

Humana Inc. Companion Guide

278 Health Care Referrals and Authorizations

Version 4010X094



Humana Technical Supplement Document Purpose

The purpose of this Humana technical supplement is to assist our trading partners in clarifying Humana specified values in order to facilitate implementation of the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191 – Known as HIPAA).

HIPAA directed the Secretary to adopt standards for each transaction. These standards enable health information to be exchanged electronically and adopt specifications for implementing each transaction. HIPAA Implementation Guides were published for this purpose and should be used by all affected legal entities.

This technical supplement is designed to assist those who request the health care referrals and authorizations using the 278 format. It is not modifying the definition, condition, or use of a data element or segment in the standard HIPAA Implementation Guides nor does it change the meaning or intent. This supplement is solely for the purpose of clarification.

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
ISA	Interchange Control Header		1	R		1		Page B.3	
ISA01	Authorization Qualifier	ID	2-2	R			00	ISA01 must be a value listed in Valid Values column	
ISA02	Authorization Information	AN	10-10	R				If ISA01 = 03, then ISA02 must be > spaces	
ISA03	Security Information Qualifier	ID	2-2	R			00, 01	ISA03 must be a value listed in Valid Values column	
ISA04	Security Information	AN	10-10	R				If ISA03 = 01, then ISA04 must be > spaces	
ISA05	Interchange ID Qualifier	ID	2-2	R			30	ISA05 must be a value listed in Valid Values column	
ISA06	Transmission Submitter ID	AN	15-15	R				TRADING PARTNER AGREEMENT	Mutually defined by both parties in the Trading Partner Agreement.
ISA07	Interchange ID Qualifier	ID	2-2	R			30	ISA07 must be a value listed in Valid Values column	
ISA08	Interchange Receiver ID	AN	15-15	R				TRADING PARTNER AGREEMENT	Use Humana's payer ID of 61101
ISA09	Interchange Date	DT	6-6	R			YYMMDD	ISA09 must be a valid date and cannot be a future date in the format listed in Valid Values column	
ISA10	Interchange Time	TM	4-4	R			HHMM	ISA10 must be a valid 24 hour clock based time in the format listed in Valid Values column	
ISA11	Interchange Control Standards ID	ID	1-1	R			U	ISA11 must be a value listed in Valid Values column	
ISA12	Interchange Control Version Number	ID	5-5	R			00401	ISA12 must be a value listed in Valid Values column	
ISA13	Interchange Control Number	N0	9-9	R				MUST BE THE SAME AS DATA IN IEA02	MUST BE THE SAME AS DATA IN IEA02
ISA14	Acknowledgement Requested	ID	1-1	R			0, 1	ISA14 must be a value listed in Valid Values column	
ISA15	Usage Indicator	ID	1-1	R			P, T	ISA15 must be a value listed in Valid Values column	
ISA16	Component Element Separator	AN	1-1	R				MUST BE A VALUE OTHER THAN VALUE CHOSEN FOR THE DATA ELEMENT SEPARATOR AND SEGMENT TERMINATOR.	
GS	Functional Group Header		1	R		1		Page B.8	
GS01	Functional Identifier Code	ID	2-2	R			HI	GS01 must be a value listed in Valid Values column	
GS02	Application Sender Code	AN	2-15	R				TRADING PARTNER AGREEMENT	Use the value coded in data element ISA06
GS03	Application Receiver Code	AN	2-15	R				TRADING PARTNER AGREEMENT	Use the value coded in data element ISA08
GS04	Date	DT	8-8	R			CCYYMMDD	GS04 must be a valid date and cannot be a future date in the format listed in Valid Values column	
GS05	Time	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD	GS05 must be a valid 24 hour clock based time in one of the formats listed in Valid Values column	
GS06	Group Control Number	N0	1-9	R				MUST BE THE SAME AS DATA IN GE02	Humana recommends the control number begins with "000000001".
GS07	Responsible Agency Code	ID	1-2	R			X	GS07 must be a value listed in Valid Values column	
GS08	Version Identifier Code	AN	1-12	R			004010X094	GS08 must be a value listed in Valid Values column	
ST	Transaction Set Header		1	R				Page 50	
ST01	Transaction Set Identifier Code	ID	3-3	R			278	ST01 must be a value listed in Valid Values column	
ST02	Transaction Set Control Number	AN	4-9	R				ST02 must be > spaces, must be a unique number within a specific GS-GE and ISA-IEA and must be the same number supplied in SE02	Humana recommends the control number begins with "000000001".

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
BHT	Beginning Segment		1	R				Page 51	
BHT01	Hierarchical Structure code	ID	4-4	R			0078	BHT01 must be a value listed in Valid Values column	
BHT02	Transaction Set Purpose Code	ID	2-2	R			13		
BHT03	Reference Identification	AN	1-30	R					Humana requires the Availability Transaction ID
BHT04	Date	DT	8-8	R			CCYMMMD D	Date transaction was created	
BHT05	Time	TM	8-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSD D	BHT05 must be a valid 24 hour clock based time in one of the formats listed in Valid Values column	
BHT06	Transaction Type Code	ID	2/2	O				Not Used	
HL	Utilization Management Organization (UMO) Level		1	R	2000A	1		Page 53	Humana recommends that the first HL Hierarchical Number (HL01) begin with one (1) and then each following HL segment be incremented by one (1).
HL01	Hierarchical ID Number	AN	1/12	R				Unique number to identify data segment	
HL02	Hierarchical Parent ID Number	AN	1/12	O			1, 2	Not Used	
HL03	Hierarchical Level Code	ID	1/2	R			20	Information Source	
HL04	Hierarchical Child Code	ID	1/1	R			1	Additional Subordinate HL data segment in this Hierarchical structure	
NM1	Utilization Management Organization (UMO) Name		1	R	2010A	1		Page 55	
NM101	Entity Identifier Code	ID	2/3	R			X3	Payer Name and Information	
NM102	Entity Type Qualifier	ID	1/1	R			2	Non-Person Entity	
NM103	Last Name or Organization Name	AN	1/35	S					Use the value of "Humana Inc"
NM104	Name First	AN	1/25	S					Not Used
NM105	Name Middle	AN	1/25	S					Not Used
NM106	Name Prefix	AN	1/10	O				Not Used	Not Used
NM107	Name Suffix	AN	1/10	S					Not Used
NM108	Identification Code Qualifier	ID	1/2	R			24	Use Humana's TIN Number	
NM109	Identification Code	AN	2/80	R			610647538	Humana's TIN Number	Code the value of "610647538"
NM110	Entity Relationship code	ID	2/2	O				Not used	
NM111	Entity Identifier Code	ID	2/3	O				Not Used	
HL	Requester Level		1	R	2000B	1		Page 58	
HL01	Hierarchical ID Number	AN	1/12	R				Unique number to identify data segment	
HL02	Hierarchical Parent ID Number	AN	1/12	R			1		
HL03	Hierarchical Level Code	ID	1/2	R			21	Information Receiver	
HL04	Hierarchical Child Code	ID	1/1	R			1	Additional Subordinate HL data segment in this Hierarchical structure	
NM1	Requester Name		1	R	2010B	1		Page 60	
NM101	Entity Identifier Code	ID	2/3	R			1P or FA	1P=Provider Making Request, FA=Facility	
NM102	Entity Type Qualifier	ID	1/1	R			1 or 2	1 = Person, 2 = Non Person Entity	
NM103	Last Name or Organization Name	AN	1/35	S					Required by Humana
NM104	Name First	AN	1/25	S					Required by Humana
NM105	Name Middle	AN	1/25	S					Not Used
NM106	Name Prefix	AN	1/10	O				Not Used	Not Used
NM107	Name Suffix	AN	1/10	S					Entered if known
NM108	Identification Code Qualifier	ID	1/2	R			24	Use provider's TIN Number	Value entered should be "24"
NM109	Identification Code	AN	2/80	R				Provider's TIN Number or Group	Provider's TIN Number or Group
NM110	Entity Relationship code	ID	2/2	O				Not used	

