## **National Electronic Data Interchange Transaction Set Implementation Guide**

# Health Care Claim: Institutional

837

ASC X12N 837 (004010X096)

\$69.24 - Bound Document \$35.00 - Portable Document (PDF) on Diskette Portable Documents may be downloaded at no charge.

Contact Washington Publishing Company for more Information.

1.800.972.4334 www.wpc-edi.com

© 2000 WPC

Copyright for the members of ASC X12N by Washington Publishing Company.

Permission is hereby granted to any organization to copy and distribute this material internally as long as this copyright statement is included, the contents are not changed, and the copies are not sold.

## **Table of Contents**

1	Purpose and Business Overview	11
1.1	1.1.1 Trading Partner Agreements  1.1.2 HIPAA Role in Implementation Guides	11
1.2	Version and Release	12
1.3	Business Use and Definition  1.3.1 Terminology  1.3.2 Batch and Real Time Definitions	13
1.4	Information Flows	
	1.4.1 UB-92/EMC v.6.0 Mapping	15 15
	1.4.2.2 Coordination of Benefits — Correction Detail  1.4.3 Service Line Procedure Code Bundling and Unbundling	
	1.4.4 Crosswalking COB Data Elements	
1.5	Property and Casualty	
2	Data Overview	
2.1	Overall Data Architecture	31
2.1 2.2	Overall Data Architecture  Loop Labeling and Use  2.2.1 Required and Situational Loops	31
	Loop Labeling and Use	31 32 33
2.2	Loop Labeling and Use	31 32 33
2.2	Loop Labeling and Use  2.2.1 Required and Situational Loops  Data Use by Business Use  2.3.1 Table 1 — Transaction Control Information  2.3.1.1 837 Table 1 — Header Level	31 32 33 33
2.2	Loop Labeling and Use  2.2.1 Required and Situational Loops  Data Use by Business Use  2.3.1 Table 1 — Transaction Control Information  2.3.1.1 837 Table 1 — Header Level  2.3.1.2 Hierarchical Level Data Structure	31 32 33 33 34
2.2	Loop Labeling and Use  2.2.1 Required and Situational Loops  Data Use by Business Use  2.3.1 Table 1 — Transaction Control Information  2.3.1.1 837 Table 1 — Header Level	31 32 33 33 34
2.2	Loop Labeling and Use  2.2.1 Required and Situational Loops  Data Use by Business Use  2.3.1 Table 1 — Transaction Control Information  2.3.1.1 837 Table 1 — Header Level  2.3.1.2 Hierarchical Level Data Structure  2.3.2 Table 2 — Detail Information	31 32 33 33 34 34
2.2	Loop Labeling and Use  2.2.1 Required and Situational Loops  Data Use by Business Use  2.3.1 Table 1 — Transaction Control Information  2.3.1.1 837 Table 1 — Header Level  2.3.1.2 Hierarchical Level Data Structure  2.3.2 Table 2 — Detail Information  2.3.2.1 HL Segment	31 32 33 34 34 34
2.2 2.3	Loop Labeling and Use  2.2.1 Required and Situational Loops  Data Use by Business Use  2.3.1 Table 1 — Transaction Control Information  2.3.1.1 837 Table 1 — Header Level  2.3.1.2 Hierarchical Level Data Structure  2.3.2 Table 2 — Detail Information  2.3.2.1 HL Segment  Loop ID-1000	31 32 33 34 34 34 37
2.2 2.3 2.4 2.5	Loop Labeling and Use  2.2.1 Required and Situational Loops  Data Use by Business Use  2.3.1 Table 1 — Transaction Control Information  2.3.1.1 837 Table 1 — Header Level  2.3.1.2 Hierarchical Level Data Structure  2.3.2 Table 2 — Detail Information  2.3.2.1 HL Segment  Loop ID-1000  The Claim  Interactions with Other Transactions  2.6.1 Functional Acknowledgment (997)	31 32 33 34 34 34 34 37 40
2.2 2.3 2.4 2.5	Loop Labeling and Use  2.2.1 Required and Situational Loops  Data Use by Business Use  2.3.1 Table 1 — Transaction Control Information  2.3.1.1 837 Table 1 — Header Level  2.3.1.2 Hierarchical Level Data Structure  2.3.2 Table 2 — Detail Information  2.3.2.1 HL Segment  Loop ID-1000  The Claim  Interactions with Other Transactions  2.6.1 Functional Acknowledgment (997)  2.6.2 Unsolicited Claim Status (277)	31 32 33 34 34 34 40 40
2.2 2.3 2.4 2.5 2.6	Loop Labeling and Use  2.2.1 Required and Situational Loops  Data Use by Business Use  2.3.1 Table 1 — Transaction Control Information  2.3.1.1 837 Table 1 — Header Level  2.3.1.2 Hierarchical Level Data Structure  2.3.2 Table 2 — Detail Information  2.3.2.1 HL Segment  Loop ID-1000  The Claim  Interactions with Other Transactions  2.6.1 Functional Acknowledgment (997)  2.6.2 Unsolicited Claim Status (277)  2.6.3 Remittance Advice (835)	31 32 33 34 34 34 40 40
2.2 2.3 2.4 2.5	Loop Labeling and Use  2.2.1 Required and Situational Loops  Data Use by Business Use  2.3.1 Table 1 — Transaction Control Information  2.3.1.1 837 Table 1 — Header Level  2.3.1.2 Hierarchical Level Data Structure  2.3.2 Table 2 — Detail Information  2.3.2.1 HL Segment  Loop ID-1000  The Claim  Interactions with Other Transactions  2.6.1 Functional Acknowledgment (997)  2.6.2 Unsolicited Claim Status (277)	31 32 33 34 34 37 40 40 40

3	Transaction S	Set	42
3.1	Presentation Ex	kamples	42
		t Listing	
	Segments	<u> </u>	••
		Transaction Set Header	56
		Beginning of Hierarchical Transaction	
		Transmission Type Identification	
		Submitter Name	
	PER	Submitter EDI Contact Information	64
		Receiver Name	
	HL	Billing/Pay-To Provider Hierarchical Level	69
		Billing/Pay-To Provider Specialty Information	
		Foreign Currency Information	
		Billing Provider Name	
		Billing Provider Address	
		Billing Provider City/State/ZIP Code	
		Billing Provider Secondary Identification	
		Credit/Debit Card Billing Information	
		Billing Provider Contact Information	
		Pay-To Provider Address	
		Pay-To Provider Address Pay-To Provider City/State/ZIP Code	
		Pay-To Provider Secondary Identification	
		Subscriber Hierarchical Level	
		Subscriber Information	
		Patient Information	
	NM1		
	N3	Subscriber Address 1	
		Subscriber City/State/ZIP Code 1	
		Subscriber Demographic Information 1	
	REF	Subscriber Secondary Identification 1	117
	REF	Property and Casualty Claim Number 1	119
		Credit/Debit Card Account Holder Name1	
		Credit/Debit Card Information1	
	NM1	Payer Name1	26
		Payer Address1	
		Payer City/State/ZIP Code	
		Payer Secondary Identification	
	NM1		
		Responsible Party Address	
		Responsible Party City/State/ZIP Code	
	PAT NM1	Patient Information	
		Patient Address	
		Patient City/State/ZIP Code	
		Patient Demographic Information	
		Patient Secondary Identification Number	
		Property and Casualty Claim Number	
		Claim information	
		Discharge Hour1	

4

DTP	Statement Dates	
DTP	Admission Date/Hour	169
CL1	Institutional Claim Code	171
PWK	Claim Supplemental Information	173
CN1	Contract Information	176
AMT	Payer Estimated Amount Due	178
AMT	Patient Estimated Amount Due	180
AMT	Patient Paid Amount	
AMT	Credit/Debit Card Maximum Amount	
REF	Adjusted Repriced Claim Number	185
REF	Repriced Claim Number	
REF	Claim Identification Number For	
	Clearinghouses and Other Transmission	
	Intermediaries	187
REF	Document Identification Code	
REF	Original Reference Number (ICN/DCN)	
REF	Investigational Device Exemption Number	
REF	Service Authorization Exception Code	
REF	Peer Review Organization (PRO) Approval	
	Number	197
REF	Prior Authorization or Referral Number	
REF	Medical Record Number	
REF	Demonstration Project Identifier	
K3	File Information	
NTE	Claim Note	
NTE	Billing Note	208
CR6	Home Health Care Information	
CRC	Home Health Functional Limitations	
CRC	Home Health Activities Permitted	221
CRC	Home Health Mental Status	224
HI	Principal, Admitting, E-Code and Patient	
	Reason For Visit Diagnosis Information	227
HI	Diagnosis Related Group (DRG) Information	
HI	Other Diagnosis Information	
HI	Principal Procedure Information	242
HI	Other Procedure Information	
HI	Occurrence Span Information	256
HI	Occurrence Information	267
HI	Value Information	280
HI	Condition Information	
HI	Treatment Code Information	299
QTY	Claim Quantity	306
HCP	Claim Pricing/Repricing Information	308
CR7	Home Health Care Plan Information	314
HSD	Health Care Services Delivery	316
NM1	Attending Physician Name	321
PRV	Attending Physician Specialty Information	324
REF	Attending Physician Secondary Identification	326
NM1	Operating Physician Name	328
PRV	Operating Physician Specialty Information	
REF	Operating Physician Secondary Identification	333
NM1	Other Provider Name	
PRV	Other Provider Specialty Information	338

REF	Other Provider Secondary Identification	340
NM1	Referring Provider Name	342
PRV	Referring Provider Specialty Information	345
REF	Referring Provider Secondary Identification	
NM1	Service Facility Name	
PRV	Service Facility Specialty Information	
N3	Service Facility Address	
N4	Service Facility City/State/Zip Code	355
REF	Service Facility Secondary Identification	
SBR	Other Subscriber Information	
CAS		
	Payer Prior Payment	
AMT	•	
	Amount	372
AMT		_
	Submitted Charges	373
AMT		
	Amount	374
AMT		
	Paid Amount	376
AMT	Medicare Paid Amount - 100%	378
AMT	Medicare Paid Amount - 80%	380
AMT	Coordination of Benefits (COB) Medicare A	
	Trust Fund Paid Amount	382
AMT	Coordination of Benefits (COB) Medicare B	
	Trust Fund Paid Amount	384
AMT	` ,	
	Non-covered Amount	386
AMT	,	
	Amount	
	Other Subscriber Demographic Information	
	Other Insurance Coverage Information	
	Medicare Inpatient Adjudication Information	
MOA	Medicare Outpatient Adjudication Information	
NM1		
N3	Other Subscriber Address	
N4	,	
REF	Other Subscriber Secondary Information	
NM1	Other Payer Name	
N3	,	
	Other Payer City/State/ZIP Code	
	Claim Adjudication Date	415
REF	Other Payer Secondary Identification and	
	Reference Number	416
REF	Other Payer Prior Authorization or Referral	
	Number	
NM1	Other Payer Patient Information	
REF	Other Payer Patient Identification Number	
NM1	Other Payer Attending Provider	
REF	Other Payer Attending Provider Identification	
NM1	Other Payer Operating Provider	
REF	Other Payer Operating Provider Identification	
NM1	Other Payer Other Provider	432

	REF	Other Payer Other Provider Identification	434
		Other Payer Referring Provider	
		Other Payer Referring Provider Identification	
		Other Payer Service Facility Provider	
		Other Payer Service Facility Provider	
		Identification	442
	LX	Service Line Number	
		Institutional Service Line	
		Prescription Number	
		Line Supplemental Information	
		Service Line Date	
		Assessment Date	
		Service Tax Amount	
		Facility Tax Amount	
		Attending Physician Name	
		Attending Physician Specialty Information	
		Attending Physician Secondary Identification	
		Operating Physician Name	
		Operating Physician Specialty Information	
		Operating Physician Secondary Identification	
		Other Provider Name	
		Other Provider Specialty Information	
		Other Provider Secondary Identification	
		Referring Provider Name	
		Referring Provider Specialty Information	
		Referring Provider Secondary Identification	
		Service Line Adjudication Information	
		Service Line Adjustment	
		Service Adjudication Date	
	SE	Transaction Set Trailer	503
4	<b>EDI Transmis</b>	sion Examples for Different	
		es	EOE
	Dusiliess Us		505
4.1	Institutional		505
		Scenario 1 — 837 Institutional Claim	
		Scenario 2 — 837 Institutional PPO	
	Repriced	Claim	507
		Scenario 3 — Two Claims for the Same	
			509
4.0			
4.2		asualty	
		Scenario 1 — Homeowners/Casualty Claim.	
		Scenario 2 — Worker's Compensation	
	4.2.3 Business	Scenario 3 — Automobile Accident	516
	100 1/40 11	•	
Α	ASC X12 Nor	nenclature	A.1
A.1	Interchange an	d Application Control Structures	A 1
		ge Control Structure	
		on Control Structure Definitions and	
			Δ 2
		Basic Structure	
		Basic Character Set	
	7.1.2.2	Daoio Onaraotor Oct	/٦.८

		A.1.2.3	Extended Character Set	A.Z
		A.1.2.4	Control Characters	A.3
		A.1.2.5	Base Control Set	A.3
			Extended Control Set	
			Delimiters	
	Δ13		Transaction Structure Definitions and	
	A.1.3			Λ 1
			Deta Flament	
			Data Element	
			Composite Data Structure	
			Data Segment	
			Syntax Notes	
			Semantic Notes	
		A.1.3.6	Comments	A.7
		A.1.3.7	Reference Designator	A.7
		A.1.3.8	Condition Designator	A.8
			Absence of Data	
			Control Segments	
			Transaction Set	
			Functional Group	
	Δ14		s and Control Structures	
	Α		Interchange Control Structures	
			Functional Groups	
			HL Structures	
	A 4 E			
	A.1.5		edgments	
			Interchange Acknowledgment, TA1	
		A.1.5.2	Functional Acknowledgment, 997	
В	EDI C	ontrol [	Directory	
			Directory	B.1
B B.1	Contro	l Segme	Directorynts	B.1
	Contro	l Segme Interchan	Directory nts ge Control Header	B.1 B.3 B.3
	Contro ISA IEA	I Segme Interchan Interchan	Directory  nts  ge Control Header  ge Control Trailer	B.1 B.3 B.3
	Contro ISA IEA GS	I Segme Interchan Interchan Function	Directory  nts  ge Control Header  ge Control Trailer  al Group Header	B.1 B.3 B.7 B.8
	Contro ISA IEA GS GE	I Segme Interchan Interchan Functiona Functiona	Directory  nts ge Control Header ge Control Trailer al Group Header	B.1B.3B.3B.7B.8
	Contro ISA IEA GS GE	I Segme Interchan Interchan Functiona Functiona	Directory  nts  ge Control Header  ge Control Trailer  al Group Header	B.1B.3B.3B.7B.8
B.1	Contro ISA IEA GS GE TA1	I Segme Interchan Interchan Functiona Functiona Interchan	Directory  nts  ge Control Header  ge Control Trailer  al Group Header  ge Acknowledgment  nowledgment Transaction Set, 997	B.1B.3B.7B.8B.10B.11
B.1	Contro ISA IEA GS GE TA1 Functio	I Segme Interchan Interchan Functiona Functiona Interchan Onal Ack Transacti	Directory  nts  ge Control Header  ge Control Trailer  al Group Header  ge Acknowledgment  nowledgment Transaction Set, 997  on Set Header	B.1 B.3 B.7 B.8 B.10 B.11 B.15
B.1	Contro ISA IEA GS GE TA1 Functio	I Segme Interchan Interchan Functiona Functiona Interchan Onal Ack Transacti	Directory  nts  ge Control Header  ge Control Trailer  al Group Header  ge Acknowledgment  nowledgment Transaction Set, 997  on Set Header	B.1 B.3 B.7 B.8 B.10 B.11 B.15
B.1	Contro ISA IEA GS GE TA1 Functio ST AK1	I Segme Interchan Interchan Functiona Functiona Interchan onal Ack Transacti Functiona	Directory  nts  ge Control Header  ge Control Trailer  al Group Header  ge Acknowledgment  nowledgment Transaction Set, 997  al Group Response Header	B.1 B.3 B.7 B.10 B.11 B.15 B.16
B.1	Contro ISA IEA GS GE TA1 Functio ST AK1 AK2	I Segme Interchan Interchan Functiona Functiona Interchan onal Ack Transacti Functiona	nts	B.1 B.3 B.7 B.8 B.10 B.11 B.15 B.16 B.18
B.1	Contro ISA IEA GS GE TA1 Functio ST AK1 AK2 AK3	I Segme Interchan Interchan Functiona Functiona Interchan onal Ack Transacti Functiona Transacti Data Seg	nts	B.1 B.3 B.7 B.8 B.10 B.11 B.15 B.16 B.18 B.19
B.1	Contro ISA IEA GS GE TA1 Functio ST AK1 AK2 AK3 AK4	I Segme Interchan Interchan Functiona Functiona Interchan Onal Ack Transacti Functiona Transacti Data Segundata Elen	nts	B.1 B.3 B.7 B.8 B.10 B.11 B.15 B.16 B.18 B.19 B.20
B.1	Contro ISA IEA GS GE TA1 Functio ST AK1 AK2 AK3 AK4 AK5	I Segme Interchan Functiona Functiona Interchan Onal Ack Transacti Functiona Transacti Data Segunta	nts ge Control Header ge Control Trailer al Group Header ge Acknowledgment nowledgment Transaction Set, 997 on Set Header al Group Response Header on Set Response Header ment Note nent Note on Set Response Trailer	B.1 B.3 B.7 B.8 B.10 B.11 B.15 B.16 B.18 B.20 B.22
B.1	Contro ISA IEA GS GE TA1 Functio ST AK1 AK2 AK3 AK4 AK5 AK9	I Segme Interchan Functiona Functiona Interchan Onal Ack Transacti Functiona Transacti Data Segue Data Elen Transacti Functiona	nts	B.1 B.3 B.7 B.8 B.10 B.11 B.15 B.16 B.18 B.20 B.22 B.24 B.24
B.1	Contro ISA IEA GS GE TA1 Functio ST AK1 AK2 AK3 AK4 AK5 AK9	I Segme Interchan Functiona Functiona Interchan Onal Ack Transacti Functiona Transacti Data Segue Data Elen Transacti Functiona	nts ge Control Header ge Control Trailer al Group Header ge Acknowledgment nowledgment Transaction Set, 997 on Set Header al Group Response Header on Set Response Header ment Note nent Note on Set Response Trailer	B.1 B.3 B.7 B.8 B.10 B.11 B.15 B.16 B.18 B.20 B.22 B.24 B.24
B.1	Contro ISA IEA GS GE TA1 Functio ST AK1 AK2 AK3 AK4 AK5 AK9 SE	I Segme Interchan Interchan Functiona Functiona Interchan Onal Ack Transacti Functiona Transacti Data Segue Data Elen Transacti Functiona Transacti Functiona Transacti	nts	B.10 B.10 B.10 B.11 B.15 B.16 B.18 B.19 B.20 B.22 B.24 B.27 B.30
B.1	Contro ISA IEA GS GE TA1 Functio ST AK1 AK2 AK3 AK4 AK5 AK9 SE	I Segme Interchan Interchan Functiona Functiona Interchan onal Ack Transacti Functiona Transacti Data Segunata Elen Transacti Functiona Transacti Functiona Transacti	nts ge Control Header ge Control Trailer al Group Header ge Acknowledgment nowledgment Transaction Set, 997 on Set Header al Group Response Header on Set Response Header ment Note nent Note on Set Response Trailer al Group Response Trailer al Group Response Trailer on Set Trailer	B.10 B.30 B.10 B.11 B.15 B.16 B.18 B.19 B.20 B.22 B.24 B.27 B.30
B.1	Contro ISA IEA GS GE TA1 Functio ST AK1 AK2 AK3 AK4 AK5 AK9 SE  Exteri	I Segme Interchan Interchan Functiona Functiona Interchan Onal Ack Transacti Functiona Transacti Data Seg Data Elen Transacti Functiona Transacti Functiona Transacti	nts ge Control Header ge Control Trailer al Group Header ge Acknowledgment nowledgment Transaction Set, 997 on Set Header al Group Response Header on Set Response Header ment Note non Set Response Trailer al Group Response Trailer	B.15 B.16 B.16 B.18 B.16 B.18 B.19 B.20 B.20 B.20
B.1	Contro ISA IEA GS GE TA1 Functio ST AK1 AK2 AK3 AK4 AK5 AK9 SE  Exteri	I Segme Interchan Interchan Functiona Functiona Interchan onal Ack Transacti Functiona Transacti Data Seg Data Elen Transacti Functiona Transacti Functiona Transacti Functiona Transacti	nts ge Control Header ge Control Trailer al Group Header ge Acknowledgment nowledgment Transaction Set, 997 on Set Header al Group Response Header on Set Response Header ment Note non Set Response Trailer al Group Response Trailer on Set Trailer on Set Trailer al Group Response Trailer on Set Trailer on Set Trailer	B.10 B.10 B.10 B.11 B.15 B.18 B.19 B.20 B.22 B.24 B.30 C.11 C.1
B.1	Contro ISA IEA GS GE TA1 Functio ST AK1 AK2 AK3 AK4 AK5 AK9 SE  Exteri	I Segme Interchan Functiona Functiona Interchan onal Ack Transacti Functiona Transacti Data Seg Data Elen Transacti Functiona Transacti Functiona Transacti Functiona Transacti Functiona Transacti	nts ge Control Header ge Control Trailer al Group Header ge Acknowledgment nowledgment Transaction Set, 997 on Set Header al Group Response Header on Set Response Header ment Note on Set Response Trailer al Group Response Trailer on Set Trailer on Set Trailer al Group Response Trailer on Set Trailer on Set Trailer	B.10 B.30 B.10 B.11 B.15 B.18 B.19 B.20 B.22 B.24 B.27 C.11 C.1
B.1	Contro ISA IEA GS GE TA1 Functio ST AK1 AK2 AK3 AK4 AK5 AK9 SE  Exteri	I Segme Interchan Functiona Functiona Interchan Onal Ack Transacti Functiona Transacti Data Seg Data Elen Transacti Functiona Transacti Functiona Transacti Functiona Transacti States an ZIP Code X12 Direct	nts ge Control Header ge Control Trailer al Group Header ge Acknowledgment nowledgment Transaction Set, 997 on Set Header al Group Response Header on Set Response Header ment Note non Set Response Trailer al Group Response Trailer on Set Trailer on Set Trailer al Group Response Trailer on Set Trailer on Set Trailer	B.10 B.30 B.10 B.11 B.15 B.18 B.19 B.20 B.22 B.24 B.27 B.30 C.1 C.1 C.1

	130 Health Care Financing Administration Common	0.0
	Procedural Coding System	C.3
	131 International Classification of Diseases Clinical Mod	C 4
	(ICD-9-CM) Procedure	0.4
	132 National Uniform Billing Committee (NUBC) Codes	
	139 Claim Adjustment Reason Code	
	229 Diagnosis Related Group Number (DRG)	
	231 Admission Type Code	
	235 Claim Frequency Type Code	
	236 Uniform Billing Claim Form Bill Type	C.6
	Administration Claim Form	C 7
	239 Patient Status Code	
	240 National Drug Code by Format	
	245 National Association of Insurance Commissioners	
	(NAIC) Code	C 8
	359 Treatment Codes	
	513 Home Infusion EDI Coalition (HIEC) Product/Service	
	Code List	C.8
	540 Health Care Financing Administration National PlanID	
D	Change Summary	D 1
	Griarige Garriniary	
Е	Data Element Name Index	
F	UB-92 Mapping	F.1
=		
F.1	UB-92 Form Locators	F.1
F.2	EMC v.6.0 Mapping	F.13
G	Credit/Debit Card Use	G.1
G.1	Credit/Debit Card Scenario 837 Transaction Set	G.1
Н	X12N Name Index	H.1

## 1 Purpose and Business Overview

## 1.1 Document Purpose

For the health care industry to achieve the potential administrative cost savings with Electronic Data Interchange (EDI), standards have been developed and need to be implemented consistently by all organizations. To facilitate a smooth transition into the EDI environment, uniform implementation is critical.

This is the implementation guide for the ANSI ASC X12N 837 Health Care Claims (837) transaction for institutional claims and/or encounters. This implementation guide provides standardized data requirements and content for all users of the 837. The purpose of this implementation guide is to expedite the goal of achieving a totally electronic data interchange health encounter/claims processing and payment environment. This implementation guide provides a definitive statement of what data translators must be able to handle in this version of the 837. The implementation guide also specifies limits and guidance to what a provider (submitter) can place in an 837. This implementation guide is intended to be compliant with the data standards set out by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its associated rules.

## 1.1.1 Trading Partner Agreements

It is appropriate and prudent for payers to have trading partner agreements that go with the standard Implementation Guides. This is because there are 2 levels of scrutiny that all electronic transactions must go through.

First is standards compliance. These requirements MUST be completely described in the Implementation Guides for the standards, and NOT modified by specific trading partners.

Second is the specific processing, or adjudication, of the transactions in each trading partner's individual system. Since this will vary from site to site (e.g., payer to payer), additional documentation which gives information regarding the processing, or adjudication, will prove helpful to each site's trading partners (e.g., providers), and will simplify implementation.

It is important that these trading partner agreements NOT:

- Modify the definition, condition, or use of a data element or segment in the standard Implementation Guide
- Add any additional data elements or segments to this Implementation Guide
- Utilize any code or data values which are not valid in this Implementation Guide
- Change the meaning or intent of this Implementation Guide

These types of companion documents should exist solely for the purpose of clarification, and should not be required for acceptance of a transaction as valid.

## 1.1.2 | HIPAA Role in Implementation Guides

The Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191 - known as HIPAA) includes provisions for Administrative Simplification, which require the Secretary of Department of Health and Human Services to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

Detailed Implementation Guides for each standard must be available at the time of the adoption of HIPAA standards so that health plans, providers, clearing-houses, and software vendors can ready their information systems and application software for compliance with the standards. Consistent usage of the standards, including loops, segments, data elements, etc., across all guides is mandatory to support the Secretary's commitment to standardization.

This Implementation Guide has been developed for use as a HIPAA Implementation Guide for Health Claims Payment Advice. Should the Secretary adopt the X12N 837 Health Care Claim: Institutional transaction as an industry standard, this Implementation Guide describes the consistent industry usage called for by HIPAA. If adopted under HIPAA, the X12N 837 Health Care Claim: Institutional transaction cannot be implemented except as described in this Implementation Guide.

## 1.2 Version and Release

This implementation guide is based on the October 1997 ASC X12 standards, referred to as Version 4, Release 1, Sub-release 0 (004010).

## 1.3 Business Use and Definition

The ASC X12N standards are formulated to minimize the need for users to reprogram their data processing systems for multiple formats by allowing data interchange through the use of a common interchange structure. These standards do not define the method in which interchange partners should establish the required electronic media communication link, nor the hardware and translation software requirements to exchange EDI data. Each trading partner must provide these specific requirements separately.

This implementation guide is intended to provide assistance in developing and executing the electronic transfer of health encounter and health claim data. With a few exceptions, this implementation guide does not contain payer-specific instructions. Trading partners agreements are not allowed to set data specifications that conflict with the HIPAA implementations. Payers are required by law to have the capability to send/receive all HIPAA transactions. For example, a payer who does not pay claims with certain home health information must still be able to electronically accept on their front end an 837 with all the home health data. The payer cannot up-front reject such a claim. However, that does not mean that the payer is required to bring that data into their adjudication system. The payer, acting in accordance with policy and contractual agreements, can ignore data within the 837 data set. In light of this, it is permissible for trading partners to specify a subset of an implementation guide as data they are able to \*process\* or act upon

most efficiently. A provider who sends the payer in the example above home health data has just wasted their resources and the resources of the payer. Thus, it behooves trading partners to be clear about the specific data within the 837 (i.e., a subset of the HIPAA implementation guide data) they require or would prefer to have in order to efficiently adjudicate a claim. The subset implementation guide must not contain any loops, segments, elements or codes that are not included in the HIPAA implementation guide. In addition, the order of data must not be changed. Trading partners cannot up-front, reject a claim based on the standard HIPAA transaction.

## 1.3.1 | Terminology

Certain terms have been defined to have a specific meaning within this guide. The following terms are particularly key to understanding and using this guide.

#### Dependent

In the hierarchical loop coding, the Dependent code indicates the use of the patient hierarchical loop (Loop ID-2000C).

#### **Destination Payer**

The destination payer is the payer who is specified in the Subscriber/Payer loop (Loop ID-2010BB).

#### Patient

The term "patient" is intended to convey the case where the Patient loop (Loop ID-2000C) is used. In that case, the patient is not the same person as the subscriber, and the patient is a person (e.g., spouse, children, others) who is covered by the subscriber's insurance plan. However, it also happens that the patient is sometimes the same person as the subscriber. In that case, all information about the patient/subscriber is carried in the Subscriber loop (Loop ID-2000B). See Section 2.3.2.1, HL Segment, for further details. Every effort has been made to ensure that the meaning of the word "patient" is clear in its specific context.

#### Provider

In a generic sense, the provider is the entity that originally submitted the claim/encounter. A provider may also have provided or participated in some aspect of the health care service described in the transaction. Specific types of providers are identified in this implementation guide (e.g., billing provider, referring provider).

#### Secondary Payer

The term "secondary payer" indicates any payer who is not the primary payer. The secondary payer may be the secondary, tertiary, or even quaternary payer.

#### Subscriber

The subscriber is the person whose name is listed in the health insurance policy. Other synonymous terms include "member" and/or "insured." In some cases the subscriber is the same person as the patient. See the definition of patient, and see Section 2.3.2.1, HL Segment, for further details.

#### Transmission Intermediary

A transmission intermediary is any entity that handles the transaction between the provider (originator of the claim/encounter transmission) and the destination payer. The term "intermediary" is not used to convey a specific Medicare contractor type.

#### 1.3.2 Batch and Real Time Definitions

Within telecommunications, there are multiple methods used for sending and receiving business transactions. Frequently, different methods involve different timings. Two methods applicable for EDI transactions are batch and real time. This guide is intended for use in a Batch only environment.

Batch — When transactions are used in batch mode, they are typically grouped together in large quantities and processed en-masse. In a batch mode, the sender sends multiple transactions to the receiver, either directly or through a switch (clearinghouse), and does not remain connected while the receiver processes the transactions. If there is an associated business response transaction (such as a 271 response to a 270 for eligibility), the receiver creates the response transaction for the sender off-line. The original sender typically reconnects at a later time (the amount of time is determined by the original receiver or switch) and picks up the response transaction. Typically, the results of a transaction that is processed in a batch mode would be completed for the next business day if it has been received by a predetermined cut off time.

Important: When in batch mode, the 997 Functional Acknowledgment transaction must be returned as quickly as possible to acknowledge that the receiver has or has not successfully received the batch transaction. In addition, the TA1 segment must be supported for interchange level errors (see section A.1.5.1 for details).

Real Time — Transactions that are used in a real time mode typically are those that require an immediate response. In a real time mode, the sender sends a request transaction to the receiver, either directly or through a switch (clearinghouse), and remains connected while the receiver processes the transaction and returns a response transaction to the original sender. Typically, response times range from a few seconds to around thirty seconds, and should not exceed one minute.

Important: When in real time mode, the receiver must send a response of either the response transaction, a 997 Functional Acknowledgment, or a TA1 segment (for details on the TA1 segment, see section A.1.5.1).

## 1.4 Information Flows

The Health Care Claim Transaction for Institutional Claims/Encounters (837) is intended to originate with the health care provider or the health care provider's designated agent. The 837 provides all necessary information to allow the destination payer to at least begin to adjudicate the claim. The 837 coordinates with a variety of other transactions including, but not limited to, the following: Claim Status (277), Remittance Advice (835), and Functional Acknowledgment (997). See Section 2.6, Interactions with Other Transactions, for a summary description of these interactions.

To ensure timely processing, specific information needs to be included when submitting bills to Property and Casualty payers (e.g. Automobile, Homeowner's, or Workers' Compensation insurers and related entities). Section 4.2, Property and Casualty, of this Implementation Guide explains these requirements.

## 1.4.1 UB-92/EMC v.6.0 Mapping

As an aid to UB-92 users during the initial implementation, Appendix F, UB-92 Mapping, provides a map of the UB-92 data elements (in both paper and electronic formats) to the elements' location on the 837. However, the map can not provide one-to-one correspondence due to factors such as the differences between variable and fixed-length records.

#### 1.4.2 Coordination of Benefits

One primary goal of this specific version and release of the 837 is to further develop the capability of handling coordination of benefits (COB) in a totally EDI environment. Electronic data interchange COB is predicated upon using two transactions — the 837 and the 835 (Health Care Claim Payment/Advice). See Sections 1.4.2.1, Introduction to a Business Model for Claims Requiring Coordination of Benefits, 1.4.2.2, Coordination of Benefits Data Models - Detail, and 1.4.2.3, Coordination of Benefits — Correction Detail, for details about the two methods of using the 837 in conjunction with the 835 to achieve electronic COB See Section 4, EDI Transmission Examples for Different Business Uses, for several detailed examples.

Trading partners must understand that EDI COB can not be achieved efficiently without using both the 837 and the 835 transactions. Furthermore, EDI COB creates a new interdependence in the health care industry. Previously, if Payer A chose not to develop the capability to send electronic remittance advices (835s), the effect was largely limited to its provider trading partners. However, if Payer A chooses not to implement electronic remittance advices, this now affects all other payers who are involved in COB over a claim with Payer A. In other words, if Payer A as a secondary payer wishes to achieve EDI COB, Payer A must rely on all other payers who are primary to it on any claim to also implement the 835.

#### 1.4.2.1 Coordination of Benefits Data Models — Detail

The 837 transaction handles two models of coordinating benefits. Both models are discussed in Section 1.4.2.2, Coordination of Benefits Data Models. See Section 4, EDI Transmission Examples for Different Business Uses, for examples of these models. The implementation guide contains notes on each COB-related data element specifying when it is used. See the Federal Register for HIPAA rules involving COB.

#### Model 1 — Provider-to-Payer-to-Provider

**Step 1.** In model 1, the provider originates the transaction and sends the claim information to Payer A, the primary payer. See figure 1, Provider-to-Payer-to-Provider COB Model. The Subscriber loop (Loop ID-2000B) contains information about the person who holds the policy with Payer A. Loop ID-2320 contains information about Payer B and the subscriber who holds the policy with Payer B. In this model, the primary payer adjudicates the claim and sends an electronic remittance advice (RA) transaction (835) back to the provider. The 835 contains the claim adjustment reason codes that applies to that specific claim. The claim adjustment reason codes detail what was adjusted and why.

**Step 2.** Upon receipt of the 835, the provider sends a second health care claim transaction (837) to Payer B, the secondary payer. The Subscriber loop (Loop ID-2000B) now contains information about the subscriber who holds the policy

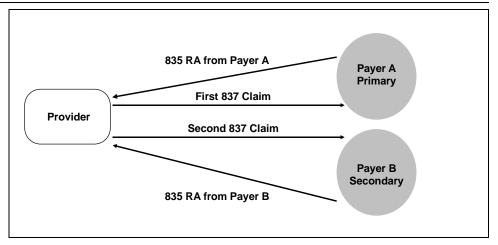


Figure 1. Provider-to-Payer-to-Provider COB Model

from Payer B. The information about the subscriber for Payer A is now placed in Loop ID-2320. Any total amounts paid at the claim level go in the AMT segment in Loop ID-2300. Any claim level adjustments codes are retrieved from the 835 from Payer A and put in the CAS (Claims Adjustment) segment in Loop ID-2300. Claim level amounts are placed in the AMT at the Loop ID 2320 level. Line Level adjustment reason codes are retrieved similarly from the 835 and go in the CAS segment in the 2430 loop. Payer B adjudicates the claim and sends the provider an electronic remittance advice.

**Step 3.** If there are additional payers (not shown in figure 1, Provider-to-Payer-to-Provider COB Model), step 2 is repeated with the Subscriber loop (Loop ID-2000B) having information about the subscriber who holds the policy from Payer C, the tertiary payer. COB information specific to Payer B is included by running the Loop ID-2320 again and specifying the payer as secondary, and, if necessary, by running Loop ID-2430 again for any line level adjudications.

#### Model 2 — Provider-to-Payer-to-Payer

**Step 1.** In model 2, the provider originates the transaction and sends claim information to Payer A, the primary payer. See figure 2, Provider-to-Payer-to-Payer COB Model. The Subscriber loop (Loop-ID 2000B) contains information about the person who holds the policy with Payer A. All other subscriber/payer informa-

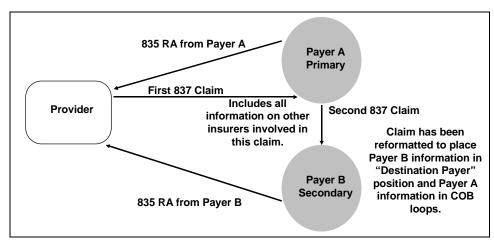


Figure 2. Provider-to-Payer-to-Payer COB Model

tion is included in Loop-ID 2320. In this model, the primary payer adjudicates the claim and sends an 835 back to the provider.

