

























Loop	Segment ID	Segment Name	Reference Designator	Data Element Name	Usage	Data Type	Min/Max	Selected Code Values	NSF	HCFA LOCATION	Access Only	Blue Cross Blue Shield	FEP	USABLE Life	Health Advantage	ITS	Admin/BlueAdvantage Admin/USABLE Admin	Medipak	
								OT - Occupational Therapy PT - Physical Therapy SN - Skilled Nursing ST - Speech Therapy											
			CR702	Number	R	NO	1/9												
			CR703	Number	R	NO	1/9												
2305	HSD	Health Care Services Delivery			R														
			HSD01	Quantity quantifier	S	ID	2/2	VS - Visits											
			HSD02	Quantity	S	R	1/15												
			HSD03	Unit or Basis for Measurement Code	S	ID	2/2	DA,MO,Q1,WK DA - Days MO - Months Q1 - Quarter (Time) WK - Week											
			HSD04	Sample Selection Modulus	S	R	1/6												
			HSD05	Time Period Qualifier	S	ID	1/2	7 - Day 35 - Week											
			HSD06	Number of Periods	S	NO	1/3												
			HSD07	Ship/Delivery or Calendar Pattern Code	S	ID	1/2	1,2,3,4,5,6,7,8,9,A,B,C,D,E,F,G,H,J,K,L,N,O,S, SA,SB,SC,SD,SG,SI,SP,SX,SY,SZ,W 1 - 1st Week of the Month 2 - 2nd Week of the Month 3 - 3rd Week of the Month 4 - 4th Week of the Month 5 - 5th Week of the Month 6 - 1st & 3rd Weeks of the Month 7 - 2nd & 4th Weeks of the Month 8 - 1st Working Day of Period 9 - Last Working Day of Period A - Monday through Friday B - Monday through Saturday C - Monday through Sunday D - Monday E - Tuesday F - Wednesday G - Thursday H - Friday J - Saturday K - Sunday L - Monday thru Thursday N - As Directed O - Daily Mon. through Fri. S - Once Anytime Mon. through Fri. SA - Sunday, Monday, Thursday, Friday, Saturday SB - Tuesday through Saturday SC - Sunday, Wednesday, Thursday, Friday, Saturday SD - Monday, Wednesday, Thursday, Friday, Saturday SG - Tuesday through Friday SL - Monday, Tuesday and Thursday SP - Monday, Tuesday and Friday SX - Wednesday and Thursday SY - Monday, Wednesday and Thursday SZ - Tuesday, Thursday and Friday W - Whenever Necessary											
			HSD08	Ship/Delivery Pattern Time Code	S	ID	1/1	D,E,F D - A.M. E - P.M. F - As Directed											
2310A	NM1	Referring Provider Name			S														
			NM101	Entity Identifier Code	R	ID	2/3	DN - Referring Provider P3 - Primary Care Provider											
2310A	NM1	Referring Provider Name	NM102	Entity Type Qualifier	R	ID	1/1	1 - Person 2 - Non-Person Entity											
			NM103	Name Last or Organization Name	R	AN	1/35		EA0.24	17									
			NM104	Name First	S	AN	1/25		EA0.25	17									
			NM105	Name Middle	S	AN	1/25		EA0.26	17									
			NM107	Name Suffix	S	AN	1/10												
			NM108	Identification Code Qualifier	S	ID	1/2	24 - Employer's ID Number 34 - SSAN											
			NM109	Identification Code	S	AN	2/80	XX - HCFA Nat. Prov. ID	EA0.20	17A	24 or 34	24 or 34	24 or 34	24 or 34	24 or 34	24 or 34	24 or 34	24 or 34	
2310A	PRV	Referring Provider Specialty Information			S														
			PRV01	Provider Code	R	ID	1/3	RF - Referring											
			PRV02	Reference Identification Qualifier	R	ID	2/3	ZZ - Mutually Defined											
			PRV03	Reference Identification	R	AN	1/30												
2310A	REF	Referring Provider Secondary Identification			S														
			REF01	Reference Identification Qualifier	R	ID	2/3	0B,1B,1C,1D,1G,1H,EI,G2,LU,N5,SY,X5 0B - State License Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number							1B or 1G		1B or 1G		