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
NM111	Entity Identifier Code	ID	2/3	O				Not Used	
REF	Requester Supplemental Identification		1	S	2010B	1		Page 63	
REF01	Reference Identification Number	ID	2/3	R			ZH	Carrier Assigned Reference Number	Use the appropriate code to indicate the type of ID being used in REF02. If using a Humana specific code to identify the provider, please use the code "ZH".
REF02	Service Provider ID Number	AN	1/30	R					Enter the payor assigned ID (CAS ID) code.
REF03	Description	AN	1/80	O				Not Used	
REF04	Reference Identifier	ID		O				Not Used	
N3	Requester Address		1	S	2010B	1		Page 65	
N301	Address Information	AN	1/55	R				Address Line 1	
N302	Address Information	AN	1/55	S				Address Line 2	
N4	Requester City/State/Zip Code		1	S	2010B	1		Page 66	
N401	City Name	AN	2/30	S					
N402	State Code	ID	2/2	S				Postal Abbreviation State Code	
N403	Postal Zip Code	ID	3/15	S				No Punctuation Used	
N404	Country code	ID	2/3	S				Used only of Outside the US	
N405	Location Qualifier	ID	1/2	O				Not Used	
N406	Location Identifier	AN	1/30	O				Not Used	
PER	Requestor Contact Information		1	S	2010B	1		Page 68	Humana requires the contact name and phone number.
PER01	Contact Function Code	ID	2/2	R			!C	Information Contact	
PER02	Contact Name	AN	1/60	S				Use if different than the NM1 Name	
PER03	Communication Number Qualifier	ID	2/2	S			EM, FX or TE	EM = e-mail, FX = Fax, TE = Telephone	
PER04	Communication Number Qualifier	AN	1/80	S					
PER05	Communication Number Qualifier	AN	2/2	S			EM, EX, FX or TE	EM = e-mail, EX = Extension, FX = Fax, TE = Telephone	
PER06	Communication Number Qualifier	AN	1/80	S					
PER07	Communication Number Qualifier	AN	2/2	S			EM, EX, FX or TE	EM = e-mail, EX = Extension, FX = Fax, TE = Telephone	
PER08	Communication Number Qualifier	AN	1/80	S					
PER09	Contact Inquiry Reference	AN	1/20	O				Not Used	
PRV	Requestor Provider Information		1	S	2010B	1		Page 71	
PRV01	Provider Code	ID	1/3	R				Code Identifying the type of provider. See Implementation Guide for permissible codes.	
PRV02	Provider Identification Qualifier	ID	2/3	R			ZZ	Health Care Provider Taxonomy code	
PRV03	Provider Identification State or Providence Code	AN	1/30	R				Requesting Provider Taxonomy code	
PRV04	Provider Identification State or Providence Code	ID	2/2	O				Not Used	
PRV05	Provider Specialty Information			O				Not Used	
PRV05	Provider Organization Code	ID	3/3	O				Not Used	
HL	Subscriber Level		1	R	2000C	1		Page 73	
HL01	Hierarchical ID Number	AN	1/12	R				Unique number to identify data segment	
HL02	Hierarchical Parent ID Number	AN	1/12	R			2		
HL03	Hierarchical Level Code	ID	1/2	R			22	Information Receiver	
HL04	Hierarchical Child Code	ID	1/1	R			1		
TRN	Service Trace Number		1	S	2000C	1		Page Addenda 33, After Page 75	
TRN01	Trace Type Code	ID	1/2	R			1		
TRN02	Reference Identification	AN	1/30	R					
TRN03	Originating Company	AN	10/10	R					

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
	Identifier								
TRN04	Reference Identification	AN	1/30	S					
DTP	Accident Date		1	S	2000C	1		Page 75	
DTP01	Date/Time Qualifier	ID	3/3	R			439	Accident	
DTP02	Date/Time Period Format Qualifier	ID`	2/3	R			D8	D8=CCYYMMDD	
DTP03	Date/Time Period Format Qualifier	AN	1/35	R				Date	
DTP	Last Menstrual Period date		1	S	2000C	1		Page 76	
DTP01	Date/Time Qualifier	ID	3/3	R			484	Last Menstrual Period	
DTP02	Date/Time Period Format Qualifier	ID`	2/3	R			D8	D8=CCYYMMDD	
DTP03	Date/Time Period Format Qualifier	AN	1/35	R				Date	
DTP	Estimated date of Birth		1	S	2000C	1		Page 77	
DTP01	Date/Time Qualifier	ID	3/3	R			ABC	Estimated Date of Birth	
DTP02	Date/Time Period Format Qualifier	ID`	2/3	R			D8	D8=CCYYMMDD	
DTP03	Date/Time Period Format Qualifier	AN	1/35	R				Date	
DTP	Onset of Current Symptoms or Illness Date		1	S	2000C	1		Page 78	
DTP01	Date/Time Qualifier	ID	3/3	R			431	Onset of Current symptoms or Illness	
DTP02	Date/Time Period Format Qualifier	ID`	2/3	R			D8	D8=CCYYMMDD	
DTP03	Date/Time Period Format Qualifier	AN	1/35	R				Date	
HI	Subscriber Diagnosis		1	S	2000C	1		Page 80 - Humana Limits a Maximum of four (4) ICD-9 codes	If the subscriber is the patient, must provide at least one (1) ICD-9 code and up to a maximum of four (4) codes for Authorizations (AR) and Referrals (SC). For Authorizations (AR) no ICD-9 codes starting with "V" or "E" will be allowed.
HI01	Health Care Information	C022		R					
HI01-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI01-2	ICD-9 Code	AN	1/30	R					
HI01-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI01-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI01-5	Monetary Amount	AN	1/18	O				Not Used	
HI01-6	Quantity	AN	1/15	O				Not Used	
HI01-7	Version Identifier	AN	1/30	O				Not Used	
HI02	Health Care Information	C022		S					
HI02-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI02-2	ICD-9 Code	AN	1/30	R					
HI02-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI02-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI02-5	Monetary Amount	AN	1/18	O				Not Used	
HI02-6	Quantity	AN	1/15	O				Not Used	
HI02-7	Version Identifier	AN	1/30	O				Not Used	
HI03	Health Care Information	C022		S					
HI03-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI03-2	ICD-9 Code	AN	1/30	R					
HI03-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI03-4	Date Time Period	AN	1/35	S				Date	

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
	Qualifier								
HI03-5	Monetary Amount	AN	1/18	O				Not Used	
HI03-6	Quantity	AN	1/15	O				Not Used	
HI03-7	Version Identifier	AN	1/30	O				Not Used	
HI04	Health Care Information	C022		S					
HI04-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI04-2	ICD-9 Code	AN	1/30	R					
HI04-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI04-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI04-5	Monetary Amount	AN	1/18	O				Not Used	
HI04-6	Quantity	AN	1/15	O				Not Used	
HI04-7	Version Identifier	AN	1/30	O				Not Used	
HI05	Health Care Information	C022		S					
HI05-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI05-2	ICD-9 Code	AN	1/30	R					
HI05-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI05-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI05-5	Monetary Amount	AN	1/18	O				Not Used	
HI05-6	Quantity	AN	1/15	O				Not Used	
HI05-7	Version Identifier	AN	1/30	O				Not Used	
HI06	Health Care Information	C022		S					
HI06-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI06-2	ICD-9 Code	AN	1/30	R					
HI06-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI06-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI06-5	Monetary Amount	AN	1/18	O				Not Used	
HI06-6	Quantity	AN	1/15	O				Not Used	
HI06-7	Version Identifier	AN	1/30	O				Not Used	
HI07	Health Care Information	C022		S					
HI07-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI07-2	ICD-9 Code	AN	1/30	R					
HI07-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI07-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI07-5	Monetary Amount	AN	1/18	O				Not Used	
HI07-6	Quantity	AN	1/15	O				Not Used	
HI07-7	Version Identifier	AN	1/30	O				Not Used	
HI08	Health Care Information	C022		S					
HI08-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI08-2	ICD-9 Code	AN	1/30	R					
HI08-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI08-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI08-5	Monetary Amount	AN	1/18	O				Not Used	
HI08-6	Quantity	AN	1/15	O				Not Used	
HI08-7	Version Identifier	AN	1/30	O				Not Used	
HI09	Health Care Information	C022		S					
HI09-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI09-2	ICD-9 Code	AN	1/30	R					
HI09-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI09-4	Date Time Period Qualifier	AN	1/35	S				Date	

