

AZ 834 5010 - Crib Notes

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENGROLL	ADDRESS CHANGE	COPY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
	INTERCHANGE																	
ISA11	Repetition Separator	R				^	^	^	^	^	^	^	^	^	^	^	^	^
ISA12	Interchange Control Version Number	R				00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501
	FUNCTIONAL GROUP																	
GS01	Functional Identifier Code	R	ID	2-2		BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE
GS08	Version / Release / Industry Identifier Code; no addenda	R	AN	1-12		005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220
	HEADER																	
ST	Transaction Set Header	R																
ST01	Transaction Set Identifier Code	R	ID	3-3		834	834	834	834	834	834	834	834	834	834	834	834	834
ST02	Transaction Set Control Number	R	AN	4-9														
ST03	Implementation Convention Reference	R	AN	1-35		005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220
BGN	Beginning Segment	R																
BGN01	Transaction Set Purpose Code	R	ID	2-2		00	00	00	00	00	00	00	00	00	00	00	00	00
BGN02	Reference Identification	R	AN	1-50														
BGN03	Date	R	DT	8-8		PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE
BGN04	Time	R	TM	4-8														
BGN05	Time Code	S	ID	2-2														
BGN08	Action Code	R	ID	1-2		2	2	2	2	2	2	2	2	2	2	2	4	4
REF	Transaction Set Policy Number	S																
REF01	Reference Identification Qualifier	R	ID	2-3		38	38	38	38	38	38	38	38	38	38	38	38	38
REF02	Reference Identification	R	AN	1-50		HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID
DTP	File Effective Date	S																
DTP01	Date/Time Qualifier	R	ID	3-3		303	303	303	303	303	303	303	303	303	303	303	303	303
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8
DTP03	Date Time Period	R	AN	1-35														
QTY	Transaction Set Control Totals	S																
QTY01	Quantity Qualifier	R	ID	2-2	Use 'TO' Total	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO
QTY02	Quantity	R	R	1-15	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count

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	1000A SPONSOR NAME (1)																	
N1	Sponsor Name	R																
N101	Entity Identifier Code	R	ID	2-3		P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5
N102	Name	S	AN	1-60		AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS
N103	Identification Code Qualifier	R	ID	1-2		FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI
N104	Identification Code	R	AN	2-80		866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791
	1000B PAYER (1)																	
N1	Payer	R																
N101	Entity Identifier Code	R	ID	2-3		IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN
N102	Name	S	AN	1-60		HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME
N103	Identification Code Qualifier	R	ID	1-2		FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI
N104	Identification Code	R	AN	2-80		HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID

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	2000 MEMBER LEVEL DETAIL (>1)																	
INS	Member Level Detail	R																
INS01	Yes/No Condition or Response Code	R	ID	1-1		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
INS02	Individual Relationship Code	R	ID	2-2		18	18	18	18	18	18	18	18	18	18	18	18	18
INS03	Maintenance Type Code	R	ID	3-3		021	024	001	001	001	001	001	001	001	001	001	030	030
INS04	Maintenance Reason Code	S	ID	2-3		02 - Birth 28 - Initial Enrollment 41 - Re-enrollment	03 - Death 07 - Termination of Benefits 14 - Voluntary Withdrawal 22 - Plan Change AH - Patient Moved	43 - Change of location	33 - Personnel Data	25 - Change in Identifying Data Element	22 - Plan Change	AI - No Reason Given	29 - Benefit Selection	33 - Personnel Data		AI - No Reason Given	XN - Notification Only	XN - Notification Only
INS05	Benefit Status Code	R	ID	1-1		A	A	A	A	A	A	A	A	A	A	A	A	A
INS06-1	Medicare Plan Code	R	ID	1-1		MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE
INS08	Employment Status Code	S	ID	2-2		AC	TE	AC	AC	AC	AC	AC	AC	AC	AC	AC	AC	AC
INS11	Date Time Period Format Qualifier	S	ID	2-3		D8	D8											
INS12	Date Time Period	S	AN	1-35	Use for Date of Death only, if present	DAT OF DTH	DAT OF DTH											
REF	Subscriber Identifier	R																
REF01	Reference Identification Qualifier	R	ID	2-3		0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F
REF02	Reference Identification	R	AN	1-50		AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	"No Data"
REF	Member Supplemental Identifier	S																
REF01	Reference Identification Qualifier	R	ID	2-3	3H-Case Number Q4-Prior Identifier Number (Primary AHCCCS ID) 17-Client Reporting Category (Voucher Number)	3H Q4 17	3H Q4 17						3H 17				3H Q4 17	
REF02	Reference Identification	R	AN	1-50	1) Case Number (when REF01=3H) 2) Primary AHCCCS ID (when REF01=Q4) 3) Voucher Number (when REF01=17)	1) CASE ID 2) PRIMARY AHCCCS ID 3) VOUCHER NUMBER	1) CASE ID 2) PRIMARY AHCCCS ID 3) VOUCHER NUMBER						1) CASE ID 3) VOUCHER NUMBER				1) CASE ID 2) PRIMARY AHCCCS ID 3) VOUCHER NUMBER	
DTP	Member Level Dates	S																
DTP01	Date/Time Qualifier	R	ID	3-3		356 357	356 357	303	303	303	303	303	303	303	303	303	303	

