

To view the process for requesting additions and/or deletions to the qualifier codes, click here http://www.ncdp.org/standard_changes.aspx

H. APPENDIX H – HEALTH CARE ID CARD VALUES

1. Health Care ID Card Qualifier Codes

A35 Health Care ID Card Qualifier Codes

Definition of Code List	Field Format	Standard/Version Formats	Field Limitations
Health Care ID Card Qualifier Codes enable card issuers to include information such as effective dates of benefit coverage, cardholder address, dependent names and person codes, gender codes, dates of birth, etc. and support full implementation of machine-readable information on Healthcare ID Cards.	x(2)	Health Care ID Card	Maximum Length=2 Minimum Length=2

Values:

CODE	DESCRIPTION	Value Limitation
A1	Address line 1	
A2	Address line 2	
BN	Bank identification number (BIN) or issuer identification number (IIN)	
CP	Card purpose code	
CY	City	
D1 to D9	Dependent date of birth (1-9 represents specific dependent; max of 9 dependents) Format: ccyymmdd	
DB	Cardholder date of birth Format: ccyymmdd	
DE	Card benefit effective date Format: ccyymmdd	
DX	Card expiration date Format: ccyymmdd	
DI	Card issued/printed date Format: ccyymmdd	
F1 to F9	Dependent first name (1-9 represents specific dependent; max of 9 dependents)	Obsolete or Expired Qualifier Code Values (Do not use)
FM	Family ID card designation	
FN	Cardholder first name	Obsolete or Expired Qualifier Code Values (Do not use)
G1 to G9	Dependent gender code (1-9 represents specific dependent; max of 9 dependents)	
GC	Cardholder gender code Value "1"=Male. Value "2"=Female	
GR	Pharmacy benefit group number	
L1 to L9	Dependent last name (1-9 represents specific dependent; max of 9 dependents)	Obsolete or Expired Qualifier Code Values (Do not use)
LN	Cardholder last name	Obsolete or Expired Qualifier Code Values (Do not use)
M1 to M9	Dependent middle initial (1-9 represents specific dependent; max of 9 dependents)	Obsolete or Expired Qualifier Code Values (Do not use)
MI	Cardholder middle initial	Obsolete or Expired Qualifier Code Values (Do not use)
N1-N9	Dependent name (1-9 represents specific dependent; max of 9 dependents) Composite format of: Surname "/" Given Name "/" Middle Name "/" Suffix, in which "/" is delimiter between components of the name. For example, "JOHN Q PUBLIC JR" is "PUBLIC/JOHN/Q/JR".	
P1 to P9	Dependent person code (1-9 represents specific dependent; max of 9 dependents)	

CODE	DESCRIPTION	Value Limitation
PC	Processor control number	
PD	Cardholder person code	
PN	Name of primary care physician	
PP	Individual NPI of primary care physician	
RI	Pharmacy benefit card holder ID - used only when a combination card and the pharmacy cardholder ID differs from the medical cardholder ID	
RG	Pharmacy benefit group number – used only when a combination card and the pharmacy group number differs from the medical group number	
S1 to S9	Dependent Name suffix; e.g., “JR”, “III”, etc. (1-9 represents specific dependent; max of 9 dependents)	Obsolete or Expired Qualifier Code Values (Do not use)
SD	Dependent suffixes. Supports multiple dependent suffixes with no delimiters and requires the use of “SX” qualifier code to define length of suffixes.	
SF	Name suffix; e.g., “JR”, “III”, etc.	Obsolete or Expired Qualifier Code Values (Do not use)
ST	State code	
SX	Cardholder suffix (no more than three characters in length)	
WB	Web site URL address	
ZP	Zip code (do not include dashes in zip plus numbers)	

2. Card Purpose Code

A36 Card Purpose Code

Definition of Code List	Field Format	Standard/Version Formats	Field Limitations
Code to identify the reason the Health Care card is issued.	x(1)	Health Care ID Card	Maximum Length=1 Minimum Length=1

Values:

CODE	DESCRIPTION
A	Admission or re-admission card issued by a health care provider
D	Dental insurance ID card
M	Medical/Surgical insurance ID card
R	Prescription drug insurance ID card
V	Vision insurance ID card
1	Other Health ID card Identifying Medical Records
2	Card Assigning ISO Standard U.S. Healthcare ID such as for Atypical Provider