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
HI09-5	Monetary Amount	AN	1/18	O				Not Used	
HI09-6	Quantity	AN	1/15	O				Not Used	
HI09-7	Version Identifier	AN	1/30	O				Not Used	
HI10	Health Care Information	C022		S					
HI10-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI10-2	ICD-9 Code	AN	1/30	R					
HI10-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI10-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI10-5	Monetary Amount	AN	1/18	O				Not Used	
HI10-6	Quantity	AN	1/15	O				Not Used	
HI10-7	Version Identifier	AN	1/30	O				Not Used	
HI11	Health Care Information	C022		S					
HI11-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI11-2	ICD-9 Code	AN	1/30	R					
HI11-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI11-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI11-5	Monetary Amount	AN	1/18	O				Not Used	
HI11-6	Quantity	AN	1/15	O				Not Used	
HI11-7	Version Identifier	AN	1/30	O				Not Used	
HI12	Health Care Information	C022		S					
HI12-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI12-2	ICD-9 Code	AN	1/30	R					
HI12-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI12-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI12-5	Monetary Amount	AN	1/18	O				Not Used	
HI12-6	Quantity	AN	1/15	O				Not Used	
HI12-7	Version Identifier	AN	1/30	O				Not Used	
PWK	Additional Patient Information		10	S	2000C	1		Page Addenda 35, After Page 88	Trading Partner Agreement must state that the HIPAA security and Privacy rules must be followed and that all communications must be via secured messaging and using encryption.
PWK01	Report Type Code	ID	2/2	R			See IQ	Code indicating the title or contents of a document, report or supporting item. See Implementation Guide for permissible codes.	
PWK02	Report Transmission Code	ID	1/2	R			AA, BM, EL, EM, FX or VO	AA=Available on request, BM=By Mail, EL=Electronically, EM=E-Mail,FX=Fax,VO=Voice	
PWK03	Report Copies Needed	NO	1/2	O				Not Used	
PWK04	Entity Identifier Code	ID	2/3	O				Not Used	
PWK05	Identification Code Qualifier	ID	1/2	S			AC		
PWK06	Identification Code Qualifier	AN	2/80	S				Attachment Control Number, Required if PWK02 equals BM, EL, EM of FX	
PWK07	Description	AN	1/80	S				Attachment Description	
PWK08	Actions Indicated	CO		O				Not Used	
PWK09	Request Category Code	ID	1/2	O				Not Used	
NM1	Subscriber Name		1	R	2010CA	1		Page 89	
NM101	Entity Identifier Code	ID	2/3	R			IL	Insured or Subscriber	
NM102	Entity Type Qualifier	ID	1/1	R			1	Person	
NM103	Last Name or Organization Name	AN	1/35	S					Required by Humana
NM104	Name First	AN	1/25	S					Required by Humana
NM105	Name Middle	AN	1/25	S					Not Used

Element ID	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
NM106	Name Prefix	AN	1/10	O				Not Used	Not Used
NM107	Name Suffix	AN	1/10	S					Entered if Known
NM108	Identification Code Qualifier	ID	1/2	R			MI	Member Identification Number	
NM109	Identification Code	AN	2/80	R				Humana's Members ID code	Member ID, Humana recommends entering the entire member's id number shown on the Humana Insurance ID card.
NM110	Entity Relationship code	ID	2/2	O				Not used	
NM111	Entity Identifier Code	ID	2/3	O				Not Used	
REF	Requester Supplemental Identification		1	S	2010CA	9		Page 63	
REF01	Reference Identification Number	ID	2/3	R					
REF02	Service Provider ID Number	AN	1/30	R					
REF03	Description	AN	1/80	O				Not Used	
REF04	Reference Identifier	ID		O				Not Used	
DMG	Subscriber Demographic Information		1	S	2010CA	1		Page 94	Required by Humana
DMG01	Date Time Period Format Qualifier	ID	2/3	R			D8	Format = CCYYMMDD	Required by Humana
DMG02	Subscriber Birthdate	AN	1/35	R					Required by Humana
DMG03	Subscriber Gender Code	ID	1/1	S			F, M or U	F=Female,M=Male,U=Unknown	Required by Humana
DMG04	Marital Status Code	ID	1/1	O				Not Used	
DMG05	Race or Ethnicity Code	ID	1/1	O				Not Used	
DMG06	Citizenship Status Code	ID	1/2	O				Not Used	
DMG07	Country Code	ID	2/3	O				Not Used	
DMG08	Basis of Verification code	ID	1/2	O				Not Used	
DMG09	Quantity	R	1/15	O				Not Used	
HL	Dependent Level		1	R	2000D	1		Page 96	
HL01	Hierarchical ID Number	AN	1/12	R				Unique number to identify data segment	
HL02	Hierarchical Parent ID Number	AN	1/12	R			3		
HL03	Hierarchical Level Code	ID	1/2	R			23	Dependent	
HL04	Hierarchical Child Code	ID	1/1	R			1	Additional Subordinate HL data segment in this Hierarchical structure	
TRN	Service Trace Number		1	S	2000D	1		Page Addenda 43 After Page 97	
TRN01	Trace Type Code	ID	1/2	R			1		
TRN02	Reference Identification	AN	1/30	R					
TRN03	Originating Company Identifier	AN	10/10	R					
TRN04	Reference Identification	AN	1/30	S					
DTP	Accident Date		1	S	2000D	1		Page98	
DTP01	Date/Time Qualifier	ID	3/3	R			439	Accident	
DTP02	Date/Time Period Format Qualifier	ID`	2/3	R			D8	D8=CCYYMMDD	
DTP03	Date/Time Period Format Qualifier	AN	1/35	R				Date	
DTP	Last Menstrual Period date		1	S	2000D	1		Page 99	
DTP01	Date/Time Qualifier	ID	3/3	R			484	Last Menstrual Period	
DTP02	Date/Time Period Format Qualifier	ID`	2/3	R			D8	D8=CCYYMMDD	
DTP03	Date/Time Period Format Qualifier	AN	1/35	R				Date	
DTP	Estimated date of Birth		1	S	2000D	1		Page 100	
DTP01	Date/Time Qualifier	ID	3/3	R			ABC	Estimated Date of Birth	
DTP02	Date/Time Period Format Qualifier	ID`	2/3	R			D8	D8=CCYYMMDD	
DTP03	Date/Time Period Format Qualifier	AN	1/35	R				Date	
DTP	Onset of Current		1	S	2000D	1		Page 101	

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
	Symptoms or Illness Date								
DTP01	Date/Time Qualifier	ID	3/3	R			431	Onset of Current symptoms or Illness	
DTP02	Date/Time Period Format Qualifier	ID`	2/3	R			D8	D8=CCYYMMDD	
DTP03	Date/Time Period Format Qualifier	AN	1/35	R				Date	
HI	Dependent Diagnosis		1	S	2000D	1		Page 103 - Humana Limits a Maximum of four (4) ICD-9 codes	If the dependent is the patient, must provide at least one (1) ICD-9 code and up to a maximum of four (4) codes for Authorizations (AR) and Referrals (SC). For Authorizations (AR) no ICD-9 codes starting with "V" or "E" will be allowed.
HI01	Health Care Information	C022		R					
HI01-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI01-2	ICD-9 Code	AN	1/30	R					
HI01-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI01-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI01-5	Monetary Amount	AN	1/18	O				Not Used	
HI01-6	Quantity	AN	1/15	O				Not Used	
HI01-7	Version Identifier	AN	1/30	O				Not Used	
HI02	Health Care Information	C022		S					
HI02-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI02-2	ICD-9 Code	AN	1/30	R					
HI02-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI02-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI02-5	Monetary Amount	AN	1/18	O				Not Used	
HI02-6	Quantity	AN	1/15	O				Not Used	
HI02-7	Version Identifier	AN	1/30	O				Not Used	
HI03	Health Care Information	C022		S					
HI03-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI03-2	ICD-9 Code	AN	1/30	R					
HI03-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI03-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI03-5	Monetary Amount	AN	1/18	O				Not Used	
HI03-6	Quantity	AN	1/15	O				Not Used	
HI03-7	Version Identifier	AN	1/30	O				Not Used	
HI04	Health Care Information	C022		S					
HI04-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI04-2	ICD-9 Code	AN	1/30	R					
HI04-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI04-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI04-5	Monetary Amount	AN	1/18	O				Not Used	
HI04-6	Quantity	AN	1/15	O				Not Used	
HI04-7	Version Identifier	AN	1/30	O				Not Used	
HI05	Health Care Information	C022		S					
HI05-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI05-2	ICD-9 Code	AN	1/30	R					
HI05-3	Date Time Period	ID	2/3	S			D8	Format = CCYYMMDD	