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DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	
DTP03	Date Time Period	R	AN	1-35		ENRL BEG ENRL END	ENRL BEG ENRL END	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	
	2100A MEMBER NAME (1)	R																
NM1	Member Name	R																
NM101	Entity Identifier Code	R	ID	2-3		IL	IL	IL	IL	IL 74	IL	IL	IL	IL	IL	IL	IL	IL
NM102	Entity Type Qualifier	R	ID	1-1		1	1	1	1	1	1	1	1	1	1	1	1	1
NM103	Name Last or Organization Name	R	AN	1-60		LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	"No Last Name"
NM104	Name First	S	AN	1-35		FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	"No First Name"
NM105	Name Middle	S	AN	1-25		MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	
PER	Member Communications Numbers	S																
PER01	Contact Function Code	R	ID	2-2		IP		IP										IP
PER03	Communication Number Qualifier	R	ID	2-2		HP		HP										HP
PER04	Communication Number	R	AN	1-256		HOME PHONE		HOME PHONE										HOME PHONE
PER05	Communication Number Qualifier	S	ID	2-2		TE		TE										TE
PER06	Communication Number	S	AN	1-256		EMER PHONE		EMER PHONE										EMER PHONE
N3	Member Residence Street Address	S																
N301	Address Information	R	AN	1-55	Needed until Errata approved	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1
N302	Address Information	S	AN	1-55		RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2
N4	Member Residence City, State, ZIP Code	S																
N401	City Name	R	AN	2-30		CITY	CITY	CITY	CITY	CITY	CITY	CITY	CITY	CITY	CITY	CITY	CITY	
N402	State or Province Code	S	AN	2-2		STATE	STATE	STATE	STATE	STATE	STATE	STATE	STATE	STATE	STATE	STATE	STATE	STATE
N403	Postal Code	S	ID	3-15		ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP
N405	Location Qualifier	S	ID	1-2		CY	CY	CY	CY	CY	CY	CY	CY	CY	CY	CY	CY	CY
N406	Location Identifier	S	AN	1-30		CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE
DMG	Member Demographics	S																
DMG01	Date Time Period Format Qualifier	R	ID	2-3		D8	D8			D8								D8
DMG02	Date Time Period	R	AN	1-35		DOB	DOB			DOB								DOB
DMG03	Gender Code	R	ID	1-1		GENDER	GENDER			GENDER								GENDER
DMG04	Marital Status Code	S	ID	1-1		MARITAL STA												MARITAL STA
DMG05-1	Race or Ethnicity Code	S	ID	1-1		ETHNICITY												ETHNICITY
LUI	Member Language	S																
LUI01	Identification Code Qualifier	S	ID	1-2		LE												LE
LUI02	Identification Code	S	AN	2-80		LANGUAGE												LANGUAGE
LUI04	Use of Language Indicator	S	ID	1-2		6												6