**Step 2.** Payer A reformats the 837 and sends it to the secondary payer. In reformatting the claim, Payer A takes the information about their subscriber and places it in Loop ID-2320. Payer A also takes the information about Payer B, the secondary payer/subscriber, and places it in the appropriate fields in the Subscriber Loop ID-2000B. Then Payer A sends the claim to Payer B. All COB information from Payer A is placed in the appropriate Loop ID-2320 and/or Loop ID-2430.

**Step 3.** Payer B receives the claim from Payer A and adjudicates the claim. Payer B sends an 835 to the provider. If there is a tertiary payer, Payer B performs step 2 (not shown in figure 2, Provider-to-Payer-to-Payer COB Model).

#### 1.4.2.1.1 Coordination of Benefits — Claim Level

The destination payer's information is located in Loop ID 2010BC. In addition, any destination payer specific claim information (e.g., referral number), is located in the 2300 loop. All provider identifiers in the 2310 and 2420 loops are specific to the destination payer. Loop ID-2320 occurs once for each payer responsible for the claim, except for the payer receiving the 837 transaction set (destination payer). The destination payer's information is located in Loop ID-2000B.

Loop ID-2320 contains the following:

- · claim level adjustments
- · insured demographics
- · various amounts
- other payer information
- · assignment of benefits indicator
- patient signature indicator

Inside Loop ID-2320, Loop ID-2330 contains the information for the payer and the subscriber. As the claim moves from payer to payer, the destination payer's information in Loop ID-2000B and Loop ID-2010BB must be exchanged with the next payer's information from Loop ID-2320/2330. The table below shows loop ID and payer information.

#### Sending the Claim to the First Destination Payer:

2000B/2010BB	First (usually the primary) payer
2320/2330	Second payer
2320/2330	Tertiary payer (repeat 2320/2330 loops as needed for additional payers).

#### Sending the Claim to the Second Destination Payer:

2000B/2010BB	Second (usually the secondary) payer
2320/2330	Primary payer
2320/2330	Tertiary payer
2320/2330	Any other payer (repeat 2320/2330 loops as needed for additional payers).

Sending the	Claim to the	<b>Third Destination</b>	Payer:
-------------	--------------	--------------------------	--------

2000B/2010BB	Third (usually the tertiary) payer
2320/2330	Primary payer
2320/2330	Secondary payer (repeat 2320/2330 loops as needed for additional payers.)

#### 1.4.2.1.2 Coordination of Benefits — Service Line Level

Loop ID-2430 is an optional loop that can occur one or more times for each service line. As each payer adjudicates the service lines, occurrences may be added to this loop to explain how the payer adjudicated the service line.

Loop ID-2430 contains the following:

- ID of the payer who adjudicated the service line
- amount paid for the service line
- procedure code upon which adjudication of the service line was based. This
  code may be different than the submitted procedure code. (This procedure
  code also can be used for unbundling or bundling service lines.)
- · paid units of service
- · service line level adjustments
- · adjudication date

To enable accurate matching of billed service lines with paid service lines, it is required that the payer return the original billed procedure code(s) and/or modifiers in the 835 if they are different from those used to pay the line. In addition, if a provider includes a line item control number at the 2400 level (REF01 = 6R) then payers are required to return this in the corresponding 835.

#### 1.4.2.2 Coordination of Benefits — Correction Detail

In electronic coordination of benefits, it occasionally happens that a claim is paid in error by the primary payer, and the error is discovered and corrected only after the claim was sent (with the payment information from the primary payer incorporated) to the secondary payer. When a claim is paid in error, the incorrect payment (835) is reversed out and the claim is re-paid. If a provider has a claim that involves coordination of benefits between several payers and the primary (or other) payer made a correction on a claim by reversing and resending the data, the implementation guide developers recommend that the entity sending the secondary claim send the corrected payment information to the secondary payer. Only segments specific to COB are included in the following examples.

#### Example

(This example is included in the *Health Care Claim Payment/Advice (835-004010) Implementation Guide* also.)

Original Claim/Remittance Advice:

In the original Preferred Provider Organization (PPO) payment, the reported charges are as follows:

Submitted charges:	\$100.00	
Adjustments		
Disallowed amount	\$20.00	
Co-insurance	\$16.00	
Deductible	\$24.00	
Payment amount	\$40.00	

#### Original 835:

In the original payment (835), the information is as follows:

#### CLP\*1234567890\*1\*100\*40\*40\*12~

1234567890 = Provider's claim identification number

1 = Paid as primary

100 = Amount billed

40 = Amount paid

40 = Patient responsibility

12 = PPO

#### CAS\*PR\*1\*24\*\*2\*16~

PR = Patient Responsibility adjustment reason group code

1 = Claim adjustment reason code— Deductible

24 = Amount of deductible

2 = Claim adjustment reason code — Coinsurance

16 = Amount of co-insurance

#### CAS\*CO\*45\*20~

CO = Contractual Obligation adjustment reason group code

45 = Claim adjustment reason code — Charges exceed your contracted/legislated fee arrangement

20 = Amount of adjustment

#### **Original Secondary 837:**

The 837 is sent to the secondary payer as follows. BHT02 uses code 00, Original, because this is the first time the secondary payer received this claim.

#### CAS\*PR\*1\*24\*\*2\*16~

PR = Patient Responsibility adjustment reason group code

1 = Claim adjustment reason code — Deductible

24 = Amount of deductible

2 = Claim adjustment reason code — Coinsurance

16 = Amount of co-insurance

#### CAS\*CO\*45\*20~

CO = Contractual Obligation adjustment reason group code

45 = Claim adjustment reason code — Charges exceed your contracted/legislated fee arrangement

20 = Amount of adjustment

#### AMT\*D\*40~

D = Payer Amount Paid code

40 = Amount

#### AMT\*F2\*40~

F2 = Patient Responsibility code

40 = Amount

#### 1.4.2.2.1 Reversal and Correction Method of COB

Corrected Remittance Advice and Claim:

The primary payer finds an error in the original claim adjudication that requires a correction. In this case, the disallowed amount should have been \$40.00 instead of the original \$20.00. The co-insurance amount should have been \$12.00 instead of \$16.00, and the deductible amount remained the same.

The reversal and correction method reverses the original payment, restoring the patient accounting system to the pre-posting balance for this patient. The payer sends an 835 showing the reversal of the original claim (reversal 835) and then sends the corrected claim payment (corrected 835) to the provider to post to the account. It is anticipated that the provider has the ability to post these reversals electronically, without any human intervention.

The secondary payer also should be able to handle corrections electronically. The provider does not need to send the information from the reversal 835 to the secondary payer. The provider must send the information from the corrected 835 to the secondary payer. The secondary payer handles the information from the corrected 835 in the manner that best suits the secondary payer's specific accounting system.

In the 835, reversing the original claim payment is accomplished with code 22, Reversal of Previous Payment, in CLP02; code CR, Corrections and Reversals, in CAS01; and appropriate adjustments. All original charge, payment, and adjustment amounts are negated.

#### Reversal 835:

#### CLP\*1234567890\*22\*-100\*-40\*\*12~

1234567890 = Provider's claim identification number

22 = Reversal of Previous Payment code

-100 = Reversal of original billed amount

-40 = Reversal of original paid amount

12 = PPO provider code

#### CAS\*CR\*1\*-24\*\*2\*-16\*\*45\*-20~

CR = Correction and Reversals adjustment reason group code

1 = Claim adjustment reason code — Deductible

-24 = Amount of deductible

2 = Claim adjustment reason code — Coinsurance

-16 = Amount of co-insurance

45 = Claim adjustment reason code — Charges exceed your contracted/legislated fee arrangement

-20 = Amount of adjustment

#### Corrected 835:

The corrected payment information is then sent in a subsequent 835.

#### CLP\*1234567890\*1\*100\*24\*36\*12~

1234567890 = Provider's claim identification number

1 = Paid as primary

100 = Amount billed

24 = Amount paid

36 = Patient responsibility

12 = PPO

#### CAS\*PR\*1\*24\*\*2\*12~

PR = Patient Responsibility adjustment reason group code

1 = Claim adjustment reason code — Deductible

24 = Amount of deductible

2 = Claim adjustment reason code — Coinsurance

12 = Amount of co-insurance

#### CAS\*CO\*45\*40~

CO = Contractual Obligation adjustment reason group code

45 = Claim adjustment reason code — Charges exceed your contracted/legislated fee arrangement

40 = Amount of adjustment

#### **Corrected Secondary 837:**

The reversal information is sent to the secondary payer in an 837. The corrected 837 COB payment information is sent as follows: CLM05-3 uses code 7, Resubmission, to indicate that this claim is not a duplicate.

#### CAS\*PR\*1\*24\*\*2\*12~

PR = Patient Responsibility adjustment reason group code

1 = Claim adjustment reason code — Deductible

24 = Amount of deductible

2 = Claim adjustment reason code — Coinsurance

12 = Amount of co-insurance

#### CAS\*CO\*45\*40~

CO = Contractual Obligation adjustment reason group code

45 = Claim adjustment reason code — Charges exceed your contracted/legislated fee arrangement

40 = Amount of adjustment

#### AMT\*D\*24~

D = Payer Amount Paid code

24 = Amount

#### AMT\*F2\*36~

F2 = Patient Responsibility code

36 = Amount

## 1.4.3 Service Line Procedure Code Bundling and Unbundling

This explanation of bundling and unbundling is not applicable to the building of initial claims to primary payers. However, it is applicable to secondary claims that must contain the results of the primary payer's processing.

Procedure code bundling or unbundling occurs when a payer believes that the actual services performed and reported for payment in a claim can be represented by a different group of procedure codes.

Bundling occurs when two or more reported procedure codes are paid under only one procedure code. Unbundling occurs when one submitted procedure code is paid and reported back as two or more procedure codes. In the interest of standardization, payers should perform bundling or unbundling in a consistent manner when including their explanation of benefits on a claim.

See the 004010 835 implementation guide for an explanation on how bundling and unbundling are handled in that transaction.

#### **Bundling:**

In a COB situation, it may be necessary to show payment on bundled lines. When showing bundled service lines, the health care claim must report all of the originally submitted service lines. The first bundled procedure should include the new bundled procedure code in the SVD (Service Line Adjudication) segment (SVD03). The other procedure or procedures that are bundled into the same line should be reported as originally submitted with the following:

- an SVD segment with zero payment (SVD02),
- a pointer to the new bundled procedure code (SVD06, data element 554 (Assigned Number) is the bundled service line number that refers to either the line item control number (REF01 = 6R) submitted by the provider in the 837 (one/line) or the LX assigned number of the service line into which this service line was bundled if no line item control number is assigned),
- a CAS segment with a claim adjustment reason code of 97 (payment is included in the allowance for the basic service), and
- an adjustment amount equal to the submitted charge.

The Adjustment Group in the CAS01 should be either CO (Contractual Obligation) or PI (Payer Initiated), depending upon the provider/payer relationship.

#### **Bundling Example**

Hospital A submits procedure code A and B for \$100.00 each to a PPO as primary coverage. Each procedure was performed on the same date of service. The PPO's adjudication systems screens the submitted procedures and notes that procedure C covers the services rendered by the hospital on that single date of service. The PPO's maximum allowed amount for procedure C is \$120.00. The patient's co-insurance amount for procedure C is \$20.00. The patient has not met the\$50.00 deductible.

The following example includes only segments specific to bundling.

#### Claim Level (Loop ID-2320)

#### CAS\*PR\*1\*50~

PR = Patient's Responsibility

1 = Adjustment reason - Deductible amount

50 = Amount of adjustment

#### Service Line Level (Loop ID-2430)

#### LX\*1~

1 = Service line 1

#### SV2\*300\*HC:A:100\*UN\*1~

300 = Revenue code

HC = HCPCS qualifier

A = HCPCS procedure code

100 = Submitted charge

UN = Units

1 = Number of units

#### SVD\* PAYER ID\*70\*HC:C\*\*1~

PAYER ID = ID of the payer who adjudicated this service line

70 = Payer amount paid

HC = HCPCS qualifier

C = HCPCS procedure code

1 = Paid units of service

#### CAS\*PR\*2\*20~

PR = Patient Responsibility

2 = Adjustment reason - Coinsurance amount

20 = Amount of adjustment

#### LX\*2~

2 = Service line 2

#### SV1\*HC:B\*100\*UN\*1\*\*\*\*N~

HC = HCPCS qualifier

B = HCPCS procedure code

100 = Submitted charge

UN = Units

1 = Number of units

#### SVD\* PAYER ID\*0\*HC:C\*\*1\*1~

PAYER ID = ID of the payer who adjudicated this service line

0 = Payer amount paid

HC = HCPCS qualifier

C = HCPCS procedure code

1 = Paid units of service

1 = Service line this line was bundled into

#### CAS\*CO\*97\*100~

CO = Patient Responsibility

97 = Adjustment reason - Payment is included in the allowance for the basic service/procedure.

100 = Amount of adjustment

#### **Bundling with COB Example**

Here's an example of how to combine bundling with COB:

Dr. Smith submits procedure code A and B for \$100.00 each to his PPO as primary coverage. Each procedure was performed on the same date of service. The original 837 submitted by Dr. Smith contains this information. Only segments specific to bundling are included in the example.

#### **Original 837**

LX\*1~ (Loop 2400)

1 = Service line 1

SV2\*HC:A\*100\*UN\*1\*\*N~

HC = HCPCS qualifier

A = HCPCS code

100 = Submitted charge

UN = Units code

1 = Units billed

N = Not an emergency code

#### REF\*6R\*2J01K~

6R = Line item control number code 2J01K = Control number for this line

LX\*2~ (Loop 2400)

2 = Service line 2

SV2\*HC:B\*100\*UN\*1\*\*N~

HC = HCPCS qualifier

B = HCPCS code

100 = Submitted charge

UN = Units code

1 = Units billed

N = Not an emergency code

#### REF\*6R\*2J02K~

6R = Line item control number

2J02K = Control number for this line

The PPO's adjudication system screens the submitted procedures and notes that procedure C covers the services rendered by Dr. Smith on that single date of service. The PPO's maximum allowed amount for procedure C is \$120.00. The patient's co-insurance amount for procedure C is \$20.00. The patient has not met the \$50.00 deductible. The following example includes only segments specific to bundling. The key number to automate tracking of bundled lines is the line item control number assigned to each service line by the provider.

#### Claim Level (Loop ID-2320)

#### CAS\*PR\*1\*50~

PR = Patient's Responsibility

1 = Adjustment reason - Deductible amount

50 = Amount of adjustment

#### Service Line Level (Loop ID-2400)

#### SV2\*HC:A\*100\*UN\*1\*\*N~

HC = HCPCS qualifier

A = HCPCS code

100 = Submitted charge

UN = Units code

1 = Units billed

N = Not an emergency code

#### REF\*6R\*2J01K~

6R = Line item control number

2J01K = Control number for this line

#### SVD\*PAYER ID\*70\*HC:C\*\*1~ (Loop 2430)

Payer ID = ID of the payer who adjudicated this service line

70 = Payer amount paid

HC = HCPCS qualifier

C = HCPCS code for bundled procedure

1 = Paid units of service

2J01K = Line item control number

#### CAS\*PR\*2\*20~

PR = Patient Responsibility

2 = Adjustment reason — Co-insurance amount

20 = Amount of adjustment

#### LX\*2~ (Loop 2400)

2 = Service line 2

#### SV2\*HC:B\*100\*UN\*1\*\*N~

HC = HCPCS qualifier

B = HCPCS code

100 = Submitted charge

UN = Units code

1 = Units billed

N = Not an emergency code

#### REF\*6R\*2J02K~

6R = Line item control number code

2J02K = Control number for this line

#### SVD\*PAYER ID\*0\*HC:C\*1\*2J01K~ (Loop 2430)

Payer ID = ID of the payer who adjudicated this service line

0 = Payer amount paid

HC = HCPCS qualifier

C = HCPCS code for bundled procedure

1 = Units paid

2J01K = Service line into which this service line was bundled

#### CAS\*CO\*97\*100~

CO = Contractual obligations qualifier

97 = Adjustment reason - Payment is included in the allowance for the basic service/procedure

100 = Amount of adjustment

Bundling with more than two payers in a COB situation where there is bundling and more than two payers show all claim level adjustments for each payer in 2320 and 2330 loop as follows:

#### 2330 Loop (for payer A)

SBR\* identifies the other subscriber for payer A identified in 2330B

CAS\* identifies all the claim level adjustments for payer A

#### **2330A Loop**

NM1\*identifies other subscriber for payer A

#### **2330B Loop**

NM1\* identifies payer A

#### 2320 Loop (for payer B)

SBR\* identifies the other subscriber for payer B identified in 2330B loop

CAS\* identifies all the claim level adjustments for payer B

#### **2330A Loop**

NM1\*identifies other subscriber for payer B

#### **2330B Loop**

NM1\* identifies payer B

#### 2320 Loop (for payer C)

SBR\* identifies the other subscriber for payer C identified in 2330B loop

CAS\* identifies all the claim level adjustments for payer C

#### **2330A Loop**

NM1\*identifies other subscriber for payer C

#### **2330B Loop**

NM1\* identifies payer C

Repeat as necessary up to a maximum of 10 times. Any one claim can carry up to a total of 11 payers (10 carried at the COB level and 1 carried up at the top 2010BB loop).

Once all the claim level payers and adjustments have been identified, run the 2400 loop once for each original billed service line. Use 2430 loops to show line level adjustment by each payer.

#### 2400 Loop

#### LX\*1~

SV2\* original data from provider

#### **2430 Loop** (for payer A)

SVD\*A\* their data for this line (the original billed procedure code plus the code A paid on)

CAS\* payer A's data for this line (repeat CAS as necessary)

DTP\* A's adjudication date for this line.

#### 2430 Loop (for payer B)

SVD\*B\* their data for this line (the original billed procedure code plus the code B paid on)

CAS\* payer B's data for this line (repeat CAS as necessary)

DTP\* B's adjudication date for this line.

**2430 Loop** (for payer C, only used if 837 is being sent to payer D)

SVD\*C\* their data for this line (the original billed procedure code plus the code C paid on)

CAS\* payer C's data for this line (repeat CAS as necessary)

DTP\* C's adjudication date for this line.

#### 2400 Loop

#### LX\*2~

SV2\* original data from provider for line 2

#### 2430 Loop (for payer A)

SVD\*A\* their data for this line (the original billed procedure code plus the code A paid on)

CAS\* payer A's data for this line (repeat CAS as necessary)

DTP\* A's adjudication date for this line.

#### 2430 Loop (for payer B)

SVD\*B\* their data for this line (the original billed procedure code plus the code B paid on)

CAS\* payer B's data for this line (repeat CAS as necessary)

DTP\* B's adjudication date for this line.

#### **2430 Loop** (for payer C, only used if 837 is being sent to payer D)

SVD\*C\* their data for this line (the original billed procedure code plus the code C paid on)

CAS\* payer C's data for this line (repeat CAS as necessary)

DTP\* C's adjudication date for this line.

Etc.

#### **Unbundling with COB**

When unbundling, the original service line detail should be followed by occurrences of the SVD loop, once for each unbundled procedure code.

#### **Unbundling Example**

The same PPO provider submits a one service claim. The billed service procedure code is A, with a submitted charge of \$200.00. The payer unbundled this into two services - B and C - each with an allowed amount of \$60.00. There is no deductible or co-insurance amount.

#### Claim Level (Loop ID-2320)

Only segments specific to unbundling are included in the following example.

#### CAS\*OA\*93\*0~

OA = Other adjustments qualifier

93 = Adjustment reason - No claim level adjustments.

0 = Amount of adjustment

#### Service Line Level (Loop ID-2400):

#### LX\*1~

1 = Service line 1

#### SV2\*HC:A\*200\*UN\*1\*\*N~

HC = HCPCS qualifier

A = HCPCS code

200 = Submitted charge

UN = Units code

1 = Units billed

N = Not an emergency code

#### REF\*6R\*JR001426789~

6R = Line item control number code

JR001426789 = Control number for this service line

#### Service Line Adjudication Information: (Loop ID-2430)

#### SVD\*PAYER ID\*60\*HC:B\*\*1~

Payer ID = ID of the payer who adjudicated this service line

60 = Payer amount paid

HC = HCPCS qualifier

B = Unbundled HCPCS code

#### CAS\*CO\*45\*35~

CO = Contractual obligations qualifier

45 = Adjustment reason — Charges exceed your contracted/legislated fee arrangement

35 = Amount of adjustment

#### SVD\*PAYER ID\*60\*HC:C

Payer ID = ID of the payer who adjudicated this service line

60 = Payer amount paid

HC = HCPCS qualifier

C = Unbundled HCPCS code

#### CAS\*CO\*45\*45~

CO = Contractual obligations qualifier

45 = Adjustment reason — Charges exceed your contracted/legislated fee arrangement

45 = Amount of adjustment

## 1.4.4 Crosswalking COB Data Elements

This section has been added to the 837 Health Care Claims professional implementation guide in the event that a trading partner wishes to automate their COB process. Trading partners who may be interested in automating the COB process include payers and providers or their representatives. Refer to final HIPAA rules for information about any mandates for payer-to-payer coordination of benefits (COB) in an electronic format. With the exception of Medicaid and Medicare crossover claims, most payers (with some notable exceptions) only accept COB claims from providers. Although it is possible to do COB in the 4010 version of the 837 it is somewhat awkward (which the workgroup intends to study and remedy if necessary in the future). The purpose of the discussion below is to clarify exactly which data must be moved around within the 837 to facilitate an automation of COB. Either payers or providers can elect to use this strategy.

For the purposes of this discussion there are two types of payers in the 837 (1) the destination payer, i.e., that payer receiving the claim who is defined in the 2010BC loop, and (2) any 'other' payers, i.e., those defined in the 2330B loop(s). The destination payer or the 'other' payers may be the primary, secondary or any other position payer in terms of when they are paying on the claim - the payment position is not particularly important in discussing how to manage the 837 in a COB situation. For this discussion, it is only important to distinguish between the

destination payer and any other payer contained in the claim. In a COB situation each payer in the claim takes a turn at being the destination payer. As the destination payer changes, the information that is identified with that payer must stay associated with them. The same is true of all the 'other' payers, who will each, in turn, become the destination payer as the claim is forwarded to them. It is the purpose of the example detailed below to demonstrate exactly how payer specific information stays associated with the correct payer as the destination payer rotates through the various COB payers.

#### **Business Model:**

The destination payer is defined as the payer that is described in the 2010BC loop. All the information contained in the 2300, 2310, 2400 and 2420 loops (not other sub-loops — just those specific loops) is specific to the destination payer. Information specific to other payers is contained in the 2320, 2330 and 2430 loops. Data that may be specific to a payer are shown in Table 1 below. The table details where this data is carried for the destination payer and where it is carried for any other payers who might be included in the claim for the professional implementation guide.

#### Example:

A claim is filed which involves three payers A, B, and C. In any 837 one payer is always the destination payer (the payer receiving the claim); the two 'other' payers in this example are carried in the 2320/2330 loops. In this example, the claim is first sent to payer A; payers B and C are carried in the 2320/2330 loops. In Table 1 the information specific to the destination payer is carried in the elements indicated in the second column (Destination Payer Location). Information specific to the non-destination payers is carried in the elements listed in the third column (Other Payer Location).

TABLE 1. Which elements are specific to the destination and 'other' payers in the 837.

Data Element Name	Destination Payer Location Loop - Segment Element	Other Payer Location Loop - Segment Element
Subscriber Last/Org Name	2010BA   NM103	2330A   NM103
Subscriber First Name	2010BA   NM104	2330A   NM104
Subscriber Middle Name	2010BA   NM105	2330A   NM105
Subscriber Suffix Name	2010BA   NM107	2330A   NM107
Subscriber Identification Number	2010BA   NM108/09	2330A   NM108/09
Subscriber Street Address (1)	2010BA   N301	2330A   N301
Subscriber Street Address (2)	2010BA   N302	2330A   N302
Subscriber City	2010BA   N401	2330A   N401
Subscriber State	2010BA   N402	2330A   N402
Subscriber ZIP Code	2010BA   N403	2330A   N403
Payer Name	2010BC   NM103	2330B   NM103
Payer ID	2010BC   NM108/09	2330B   NM108/09
Patient Identification Number	2010CA   NM108/09	2330C   NM108/09
Relationship of subscriber to patient <sup>2</sup>	2000B   SBR02	2320   SBR02

Assignment of Benefits Indicator	2300 - CLM08	2320   OI03
Patient's Signature Source Code	2300 - CLM10	2320   OI04
Release of Information	2300 - CLM09	2320   OI06
Prior Authorization or Referral Number - claim level	2300   REF01/02	2330C   REF01/02 of Prior Auth/Referral REF.
Provider identification number(s) - claim level	2310A-E   REF01/02	2330D-H   REF01/02 of other Payer Provider Identifiers.
Payer specific amounts	NO ELEMENTS <sup>1</sup>	All AMTs in the 2320 loop are specific to the payer identified in the 2330B loop of that iteration of the 2320 loop.
Prior Auth/Referral Number - line level	2400   REF01/02	2420G   REF01/02 of Prior Authorization or Referral REF
Provider identification number(s) line level	2420A-G   REF01/02	Not Crosswalked

<sup>&</sup>lt;sup>1</sup>All payer specific amounts apply only to payers who have already adjudicated the claim. The destination payer has yet to adjudicate the claim so there are no payer specific amounts that apply to the destination payer.

Once payer A has adjudicated the claim, whoever submits the claim to the second payer (B) then needs to move the information specific to payer A into the "other payer location" elements (column 3). Payer B's information is moved to the "destination payer location" (column 2). Payer C's information remains in the "other payer location" (column 3). Table 2 illustrates how the various payers take turns being the destination and 'other' payers.

TABLE 2.

Distinguishing the destination payer from the 'other' payer(s)

Destination Payer	'Other' Payer
When Payer A is the Destination Payer, then	Payer B & C are the 'Other' Payers
When Payer B is the Destination Payer, then	Payer C & A are the 'Other' Payers
When Payer C is the Destination Payer, then	Payer B & A are the 'Other' Payers

Once payer B has adjudicated the claim, whoever submits the claim to the third payer (C) then needs to move the information specific to payer B back into the "other payer location" elements. Payer C's information is moved to the "destination payer location" elements. Payer A's information remains in the "other payer location" elements.

## 1.5 | Property and Casualty

To ensure timely processing, specific information needs to be included when submitting bills to Property and Casualty payers (e.g. Automobile, Homeowner's, or Workers' Compensation insurers and related entities). Section 4.2 of this Implementation Guide explains these requirements.

<sup>&</sup>lt;sup>2</sup>As the subscriber information changes it may be necessary to change the value in 2000C PAT01 - Relationship of Patient to the Subscriber.

## 2 Data Overview

The data overview introduces the 837 transaction set structure and describes the positioning of business data within the structure. The implementation guide developers recommend familiarity with ASC X12 nomenclature, segments, data elements, hierarchical levels, and looping structure. For a review, see Appendix A, ASC X12 Nomenclature, and Appendix B, EDI Control Directory.

## 2.1 Overall Data Architecture

Two formats, or views, are used to present the transaction set — the implementation view and the standard view. The implementation view of the transaction set is presented in Section 2.1, Overall Data Architecture. See figure 3, 837 Transaction Set Listing, for the implementation view. Figure 3 displays only the segments described in this implementation guide and their designated health care names. The standard view, which is presented in Section 3, Transaction Set, displays all segments available within the transaction set and their assigned ASC X12 names.

The intent of the implementation view is to clarify the segments' purpose and use by restricting the view to display only those segments used with their assigned health care names.

POS.# S	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
005	ST	Transaction Set Header	R	1	
010 E	BHT	Beginning of Hierarchical Transaction	R	1	
015 F	REF	Transmission Type Identification	R	1	
1	Table	2 - Detail, Billing/Pay-To Provider Hierarch	hical Level		
POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
POS.# S	SEG. ID	NAME  LOOP ID - 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	USAGE	REPEAT	LOOP REPEAT
	SEG. ID	LOOP ID - 2000A BILLING/PAY-TO PROVIDER	USAGE R	REPEAT 1	
001 F		LOOP ID - 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL		1 1	
001 F	HL	LOOP ID - 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL Billing/Pay-To Provider Hierarchical Level	R	1 1 1	
001 F	HL PRV	LOOP ID - 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL Billing/Pay-To Provider Hierarchical Level Billing/Pay-To Provider Specialty Information	R S	1 1 1	
001 F 003 F 010 C	HL PRV	LOOP ID - 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL Billing/Pay-To Provider Hierarchical Level Billing/Pay-To Provider Specialty Information Foreign Currency Information	R S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Figure 3. 837 Transaction Set Listing

## 2.2 | Loop Labeling and Use

For the user's convenience, the 837 transaction uses two naming conventions for loops. Loops are labeled with a descriptive name as well as with a shorthand label. Loop ID-2000A BILLING/PAY-TO PROVIDER LEVEL contains information about the billing and pay-to providers. The descriptive name - BILLING/PAY-TO PROVIDER LEVEL - informs the user of the overall focus of the loop. The shorthand name -2000A - gives, at a glance, the position of the loop within the overall transaction. Billing and pay-to providers have their own subloops labeled Loop ID-

2010AA BILLING PROVIDER and Loop ID-2010AB PAY-TO PROVIDER. The shorthand labels for these loops are 2010AA and 2010AB because they are subloops of loop 2000A. When a loop is used more than once a letter is appended to it's numeric portion to allow the user to distinguish the various iterations of that loop when using the shorthand name of the loop. For example, loop 2000 has three possible iterations: Billing/Pay-to Provider, Subscriber and Patient. These loops are labeled 2000A, 2000B and 2000C respectively. Because the 2000 loops involve the hierarchical structure, it is required that they be used in order.

The order of equivalent loops is less important. Equivalent subloops do not need to be sent in the same order in which they appear in this implementation guide. In this transaction, subloops are those with a number that does not end in 00 (e.g., Loop ID-2010, Loop ID-2420, etc.). For example, loop 2310 has five possible uses identified: referring provider, rendering provider, purchased service provider, service facility location , and supervising provider. These loops are labeled 2310A, 2310B, 2310C, 2310D, and 2310E. Each of these 2310 loops is an equivalent loop. Because they do not specify an HL, it is not necessary to use them in any particular order. In a similar fashion, it is acceptable to send subloops 2010BB, 2010BD, 2010BA, and 2010BC in that order as long as they all belong to the same subloop. However, it is not ac-ceptable to send subloop 2330 before loop 2310 because these are not equivalent subloops.

In a similar manner, if a single loop has many iterations (repetitions) of a particular segment all the iterations of that segment are equivalent. For example there are many DTP segments in the 2300 loop. These are equivalent segments. It is not required that Order Date be sent before Initial Treatment date. However, it is required that the DTP segment in the 2300 loop come after the CLM segment because it carried in a different position within the 2300 loop.

Translators should distinguish between equivalent subloops and segments by qualifier codes (e.g., the value carried in NM101 in loops 2010BA, 2010 BB, and 2010BC; the values in the DTP01s in the 2300 loop), not by the position of the subloop or segment in the transaction. The number of times a loop or segment can be repeated is indicated in the detail information on that portion of the transaction.

## 2.2.1 Required and Situational Loops

Loop usage within ASC X12 transactions and their implementation guides can be confusing. Care must be used to read the loop requirements in terms of the context or location within the transaction.

The usage designator of a loop's beginning segment indicates the usage of the loop. If a loop is used, the first segment (initial segments) of that loop is required even if it is marked Situational.

If the usage of the first segment in a loop is marked Required, the loop must occur at least once unless it is nested in a loop that is not being used. An example of this is Loop ID-2330A - Other Subscriber Name. Loop 2330A is required only when Loop ID-2320 - Other Subscriber Information is used, i.e., if the claim involves coordination of benefits information. A parallel situation exists with the Loop ID-2330B - Other Payer Name. A note on the Required initial segment of a nested loop will indicate dependency on the higher level loop.

If the first segment is Situational, there will be a segment note addressing use of the loop. Any required segments in loops beginning with a Situational segment only occur when the loop is used.

## 2.3 Data Use by Business Use

The 837 is divided into two levels, or tables. The Header level, Table 1, contains transaction control information. The Detail level, Table 2, contains the detail information for the transaction's business function and is presented in 2.3.2, Table 2 — Detail Information.

### 2.3.1 Table 1 — Transaction Control Information

Table 1 is named the Header level (see figure 4, Header Level).

Table 1 identifies the start of a transaction, the specific transaction set, and the transaction's business purpose. Additionally, when a transaction set uses a hierarchical data structure, a data element in the header BHT01 — the Hierarchical Structure Code — relates the type of business data expected to be found within each level.

	Table 1 - Header				
POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
005	ST	Transaction Set Header	R	1	
010	BHT	Beginning of Hierarchical Transaction	R	1	
015	REF	Submission/Resubmission Identification	R	1	

Figure 4. Header Level

#### 2.3.1.1 837 Table 1 — Header Level

The following is a coding example of Table 1 in the 837. Refer to Appendix A, ASC X12 Nomenclature, for descriptions of data element separators (e.g., \*) and segment terminators (e.g., ~).

#### ST\*837\*0001~

837 = Transaction set identifier code

0001 = Transaction set control number

#### BHT\*0019\*00\*98766Y\*19970315\*0001\*CH~

0019 = Hierarchical structure code (information source, subscriber, dependent) 00 = Original

98766Y = Submitter's batch control number

19970315 = Date of file creation

0001 = Time of file creation

CH = Chargeable (claims)

#### REF\*87\*004010X096~

87 = Functional category

004010X096 = Institutional Implementation Guide

The Transaction Set Header (ST) segment identifies the transaction set by using 837 as the data value for the transaction set identifier code data element, ST01. The transaction set originator assigns the unique transaction set control number

ST02, shown in the previous example as 0001. In the example, the health care provider is the transaction set originator.

The Beginning of Hierarchical Transaction (BHT) segment indicates that the transaction uses a hierarchical data structure. The value of 0019 in the hierarchical structure code data element, BHT01, describes the order of the hierarchical levels and the business purpose of each level. See Section 2.3.1.2, Hierarchical Level Data Structure, for additional information about the BHT01 data element.

The BHT segment also contains the transaction set purpose code, BHT02, which indicates an **original transaction** by using data value 00. The submitter's business application system generates the following fields: BHT03, originator's reference number; BHT04, date of transaction creation; and BHT05, time of transaction creation. BHT02 is used to indicate the status of the transaction batch, i.e., is the batch an original transmission or a reissue (resubmitted) batch. BHT06 is used to indicate the type of billed service being sent: fee-for-service (claim) or encounter or a mixed bag of both.

Because the 837 is multi-functional, it is important for the receiver to know which business purpose is served, so the REF in the Header is used. A data value of 87 in REF01 indicates the **functional category**, or type, of 837 being sent. The appropriate value for REF02 is X096.

The Functional Group Header (GS) segment also identifies the business purpose of multi-functional transaction sets. See Appendix A, ASC X12 Nomenclature, for a detailed description of the elements in the GS segment.

#### 2.3.1.2 Hierarchical Level Data Structure

The hierarchical level (HL) structure identifies and relates the participants involved in the transaction. The participants identified in the 837 Institutional transaction are generally billing/pay-to provider, subscriber, and patient (when the patient is not the same person as the subscriber). The 0019 value in the BHT hierarchical structure code (BHT01) describes the appearance order of subsequent loops within the transaction set and refers to these participants, respectively, in the following terms:

- information source (billing provider)
- subscriber (can be the patient when the patient is the subscriber)
- dependent (patient, when the patient is not the subscriber)

The term "billing provider" indicates the information source hierarchical level (HL). The term "patient" indicates the dependent HL.

### 2.3.2 Table 2 — Detail Information

Table 2 uses the hierarchical level structure. Each hierarchical level is comprised of a series of loops. Numbers identify the loops. The hierarchical level that identifies the participants and the relationship to other participants is Loop ID-2000. The individual or entity information is contained in Loop ID-2010.

## 2.3.2.1 | HL Segment

The following information illustrates claim/encounter submissions when the patient is the subscriber and when the patient is not the subscriber.

#### NOTE

Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information is placed at the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber.

Claim/encounter submission when the patient is the subscriber:

Billing provider (HL03=20)

Subscriber (HL03=22)

Claim level information

Line level information, as needed

Claim/encounter submission when the **patient is not the subscriber:** 

Billing provider (HL03=20)

Subscriber (HL03=22)

Patient (HL03=23)

Claim level information

Line level information, as needed

Each HL may contain multiple "child" HLs. A child HL indicates an HL that is nested within (subordinate to) the previous HL. Hierarchical levels may also have a "parent" HL. A parent HL is the HL that is one level out in the nesting structure. An example follows.