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
	Qualifier								
HI05-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI05-5	Monetary Amount	AN	1/18	O				Not Used	
HI05-6	Quantity	AN	1/15	O				Not Used	
HI05-7	Version Identifier	AN	1/30	O				Not Used	
HI06	Health Care Information	C022		S					
HI06-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI06-2	ICD-9 Code	AN	1/30	R					
HI06-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI06-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI06-5	Monetary Amount	AN	1/18	O				Not Used	
HI06-6	Quantity	AN	1/15	O				Not Used	
HI06-7	Version Identifier	AN	1/30	O				Not Used	
HI07	Health Care Information	C022		S					
HI07-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI07-2	ICD-9 Code	AN	1/30	R					
HI07-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI07-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI07-5	Monetary Amount	AN	1/18	O				Not Used	
HI07-6	Quantity	AN	1/15	O				Not Used	
HI07-7	Version Identifier	AN	1/30	O				Not Used	
HI08	Health Care Information	C022		S					
HI08-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI08-2	ICD-9 Code	AN	1/30	R					
HI08-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI08-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI08-5	Monetary Amount	AN	1/18	O				Not Used	
HI08-6	Quantity	AN	1/15	O				Not Used	
HI08-7	Version Identifier	AN	1/30	O				Not Used	
HI09	Health Care Information	C022		S					
HI09-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI09-2	ICD-9 Code	AN	1/30	R					
HI09-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI09-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI09-5	Monetary Amount	AN	1/18	O				Not Used	
HI09-6	Quantity	AN	1/15	O				Not Used	
HI09-7	Version Identifier	AN	1/30	O				Not Used	
HI10	Health Care Information	C022		S					
HI10-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI10-2	ICD-9 Code	AN	1/30	R					
HI10-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI10-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI10-5	Monetary Amount	AN	1/18	O				Not Used	
HI10-6	Quantity	AN	1/15	O				Not Used	
HI10-7	Version Identifier	AN	1/30	O				Not Used	
HI11	Health Care Information	C022		S					
HI11-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI11-2	ICD-9 Code	AN	1/30	R					
HI11-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
HI11-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI11-5	Monetary Amount	AN	1/18	O				Not Used	
HI11-6	Quantity	AN	1/15	O				Not Used	
HI11-7	Version Identifier	AN	1/30	O				Not Used	
HI12	Health Care Information	C022		S					
HI12-1	Code List Qualifier Code	ID	1/3	R			BF, BJ or BK	BF=Diagnosis, BJ=Admitting Diagnosis, BK=Principal Diagnosis	
HI12-2	ICD-9 Code	AN	1/30	R					
HI12-3	Date Time Period Qualifier	ID	2/3	S			D8	Format = CCYYMMDD	
HI12-4	Date Time Period Qualifier	AN	1/35	S				Date	
HI12-5	Monetary Amount	AN	1/18	O				Not Used	
HI12-6	Quantity	AN	1/15	O				Not Used	
HI12-7	Version Identifier	AN	1/30	O				Not Used	
PWK	Additional Patient Information		10	S	2000D	1		Page Addenda 35, After Page 111/45	Trading Partner Agreement must state that the HIPAA security and Privacy rules must be followed and that all communications must be via secured messaging and using encryption.
PWK01	Report Type Code	ID	2/2	R			See IQ	Code indicating the title or contents of a document, report or supporting item. See Implementation Guide for permissible codes.	
PWK02	Report Transmission Code	ID	1/2	R			AA, BM, EL, EM, FX or VO	AA=Available on request, BM=By Mail, EL=Electronically, EM=E-Mail,FX=Fax,VO=Voice	
PWK03	Report Copies Needed	N0	1/2	O				Not Used	
PWK04	Entity Identifier Code	ID	2/3	O				Not Used	
PWK05	Identification Code Qualifier	ID	1/2	S			AC		
PWK06	Identification Code Qualifier	AN	2/80	S				Attachment Control Number, Required if PWK02 equals BM, EL, EM of FX	
PWK07	Description	AN	1/80	S				Attachment Description	
PWK08	Actions Indicated	CO		O				Not Used	
PWK09	Request Category Code	ID	1/2	O				Not Used	
NM1	Dependent Name		1	R	2010DA	1		Page 112	
NM101	Entity Identifier Code	ID	2/3	R			QC	Insured or Subscriber	
NM102	Entity Type Qualifier	ID	1/1	R			1	Person	
NM103	Last Name or Organization Name	AN	1/35	S					Required by Humana
NM104	Name First	AN	1/25	S					Required by Humana
NM105	Name Middle	AN	1/25	S					Not Used
NM106	Name Prefix	AN	1/10	O				Not Used	Not Used
NM107	Name Suffix	AN	1/10	S					Enter if Known
NM108	Identification Code Qualifier	ID	1/2	O				Not Used	
NM109	Identification Code	AN	2/80	O				Not Used	
NM110	Entity Relationship Code	ID	2/2	O				Not Used	
NM111	Entity Identifier Code	ID	2/3	O				Not Used	
REF	Dependent Supplemental Identification		1	S	2010DA	1		Page 114	
REF01	Reference Identification Number	ID	2/3	R			EJ	Patient Account Number	
REF02	Dependent ID Number	AN	1/30	R				Humana's ID number for Dependent	Humana recommends entering the entire member's id number shown on the Humana Insurance ID card.
REF03	Description	AN	1/80	O				Not Used	
REF04	Reference Identifier	ID		O				Not Used	
DMG	Dependent Demographic Information		1	S	2010DA	1		Page 116	Required by Humana.
DMG01	Date Time Period	ID	2/3	R			D8	Format = CCYYMMDD	Required by Humana.

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
DMG02	Format Qualifier	AN	1/35	R					Required by Humana.
DMG03	Dependent Birthdate	ID	1/1	S			F, M or U	F=Female,M=Male,U=Unknown	Required by Humana.
DMG04	Dependent Gender Code	ID	1/1	O				Not Used	
DMG05	Marital Status Code	ID	1/1	O				Not Used	
DMG06	Race or Ethnicity Code	ID	1/1	O				Not Used	
DMG07	Citizenship Status Code	ID	1/2	O				Not Used	
DMG08	Country Code	ID	2/3	O				Not Used	
DMG09	Basis of Verification code	ID	1/2	O				Not Used	
DMG09	Quantity	R	1/15	O				Not Used	
INS	Dependent Relationship		1	S	2010DA	1		Page 118	Humana recommends entering the relationship data if known.
INS01	Insured Indicator	ID	1/1	R			N	No - Not Insured	
INS02	Relationship to Insured Code	ID	2/2	R				Code indicating the relationship to the insured. See Implementation Guide for permissible codes.	
INS03	Maintenance Type Code	ID	3/3	O				Not used	
INS04	Maintenance Reason Code	ID	2/3	O				Not used	
INS05	Benefit Status Code	ID	1/1	O				Not used	
INS06	Medicare Plan code	ID	1/1	O				Not Used	
INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying	ID	1/2	O				Not used	
INS08	Employment Status Code	ID	2/2	O				Not used	
INS09	Student Status Code	ID	1/1	O				Not used	
INS10	Yes/No condition or Response code	ID	1/1	O				Not used	
INS11	Date Time period Format Qualifier	ID	2/3	O				Not used	
INS12	Date Time Period	AN	1/35	O				Not used	
INS13	Confidentiality Code	ID	1/1	O				Not used	
INS14	City Name	AN	2/30	O				Not used	
INS15	State or Providence Code	ID	2/2	O				Not used	
INS16	Country Code	ID	2/3	O				Not used	
INS17	Birth Sequence Number	N0	1/9	S				Number identifying the sequence for multiple births	
HL	Service Provider Level		1	R	2000E	> 1		Page 121	Humana only allows one NM segment per each 2000E loop. For referrals (SC), only one Service Provider (SJ) or Physician, Clinic or Group Practice (1T) is allowed. Only one Facility (FA) is also allowed. Only certain Service Types that map to Outpatient Surgery will allow the entry of both a "FA" and "SJ" or "1T". Humana will provide the mapping of the Service Types. For Authorizations (AR), the facility (FA) is always required. A Service Provider (SJ) or Physician, Clinic or Group Practice (1T) is required to be entered and only one of these can be entered.
HL01	Hierarchical ID Number	AN	1/12	R				Unique number to identify data segment	
HL02	Hierarchical Parent ID Number	AN	1/12	R			3 or 4		
HL03	Hierarchical Level	ID	1/2	R			19	Provider of Service	