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	2100B INCORRECT MEMBER NAME (1)				Sent on Name change actions only; not used on monthly													
NM1	Incorrect Member Name	S																
NM101	Entity Identifier Code	R	ID	2-3						70								
NM102	Entity Type Qualifier	R	ID	1-1						1								
NM103	Name Last or Organization Name	R	AN	1-60						PRIOR LAST NAME								
NM104	Name First	S	AN	1-35						PRIOR FIRST NAME								
NM105	Name Middle	S	AN	1-25						PRIOR MI								
DMG	Incorrect Member Demographics	S			Used when Action code ≠ NC (Name change); not used on monthly													
DMG01	Date Time Period Format Qualifier	S	ID	2-3						D8								
DMG02	Date Time Period	S	AN	1-35						PRIOR DOB								
DMG03	Gender Code	S	ID	1-1						PRIOR GENDER								
	2100C MEMBER MAILING ADDRESS (1)				Only present if different from Residential Address													
NM1	Member Mailing Address	S																
NM101	Entity Identifier Code	R	ID	2-3		31		31									31	
NM102	Entity Type Qualifier	R	ID	1-1		1		1									1	
N3	Member Mail Street Address	S																
N301	Address Information	R	AN	1-55		MAIL STR1		MAIL STR1									MAIL STR1	
N302	Address Information	S	AN	1-55		MAIL STR2		MAIL STR2									MAIL STR2	
N4	Member Mail City, State, Zip	S																
N401	City Name	R	AN	2-30		MAIL CITY		MAIL CITY									MAIL CITY	
N402	State or Province Code	S	AN	2-2		MAIL ST		MAIL ST									MAIL ST	
N403	Postal Code	S	ID	3-15		MAIL ZIP		MAIL ZIP									MAIL ZIP	
	2100G RESPONSIBLE PERSON (13)				Mother's information on Newborn Adds only (when INS04=02' Birth)													
NM1	Responsible Person	S																
NM101	Entity Identifier Code	R	ID	2-3		S1												
NM102	Entity Type Qualifier	R	ID	1-1		1												
NM103	Name Last or Organization Name	R	AN	1-60				MOM-LAST-NAME										
NM104	Name First	S	AN	1-35				MOM-FIRST-NAME										
NM105	Name Middle	S	AN	1-25				MOM-MI										
NM108	Identification Code Qualifier	S	ID	1-2		ZZ												

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Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
NM109	Identification Code	S	AN	2-80		MOM-ID (9) + MOM-CASE-ID (9)												
N3	Responsible Person Street Address	S																
N301	Address Information	R	AN	1-55		RES-STR-1												
N302	Address Information	S	AN	1-55		RES-STR-2												
N4	Responsible Person City, State, Zip	R																
N401	City Name	R	AN	2-30		RES-CITY												
N402	State or Province Code	S	ID	2-2		RES-ST												
N403	Postal Code	S	ID	3-15	5 or 9 digit Zip Code	RES-ZIP												

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	2300 HEALTH COVERAGE (99)				HMO LOOP													
HD	Health Coverage	S																
HD01	Maintenance Type Code	R	ID	3-3		021											030 HMO	
HD03	Insurance Line Code	R	ID	2-3		HMO												
DTP	Health Coverage Dates	R																
DTP01	Date/Time Qualifier	R	ID	3-3		348 349											348	
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8											D8	
DTP03	Date Time Period	R	AN	1-35		Begin Date End Date											Begin Date	
AMT	Health Coverage Policy	S																
AMT01	Amount Qualifier Code	R	ID	1-3														
AMT02	Monetary Amount	R	R	1-18														
REF	Health Coverage Policy Number	S																
REF01	Reference Identification Qualifier	R	ID	2-3		CE											CE	
REF02	Reference Identification	R	AN	1-50		Contract Type											Contract Type	
	2320 COORDINATION OF BENEFITS (5)																	
COB	Coordination of Benefits	S																
COB01	Payer Responsibility Sequence Number Code	R	ID	1-1														
COB02	Reference Identification	S	AN	1-50														
COB03	Coordination of Benefits Code	R	ID	1-1														
REF	Additional Coordination of Benefits Identifiers	S																
REF01	Reference Identification Qualifier	R	ID	2-3														
REF02	Reference Identification	R	AN	1-50														
DTP	Coordination of Benefits Eligibility Dates	S																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														