Billing provider HL Parent HL to the subscriber HL

Subscriber HL Parent HL to the paitent

Child HL to the billing provider

Patient HL Child HL to the subscriber HL

For the subscriber HL, the billing provider HL is the parent. The patient HL is the child. The subscriber HL is contained within the billing provider HL. The patient HL is contained within the subscriber HL.

If the billing provider is submitting claims for more than one subscriber, each of whom may or may not have dependents, the HL structure between the transaction set header and trailer (ST—SE) could look like the following:

**BILLING PROVIDER** 

SUBSCRIBER #1 (Patient #1)

Claim level information

Line level information, as needed

SUBSCRIBER #2

PATIENT #P2.1 (e.g., subscriber #2 spouse)

Claim level information

Line level information, as needed

PATIENT #P2.2 (e.g., subscriber #2 first child)

Claim level information

Line level information, as needed

PATIENT #P2.3 (e.g., subscriber #2 second child)

Claim level information

Line level information, as needed

```
SUBSCRIBER #3 (Patient #3)
```

Claim level information

Line level information, as needed

#### SUBSCRIBER #4 (Patient #4)

Claim level information

Line level information, as needed

PATIENT #P4.1 (e.g., #4 subscriber's first child)

Claim level information

Line level information, as needed

Based on the previous example, the HL structure looks like the following:

#### HL\*1\*\*20\*1~ (indicates the billing provider)

1 = HL sequence number

\*\* (blank) = there is no parent HL (characteristic of the billing provider HL)

20 = information source

1 = there is at least one child HL to this HL

#### HL\*2\*1\*22\*0~ (indicates subscriber #1 for whom there are no dependents)

2 = HL sequence number

1 = parent HL

22 = subscriber (there is no child HL to this HL - claim level data follows)

0 = no subordinate HLs to this HL (there is no child HL to this HL - claim level data follows)

#### **HL\*3\*1\*22\*1~** (indicates subscriber #2 for whom there are dependents)

3 = HL sequence number

1 = parent HL

22 = subscriber

1 = there is at least one child HL to this HL

#### HL\*4\*3\*23\*0~ (indicates patient #P2.1)

4 = HL sequence number

3 = parent HL

23 = patient

0 = no subordinate HLs to this HL (there is no child HL to this HL - claim level data follows)

#### **HL\*5\*3\*23\*0~** (indicates patient #P2.2)

5 = HL sequence number

3 = parent HL

23 = dependent

0 = no subordinate HLs to this HL (there is no child HL to this HL - claim level data follows)

#### HL\*6\*3\*23\*0~ (indicates patient #P2.3)

5 = HL sequence number

3 = parent HL

23 = dependent

0 = no subordinate HLs to this HL (there is no child HL to this HL - claim level data follows)

#### **HL\*7\*1\*22\*0~** (indicates subscriber #3 for whom there are no dependents)

7 = HL sequence number

1 = parent HL

22 = subscriber

0 = no subordinate HLs to this HL (there is no child HL to this HL - claim level data follows)

**HL\*8\*1\*22\*1~** (indicates subscriber #4 who is a patient in their own right and for whom there are dependents)

8 = HL sequence number

1 = parent HL

22 = subscriber

1 = there is at least one child HL to this HL (claim level data follows for #4 after which comes HL\*9)

HL\*9\*7\*23\*0~ (indicates patient #P4.1 for subscriber #4)

9 = HL sequence number

7 = parent HL

23 = dependent

0 = no subordinate HLs to this HL (there is no child HL to this HL - claim level data follows)

If another billing provider is listed in the same ST–SE transaction, it could be listed as follows: **HL\*100\*\*20\*1~**. The HL sequence number of 100 indicates that there are 99 previous HL segments, but it is billing provider level HL (HL02 = \*\* (blank)) and is a different entity than the first billing provider listed.

From a review of these examples, the following information is noted:

- HLs are numbered sequentially. The sequential number is found in HL01, which is the first data element in the HL segment.
- The second element, HL02, indicates the sequential number of the parent hierarchical level to which this hierarchical level (HL01) is subordinate. The billing provider/information source has no parent. If the data value in HL02 is equal to "\*\* (blank)", it is known that this is the highest hierarchical level for all the contained subordinate levels. The billing provider level is not subordinate to any hierarchical level.
- The data value in data element HL03 describes the hierarchical level entity. For example, when HL03 equals 20, the hierarchical level is the billing provider; when HL03 equals 23, the hierarchical level is the dependent (patient).
- Data element HL04 indicates whether or not subordinate hierarchical levels exist. A value of "1" indicates subsequent hierarchical levels. A value of "0" or absence of a data value indicates that no subordinate hierarchical levels follow.
- · HLs must be transmitted in order.

# 2.4 | Loop ID-1000

Use of Loop ID-1000 is difficult to accurately define or describe. Originally, Loop ID-1000 was conceived of as an audit trail loop. Loop ID-1000 instructions directed that anyone who "opened the envelope" of a transaction should include another iteration of Loop ID-1000 so that it would be possible to identify all the entities who had an opportunity to change the data inside the enveloping structure. The audit trail concept is difficult to implement for a variety of reasons, and the developers of this implementation guide do not recommend using Loop ID-1000 as an audit trail in this transaction. Instead, the developers recommend using Loop ID-1000 to record the transaction submitter and the receiver. However, the submitter and receiver concepts are difficult to define accurately. The transaction submitter

mitter and receiver are not necessarily the two entities who may be passing the transaction between them. Given the complexity of transmission pathways, it is critical to define the submitter and receiver somewhere in the transmission.

Several figures follow to help clarify the difficulty in defining the terms "submitter" and "receiver." In figure 5, Loop ID-1000 — Example 1, the submitter is not the service provider. The submitter could be a billing service, an Automated Clearing House, or another entity who formats the claims into the 837. The original submitter can be thought of as the entity who initially formats the claim data into the ASC X12N transaction and begins the transmission chain, which ultimately ends at the payer. It is possible that the communication between the provider and the submitter is in the form of paper or some other non-standard EDI transaction.

The receiver is more difficult to define. Figure 5, Loop ID-1000 — Example 1, shows that the receiver is not necessarily the destination payer. The receiver is the entity who receives the claim transmission on behalf of perhaps many payer organizations. In figure 5, the receiver can be a Preferred Provider Organization (PPO), a repricer, or any of several other payer-associated entities. These entities can perform a variety of functions for the payer.

Entities A, B, and C can be any of a variety of types of EDI transmission organizations — Value-Added Networks (VANs), Automated Clearing Houses (ACHs), transmission nodes — who may or may not "open the envelope." Their EDI addresses are carried in the Interchange Control Header (ISA) segment of the transmission. (See Appendix B, EDI Control Directory, for an explanation of the ISA segment.) However, the implementation guide developers do not recommend that such entities put information in Loop ID-1000. The claim originator (the submitter) defines, by trading partner agreement, who the claim receiver is. As shown in figure 6, Loop ID-1000 — Example 2, the claim receiver may not be the next transmission entity in the transmission chain. The submitter is the one who completes Loop ID-1000 and identifies the transmission receiver.

It is possible that the provider is the submitter, and the payer the receiver. Figure 6, Loop ID-1000 — Example 2, and figure 7, Loop ID-1000 — Example 3, demon-

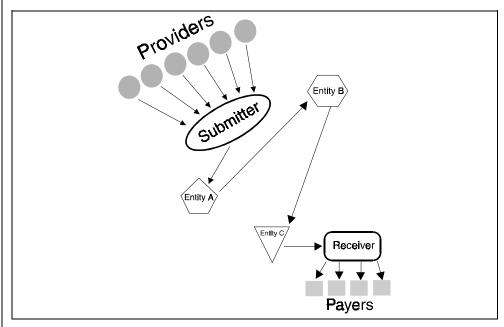


Figure 5. Loop ID-1000 — Example 1

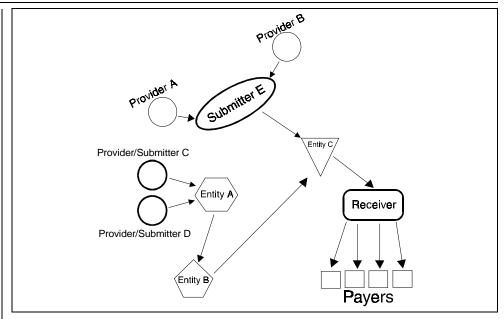


Figure 6. Loop ID-1000 — Example 2

strate alternate types of transmission pathways where the provider and the payer function as submitter and receiver. In figure 6, providers C and D function as submitters because they format their own claim data into an ASC X12N claim transmission package. Providers A and B use submitter E to perform that function and, therefore, are not submitters. In figure 7, payers A and B function as their own transmission receivers.

Because there is not a clear definition of submitter and receiver at this time, the developers of this implementation guide recommend that the submitter and receiver be clearly determined by trading partner agreement.

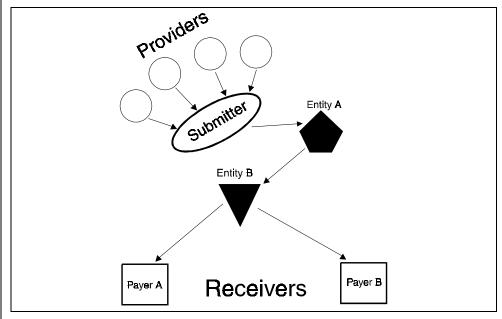


Figure 7. Loop ID-1000 — Example 3

# 2.5 | The Claim

After the HL structure is defined, the specific claim services are identified in Loop ID-2300. Loop ID-2305 identifies services that are specific to home health care. Loop ID-2310 identifies various providers who may have been involved in the health care services being reported in the transaction. Loop ID-2320 identifies all other insurance entities (coordination of benefits). Within Loop ID-2320, Loop ID-2330 identifies all the parties associated with the other insurance entities. Loop ID-2400 is required and identifies service line information. Loop ID-2410 identifies drug information. Loop ID-2420 identifies any service line providers who are different than claim level providers. Loop ID-2430 identifies any service line adjudication information (from a previous payer), and Loop ID-2440 is used to send information from specific forms.

# 2.6 Interactions with Other Transactions

An overview of transactions that interact with the 837 is presented here.

# 2.6.1 Functional Acknowledgment (997)

The Functional Acknowledgment (997) transaction is used as the first response to receiving an 837. The 997 informs the 837 submitter that the transmission arrived. In addition, the 997 can be constructed to send information about the syntactical guality of the 837 transmission.

# 2.6.2 Unsolicited Claim Status (277)

The Unsolicited Claim Status (277) transaction may be used as the second response to receiving an 837. The 277 transmission may be used to indicate to the provider which claims in an 837 batch were received electronically but not yet accepted into the adjudication system, which were accepted into the adjudication system (i.e., which claims passed the front-end edits) and which claims were rejected before entering the adjudication system. Certain information is taken from the 837 and used in, or crosswalked into, the 277 (e.g., the provider's claim identification number, the amount billed, etc.)

# 2.6.3 Remittance Advice (835)

Information in the Remittance Advice (835) transaction is generated by the payer's adjudication system. However, in a coordination of benefits (COB) situation where the provider is sending an 837 to a secondary payer, information from the 835 may be included in the secondary 837. As shown 1.4.2.3, Coordination of Benefits — Correction Detail, data from specific segments/elements in the 835 are crosswalked directly into the subsequent 837.

# 2.7 Limitations to the Size of a Claim/ Encounter (837) Transaction

Receiving trading partners may have system limitations regarding the size of the transmission they can receive. Some submitters may have the capability and the desire to transmit enormous 837 transactions with thousands of claims contained in them. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. Willing trading partners can agree to set CLM limits higher. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA.

# 2.8 Use of Data Segments and Elements Marked "Situational"

Institutional claims span an enormous variety of health care institutional specialties and payment situations. Because of this, it is difficult to set a single list of data elements that are required for all types of institutional health care claims. To meet the divergent needs of institutional claim submitters, many data segments and elements included in this implementation guide are marked "situational." Wherever possible, notes have been added to this implementation guide to clarify when to use a particular situational segment or element. For example, a data element may be marked "situational," but the note attached to the element may explain that under certain circumstances the element is "required." If there is not an explanatory note, interpret "situational" to mean "if the information is available and applicable to the claim, the developers of this implementation guide recommend that the information be sent."

# 3 | Transaction Set

### NOTE

See Appendix A, ASC X12 Nomenclature, for a review of transaction set structure, including descriptions of segments, data elements, levels, and loops.

# 3.1 Presentation Examples

The ASC X12 standards are generic. For example, multiple trading communities use the same PER segment to specify administrative communication contacts. Each community decides which elements to use and which code values in those elements are applicable. This implementation guide uses a format that depicts both the generalized standard and the trading community-specific implementation.

The transaction set detail is comprised of two main sections with subsections within the main sections:

Transaction Set Listing

Implementation

Standard

Segment Detail

Implementation

Standard

Diagram

**Element Summary** 

The examples in figures 8 through 13 define the presentation of the transaction set that follows.

The following pages provide illustrations, in the same order they appear in the guide, to describe the format.

The examples are drawn from the 835 Health Care Claim Payment/Advice Transaction Set, but all principles apply.

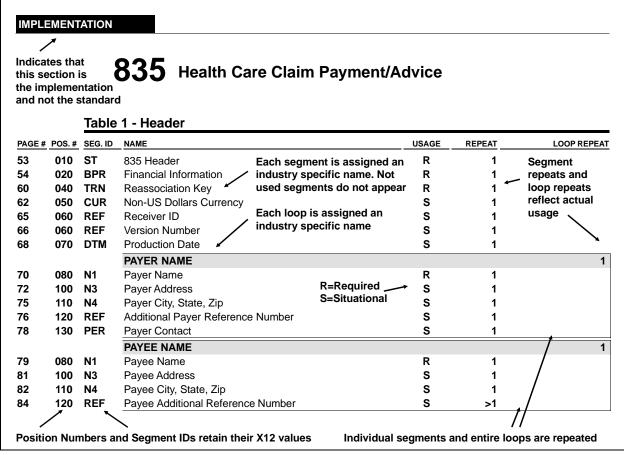


Figure 8. Transaction Set Key — Implementation

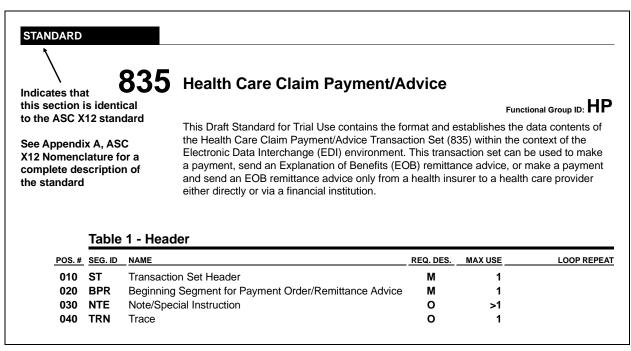


Figure 9. Transaction Set Key — Standard

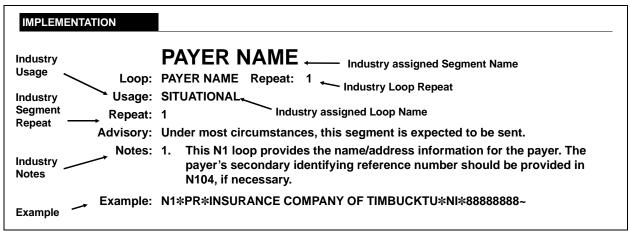


Figure 12. Segment Key — Implementation

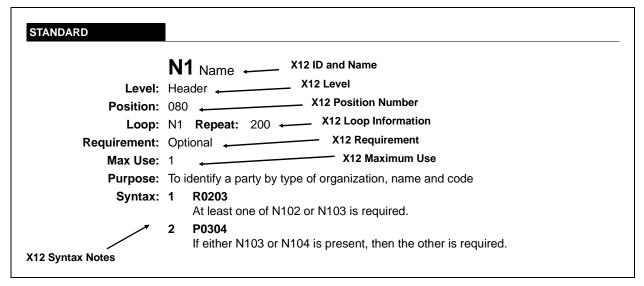


Figure 10. Segment Key — Standard

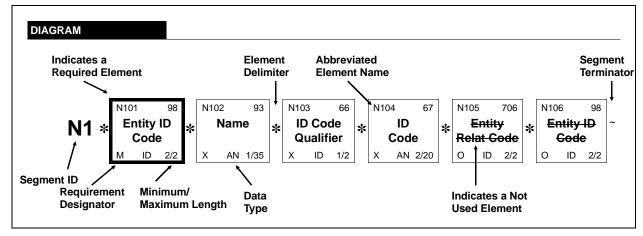
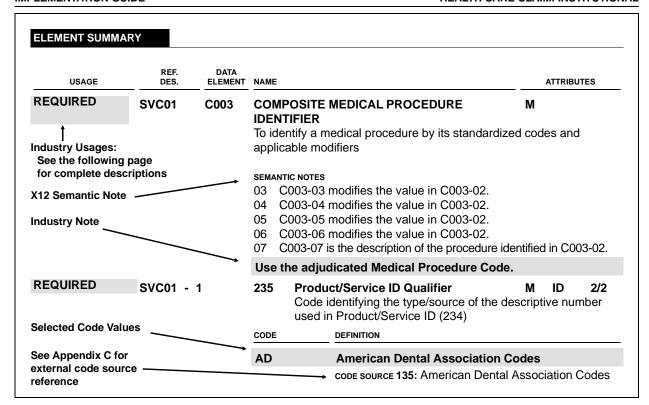


Figure 11. Segment Key — Diagram



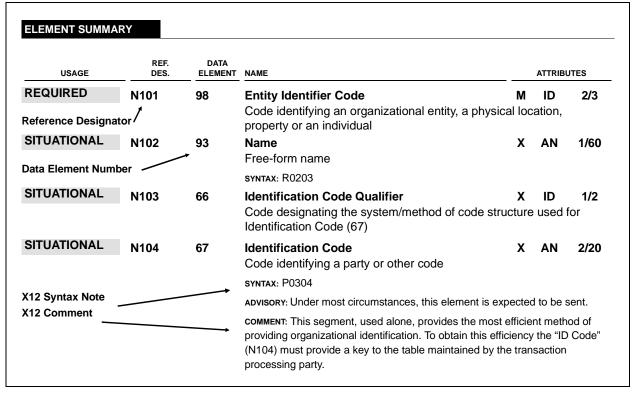


Figure 13. Segment Key — Element Summary

### **Industry Usages:**

**Required** This item must be used to be compliant with this implementation

guide.

**Not Used** This item should not be used when complying with this

implementation guide.

**Situational** The use of this item varies, depending on data content and busi-

ness context. The defining rule is generally documented in a syntax or usage note attached to the item.\* The item should be used whenever the situation defined in the note is true; otherwise, the

item should not be used.

\* NOTE

If no rule appears in the notes, the item should be sent if the data

is available to the sender.

### Loop Usages:

Loop usage within ASC X12 transactions and their implementation guides can be confusing. Care must be used to read the loop requirements in terms of the context or location within the transaction. The usage designator of a loop's beginning segment indicates the usage of the loop. Segments within a loop cannot be sent without the beginning segment of that loop.

If the first segment is Required, the loop must occur at least once unless it is nested in a loop that is not being used. A note on the Required first segment of a nested loop will indicate dependency on the higher level loop.

If the first segment is Situational, there will be a Segment Note addressing use of the loop. Any required segments in loops beginning with a Situational segment only occur when the loop is used. Similarly, nested loops only occur when the higher level loop is used.

# 837 Health Care Claim: Institutional

Table 1 - Header

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT					
56	005	ST	Transaction Set Header	R	1						
57	010	BHT	Beginning of Hierarchical Transaction	R	1						
60	015	REF	Transmission Type Identification	R	1						
			LOOP ID - 1000A SUBMITTER NAME			1					
61	020	NM1	Submitter Name	R	1						
64	045	045	045	045	045	045	PER	Submitter EDI Contact Information	R	2	
			LOOP ID - 1000B RECEIVER NAME			1					
67	020	NM1	Receiver Name	R	1						

Table 2 - Detail, Billing/Pay-To Provider Hierarchical Level

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL			>1
69	001	HL	Billing/Pay-To Provider Hierarchical Level	R	1	
71	003	PRV	Billing/Pay-To Provider Specialty Information	S	1	
73	010	CUR	Foreign Currency Information	S	1	
			LOOP ID - 2010AA BILLING PROVIDER NAME			1
76	015	NM1	Billing Provider Name	R	1	
79	025	N3	Billing Provider Address	R	1	
80	030	N4	Billing Provider City/State/ZIP Code	R	1	
82	035	REF	Billing Provider Secondary Identification	S	8	
85	035	REF	Credit/Debit Card Billing Information	S	8	
87	040	PER	Billing Provider Contact Information	S	2	
			LOOP ID - 2010AB PAY-TO PROVIDER NAME			1
91	015	NM1	Pay-To Provider Name	S	1	
94	025	N3	Pay-To Provider Address	R	1	
95	030	N4	Pay-To Provider City/State/ZIP Code	R	1	
97	035	REF	Pay-To Provider Secondary Identification	S	5	

Table 2 - Detail, Subscriber Hierarchical Level

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B SUBSCRIBER HIERARCHICAL LEVEL			>1
99	001	HL	Subscriber Hierarchical Level	R	1	
101	005	SBR	Subscriber Information	R	1	
106	007	PAT	Patient Information	S	1	
			LOOP ID - 2010BA SUBSCRIBER NAME			1
108	015	NM1	Subscriber Name	R	1	

112	025	N3	Subscriber Address	S	1	
113	030	N4	Subscriber City/State/ZIP Code	S	1	
115	032	DMG	Subscriber Demographic Information	S	1	
117	035	REF	Subscriber Secondary Identification	S	4	
119	035	REF	Property and Casualty Claim Number	S	1	
			LOOP ID - 2010BB CREDIT/DEBIT CARD ACCOUNT HOLDER NAME			1
121	015	NM1	Credit/Debit Card Account Holder Name	S	1	
124	035	REF	Credit/Debit Card Information	S	2	
			LOOP ID - 2010BC PAYER NAME			1
126	015	NM1	Payer Name	R	1	
129	025	N3	Payer Address	S	1	
130	030	N4	Payer City/State/ZIP Code	S	1	
132	035	REF	Payer Secondary Identification	S	3	
			LOOP ID - 2010BD RESPONSIBLE PARTY NAME			1
134	015	NM1	Responsible Party Name	S	1	
136	025	N3	Responsible Party Address	R	1	
137	030	N4	Responsible Party City/State/ZIP Code	R	1	

# Table 2 - Detail, Patient Hierarchical Level

For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BD in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 2.3.2.1, HL Segment, for details.

PAGE#	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEA
			LOOP ID - 2000C PATIENT HIERARCHICAL LEVEL			>1
139	001	HL	Patient Hierarchical Level	S	1	
141	007	PAT	Patient Information	R	1	
			LOOP ID - 2010CA PATIENT NAME			1
145	015	NM1	Patient Name	R	1	
148	025	N3	Patient Address	R	1	
149	030	N4	Patient City/State/ZIP Code	R	1	
151	032	DMG	Patient Demographic Information	R	1	
153	035	REF	Patient Secondary Identification Number	S	5	
155	035	REF	Property and Casualty Claim Number	S	1	
			LOOP ID - 2300 CLAIM INFORMATION			100
157	130	CLM	Claim information	R	1	
165	135	DTP	Discharge Hour	S	1	
167	135	DTP	Statement Dates	R	1	
169	135	DTP	Admission Date/Hour	S	1	
171	140	CL1	Institutional Claim Code	S	1	
173	155	PWK	Claim Supplemental Information	S	10	
176	160	CN1	Contract Information	S	1	
178	175	AMT	Payer Estimated Amount Due	S	1	
180	175	AMT	Patient Estimated Amount Due	S	1	
182	175	AMT	Patient Paid Amount	S	1	
184	175	AMT	Credit/Debit Card Maximum Amount	S	1	
185	180	REF	Adjusted Repriced Claim Number	S	1	
186	180	REF	Repriced Claim Number	S	1	

						0010100000
187	180	REF	Claim Identification Number For Clearinghouses and Other Transmission Intermediaries	s	1	
189	180	REF	Document Identification Code	s	1	
191	180	REF	Original Reference Number (ICN/DCN)	S	1	
193	180	REF	Investigational Device Exemption Number	S	1	
195	180	REF	Service Authorization Exception Code	S	1	
197	180	REF	Peer Review Organization (PRO) Approval Number	S	1	
198	180	REF	Prior Authorization or Referral Number	S	2	
200	180	REF	Medical Record Number	S	1	
202	180	REF	Demonstration Project Identifier	S	1	
204	185	К3	File Information	S	10	
205	190	NTE	Claim Note	S	10	
208	190	NTE	Billing Note	S	1	
210	216	CR6	Home Health Care Information	S	1	
218	220	CRC	Home Health Functional Limitations	S	3	
221	220	CRC	Home Health Activities Permitted	S	3	
224	220	CRC	Home Health Mental Status	S	2	
227	231	HI	Principal, Admitting, E-Code and Patient Reason For Visit	R	1	
			Diagnosis Information			
230	231	HI	Diagnosis Related Group (DRG) Information	S	1	
232	231	HI	Other Diagnosis Information	S	2	
242	231	HI	Principal Procedure Information	S	1	
244	231	HI	Other Procedure Information	S	2	
256	231	HI	Occurrence Span Information	S	2	
267	231	HI	Occurrence Information	S	2	
280	231	HI	Value Information	S	2	
290	231	HI	Condition Information	S	2	
299	231	HI	Treatment Code Information	S	2	
306	240	QTY	Claim Quantity	S	4	
308	241	HCP	Claim Pricing/Repricing Information	S	1	
			LOOP ID - 2305 HOME HEALTH CARE PLAN INFORMATION			6
314	242	CR7	Home Health Care Plan Information	S	1	
316	243	HSD	Health Care Services Delivery	S	12	
310	243	1100	LOOP ID - 2310A ATTENDING PHYSICIAN NAME		12	1
321	250	NM1	Attending Physician Name	S	1	•
324	255	PRV	Attending Physician Specialty Information	R	1	
326	271	REF	Attending Physician Secondary Identification	S	5	
020			LOOP ID - 2310B OPERATING PHYSICIAN NAME			1
328	250	NM1	Operating Physician Name	S	1	•
331	255	PRV	Operating Physician Specialty Information	S	1	
333	271	REF	Operating Physician Secondary Identification	S	5	
000			LOOP ID - 2310C OTHER PROVIDER NAME			1
335	250	NM1	Other Provider Name	S	1	•
338	255	PRV	Other Provider Name Other Provider Specialty Information	R	1	
340	271	REF	Other Provider Secondary Identification	S	5	
340	211	IXLI		-		2
242	250	NIB#4	LOOP ID - 2310D REFERRING PROVIDER NAME Referring Provider Name	9	4	2
342 345	250 255	NM1 PRV	Referring Provider Name  Referring Provider Specialty Information	s s	1 1	
345 347	255 271	REF	Referring Provider Specially Information  Referring Provider Secondary Identification	S S	1 5	
3 <del>4</del> 1	2/1	KEF	LOOP ID - 2310E SERVICE FACILITY NAME	3	<u> </u>	1
			LOCI ID - ZUIUL OLINVIOL FACILII I NAIVIL			
3/10	250	NM1		S	1	
349 352	250 255	NM1 PRV	Service Facility Name	S S	1	
352	255	PRV	Service Facility Name Service Facility Specialty Information	S	1	
			Service Facility Name			

				_	_	
357	271	REF	Service Facility Secondary Identification	S	5	
			LOOP ID - 2320 OTHER SUBSCRIBER INFORMATION			10
359	290	SBR	Other Subscriber Information	S	1	
365	295	CAS	Claim Level Adjustment	S	5	
371	300	AMT	Payer Prior Payment	S	1	
372	300	AMT	Coordination of Benefits (COB) Total Allowed Amount	S	1	
373	300	AMT	Coordination of Benefits (COB) Total Submitted Charges	S	1	
374	300	AMT	Diagnostic Related Group (DRG) Outlier Amount	S	1	
376	300	AMT	Coordination of Benefits (COB) Total Medicare Paid Amount	S	1	
378	300	AMT	Medicare Paid Amount - 100%	S	1	
380	300	AMT	Medicare Paid Amount - 80%	S	1	
382	300	AMT	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount	S	1	
384	300	AMT	Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount	S	1	
386	300	AMT	Coordination of Benefits (COB) Total Non-covered Amount	S	1	
387	300	AMT	Coordination of Benefits (COB) Total Denied Amount	S	1	
388	305	DMG	Other Subscriber Demographic Information	S	1	
390	310	OI	Other Insurance Coverage Information	R	1	
392	315	MIA	Medicare Inpatient Adjudication Information	S	1	
397	320	MOA	Medicare Outpatient Adjudication Information	S	1	
			LOOP ID - 2330A OTHER SUBSCRIBER NAME		•	1
400	325	NM1	Other Subscriber Name	D	1	•
400 404	332	N3	Other Subscriber Address	R S	1	
		N4				
406	340		Other Subscriber City/State/ZIP Code	S S	1	
408	355	REF	Other Subscriber Secondary Information	<u> </u>	3	
			LOOP ID - 2330B OTHER PAYER NAME	_	_	1
410	325	NM1	Other Payer Name	R	1	
412	332	N3	Other Payer Address	S	1	
413	340	N4	Other Payer City/State/ZIP Code	S	1	
415	350	DTP	Claim Adjudication Date	S	1	
416	355	REF	Other Payer Secondary Identification and Reference Number	S	2	
418	355	REF	Other Payer Prior Authorization or Referral Number	S	1	
			LOOP ID - 2330C OTHER PAYER PATIENT INFORMATION			1
420	325	NM1	Other Payer Patient Information	S	1	
422	355	REF	Other Payer Patient Identification Number	S	3	
			LOOP ID - 2330D OTHER PAYER ATTENDING PROVIDER			1
424	325	NM1	Other Payer Attending Provider	S	1	
426	355	REF	Other Payer Attending Provider Identification	R	3	
.20	000	1121	LOOP ID - 2330E OTHER PAYER OPERATING PROVIDER	••		1
428	325	NM1	Other Payer Operating Provider	S	1	
420	355	REF	Other Payer Operating Provider Identification	R	3	
430	333	NEF		r\	<u> </u>	•
400			LOOP ID - 2330F OTHER PAYER OTHER PROVIDER			1
432	325	NM1	Other Payer Other Provider	S	1	
434	355	REF	Other Payer Other Provider Identification	R	3	
			LOOP ID - 2330G OTHER PAYER REFERRING PROVIDER			2
436	325	NM1	Other Payer Referring Provider	S	1	

438	355	REF	Other Payer Referring Provider Identification	R	3	
			LOOP ID - 2330H OTHER PAYER SERVICE FACILITY			1
			PROVIDER			
440	325	NM1	Other Payer Service Facility Provider	S	1	
442	355	REF	Other Payer Service Facility Provider Identification	R	3	
			LOOP ID - 2400 SERVICE LINE NUMBER			999
144	365	LX	Service Line Number	R	1	
145	375	SV2	Institutional Service Line	R	1	
<b>150</b>	385	SV4	Prescription Number	S	1	
<b>452</b>	420	PWK	Line Supplemental Information	S	5	
<b>156</b>	455	DTP	Service Line Date	S	1	
<b>458</b>	455	DTP	Assessment Date	S	1	
460	475	AMT	Service Tax Amount	S	1	
<b>1</b> 61	475	AMT	Facility Tax Amount	S	1	
			LOOP ID - 2420A ATTENDING PHYSICIAN NAME			1
462	500	NM1	Attending Physician Name	S	1	
165	505	PRV	Attending Physician Specialty Information	R	1	
467	525	REF	Attending Physician Secondary Identification	S	1	
			LOOP ID - 2420B OPERATING PHYSICIAN NAME			1
469	500	NM1	Operating Physician Name	S	1	
172	505	PRV	Operating Physician Specialty Information	S	1	
<b>174</b>	525	REF	Operating Physician Secondary Identification	S	1	
			LOOP ID - 2420C OTHER PROVIDER NAME			1
176	500	NM1	Other Provider Name	S	1	
<b>479</b>	505	PRV	Other Provider Specialty Information	S	1	
181	525	REF	Other Provider Secondary Identification	S	1	
			LOOP ID - 2420D REFERRING PROVIDER NAME			1
483	500	NM1	Referring Provider Name	S	1	
<b>486</b>	505	PRV	Referring Provider Specialty Information	S	1	
188	525	REF	Referring Provider Secondary Identification	S	1	
			LOOP ID - 2430 SERVICE LINE ADJUDICATION INFORMATION			25
490	540	SVD	Service Line Adjudication Information	S	1	
494	545	CAS	Service Line Adjustment	S	99	
502	550	DTP	Service Adjudication Date	S	1	
503	555	SE	Transaction Set Trailer	R	1	

# 837 Health Care Claim

# Functional Group ID: **HC**

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment.

For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Table 1 - Header

POS.#	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
005	ST	Transaction Set Header	M	1	
010	BHT	Beginning of Hierarchical Transaction	M	1	
015	REF	Reference Identification	0	3	
		LOOP ID - 1000			10
020	NM1	Individual or Organizational Name	0	1	
025	N2	Additional Name Information	0	2	
030	N3	Address Information	0	2	
035	N4	Geographic Location	0	1	
040	REF	Reference Identification	0	2	
045	PER	Administrative Communications Contact	0	2	

### Table 2 - Detail

POS.#	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
		LOOP ID - 2000			>1
001	HL	Hierarchical Level	М	1	
003	PRV	Provider Information	0	1	
005	SBR	Subscriber Information	0	1	
007	PAT	Patient Information	0	1	
009	DTP	Date or Time or Period	0	5	
010	CUR	Currency	0	1	
		LOOP ID - 2010			10
015	NM1	Individual or Organizational Name	0	1	
020	N2	Additional Name Information	0	2	

025	N3	Address Information	0	2	
030	N4	Geographic Location	0	1	
032	DMG	Demographic Information	0	1	
035	REF	Reference Identification	0	20	
040	PER	Administrative Communications Contact	0	2	
		LOOP ID - 2300			100
130	CLM	Health Claim	0	1	
135	DTP	Date or Time or Period	0	150	
140	CL1	Claim Codes	0	1	
145	DN1	Orthodontic Information	0	1	
150	DN2	Tooth Summary	0	35	
155	PWK	Paperwork	0	10	
160	CN1	Contract Information	0	1	
165	DSB	Disability Information	0	1	
170	UR	Peer Review Organization or Utilization Review	0	1	
175	AMT	Monetary Amount	0	40	
180	REF	Reference Identification	0	30	
185	K3	File Information	0	10	
190	NTE	Note/Special Instruction	0	20	
195	CR1	Ambulance Certification	0	1	
200	CR2	Chiropractic Certification	0	1	
205	CR3	Durable Medical Equipment Certification	0	1	
210	CR4	Enteral or Parenteral Therapy Certification	0	3	
215	CR5	Oxygen Therapy Certification  Home Health Care Certification	0	1	
216 219	CR6 CR8	Pacemaker Certification	0	1 1	
219	CRC	Conditions Indicator	0	100	
231	HI	Health Care Information Codes	0	25	
240	QTY	Quantity	0	10	
241	HCP	Health Care Pricing	Ö	1	
	1101	LOOP ID - 2305			6
242	CR7	Home Health Treatment Plan Certification	0	1	0
243	HSD	Health Care Services Delivery	Ö	12	
		LOOP ID - 2310			9
250	NM1	Individual or Organizational Name	0	1	9
255	PRV	Provider Information	Ö	1	
260	N2	Additional Name Information	o	2	
265	N3	Address Information	o	2	
270	N4	Geographic Location	Ō	1	
271	REF	Reference Identification	0	20	
275	PER	Administrative Communications Contact	0	2	
		LOOP ID - 2320			10
290	SBR	Subscriber Information	0	1	
295	CAS	Claims Adjustment	0	99	
300	AMT	Monetary Amount	0	15	
305	DMG	Demographic Information	0	1	
310	OI	Other Health Insurance Information	0	1	
315	MIA	Medicare Inpatient Adjudication	0	1	
320	MOA	Medicare Outpatient Adjudication	Ο	1	
		LOOP ID - 2330			10
325	NM1	Individual or Organizational Name	0	1	
330	N2	Additional Name Information	0	2	
332	N3	Address Information	0	2	
340	N4	Geographic Location	0	1	
345	PER	Administrative Communications Contact	0	2	

350	DTP	Date or Time or Period	0	9	1.1
355	REF	Reference Identification	0	3	
		LOOP ID - 2400			>1
365	LX	Assigned Number	0	1	~1
370	SV1	Professional Service	0	1	
375	SV2	Institutional Service	0	1	
380	SV3	Dental Service	0	1	
382	TOO	Tooth Identification	0	32	
385	SV4	Drug Service	0	1	
400	SV5	Durable Medical Equipment Service	0	1	
405	SV6	Anesthesia Service	0	1	
410	SV7	Drug Adjudication	0	1	
415	HI	Health Care Information Codes	0	25	
420	PWK	Paperwork	0	10	
425	CR1	Ambulance Certification	0	1	
430	CR2	Chiropractic Certification	0	5	
435	CR3	Durable Medical Equipment Certification	0	1	
440	CR4	Enteral or Parenteral Therapy Certification	0	3	
445	CR5	Oxygen Therapy Certification	0	1	
450	CRC	Conditions Indicator	0	3	
455	DTP	Date or Time or Period	0	15	
460	QTY	Quantity	0	5	
462	MEA	Measurements	0	20	
465	CN1	Contract Information	0	1	
470	REF	Reference Identification	0	30	
475	AMT	Monetary Amount	0	15	
480	K3	File Information	0	10	
485	NTE	Note/Special Instruction	0	10	
488	PS1	Purchase Service	0	1	
490	IMM	Immunization Status Code	0	>1	
491	HSD	Health Care Services Delivery	0	1	
492	НСР	Health Care Pricing	0	1	
		LOOP ID - 2410			>1
494	LIN	Item Identification	0	1	
495	CTP	Pricing Information	0	1	
496	REF	Reference Identification	0	1	
		LOOP ID - 2420		•	10
500	NM1	Individual or Organizational Name	0	1	10
505	PRV	Provider Information	0	1	
510	N2	Additional Name Information	0	2	
514	N3	Address Information	0	2	
520	N4	Geographic Location	0	1	
525	REF	Reference Identification	0	20	
530	PER	Administrative Communications Contact	0	20	
		LOOP ID - 2430			>1
540	SVD	Service Line Adjudication	0	1	>1
540 545	CAS	Claims Adjustment	0	99	
550	DTP	Date or Time or Period		99 9	
JJU	אוט		0	<b>9</b>	
		LOOP ID - 2440			>1
551	LQ	Industry Code	0	1	
552	FRM	Supporting Documentation	M	99	
555	SE	Transaction Set Trailer	M	1	

#### NOTES:

- 1/020 Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.
- 2/015 Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.
- 2/195 The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.
- 2/250 Loop 2310 contains information about the rendering, referring, or attending provider.
- 2/290 Loop 2320 contains insurance information about: paying and other Insurance Carriers for that Subscriber, Subscriber of the Other Insurance Carriers, School or Employer Information for that Subscriber.
- 2/325 Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.
- 2/365 Loop 2400 contains Service Line information.
- 2/425 The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.
- 2/494 Loop 2410 contains compound drug components, quantities and prices.
- 2/500 Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim level segments if the entity identifier codes in each NM1 segment are the same.
- **2/540** SVD01 identifies the payer which adjudicated the corresponding service line and must match DE 67 in the NM109 position 325 for the payer.
- 2/551 Loop 2440 provides certificate of medical necessity information for the procedure identified in SV101 in position 2/370.
- 2/552 FRM segment provides question numbers and responses for the questions on the medical necessity information form identified in LQ position 551.

