Identification Qualifier | ZZ |
|  | REF02 | R | Reference Identification | 2 digit ETF Employee Type Code |
| **REF** |  | **S** | **Member Supplemental Identifier** |  |
|  | REF01 | R | Reference Identification Qualifier | DX |
|  | REF02 | R | Reference Identification | 2 digit ETF Coverage Type Code |
| **REF** |  | **S** | **Member Supplemental Identifier** |  |
|  | REF01 | R | Reference Identification Qualifier | F6 |
|  | REF02 | R | Reference Identification | Medicare Beneficiary Identifier (MBI) Number (Medicare only) |
| **REF** |  | **S** | **Member Supplemental Identifier** |  |
|  | REF01 | R | Reference Identification Qualifier | Q4 |
|  | REF02 | R | Reference Identification | Health Insurance Claim (HIC) Number (Medicare only) |
| **REF** |  | S | **Member Supplemental Identifier** |  |
|  | REF01 | R | Reference Identification Qualifier | QQ |
|  | REF02 | R | Reference Identification | 5 digit Business Unit Number |
| **DTP** |  | **S** | **Member Level Dates** |  |
|  | DTP01 | R | Date/Time Qualifier | 338 (Medicare A Effective Date) |
|  | DTP02 | R | Date Time Period Format Qualifier | D8 |
|  | DTP03 | R | Date Time Period | Effective Date YYYYMMDD |
| **DTP** |  | **S** | **Member Level Dates** |  |
|  | DTP01 | R | Date/Time Qualifier | 338 (Medicare B Effective Date) |
|  | DTP02 | R | Date Time Period Format Qualifier | D8 |
|  | DTP03 | R | Date Time Period | Effective Date YYYYMMDD |
| **Loop 2100 A** |  |  | **Member Name** |  |
| **NM1** |  | **R** | **Member Name** |  |
|  | NM101 | R | Entity Identifier Code | IL |
|  | NM102 | R | Entity Type Qualifier | 1 |
|  | NM103 | R | Last Name | Subscriber’s Last Name |
|  | NM104 | S | First Name | Subscriber’s First Name |
|  | NM105 | S | Middle Name | Subscriber’s Middle Name |
|  | NM106 | S | Name Prefix | Name Prefix for Subscriber |
|  | NM107 | S | Name Suffix | Name Suffix for Subscriber |
|  | NM108 | S | Identification Code Qualifier | 34 |
|  | NM109 | S | Identification Code | Subscriber’s SSN |
| **PER** |  | **S** | **Member Communication Numbers** |  |
|  | PER01 | R | Contact Function Code | IP |
|  | PER02 | N | Name | Not Used |
|  | PER03 | R | Communication Number Qualifier | HP (Home Phone) |
|  | PER04 | R | Communication Number | Phone Number |
| **N3** |  | **S** | **Member Residence Street Address** |  |
|  | N301 | R | Address Information | Address Line 1 |
|  | N302 | S | Address Information | Address Line 2 (if present) |
| **N4** |  | **R** | **Member City, State, Zip** |  |
|  | N401 | R | City Name | City Name |
|  | N402 | S | State or Province Code | State or Province Code |
|  | N403 | S | Postal Code | Postal Code |
|  | N404 | S | Country Code | Country Code |
|  | N405 | S | Location Qualifier | CY |
|  | N406 | S | Location Identifier | ETF County Code |
| **DMG** |  | **S** | **Member Demographics** |  |
|  | DMG01 | R | Date Time Period Format Qualifier | D8 |
|  | DMG02 | R | Member Birth Date | YYYYMMDD |
|  | DMG03 | R | Gender Code | F, M or U |
|  | DMG04 | S | Marital Status Code | B, D, I, M or W |
| **Loop 2100 G** |  |  | **Member Name** |  |
| **NM1** |  | **R** | **Member Name** |  |
|  | NM101 | R | Entity Identifier Code | E1 |
|  | NM102 | R | Entity Type Qualifier | 1 |
|  | NM103 | R | Last Name | Actual Subscriber’s Last Name |
|  | NM104 | S | First Name | Actual Subscriber’s First Name |
|  | NM108 | S | Identification Code Qualifier | 34 |
|  | NM109 | S | Identification Code | Actual Subscriber’s SSN |
| **Loop 2300** |  | **S** | **Health Coverage** |  |
| **HD** |  | **S** | **Health Coverage** |  |
|  | HD01 | R | Maintenance Type Code | For FFC File use 030, otherwise use 001, 002, 021, 024, 025 or 026 |