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	2330 COORDINATION OF BENEFITS RELATED ENTITY (3)																	
NM1	Coordination of Benefits Related Entity	S			Note: This segment partially existed in 4010 at 2320/N1.													
NM101	Entity Identifier Code	R	ID	2-3														
NM102	Entity Type Qualifier	S	ID	1-1														
NM103	Name Last or Organization Name	S	AN	1-60														
N3	Coordination of Benefits Related Entity Address	S																
N301	Address Information	R	AN	1-55														
N4	Coordination of Benefits Other Insurance Company City, State, ZIP Code	R																
N401	City Name	R	AN	2-30														
N402	State or Province Code	S	ID	2-2														
N403	Postal Code	S	ID	3-15														
PER	Administrative Communications Contact	S																
PER01	Contact Function Code	R	ID	2-2														
PER03	Communication Number Qualifier	R	ID	2-2														
PER04	Communication Number	R	AN	1-256														
	2300 HEALTH COVERAGE (99)				SOC LOOP													
HD	Health Coverage	S																
HD01	Maintenance Type Code	R	ID	3-3		021							001				030	
HD03	Insurance Line Code	R	ID	2-3		LTC							LTC				LTC	
DTP	Health Coverage Dates	R																
DTP01	Date/Time Qualifier	R	ID	3-3		348							348				348	
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8							D8				D8	
DTP03	Date Time Period	R	AN	1-35		SOC Begin Date							SOC Begin Date				SOC Begin Date	
AMT	Health Coverage Policy	S																
AMT01	Amount Qualifier Code	R	ID	1-3		C1							C1				C1	
AMT02	Monetary Amount	R	R	1-18		SOC-AMT							SOC-AMT				SOC-AMT	
REF	Health Coverage Policy Number	S																
REF01	Reference Identification Qualifier	R	ID	2-3														

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REF02	Reference Identification	R	AN	1-50														
	2320 COORDINATION OF BENEFITS (5)																	
COB	Coordination of Benefits	S																
COB01	Payer Responsibility Sequence Number Code	R	ID	1-1														
COB02	Reference Identification	S	AN	1-50														
COB03	Coordination of Benefits Code	R	ID	1-1														
REF	Additional Coordination of Benefits Identifiers	S																
REF01	Reference Identification Qualifier	R	ID	2-3														
REF02	Reference Identification	R	AN	1-50														
DTP	Coordination of Benefits Eligibility Dates	S																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														
	2330 COORDINATION OF BENEFITS RELATED ENTITY (3)																	
NM1	Coordination of Benefits Related Entity	S			Note: This segment partially existed in 4010 at 2320/N1.													
NM101	Entity Identifier Code	R	ID	2-3														
NM102	Entity Type Qualifier	S	ID	1-1														
NM103	Name Last or Organization Name	S	AN	1-60														
N3	Coordination of Benefits Related Entity Address	S																
N301	Address Information	R	AN	1-55														
N4	Coordination of Benefits Other Insurance Company City, State, ZIP Code	R																
N401	City Name	R	AN	2-30														
N402	State or Province Code	S	ID	2-2														
N403	Postal Code	S	ID	3-15														
PER	Administrative Communications Contact	S																
PER01	Contact Function Code	R	ID	2-2														
PER03	Communication Number Qualifier	R	ID	2-2														

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PER04	Communication Number	R	AN	1-256														
	2300 HEALTH COVERAGE (99)				COB LOOP													
HD	Health Coverage	S																
HD01	Maintenance Type Code	R	ID	3-3											001			
HD03	Insurance Line Code	R	ID	2-3	Distinguishes the COB loop										MM			
DTP	Health Coverage Dates	R																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3											348 D8			
DTP03	Date Time Period	R	AN	1-35											Begin Date			
AMT	Health Coverage Policy	S																
AMT01	Amount Qualifier Code	R	ID	1-3														
AMT02	Monetary Amount	R	R	1-18														
REF	Health Coverage Policy Number	S																
REF01	Reference Identification Qualifier	R	ID	2-3														
REF02	Reference Identification	R	AN	1-50														
	2320 COORDINATION OF BENEFITS (5)																	
COB	Coordination of Benefits	S																
COB01	Payer Responsibility Sequence Number Code	R	ID	1-1											U			
COB02	Reference Identification	S	AN	1-50											TPL-INS-TYP (1) + TPL-POLICY-ID (20) or MEDICARE CLAIM ID NUMBER			
COB03	Coordination of Benefits Code	R	ID	1-1											5			
REF	Additional Coordination of Benefits Identifiers	S																
REF01	Reference Identification Qualifier	R	ID	2-3	6P-Group number										6P			
REF02	Reference Identification	R	AN	1-50	Not used for Medicare Part A or B										INS-GRP-NUM or PART D DRUG PLAN			
REF	Additional Coordination of Benefits Identifiers	S																
REF01	Reference Identification Qualifier	R	ID	2-3	60-Account Suffix code										60			