## TRANSACTION SET HEADER

Usage: REQUIRED

Repeat: 1

Example: ST\*837\*987654~

ST02

**TS Control** 

Number AN 4

### **STANDARD**

**ST** Transaction Set Header

329

Level: Header

Position: 005

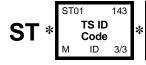
Loop: \_\_\_\_

Requirement: Mandatory

Max Use: 1

Purpose: To indicate the start of a transaction set and to assign a control number

### DIAGRAM



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES	
REQUIRED	ST01	143		Set Identifier Code videntifying a Transaction Set	M	ID	3/3	
			<b>SEMANTIC:</b> The transaction set identifier (ST01) used by the translat the interchange partners to select the appropriate transaction set d 810 selects the Invoice Transaction Set).					
			CODE	DEFINITION				
			837	Health Care Claim REQUIRED				
REQUIRED	ST02	329		Set Control Number  ntrol number that must be unique within the tra	<b>M</b> ansac	AN tion set	4/9	

Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set

The Transaction Set Control Number in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Submitters could be sending transactions using the number 0001 in this element and increment from there. The number must be unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges.

# BEGINNING OF HIERARCHICAL TRANSACTION

Usage: REQUIRED

Repeat: 1

Example: BHT\*0019\*00\*0123\*19960618\*0932\*CH~

### **STANDARD**

**BHT** Beginning of Hierarchical Transaction

Level: Header

Position: 010

Loop: \_\_\_\_

Requirement: Mandatory

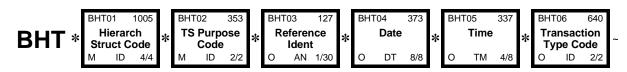
Max Use: 1

Purpose: To define the business hierarchical structure of the transaction set and identify

the business application purpose and reference data, i.e., number, date, and

time

### DIAGRAM



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES
REQUIRED	BHT01	1005	Code indicating	Structure Code g the hierarchical application structure of a tra segment to define the structure of the transac		<b>4/4</b> that
			CODE	DEFINITION		
			0019	Information Source, Subscriber, D	ependent	

#### **REQUIRED** ID **BHT02** 353 **Transaction Set Purpose Code** М 2/2 Code identifying purpose of transaction set

BHT02 is intended to convey the electronic transmission status of the 837 batch contained in this ST-SE envelope. The terms "original" and "reissue" refer to the electronic transmission status

of the 837 batch, not the billing status.

ORIGINAL: original transmissions are claims/encounters which have never been sent to the receiver. Generally nearly all transmissions to a payer entity (as the ultimate destination of the transaction) are original.

REISSUE: In the case where a transmission was disrupted the receiver can request that the batch be sent again. Use "Reissue" when resending transmission batches that have been previously

	CODE	DEFINITION
00		Original
18		Reissue

#### **REQUIRED BHT03** 127

#### Reference Identification

AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

#### INDUSTRY: Originator Application Transaction Identifier

SEMANTIC: BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.

Use this reference identifier to identify the inventory file number of the tape or transmission assigned by the submitter's system.

#### **REQUIRED BHT04** 373

Date

Date expressed as CCYYMMDD

8/8 DT

INDUSTRY: Transaction Set Creation Date

SEMANTIC: BHT04 is the date the transaction was created within the business application system.

Use this date to identify the date on which the submitter created the file.

#### **REQUIRED BHT05** 337

TM

Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

#### INDUSTRY: Transaction Set Creation Time

SEMANTIC: BHT05 is the time the transaction was created within the business application system.

Use this time to identify the time of day that the submitter created the file.

# REQUIRED BHT06 640

**Transaction Type Code** 

0

2/2

ID

Code specifying the type of transaction

INDUSTRY: Claim or Encounter Identifier
ALIAS: Claim or Encounter Indicator

Use RP when the entire ST-SE envelope contains encounter

transmissions.

Use RP when the transmission is being sent to an entity (usually not a payer or a normal provider-payer transmission itermediary) for purposes other than adjudication of a claim. Such an entity could be a state health agency which is using the 837 for health data reporting purposes.

CODE	DEFINITION
СН	Chargeable Use this code when the transmission contains only fee-for-service claims or claims with at least one chargeable line item. If it is not clear whether a transaction is a claim or encounter, the developers of this implementation guide recommend submitting the transaction as a claim.
RP	Reporting Use this code to send a batch of encounters.

# TRANSMISSION TYPE IDENTIFICATION

Usage: REQUIRED

Repeat: 1

Example: REF\*87\*004010X096~

### **STANDARD**

**REF** Reference Identification

Level: Header

Position: 015

Loop: \_\_\_\_

Requirement: Optional

Max Use: 3

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

352

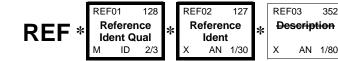
AN 1/80

REF04 C040

Reference

**Identifier** 

### **DIAGRAM**



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	REF01	128		ntification Qualifier he Reference Identification	M	ID	2/3
			CODE	DEFINITION			
			87	Functional Category			
REQUIRED	REF02	127	by the Reference	nation as defined for a particular Transaction e Identification Qualifier	<b>X</b> on Set	AN or as sp	1/30 pecified
				mission Type Code			
			<b>SYNTAX</b> : R0203				
			004010X096D.	ft is used to pilot the transaction se When this draft is used to send the mode, this value is 004010X096.	•		
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0		

### SUBMITTER NAME

Loop: 1000A — SUBMITTER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. See Section 2.4, Loop ID-1000, Data Overview, for a detailed

description about using Loop ID-1000. Ignore the Set Notes below.

2. Because this is a required segment, this is a required loop. See

Appendix A for further details on ASC X12 nomenclature.

Example: NM1\*41\*2\*ABC Submitter\*\*\*\*46\*999999999

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Header

Position: 020

Loop: 1000 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

**Set Notes:** 

 Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the

last occurrence of the loop.

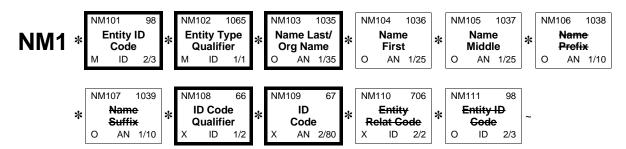
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

### **DIAGRAM**



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUTES	S
REQUIRED	NM101	98	Entity Identifie Code identifying a individual	er Code an organizational entity, a physical location,	<b>M</b> prope	<b>ID</b> erty or an	2/3
			CODE	DEFINITION			
			41	Submitter			
REQUIRED	NM102	1065	Entity Type Qu Code qualifying the		M	ID	1/1
			SEMANTIC: NM102	? qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
			2	Non-Person Entity			
REQUIRED	NM103	1035		Organization Name me or organizational name	0	AN	1/35
			INDUSTRY: <b>Subm</b>	itter Last or Organization Name			
			ALIAS: Submitte	r Name			
SITUATIONAL	NM104	1036	Name First Individual first na	me	0	AN	1/25
			INDUSTRY: <b>Subm</b>	itter First Name			
			ALIAS: Submitte	r Name			
			Required if NM	/102=1 (person).			
SITUATIONAL	NM105	1037	Name Middle Individual middle	name or initial	0	AN	1/25
			INDUSTRY: Subm	itter Middle Name			
			ALIAS: Submitte	r Name			
			Required if NN known.	//102=1 and the middle name/initial o	f the	person	is
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
NOT USED	NM107	1039	Name Suffix		0	AN	1/10
REQUIRED	NM108	66	Identification ( Code designating Code (67)	Code Qualifier g the system/method of code structure used	<b>X</b> for Id	<b>ID</b> entification	<b>1/2</b> on
			<b>SYNTAX:</b> P0809				
			CODE	DEFINITION			
			46	Electronic Transmitter Identification	n Nu	mber (E	TIN)
				Established by a trading partner ag		· -	,

REQUIRED	NM109	67	Identification Code Code identifying a party or other code	X	AN	2/80
			INDUSTRY: Submitter Identifier			
			ALIAS: Submitter Primary Identification Number			
			syntax: P0809			
NOT USED	NM110	706	Entity Relationship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	0	ID	2/3

## SUBMITTER EDI CONTACT INFORMATION

Loop: 1000A — SUBMITTER NAME

Usage: REQUIRED

Repeat: 2

Notes:

- 1. The contact information in this segment should point to the person in the submitter organization who deals with data transmission issues. If data transmission problems arise, this is the person to contact in the submitter organization.
- 2. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

Example: PER\*IC\*JANE DOE\*TE\*9005555555~

#### **STANDARD**

PER Administrative Communications Contact

Level: Header

Position: 045

Loop: 1000

Requirement: Optional

Max Use: 2

Purpose: To identify a person or office to whom administrative communications should be

directed

Syntax: 1. P0304

If either PER03 or PER04 is present, then the other is required.

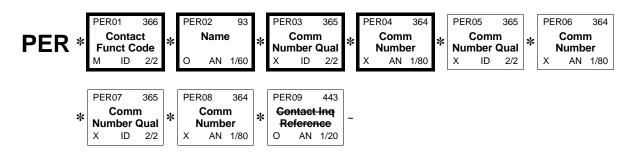
2. P0506

If either PER05 or PER06 is present, then the other is required.

3. P0708

If either PER07 or PER08 is present, then the other is required.

### DIAGRAM



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	PER01	366	Contact Funct Code identifying	ion Code the major duty or responsibility of the perso	<b>M</b> on or g	<b>ID</b> group na	<b>2/2</b> amed
			CODE	DEFINITION			
			IC	Information Contact			
REQUIRED	PER02	93	Name Free-form name		0	AN	1/60
			INDUSTRY: <b>Subm</b>	itter Contact Name			
REQUIRED	PER03	365		on Number Qualifier the type of communication number	X	ID	2/2
			<b>SYNTAX</b> : P0304				
			CODE	DEFINITION			
			ED	Electronic Data Interchange Acces	s Nu	ımber	
			EM	Electronic Mail			
			FX	Facsimile			
			TE	Telephone			
REQUIRED	PER04	364	Communication Complete communication applicable	on Number unications number including country or area	<b>X</b> a code	AN e when	1/80
			<b>SYNTAX:</b> P0304				
SITUATIONAL	PER05	365		on Number Qualifier the type of communication number	X	ID	2/2
			<b>SYNTAX:</b> P0506				
			Used when ad	ditional contact numbers are to be	comi	nunica	ited.
			CODE	DEFINITION			
			ED	Electronic Data Interchange Acces	s Nu	ımber	
			EM	Electronic Mail			
			EX	Telephone Extension			
				The use of this code indicates it is the number in PER04.	the	extens	ion of

			FX	Facsimile
			TE	Telephone
SITUATIONAL	PER06	364	Communication Complete communicable applicable syntax: P0506	on Number X AN 1/80 unications number including country or area code when
				nent is required when the submitter needs to convey omitter contact information.
			Used when ac	dditional contact numbers are to be communicated.
SITUATIONAL	PER07	365		on Number Qualifier X ID 2/2 the type of communication number
			<b>SYNTAX</b> : P0708	
			Used when ac	dditional contact numbers are to be communicated.
			CODE	DEFINITION
			ED	Electronic Data Interchange Access Number
			EM	Electronic Mail
			EX	Telephone Extension
				The use of this code indicates it is the extension of the number in PER06.
			FX	Facsimile
			TE	Telephone
SITUATIONAL	PER08	364	Communication Complete communicable SYNTAX: P0708	on Number X AN 1/80 unications number including country or area code when
			This data elen	nent is required when the submitter needs to convey omitter contact information.
			Used when ac	dditional contact numbers are to be communicated.
NOT USED	PER09	443	Contact Inqui	
	FERUS	443	Contact inqui	TY INCIDIOLE COMMINICATION OF AIN 1/20

## RECEIVER NAME

Loop: 1000B — RECEIVER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. See Section 2.4, Loop ID-1000, Data Overview, for a detailed

description about using Loop ID-1000. Ignore the Set Notes below.

2. Because this is a required segment, this is a required loop. See

Appendix A for further details on ASC X12 nomenclature.

Example: NM1\*40\*2\*CSC HEALTHCARE\*\*\*\*46\*112223333~

### **STANDARD**

NM1 Individual or Organizational Name

Level: Header

Position: 020

Loop: 1000 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

**Set Notes:** 

 Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the

last occurrence of the loop.

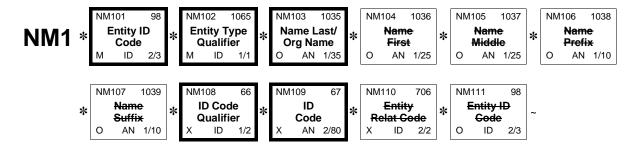
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

### **DIAGRAM**



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	NM101	98	Entity Identif Code identifying individual	ier Code g an organizational entity, a physical location.	<b>M</b> prop	<b>ID</b> perty or a	<b>2/3</b> an
			CODE	DEFINITION			
			40	Receiver			
REQUIRED	NM102	1065	Entity Type Code qualifying	Qualifier the type of entity	M	ID	1/1
			SEMANTIC: NM10	02 qualifies NM103.			
			CODE	DEFINITION			
			2	Non-Person Entity			
REQUIRED	NM103	1035		r Organization Name ame or organizational name	0	AN	1/35
			INDUSTRY: Rece	eiver Name			
NOT USED	NM104	1036	Name First		0	AN	1/25
NOT USED	NM105	1037	Name Middle		0	AN	1/25
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
NOT USED	NM107	1039	Name Suffix		0	AN	1/10
REQUIRED	NM108	66		Code Qualifier ng the system/method of code structure used	<b>X</b> for l	<b>ID</b> dentifica	<b>1/2</b> ation
			INDUSTRY: <b>Infor</b>	mation Receiver Identification Number	er		
			<b>SYNTAX:</b> P0809				
			CODE	DEFINITION			
			46	Electronic Transmitter Identification	n Nı	ımber (	(ETIN)
REQUIRED	NM109	67	Identification Code identifying	Code g a party or other code	X	AN	2/80
			INDUSTRY: Rece	eiver Primary Identifier			
			ALIAS: Receive	er Primary Identification Number			
			<b>SYNTAX</b> : P0809				
NOT USED	NM110	706	Entity Relation	onship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identif	ier Code	0	ID	2/3

# BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL

Loop: 2000A — BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL Repeat:

>1

Usage: REQUIRED

Repeat: 1

Notes:

- 1. Use the Billing Provider HL to identify the original entity who submitted the electronic claim/encounter to the destination payer identified in Loop ID-2010BC. The billing provider entity may be a health care provider, a billing service, or some other representative of the provider
- 2. The Billing/Pay-to Provider HL may contain information about the Payto Provider entity. If the Pay-to Provider entity is the same as the Billing Provider entity, then only use Loop ID-2010AA.
- 3. If the Service Facility Provider is the same entity as the Billing or the Pay-to Provider then do not use Loop 2310E.
- 4. If the Billing or Pay-to Provider is also the Service Facility Provider and Loop ID 2310E is not used, the Loop ID-2000 PRV must be used to indicate which entity (Billing or Pay-to) is the Service Facility Provider.
- 5. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.
- 6. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Billing/Pay-to Provider Hierarchical Level loops, there is an implied maximum of 5000.

Example: HL\*1\*\*20\*1~

### **STANDARD**

HL Hierarchical Level

Level: Detail Position: 001

Loop: 2000 Repeat: >1

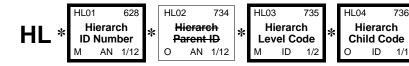
Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related

groups of data segments

### DIAGRAM



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	JTES		
REQUIRED	HL01	628	<b>Hierarchical ID Number</b> A unique number assigned by the sender to identify a pa hierarchical structure	<b>M</b> articular d	AN lata seg	<b>1/12</b> ment in		
			COMMENT: HL01 shall contain a unique alphanumeric nu of the HL segment in the transaction set. For example, indicate the number of occurrences of the HL segment, HL01 would be "1" for the initial HL segment and would each subsequent HL segment within the transaction.	HL01 cou in which (	ld be us case the	ed to value of		
			HL01 must begin with "1" and be incremented HL is used in the transaction. Only numeric v HL01.	_				
NOT USED	HL02	734	Hierarchical Parent ID Number	0	AN	1/12		
REQUIRED	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchic	<b>M</b> cal structu	<b>ID</b> ire	1/2		
			COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or itemlevel information.					
			CODE DEFINITION					
			20 Information Source					
REQUIRED	HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segment level being described	<b>O</b> nents subc	<b>ID</b> ordinate	<b>1/1</b> to the		
			COMMENT: HL04 indicates whether or not there are subosegments related to the current HL segment.	rdinate (o	r child) l	⊣L		
			The claim loop (Loop ID-2300) can be used on subordinate levels (HL04 = 0).	ly when	HL04 I	nas no		
			CODE DEFINITION					
			1 Additional Subordinate HL Dat Hierarchical Structure.	a Segme	ent in T	his		

# **BILLING/PAY-TO PROVIDER SPECIALTY** INFORMATION

Loop: 2000A — BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. Required if the Service Facility Provider is the same entity as the BillingProvider and/or the Pay-to Provider. In these cases, the Service Facility Provider is being identified at this level for all subsequent claims in this HL batch and Loop ID-2310E is not used.
- 2. If the Billing or Pay-to Provider is also the Service Facility Provider, and Loop 2310E is not used, this PRV segment is required.
- 3. PRV02 qualifies PRV03.

Example: PRV\*BI\*ZZ\*203BA0200N~

### **STANDARD**

## **PRV** Provider Information

Level: Detail Position: 003

Loop: 2000

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

#### DIAGRAM













### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	PRV01	1221	Provider Code Code indentifying	<b>e</b> g the type of provider	М	ID	1/3
			CODE	DEFINITION			
			ВІ	Billing			
			PT	Pay-To			

REQUIRED	PRV02	128		lentification Qualifier g the Reference Identification	М	ID	2/3
			ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.				
			CODE	DEFINITION			
			ZZ	Mutually Defined			
REQUIRED	PRV03	127	Reference lo Reference info by the Referen	<b>M</b> saction Set	AN or as s	1/30 pecified	
			INDUSTRY: Provider Taxonomy Code				
			ALIAS: <b>Provid</b>	er Specialty Code			
NOT USED	PRV04	156	State or Province Code		0	ID	2/2
NOT USED	PRV05	C035	PROVIDER SPECIALTY INFORMATION		0		
NOT USED	PRV06	1223	Provider Organization Code		0	ID	3/3

# FOREIGN CURRENCY INFORMATION

Loop: 2000A — BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

1. The developers of this implementation guide added the CUR segment to allow billing providers and billing services to submit claims for services provided in foreign countries. The absence of the CUR segment indicates that the claim is submitted in the currency that is normally used by the receiver for processing claims. For example, claims submitted by United States (U.S.) providers to U.S. receivers are assumed to be in U.S. dollars. Claims submitted by Canadian providers to Canadian receivers are assumed to be in Canadian dollars.

Example: CUR\*85\*CAN~

#### **STANDARD**

# **CUR** Currency

Level: Detail

Position: 010

Loop: 2000

Requirement: Optional

Max Use: 1

Purpose: To specify the currency (dollars, pounds, francs, etc.) used in a transaction

Syntax: 1. C0807

If CUR08 is present, then CUR07 is required.

2. C0907

If CUR09 is present, then CUR07 is required.

3. L101112

If CUR10 is present, then at least one of CUR11 or CUR12 are required.

4. C1110

If CUR11 is present, then CUR10 is required.

5. C1210

If CUR12 is present, then CUR10 is required.

6. L131415

If CUR13 is present, then at least one of CUR14 or CUR15 are required.

7. C1413

If CUR14 is present, then CUR13 is required.

8. C1513

If CUR15 is present, then CUR13 is required.

9 1 161718

If CUR16 is present, then at least one of CUR17 or CUR18 are required.

## 10. C1716

If CUR17 is present, then CUR16 is required.

#### 11. C1816

If CUR18 is present, then CUR16 is required.

#### 12. L192021

If CUR19 is present, then at least one of CUR20 or CUR21 are required.

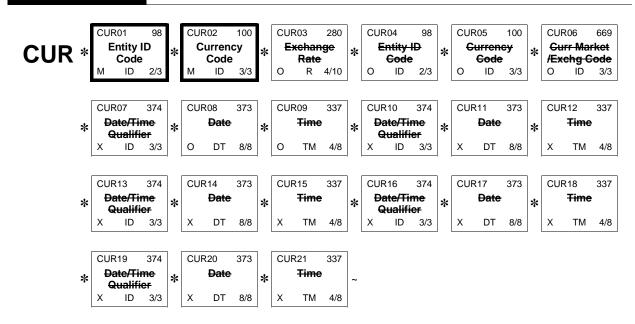
#### 13 C2019

If CUR20 is present, then CUR19 is required.

## 14. C2119

If CUR21 is present, then CUR19 is required.

## DIAGRAM



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES
REQUIRED	CUR01	98	Entity Identifier Code Code identifying an organizational entity, a physical location, individual			<b>ID</b> erty or	<b>2/3</b> an
			CODE	DEFINITION			
			85	Billing Provider			
REQUIRED	CUR02	100	Currency Co Code (Standard	de d ISO) for country in whose currency the ch	<b>M</b> narges a	ID are spec	<b>3/3</b> cified
			CODE SOURCE 5:	Countries, Currencies and Funds			
NOT USED	CUR03	280	Exchange Ra	ate	0	R	4/10
NOT USED	CUR04	98	Entity Identif	ier Code	0	ID	2/3
NOT USED	CUR05	100	Currency Co	de	0	ID	3/3
NOT USED	CUR06	669	Currency Ma	rket/Exchange Code	0	ID	3/3
NOT USED	CUR07	374	Date/Time Qu	ualifier	X	ID	3/3

NOT USED	CUR08	373	Date	0	DT	8/8
NOT USED	CUR09	337	Time	0	TM	4/8
NOT USED	CUR10	374	Date/Time Qualifier	X	ID	3/3
NOT USED	CUR11	373	Date	X	DT	8/8
NOT USED	CUR12	337	Time	X	TM	4/8
NOT USED	CUR13	374	Date/Time Qualifier	X	ID	3/3
NOT USED	CUR14	373	Date	X	DT	8/8
NOT USED	CUR15	337	Time	X	TM	4/8
NOT USED	CUR16	374	Date/Time Qualifier	X	ID	3/3
NOT USED	CUR17	373	Date	X	DT	8/8
NOT USED	CUR18	337	Time	X	TM	4/8
NOT USED	CUR19	374	Date/Time Qualifier	X	ID	3/3
NOT USED	CUR20	373	Date	X	DT	8/8
NOT USED	CUR21	337	Time	Χ	TM	4/8

# **BILLING PROVIDER NAME**

Loop: 2010AA — BILLING PROVIDER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. Because this is a required segment, this is a required loop. See

Appendix A for further details on ASC X12 nomenclature.

2. Although the name of this loop/segment is "Billing Provider" the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop. However, some payers do not accept claims from non-provider billing entities.

Example: NM1\*85\*2\*JONES HOSPITAL\*\*\*\*XX\*45609312~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail Position: 015

Loop: 2010 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1.

 Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

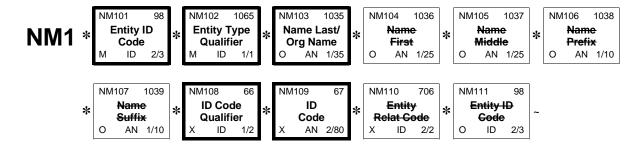
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

#### DIAGRAM



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	QUIRED NM101 98		Entity Identifier Code M ID 2/3 Code identifying an organizational entity, a physical location, property or an individual				
			CODE	DEFINITION			
			85				
				Use this code to indicate billing prosubmitter, and encounter reporting		•	ng
REQUIRED	NM102	1065	Entity Type Qualifying t		M	ID	1/1
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			2	Non-Person Entity			
REQUIRED	NM103	1035	Individual last na	Organization Name me or organizational name	0	AN	1/35
			INDUSTRY: Billing	g Provider Last or Organizational Na	me		
			ALIAS: Billing P	rovider Name			
				nce [UB-92 Name]:			
			1, Line 1 [Prov	vider Name, Address and Telephone	Nun	nber]	
			EMC v.6.0 Ref	erence:			
			Record Type 1	10 Field No. 12			
NOT USED	NM104	1036	Name First		0	AN	1/25
NOT USED	NM105	1037	Name Middle		0	AN	1/25
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
NOT USED	NM107	1039	Name Suffix		0	AN	1/10
REQUIRED	EQUIRED NM108 66			Code Qualifier g the system/method of code structure used	<b>X</b> I for I	<b>ID</b> dentifica	<b>1/2</b> tion
			<b>SYNTAX:</b> P0809				
			Number or the	s used, then either the Employer's lo e Social Security Number of the prov REF in this loop.			

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
XX	Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

REQUIRED	NM109	67	Identification Code Code identifying a party or other code	х	AN	2/80
			INDUSTRY: Billing Provider Identifier			
			ALIAS: Billing Provider Primary ID			
			syntax: P0809			
NOT USED	NM110	706	Entity Relationship Code	Х	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	0	ID	2/3

# **BILLING PROVIDER ADDRESS**

Loop: 2010AA — BILLING PROVIDER NAME

Usage: REQUIRED

Repeat: 1

Example: N3\*225 MAIN STREET BARKLEY BUILDING~

## **STANDARD**

**N3** Address Information

Level: Detail

Position: 025

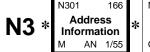
Loop: 2010

Requirement: Optional

Max Use: 2

Purpose: To specify the location of the named party

## DIAGRAM





## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	N301	166	Address information		AN	1/55
			INDUSTRY: Billing Provider Address Line			
			UB-92 Reference [UB-92 Name]:			
			1, Line 2 [Provider Name, Address and Telephone	Nun	nber]	
			EMC v.6.0 Reference:			
			Record Type 10 Field No. 13			
SITUATIONAL	N302	166	Address Information Address information  INDUSTRY: Billing Provider Address Line	0	AN	1/55
			Required if a second address line exists.			

# BILLING PROVIDER CITY/STATE/ZIP CODE

Loop: 2010AA — BILLING PROVIDER NAME

Usage: REQUIRED

Repeat: 1

Example: N4\*CENTERVILLE\*PA\*17111~

#### **STANDARD**

**N4** Geographic Location

Level: Detail

Position: 030

Loop: 2010

Requirement: Optional

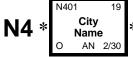
Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. C0605

If N406 is present, then N405 is required.

#### **DIAGRAM**

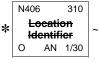












## **ELEMENT SUMMARY**

USAGE	DES.	ELEMENT	NAME		ATTRIBU	TES
REQUIRED	N401	19	City Name	0	AN	2/30

Free-form text for city name

INDUSTRY: Billing Provider City Name

**COMMENT:** A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

UB-92 Reference [UB-92 Name]:

1, Line 3 [Provider Name, Address and Telephone Number]

EMC v.6.0 Reference:

Record Type 10 Field No. 14

REQUIRED	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate	<b>O</b> goverr	ID nment a	<b>2/2</b> gency				
			INDUSTRY: Billing Provider State or Province Code							
			COMMENT: N402 is required only if city name (N401) is in the	U.S.	or Cana	da.				
			CODE SOURCE 22: States and Outlying Areas of the U.S.							
			UB-92 Reference [UB-92 Name]:							
			1, Line 3 [Provider Name, Address and Telephone	∍ Nun	nber]					
			EMC v.6.0 Reference:							
			Record Type 10 Field No. 15							
REQUIRED	N403	116	Postal Code Code defining international postal zone code excluding pur (zip code for United States)	<b>O</b> nctuatio	<b>ID</b> on and b	3/15 blanks				
			INDUSTRY: Billing Provider Postal Zone or ZIP Code							
			CODE SOURCE 51: ZIP Code							
			UB-92 Reference [UB-92 Name]:							
			1, Line 3 [Provider Name, Address and Telephone Number]							
			EMC v.6.0 Reference:							
			Record Type 10 Field No. 16							
SITUATIONAL	N404	26	Country Code Code identifying the country	0	ID	2/3				
			CODE SOURCE 5: Countries, Currencies and Funds							
			UB-92 Reference [UB-92 Name]:							
			1, Line 4, Positions 23-25 [Provider Name, Addres Number]	ss an	d Telep	ohone				
			EMC v.6.0 Reference:							
			Record Type 10 Field No. 18							
			This data element is required when the address is outside of the U.S.							
NOT USED	N405	309	Location Qualifier	Х	ID	1/2				
NOT USED	N406	310	Location Identifier	0	AN	1/30				

# BILLING PROVIDER SECONDARY IDENTIFICATION

Loop: 2010AA — BILLING PROVIDER NAME

**Usage: SITUATIONAL** 

Repeat: 8

Notes:

- 1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109.
- 2. If the reason the number is being used in this REF can be met by the NPI, carried in the NM108/09 of this loop, then this REF is not used.
- 3. If "code XX NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 8 times.

Example: REF\*SY\*987654~

#### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 035

Loop: 2010

Requirement: Optional

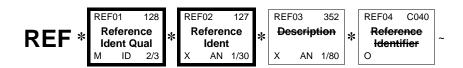
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

## DIAGRAM



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	JTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M	ID	2/3

Codes 8U, LU, ST, TT, 06, IJ, RB, and EM were added to this implementation guide to support credit/debit card information billing. See Appendix G, Credit/Debit Card Use, for details.

billing. Occ Ap	openaix G, Creativoebit Cara Use, for details.
CODE	DEFINITION
0B	State License Number
1A	Blue Cross Provider Number UB-92 Reference [UB-92 Name]: 51 (A-C) [Provider Number] EMC v.6.0 Reference: Record Type 10 Field No. 9, 10 Record Type 30 Field No. 24
1B	Blue Shield Provider Number
1C	Medicare Provider Number UB-92 Reference [UB-92 Name]: 51 (A-C) [Provider Number] EMC v.6.0 Reference: Record Type 10 Field No. 6 Record Type 30 Field No. 24
1D	Medicaid Provider Number UB-92 Reference [UB-92 Name]: 51 (A-C) [Provider Number] EMC v.6.0 Reference: Record Type 10 Field No. 7
1G	Provider UPIN Number
1H	CHAMPUS Identification Number UB-92 Reference [UB-92 Name]: 51 (A-C) [Provider Number] EMC v.6.0 Reference: Record Type 10 Field No. 8 Record Type 30 Field No. 24
1J	Facility ID Number
В3	Preferred Provider Organization Number
BQ	Health Maintenance Organization Code Number

			EI	Employer's Identification Number UB-92 Reference [UB-92 Name]: 5 [Payer Identification] EMC v.6.0 Reference: Record Type 10 Field No. 4, 5			
			FH	Clinic Number			
			G2	Provider Commercial Number UB-92 Reference [UB-92 Name]: 51 (A-C) [Provider Number] EMC v.6.0 Reference: Record Type 10 Field No. 9, 10 Record Type 30 Field No. 24			
			G5	Provider Site Number			
			LU	Location Number			
			SY	Social Security Number			
				The social security number may n Medicare.	ot be	used	for
				UB-92 Reference [UB-92 Name]:			
				5 [Payer Identification]			
				EMC v.6.0 Reference:			
				Record Type 10 Field No. 4, 5			
			X5	State Industrial Accident Provider	Num	ber	
REQUIRED	REF02	127		entification nation as defined for a particular Transactio e Identification Qualifier	<b>X</b> on Set	AN or as s	1/30 pecified
			INDUSTRY: <b>Billin</b>	g Provider Additional Identifier			
			<b>SYNTAX</b> : R0203				
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0		

# CREDIT/DEBIT CARD BILLING INFORMATION

Loop: 2010AA — BILLING PROVIDER NAME

**Usage: SITUATIONAL** 

Repeat: 8

Notes: 1. See Appendix G for use of this segment.

2. The information carried under this segment must never be sent to the payer. This information is only for use between a provider and a service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment before forwarding the claim to the payer.

Example: REF\*8U\*1112223333~

## **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 035

Loop: 2010

Requirement: Optional

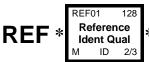
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

## DIAGRAM





IJ





Standard Industry Classification (SIC) Code

## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	REF01	128		entification Qualifier the Reference Identification	M	ID	2/3
			CODE	DEFINITION			
			06	System Number			
			8U	Bank Assigned Security Identifier			
			FM	Flectronic Payment Reference Nur	nher		

			LU	Location Number			
			RB	Rate code number			
			ST	Store Number			
			TT	Terminal Code			
REQUIRED	REF02	127	Reference Identification X AN 1/30 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
			INDUSTRY: <b>Billin</b>	g Provider Credit Card Identifier			
			<b>SYNTAX</b> : R0203				
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0		

# BILLING PROVIDER CONTACT INFORMATION

Loop: 2010AA — BILLING PROVIDER NAME

Usage: SITUATIONAL

Repeat: 2

Notes:

- 1. Each communication number should always include the area code. The extension, when applicable, should be included in the appropriate PER element immediately after the telephone number (e.g., if the telephone number is included in PER03 then the extension should be in PER05).
- 2. Required if this information is different than that contained in the Loop 1000A Submitter PER segment.
- 3. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
- 4. By definition of the standard, if PER05 is used, PER04 is required, and if PER07 is used, PER08 is required.

Example: PER\*IC\*JOHN SMITH\*TE\*8007775555~

## **STANDARD**

PER Administrative Communications Contact

Level: Detail

**Loop:** 2010

Requirement: Optional

Position: 040

Max Use: 2

Purpose: To identify a person or office to whom administrative communications should be

directed

Syntax: 1. P0304

If either PER03 or PER04 is present, then the other is required.

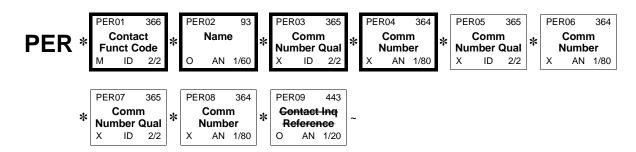
2. P0506

If either PER05 or PER06 is present, then the other is required.