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
	Code								
HL04	Hierarchical Child Code	ID	1/1	R			1	Additional Subordinate HL data segment in this Hierarchical structure	
MSG	Message Text		1	S	2000E	1		Page 123	
MSG01	Free Form Message Text	AN	1/264	R					
MSG02	Printer carriage Control Code	ID	2/2	O				Not Used	
MSG03	Number of Periods	N0	1/9	O				Not Used	
NM1	Service Provider Name		1	R	2010E	3		Page 124	Either the provider's Tax ID must be entered in the NM109 data element or the payor assigned ID (CAS ID) must be entered in the REF02 data element.
NM101	Entity Identifier Code	ID	2/3	R			IT, FA or SJ	IT=Physician, Clinic or Group Practice; FA=Facility; SJ=Service Provider	
NM102	Entity Type Qualifier	ID	1/1	R			1	Person	
NM103	Last Name or Organization Name	AN	1/35	S					Required by Humana
NM104	Name First	AN	1/25	S					Required by Humana
NM105	Name Middle	AN	1/25	S					Not Used
NM106	Name Prefix	AN	1/10	O				Not Used	Not Used
NM107	Name Suffix	AN	1/10	S					Entered if Known
NM108	Identification Code Qualifier	ID	1/2	S			24	TIN	
NM109	Identification Code	AN	2/80	S				TIN of Service Provider	
NM110	Entity Relationship Code	ID	2/2	O				Not Used	
NM111	Entity Identifier Code	ID	2/3	O				Not Used	
REF	Service Provider Supplemental Identification		1	S	2010E	1		Page 127	Enter the Payor Assigned ID (CAS ID) if the Tax ID is not entered in the NM1 segment.
REF01	Reference Identification Number	ID	2/3	R				Carrier Assigned Reference Number. See Implementation Guide for permissible codes.	Use the appropriate code to indicate the type of ID being used in REF02. If using a Humana specific code to identify the provider, please use the code "ZH".
REF02	Service Provider ID Number	AN	1/30	R					Enter the payor assigned ID (CAS ID).
REF03	Description	AN	1/80	O				Not Used	
REF04	Reference Identifier	CO		O				Not Used	
N3	Service Provider Address		1	S	2010E	1		Page 129	
N301	Address Information	AN	1/55	R				Address Line 1	
N302	Address Information	AN	1/55	S				Address Line 2	
N4	Service Provider City/State/ Zip Code		1	S	2010E	1		Page 130	
N401	City Name	AN	2/30	S					
N402	State Code	ID	2/2	S				Postal Abbreviation State Code	
N403	Postal Zip Code	ID	3/15	S				No Punctuation Used	
N404	Country code	ID	2/3	S				Used only of Outside the US	
N405	Location Qualifier	ID	1/2	O				Not Used	
N406	Location Identifier	AN	1/30	O				Not Used	
PER	Service Provider Contact Information		1	S	2010E	1		Page 132	Authorizations (AR) requires both the provider and facility phone number.
PER01	Contact Function Code	ID	2/2	R			!C	Information Contact	
PER02	Contact Name	AN	1/60	S				Use if different than the NM1 Name	
PER03	Communication Number Qualifier	ID	2/2	S			EM, FX or TE	EM = E-mail, FX = Fax, TE = Telephone	
PER04	Communication Number Qualifier	AN	1/80	S					
PER05	Communication Number Qualifier	AN	2/2	S			EM, EX, FX or TE	EM = E-mail, EX = Extension, FX = Fax, TE = Telephone	
PER06	Communication Number Qualifier	AN	1/80	S					

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
PER07	Communication Number Qualifier	AN	2/2	S			EM, EX, FX or TE	EM = E-mail, EX = Extension, FX = Fax, TE = Telephone	
PER08	Communication Number Qualifier	AN	1/80	S					
PER09	Contact Inquiry Reference	AN	1/20	O				Not Used	
PRV	Service Provider Information		1	S	2010E	1		Page 135	Required for Humana to obtain the specialty.
PRV01	Provider Code	ID	1/3	R				Code Identifying the type of provider. See Implementation Guide for permissible codes.	
PRV02	Reference Identification Qualifier	ID	2/3	R			ZZ	Health Care Taxonomy Code	
PRV03	Reference Identification	AN	1/30	R				Provider Taxonomy Code	Only allowable taxonomy codes are the codes allowed by Availity in their Web application.
PRV04	State or Providence Code	ID	2/2	O				Not Used	
PRV05	Provider Specialty Information			O				Not Used	
PRV05	Provider Organization Code	ID	3/3	O				Not Used	
HL	Service Level		1	R	2000F	> 1		Page 137 _ Humana Limits a maximum of four (4) service levels.	At least one Service Loop (2000F) must be present. The maximum number of Service Loops for Authorizations (AR) is one (1) and for Referrals (SC) is four (4).
HL01	Hierarchical ID Number	AN	1/12	R				Unique number to identify data segment	
HL02	Hierarchical Parent ID Number	AN	1/12	R			5		
HL03	Hierarchical Level Code	ID	1/2	R			SS	Services	
HL04	Hierarchical Child Code	ID	1/1	R			0	No additional Subordinate HL data segment in this Hierarchical structure	
TRN	Service Trace Number		1	S	2000F	1		Page 139	
TRN01	Trace Type Code	ID	1/2	R			1		
TRN02	Humana's Referral/Authorization Number	AN	1/30	R					
TRN03	Originating Company Identifier	AN	10/10	R					
TRN04	Reference Identification	AN	1/30	S					
UM	Health Care Services Review Information		1	R	2000F	1		Page 141	
UM01	Request Category code	ID	1/2	R			AR, HS or SC	AR=Admission Review, HS=Health Services Review, SC=Specialty Care Review	
UM02	Certification Type Code	ID	1/1	R			I		Trading Partner Agreement must state that Humana Inc will only accept initial (Code "I") request for Health care Service Review Request. All other requests, appeals, cancellations, renewal, revised and extension must be made via non-electronic format.
UM03	Service Type Code	ID	1/2	S				See Implementation Guide for permissible codes.	Humana will supply the mapping for Referrals (SC) on a separate document. The following Service Types are not allowed for Authorizations (AR): Long Term care (54); Air Transportation (57)

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
									Experimental Drug Therapy (AR).
UM04	Health Care Service Location Information	C023		S					Data element not used by Referrals (SC). Either Facility Type or Place of Service required for AR. Permissible values for Authorizations are: Facility Types: Hospital Inpatient, Part A Hospital Outpatient SNF Admit, Part A Place of Service: Inpatient Hospital Outpatient Hospital SNF Admit
UM04-1	Facility Code Value	AN	1/2	R					Permissible values for Authorizations are: Facility Type (Code "A"): Hospital Inpatient, Part A (11) Hospital Outpatient (13) Skilled Nursing Inpatient, Part A (21) Place of Service (Code "B"): Inpatient Hospital (21) Outpatient Hospital (22) Skilled Nursing Facility (31)
UM04-2	Facility Code Qualifier	ID	1/2	R			A or B	A=Uniform Billing Form Type, B=Place of Service code	Permissible codes for Authorizations: Facility Type (Code "A") Place of Service (Code "B")
UM04-3	Claims Frequency Type Code	ID	1/1	O				Not Used	
UM05	Related Causes Information	C024		S					
UM05-1	Related Causes Code	ID	2/3	R			AA, AP or EM	AA=Auto Accident, AP=Another Party Responsible, EM=Employment	
UM05-2	Related Causes Code	ID	2/3	S			AP or EM	AP=Another Party Responsible, EM=Employment	
UM05-3	Related Causes Code	ID	2/3	S			AP	AP=Another Party Responsible	
UM05-4	State or Providence Code	ID	2/2	S				Auto Accident out of service providers area	
UM05-5	Country Code	ID	2/3	S				Auto Accident outside of the United States	
UM06	Level of Service Code	ID	1/3	S			03 or U	03=Emergency, U=Urgent	
UM07	Current Health Condition code	ID	1/1	S				See Implementation Guide for permissible codes.	
UM08	Prognosis Code	ID	1/1	S				See Implementation Guide for permissible codes.	
UM09	Release of Information code	ID	1/1	R				See Implementation Guide for permissible codes.	
UM10	Delay reason Code	ID	1/2	S				Reason for Delay. See Implementation Guide for permissible codes.	
REF	Previous Certification Identification		1	S	2000F	1		Page 150	
REF01	Reference Identification Number	ID	2/3	R			BB	Prior Authorization/Referral Number for patient	
REF02	Authorization/Referral Number	AN	1/30	R					
REF03	Description	AN	1/80	O				Not Used	
REF04	Reference Identifier	ID		O				Not Used	
DTP	Service Date		1	S	2000F	1		Page 152	Not used for Authorizations (AR). Referrals (SC) requires the Service From Date. The