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REF02	Reference Identification	R	AN	1-50											TPL-SEQ-NO			
DTP	Coordination of Benefits Eligibility Dates	S																
DTP01	Date/Time Qualifier	R	ID	3-3											344 345			
DTP02	Date Time Period Format Qualifier	R	ID	2-3											D8			
DTP03	Date Time Period	R	AN	1-35											Begin Date End Date			
	2330 COORDINATION OF BENEFITS RELATED ENTITY (3)																	
NM1	Coordination of Benefits Related Entity	S			Note: This segment partially existed in 4010													
NM101	Entity Identifier Code	R	ID	2-3											IN			
NM102	Entity Type Qualifier	S	ID	1-1											2			
NM103	Name Last or Organization Name	S	AN	1-60	If present, Medicare Part A Carrier ID = 00050, Medicare Part B Carrier ID = 00051 and Medicare Part D Carrier ID = 00052.										MASTER CARRIER ID + CARRIER NAME/MEDICARE PLAN NAME			
N3	Coordination of Benefits Related Entity Address	S																
N301	Address Information	R	AN	1-55	TPL address, if known, else "No Address Known" (No address known/stored for Medicare Part A, B or D.)										TPL-STR-1 or "No Address Known" (Medicare Part A/B)			
N302	Address Information	S	AN	1-55	TPL address, if present, (No address known/stored for Medicare Part A, B or D.)										TPL-STR-2			
N4	Coordination of Benefits Other Insurance Company City, State, ZIP Code	R																
N401	City Name	R	AN	2-30	TPL address, if known, else "No City" (No address known/stored for Medicare Part A, B or D.)										TPL-CITY or "No City"			

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Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
N402	State or Province Code	S	ID	2-2	TPL address, if known, else "AZ" (No address known/stored for Medicare Part A, B or D.)										TPL-STATE or "AZ"			
N403	Postal Code	S	ID	3-15	TPL address, if known, else "85034" (No address known/stored for Medicare Part A, B or D.)										TPL-ZIP or "85034"			
PER	Administrative Communications Contact	S			TPL Phone Number, if present, else not used.													
PER01	Contact Function Code	R	ID	2-2											CN			
PER03	Communication Number Qualifier	R	ID	2-2											TE			
PER04	Communication Number	R	AN	1-256											TPL-PHONE			

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Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
	2700 ADDITIONAL REPORTING CATEGORIES (1)																	
LS	Additional Reporting Categories																	
LS01	Loop Identifier Code	R	AN	1-4		2700	2700	2700	2700	2700	2700	2700	2700	2700		2700	2700	
	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			ACTION CODE													
LX01	Assigned Number	R	NO	1-6	Incrementing number													
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3		75	75	75	75	75	75	75	75	75				
N102	Name	R	AN	1-60		"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"				
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3		ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ				
REF02	Reference Identification	R	AN	1-50		ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE				
DTP	Reporting Category Date	S																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														
	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			RATE CODE													
LX01	Assigned Number	R	NO	1-6	Incrementing number													
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3		75							75				75	
N102	Name	R	AN	1-60		"Rate Code"							"Rate Code"				"Rate Code"	
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3		9V							9V				9V	
REF02	Reference Identification	R	AN	1-50		RATE CODE							RATE CODE				RATE CODE	
DTP	Reporting Category Date	S																
DTP01	Date/Time Qualifier	R	ID	3-3									007				007	
DTP02	Date Time Period Format Qualifier	R	ID	2-3									D8				D8	