|  | HD02 | N | Maintenance Reason Code | Not Used |
|  | HD03 | R | Insurance Line Code | HLT or HMO or MM |
|  | HD04 | S | Plan Coverage Description | ETF Program Option Code and ETF Surcharge Code (i.e. P01S01) |
|  | HD05 | S | Coverage Level Code | IND or FAM |
| **DTP** |  | **R** | **Health Coverage Dates** |  |
|  | DTP01 | R | Date/Time Qualifier | 348 (Coverage Effective Date) |
|  | DTP02 | R | Date Time Period Format Qualifier | D8 |
|  | DTP03 | R | Date Time Period | Effective Date YYYYMMDD |
| **DTP** |  | **S** | **Health Coverage Dates** |  |
|  | DTP01 | R | Date/Time Qualifier | 349 (Coverage Expiration Date) |
|  | DTP02 | R | Date Time Period Format Qualifier | D8 |
|  | DTP03 | R | Date Time Period | Expiration Date YYYYMMDD |
| **Loop 2310** |  | **S** | **Provider Information** |  |
| **LX** |  | **S** | **Health Coverage** |  |
|  | LX01 | R | Assigned Number | 1 (only one provider loop) |
| **NM1** |  | **R** | **Provider Name** |  |
|  | NM101 | R | Entity Identifier Code | P3 |
|  | NM102 | R | Entity Type Qualifier | 2 if both Provider Identifier (NM109) and Provider First Name are absent, 1 otherwise |
|  | NM103 | R | Last Name | Provider Last Name or Clinic Name |
|  | NM104 | S | First Name | Provider First Name |
|  | NM105 | N | Middle Name | Not Used |
|  | NM106 | N | Name Prefix | Not Used |
|  | NM107 | N | Name Suffix | Not Used |
|  | NM108 | S | Identification Code Qualifier | SV for Care System, XX for NPI |
|  | NM109 | S | Identification Code | 2 digit Care System code or 10 digit NPI |
|  | NM110 | R | Entity Relationship Code | 25, 26 or 72 |
| **Loop 2320** |  | **S** | **Coordination of Benefits** |  |
| **COB** |  | **S** | **COB** |  |
|  | COB01 | R | Payer Responsibility Sequence Number Code | P, S, T or U |
|  | COB02 | N | Reference Identification | Not Used |
|  | COB03 | R | COB Code | 1, 5 or 6 |
| **DTP** |  | **S** | **COB Eligibility Dates** |  |
|  | DTP01 | R | Date/Time Qualifier | 344 (COB Begin Date) |
|  | DTP02 | R | Date Time Period Format Qualifier | D8 |
|  | DTP03 | R | Date Time Period | Begin Date YYYYMMDD |
| **DTP** |  | **S** | **COB Eligibility Dates** |  |
|  | DTP01 | R | Date/Time Qualifier | 345 (COB End Date) |
|  | DTP02 | R | Date Time Period Format Qualifier | D8 |
|  | DTP03 | R | Date Time Period | End Date YYYYMMDD |
| **Loop 2330** |  | **S** | **Coordination of Benefits Related Entity** |  |
| **NM1** |  | **S** | **COB Related Entity** |  |
|  | NM101 | R | Entity Identifier Code | IN |
|  | NM102 | R | Entity Type Qualifier | 2 |
|  | NM103 | R | Organization Name | Other Insurance Company Name |
|  |  |  | **DEPENDENT SEGMENTS** |  |
| **Loop 2000** |  |  | **Member Level Detail** |  |
| **INS** |  | **R** | **Member Level Detail** |  |
|  | INS01 | R | Member Indicator | N |
|  | INS02 | R | Individual Relationship Code | Not 18 |
|  | INS03 | R | Maintenance Type Code | 001, 021, 024, 025 or 030 |
|  | INS04 | S | Maintenance Reason Code | Use values from Implementation Guide, use XN for FFC |
|  | INS05 | R | Benefit Status Code | A, C or S |
|  | INS06 | S | Medicare Plan Code | A, B, C or E |
|  | INS07 | S | COBRA Qualifying Event Code | 1, 4, 5 or 7 |
|  | INS08 | S | Employment Status Code | AC, FT, L1, PT, RT or TE |
|  | INS09 | N | Student Status Code | Not used |
|  | INS10 | S | Handicap Indicator | N or Y |
|  | INS11 | S | Date Time Period Format Qualifier | D8 |
|  | INS12 | S | Death Date | Death Date YYYYMMDD |
| **REF** |  | **R** | **Subscriber Identifier** |  |
|  | REF01 | R | Reference Identification Qualifier | 0F |