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
									Service To date is optional and if supplied, must not be less than the Service from date. Both dates must be with-in (plus and minus) one year of the current date.
DTP01	Date/Time Qualifier	ID	3/3	R			472	Service	
DTP02	Date/Time Period Format Qualifier	ID'	2/3	R			D8 or RD8	D8=CCYYMMDD or RD8=CCYYMMDD-CCYYMMDD	
DTP03	Date/Time Period Format Qualifier	AN	1/35	R				Date	
DTP	Admission Date		1	S	2000F	1		Page 154	Not used for Referrals (SC). Authorizations (AR) requires the Admission From Date. The Admission To date is optional and if supplied, must not be less than the Admission from date. Both dates must be with-in (plus and minus) one year of the current date.
DTP01	Date/Time Qualifier	ID	3/3	R			435	Admission	
DTP02	Date/Time Period Format Qualifier	ID'	2/3	R			D8 or RD8	D8=CCYYMMDD or RD8=CCYYMMDD-CCYYMMDD	
DTP03	Date/Time Period Format Qualifier	AN	1/35	R				Date or Range of Dates	
DTP	Discharge Date		1	S	2000F	1		Page 156	Not Used for Referrals (SC). For Authorizations (AR) must not be greater than the current date.
DTP01	Date/Time Qualifier	ID	3/3	R			096	Discharge	
DTP02	Date/Time Period Format Qualifier	ID'	2/3	R			D8	Format=CCYYMMDD	
DTP03	Date/Time Period Format Qualifier	AN	1/35	R				Date	
DTP	Surgery Date		1	S	2000F	1		Page 157	For Referrals (SC) must not be less than Service From date and be with-in one year of the current date. For Authorizations (AR) must not be less than the Admission From date and be with-in one year of the current date. Surgery date is required if a procedure code is entered and the Place of Service or Facility Type is Inpatient Hospital or Hospital Inpatient, Part A and a Procedure Code From date is not supplied.
DTP01	Date/Time Qualifier	ID	3/3	R			456	Surgery	
DTP02	Date/Time Period Format Qualifier	ID'	2/3	R			D8	Format=CCYYMMDD	
DTP03	Date/Time Period Format Qualifier	AN	1/35	R				Date	
HI	Procedures		1	S	2000F	1		Page 159	Humana doesn't require procedure codes for all types of service but if they are supplied, a maximum of four (4) codes can be entered. No NDC or NUBC codes are allowed. Authorizations (AR) will not allow any

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
									ICD9-CM (Procedure Codes). For Referrals (SC), see the Humana Service Type mapping document to determine when procedure codes are required. For Authorizations (AR), procedure code(s) is required when either the Surgery Date is entered, or the Type of Service of Surgical or Oral Surgery is entered and the Place of Service or Facility Type is Inpatient Hsp or Hsp Inpt, Part A.
HI01	Health Care Code Information	C022		R					
HI01-1	Code List Qualifier	ID	1/3	R			BO, BQ, JP, NDC or ZZ	BO=CPT4/HCPC, BQ=ICD-9-CM, JP=National Standard Tooth Numbering, NDC=National Drug Code, ZZ=Mutually Defined	
HI01-2	Industry code	AN	1/30	R					
HI01-3	Date/Time Period Format Qualifier	ID	2/3	S			D8 or RD8	D8=CCYYMMDD or RD8=CCYYMMDD-CCYYMMDD	Not used for Referrals (SC). For Authorizations (AR), Procedure code from date is required if a procedure code is entered and the Place of Service or Facility Type is Inpatient Hospital or Hospital Inpatient, Part A and a Surgery Date is not supplied. Date must be with-in one year of the current date. For Authorizations (AR) must not be less than the Admission From date
HI01-4	Date Time Period Format Qualifier	ID	1/35	S					
HI01-5	Monetary Amount	R	1/18	S				Procedure Monetary Amount	
HI01-6	Quantity	R	1/15	S				Number of Occurrences for Request	
HI01-7	Version Identifier	AN	1/30	S				Version of code used in HI01-1	
HI02	Health Care Code Information	C022		S					
HI02-1	Code List Qualifier	ID	1/3	R			BO, BQ, JP, NDC or ZZ	BO=CPT4/HCPC, BQ=ICD-9-CM, JP=National Standard Tooth Numbering, NDC=National Drug Code, ZZ=Mutually Defined	
HI02-2	Industry code	AN	1/30	R					
HI02-3	Date/Time Period Format Qualifier	ID	2/3	S			D8 or RD8	D8=CCYYMMDD or RD8=CCYYMMDD-CCYYMMDD	Not used for Referrals (SC). For Authorizations (AR), Procedure code from date is required if a procedure code is entered and the Place of Service or Facility Type is Inpatient Hospital or Hospital Inpatient, Part A and a Surgery Date is not supplied. Date must be with-in one year of the current date. For Authorizations (AR) must not be less than

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
									the Admission From date
HI02-4	Date Time Period Format Qualifier	ID	1/35	S					
HI02-5	Monetary Amount	R	1/18	S				Procedure Monetary Amount	
HI02-6	Quantity	R	1/15	S				Number of Occurrences for Request	
HI02-7	Version Identifier	AN	1/30	S				Version of code used in HI02-1	
HI03	Health Care Code Information	C022		S					
HI03-1	Code List Qualifier	ID	1/3	R			BO, BQ, JP, NDC or ZZ	BO=CPT4/HCPC, BQ=ICD-9-CM, JP=National Standard Tooth Numbering, NDC=National Drug Code, ZZ=Mutually Defined	
HI03-2	Industry code	AN	1/30	R					
HI03-3	Date/Time Period Format Qualifier	ID	2/3	S			D8 or RD8	D8=CCYYMMDD or RD8=CCYYMMDD-CCYYMMDD	Not used for Referrals (SC). For Authorizations (AR), Procedure code from date is required if a procedure code is entered and the Place of Service or Facility Type is Inpatient Hospital or Hospital Inpatient, Part A and a Surgery Date is not supplied. Date must be with-in one year of the current date. For Authorizations (AR) must not be less than the Admission From date
HI03-4	Date Time Period Format Qualifier	ID	1/35	S					
HI03-5	Monetary Amount	R	1/18	S				Procedure Monetary Amount	
HI03-6	Quantity	R	1/15	S				Number of Occurrences for Request	
HI03-7	Version Identifier	AN	1/30	S				Version of code used in HI03-1	
HI04	Health Care Code Information	C022		S					
HI04-1	Code List Qualifier	ID	1/3	R			BO, BQ, JP, NDC or ZZ	BO=CPT4/HCPC, BQ=ICD-9-CM, JP=National Standard Tooth Numbering, NDC=National Drug Code, ZZ=Mutually Defined	
HI04-2	Industry code	AN	1/30	R					
HI04-3	Date/Time Period Format Qualifier	ID	2/3	S			D8 or RD8	D8=CCYYMMDD or RD8=CCYYMMDD-CCYYMMDD	Not used for Referrals (SC). For Authorizations (AR), Procedure code from date is required if a procedure code is entered and the Place of Service or Facility Type is Inpatient Hospital or Hospital Inpatient, Part A and a Surgery Date is not supplied. Date must be with-in one year of the current date. For Authorizations (AR) must not be less than the Admission From date
HI04-4	Date Time Period Format Qualifier	ID	1/35	S					
HI04-5	Monetary Amount	R	1/18	S				Procedure Monetary Amount	
HI04-6	Quantity	R	1/15	S				Number of Occurrences for Request	
HI04-7	Version Identifier	AN	1/30	S				Version of code used in HI04-1	
HI05	Health Care Code Information	C022		S					
HI05-1	Code List Qualifier	ID	1/3	R			BO, BQ, JP, NDC or ZZ	BO=CPT4/HCPC, BQ=ICD-9-CM, JP=National Standard Tooth Numbering, NDC=National Drug Code,	