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Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DIENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
DTP03	Date Time Period	R	AN	1-35									Begin Date				Begin Date	
	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			PRIOR PLAN													
LX01	Assigned Number	R	N0	1-6	Incrementing number													
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3		75	75											
N102	Name	R	AN	1-60	ADD - Use Prior Plan only when last member enrollment was within 90 days and with a different plan. DIENROLL - Use New Plan only when member is enrolled in a different plan the day after the term date.	"Prior Plan"	"New Plan"											
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3		18	18											
REF02	Reference Identification	R	AN	1-50	ADD - Use Prior Plan only when last member enrollment was within 90 days	PRIOR PLAN ID (6) + PRIOR PLAN NAME (25)	NEW PLAN ID (6) + NEW PLAN NAME (25)											
DTP	Reporting Category Date	S																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														
	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			CO-PAY LEVEL													
LX01	Assigned Number	R	N0	1-6	Incrementing number													
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3		75			75								75	

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Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENGROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
N102	Name	R	AN	1-60		"Co-Pay Level"			"Co-Pay Level"								"Co-Pay Level"	
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3		9X			9X								9X	
REF02	Reference Identification	R	AN	1-50		CO-PAY LEVEL NUMBER			CO-PAY LEVEL NUMBER								CO-PAY LEVEL NUMBER	
DTP	Reporting Category Date	S																
DTP01	Date/Time Qualifier	R	ID	3-3		007			007								007	
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8			D8								D8	
DTP03	Date Time Period	R	AN	1-35		Co-Pay Effective Begin Date			Co-Pay Effective Begin Date								Co-Pay Effective Begin Date	
	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			MH CATEGORY													
LX01	Assigned Number	R	NO	1-6	Incrementing number													
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3		75			75								75	
N102	Name	R	AN	1-60		"BHS"			"BHS"								"BHS"	
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3		XX1			XX1								XX1	
REF02	Reference Identification	R	AN	1-50		MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20)			MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20)								MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20)	
DTP	Reporting Category Date	S																
DTP01	Date/Time Qualifier	R	ID	3-3		007			007								007	
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8			D8								D8	
						RD8			RD8									

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Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENGROLL	ADDRESS CHANGE	COPY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
DTP03	Date Time Period	R	AN	1-35	ADD action = Begin Date or Begin Date through End Date; CHANGE action = Begin Date or Begin Date through End Date; TERM action = End Date	Begin Date Begin Date-End Date					Begin Date or End Date Begin Date-End Date						Begin Date	
LX	Member Reporting Categories	S			NICU													
LX01	Assigned Number	R	N0	1-6	Incrementing number													
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3		75						75					75	
N102	Name	R	AN	1-60		"NICU"						"NICU"					"NICU"	
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3		XX1						XX1					XX1	
REF02	Reference Identification	R	AN	1-50		NI						NI					NI	
DTP	Reporting Category Date	S																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														
	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			PG INDICATOR													
LX01	Assigned Number	R	N0	1-6	Incrementing number													
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3		75						75					75	
N102	Name	R	AN	1-60		"Pregnancy"						"Pregnancy"					"Pregnancy"	
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3		XX1						XX1					XX1	
REF02	Reference Identification	R	AN	1-50		PG						PG					PG	
DTP	Reporting Category Date	S																
DTP01	Date/Time Qualifier	R	ID	3-3		007						007					007	

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Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENGROLL	ADDRESS CHANGE	COPY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8						D8					D8	
DTP03	Date Time Period	R	AN	1-35		EXPECTED DELIVERY DATE						EXPECTED DELIVERY DATE					EXPECTED DELIVERY DATE	
	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			LTC For Long Term Care recipients only.													
LX01	Assigned Number	R	NO	1-6	Incrementing number													
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3		75											75	
N102	Name	R	AN	1-60		"LTC"											"LTC"	
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3		XX1											XX1	
REF02	Reference Identification	R	AN	1-50		NURSING HOME ID (6) + NURSING HOME NAME (25) (or CASE WORKER ID [6] + CASE WORKER NAME [25])											NURSING HOME ID (6) + NURSING HOME NAME (25) (or CASE WORKER ID [6] + CASE WORKER NAME [25])	
DTP	Reporting Category Date	S																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														
	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			LTC TRANSITION INDICATOR For Long Term Care recipients only.													
LX01	Assigned Number	R	NO	1-6	Incrementing number													
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3		75											75	