3. P0708

If either PER07 or PER08 is present, then the other is required.

## DIAGRAM



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ΓES
REQUIRED	PER01	366	Contact Funct Code identifying	ion Code the major duty or responsibility of the person	<b>M</b> n or (	<b>ID</b> group na	<b>2/2</b> med
			IC	Information Contact			
REQUIRED	PER02	93	Name Free-form name		0	AN	1/60
REQUIRED	PER03	365	Communication Code identifying	n Provider Contact Name on Number Qualifier the type of communication number	X	ID	2/2
			SYNTAX: P0304 CODE	DEFINITION			
			EM	Electronic Mail			
			FX	Facsimile UB-92 Reference [UB-92 Name]: 1, Line 4, Positions 12-21 [Provider and Telephone Number] EMC v.6.0 Reference: Record Type 10 Field No. 17	Nar	me, Add	dress
			TE	Telephone UB-92 Reference [UB-92 Name]: 1, Line 4, Positions 1-10 [Provider Nand Telephone Number] EMC v.6.0 Reference: Record Type 10 Field No. 11	Nam	e, Addı	ess
REQUIRED	PER04	364	Communication Complete communication Complete communication	on Number unications number including country or area	<b>X</b> code	<b>AN</b> e when	1/80

SYNTAX: P0304

SITUATIONAL	PER05	365		on Number Qualifier X ID 2/2 the type of communication number
			CODE	DEFINITION
			EM	Electronic Mail
			EX	Telephone Extension
			FX	Facsimile UB-92 Reference [UB-92 Name]:
				1, Line 4, Positions 12-21 [Provider Name, Address and Telephone Number]
				EMC v.6.0 Reference:
				Record Type 10 Field No. 17
			TE	<b>Telephone</b> UB-92 Reference [UB-92 Name]:
				1, Line 4, Positions 1-10 [Provider Name, Address and Telephone Number]
				EMC v.6.0 Reference:
				Record Type 10 Field No. 11
SITUATIONAL	PER06	364	Communication Complete communication Complete communication Complete communication Complete communication Communication Communication Communication Communication Communication Communication Complete communication Communicatio	on Number X AN 1/80 unications number including country or area code when
			<b>SYNTAX:</b> P0506	
SITUATIONAL	PER07	365		on Number Qualifier X ID 2/2 the type of communication number
			SYNTAX: P0708	DEFINITION
			EM	Electronic Mail
			EX	
				Telephone Extension
			FX	Facsimile UB-92 Reference [UB-92 Name]:
				1, Line 4, Positions 12-21 [Provider Name, Address
				and Telephone Number] EMC v.6.0 Reference:
				Record Type 10 Field No. 17
			TE	Telephone UB-92 Reference [UB-92 Name]:
				1, Line 4, Positions 1-10 [Provider Name, Address and Telephone Number]
				EMC v.6.0 Reference:
				Record Type 10 Field No. 11
SITUATIONAL	PER08	364	Communication Complete communication Complete communication Complete communication Complete communication	on Number X AN 1/80 unications number including country or area code when

NOT USED PER09 443 Contact Inquiry Reference

O AN 1/20

## PAY-TO PROVIDER NAME

Loop: 2010AB — PAY-TO PROVIDER NAME Repeat: 1

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required if the Pay-to Provider is a different entity than the Billing

Provider.

2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12

nomenclature.

Example: NM1\*87\*2\*ELLIS HOSPITAL\*\*\*\*24\*123456789~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail Position: 015

Loop: 2010 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

**Set Notes:** 1. Loop 2010 contains information about entities that apply to all claims in loop

2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

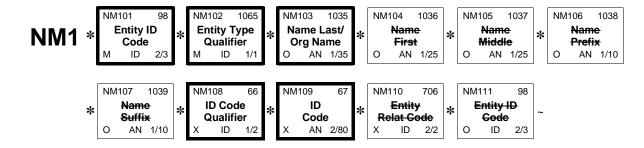
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

## DIAGRAM



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES
REQUIRED	NM101	98	Entity Identific Code identifying individual	er Code an organizational entity, a physical location,	<b>M</b> , prop	<b>ID</b> perty or	<b>2/3</b> an
			CODE	DEFINITION			
			87	Pay-to Provider			
REQUIRED	NM102	1065	Entity Type Q Code qualifying	ualifier the type of entity	M	ID	1/1
			SEMANTIC: NM10	2 qualifies NM103.			
			CODE	DEFINITION			
			2	Non-Person Entity			
				If this entity is the Service Facility I necessary to use the Service Facili loop, loop 2310D.		-	
REQUIRED	NM103	1035		Organization Name ame or organizational name	0	AN	1/35
			INDUSTRY: Pay-te	o Provider Last or Organizational Na	me		
			ALIAS: Pay-to P	rovider Last Name or Organizational	Nan	ne	
NOT USED	NM104	1036	Name First		0	AN	1/25
NOT USED	NM105	1037	Name Middle		0	AN	1/25
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
NOT USED	NM107	1039	Name Suffix		0	AN	1/10
REQUIRED	NM108	66		Code Qualifier g the system/method of code structure used	<b>X</b> I for I	<b>ID</b> dentifica	<b>1/2</b> ation

Code (67)

**SYNTAX:** P0809

If "code XX - NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 5 times.

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number  The social security number may not be used for Medicare.
xx	Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

REQUIRED	NM109	67	Identification Code Code identifying a party or other code	X	AN	2/80
			INDUSTRY: Pay-to Provider Identifier			
			ALIAS: Pay-to Provider Primary Identification Number	ber		
			syntax: P0809			
NOT USED	NM110	706	Entity Relationship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	0	ID	2/3

# **PAY-TO PROVIDER ADDRESS**

Loop: 2010AB — PAY-TO PROVIDER NAME

Usage: REQUIRED

Repeat: 1

Example: N3\*2216 N. MAIN STREET\*COLDER BUILDING~

## **STANDARD**

**N3** Address Information

Level: Detail

Position: 025

Loop: 2010

Requirement: Optional

Max Use: 2

Purpose: To specify the location of the named party

## DIAGRAM





## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	JTES
REQUIRED	N301	166	Address Information Address information	M	AN	1/55
			INDUSTRY: Pay-to Provider Address Line			
			ALIAS: Pay-to Provider Address 1			
SITUATIONAL	N302	166	Address Information Address information	0	AN	1/55
			INDUSTRY: Pay-to Provider Address Line			
			ALIAS: Pay-to Provider Address 2			
			Required if a second address line exists.			

# PAY-TO PROVIDER CITY/STATE/ZIP CODE

Loop: 2010AB — PAY-TO PROVIDER NAME

Usage: REQUIRED

Repeat: 1

Example: N4\*MADISON\* NY\*18298~

## **STANDARD**

**N4** Geographic Location

Level: Detail

Position: 030

Loop: 2010

Requirement: Optional

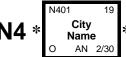
Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. C0605

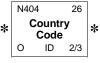
If N406 is present, then N405 is required.

#### DIAGRAM













## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES		
REQUIRED	N401	19	City Name Free-form text for city name	0	AN	2/30		
			INDUSTRY: Pay-to Provider City Name					
			<b>COMMENT:</b> A combination of either N401 through N404, or N4 adequate to specify a location.	05 aı	nd N406	3 may be		
REQUIRED	N402	156	156 State or Province Code O ID Code (Standard State/Province) as defined by appropriate government					
			INDUSTRY: Pay-to Provider State Code					
			COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.					
			CODE SOURCE 22: States and Outlying Areas of the U.S.					
REQUIRED	N403	116	Postal Code Code defining international postal zone code excluding punc (zip code for United States)	<b>O</b> tuatio	<b>ID</b> on and b	3/15 blanks		
			INDUSTRY: Pay-to Provider Postal Zone or ZIP Code					
			ALIAS: Pay-to Provider Zip Code					
			CODE SOURCE 51: ZIP Code					

SITUATIONAL	N404	26	Country Code Code identifying the country	0	ID	2/3
			ALIAS: Pay-to Provider Country Code			
			CODE SOURCE 5: Countries, Currencies and Funds			
			Required if the address is outside the U.S.			
NOT USED	N405	309	Location Qualifier	X	ID	1/2
NOT USED	N406	310	Location Identifier	0	AN	1/30

# PAY-TO PROVIDER SECONDARY IDENTIFICATION

Loop: 2010AB — PAY-TO PROVIDER NAME

**Usage: SITUATIONAL** 

Repeat: 5

Notes:

- Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109.
- 2. If "code XX NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 5 times.

Example: REF\*1G\*98765~

#### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 035

Loop: 2010

Requirement: Optional

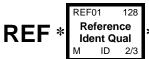
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

## **DIAGRAM**









## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES
REQUIRED	REF01	128		entification Qualifier the Reference Identification	M	ID	2/3
			CODE	DEFINITION			
			0B	State License Number			
			1A	Blue Cross Provider Number			

REQUIRED

**NOT USED** 

**NOT USED** 

REF02

REF03

REF04

	1B	Blue Shield Provider Number			
	1C	Medicare Provider Number			
	1D	Medicaid Provider Number			
	1G	Provider UPIN Number			
	1H	CHAMPUS Identification Number			
	1J	Facility ID Number			
	В3	Preferred Provider Organization N	umb	er	
	BQ	Health Maintenance Organization (	Code	Numb	er
	El	<b>Employer's Identification Number</b>			
	FH	Clinic Number			
	G2	Provider Commercial Number			
	G5	Provider Site Number			
	LU	Location Number			
	SY	Social Security Number The social security number may no Medicare.	ot be	used t	for
	X5	State Industrial Accident Provider	Num	ber	
127		ntification nation as defined for a particular Transactio e Identification Qualifier	<b>X</b> n Set	AN or as sp	1/30 pecified
	INDUSTRY: Pay-to	o Provider Additional Identifier			
	<b>SYNTAX</b> : R0203				
352	Description		X	AN	1/80
C040	REFERENCE	IDENTIFIER	0		

## SUBSCRIBER HIERARCHICAL LEVEL

Loop: 2000B — SUBSCRIBER HIERARCHICAL LEVEL Repeat: >1

Usage: REQUIRED

Repeat: 1

Notes:

- 1. If the insured and the patient are the same person, use this HL to identify the insured/patient, skip the subsequent (PATIENT) HL, and proceed directly to Loop ID-2300.
- 2. The Subscriber HL contains information about the person who is listed as the subscriber/insured for the destination payer entity (Loop ID-2010BA). The Subscriber HL contains information identifying the subscriber (Loop ID-2010BA), his or her insurance (Loop ID-2010BC), and responsible party (Loop ID-2010BD). In addition, information about the credit/debit card holder is placed in this HL (Loop ID-2010BB). The credit/debit card holder may or may not be the subscriber. See Appendix G, Credit/Debit Card Use, for a description of using Loop ID-2010BD.
- 3. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.
- 4. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Subscriber Hierarchical Level loops, there is an implied maximum of 5000.

Example: HL\*124\*123\*22\*1~

## **STANDARD**

**HL** Hierarchical Level

Level: Detail Position: 001

Loop: 2000 Repeat: >1

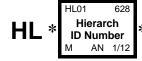
**Requirement:** Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related

groups of data segments

## **DIAGRAM**









## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	JTES
REQUIRED	HL01	628	<b>Hierarchical ID Number</b> A unique number assigned by the sender to ident a hierarchical structure	<b>M</b> ify a particular o	AN data seg	<b>1/12</b> ment in
			COMMENT: HL01 shall contain a unique alphanume of the HL segment in the transaction set. For examindicate the number of occurrences of the HL seg HL01 would be "1" for the initial HL segment and each subsequent HL segment within the transaction.	mple, HL01 cou ment, in which would be increr	ld be us case the	ed to value of
REQUIRED	HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchic segment being described is subordinate to	<b>O</b> al data segmer	AN nt that th	<b>1/12</b> e data
			<b>COMMENT:</b> HL02 identifies the hierarchical ID number the current HL segment is subordinate.	per of the HL se	egment to	o which
REQUIRED	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hie	<b>M</b> rarchical structu	<b>ID</b> ure	1/2
			<b>COMMENT:</b> HL03 indicates the context of the series current HL segment up to the next occurrence of transaction. For example, HL03 is used to indicate the HL loop form a logical grouping of data referrilevel information.	an HL segment e that subseque	in the ent segm	nents in
			CODE DEFINITION			
			22 Subscriber			
REQUIRED	HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data level being described	O segments sub-	<b>ID</b> ordinate	<b>1/1</b> to the
			COMMENT: HL04 indicates whether or not there are segments related to the current HL segment.	subordinate (o	r child) l	⊣L
			The claim loop (Loop ID-2300) can be use subordinate levels (HL04 = 0) or when HL indicated (HL04 = 1).			
			In the first case (HL04 = 0), the subscribe are no dependent claims. The second cawhen claims/encounters for both the sub of theirs are being sent under the same befather and son are both involved in the same and are treated by the same provider). In HL04 = 1 because there is a dependent to 2300 loop for the subscriber/patient (fath subscriber HL. The dependent HL (son) version 2300 loop for the dependent/patient would HL04=1 would also be used when a claim	se (HL04 = 1 scriber and a silling provide ame automost that case, the othis subscrier) would be would then bed be run afte	) happe a deper er HL (e bile acc e subse ber, bu gin afte e run ai r that F	ens ndent e.g., a eident criber at the er the nd the HL.
			dependent is being sent.			
			CODE DEFINITION			• •
			0 No Subordinate HL Segme Structure.	ent in This Hi	erarch	ical

100 MAY 2000

Additional Subordinate HL Data Segment in This

**Hierarchical Structure.** 

# SUBSCRIBER INFORMATION

Loop: 2000B — SUBSCRIBER HIERARCHICAL LEVEL

Usage: REQUIRED

Repeat: 1

Example: SBR\*P\*\*GRP01020102\*\*\*\*\*\*CI~

## **STANDARD**

SBR Subscriber Information

Level: Detail

Position: 005

Loop: 2000

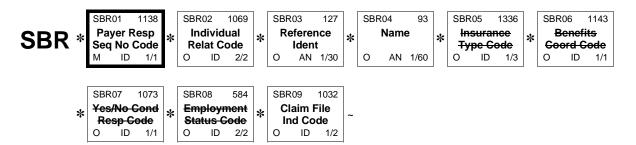
Requirement: Optional

Max Use: 1

Purpose: To record information specific to the primary insured and the insurance carrier

for that insured

## DIAGRAM



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES			
REQUIRED	SBR01	1138		sibility Sequence Number Code the insurance carrier's level of responsibility	M ID 1/1 y for a payment of a			
			UB-92 Referer	nce [UB-92 Name]:				
			50 (A-C) [Paye	er Identification]				
			51 (A-C) [Provider Number]					
			52 (A-C) [Release of Information Certification Indicator]					
			53 (A-C) [Assignment of Benefits Certification Indicator]					
			54 (A-C) [Prior Payments - Payers and Patient]					
			55 (A-C) [Estir	nated Amount Due]				
			58 (A-C) [Insu	red's Name]				
			59 (A-C) [Patie	ent's Relationship to Insured]				
			• • •	ificate/Social Security Number/Healt cation Number]	h Insurance			
			61 (A-C) [Insu	red Group Name]				
			62 (A-C) [Insu	rance Group Number]				
			63 (A-C) [Trea	tment Authorization Code]				
			64 (A-C) [Emp	loyment Status Code of the Insured	]			
			65 (A-C) [Emp	loyer Name of the Insured]				
			66 (A-C) [Employer Location of the Insured]					
			EMC v.6.0 Ref	erence:				
			Record Type 3	30 Field No. 2 (Sequence 01-03)				
			Record Type 3	31 Field No. 2 (Sequence 01-03)				
			Record Type 3	32 Field No. 2 (Sequence 01-03)				
			Record Type 40 Field No. 5, 6, 7					
			CODE	DEFINITION				
			P	Primary				
			S	Secondary				
			Т	Tertiary				
				Use to indicate 'payer of last resor	ť.			

SITUATIONAL	SBR02	1069	Individual Relationship Code O ID Code indicating the relationship between two individuals or entities	2/2				
			ALIAS: Patients Relationship to Insured					
			SEMANTIC: SBR02 specifies the relationship to the person insured.					
			UB-92 Reference [UB-92 Name]:					
			59 (A-C) [Patient's Relationship to Insured]					
			EMC v.6.0 Reference:					
			Record Type 30 Field No. 18					
			Use this code only when the subscriber is the same person as the patient. If the subscriber is not the same person as the patient, do not use this element.					
			CODE DEFINITION					
			18 Self					
SITUATIONAL	SBR03	127	Reference Identification O AN Reference information as defined for a particular Transaction Set or as spe by the Reference Identification Qualifier	1/30 ecified				
			INDUSTRY: Insured Group or Policy Number					
			ALIAS: Group Number					
			SEMANTIC: SBR03 is policy or group number.					
			UB-92 Reference [UB-92 Name]:					
			62 (A-C) [Insurance Group Number]					
			EMC v.6.0 Reference:					
			Record Type 30 Field No. 10 (Sequence 01-03)					
			Use this element to carry the subscriber's group number but rethe number that uniquely identifies the subscriber. The subscriber's number should be carried in NM109. Using code NM101 identifies the number in NM109 as the insured's Identification Number.					
SITUATIONAL	SBR04	93	Name O AN	1/60				
			Free-form name					
			INDUSTRY: Insured Group Name ALIAS: Plan Name (Group Name)					
			SEMANTIC: SBR04 is plan name.					
			UB-92 Reference [UB-92 Name]:					
			61 (A-C) [Insured Group Name]					
			EMC v.6.0 Reference:					
			Record Type 30 Field No. 11 (Sequence 01-03)					
			Used only when no group number is reported in SBR03.					
			, , , , , , , , , , , , , , , , , , , ,					
NOT USED	SBR05	1336	Insurance Type Code O ID	1/3				
NOT USED	SBR05 SBR06	1336 1143		1/3 1/1				
			Insurance Type Code O ID					

NOT USED	SBR08	584	Employment	Status Code	0	ID	2/2
	SBR09	1032		ndicator Code	0	ID	1/2
			EMC v.6.0 Re				
			<b>Record Type</b>	30 Field No. 4 (not all codes ma	ар)		
			Required price mandated.	or to mandated used of PlanID. I	Not used a	after Pl	anID i
			CODE	DEFINITION			
			09	Self-pay EMC v.6.0 Reference: Record Type 30 Field No. 4 C	ode A		
			10	Central Certification			
			11	Other Non-Federal Programs			
			12	Preferred Provider Organizati		4h a 02	E
			Same as the qualifier used in Health Care Claim Payment	CLP06 OI	the os	J	
			13	Point of Service (POS)			
			Same as the qualifier used in Health Care Claim Payment	CLP06 of	the 83	5	
		14	Exclusive Provider Organizat	ion (EPO)			
				Same as the qualifier used in Health Care Claim Payment	CLP06 of	the 83	5
			15	Indemnity Insurance			
			16	Health Maintenance Organiza Risk	tion (HMC	) Medi	care
			AM	Automobile Medical			_
				Same as the qualifier used in Health Care Claim Payment	CLP06 of	the 83	5
			BL	Blue Cross/Blue Shield			
				EMC v.6.0 Reference:  Record Type 30 Field No. 4 C	ode G		
			СН	Champus			
				EMC v.6.0 Reference:  Record Type 30 Field No. 4 C	ode H		
			CI	Commercial Insurance Co.			
				EMC v.6.0 Reference: Record Type 30 Field No. 4 C	ode F		
			DS	Disability			
				Same as the qualifier used in Health Care Claim Payment	CLP06 of	the 83	5

НМ	Health Maintenance Organization  There is no map to EMC v.6.0.  (Same as the qualifier used in CLP06 of the 835  Health Care Claim Payment)
LI	Liability
LM	Liability Medical Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment
MA	Medicare Part A  EMC v.6.0 Reference:  Record Type 30 Field No. 4 Code C (Same as the qualifier used in CLP06 of 835 Health Care Claim Payment)
МВ	Medicare Part B Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment
MC	Medicaid EMC v.6.0 Reference: Record Type 30 Field No. 4 Code D
OF	Other Federal Program  EMC v.6.0 Reference:  Record Type 30 Field No. 4 Code E
TV	Title V Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment
VA	Veteran Administration Plan Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment. Refers to Veterans Affairs Plan.
WC	Workers' Compensation Health Claim  EMC v.6.0 Reference:  Record Type 30 Field No. 4 Code B (Same as the qualifier used in CLP06 of 835 Health Care Claim Payment)
ZZ	Mutually Defined Unknown  Required value if the HIPAA Individual Identifier is mandated for use. Otherwise, the MI qualifier is used.

# PATIENT INFORMATION

Loop: 2000B — SUBSCRIBER HIERARCHICAL LEVEL

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required if the subscriber is the same person as the patient (Loop ID-

2000B SBR02=18), and information in this PAT segment (patient weight see PAT07 and PAT08, or Pregnancy Indicator see PAT09) is

necessary to file the claim/encounter.

Example: PAT\*\*\*\*\*\*GR\*1768\*Y~

## **STANDARD**

## PAT Patient Information

Level: Detail

Position: 007

Loop: 2000

Requirement: Optional

Max Use: 1

**Purpose:** To supply patient information

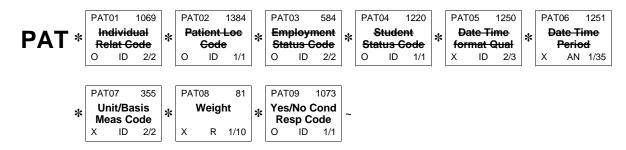
Syntax: 1. P0506

If either PAT05 or PAT06 is present, then the other is required.

2. P0708

If either PAT07 or PAT08 is present, then the other is required.

#### **DIAGRAM**



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES			
NOT USED	PAT01	1069	Individual Relationship Code	0	ID	2/2		
NOT USED	PAT02	1384	Patient Location Code	0	ID	1/1		
NOT USED	PAT03	584	Employment Status Code	0	ID	2/2		
NOT USED	PAT04	1220	Student Status Code	0	ID	1/1		
NOT USED	PAT05	1250	Date Time Period Format Qualifier	X	ID	2/3		

NOT USED	PAT06	1251	Date Time Po	eriod	X	AN	1/35
SITUATIONAL	PAT07 355		Unit or Basis for Measurement Code X ID 2/2 Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
			<b>SYNTAX:</b> P0708				
			CODE	DEFINITION			
			GR	Gram			
				This data element is used when less than 29 days old.	the pat	ient's	age is
SITUATIONAL PAT08	81	Weight Numeric value	of weight	X	R	1/10	
			INDUSTRY: Patie	ent Weight			
			<b>SYNTAX:</b> P0708				
			SEMANTIC: PATO	08 is the patient's weight.			
		Required on newborn's b	claims/encounters for delivery ser irthweight.	vices to	repoi	rt	
SITUATIONAL PAT09	1073		dition or Response Code g a Yes or No condition or response	0	ID	1/1	
			INDUSTRY: <b>Pre</b> g	gnancy Indicator			
			<b>SEMANTIC:</b> PAT09 indicates whether the patient is pregnant or not pregnant. Code "Y" indicates the patient is pregnant; code "N" indicates the patient is not pregnant.				
			Required wh	en required by state law (e.g., India	ına Med	dicaid)	
			CODE	DEFINITION			
			Y	Yes			

# SUBSCRIBER NAME

Loop: 2010BA — SUBSCRIBER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes:

1. In worker's compensation or other property and casualty claims, the "subscriber" may be a non-person entity (i.e., the employer). However, this varies by state.

2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

Example: NM1\*IL\*1\*DOE\*JOHN\*T\*\*\*MI\*739004273~

## **STANDARD**

NM1 Individual or Organizational Name

Level: Detail Position: 015

Loop: 2010 Repeat: 10

Requirement: Optional

Max Use: 1

**Purpose:** To supply the full name of an individual or organizational entity

Set Notes:

 Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

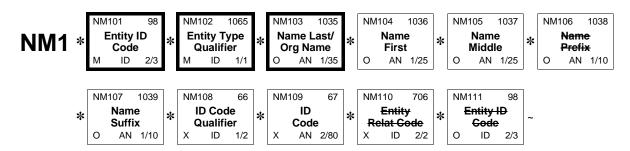
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

## **DIAGRAM**



#### **ELEMENT SUMMARY**

REF. DATA
USAGE DES. <u>Element</u> Name <u>Attributes</u>

REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical individual	M al location, pro	<b>ID</b> perty or	<b>2/3</b> an
			CODE DEFINITION			
			IL Insured or Subscriber			
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity	М	ID	1/1
			SEMANTIC: NM102 qualifies NM103.			
			CODE DEFINITION			
			1 Person			
			2 Non-Person Entity			
REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational name	0	AN	1/35
			INDUSTRY: Subscriber Last Name			
			UB-92 Reference [UB-92 Name]:			
			58 (A-C) [Insured's Name]			
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 12 (Sequence 0	1-03)		
SITUATIONAL	NM104	1036	Name First Individual first name	0	AN	1/25
			INDUSTRY: Subscriber First Name			
			UB-92 Reference [UB-92 Name]:			
			58 (A-C) [Insured's Name]			
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 13 (Sequence 0	1-03)		
			This data element is required when NM10	2 equals one	e (1).	
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	0	AN	1/25
			INDUSTRY: Subscriber Middle Name			
			ALIAS: Subscriber's Middle Initial			
			UB-92 Reference [UB-92 Name]:			
			58 (A-C) [Insured's Name]			
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 14 (Sequence 0	1-03)		
			This data element is required when NM10 or Initial of the person is known.	2 = 1 and the	Middl	e Name

30B3CRIBER NAME					IIVII LLIVIL	MIAIK	N GOIDE			
NOT USED	NM106	1038	Name Prefix		0	AN	1/10			
SITUATIONAL	NM107	1039	Name Suffix Suffix to individu	al name	0	AN	1/10			
			INDUSTRY: Subs	criber Name Suffix						
				nent is required when the NM102 iix is known. Examples: I, II, III, IV	=	one (1)	) and			
SITUATIONAL	NM108	66		Code Qualifier g the system/method of code structure	<b>X</b> used for le	<b>ID</b> dentifica	<b>1/2</b> ation			
			<b>SYNTAX:</b> P0809							
			This data eler	ment is required when NM102 eq	uals one	(1).				
			Health Servic Intermediary (Tribe County	ended to be used in claims subme/Contract HealthServices (IHS/0) for the purpose of reporting the state). In the event that a Social on an IHS/CHS claim, put the Signal or the state.	CHS) Fisc Tribe Res I Security	cal sidenc y Num	y Code			
			CODE	DEFINITION						
			MI	Member Identification Number						
			The code MI is intended to be the subsidentification number as assigned by the Payers use different terminology to consame number, therefore, the 837 Institt Workgroup recommends using MI - Modern tification Number to convey the following the Markey State of State							
			ZZ	Mutually Defined						
				The value 'ZZ', when used in the defined as "HIPAA Individudentifier has been adopted. Unsurance Portability and According the Secretary of the Department Human Services must adopt a identifier for use in this transa	al Identif nder the ountabilit nt of Hea standard	ier" or Health y Act o Ith and	of 1996,			
SITUATIONAL	NM109	67	Identification	Code a party or other code	X	AN	2/80			
			, 0	, ,						
			SYNTAX: P0809	criber Primary Identifier						
				nco [IIR-02 Namo]·						
			UB-92 Reference [UB-92 Name]: 60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identification Number]							
			EMC v.6.0 Reference:							
				30 Field No.  7 (Sequence 01-03)						
				ment is required when NM102 eq		(1).				
NOT USED	NM110	706	Entity Relatio		Х	ID	2/2			
	14141 1 10	100	Entity Relatio	namp code	^	טו	<b>414</b>			

NOT USED NM111 98 Entity Identifier Code O ID 2/3

# SUBSCRIBER ADDRESS

Loop: 2010BA — SUBSCRIBER NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is required when the Patient is the same person as the

Subscriber. (Required when Loop ID 2000B, SBR02-18 (self)).

Example: N3\*125 CITY AVENUE~

#### STANDARD

**N3** Address Information

Level: Detail Position: 025

**Loop:** 2010

Requirement: Optional

Max Use: 2

**Purpose:** To specify the location of the named party

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES		
REQUIRED	N301	166	Address Information Address information	M	AN	1/55	
			INDUSTRY: Subscriber Address Line				
			UB-92 Reference [UB-92 Name]:				
			84, Line b [Remarks]				
			EMC v.6.0 Reference:				
		Record Type 31 Field No. 4 (Sequence 01-03)					
SITUATIONAL	N302	166	Address Information Address information	0	AN	1/55	
			INDUSTRY: Subscriber Address Line				
			EMC v.6.0 Reference:				
			Record Type 31 Field No. 5 (Sequence 01-03)				
			Required if a second address line exists.				

# SUBSCRIBER CITY/STATE/ZIP CODE

Loop: 2010BA — SUBSCRIBER NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is required when the Patient is the same person as the

Subscriber. (Required when Loop ID 2000B, SBR02-18 (self)).

Example: N4\*CENTERVILLE\*PA\*17111~

#### STANDARD

**N4** Geographic Location

Level: Detail Position: 030

Loop: 2010

Requirement: Optional

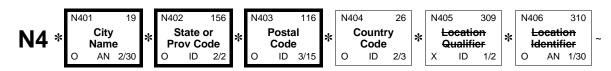
Max Use: 1

**Purpose:** To specify the geographic place of the named party

Syntax: 1. C0605

If N406 is present, then N405 is required.

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES	
REQUIRED	N401	19	City Name Free-form text for city name	0	AN	2/30
			INDUSTRY: Subscriber City Name			
			<b>COMMENT:</b> A combination of either N401 through N404, or N405 and N406 may adequate to specify a location.			
			UB-92 Reference [UB-92 Name]:			
			84, Line c [Remarks]			
			EMC v.6.0 Reference:			
			Record Type 31 Field No. 6 (Sequence 01-03)			

REQUIRED	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate	<b>O</b> gover	<b>ID</b> nment a	<b>2/2</b> gency			
			INDUSTRY: Subscriber State Code						
			COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.						
			CODE SOURCE 22: States and Outlying Areas of the U.S.						
			UB-92 Reference [UB-92 Name]:						
			84, Line c [Remarks]						
			EMC v.6.0 Reference:						
			Record Type 31 Field No. 7 (Sequence 01-03)						
REQUIRED	EQUIRED N403 116		Postal Code Code defining international postal zone code excluding pu (zip code for United States)	<b>O</b> nctuati	<b>ID</b> on and I	<b>3/15</b> olanks			
			INDUSTRY: Subscriber Postal Zone or ZIP Code						
			CODE SOURCE 51: ZIP Code						
			UB-92 Reference [UB-92 Name]:						
			84, Line d [Remarks]						
			EMC v.6.0 Reference:						
			Record Type 31 Field No. 8 (Sequence 01-03)						
SITUATIONAL	N404	26	Country Code Code identifying the country	0	ID	2/3			
			CODE SOURCE 5: Countries, Currencies and Funds						
			This data element is required when the address U.S.	is out	side of	the			
	N1405	200	Location Qualifier	Х	ID	1/2			
NOT USED	N405	309	Location Qualifier	^	טו	1/4			

# SUBSCRIBER DEMOGRAPHIC INFORMATION

Loop: 2010BA — SUBSCRIBER NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is required when the Patient is the same person as the

Subscriber. (Required when Loop ID 2000B, SBR02-18 (self)).

Example: DMG\*D8\*19290730\*M~

#### STANDARD

**DMG** Demographic Information

Level: Detail

Position: 032

Loop: 2010

Requirement: Optional

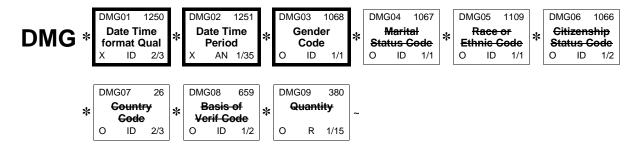
Max Use: 1

Purpose: To supply demographic information

Syntax: 1. P0102

If either DMG01 or DMG02 is present, then the other is required.

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	DES.	ELEMENT	NAME			ATTRIBU	JTES
REQUIRED	DMG01	1250		eriod Format Qualifier g the date format, time format, or date	X and time form	<b>ID</b> nat	2/3
			<b>SYNTAX:</b> P0102				
			CODE	DEFINITION			
			D8	Date Expressed in Format C	CYYMMDD		

30B3CKIBEK DEMC	OKAI IIIC III	OKWIATIC	214	IIIII ELINIENTA	HON GOIDE
REQUIRED	DMG02	1251	Date Time Period Expression of a date, a time, or range of dates	X AN, times or dates and time	
			INDUSTRY: Subscriber Birth Date		
			ALIAS: Date of Birth - Patient		
			<b>SYNTAX:</b> P0102		
			SEMANTIC: DMG02 is the date of birth.		
			EMC v.6.0 Reference:		
			Record Type 20 Field No. 8		
REQUIRED	DMG03	1068	Gender Code Code indicating the sex of the individual	O ID	1/1
			INDUSTRY: Subscriber Gender Code		
			ALIAS: Gender - Patient		
			EMC v.6.0 Reference:		
			Record Type 30 Field No. 15		
			CODE DEFINITION		_
			F Female		
			M Male		
			U Unknown		
NOT USED	DMG04	1067	Marital Status Code	O ID	1/1
NOT USED	DMG05	1109	Race or Ethnicity Code	O ID	1/1
NOT USED	DMG06	1066	Citizenship Status Code	O ID	1/2
NOT USED	DMG07	26	Country Code	O ID	2/3
NOT USED	DMG08	659	Basis of Verification Code	O ID	1/2
NOT USED	DMG09	380	Quantity	O R	1/15

# SUBSCRIBER SECONDARY IDENTIFICATION

Loop: 2010BA — SUBSCRIBER NAME

**Usage: SITUATIONAL** 

Repeat: 4

Notes: 1. Required when a secondary identification number is necessary to

identify the entity. The primary identification number should be

carried in NM109.

Example: REF\*SY\*030385074~

#### **STANDARD**

**REF** Reference Identification

Level: Detail Position: 035

Loop: 2010

Requirement: Optional

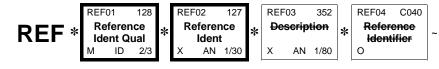
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification		M	ID	2/3
			CODE	DEFINITION			
			1W	Member Identification Number If NM108 = MI, this qualifier cannot	be ι	ısed.	
			23	Client Number			
				This code is intended to be used of submitted to the Indian Health Ser Health Services (IHS/CHS) Fiscal In the purpose of reporting the Health	vice/ ntern	Contra nediary	act y for
			IG	Insurance Policy Number			

**MAY 2000** 

**Social Security Number** 

SY

			The social security number may not be used for Medicare.						
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction by the Reference Identification Qualifier	<b>X</b> n Set	AN or as sp	1/30 pecified			
			INDUSTRY: Subscriber Supplemental Identifier						
			syntax: R0203						
NOT USED	REF03	352	Description	X	AN	1/80			
NOT USED	REF04	C040	REFERENCE IDENTIFIER	0					

# PROPERTY AND CASUALTY CLAIM NUMBER

Loop: 2010BA — SUBSCRIBER NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. This is a property and casualty payer-assigned claim number. It is required on property and casualty claims. Providers receive this number from the property and casualty payer during eligibility determinations or some other communication with that payer. See Section 4.2, Property and Casualty, for additional information about property and casualty claims.
- 2. In the case where the patient is the same person as the subscriber, the property and casualty claim number is placed in Loop ID-2010BA. In the case where the patient is a different person than the subscriber, this number is placed in Loop ID-2010CA. This number should be transmitted in only one place.

Example: REF\*Y4\*4445555~

#### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 035

**Loop**: 2010

Requirement: Optional

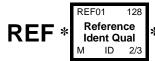
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

#### DIAGRAM









## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification			ID	2/3
			CODE	DEFINITION			
			Y4	Agency Claim Number REQUIRED			
REQUIRED	REF02	127		ntification ation as defined for a particular Transactior Identification Qualifier	<b>X</b> n Set	AN or as spe	1/30 ecified
			INDUSTRY: <b>Prope</b>	rty Casualty Claim Number			
			<b>SYNTAX:</b> R0203				
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE I	DENTIFIER	0		

# CREDIT/DEBIT CARD ACCOUNT HOLDER NAME

Loop: 2010BB — CREDIT/DEBIT CARD ACCOUNT HOLDER NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Notes:

- 1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 2. The information carried under this segment must never be sent to the payer. This information is only for use between a provider and a service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment before forwarding the claim to the payer.