|  | REF02 | R | Reference Identification | Subscriber SSN (Family ID) |
| **REF** |  | **S** | **Member Policy Number** |  |
|  | REF01 | R | Reference Identification Qualifier | 1L |
|  | REF02 | R | Reference Identification | Subscriber ETF 5 digit Employer Group Number |
| **REF** |  | **S** | **Member Supplemental Identifier** |  |
|  | REF01 | R | Reference Identification Qualifier | 23 |
|  | REF02 | R | Reference Identification | Dependent ETF Member Id |
| **REF** |  | **S** | **Member Supplemental Identifier** |  |
|  | REF01 | R | Reference Identification Qualifier | 3H |
|  | REF02 | R | Reference Identification | 2 digit Health Carrier code |
| **REF** |  | **S** | **Member Supplemental Identifier** |  |
|  | REF01 | R | Reference Identification Qualifier | ZZ |
|  | REF02 | R | Reference Identification | 2 digit ETF Employee Type Code |
| **REF** |  | **S** | **Member Supplemental Identifier** |  |
|  | REF01 | R | Reference Identification Qualifier | DX |
|  | REF02 | R | Reference Identification | 2 digit ETF Coverage Type Code |
| **REF** |  | **S** | **Member Supplemental Identifier** |  |
|  | REF01 | R | Reference Identification Qualifier | F6 |
|  | REF02 | R | Reference Identification | Medicare Beneficiary Identifier (MBI) Number (Medicare only) |
| **REF** |  | **S** | **Member Supplemental Identifier** |  |
|  | REF01 | R | Reference Identification Qualifier | Q4 |
|  | REF02 | R | Reference Identification | Health Insurance Claim (HIC) Number (Medicare only) |
| **DTP** |  | **S** | **Member Level Dates** |  |
|  | DTP01 | R | Date/Time Qualifier | 338 (Medicare A Effective Date) |
|  | DTP02 | R | Date Time Period Format Qualifier | D8 |
|  | DTP03 | R | Date Time Period | Effective Date YYYYMMDD |
| **DTP** |  | **S** | **Member Level Dates** |  |
|  | DTP01 | R | Date/Time Qualifier | 338 (Medicare B Effective Date) |
|  | DTP02 | R | Date Time Period Format Qualifier | D8 |
|  | DTP03 | R | Date Time Period | Effective Date YYYYMMDD |
| **Loop 2100 A** |  |  | **Member Name** |  |
| **NM1** |  | **R** | **Member Name** |  |
|  | NM101 | R | Entity Identifier Code | IL |
|  | NM102 | R | Entity Type Qualifier | 1 |
|  | NM103 | R | Last Name | Dependent’s Last Name |
|  | NM104 | S | First Name | Dependent’s First Name |
|  | NM105 | S | Middle Name | Dependent’s Middle Name |
|  | NM106 | N | Name Prefix | Not Used |
|  | NM107 | N | Name Suffix | Not Used |
|  | NM108 | S | Identification Code Qualifier | 34 |
|  | NM109 | S | Identification Code | Dependent’s SSN |
| **PER** |  | **S** | **Member Communication Numbers** |  |
|  | PER01 | R | Contact Function Code | IP |
|  | PER02 | N | Name | Not Used |
|  | PER03 | R | Communication Number Qualifier | HP (Home Phone) |
|  | PER04 | R | Communication Number | Phone Number |
| **N3** |  | **S** | **Member Residence Street Address** |  |
|  | N301 | R | Address Information | Address Line 1 |
|  | N302 | S | Address Information | Address Line 2 (if present) |
| **N4** |  | **R** | **Member City, State, Zip** |  |
|  | N401 | R | City Name | City Name |
|  | N402 | S | State or Province Code | State or Province Code |
|  | N403 | S | Postal Code | Postal Code |
|  | N404 | S | Country Code | Country Code |
|  | N405 | S | Location Qualifier | CY |
|  | N406 | S | Location Identifier | ETF County Code |
| **DMG** |  | **S** | **Member Demographics** |  |
|  | DMG01 | R | Date Time Period Format Qualifier | D8 |
|  | DMG02 | R | Member Birth Date | YYYYMMDD |
|  | DMG03 | R | Gender Code | F, M or U |
|  | DMG04 | S | Marital Status Code | B, D, I, M or W |
| **Loop 2300** |  | **S** | **Health Coverage** |  |
| **HD** |  | **S** | **Health Coverage** |  |