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Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
N102	Name	R	AN	1-60		"Transition Indicator"											"Transition Indicator"	
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3		XX1											XX1	
REF02	Reference Identification	R	AN	1-50		Y											Y	
DTP	Reporting Category Date	S																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														
	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			AZEIP													
LX01	Assigned Number	R	N0	1-6	Incrementing number													
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3												75		
N102	Name	R	AN	1-60												"AZEIP"		
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3												PID		
REF02	Reference Identification	R	AN	1-50												AZEIP CLIENT ID		
DTP	Reporting Category Date	S																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														
	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			CRS													
LX01	Assigned Number	R	N0	1-6	Incrementing number													
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3												75		
N102	Name	R	AN	1-60												"CRS"		
REF	Reporting Category Reference	S																

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Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENGROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
REF01	Reference Identification Qualifier	R	ID	2-3												PID		
REF02	Reference Identification	R	AN	1-50												CRS CLIENT ID		
DTP	Reporting Category Date	S																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														
	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			MEDICARE HMO													
LX01	Assigned Number	R	N0	1-6	incrementing number													
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3												75		
N102	Name	R	AN	1-60												"Medicare HMO"		
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3												PID		
REF02	Reference Identification	R	AN	1-50												PLAN ID (5) + PLAN NAME (40)		
DTP	Reporting Category Date	S																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														
	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			TSC													
LX01	Assigned Number	R	N0	1-6	Incrementing number													
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3												75		
N102	Name	R	AN	1-60												"TSC"		
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3												PID		

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENGROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
REF02	Reference Identification	R	AN	1-50												TSC CLIENT ID		
DTP	Reporting Category Date	S																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														
	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			LTC PLACEMENT													
LX01	Assigned Number	R	NO	1-6	Incrementing number													
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3		75		75						75			75	
N102	Name	R	AN	1-60		"LTC PLACEMENT"		"LTC PLACEMENT"						"LTC PLACEMENT"			"LTC PLACEMENT"	
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3	LU-Location Number	LU		LU						LU			LU	
REF02	Reference Identification	R	AN	1-50		PLACEMENT CODE		PLACEMENT CODE						PLACEMENT CODE			PLACEMENT CODE	
DTP	Reporting Category Date	S																
DTP01	Date/Time Qualifier	R	ID	3-3		007		007						007			007	
DTP02	Date Time Period Format Qualifier	R	ID	2-3		RD8		RD8						RD8			RD8	
DTP03	Date Time Period	R	AN	1-35		BEGIN/END DATE		BEGIN/END DATE						BEGIN/END DATE			BEGIN/END DATE	
	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			LTC RESIDENCE													
LX01	Assigned Number	R	NO	1-6	Incrementing number													
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3		75		75						75			75	
N102	Name	R	AN	1-60		"LTC RESIDENCE"		"LTC RESIDENCE"						"LTC RESIDENCE"			"LTC RESIDENCE"	
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3		LU		LU						LU			LU	
REF02	Reference Identification	R	AN	1-50		RESIDENCE CODE		RESIDENCE CODE						RESIDENCE CODE			RESIDENCE CODE	
DTP	Reporting Category Date	S																

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Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
DTP01	Date/Time Qualifier	R	ID	3-3		007		007						007			007	
DTP02	Date Time Period Format Qualifier	R	ID	2-3		RD8		RD8						RD8			RD8	
DTP03	Date Time Period	R	AN	1-35		BEGIN/END DATE		BEGIN/END DATE						BEGIN/END DATE			BEGIN/END DATE	
LE	Additional reporting Categories Loop Termination																	
LE01	Loop Identifier Code	R	AN	1-4		2700	2700	2700	2700	2700	2700	2700	2700	2700	2700	2700	2700	
	TRAILER																	
SE	Transaction Set Trailer	R																
SE01	Number of Included Segments	R	N0	1-10														
SE02	Transaction Set Control Number	R	AN	4-9														