Example: NM1\*AO\*1\*DOE\*JOHN\*T\*\*\*MI\*739004273~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail

Position: 015

Loop: 2010 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

**Set Notes:** 

1. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

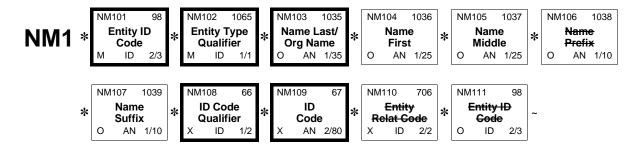
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

#### **DIAGRAM**



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES	
REQUIRED	NM101	98	Entity Identification	ier Code g an organizational entity, a physical location,	<b>M</b> , prop	<b>ID</b> perty or a	<b>2/3</b> an	
				s added to this implementation guide card information billing. See Appendix r details.				
			CODE	DEFINITION				
			AO	Account Of				
REQUIRED	NM102	1065	Entity Type (	Qualifier g the type of entity	M	ID	1/1	
			SEMANTIC: NM1	02 qualifies NM103.				
			CODE	DEFINITION				
			1	Person				
			2	Non-Person Entity				
REQUIRED	NM103	1035	Name Last o	r Organization Name name or organizational name	0	AN	1/35	
			INDUSTRY: Cred	izati	onal N	ame		
			ALIAS: Accoun	nt Holder Last Name				
SITUATIONAL	NM104	1036	Name First Individual first r	name	0	AN	1/25	
			INDUSTRY: Cred	lit or Debit Card Holder First Name				
			ALIAS: Accoun	nt Holder First Name				
			This data ele	ment is required when NM102 equals	one	(1).		
SITUATIONAL	NM105	1037	Name Middle Individual midd	e le name or initial	0	AN	1/25	
			INDUSTRY: Cred	lit or Debit Card Holder Middle Name				
			ALIAS: Accoun	nt Holder Middle Initial				
				ement is required when NM102 = 1 and ne person is known.	l the	Middle	e Name	
NOT USED	NM106	1038	Name Prefix		0	AN	1/10	
SITUATIONAL	NM107	1039	Name Suffix Suffix to individ	ual name	0	AN	1/10	
			INDUSTRY: Cred	lit or Debit Card Holder Name Suffix				
			This data element is required when the NM102 equals one (1) and the name suffix is known. Examples: I, II, III, IV, Jr, Sr.					

REQUIRED	NM108	66		n Code Qualifier ng the system/method of code structure us	<b>X</b> sed for I	<b>ID</b> dentifica	<b>1/2</b> ttion
			CODE	DEFINITION			
			MI	Member Identification Number			
REQUIRED	NM109	67	Identification Code identifyin	n Code g a party or other code	X	AN	2/80
			INDUSTRY: <b>Cre</b> c	lit or Debit Card Number			
			ALIAS: Credit/L	Debit Card Account Number			
			<b>SYNTAX</b> : P0809				
NOT USED	NM110	706	Entity Relation	onship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identif	fier Code	0	ID	2/3

## CREDIT/DEBIT CARD INFORMATION

Loop: 2010BB — CREDIT/DEBIT CARD ACCOUNT HOLDER NAME

**Usage: SITUATIONAL** 

Repeat: 2

Notes:

 The information carried under this segment must never be sent to the payer. This information is only for use between a provider and a service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment before forwarding the claim to the payer.

Example: REF\*AB\*030385074~

#### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 035

Loop: 2010

Requirement: Optional

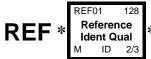
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

#### **DIAGRAM**









#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	REF01	128	Reference Identification Qualifier	М	ID	2/3
			Code qualifying the Reference Identification			

Codes AB and BB were added to this implementation guide to support credit/debit card information billing. See Appendix G, Credit/Debit Card Use, for additional details.

CODE	DEFINITION
AB	Acceptable Source Purchaser ID
ВВ	Authorization Number

REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction by the Reference Identification Qualifier	<b>X</b> n Set	AN or as sp	1/30 pecified
			INDUSTRY: Credit or Debit Card Authorization Number	er		
			syntax: R0203			
NOT USED	REF03	352	Description	X	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	0		

# **PAYER NAME**

Loop: 2010BC — PAYER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. This is a destination payer.

2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

Example: NM1\*PR\*2\*UNION MUTUAL OF OREGON\*\*\*\*PI\*43140~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail Position: 015

Loop: 2010 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes:

1. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

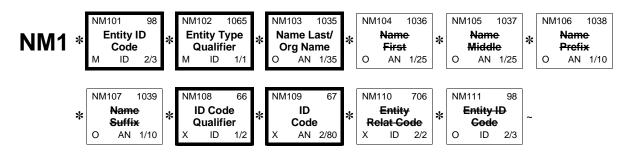
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

#### **DIAGRAM**



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES
REQUIRED	NM101	98	Entity Identifie Code identifying individual	<b>M</b> , prop	<b>ID</b> erty or a	<b>2/3</b> n	
			CODE	DEFINITION			
			PR	Payer			
REQUIRED	NM102	1065	Entity Type Qu Code qualifying t		M	ID	1/1
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			2	Non-Person Entity			
REQUIRED	NM103	1035		Organization Name me or organizational name	0	AN	1/35
			INDUSTRY: Payer	Name			
			UB-92 Referer	nce [UB-92 Name]:			
			50 (A-C) [Paye	er Identification]			
			EMC v.6.0 Ref	erence:			
			Record Type 3	30 Field No. 8b (Sequence 01-03)			
			Record Type 3	32 Field No. 4 (Sequence 01-03)			
NOT USED	NM104	1036	Name First		0	AN	1/25
NOT USED	NM105	1037	Name Middle		0	AN	1/25
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
NOT USED	NM107	1039	Name Suffix		0	AN	1/10
REQUIRED	NM108	66		Code Qualifier	X	ID	1/2
			Code designating Code (67)	g the system/method of code structure used	l for lo	dentificat	ion

**SYNTAX:** P0809

#### EMC v.6.0 Reference:

## Record Type 30 Field No. 5, 6 (Sequence 01-03)

CODE	DEFINITION
PI	Payor Identification
XV	Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.
	cope source 540: Health Care Financing Administration

CODE SOURCE **540:** Health Care Financing Administration National PlanID

-						
REQUIRED	NM109	67	Identification Code Code identifying a party or other code	X	AN	2/80
			INDUSTRY: Payer Identifier			
			ALIAS: Primary Payer ID			
			<b>SYNTAX:</b> P0809			
NOT USED	NM110	706	Entity Relationship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	0	ID	2/3

# **PAYER ADDRESS**

Loop: 2010BC — PAYER NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Payer Address is required when the submitter intends for the claim to

be printed on paper at the next EDI location (e.g., a clearinghouse).

Example: N3\*225 MAIN STREET\*BARKLEY BUILDING~

## STANDARD

N3 Address Information

Level: Detail Position: 025

**Loop:** 2010

Requirement: Optional

Max Use: 2

**Purpose:** To specify the location of the named party

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	N301	166 Address Information Address information		M	AN	1/55
			INDUSTRY: Payer Address Line			
			EMC v.6.0 Reference:			
		Record Type 32 Field No. 5 (Sequence 01-03)				
SITUATIONAL	N302	166	Address Information Address information	0	AN	1/55
			INDUSTRY: Payer Address Line			
			EMC v.6.0 Reference:			
			Record Type 32 Field No. 6 (Sequence 01-03)			
			Required if a second address line exists.			

# PAYER CITY/STATE/ZIP CODE

Loop: 2010BC — PAYER NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Payer Address is required when the submitter intends for the claim to

be printed on paper at the next EDI location (e.g., a clearinghouse).

Example: N4\*CENTERVILLE\*PA\*17111~

#### **STANDARD**

**N4** Geographic Location

Level: Detail Position: 030

Loop: 2010

Requirement: Optional

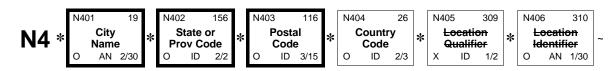
Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. C0605

If N406 is present, then N405 is required.

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES	
REQUIRED	N401	10	City Namo	0	ΔNI	2/20	

Free-form text for city name

INDUSTRY: Payer City Name

**COMMENT:** A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

EMC v.6.0 Reference:

Record Type 32 Field No. 7 (Sequence 01-03)

REQUIRED	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government a	<b>2/2</b> gency			
			INDUSTRY: Payer State Code				
			COMMENT: N402 is required only if city name (N401) is in the U.S. or Cana	da.			
			CODE SOURCE 22: States and Outlying Areas of the U.S.				
			EMC v.6.0 Reference:				
			Record Type 32 Field No. 8 (Sequence 01-03)				
REQUIRED	N403	116	Postal Code Code defining international postal zone code excluding punctuation and be (zip code for United States)	<b>3/15</b> blanks			
		INDUSTRY: Payer Postal Zone or ZIP Code					
			CODE SOURCE 51: ZIP Code				
			EMC v.6.0 Reference:				
			Record Type 32 Field No. 9 (Sequence 01-03)				
SITUATIONAL	N404	26	Country Code Code identifying the country	2/3			
			ALIAS: Payer Country Code				
			CODE SOURCE 5: Countries, Currencies and Funds				
		This data element is required when the address is outside of U.S.	the				
NOT USED	N405	309	Location Qualifier X ID	1/2			
NOT USED	N406	310	Location Identifier O AN	1/30			

ATTRIBUTES

#### **IMPLEMENTATION**

# PAYER SECONDARY IDENTIFICATION

Loop: 2010BC — PAYER NAME

**Usage: SITUATIONAL** 

Repeat: 3

Notes: 1. Required if additional identification numbers other than the primary

identification number in NM108/09 in this loop are necessary to

adjudicate the claim/encounter.

Example: REF\*FY\*435261708~

#### **STANDARD**

**REF** Reference Identification

**Level:** Detail **Position:** 035

Loop: 2010

Requirement: Optional

Max Use: 20

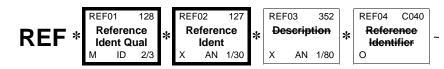
Purpose: To specify identifying information

Syntax: 1. R0203

REF.

At least one of REF02 or REF03 is required.

#### DIAGRAM



DATA FLEMENT

NF

#### **ELEMENT SUMMARY**

IISAGE

USAGE	DES.	ELEMENI	NAME	NAME			JIES
REQUIRED	REF01	128		dentification Qualifier g the Reference Identification	M	ID	2/3
			CODE	DEFINITION			
			2U	Payer Identification Number			
				This code can be used to identification number (the pay commercial payer, TPA, etc). V used has been defined between	er can be Vhatever	Medio numb	caid, a er is
			FY	Claim Office Number			

(NAIC) Code

code source 245: National Association of Insurance
Commissioners (NAIC) Code

**National Association of Insurance Commissioners** 

			TJ Federal Taxpayer's Identification Number						
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Tra by the Reference Identification Qualifier	X AN 1/30 insaction Set or as specified					
			INDUSTRY: Payer Additional Identifier						
			<b>SYNTAX:</b> R0203						
			EMC v.6.0 Reference:						
			Record Type 30 Field No. 5, 6 (Sequence 0	1-03)					
			Record Type 31 Field No. 15						
NOT USED	REF03	352	Description	X AN 1/80					
NOT USED	RFF04	C040	REFERENCE IDENTIFIER	0					

# RESPONSIBLE PARTY NAME

Loop: 2010BD — RESPONSIBLE PARTY NAME Repeat: 1

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1.

- 1. In general terms, the responsible party is someone who is not the subscriber/patient but who has financial responsibility for the bill.
- 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 3. Required for Medicare claims where there is no authorized representative and the provider of medical services has neither the responsible party's signature nor the patient's signature on file.

Example: NM1\*QD\*1\*JONES\*LISA~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail Position: 015

Loop: 2010 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes:

 Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

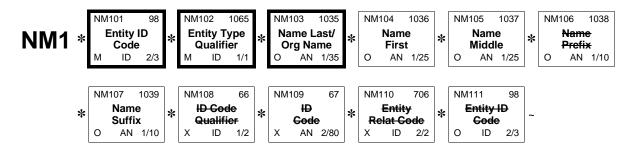
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

#### **DIAGRAM**



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUTE	s
REQUIRED	NM101	98	Entity Identifier Co Code identifying an or individual	<b>M</b> prop	<b>ID</b> erty or an	2/3	
			CODE DEF	INITION			
			QD Res	sponsible Party			
REQUIRED	NM102	1065	Entity Type Qualify Code qualifying the ty		M	ID	1/1
			semantic: NM102 qua	EMANTIC: NM102 qualifies NM103.			
			CODE DEF	INITION			
			1 Per	rson			
			2 No	n-Person Entity			
REQUIRED	NM103	1035	Name Last or Orga Individual last name o		0	AN	1/35
			INDUSTRY: <b>Responsi</b> l	ble Party Last or Organization Na	ame		
SITUATIONAL	NM104	1036	Name First Individual first name		0	AN	1/25
			INDUSTRY: <b>Responsil</b>	ble Party First Name			
			Required if NM102	?=1 (person).			
SITUATIONAL	NM105	1037	Name Middle Individual middle nam	e or initial	0	AN	1/25
			INDUSTRY: <b>Responsil</b>	ble Party Middle Name			
			Required if NM102 known.	e=1 and the middle name/initial o	f the	person	is
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual nar	me	0	AN	1/10
			INDUSTRY: <b>Responsil</b>	ble Party Suffix Name			
			ALIAS: Responsible	Party Generation			
			Required if known				
NOT USED	NM108	66	Identification Code	e Qualifier	X	ID	1/2
NOT USED	NM109	67	Identification Code	e	X	AN	2/80
NOT USED	NM110	706	Entity Relationship	p Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifier Co	ode	0	ID	2/3

# **RESPONSIBLE PARTY ADDRESS**

Loop: 2010BD — RESPONSIBLE PARTY NAME

Usage: REQUIRED

Repeat: 1

Example: N3\*123 MAIN STREET~

## **STANDARD**

**N3** Address Information

Level: Detail

Position: 025

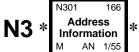
Loop: 2010

Requirement: Optional

Max Use: 2

Purpose: To specify the location of the named party

#### DIAGRAM





#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	JTES
REQUIRED	N301	166	Address Information Address information	М	AN	1/55
			ındustry: Responsible Party Address Line			
			ALIAS: Responsible Party Address 1			
SITUATIONAL	N302	166	Address Information Address information	0	AN	1/55
			ındustry: Responsible Party Address Line			
			ALIAS: Responsible Party Address 2	M AN		
			Required if a second address line exists.			

# **RESPONSIBLE PARTY CITY/STATE/ZIP CODE**

Loop: 2010BD — RESPONSIBLE PARTY NAME

Usage: REQUIRED

Repeat: 1

Example: N4\*ANY TOWN\*TX\*75123~

#### **STANDARD**

**N4** Geographic Location

Level: Detail

Position: 030

Loop: 2010

Requirement: Optional

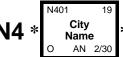
Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. C0605

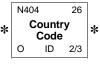
If N406 is present, then N405 is required.

#### DIAGRAM













## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	ITES		
REQUIRED	N401	19	City Name Free-form text for city name	0	AN	2/30		
			INDUSTRY: Responsible Party City Name					
			<b>COMMENT:</b> A combination of either N401 through N404, or N4 adequate to specify a location.	l05 ar	nd N406	3 may be		
REQUIRED	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate g	<b>O</b> joverr	<b>ID</b> nment a	<b>2/2</b> gency		
			INDUSTRY: Responsible Party State Code					
			COMMENT: N402 is required only if city name (N401) is in the	U.S.	or Cana	ıda.		
			CODE SOURCE 22: States and Outlying Areas of the U.S.					
REQUIRED	N403	116	Postal Code Code defining international postal zone code excluding punc (zip code for United States)	<b>O</b> ctuatio	<b>ID</b> on and b	<b>3/15</b> blanks		
			INDUSTRY: Responsible Party Postal Zone or ZIP Cod	le				
			ALIAS: Responsible Party Zip Code					
			CODE SOURCE 51: ZIP Code					

SITUATIONAL	N404	26	Country Code Code identifying the country	0	ID	2/3
			ALIAS: Responsible Party Country Code  CODE SOURCE 5: Countries, Currencies and Funds			
			Required if the address is outside the U.S.			
NOT USED	N405	309	Location Qualifier	X	ID	1/2
NOT USED	N406	310	Location Identifier	0	AN	1/30

# PATIENT HIERARCHICAL LEVEL

Loop: 2000C — PATIENT HIERARCHICAL LEVEL Repeat: >1

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This HL is required when the patient is a different person than the

subscriber. There are no HL's subordinate to the Patient HL.

2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12

nomenclature.

3. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Patient Hierarchical Level loops, there is an implied maximum of 5000.

Example: HL\*125\*124\*23\*0~

#### **STANDARD**

**HL** Hierarchical Level

Level: Detail Position: 001

Loop: 2000 Repeat: >1

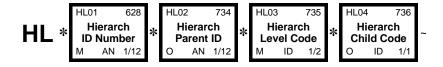
Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related

groups of data segments

## DIAGRAM



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES				
REQUIRED	HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particula hierarchical structure	M AN 1/12 ar data segment in				
	<b>COMMENT</b> : HL01 shall contain a unique alphanumeric number for each of the HL segment in the transaction set. For example, HL01 could be indicate the number of occurrences of the HL segment, in which case HL01 would be "1" for the initial HL segment and would be incremente each subsequent HL segment within the transaction.							
REQUIRED	HL02	734	Hierarchical Parent ID Number O AN 1 Identification number of the next higher hierarchical data segment that the disegment being described is subordinate to					
			<b>COMMENT:</b> HL02 identifies the hierarchical ID number of the HL segment to the current HL segment is subordinate.					
REQUIRED	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical str	M ID 1/2 ucture				
			COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or itemlevel information.					
			CODE DEFINITION					
			23 Dependent					
REQUIRED	HL04	HL04 736	Hierarchical Child Code Code indicating if there are hierarchical child data segments slevel being described	O ID 1/1 subordinate to the				
			COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.					
	The claim loop (Loop ID-2300) can be used only when I subordinate levels ( $HL04 = 0$ ).							
			CODE DEFINITION					
			0 No Subordinate HL Segment in This Structure.	Hierarchical				

# PATIENT INFORMATION

Loop: 2000C — PATIENT HIERARCHICAL LEVEL

Usage: REQUIRED

Repeat: 1

Example: PAT\*19\*\*\*\*\*01\*145~

#### **STANDARD**

**PAT** Patient Information

Level: Detail

Position: 007

Loop: 2000

Requirement: Optional

Max Use: 1

Purpose: To supply patient information

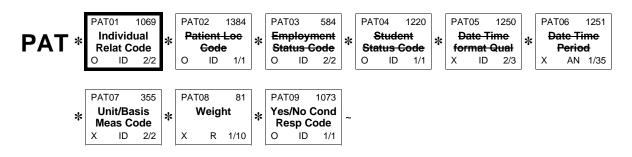
Syntax: 1. P0506

If either PAT05 or PAT06 is present, then the other is required.

2. P0708

If either PAT07 or PAT08 is present, then the other is required.

#### DIAGRAM



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES
REQUIRED PAT01	PAT01	1069		elationship Code g the relationship between two individuals or	O entitie:	ID	2/2
				's Relationship to Insured	Ortago	Ü	
				ence [UB-92 Name]:			
				tient's Relationship to Insured]			
			EMC v.6.0 R				
				e 30 Field No. 18 (Sequence 01-03)			
			le to specify the patient's relationship	to th	ne pers	son	
		CODE	DEFINITION				
			01	Spouse			
				UB-92 Reference [UB-92 Name]:			
				59 Code 02 [Spouse]			
			04	Grandfather or Grandmother			
			UB-92 Reference [UB-92 Name]:				
			59 Code 19 [Grandparent]				
		05	Grandson or Granddaughter				
				UB-92 Reference [UB-92 Name]:			
				59 Code 13 [Grandchild]			
			07	Nephew or Niece			
				UB-92 Reference [UB-92 Name]:			
				59 Code 14 [Niece/Nephew]			
			10	Foster Child			
				UB-92 Reference [UB-92 Name]:			
				59 Code 06 [Foster Child]			
			15	Ward			
				Ward of the Court. This code indic patient is a ward of the insured as			
				order.	a i es	uit Oi	a cou
				UB-92 Reference [UB-92 Name]:			
				59 Code 07 [Ward of the Court]			
			17	Stepson or Stepdaughter			
				UB-92 Reference [UB-92 Name]:			
				59 Code 05 [Step Child]			
			19	Child			
				UB-92 Reference [UB-92 Name]:			
				59 Code 03 [Natural Child/Insured	Finar	ncial	
				Responsibility]			

**NOT USED** 

**NOT USED** 

**NOT USED** 

PAT02

PAT03

PAT04

1384

584

1220

20	Employee UB-92 Reference [UB-92 Name]: 59 Code 08 [Employee]			
21	Unknown UB-92 Reference [UB-92 Name]: 59 Code 09 [Unknown]			
22	Handicapped Dependent UB-92 Reference [UB-92 Name]: 59 Code 10 [Handicapped Dependent	ent]		
23	Sponsored Dependent UB-92 Reference [UB-92 Name]: 59 Code 16 [Sponsored Dependent	t]		
24	Dependent of a Minor Dependent UB-92 Reference [UB-92 Name]: 59 Code 17 [Minor Dependent of a	Mino	Deper	ndent]
29	Significant Other			
32	Mother			
33	Father			
36	<b>Emancipated Minor</b>			
39	Organ Donor UB-92 Reference [UB-92 Name]: 59 Code 11 [Organ Donor]			
40	Cadaver Donor UB-92 Reference [UB-92 Name]: 59 Code 12 [Cadaver Donor]			
41	Injured Plaintiff UB-92 Reference [UB-92 Name]: 59 Code 15 [Injured Plaintiff]			
43	Child Where Insured Has No Financus UB-92 Reference [UB-92 Name]: 59 Code 04 [Natural Child/Insured In Financial Responsibility]		-	-
53	Life Partner UB-92 Reference [UB-92 Name]: 59 Code 20 [Life Partner]			
G8	Other Relationship			
Patient Location Employment Student Status	Status Code	0 0 0	ID ID ID	1/1 2/2 1/1

PATIENT INFORMAT	ION				INIFLEINE	MIAIK	N GOIDE
NOT USED	PAT05	1250	Date Time Pe	eriod Format Qualifier	х	ID	2/3
NOT USED	PAT06	1251	Date Time Pe	eriod	X	AN	1/35
SITUATIONAL	PAT07 35	355	Code specifying	for Measurement Code g the units in which a value is being expr has been taken	<b>X</b> ressed, or	<b>ID</b> manner	2/2 in which
			<b>SYNTAX:</b> P0708				
			This data ele	ige is les	ess than 29		
			CODE	DEFINITION			
			GR	Gram			
SITUATIONAL	PAT08	81	<b>Weight</b> Numeric value of	of weight	X	R	1/10
			INDUSTRY: <b>Patie</b>	ent Weight			
			<b>SYNTAX</b> : P0708				
			SEMANTIC: PATO	8 is the patient's weight.			
			days old. Pat	ment is required when the Patien ient's Age is calculated as follow ate - Date of Birth.		s less	than 29
SITUATIONAL	PAT09	1073		lition or Response Code a Yes or No condition or response	0	ID	1/1
			INDUSTRY: <b>Preg</b>	nancy Indicator			
				9 indicates whether the patient is pregna e patient is pregnant; code "N" indicates			
			Required who	en required by state law (e.g., Ind	iana Med	dicaid)	•
			CODE	DEFINITION			
			Υ	Yes			

# PATIENT NAME

Loop: 2010CA — PATIENT NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Example: NM1\*QC\*1\*DOE\*SALLY\*\*\*34\*123456789~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail

Position: 015

Loop: 2010 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

**Set Notes:** 1. Loop 2010 contains information about entities that apply to all claims in loop

2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

Syntax: 1. P0809

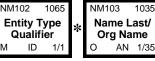
If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

#### **DIAGRAM**





















## **ELEMENT SUMMARY**

 USAGE
 REF. DES.
 DATA ELEMENT
 NAME
 ATTRIBUTES

 REQUIRED
 NM101
 98
 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual
 M
 ID
 2/3

CODE DEFINITION

QC Patient

REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity		М	ID	1/1
			SEMANTIC: NM10	02 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
REQUIRED	NM103	1035		r <b>Organization Name</b> ame or organizational name	0	AN	1/35
			INDUSTRY: <b>Patie</b>	ent Last Name			
			UB-92 Refere	ence [UB-92 Name]:			
			12 [Patient N	ame]			
			EMC v.6.0 Re	eference:			
			<b>Record Type</b>	20 Field No. 4			
REQUIRED	NM104	1036	Name First Individual first n	ame	0	AN	1/25
			INDUSTRY: <b>Patie</b>	nt First Name			
			UB-92 Refere	ence [UB-92 Name]:			
			12 [Patient N	ame]			
			EMC v.6.0 Re	ference:			
			<b>Record Type</b>	20 Field No. 5			
SITUATIONAL	NM105	1037	Name Middle Individual middl	e name or initial	0	AN	1/25
			INDUSTRY: <b>Patie</b>	nt Middle Name			
			UB-92 Refere	ence [UB-92 Name]:			
			12 [Patient N	ame]			
			EMC v.6.0 Re	ference:			
			<b>Record Type</b>	20 Field No. 6			
				ment is required when NM102 : ne person is known.	= 1 and the	Middle	e Name
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individ	ual name	0	AN	1/10
			INDUSTRY: Patie	ent Name Suffix			
			ALIAS: Patient'	s Generation			
				ment is required when the NM1 fix is known. Examples: I, II, III,		one (1	and

NOT USED

NM111

98

O ID

2/3

SITUATIONAL	NM108	66		n Code Qualifier ng the system/method of code structure used	<b>X</b> d for l	<b>ID</b> dentifica	<b>1/2</b> ation			
			<b>SYNTAX:</b> P0809							
				This data element is required when the Patient's Identifier is different from the Subscriber's Identifier.						
			CODE	DEFINITION						
			MI	Member Identification Number						
			The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.							
		ZZ	Mutually Defined  The value 'ZZ', when used in this of the bed efined as "HIPAA Individual Id identifier has been adopted. Under Insurance Portability and Account the Secretary of the Department of Human Services must adopt a star identifier for use in this transaction.	lentif the abilit Hea ndarc	ier" on Health by Act callth	of 1996,				
SITUATIONAL	NM109	67	Identification Code identifying	n Code g a party or other code	X	AN	2/80			
			INDUSTRY: Patie	ent Primary Identifier						
			<b>SYNTAX:</b> P0809							
			UB-92 Refere	ence [UB-92 Name]:						
			• •	tificate/Social Security Number/Healt fication Number]	th Ins	surance	<b>e</b>			
			EMC v.6.0 Re	eference:						
			Record Type	30 Field No. 7						
			This data ele	ment is required when the Patients II ers ID.	) is d	differen	t from			
NOT USED	NM110	706	Entity Relation	onship Code	Х	ID	2/2			

MAY 2000 147

**Entity Identifier Code** 

# **PATIENT ADDRESS**

Loop: 2010CA — PATIENT NAME

Usage: REQUIRED

Repeat: 1

Example: N3\*RFD 10\*100 COUNTRY LANE~

#### **STANDARD**

**N3** Address Information

Level: Detail

Position: 025

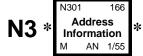
Loop: 2010

Requirement: Optional

Max Use: 2

Purpose: To specify the location of the named party

#### DIAGRAM





#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	N301	166	Address Information Address information	M	AN	1/55
			INDUSTRY: Patient Address Line			
			UB-92 Reference [UB-92 Name]:			
			13 [Patient Address]			
			EMC v.6.0 Reference:			
		Record Type 20 Field No. 12				
SITUATIONAL	N302	166 A	Address Information Address information	0	AN	1/55
			INDUSTRY: Patient Address Line			
			UB-92 Reference [UB-92 Name]:			
			13 [Patient Address]			
			EMC v.6.0 Reference:			
			Record Type 20 Field No. 13			
			Required if a second address line exists.			

# PATIENT CITY/STATE/ZIP CODE

Loop: 2010CA — PATIENT NAME

Usage: REQUIRED

Repeat: 1

Example: N4\*CORNFIELD TOWNSHIP\*IA\*99999~

#### **STANDARD**

**N4** Geographic Location

Level: Detail

Position: 030

Loop: 2010

Requirement: Optional

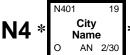
Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. C0605

If N406 is present, then N405 is required.

#### DIAGRAM













#### **ELEMENT SUMMARY**

USAGE	DES.	ELEMENT	NAME		ATTRIBU	TES	
REQUIRED	N401	19	City Name	0	AN	2/30	
			Free-form text for city name				

INDUSTRY: Patient City Name

**COMMENT:** A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

UB-92 Reference [UB-92 Name]:

13 [Patient Address]

EMC v.6.0 Reference:

Record Type 20 Field No. 14

REQUIRED	N402	156	State or Province Code O ID 2/2 Code (Standard State/Province) as defined by appropriate government agency						
			INDUSTRY: Patient State Code						
			COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.						
			CODE SOURCE 22: States and Outlying Areas of the U.S.						
			UB-92 Reference [UB-92 Name]:						
			13 [Patient Address]						
			EMC v.6.0 Reference:						
			Record Type 20 Field No. 15						
REQUIRED	N403	116	Postal Code O ID 3/15 Code defining international postal zone code excluding punctuation and blanks (zip code for United States)						
			INDUSTRY: Patient Postal Zone or ZIP Code						
			CODE SOURCE 51: ZIP Code						
		UB-92 Reference [UB-92 Name]:							
			13 [Patient Address]						
			EMC v.6.0 Reference:						
			Record Type 20 Field No. 16						
SITUATIONAL	N404	26	Country Code O ID 2/3 Code identifying the country						
			CODE SOURCE 5: Countries, Currencies and Funds						
			This data element is required when the address is outside of the U.S.						
NOT USED	N405	309	Location Qualifier X ID 1/2						
NOT USED	N406	310	Location Identifier O AN 1/30						

# PATIENT DEMOGRAPHIC INFORMATION

Loop: 2010CA — PATIENT NAME

Usage: REQUIRED

Repeat: 1

Example: DMG\*D8\*19530101\*F~

#### **STANDARD**

**DMG** Demographic Information

Level: Detail

Position: 032

Loop: 2010

Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

1. P0102 Syntax:

If either DMG01 or DMG02 is present, then the other is required.

#### **DIAGRAM**











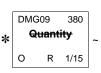








1250



## **ELEMENT SUMMARY**

DATA ELEMENT USAGE NAME **ATTRIBUTES** 

**REQUIRED** 

**DMG01** 

**Date Time Period Format Qualifier** 

DEFINITION

X ID Code indicating the date format, time format, or date and time format

2/3

**SYNTAX:** P0102

D8

CODE

**Date Expressed in Format CCYYMMDD** 

## ## ## ## ## ## ## ## ## ## ## ## ##	REQUIRED	DMG02	1251	Date Time Period Expression of a date, a time, or range of dates, time	<b>X</b> s or dates and	AN d times	1/35
SYNTAX: P0102   SEMANTIC: DMG02 is the date of birth.   UB-92 Reference [UB-92 Name]:   14 [Patient Birthdate]   EMC v.6.0 Reference:   Record Type 20 Field No. 8 (MMDDCCYY)							
SEMANTIC: DMG02 is the date of birth.   UB-92 Reference [UB-92 Name]:   14 [Patient Birthdate]				ALIAS: Patient's Date of Birth			
UB-92 Reference [UB-92 Name]:   14 [Patient Birthdate]				syntax: P0102			
14 [Patient Birthdate]				SEMANTIC: DMG02 is the date of birth.			
EMC v.6.0 Reference:   Record Type 20 Field No. 8 (MMDDCCYY)				UB-92 Reference [UB-92 Name]:			
REQUIRED   DMG03				14 [Patient Birthdate]			
REQUIRED   DMG03   1068   Gender Code   Code indicating the sex of the individual   NDUSTRY: Patient Gender Code   UB-92 Reference [UB-92 Name]:   15 [Patient Sex]     EMC v.6.0 Reference:   Record Type 20 Field No. 7     CODE   DEFINITION   F Female   M Male   U Unknown   Unknown   VI Un				EMC v.6.0 Reference:			
Code indicating the sex of the individual   NNDUSTRY: Patient Gender Code   UB-92 Reference [UB-92 Name]:   15 [Patient Sex]				Record Type 20 Field No. 8 (MMDDCCYY)			
UB-92 Reference [UB-92 Name]:   15 [Patient Sex]	REQUIRED	DMG03	1068		0	ID	1/1
15 [Patient Sex]   EMC v.6.0 Reference:   Record Type 20 Field No. 7   CODE   DEFINITION   F Female   M Male   U Unknown   Unknown   NOT USED   DMG04   1067   Marital Status Code   O ID   1/1   NOT USED   DMG05   1109   Race or Ethnicity Code   O ID   1/1   NOT USED   DMG06   1066   Citizenship Status Code   O ID   1/2   NOT USED   DMG07   26   Country Code   O ID   1/2   NOT USED   DMG08   659   Basis of Verification Code   O ID   1/2   NOT USED   DMG08   659   Basis of Verification Code   O ID   1/2   NOT USED   DMG08   659   Basis of Verification Code   O ID   1/2   NOT USED   DMG08   659   Basis of Verification Code   O ID   1/2   NOT USED   DMG08   659   Basis of Verification Code   O ID   1/2   NOT USED   DMG08   659   Basis of Verification Code   O ID   1/2   NOT USED   DMG08   659   Basis of Verification Code   O ID   1/2   NOT USED   DMG08   659   Basis of Verification Code   O ID   1/2   NOT USED   DMG08   659   Basis of Verification Code   O ID   1/2   NOT USED   DMG08   659   Basis of Verification Code   O ID   1/2   NOT USED   DMG08   659   Basis of Verification Code   O ID   1/2   NOT USED   DMG08   659   Basis of Verification Code   O ID   1/2   NOT USED   DMG08   659   Basis of Verification Code   O ID   1/2   NOT USED   DMG08   659   Basis of Verification Code   O ID   1/2   NOT USED   DMG08   659   Basis of Verification Code   O ID   1/2   NOT USED   DMG08   659   DMG08   659   DMG08   659   DMG08   659   DMG08   O ID   1/2   NOT USED   DMG08   659   DMG08   659   DMG08   659   DMG08   O ID   1/2   DMG08   O ID   1/2				INDUSTRY: Patient Gender Code			
EMC v.6.0 Reference:   Record Type 20 Field No. 7				UB-92 Reference [UB-92 Name]:			
Record Type 20 Field No. 7				15 [Patient Sex]			
CODE   DEFINITION				EMC v.6.0 Reference:			
F   Female				Record Type 20 Field No. 7			
M         Male           U         Unknown           NOT USED         DMG04         1067         Marital Status Code         O ID 1/1           NOT USED         DMG05         1109         Race or Ethnicity Code         O ID 1/1           NOT USED         DMG06         1066         Citizenship Status Code         O ID 1/2           NOT USED         DMG07         26         Country Code         O ID 2/3           NOT USED         DMG08         659         Basis of Verification Code         O ID 1/2				CODE DEFINITION			
U Unknown           NOT USED         DMG04         1067         Marital Status Code         O ID 1/1           NOT USED         DMG05         1109         Race or Ethnicity Code         O ID 1/1           NOT USED         DMG06         1066         Citizenship Status Code         O ID 1/2           NOT USED         DMG07         26         Country Code         O ID 2/3           NOT USED         DMG08         659         Basis of Verification Code         O ID 1/2				F Female			
NOT USED         DMG04         1067         Marital Status Code         O ID 1/1           NOT USED         DMG05         1109         Race or Ethnicity Code         O ID 1/1           NOT USED         DMG06         1066         Citizenship Status Code         O ID 1/2           NOT USED         DMG07         26         Country Code         O ID 2/3           NOT USED         DMG08         659         Basis of Verification Code         O ID 1/2				M Male			
NOT USED DMG05 1109 Race or Ethnicity Code O ID 1/1  NOT USED DMG06 1066 Citizenship Status Code O ID 1/2  NOT USED DMG07 26 Country Code O ID 2/3  NOT USED DMG08 659 Basis of Verification Code O ID 1/2				U Unknown			
NOT USED DMG06 1066 Citizenship Status Code O ID 1/2  NOT USED DMG07 26 Country Code O ID 2/3  NOT USED DMG08 659 Basis of Verification Code O ID 1/2	NOT USED	DMG04	1067	Marital Status Code	0	ID	1/1
NOT USED DMG07 26 Country Code O ID 2/3  NOT USED DMG08 659 Basis of Verification Code O ID 1/2	NOT USED	DMG05	1109	Race or Ethnicity Code	0	ID	1/1
NOT USED DMG08 659 Basis of Verification Code O ID 1/2	NOT USED	DMG06	1066	Citizenship Status Code	0	ID	1/2
DINIOUS 003 Dasis of Verification Code 0 10 1/2	NOT USED	DMG07	26	Country Code	0	ID	2/3
NOT USED DMG09 380 Quantity O R 1/15	NOT USED	DMG08	659	Basis of Verification Code	0	ID	1/2
	NOT USED	DMG09	380	Quantity	0	R	1/15

# PATIENT SECONDARY IDENTIFICATION NUMBER

Loop: 2010CA — PATIENT NAME

**Usage: SITUATIONAL** 

Repeat: 5

Notes: 1. This segment is required when an additional identification number is

needed.