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
HI05-2	Industry code	AN	1/30	R				ZZ=Mutually Defined	
HI05-3	Date/Time Period Format Qualifier	ID	2/3	S			D8 or RD8	D8=CCYMMDD or RD8=CCYMMDD-CCYMMDD	
HI05-4	Date Time Period Format Qualifier	ID	1/35	S					
HI05-5	Monetary Amount	R	1/18	S				Procedure Monetary Amount	
HI05-6	Quantity	R	1/15	S				Number of Occurrences for Request	
HI05-7	Version Identifier	AN	1/30	S				Version of code used in HI05-1	
HI06	Health Care Code Information	C022		S					
HI06-1	Code List Qualifier	ID	1/3	R			BO, BQ, JP, NDC or ZZ	BO=CPT4/HCPC, BQ=ICD-9-CM, JP=National Standard Tooth Numbering, NDC=National Drug Code, ZZ=Mutually Defined	
HI06-2	Industry code	AN	1/30	R					
HI06-3	Date/Time Period Format Qualifier	ID	2/3	S			D8 or RD8	D8=CCYMMDD or RD8=CCYMMDD-CCYMMDD	
HI06-4	Date Time Period Format Qualifier	ID	1/35	S					
HI06-5	Monetary Amount	R	1/18	S				Procedure Monetary Amount	
HI06-6	Quantity	R	1/15	S				Number of Occurrences for Request	
HI06-7	Version Identifier	AN	1/30	S				Version of code used in HI06-1	
HI07	Health Care Code Information	C022		S					
HI07-1	Code List Qualifier	ID	1/3	R			BO, BQ, JP, NDC or ZZ	BO=CPT4/HCPC, BQ=ICD-9-CM, JP=National Standard Tooth Numbering, NDC=National Drug Code, ZZ=Mutually Defined	
HI07-2	Industry code	AN	1/30	R					
HI07-3	Date/Time Period Format Qualifier	ID	2/3	S			D8 or RD8	D8=CCYMMDD or RD8=CCYMMDD-CCYMMDD	
HI07-4	Date Time Period Format Qualifier	ID	1/35	S					
HI07-5	Monetary Amount	R	1/18	S				Procedure Monetary Amount	
HI07-6	Quantity	R	1/15	S				Number of Occurrences for Request	
HI07-7	Version Identifier	AN	1/30	S				Version of code used in HI07-1	
HI08	Health Care Code Information	C022		S					
HI08-1	Code List Qualifier	ID	1/3	R			BO, BQ, JP, NDC or ZZ	BO=CPT4/HCPC, BQ=ICD-9-CM, JP=National Standard Tooth Numbering, NDC=National Drug Code, ZZ=Mutually Defined	
HI08-2	Industry code	AN	1/30	R					
HI08-3	Date/Time Period Format Qualifier	ID	2/3	S			D8 or RD8	D8=CCYMMDD or RD8=CCYMMDD-CCYMMDD	
HI08-4	Date Time Period Format Qualifier	ID	1/35	S					
HI08-5	Monetary Amount	R	1/18	S				Procedure Monetary Amount	
HI08-6	Quantity	R	1/15	S				Number of Occurrences for Request	
HI08-7	Version Identifier	AN	1/30	S				Version of code used in HI08-1	
HI09	Health Care Code Information	C022		S					
HI09-1	Code List Qualifier	ID	1/3	R			BO, BQ, JP, NDC or ZZ	BO=CPT4/HCPC, BQ=ICD-9-CM, JP=National Standard Tooth Numbering, NDC=National Drug Code, ZZ=Mutually Defined	
HI09-2	Industry code	AN	1/30	R					
HI09-3	Date/Time Period Format Qualifier	ID	2/3	S			D8 or RD8	D8=CCYMMDD or RD8=CCYMMDD-CCYMMDD	
HI09-4	Date Time Period Format Qualifier	ID	1/35	S					
HI09-5	Monetary Amount	R	1/18	S				Procedure Monetary Amount	
HI09-6	Quantity	R	1/15	S				Number of Occurrences for Request	
HI09-7	Version Identifier	AN	1/30	S				Version of code used in HI09-1	

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
HI10	Health Care Code Information	C022		S					
HI10-1	Code List Qualifier	ID	1/3	R			BO, BQ, JP, NDC or ZZ	BO=CPT4/HCPC, BQ=ICD-9-CM, JP=National Standard Tooth Numbering, NDC=National Drug Code, ZZ=Mutually Defined	
HI10-2	Industry code	AN	1/30	R					
HI10-3	Date/Time Period Format Qualifier	ID	2/3	S			D8 or RD8	D8=CCYYMMDD or RD8=CCYYMMDD-CCYYMMDD	
HI10-4	Date Time Period Format Qualifier	ID	1/35	S					
HI10-5	Monetary Amount	R	1/18	S				Procedure Monetary Amount	
HI10-6	Quantity	R	1/15	S				Number of Occurrences for Request	
HI10-7	Version Identifier	AN	1/30	S				Version of code used in HI10-1	
HI11	Health Care Code Information	C022		S					
HI11-1	Code List Qualifier	ID	1/3	R			BO, BQ, JP, NDC or ZZ	BO=CPT4/HCPC, BQ=ICD-9-CM, JP=National Standard Tooth Numbering, NDC=National Drug Code, ZZ=Mutually Defined	
HI11-2	Industry code	AN	1/30	R					
HI11-3	Date/Time Period Format Qualifier	ID	2/3	S			D8 or RD8	D8=CCYYMMDD or RD8=CCYYMMDD-CCYYMMDD	
HI11-4	Date Time Period Format Qualifier	ID	1/35	S					
HI11-5	Monetary Amount	R	1/18	S				Procedure Monetary Amount	
HI11-6	Quantity	R	1/15	S				Number of Occurrences for Request	
HI11-7	Version Identifier	AN	1/30	S				Version of code used in HI11-1	
HI12	Health Care Code Information	C022		S					
HI12-1	Code List Qualifier	ID	1/3	R			BO, BQ, JP, NDC or ZZ	BO=CPT4/HCPC, BQ=ICD-9-CM, JP=National Standard Tooth Numbering, NDC=National Drug Code, ZZ=Mutually Defined	
HI12-2	Industry code	AN	1/30	R					
HI12-3	Date/Time Period Format Qualifier	ID	2/3	S			D8 or RD8	D8=CCYYMMDD or RD8=CCYYMMDD-CCYYMMDD	
HI12-4	Date Time Period Format Qualifier	ID	1/35	S					
HI12-5	Monetary Amount	R	1/18	S				Procedure Monetary Amount	
HI12-6	Quantity	R	1/15	S				Number of Occurrences for Request	
HI12-7	Version Identifier	AN	1/30	S				Version of code used in HI12-1	
HSD	Health Care Services Delivery		1	S	2000F	1		Page 175	Not used for Authorizations (AR). Required for Referrals (SC).
HSD01	Quantity Qualifier	ID	2/2	S				See Implementation Guide for permissible codes.	Must be visits ("VS") when used.
HSD02	Quantity	R	1/15	S					When used, must be greater than zero (0) and less than 9,999.
HSD03	Unit of Basis for Measurement Code	ID	2/2	S			DA, MO or WK	DA=Days, MO=Months, WK=Weeks	Not used.
HSD04	Sample Selection Modulus	R	1/6	S					Not used.
HSD05	Time Period Qualifier	ID	1/2	S			6, 7, 21, 26, 27, 34 or 35	6=Hour, 7=Day, 21=Years, 26=Episode, 27=Visit, 34=Month, 35= Week	Not used.
HSD06	Number of Periods	N0	1/3	S					Not used.
HSD07	Ship/Delivery or Calendar Pattern Code	ID	1/2	S				See Implementation Guide for permissible codes.	Not used.
HSD08	Ship/Delivery Pattern Time Code	ID	1/1	S				See Implementation Guide for permissible codes.	Not used.
CRC	Patient Condition Information		6	S	2000F	1		Page 180	
CRC01	Code Category	ID	2/2	R			07, 08, 11, 75, 76 or 77	07=Ambulance Certification, 08=Chiropractic Certification, 11=Oxygen Certification, 75=Functional certification, 76=Activities Permitted,	

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
								77=Mental Status	
CRC02	Yes/No of Response Code	ID	1/1	R			N or Y		
CRC03	Condition Indicator	ID	2/2	R				See Implementation Guide for permissible codes.	
CRC04	Condition Indicator	ID	2/2	S				Second Condition Indicator	
CRC05	Condition Indicator	ID	2/2	S				Third Condition Indicator	
CRC06	Condition Indicator	ID	2/2	S				Fourth Condition Indicator	
CRC07	Condition Indicator	ID	2/2	S				Fifth Condition Indicator	
CL1	Institutional Claim Code		1	S	2000F	1		Page 189	
CL101	Admission type Code	ID	1/1	S				Codes explaining the priority of the admission to a medical facility. Obtain codes from National Uniform Billing Committee	Required for Authorizations (AR).
CL102	Admission Source Code	ID	1/1	S				Codes explaining who recommended admission to a medical facility. Obtain codes from National Uniform Billing Committee	Required for Authorizations (AR).
CL103	Patient Source Code	ID	1/2	S				Codes explaining the patient status as of the statement covers through date. Obtain codes from National Uniform Billing Committee	
CL104	Nursing Home Residential Status Code	ID	1/1	S				See Implementation Guide for permissible codes.	
CR1	Ambulance Transport Information		1	S	2000F	1		Page 191	
CR101	Unit of Basis for Measurement Code	ID	2/2	S			KG or LB	KG=Kilogram, LB=Pounds	
CR102	Patients Weight	R	1/10	S					
CR103	Ambulance Transport Code	ID	1/1	R			I, R, T or X	I=Initial Trip, R=Return Trip, T=Transfer Trip, X=Round Trip	
CR104	Ambulance Transport Reason Code	ID	1/1	R			A, B, C, D or E	A=Nearest Facility, B=Benefit of Preferred Physician, C=Nearness of Family Members, D=Care of Specialist or Equipment, E=Rehabilitation Facility	
CR105	Unit of Basis for Measurement Code	ID	2/2	S			DH or DK	DH=Miles, DK=Kilometers	
CR106	Distance Traveled During Transport	R	1/15	S					
CR107	Ambulance Trip Origin Address	AN	1/55	S				Used if CR106 not Provided	
CR108	Ambulance Trip Origin Address	AN	1/55	S				Used if CR106 not Provided	
CR109	Round Trip Purpose Description	AN	1/80	S				Only used if CR103 = "X"	
CR110	Stretcher Purpose Description	AN	1/80	S					
CR2	Spinal Manipulation Service Information		1	S	2000F	1		Page 194	
CR201	Occurrence Counter	NO	1/9	S				Required if requesting certification for a specific treatment number in a series of treatments.	
CR202	Treatment Count	R	1/15	S				Used if CR201 present	
CR203	Sublaxation Level Code	ID	2/3	S				See Implementation Guide for permissible codes.	
CR204	Sublaxation Level Code	ID	2/3	S				See Implementation Guide for permissible codes.	
CR205	Unit of Basis for Measurement Code	ID	2/2	S			DA, MO, WK or YR		
CR206	Treatment Period Count	R	1/15	S					
CR207	Monthly treatment Count	R	1/15	S				Required if CR205 = "MO". Indicate proposed number of treatments in a month of service.	
CR208	Patient Condition code	ID	1/1	S			A, C, D, E, F, G or M	Required if UN01 = "HS". A=Acute, C=Chronic, D=Non-acute, E=Non-Life Threatening, F=Routine, G=Symptomatic, M=Acute Manifestation	
CR209	Complication	ID	1/1	S			Y or N	Required if UM01 = "HS".	