|  | HD01 | R | Maintenance Type Code | For FFC File use 030, otherwise use 001, 002, 021, 024, 025 or 026 |
|  | HD02 | N | Maintenance Reason Code | Not Used |
|  | HD03 | R | Insurance Line Code | HLT or HMO or MM |
|  | HD04 | S | Plan Coverage Description | ETF Program Option Code and ETF Surcharge Code (i.e. P01S01) |
|  | HD05 | S | Coverage Level Code | IND or FAM |
| **DTP** |  | **R** | **Health Coverage Dates** |  |
|  | DTP01 | R | Date/Time Qualifier | 348 (Coverage Effective Date) |
|  | DTP02 | R | Date Time Period Format Qualifier | D8 |
|  | DTP03 | R | Date Time Period | Effective Date YYYYMMDD |
| **DTP** |  | **S** | **Health Coverage Dates** |  |
|  | DTP01 | R | Date/Time Qualifier | 349 (Coverage Expiration Date) |
|  | DTP02 | R | Date Time Period Format Qualifier | D8 |
|  | DTP03 | R | Date Time Period | Expiration Date YYYYMMDD |
| **REF** |  | **S** | **Prior Coverage Months (only applicable to Standard Plan, if waiting period applies, and on daily file (not used on FFC))** |  |
|  | REF01 | R | Reference Identification Qualifier | QQ |
|  | REF02 | R | Reference Identification | ‘06’ (Prior coverage month count) |
| **Loop 2310** |  | **S** | **Provider Information** |  |
| **LX** |  | **S** | **Health Coverage** |  |
|  | LX01 | R | Assigned Number | 1 (only one provider loop) |
| **NM1** |  | **R** | **Provider Name** |  |
|  | NM101 | R | Entity Identifier Code | P3 |
|  | NM102 | R | Entity Type Qualifier | 2 if both Provider Identifier (NM109) and Provider First Name are absent, 1 otherwise |
|  | NM103 | R | Last Name | Provider Last Name or Clinic Name |
|  | NM104 | S | First Name | Provider First Name |
|  | NM105 | N | Middle Name | Not Used |
|  | NM106 | N | Name Prefix | Not Used |
|  | NM107 | N | Name Suffix | Not Used |
|  | NM108 | S | Identification Code Qualifier | SV for Care System, XX for NPI |
|  | NM109 | S | Identification Code | 2 digit Care System code or 10 digit NPI |
|  | NM110 | R | Entity Relationship Code | 25, 26 or 72 |
| **Loop 2320** |  | **S** | **Coordination of Benefits** |  |
| **COB** |  | **S** | **COB** |  |
|  | COB01 | R | Payer Responsibility Sequence Number Code | P, S, T or U |
|  | COB02 | N | Reference Identification | Not Used |
|  | COB03 | R | COB Code | 1, 5 or 6 |
| **DTP** |  | **S** | **COB Eligibility Dates** |  |
|  | DTP01 | R | Date/Time Qualifier | 344 (COB Begin Date) |
|  | DTP02 | R | Date Time Period Format Qualifier | D8 |
|  | DTP03 | R | Date Time Period | Begin Date YYYYMMDD |
| **DTP** |  | **S** | **COB Eligibility Dates** |  |
|  | DTP01 | R | Date/Time Qualifier | 345 (COB End Date) |
|  | DTP02 | R | Date Time Period Format Qualifier | D8 |
|  | DTP03 | R | Date Time Period | End Date YYYYMMDD |
| **Loop 2330** |  | **S** | **Coordination of Benefits Related Entity** |  |
| **NM1** |  | **S** | **COB Related Entity** |  |
|  | NM101 | R | Entity Identifier Code | IN |
|  | NM102 | R | Entity Type Qualifier | 2 |
|  | NM103 | R | Organization Name | Other Insurance Company Name |
|  |  |  | **Summary** |  |
| **SE** |  | **R** | **Transaction Set Trailer** |  |
|  | SE01 | R | Number of Included Segments | Total number of segments |
|  | SE02 | R | Transaction Set Control Number | Should match ST02 |
| **GE** |  |  | **Functional Group Trailer** |  |
|  | GE01 | R | Number of Transaction Sets Included | Number of transaction sets |
|  | GE02 | R | Group Control Number | Should match GS06 |
| **IEA** |  | **R** | **Interchange Control Trailer** |  |
|  | IEA01 | R | Number of Included Functional Groups | Number of functional groups |
|  | IEA02 | R | Interchange Control Number | Control number |