Example: REF\*A6\*030385074~

#### STANDARD

**REF** Reference Identification

Level: Detail

Position: 035

Loop: 2010

Requirement: Optional

Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

#### **DIAGRAM**









## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES
REQUIRED	REF01	128	Reference Identification Qualifier	М	ID	2/3
			Code qualifying the Reference Identification			

CODE	DEFINITION
1W	Member Identification Number  If NM108 = MI, this qualifier cannot be used.
23	Client Number  This code is intended to be used only in claims submitted to the Indian Health Services (IHS/CHS)  Fiscal Intermediary for the purpose of reporting the Health Record Number.
IG	Insurance Policy Number

			SY	Social Security Number The social security number m Medicare.	ay not be	used	for
REQUIRED	REF02	127		ntification nation as defined for a particular Tran Identification Qualifier	<b>X</b> saction Set	AN or as s	1/30 pecified
			INDUSTRY: <b>Patier</b>	nt Secondary Identifier			
			<b>SYNTAX</b> : R0203				
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE	DENTIFIER	0		

# PROPERTY AND CASUALTY CLAIM NUMBER

Loop: 2010CA — PATIENT NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. This is a property and casualty payer-assigned claim number. It is required on property and casualty claims. Providers receive this number from the property and casualty payer during eligibility determinations or some other communication with that payer. See Section 4.2, Property and Casualty, for additional information about property and casualty claims.
- 2. In the case where the patient is the same person as the subscriber, the property and casualty claim number is placed in Loop ID-2010BA. In the case where the patient is a different person than the subscriber, this number is placed in Loop ID-2010CA. This number should be transmitted in only one place.

Example: REF\*Y4\*4445555~

#### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 035

**Loop**: 2010

Requirement: Optional

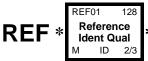
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

#### **DIAGRAM**









#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES
REQUIRED	REF01	128		ntification Qualifier he Reference Identification	M	ID	2/3
			CODE	DEFINITION			
			Y4	Agency Claim Number			

REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transactio by the Reference Identification Qualifier	<b>X</b> n Set	AN or as sp	1/30 pecified
			INDUSTRY: Property Casualty Claim Number			
			SYNTAX: R0203			
NOT USED	REF03	352	Description	X	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	0		

## CLAIM INFORMATION

Loop: 2300 — CLAIM INFORMATION Repeat: 100

Usage: REQUIRED

Repeat: 1

Notes:

- 1. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA. Willing trading partners can agree to set limits higher.
- 2. For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BD in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 2.3.2.1, HL Segment, for details.

Example: CLM\*01319300001\*500\*\*\*11:A:1\*Y\*A\*Y\*Y\*\*\*02\*\*\*\*\*N~

#### **STANDARD**

#### **CLM** Health Claim

Level: Detail

Position: 130

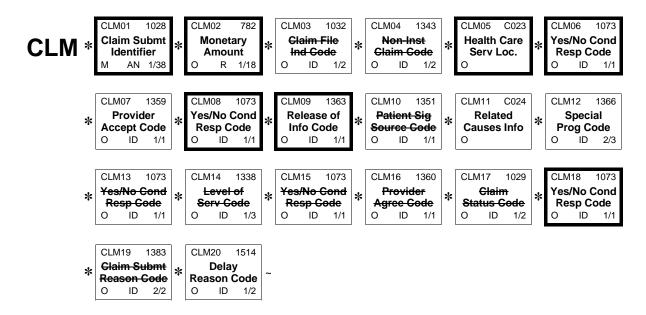
Loop: 2300 Repeat: 100

Requirement: Optional

Max Use: 1

Purpose: To specify basic data about the claim

#### **DIAGRAM**



#### **ELEMENT SUMMARY**

REF. DATA
USAGE DES. ELEMENT NAME ATTRIBUTES

**REQUIRED** 

CLM01

1028

Claim Submitter's Identifier

M AN 4

Identifier used to track a claim from creation by the health care provider through payment

INDUSTRY: Patient Account Number

ALIAS: Patient Control Number

UB-92 Reference [UB-92 Name]:

3 [Patient Control Number]

EMC v.6.0 Reference:

Record Type 20 Field No. 3

The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the patient account number or the claim number in the billing provider's system.

The MAXIMUM NUMBER OF CHARACTERS to be supported for this field is '20'. A Provider may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any responding system is '20'. Characters beyond 20 are not required to be stored nor returned by any receiving system.

REQUIRED	CLM02	782	Monet	ary Amount	0	R	1/18				
	OLINOZ	702		ry amount		1	1,10				
			INDUSTR	y: Total Claim Charge Amount							
				otal Claim Charges							
			SEMANT for this	ic: CLM02 is the total amount of all submitted chargolaim.	ges of s	ervice s	egments				
			UB-92	UB-92 Reference [UB-92 Name]:							
			segme	evenue Code 001) This amount is the total ents, with the exception of Revenue Code evenue Code Category)]			harges				
			EMC v								
			This a	d Type 90 Field No. 13 (Total of Field No. 1 mount is the total of the SV2 segments, w ue Code 001.)							
				is element to indicate the total amount of es of service segments for this claim.	all sub	omitted	I				
			Zero n	nay be a valid amount.							
NOT USED	CLM03	1032	Claim	Filing Indicator Code	0	ID	1/2				
NOT USED	CLM04	1343		nstitutional Claim Type Code	0	ID	1/2				
REQUIRED	CLM05	C023		TH CARE SERVICE LOCATION	0						
			To prov	RMATION ride information that identifies the place of service ocation at which a health care service was rendere		pe of bi	ll related				
			ALIAS: 7	ype of Bill							
REQUIRED	CLM05 -	1	1331	Facility Code Value Code identifying the type of facility where service first and second positions of the Uniform Bill Typ Service code from the Electronic Media Claims N	e code o	or the P	lace of				
				INDUSTRY: Facility Type Code							
				UB-92 Reference [UB-92 Name]:							
				4, Positions 1-2 [Type of Bill]							
				EMC v.6.0 Reference:							
				Record Type 40 Field No. 4, Positions 1-	-2						
				Record Type 10 Field No. 2, Positions 1-	-2						
				Record Type 95 Field No. 5, Position 1-2	(Batc	h Cont	rol)				
REQUIRED	CLM05 -	2	1332	Facility Code Qualifier Code identifying the type of facility referenced	0	ID	1/2				
			с	ODE DEFINITION							
			Α	Uniform Billing Claim Form Bill T	уре						
				CODE SOURCE 236: Uniform Billing Claim	Form B	sill Type					
REQUIRED	CLM05 -	3	1325	Claim Frequency Type Code Code specifying the frequency of the claim; this i the Uniform Billing Claim Form Bill Type	O s the th	<b>ID</b> ird posit	<b>1/1</b> ion of				
				INDUSTRY: Claim Frequency Code							
				CODE SOURCE 235: Claim Frequency Type Code							

UB-92 Reference [UB-92 Name]:

4, Position 3 [Type of Bill]

EMC v.6.0 Reference:

Record Type 40 Field No. 4, Position 3

Record Type 10 Field No. 2, Position 3

Record Type 95 Field No. 5, Position 3 (Batch Control)

**REQUIRED** 

CLM06 1073 Yes/No Condition or Response Code

ID

1/1

Code indicating a Yes or No condition or response

INDUSTRY: Provider or Supplier Signature Indicator

ALIAS: Provider Signature on File

SEMANTIC: CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signatue is not on file.

	CODE	DEFINITION
N		No
Υ		Yes

SITUATIONAL

CLM07 1359 **Provider Accept Assignment Code** 

0 ID

1/1

Code indicating whether the provider accepts assignment

INDUSTRY: Medicare Assignment Code

**CLM07** indicates whether the provider accepts Medicare assignment.

CODE	DEFINITION				
Α	Assigned				
С	Not Assigned				
Yes/No Con	dition or Response Code	0	ID	1/1	

**REQUIRED** 

CLM08 1073

Code indicating a Yes or No condition or response

INDUSTRY: Benefits Assignment Certification Indicator

ALIAS: Assignment of Benefits Indicator

SEMANTIC: CLM08 is assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.

UB-92 Reference [UB-92 Name]:

53 (A-C) [Assignment of Benefits Certification Indicator]

EMC v.6.0 Reference:

Record Type 30 Field No. 17 (Sequence 01-03)

Use this value as an assignment of benefits indicator. Use a "Y" value to indicate that the insured or authorized person authorizes benefits to be assigned to the provider. Use an "N" value to indicate that benefits have not been assigned to the provider.

CODE	DEFINITION
N	No

INFLEMENTATION	JOIDL			CLAIM INFORMATION
			Y	Yes
REQUIRED	CLM09	1363	Code indi	e of Information Code O ID 1/1 icating whether the provider has on file a signed statement by the patient ng the release of medical data to other organizations
			UB-92 F	Reference [UB-92 Name]:
			52 (A-C)	[Release of Information Certification Indicator]
			EMC v.6	6.0 Reference:
			Record	Type 30 Field No. 16 (Sequence 01-03)
			СОГ	DE DEFINITION
			A	Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization
			I	Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes
		M	The Provider has Limited or Restricted Ability to Release Data Related to a Claim  UB-92 Reference [UB-92 Name]:	
				52 Code R [Restricted or Modified Release] EMC v.6.0 Reference: Record Type 30 Field No. 16 Code R
		N	No, Provider is Not Allowed to Release Data UB-92 Reference [UB-92 Name]: 52 Code N [No Release]	
			0	On file at Payor or at Plan Sponsor
			Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim UB-92 Reference [UB-92 Name]: 52 Code Y [Yes]
NOT USED	CLM10	1351	Patient	Signature Source Code O ID 1/1
SITUATIONAL	CLM11	C024		ED CAUSES INFORMATION  y one or more related causes and associated state or country information
				operty & Casualty Related Cause Codes
			CLM11-	1, CLM11-2, or CLM11-3 are required when the condition
			being re	eported is accident or employment related.
			_	gested that users code Related Causes in the Occurrence formation HI segment.
REQUIRED	CLM11 -	1		Related-Causes Code M ID 2/3 Code identifying an accompanying cause of an illness, injury or an accident
				INDUSTRY: Related Causes Code
			COL	
			AA	Auto Accident

		AB		Abuse
		AP		
				Another Party Responsible
		EM		Employment
		OA		Other Accident
SITUATIONAL	CLM11 - 2	1362		d-Causes Code O ID 2/3 entifying an accompanying cause of an illness, injury or an t
			INDUSTR	y: Related Causes Code
				ement is required when an additional Related Cause s applicable. Related Cause Code must not be ated.
		C	ODE	DEFINITION
		AA		Auto Accident
		AB		Abuse
		AP		Another Party Responsible
		EM		Employment
		OA		Other Accident
SITUATIONAL	CLM11 - 3	1362		d-Causes Code O ID 2/3 entifying an accompanying cause of an illness, injury or an t
			INDUSTR	y: Related Causes Code
			See CL	_M11-2
				ement is required when an additional Related Cause s applicable. Related Cause Code must not be ated.
		C	ODE	DEFINITION
		AA		Auto Accident
		AB		Abuse
		AP		Another Party Responsible
		EM		Employment
		OA		Other Accident
SITUATIONAL	CLM11 - 4	156		or Province Code O ID 2/2 Standard State/Province) as defined by appropriate government
				y: Auto Accident State or Province Code
				URCE 22: States and Outlying Areas of the U.S.
				ata element is required to be present when CLM11-1, -2 or CLM11-3 equals 'AA'.

IMPLEMENTATION (	GUIDE				CLAI	M INFO	RMATIC
SITUATIONAL	CLM11 -	5	26	Country Code Code identifying the country	0	ID	2/3
				CODE SOURCE 5: Countries, Currencies ar	d Funds		
				This data element is required to be is present and the accident occur			
SITUATIONAL	CLM12	1366	Code ir	al Program Code dicating the Special Program under which were performed	O the services re	<b>ID</b> ndered	<b>2/3</b> to the
			INDUSTR	y: Special Program Indicator			
			ALIAS: S	pecial Program Code			
			-	red if the services were rendered unstances, programs or projects.	nder one of t	he follo	owing
			c	DDE DEFINITION			
			01	Early & Periodic Screening Treatment (EPSDT) or Chi Program (CHAP)			ent
			02	Physically Handicapped C	hildren's Pro	gram	
			03	Special Federal Funding			
			05	Disability			
			07	Induced Abortion - Dange	r to Life		
			80	Induced Abortion - Rape of	r Incest		
			09	Second Opinion or Surger	У		
NOT USED	CLM13	1073	Yes/N	Condition or Response Code	0	ID	1/1
NOT USED	CLM14	1338	Level	of Service Code	0	ID	1/3
NOT USED	CLM15	1073	Yes/N	Condition or Response Code	0	ID	1/1
NOT USED	CLM16	1360	Provid	er Agreement Code	0	ID	1/1
NOT USED	CLM17	1029	Claim	Status Code	0	ID	1/2
REQUIRED	CLM18	1073		Condition or Response Code dicating a Yes or No condition or respons	<b>O</b>	ID	1/1
			INDUSTR	y: Explanation of Benefits Indicator			
			ALIAS: E	xplanation of Benefits (EOB) Indica	ator		
				c: CLM18 is explanation of benefit (EOB) aper EOB is requested; an "N" value indic ed.			
				DDE DEFINITION			
			N	No			
			Υ	Yes			
NOT USED	CLM19	1383	Claim	Submission Reason Code	0	ID	2/2

SITUATIONAL CLM20 1514 Delay Reason Code O ID 1/2
Code indicating the reason why a request was delayed

#### **Delay Reason Code**

This element may be used if a particular claim is being transmitted in response to a request for information (e.g., a 277), and the response has been delayed.

Required when claim is submitted late (past contracted date of filing limitations) and any of the codes below apply.

CODE	DEFINITION
1	Proof of Eligibility Unknown or Unavailable
2	Litigation
3	Authorization Delays
4	Delay in Certifying Provider
5	Delay in Supplying Billing Forms
6	Delay in Delivery of Custom-made Appliances
7	Third Party Processing Delay
8	Delay in Eligibility Determination
9	Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
10	Administration Delay in the Prior Approval Process
11	Other

# **DISCHARGE HOUR**

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

The dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

2. This segment is required on all final inpatient claims/encounters.

Example: DTP\*096\*TM\*1130~

#### **STANDARD**

**DTP** Date or Time or Period

Level: Detail Position: 135

**Loop:** 2300

Requirement: Optional

**Max Use:** 150

Purpose: To specify any or all of a date, a time, or a time period

#### DIAGRAM







#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	DTP01	374	Date/Time Qu Code specifying	M	ID	3/3	
			INDUSTRY: Date	Time Qualifier			
			CODE	DEFINITION			
			096	Discharge			
REQUIRED	DTP02	1250	Date Time Per Code indicating	<b>M</b> ne for	<b>ID</b> mat	2/3	
			SEMANTIC: DTP02	2 is the date or time or period format that wi	II appo	ear in D	TP03.
			CODE	DEFINITION			
			TM	Time Expressed in Format HHMM			

REQUIRED DTP03 1251 Date Time Period M AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: Discharge Hour

UB-92 Reference [UB-92 Name]:

21 [Discharge Hour]

EMC v.6.0 Reference:

Record Type 20 Field No. 22

# STATEMENT DATES

Loop: 2300 — CLAIM INFORMATION

Usage: REQUIRED

Repeat: 1

Example: DTP\*434\*RD8\*19981209-19981214~

#### **STANDARD**

**DTP** Date or Time or Period

Level: Detail

Position: 135

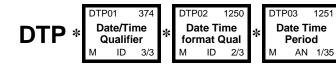
**Loop:** 2300

Requirement: Optional

**Max Use: 150** 

Purpose: To specify any or all of a date, a time, or a time period

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	DTP01	374		Date/Time Qualifier Code specifying type of date or time, or both date and time			
			INDUSTRY: Date	Time Qualifier			
			CODE	DEFINITION			
			434	Statement			
REQUIRED	DTP02	1250	Date Time Period Format Qualifier M ID 2/3 Code indicating the date format, time format, or date and time format				
			SEMANTIC: DTP02	2 is the date or time or period format that wil	l appe	ear in D	TP03.
			CODE	DEFINITION			
			D8	D8 Date Expressed in Format CCYYMMDD			
			RD8 Range of Dates Expressed in Format CCYYMMD CCYYMMDD Use RD8 in DTP02 if it is necessary to indicate begin/end for from/to statement dates.				MDD-
							<b>e</b>

REQUIRED DTP03 1251 Date Time Period M AN 1/35

Expression of a date, a time, or range of dates, times or dates and times  $% \left( 1\right) =\left( 1\right) \left( 1\right)$ 

INDUSTRY: Statement From or To Date
UB-92 Reference [UB-92 Name]:

6 (From) and (Through) [Statement Covers Period]

EMC v.6.0 Reference:

Record Type 20 Field No. 19, 20

# **ADMISSION DATE/HOUR**

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. The dates in Loop ID-2300 apply to all service lines within Loop ID-

2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the

DTP in Loop ID-2300 for that service line only.

2. This segment is required on all Inpatient claims.

Example: DTP\*435\*DT\*199610131242~

#### **STANDARD**

**DTP** Date or Time or Period

Level: Detail Position: 135

Loop: 2300

Requirement: Optional

Max Use: 150

Purpose: To specify any or all of a date, a time, or a time period

#### **DIAGRAM**







#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	DTP01	374	Date/Time Qua Code specifying t	M	ID	3/3	
			INDUSTRY: Date 7	Time Qualifier			
			CODE	DEFINITION			
			435	Admission			
REQUIRED	DTP02	1250		iod Format Qualifier he date format, time format, or date and tim	<b>M</b> ne forr	<b>ID</b> nat	2/3
			SEMANTIC: DTP02	is the date or time or period format that wil	l appe	ar in D	ΓP03.
			CODE	DEFINITION			
			DT	Date and Time Expressed in Forma CCYYMMDDHHMM	at		

REQUIRED DTP03 1251 Date Time Period M AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: Admission Date and Hour

UB-92 Reference [UB-92 Name]:

17 [Admission/Start of Care Date]

18 [Admission Hour]

EMC v.6.0 Reference:

Record Type 20 Field No. 17 (Admission Date)

Record Type 20 Field No. 18 (Admission Hour)

# INSTITUTIONAL CLAIM CODE

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

 This segment is required when reporting hospital based admission and Medicare outpatient registrations on claims/encounters. It may be used when provider wishes to communicate this information on non-Medicare outpatient claims/encounters.

Example: CL1\*1\*7\*30~

#### **STANDARD**

CL1 Claim Codes

Level: Detail

Position: 140

**Loop:** 2300

Requirement: Optional

Max Use: 1

Purpose: To supply information specific to hospital claims

#### DIAGRAM

CL1 \* CL101 1315
Admission
Type Code
O ID 1/1

\* CL102 1314
Admission
Source Code
O ID 1/1

CL103 1352
Patient
Status Code
O ID 1/2

\* CL104 1345
Nurse Home
Status Code
O ID 1/1

## **ELEMENT SUMMARY**

ATTRIBUTES **SITUATIONAL CL101** 1315 **Admission Type Code** 0 ID 1/1 Code indicating the priority of this admission CODE SOURCE 231: Admission Type Code UB-92 Reference [UB-92 Name]: 19 [Type of Admission] EMC v.6.0 Reference: Record Type 20 Field No. 10 Required when patient is being admitted to the hospital for inpatient services.

SITUATIONAL	CL102	1314	Admission Source Code Code indicating the source of this admission	0	ID	1/1
			CODE SOURCE 230: Admission Source Code			
			UB-92 Reference [UB-92 Name]:			
			20 [Source of Admission]			
			EMC v.6.0 Reference:			
			Record Type 20 Field No. 11			
			Required for all inpatient admissions. Required outpatient registrations for diagnostic testing se			
SITUATIONAL	CL103	1352	Patient Status Code Code indicating patient status as of the "statement covers	<b>O</b> through	<b>ID</b> h date"	1/2
			CODE SOURCE 239: Patient Status Code			
			UB-92 Reference [UB-92 Name]:			
			22 [Patient Status]			
			EMC v.6.0 Reference:			
			Record Type 20 Field No. 21			
			This element is required for inpatient claims/end	ounte	rs.	
NOT USED	CL104	1345	Nursing Home Residential Status Code	0	ID	1/1

# CLAIM SUPPLEMENTAL INFORMATION

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 10

Notes:

- The PWK segment is required if there is paper documentation supporting this claim. The PWK segment should not be used if the information related to the claim is being sent within the 837 ST-SE envelope.
- 2. The PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another functional group (e.g., 275) rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be carried in the TRN of the electronic attachment.
- 3. The PWK segment can be used to identify paperwork that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but that is not being sent with the claim. Use code AA in PWK02 to convey this specific use of the PWK segment. See element note under PWK02, code AA.

Example: PWK\*AS\*BM\*\*\*AC\*DMN0012~

#### **STANDARD**

# **PWK** Paperwork

Level: Detail Position: 155

Loop: 2300

Requirement: Optional

Max Use: 10

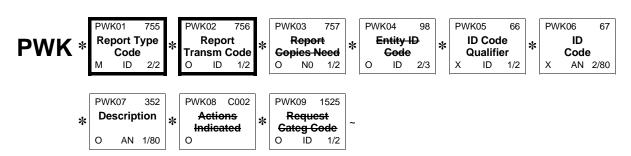
Purpose: To identify the type or transmission or both of paperwork or supporting

information

Syntax: 1. P0506

If either PWK05 or PWK06 is present, then the other is required.

#### DIAGRAM



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES				
REQUIRED PWK01		755	Report Type Code indicating	e Code M ID 2/2 g the title or contents of a document, report or supporting item				
			INDUSTRY: Atta	INDUSTRY: Attachment Report Type Code				
			CODE	DEFINITION				
			AS	Admission Summary				
			B2	Prescription				
			B3	Physician Order				
			B4	Referral Form				
			СТ	Certification				
			DA	Dental Models				
			DG	Diagnostic Report				
			DS	Discharge Summary				
			ЕВ	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)				
			MT	Models				
			NN	Nursing Notes				
			ОВ	Operative Note				
			OZ	Support Data for Claim				
			PN	Physical Therapy Notes				
			РО	Prosthetics or Orthotic Certification				
			PZ	Physical Therapy Certification				
			RB	Radiology Films				
			RR	Radiology Reports				
			RT	Report of Tests and Analysis Report				
REQUIRED	PWK02	756		smission Code O ID 1/2 timing, transmission method or format by which reports are to be				
			INDUSTRY: Atta	chment Transmission Code				
			CODE	DEFINITION				
			AA	Available on Request at Provider Site				
				Paperwork is available at the provider's site. This means that the paperwork is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at his or her request.				

IIII EEIIENTATION	JOIDE			OLAMI GOTT ELI		<u> </u>	
			ВМ	By Mail			
			EL	Electronically Only			
			EM	E-Mail			
			FX	By Fax			
NOT USED	PWK03	757	Report Copies	s Needed	0	N0	1/2
NOT USED	PWK04	98	Entity Identific		0	ID	2/3
SITUATIONAL	PWK05		-			ID	1/2
OTTORTIONAL	PWKUS	66		Code Qualifier g the system/method of code structure us	<b>X</b> ed for l		-
			<b>SYNTAX:</b> P0506				
			COMMENT: PWK0 number.	5 and PWK06 may be used to identify the	addre	ssee by	a code
			Can be used v	nent is required when PWK02 DOE when PWK02 equals 'AA' if the Pro ontrol number for an attachment re ce.	vider	wants	to send
			CODE	DEFINITION			
			AC	Attachment Control Number			
SITUATIONAL	PWK06	67	Identification Code identifying	Code a party or other code	X	AN	2/80
			INDUSTRY: Attac	hment Control Number			
			<b>SYNTAX</b> : P0506				
			Required if P\	NK02 equals BM, EL, EM or FX.			
SITUATIONAL	PWK07	352	<b>Description</b> A free-form desc	cription to clarify the related data elements	O and th	AN eir conte	<b>1/80</b> ent
			INDUSTRY: Attac	hment Description			
			ADVISORY: Under	most circumstances, this element is not s	ent.		
			COMMENT: PWK0 specified report.	7 may be used to indicate special informa	tion to	be show	n on the
				nent is used to add any additional int described in this segment.	inforn	nation a	about
NOT USED	PWK08	C002	ACTIONS IND	ICATED	0		
			ADVISORY: Under	most circumstances, this composite is no	sent.		
NOT USED	PWK09	1525	Request Cate	gory Code	0	ID	1/2
		<del></del>		J. , ,	_		

# **CONTRACT INFORMATION**

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- The developers of this implementation guide recommend that for noncapitated situations, contract information be maintained in the receiver's files and not be transmitted with each claim whenever possible. It is recommended that submitters always include CN1 for encounters that include only capitated services.
- 2. Required if the provider is contractually obligated to provide contract information on this claim.

Example: CN1\*02\*550~

#### **STANDARD**

# **CN1** Contract Information

Level: Detail

Position: 160

**Loop:** 2300

Requirement: Optional

Max Use: 1

Purpose: To specify basic data about the contract or contract line item

#### DIAGRAM

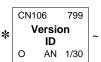












#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	CN101	1166	Contract Type Code identifying a		M	ID	2/2
			CODE	DEFINITION			
			01	Diagnosis Related Group (DRG)			
			02	Per Diem			
			03	Variable Per Diem			
			04	Flat			
			05	Capitated			
			06	Percent			

			09	Other				
SITUATIONAL CN1	CN102		Monetary Am Monetary amou		0	R	1/18	
			INDUSTRY: Conti	ract Amount				
			SEMANTIC: CN10	2 is the contract amount.				
			Required if prinformation o	ovider is contractually obligated to n the claim.	o provi	de this		
SITUATIONAL	CN103	332	Percent Percent express	ed as a percent	0	R	1/6	
			INDUSTRY: Conti	ract Percentage				
			ALIAS: <b>Allowan</b>	ce or Charge Percent				
			SEMANTIC: CN10	3 is the allowance or charge percent.				
			Required if prinformation o	ovider is contractually obligated to n the claim.	o provi	de this		
SITUATIONAL CN104	127		entification nation as defined for a particular Transacl e Identification Qualifier	<b>O</b> ion Set	AN or as sp	1/30 pecified		
			INDUSTRY: Conti	ract Code				
			SEMANTIC: CN10	4 is the contract code.				
			Required if prinformation o	ovider is contractually obligated to n the claim.	provi	de this		
SITUATIONAL	SITUATIONAL CN105 338	338		unt Percent percentage, expressed as a percent, avai d on or before the Terms Discount Due D		<b>R</b> the pure	1/6 chaser if	
			INDUSTRY: <b>Term</b>	s Discount Percentage				
		Required if prinformation o	ovider is contractually obligated to n the claim.	o provi	de this			
SITUATIONAL	SITUATIONAL CN106	CN106 799	Version Ident Revision level of	<b>ifier</b> f a particular format, program, technique c	<b>O</b> or algori	<b>AN</b> thm	1/30	
			INDUSTRY: Conti	ract Version Identifier				
			SEMANTIC: CN106 is an additional identifying number for the contract.					
			Required if printering information of	ovider is contractually obligated to n the claim.	provi	de this		

# PAYER ESTIMATED AMOUNT DUE

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- The amounts in this segment at the claim level Loop ID-2300 apply to all service lines unless overridden in the AMT segment in Loop ID-2400. An amount is considered to be overridden if the value in AMT01 is the same in both the claim level AMT segment and the service line level AMT segment.
- 2. This segment is required when the Payer Estimated Amount Due is applicable to this claim.

Example: AMT\*C5\*14523.1~

#### **STANDARD**

# **AMT** Monetary Amount

Level: Detail

Position: 175

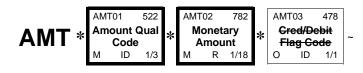
**Loop:** 2300

Requirement: Optional

Max Use: 40

Purpose: To indicate the total monetary amount

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES
REQUIRED	AMT01	522	Amount Qualifier Code Code to qualify amount		M	ID	1/3
			CODE	DEFINITION			
			C5	Claim Amount Due - Estimated			

004010X096 • 837 • 2300 • AMT PAYER ESTIMATED AMOUNT DUE

REQUIRED	AMT02	782	Monetary Amount Monetary amount	М	R	1/18
			INDUSTRY: Estimated Claim Due Amount			
			UB-92 Reference [UB-92 Name]: 55 (A-C) [Estimated Amount Due] EMC v.6.0 Reference:			
			Record Type 30 Field No. 26			
NOT USED	AMT03	478	Credit/Debit Flag Code	0	ID	1/1

# PATIENT ESTIMATED AMOUNT DUE

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. The amounts in this segment at the claim level Loop ID-2300 apply to all service lines unless overridden in the AMT segment in Loop ID-2400. An amount is considered to be overridden if the value in AMT01 is the same in both the claim level AMT segment and the service line level AMT segment.
- 2. This segment is required when the Patient Responsibility Amount is applicable to this claim.

Example: AMT\*F3\*123~

#### **STANDARD**

# **AMT** Monetary Amount

Level: Detail

Position: 175

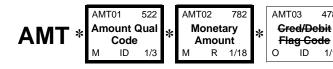
Loop: 2300

Requirement: Optional

Max Use: 40

Purpose: To indicate the total monetary amount

#### DIAGRAM



#### ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES
REQUIRED	AMT01	522	Amount Qualifier Code Code to qualify amount		M	ID	1/3
			CODE	DEFINITION			
			F3	Patient Responsibility - Estimated			

478

1/1

004010X096 • 837 • 2300 • AMT PATIENT ESTIMATED AMOUNT DUE

REQUIRED	AMT02	782	Monetary amount		R	1/18
			INDUSTRY: Patient Responsibility Amount			
			UB-92 Reference [UB-92 Name]:			
			55, Patient Line [Estimated Amount Due]			
			EMC v.6.0 Reference:			
		Record Type 20 Field No. 24				
NOT USED	AMT03	478	Credit/Debit Flag Code	0	ID	1/1

# PATIENT PAID AMOUNT

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- The amounts in this segment at the claim level Loop ID-2300 apply to all service lines unless overridden in the AMT segment in Loop ID-2400. An amount is considered to be overridden if the value in AMT01 is the same in both the claim level AMT segment and the service line level AMT segment.
- 2. This segment is required when the Patient Paid Amount is applicable to this claim.

Example: AMT\*F5\*8.5~

### **STANDARD**

# **AMT** Monetary Amount

Level: Detail

Position: 175

Loop: 2300

Requirement: Optional

Max Use: 40

Purpose: To indicate the total monetary amount

### DIAGRAM



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES
REQUIRED	AMT01	522	Amount Qualifier Code Code to qualify amount		М	ID	1/3
			CODE	DEFINITION			
			F5	Patient Amount Paid			

REQUIRED	AMT02	782	Monetary Amount Monetary amount	M	R	1/18
			INDUSTRY: Patient Amount Paid			
			UB-92 Reference [UB-92 Name]:			
			54, Line P [Prior Payments - Payers and Patient]			
			EMC v.6.0 Reference:			
			Record Type 20 Field No. 23			
NOT USED	AMT03	478	Credit/Debit Flag Code	0	ID	1/1

# CREDIT/DEBIT CARD MAXIMUM AMOUNT

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- Use this segment only for claims that contain credit/debit card information. This segment indicates the maximum amount that can be credited to the account indicated in 2010BB - CREDIT/DEBIT CARD ACCOUNT HOLDER NAME.
- 2. The information carried under this segment must never be sent to the payer. This information is only for use between a provider and a service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment before forwarding the claim to the payer.

Example: AMT\*MA\*25~

### **STANDARD**

# **AMT** Monetary Amount

Level: Detail Position: 175

Loop: 2300

Requirement: Optional

Max Use: 40

**Purpose:** To indicate the total monetary amount

### DIAGRAM







### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES
REQUIRED	AMT01	522		Amount Qualifier Code Code to qualify amount		ID	1/3
			CODE	DEFINITION			
			MA	Maximum Amount			
REQUIRED	AMT02	782		Monetary Amount Monetary amount		R	1/18
			INDUSTRY: <b>Cred</b>	it or Debit Card Maximum Amount			
NOT USED	AMT03	478	Credit/Debit F	Flag Code	0	ID	1/1

# ADJUSTED REPRICED CLAIM NUMBER

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Reference numbers at this position apply to the entire claim.

2. This segment is required when Repricers need to attach their own claim identification number to a previously adjusted (resubmitted)

claim they are processing.

Example: REF\*9C\*XDE1234579~

### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 180

Loop: 2300

Requirement: Optional

Max Use: 30

**Purpose:** To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

### DIAGRAM









### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification		M	ID	2/3
			CODE	DEFINITION			
			9C	Adjusted Repriced Claim Reference	e Nu	mber	
REQUIRED	REF02	127		ntification lation as defined for a particular Transactio Identification Qualifier	<b>X</b> n Set	AN or as sp	1/30 ecified
			INDUSTRY: <b>Adjus</b>	ted Repriced Claim Reference Num	ber		
			<b>SYNTAX:</b> R0203				
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE I	DENTIFIER	0		

# REPRICED CLAIM NUMBER

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Reference numbers at this position apply to the entire claim.

> 2. This segment is required when the Repricers need to attach their own claim identification to a claim they are processing.

> > C040

Example: REF\*9A\*3456749387~

### **STANDARD**

**REF** Reference Identification

Level: Detail Position: 180

Loop: 2300

Requirement: Optional

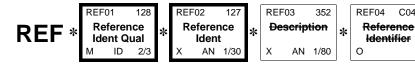
Max Use: 30

Purpose: To specify identifying information

1. R0203 Syntax:

At least one of REF02 or REF03 is required.

### **DIAGRAM**



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	REF01	128		Reference Identification Qualifier Code qualifying the Reference Identification		ID	2/3
			CODE	DEFINITION			
			9A	Repriced Claim Reference Number			
REQUIRED	REF02	127	Reference inform	Reference Identification Reference information as defined for a particular Transaction by the Reference Identification Qualifier			1/30 pecified
			INDUSTRY: Reprie	ced Claim Reference Number			
			<b>SYNTAX:</b> R0203				
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE I	IDENTIFIER	0		

# CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. Used only by transmission intermediaries (Value-Added Networks, Automated Clearing Houses, and others) who need to attach their own unique claim number.
- 2. This number can be used to facilitate front-end acknowledgements such as the 277 Health Care Payer Unsolicited Claim Status.

Example: REF\*D9\*4373649430ABES~

### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 180

Loop: 2300

Requirement: Optional

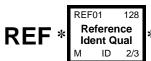
Max Use: 30

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

### **DIAGRAM**









#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES				
REQUIRED	REF01	128		entification Qualifier the Reference Identification	M	ID	2/3		
			Number assigned by clearinghouse/van/etc.						
			CODE	DEFINITION					
			D9	Claim Number					

REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction by the Reference Identification Qualifier	<b>X</b> n Set	AN or as s	1/30 pecified
			INDUSTRY: Value Added Network Trace Number			
			syntax: R0203			
NOT USED	REF03	352	Description	X	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	0		

# **DOCUMENT IDENTIFICATION CODE**

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Reference numbers at this position apply to the entire claim.

2. This segment is used to convey submittal of HCFA-485 and HCFA-486

data OR HCFA-486 data only.

Example: REF\*DD\*96234007932~

### **STANDARD**

**REF** Reference Identification

Level: Detail
Position: 180

**Loop:** 2300

Requirement: Optional

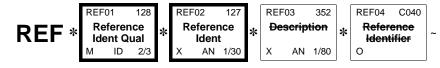
Max Use: 30

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

### **DIAGRAM**



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES	
REQUIRED	REF01	128	Reference Ide Code qualifying t	M	ID	2/3		
			CODE	DEFINITION				
			DD	<b>Document Identification Code</b>				
REQUIRED	REF02	127		ntification nation as defined for a particular Transaction e Identification Qualifier	<b>X</b> on Set	AN or as sp	1/30 pecified	
			INDUSTRY: <b>Docui</b>	ment Control Identifier				
			<b>SYNTAX:</b> R0203					
			EMC v.6.0 Reference:					
			Record Type 71 Field No. 4					

ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE

NOT USEDREF03352DescriptionXAN1/80NOT USEDREF04C040REFERENCE IDENTIFIERO

# ORIGINAL REFERENCE NUMBER (ICN/DCN)

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Reference numbers at this position apply to the entire claim.

2. This segment is used to convey the control number assigned to the original bill by the payer to identify a unique claim.