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
	Indicator								
CR210	Patient Condition Description	AN	1/80	S					
CR211	Patient Condition Description	AN	1/80	S					
CR212	x-ray Availability Indicator	ID	1/1	R			Y or N		
CR5	Home Oxygen Therapy Information		1	S	2000F	1		Page 200	
CR501	Not Used								
CR502	Not Used								
CR503	Oxygen Equipment Type Code	ID	1/1	S			A, B, C, D, E or O	A=Concentrator, B=Liquid Stationary, C=Gaseous Stationary, D=Liquid Portable, E=Gaseous Portable, O=Other Either CR503 or CR518 is Required.	
CR504	Oxygen Equipment Type Code	ID	1/1	S			A, B, C, D, E or O	A=Concentrator, B=Liquid Stationary, C=Gaseous Stationary, D=Liquid Portable, E=Gaseous Portable, O=Other Either CR503 or CR518 is Required.	
CR505	Equipment Reason Description	AN	1/80	S					
CR506	Oxygen Flow Rate	R	1/15	R					
CR507	Daily Oxygen Use Count	R	1/15	S					
CR508	Oxygen Use Period Hour Count	R	1/15	S					
CR509	Respiratory Therapist Order Text	AN	1/80	S					
CR510	Arterial Blood Gas Quantity	R	1/15	S				Either CR510 of CR511 is required.	
CR511	Oxygen Saturation Quantity	R	1/15	S				Either CR510 of CR511 is required.	
CR512	Oxygen Test Condition code	ID	1/1	R			E, N, O, R, S, W or X	E=Exercising, N=No Special conditions, O=On Oxygen, R=At rest on room air, S=Sleeping, W=Walking, X=Other	
CR513	Oxygen Test Findings Code	ID	1/1	S			1, 2 or 3	1=Dependent edema suggesting congestive heart failure, 2="P" Pulmonary on EKG, 3=Erythrocythemia with a hematocrit greater than 56 percent.	
CR514	Oxygen Test Findings Code	ID	1/1	S			1, 2 or 3	1=Dependent edema suggesting congestive heart failure, 2="P" Pulmonary on EKG, 3=Erythrocythemia with a hematocrit greater than 56 percent.	
CR515	Oxygen Test Findings Code	ID	1/1	S			1, 2 or 3	1=Dependent edema suggesting congestive heart failure, 2="P" Pulmonary on EKG, 3=Erythrocythemia with a hematocrit greater than 56 percent.	
CR516	Portable Oxygen System Flow Rate	R	1/15	S					
CR517	Oxygen Delivery System code	ID	1/1	R			A, B, C, D or E	A=Nasal Cannula, B=Oxygen Conserving Device, C=Oxygen Conserving Device with Oxygen Pulse System, D=Oxygen Conserving Device with Reservoir System, E=Transtracheal Catheter	
CR518	Oxygen Equipment Type Code	ID	1/1	S			A, B, C, D, E or O	A=Concentrator, B=Liquid Stationary, C=Gaseous Stationary, D=Liquid Portable, E=Gaseous Portable, O=Other Either CR503 or CR518 is Required.	
CR6	Home Health Care Information		1	S	2000F	1		Page 205	
CR601	Prognosis Code	ID	1/1	R			1, 2, 3, 4, 5, 6, 7 or 8	1=Poor, 2=Gaurded, 3=Fair, 4=Good, 5=Very Good, 6=Excellent, 7=Less than 6 months to live, 8=Terminal	

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
CR602	Home Health Start Date	DT	8/8	R				Format=CCYYMMDD	
CR603	Date Time Period Format Qualifier	ID	2/3	S			RD8	Date Range	
CR604	Home Health Certification Period	AN	1/35	S				Range of Dates in format = CCYYMMDD-CCYYMMDD	
CR605	Not Used								
CR606	Skilled Nursing Facility Indicator	ID	1/1	R			N, U or Y	N=No, U=Unknown, Y=Yes	
CR607	Medicare Indicator	ID	1/1	R			N, U or Y	N=No, U=Unknown, Y=Yes	
CR608	Certification type Code	ID	1/1	R			I	I=Initial	Trading Partner Agreement must state that Humana Inc will only accept initial (Code "I") request for Home Health Care Information. All other requests, appeals, cancellations, renewal, revised and extension must be made via non-electronic format.
CR609	Surgery Date	DT	8/8	S				Format=CCYYMMDD	
CR610	Product or Service ID Qualifier	ID	2/2	S			HC or ID	HC=HCPCS or CPT codes, ID=ICD-9-CM codes	
CR611	Surgical Procedure Code	AN	1/15	S					
CR612	Physician Order Date	DT	8/8	S				Format=CCYYMMDD	
CR613	Last Visit Date	DT	8/8	S				Format=CCYYMMDD	
CR614	Physician Visit Date	DT	8/8	S				Format=CCYYMMDD	
CR615	Date Time Period Format Qualifier	ID	2/3	S			RD8	Date Range	
CR616	Last Admission Period	AN	1/35	S				Range of Dates in format = CCYYMMDD-CCYYMMDD	
CR617	Patient Location Code	ID	1/1	S				See Implementation Guide for permissible codes.	
CR618	Date	DT	8/8	O				Not Used	
CR619	Date	DT	8/8	O				Not Used	
CR620	Date	DT	8/8	O				Not Used	
CR621	Date	DT	8/8	O				Not Used	
PWK	Additional Patient Information		10	S	2000F	1		Page Addenda 86, After Page 210	Trading Partner Agreement must state that the HIPAA security and Privacy rules must be followed and that all communications must be via secured messaging and using encryption.
PWK01	Report Type Code	ID	2/2	R			See IQ	Code indicating the title or contents of a document, report or supporting item. See Implementation Guide for permissible codes.	
PWK02	Report Transmission Code	ID	1/2	R			AA, BM, EL, EM, FX or VO	AA=Available on request, BM=By Mail, EL=Electronically, EM=E-Mail,FX=Fax,VO=Voice	
PWK03	Report Copies Needed	NO	1/2	O				Not Used	
PWK04	Entity Identifier Code	ID	2/3	O				Not Used	
PWK05	Identification Code Qualifier	ID	1/2	S			AC		
PWK06	Identification Code Qualifier	AN	2/80	S				Attachment Control Number, Required if PWK02 equals BM, EL, EM of FX	
PWK07	Description	AN	1/80	S				Attachment Description	
PWK08	Actions Indicated	CO		O				Not Used	
PWK09	Request Category Code	ID	1/2	O				Not Used	
MSG	Message Text		1	S	2000F	1		Page 211	Enter all Clinical notes here. For Authorizations (AR), enter the last covered date.
MSG01	Free Form Message Text	AN	1/264	R					
MSG02	Printer carriage Control Code	ID	2/2	O				Not Used	
MSG03	Number of Periods	NO	1/9	O				Not Used	

Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Edit Logic	Humana Requirements Description
	Transaction Set Trailer								
SE			1	R				Page 212	
SE01	Transaction Segment Count	N0	1-10	R					
SE02	Transaction Set Control Number	AN	4-9	R				SE02 must = ST02	
	Function Group Trailer								
GE				R				Page B.10	
GE01	Number of Included Transaction Sets	N0	1-6	R					
GE02	Group Control Number	N0	1-9	R				GE02 must = GS06 else reject the ISA-IEA envelope	
	Interchange Control Trailer								
IEA				R				Page B.7	
IEA01	Number of Included Functional Groups	N0	1-5	R					
IEA02	Interchange Control Number	N0	9-9	R				IEA02 must = ISA13 else reject the ISA-IEA envelope	