Example: REF\*F8\*1234636854~

### **STANDARD**

**REF** Reference Identification

Level: Detail
Position: 180

Loop: 2300

Requirement: Optional

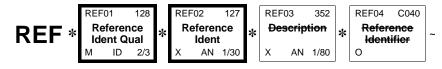
Max Use: 30

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

### **DIAGRAM**



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES
REQUIRED	REF01	128		lentification Qualifier g the Reference Identification	М	ID	2/3
			CODE	DEFINITION			
			F8	Original Reference Number			

REQUIRED	REF02	127	Reference Identification X AN 1/30 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier					
			INDUSTRY: Claim Original Reference Number					
			syntax: R0203					
			UB-92 Reference [UB-92 Name]:					
			37 (A-C) [Internal Control Number (ICN)/ Document Control Num (DCN)]					
			EMC v.6.0 Reference:					
			Record Type 31 Field No. 14 (Sequence 01-03)					
NOT USED	REF03	352	Description X AN 1/80					
NOT USED	REF04	C040	REFERENCE IDENTIFIER O					

# INVESTIGATIONAL DEVICE EXEMPTION NUMBER

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required only on claims involving an FDA assigned investigational

device exemption (IDE) number. Only one IDE per claim is to be

reported.

Example: REF\*LX\*432907~

### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 180

Loop: 2300

Requirement: Optional

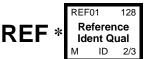
Max Use: 30

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

### DIAGRAM









### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES	
REQUIRED	REF01	128		Reference Identification Qualifier Code qualifying the Reference Identification				
			CODE	DEFINITION				
			LX	Qualified Products List				
REQUIRED	REF02	127	Reference Ide	entification	X	AN	1/30	

Reference information as defined for a particular Transaction Set or as specified

by the Reference Identification Qualifier

INDUSTRY: Investigational Device Exemption Identifier

**SYNTAX:** R0203

EMC v.6.0 Reference:

Record Type 34 Field No. 5

ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE

NOT USED REF03 352 Description X AN 1/80

NOT USED REF04 C040 REFERENCE IDENTIFIER O

# SERVICE AUTHORIZATION EXCEPTION CODE

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

1. Used only in claims where providers are required by state law (e.g., New York State Medicaid) to obtain authorization for specific services but, for the reasons listed in REF02, performed the service without obtaining the service authorization. Check with your state Medicaid to

see if this applies in your state.

Example: REF\*4N\*1~

### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 180

Loop: 2300

Requirement: Optional

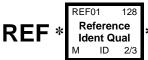
Max Use: 30

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

### **DIAGRAM**









### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	REF01	128		entification Qualifier the Reference Identification	M	ID	2/3
			CODE	DEFINITION			
			4N	Special Payment Reference Numb	er		

REQUIRED REF02 127 Reference Identification X AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

INDUSTRY: Service Authorization Exception Code

**SYNTAX:** R0203

Allowable values for this element are:

- 1 Immediate/Urgent Care
- 2 Services Rendered in a Retroactive Period
- 3 Emergency Care
- 4 Client as Temporary Medicaid
- 5 Request from County for Second Opinion to Recipient can Work
- 6 Request for Override Pending
- 7 Special Handling

NOT USED REF03 352 Description X AN 1/80 NOT USED REF04 C040 REFERENCE IDENTIFIER O

# PEER REVIEW ORGANIZATION (PRO) APPROVAL NUMBER

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required when an external Peer Review Organization assigns an

Approval Number to services deemed medically necessary by that

organization.

Example: REF\*G4\*284746~

### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 180

Loop: 2300

Requirement: Optional

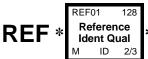
Max Use: 30

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

### DIAGRAM









### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	res
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification			ID	2/3
			CODE	DEFINITION			
			G4	Peer Review Organization (PRO) A	ppro	val Nu	mber
REQUIRED	REF02	127		ntification nation as defined for a particular Transactio e Identification Qualifier	<b>X</b> n Set	AN or as sp	1/30 ecified
			INDUSTRY: Peer I	Review Authorization Number			
			<b>SYNTAX:</b> R0203				
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0		

# PRIOR AUTHORIZATION OR REFERRAL NUMBER

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 2

Notes:

1. Required where services on this claim were preauthorized or where a referral is involved. Generally, preauthorization/referral numbers are those numbers assigned by the payer/UMO to authorize a service prior to its being performed. The UMO (Utilization Management Organization) is generally the entity empowered to make a decision regarding the outcome of a health services review or the owner of information. The referral or prior authorization number carried in this REF is specific to the destination payer reported in the 2010BC loop. If other payers have similar numbers for this claim, report that information in the 2330 loop REF which holds that payer's information.

Example: REF\*G1\*200398~

### **STANDARD**

# **REF** Reference Identification

Level: Detail Position: 180

**Loop:** 2300

Requirement: Optional

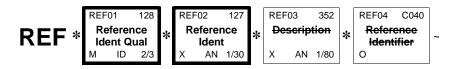
Max Use: 30

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

#### **DIAGRAM**



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	REF01	128		ference Identification Qualifier de qualifying the Reference Identification			2/3
			CODE	DEFINITION			
			9F	Referral Number			
			G1	Prior Authorization Number			

REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction by the Reference Identification Qualifier	<b>X</b> on Set	AN or as sp	1/30 pecified					
			INDUSTRY: Prior Authorization Number								
			syntax: R0203								
			UB-92 Reference [UB-92 Name]:								
			63 (A-C) [Treatment Authorization Code]								
			EMC v.6.0 Reference:								
			Record Type 40 Field No. 5, 6, 7 (Treatment Author)	oriza	tion Nu	ımber)					
NOT USED	REF03	352	Description	X	AN	1/80					
NOT USED	REF04	C040	REFERENCE IDENTIFIER	0							

# MEDICAL RECORD NUMBER

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required if provider needs to identify for future inquiries the actual

medical record of the patient identified in either Loop ID - 2010BA or

2010CA for this episode of care.

2. Used if provider will utilize this information in a 276 - Claim Status Inquiry in order to receive and process a 277 - Claim Status Response.

Example: REF\*EA\*1230484376R~

### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 180

Loop: 2300

Requirement: Optional

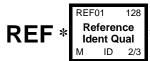
Max Use: 30

**Purpose:** To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

### DIAGRAM









### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES
REQUIRED	REF01	128		ntification Qualifier the Reference Identification	M	ID	2/3
			CODE	DEFINITION			
			EA	Medical Record Identification Num	ber		

REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transactio by the Reference Identification Qualifier	<b>X</b> n Set	AN or as sp	1/30 pecified				
			INDUSTRY: Medical Record Number							
			syntax: R0203							
			EMC v.6.0 Reference:							
			Record Type 20 Field No. 25 (Medical Record Nun	Record Type 20 Field No. 25 (Medical Record Number)						
NOT USED	REF03	352	Description	X	AN	1/80				
NOT USED	REF04	C040	REFERENCE IDENTIFIER	0						

### DEMONSTRATION PROJECT IDENTIFIER

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

 Required on claims/encounters where a demonstration project is being billed/reported. This information is specific to the destination payer reported in the 2010BC loop. If other payers have a similar number, report that information in the 2330 loop which holds that

payer's information.

Example: REF\*P4\*THJ1222~

### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 180

Loop: 2300

Requirement: Optional

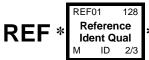
Max Use: 30

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

### **DIAGRAM**









### **ELEMENT SUMMARY**

REQUIRED	REF. DES.	DATA ELEMENT  128		Reference Identification Qualifier Code qualifying the Reference Identification			
			CODE	DEFINITION			
			P4	Project Code			
REQUIRED	REF02	127		entification nation as defined for a particular Transactio e Identification Qualifier	<b>X</b> n Set	AN or as sp	1/30 pecified

INDUSTRY: Demonstration Project Identifier

**SYNTAX:** R0203

004010X096 • 837 • 2300 • REF DEMONSTRATION PROJECT IDENTIFIER

NOT USEDREF03352DescriptionXAN1/80NOT USEDREF04C040REFERENCE IDENTIFIERO

### FILE INFORMATION

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 10

Notes:

- At the time of publication K3 segments have no specific use.
   However, they have been included in this implementation guide to be used as an emergency kludge (fix-it) in the case of an unexpected data requirement by a state regulatory authority.
- 2. This segment may only be required if a state concludes it must use the K3 to meet an emergency legislative requirement AND the administering state agency or other state organization has contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the state require the temporary use of the K3 to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee.

### **STANDARD**

# **K3** File Information

Level: Detail Position: 185

Loop: 2300

Requirement: Optional

Max Use: 10

**Purpose:** To transmit a fixed-format record or matrix contents

### **DIAGRAM**







### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	K301	449	Fixed Format Information Data in fixed format agreed upon by sender and receiver	M	AN	1/80
NOT USED	K302	1333	Record Format Code	0	ID	1/2
NOT USED	K303	C001	COMPOSITE UNIT OF MEASURE	0		

# **CLAIM NOTE**

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 10

Notes:

 Information in the NTE segment in Loop ID-2300 applies to the entire claim unless overridden by information in the NTE segment in Loop ID-2400. Information is considered to be overridden when the value in NTE01 in Loop ID-2400 is the same as the value in NTE01 in Loop ID-2300.

The developers of this implementation guide discourage using narrative information within the 837. Trading partners who require narrative information with claims are encouraged to codify that information within the X12 environment.

- 2. Home Health Corresponding Data
  This segment is used to convey Home Health narrative information
  from the forms "Home Health Certification and Plan of Treatment" and
  "Medical Update and Patient Information."
- 3. Required only when provider deems it necessary to transmit information not otherwise supported in this implementation.

Example: NTE\*NTR\*PATIENT REQUIRES TUBE FEEDING~

### **STANDARD**

NTE Note/Special Instruction

Level: Detail
Position: 190
Loop: 2300

Requirement: Optional

Max Use: 20

Purpose: To transmit information in a free-form format, if necessary, for comment or

special instruction

### DIAGRAM



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES				
REQUIRED	NTE01	363	Note Reference Code identifying	ce Code O ID 3/3 the functional area or purpose for which the note applies				
			EMC v.6.0 Ref	ference:				
			Record Type 73 Field No. 5					
			CODE	DEFINITION				
			ALG	Allergies EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48517				
			DCP	Goals, Rehabilitation Potential, or Discharge Plans EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48522				
			DGN	Diagnosis Description				
		DME	Durable Medical Equipment (DME) and Supplies EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48514					
		MED	Medications EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48510					
		NTR	Nutritional Requirements  EMC v.6.0 Reference:  Record Type 73 Field No. 5 Code 48516					
			ODT	Orders for Disciplines and Treatments  EMC v.6.0 Reference:  Record Type 73 Field No. 5 Code 48521				
			RHB	Functional Limitations, Reason Homebound, or Bot EMC v.6.0 Reference:  Record Type 73 Field No. 5 Code 48617				
			RLH	Reasons Patient Leaves Home EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48621				
			RNH	Times and Reasons Patient Not at Home EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48620				
			SET	Unusual Home, Social Environment, or Both EMC v.6.0 Reference:  Record Type 73 Field No. 5 Code 48619				

SFM	Safety Measures EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48515
SPT	Supplementary Plan of Treatment EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48521
UPI	Updated Information EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48616

REQUIRED NTE02 352 Description M AN 1/80

A free-form description to clarify the related data elements and their content

INDUSTRY: Claim Note Text

UB-92 Reference [UB-92 Name]:

84 [Remarks]

EMC v.6.0 Reference:

Record Type 73 Field No. 6

# **BILLING NOTE**

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

1. This segment is used to convey additional information necessary to adjudicate the claim.

2. Required when: (1) State regulations mandate information not identified elsewhere within the claim set; or (2) in the opinion of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set.

Example: NTE\*ADD\*NO LIABILITY, PATIENT FELL AT HOME~

### **STANDARD**

# NTE Note/Special Instruction

Level: Detail

Position: 190

Loop: 2300

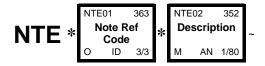
Requirement: Optional

Max Use: 20

Purpose: To transmit information in a free-form format, if necessary, for comment or

special instruction

### DIAGRAM



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUTE	s
REQUIRED	NTE01	363	Note Referen	O e note	<b>ID</b> applies	3/3	
			CODE	DEFINITION			
			ADD	Additional Information			

REQUIRED NTE02 352 Description M AN 1/80

A free-form description to clarify the related data elements and their content

INDUSTRY: Billing Note Text

UB-92 Reference [UB-92 Name]:

84 [Remarks]

EMC v.6.0 Reference:

Record Type 90 Field No. 4, 17

# HOME HEALTH CARE INFORMATION

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is required for Home Health claims.

Example: CR6\*4\*941101\*RD8\*19941101-

19941231\*941015\*N\*Y\*I\*\*\*\*\*941101\*\*\*\*A~

### **STANDARD**

CR6 Home Health Care Certification

Level: Detail Position: 216

Loop: 2300

Requirement: Optional

Max Use: 1

Purpose: To supply information related to the certification of a home health care patient

Syntax: 1. P0304

If either CR603 or CR604 is present, then the other is required.

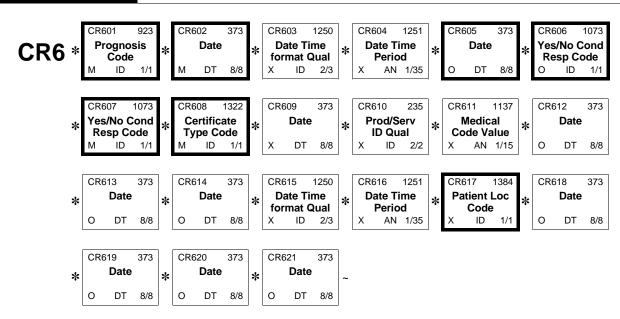
2. P091011

If either CR609, CR610 or CR611 are present, then the others are required.

3. P151617

If either CR615, CR616 or CR617 are present, then the others are required.

### **DIAGRAM**



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUTE			
REQUIRED	CR601	923	Prognosis Coo Code indicating p	de hysician's prognosis for the patient	M	ID	1/1		
			ALIAS: <b>Prognosi</b>	s Indicator					
			EMC v.6.0 Refe	erence:					
			Record Type 7	1 Field No. 18					
			CODE	DEFINITION					
			1	Poor					
			2	Guarded					
			3	Fair					
			4	Good					
			5	Very Good					
			6	Excellent					
		7	Less than 6 Months to Live						
			8	Terminal					
REQUIRED	CR602	373	<b>Date</b> Date expressed a	as CCYYMMDD	M	DT	8/8		
			INDUSTRY: Service From Date						
			ALIAS: SOC Date						
			SEMANTIC: CR602 is the date covered home health services began.						
			EMC v.6.0 Refe	erence:					
			Record Type 7	1 Field No. 5 (MMDDYY)					
SITUATIONAL	CR603	1250		iod Format Qualifier he date format, time format, or date and tim	<b>X</b> ne forr	<b>ID</b> nat	2/3		
			<b>SYNTAX</b> : P0304						
			<u> </u>	laims/encounters when a certifications was previously or is being submit yer.					
			CODE	DEFINITION					
			RD8	Range of Dates Expressed in Form CCYYMMDD	at C	СҮҮММ	DD-		

### SITUATIONAL CR604 1251 Date Time Period X AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: Home Health Certification Period

ALIAS: Certification Period

**SYNTAX:** P0304

**SEMANTIC:** CR604 is the certification period covered by this plan of treatment.

EMC v.6.0 Reference:

Record Type 71 Field No. 6, 7

Required on claims/encounters when a certification for Home Health Services was previously or is being submitted to the destination payer.

REQUIRED CR605 373 Date O DT 8/8

INDUSTRY: Diagnosis Date

Date expressed as CCYYMMDD

ALIAS: Date of Onset or Exacerbation of Principal Diagnosis

**SEMANTIC:** CR605 is the date of onset or exacerbation of the principal diagnosis.

EMC v.6.0 Reference:

Record Type 71 Field No. 8 (MMDDYY)

REQUIRED CR606 1073 Yes/No Condition or Response Code O ID 1/1
Code indicating a Yes or No condition or response

INDUSTRY: Skilled Nursing Facility Indicator

ALIAS: Patient Receiving Care in 1861 (j) (1) Facility Indicator

**SEMANTIC:** A "Y" value indicates patient is receiving care in a 1861J1 (skilled nursing) facility. An "N" value indicates patient is not receiving care in a 1861J1 facility. A "U" value indicates it is unknown whether or not the patient is receiving care in a 1861J1 facility.

UB-92 Reference [UB-92 Name]:

### EMC v.6.0 Reference:

### Record Type 71 Field No. 27

CODE	DEFINITION
N	No
U	Unknown
Υ	Yes

#### **REQUIRED CR607** 1073 ID Yes/No Condition or Response Code М 1/1 Code indicating a Yes or No condition or response INDUSTRY: Medicare Coverage Indicator ALIAS: Medicare Covered Indicator SEMANTIC: CR607 indicates if the patient is covered by Medicare. A "Y" value indicates the patient is covered by Medicare; an "N" value indicates patient is not covered by Medicare. EMC v.6.0 Reference: Record Type 71 Field No. 24 CODE DEFINITION Ν No Yes **REQUIRED CR608** 1322 М ID 1/1 **Certification Type Code** Code indicating the type of certification ALIAS: Certification Type Indicator EMC v.6.0 Reference: Record Type 71 Field No. 28 Required on claims/encounters when a certification for Home Health Services was previously or is being submitted to the destination payer. CODE DEFINITION Initial R Renewal S Revised SITUATIONAL **CR609** 373 8/8 Χ DT Date Date expressed as CCYYMMDD INDUSTRY: Surgery Date ALIAS: Date Surgical Procedure Performed **SYNTAX:** P091011 SEMANTIC: CR609 is date that the surgery identified in CR614 was performed. EMC v.6.0 Reference: Record Type 71 Field No. 10 (MMDDYY)

This data element is required when a surgical procedure was performed on the patient.

**ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE** 

8/8

SITUATIONAL **CR610** 235 **Product/Service ID Qualifier** ID 2/2 Χ

Code identifying the type/source of the descriptive number used in Product/Service ID (234)

INDUSTRY: Product or Service ID Qualifier

**SYNTAX:** P091011

SEMANTIC: CR610 qualifies CR611.

This data element is required when a surgical procedure was performed on the patient.

CODE	DEFINITION			
НС	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes			
	This code includes Current Procedural Terminology (CPT) and HCPCS coding.			
	CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System			
ID	International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure			
	CODE SOURCE 131: International Classification of Diseases			

Clinical Mod (ICD-9-CM) Procedure

SITUATIONAL CR611 1137 **Medical Code Value** Χ AN 1/15

Code value for describing a medical condition or procedure

INDUSTRY: Surgical Procedure Code

**SYNTAX:** P091011

SEMANTIC: CR611 is the surgical procedure most relevant to the care being

rendered.

EMC v.6.0 Reference:

Record Type 71 Field No. 9

This data element is required when a surgical procedure was performed on the patient.

SITUATIONAL CR612 373 DT Date

Date expressed as CCYYMMDD

INDUSTRY: Physician Order Date

ALIAS: Verbal SOC Date

SEMANTIC: CR612 is the date the agency received the verbal orders from the

physician for start of care.

EMC v.6.0 Reference:

Record Type 71 Field No. 19 (MMDDYY)

This data element is required when the Provider has the Physician Order Date information on file.

SITUATIONAL	CR613	373	<b>Date</b> Date expressed as	CCYYMMDD	0	DT	8/8
			INDUSTRY: Last Vis	sit Date			
			ALIAS: Date Phys	ician Last Saw Patient			
			SEMANTIC: CR613 is	the date that the patient was last seen	by the	physicia	an.
			EMC v.6.0 Refer	ence:			
			<b>Record Type 71</b>	Field No. 25 (MMDDYY)			
			This data eleme	nt is required when the Provider I	has t	he Last	Visit
SITUATIONAL C	CR614	373	Date Date expressed as	CCYYMMDD	0	DT	8/8
			INDUSTRY: <b>Physici</b>	an Contact Date			
			ALIAS: Date Last	Contacted Physician			
			SEMANTIC: CR614 is with the physician.	s the date of the home health agency's m	nost re	ecent cor	ntact
			EMC v.6.0 Reference:				
		Record Type 71 Field No. 26 (MMDDYY)					
			nt is required when the Provider l	has t	he Phys	sician	
SITUATIONAL	CR615 12	1250		od Format Qualifier e date format, time format, or date and til	<b>X</b> me foi	<b>ID</b> mat	2/3
			<b>SYNTAX:</b> P151617				
			This data element is required when a hospital admission occurred to the patient.				
			CODE	DEFINITION			
				Range of Dates Expressed in Forr	nat C	CYYMI	MDD-
SITUATIONAL	CR616	1251	Date Time Perion	od te, a time, or range of dates, times or da	<b>X</b> tes ar	AN d times	1/35
			INDUSTRY: Last Admission Period				
			ALIAS: Admission Date and Discharge Date				
			SYNTAX: P151617				
			SEMANTIC: CR616 is	the date range of the most recent inpat	ient st	ay.	
			EMC v.6.0 Refer	rence:			
			Record Type 71	Field No. 29, 30 (MMDDYY)			
			This data eleme to the patient.	nt is required when a hospital ad	missi	on occ	urred

### REQUIRED CR617 1384 Patient Location Code X ID 1/1

Code identifying the location where patient is receiving medical treatment

INDUSTRY: Patient Discharge Facility Type Code

ALIAS: Type of Facility

**SYNTAX:** P151617

SEMANTIC: CR617 indicates the type of facility from which the patient was most

recently discharged.

### EMC v.6.0 Reference:

### Record Type 71 Field No. 31

CODE	DEFINITION
A	Acute Care Facility
В	Boarding Home
С	Hospice
D	Intermediate Care Facility
E	Long-term or Extended Care Facility
F	Not Specified
G	Nursing Home
Н	Sub-acute Care Facility
L	Other Location
M	Rehabilitation Facility
0	Outpatient Facility
R	Residential Treatment Facility
S	Skilled Nursing Home
Т	Rest Home

SITUATIONAL CR618 373

Date

Date expressed as CCYYMMDD

O DT

8/8

INDUSTRY: Diagnosis Date

ALIAS: Date Secondary Diagnosis - 1

**SEMANTIC:** CR618 is the date of onset or exacerbation of the first secondary diagnosis.

EMC v.6.0 Reference:

Record Type 71 Field No. 11

This data element is required when a secondary diagnosis code is present on this claim.

SITUATIONAL	CR619	373	Date Date expressed as CCYYMMDD	0	DT	8/8
			INDUSTRY: Diagnosis Date			
			ALIAS: Date Secondary Diagnosis - 2			
			<b>SEMANTIC:</b> CR619 is the date of onset or exacerbation of the diagnosis.	e seco	nd secoi	ndary
			EMC v.6.0 Reference:			
			Record Type 71 Field No. 12			
			This data element is required when a second second is present on this claim.	onda	ry diag	nosis
SITUATIONAL	CR620	373	Date Date expressed as CCYYMMDD	0	DT	8/8
			INDUSTRY: Diagnosis Date			
			ALIAS: Date Secondary Diagnosis - 3			
			<b>SEMANTIC:</b> CR620 is the date of onset or exacerbation of the diagnosis.	e third	seconda	ary
			EMC v.6.0 Reference:			
			Record Type 71 Field No. 13			
			This data element is required when a third secon code is present on this claim.	dary	diagno	sis
SITUATIONAL	CR621	373	Date Date expressed as CCYYMMDD	0	DT	8/8
			INDUSTRY: Diagnosis Date			
			ALIAS: Date Secondary Diagnosis - 4			
			<b>SEMANTIC:</b> CR621 is the date of onset or exacerbation of the diagnosis.	e fourtl	n second	dary
			EMC v.6.0 Reference:			
			Record Type 71 Field No. 14			
			This data element is required when a fourth second	ndar	y diagn	osis

code is present on this claim.

## HOME HEALTH FUNCTIONAL LIMITATIONS

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 3

Notes: 1. The CRC segment in Loop ID-2300 applies to the entire claim unless it

is overridden by a CRC segment at the service line level in Loop

ID-2400 with the same value in CRC01.

2. This segment is required to convey Home Health Plan of Treatment

information when applicable.

Example: CRC\*75\*Y\*AL~

#### **STANDARD**

**CRC** Conditions Indicator

Level: Detail

Position: 220

Loop: 2300

Requirement: Optional

Max Use: 100

Purpose: To supply information on conditions

#### **DIAGRAM**















#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	JTES
REQUIRED	CRC01	1136	·	y ation or category to which the code applies qualifies CRC03 through CRC07.	М	ID	2/2
			CODE	DEFINITION			
			75	Functional Limitations			

# REQUIRED CRC02 1073 Yes/No Condition or Response Code Code indicating a Yes or No condition or response INDUSTRY: Certification Condition Indicator

**SEMANTIC:** CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

CODE	DEFINITION
N	No
Υ	Yes

REQUIRED CRC03 1321 Condition Indicator M ID 2/2
Code indicating a condition

INDUSTRY: Functional Limitation Code

EMC v.6.0 Reference:

Record Type 71 Field No. 15

The codes for CRC03 also can be used for CRC04 through CRC07.

The codes for	onous also can be asea for onous amough onous.
CODE	DEFINITION
AA	Amputation EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 1
AL	Ambulation Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 7
BL	Bowel Limitations, Bladder Limitations, or both (Incontinence)  EMC v.6.0 Reference:  Record Type 71 Field No. 15 Code 2
СО	Contracture EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 3
DY	Dyspnea with Minimal Exertion EMC v.6.0 Reference: Record Type 71 Field No. 15 Code A
EL	Endurance Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 6
HL	Hearing Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 4
LB	Legally Blind EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 9

			OL	Other Limitation EMC v.6.0 Reference: Record Type 71 Field No. 15 Code	e B							
			PA	Paralysis EMC v.6.0 Reference: Record Type 71 Field No. 15 Code	e 5							
			SL	Speech Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code	e 8							
SITUATIONAL	CRC04	1321	Condition Ind		0	ID	2/2					
			INDUSTRY: Funct	INDUSTRY: Functional Limitation Code								
			See CRC03	See CRC03								
				nent is required when more than or de is applicable to the patient.	ne Fur	nctional						
SITUATIONAL	CRC05	1321	Condition Ind Code indicating		0	ID	2/2					
			INDUSTRY: <b>Func</b> i	tional Limitation Code								
			See CRC03									
				nent is required when more than or de is applicable to the patient.	ne Fur	nctional						
SITUATIONAL	CRC06	1321	Condition Ind		0	ID	2/2					
			INDUSTRY: <b>Func</b> t	tional Limitation Code								
			See CRC03									
				nent is required when more than or de is applicable to the patient.	ne Fur	nctional						
SITUATIONAL	CRC07	1321	Condition Ind Code indicating		0	ID	2/2					
			INDUSTRY: <b>Func</b> t	tional Limitation Code								
			See CRC03									
				nent is required when more than or de is applicable to the patient.	ne Fur	nctional						

## HOME HEALTH ACTIVITIES PERMITTED

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 3

Notes: 1. This segment is required to convey Home Health Plan of Treatment

information when applicable.

Example: CRC\*76\*Y\*CB~

#### STANDARD

**CRC** Conditions Indicator

Level: Detail Position: 220

Loop: 2300

Requirement: Optional

Max Use: 100

Purpose: To supply information on conditions

#### DIAGRAM















#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	JTES
REQUIRED	CRC01	1136	Code Category Specifies the situation or category to which the code applies	M	ID	2/2
			INDUSTRY: Certification Condition Indicator			
			SEMANTIC: CRC01 qualifies CRC03 through CRC07.			
			CODE DEFINITION			

76 Activities Permitted

004010X096 • 837 HOME HEALTH AC		MITTED	ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE							
REQUIRED	CRC02	1073		dition or Response Code g a Yes or No condition or response	M	ID	1/1			
			INDUSTRY: Fund	ctional Limitation Code						
			indicates the co	02 is a Certification Condition Code applie condition codes in CRC03 through CRC07 acondition codes in CRC03 through CRC07 of the codes in CRC03 through CRC07 of through CRC07 of the codes in CRC03 through CRC07 of the codes in CRC07 of through CRC07 of the codes in CRC07 of through CRC07 of	apply; a	n "N" va				
			CODE	DEFINITION						
			N	No						
			Υ	Yes						
REQUIRED	CRC03	1321	Condition In		M	ID	2/2			
			INDUSTRY: <b>Acti</b>	vities Permitted Code						
			EMC v.6.0 R	eference:						
			Record Type	e 71 Field No. 16						
			The codes for CRC03 also can be used for CRC04 through CRC07.							
			CODE	DEFINITION						
			BR	Bedrest BRP (Bathroom Privileg EMC v.6.0 Reference: Record Type 71 Field No. 16 Coo	·					
			CA	Cane Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Coo	le 9					
			СВ	Complete Bedrest EMC v.6.0 Reference: Record Type 71 Field No. 16 Cod	le 1					
			CR	Crutches Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Cod	le 8					
			EP	Exercises Prescribed EMC v.6.0 Reference: Record Type 71 Field No. 16 Cod	le 5					
			IH	Independent at Home EMC v.6.0 Reference: Record Type 71 Field No. 16 Cod	le 7					
			NR	No Restrictions  EMC v.6.0 Reference:  Record Type 71 Field No. 16 Cod  (This is the same qualifier used in the Health Care Claim Payment.)		06 of t	he 835			
			PW	Partial Weight Bearing EMC v.6.0 Reference:						

Record Type 71 Field No. 16 Code 6

			TR	Transfer to Bed, or Chair, or Both EMC v.6.0 Reference: Record Type 71 Field No. 16 Code	4						
			UT	Up as Tolerated EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 3	3						
			WA	Walker Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code	В						
			WR	Wheelchair Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code A	A						
SITUATIONAL	CRC04	1321	Condition Indicating a		0	ID	2/2				
			INDUSTRY: Activities Permitted Code								
			See CRC03								
				ent is required when more than one e is applicable to the patient.	Acti	vities					
SITUATIONAL	CRC05	1321	Condition Indicating a		0	ID	2/2				
			INDUSTRY: Activities Permitted Code								
			See CRC03								
				ent is required when more than one le is applicable to the patient.	Acti	ctivities					
SITUATIONAL	CRC06	1321	Condition Indicating a		0	ID	2/2				
			INDUSTRY: Activit	ties Permitted Code							
			See CRC03								
				ent is required when more than one le is applicable to the patient.	Acti	vities					
SITUATIONAL	CRC07	1321	Condition Indicating a		0	ID	2/2				
			INDUSTRY: Activit	ties Permitted Code							
			See CRC03								
				ent is required when more than one e is applicable to the patient.	Acti	vities					

# **HOME HEALTH MENTAL STATUS**

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 2

Notes: 1. This segment is required to convey Home Health Plan of Treatment

information when applicable.

Example: CRC\*77\*Y\*DI~

#### **STANDARD**

**CRC** Conditions Indicator

Level: Detail Position: 220

Loop: 2300

Requirement: Optional

Max Use: 100

Purpose: To supply information on conditions

#### DIAGRAM















#### **ELEMENT SUMMARY**

USAGE	DES.	ELEMENT	NAME		ATTRIBU	TES	_
REQUIRED	CRC01	1136	<b>Code Category</b> Specifies the situation or category to which the code applies	M	ID	2/2	
			INDUSTRY: Certification Condition Indicator				

SEMANTIC: CRC01 qualifies CRC03 through CRC07.

CODE DEFINITION

77 Mental Status

ASC X12N • INSURA IMPLEMENTATION G		MMITTEE			004010X096 ◆ 837 ◆ 2300 ◆ CRC HOME HEALTH MENTAL STATUS							
REQUIRED	CRC02	1073		ition or Response Code a Yes or No condition or respo	M onse	ID	1/1					
			INDUSTRY: Func	tional Limitation Code								
			indicates the co	02 is a Certification Condition Condition Condition codes in CRC03 through the code in CRC03 through	gh CRC07 apply; a	ın "N" va	Y" value alue					
			CODE	DEFINITION								
			N	No								
			Υ	Yes								
REQUIRED	CRC03	1321	Condition Inc		М	ID	2/2					
			INDUSTRY: <b>Ment</b>	al Status Code								
			EMC v.6.0 Re	ference:								
			Record Type	71 Field No. 17								
			The codes for CRC03 also can be used for CRC04 through CRC07.									
		CODE	DEFINITION									
		AG	Agitated EMC v.6.0 Reference:									
				Record Type 71 Field N	lo. 17 Code 7							
			CM	Comatose EMC v.6.0 Reference: Record Type 71 Field N	lo. 17 Code 2							
			DI	Disoriented								
				EMC v.6.0 Reference:								
				Record Type 71 Field N	lo. 17 Code 5							
			DP	<b>Depressed</b> EMC v.6.0 Reference:								
				Record Type 71 Field N	lo. 17 Code 4							
			FO	Forgetful EMC v.6.0 Reference:								
				Record Type 71 Field N	lo. 17 Code 3							
			LE	Lethargic EMC v.6.0 Reference: Record Type 71 Field N	lo. 17 Code 6							
			MC	Other Mental Condition EMC v.6.0 Reference:	1							
				Record Type 71 Field N	10. 17 Code 8							

Oriented

EMC v.6.0 Reference:

Record Type 71 Field No. 17 Code 1

OT

SITUATIONAL	CRC04	04 1321	Condition Indicator Code indicating a condition	0	ID	2/2
			INDUSTRY: Mental Status Code			
			See CRC03			
			This data element is required when more than or Code is applicable to the patient.	е Меі	ntal Sta	atus
SITUATIONAL	CRC05	1321	Condition Indicator Code indicating a condition	0	ID	2/2
			INDUSTRY: Mental Status Code			
			See CRC03			
			This data element is required when more than or Code is applicable to the patient.	іе Меі	ntal Sta	atus
SITUATIONAL	CRC06	1321	Condition Indicator Code indicating a condition	0	ID	2/2
			INDUSTRY: Mental Status Code			
			See CRC03			
			This data element is required when more than or Code is applicable to the patient.	е Меі	ntal Sta	atus
SITUATIONAL	CRC07	1321	Condition Indicator Code indicating a condition	0	ID	2/2
			INDUSTRY: Mental Status Code			
			See CRC03			
			This data element is required when more than or Code is applicable to the patient.	е Меі	ntal Sta	atus

# PRINCIPAL, ADMITTING, E-CODE AND PATIENT REASON FOR VISIT DIAGNOSIS INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: REQUIRED

Repeat: 1

Notes:

- 1. The Principal Diagnosis is required on all inpatient and oupatient claims.
- 2. The Admitting Diagnosis is required on all inpatient admission claims and encounters.
- 3. An E-Code diagnosis is required whenever a diagnosis is needed to describe an injury, poisoning or adverse effect.
- 4. The Patient Reason for Visit Diagnosis is required for all unscheduled outpatient visits.

Example: HI\*BK:9976~

#### **STANDARD**

**HI** Health Care Information Codes

Level: Detail Position: 231

oomon. zo:

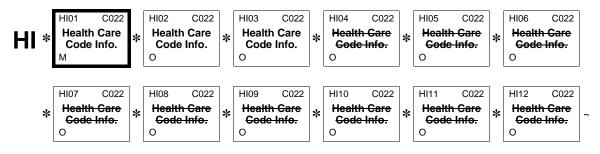
**Loop:** 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

#### DIAGRAM



#### **ELEMENT SUMMARY**

REF. DATA
USAGE DES. ELEMENT NAME ATTRIBUTES

**REQUIRED** 

HI01

C022

**HEALTH CARE CODE INFORMATION** 

M

To send health care codes and their associated dates, amounts and quantities

PRINCIPAL, ADMIT	ING, E-CODE							
REQUIRED	HI01 - 1		1270		ist Qualifier Code entifying a specific industry code list	M	ID	1/3
			C	ODE	DEFINITION			
			BK		Principal Diagnosis			
					CODE SOURCE 131: International Class Clinical Mod (ICD-9-CM) Procedure		Diseas	es
REQUIRED	HI01 - 2		1271		ry Code dicating a code from a specific indus	<b>M</b> try code list	AN	1/30
				UB-92	Reference [UB-92 Name]:			
				67 [Pri	ncipal Diagnosis Code]			
				EMC v.	6.0 Reference:			
				Record	Type 70 Field No. 4			
NOT USED	HI01 - 3		1250	Date Ti	me Period Format Qualifier	х	ID	2/3
NOT USED	HI01 - 4		1251	Date Ti	ime Period	Х	AN	1/35
NOT USED	HI01 - 5		782	Moneta	ary Amount	0	R	1/18
NOT USED	HI01 - 6		380	Quanti	ty	0	R	1/15
NOT USED	HI01 - 7		799	Versio	n Identifier	0	AN	1/30
SITUATIONAL	HI02	C022		_	E CODE INFORMATION are codes and their associated dates	<b>O</b> , amounts a	nd qua	ntities
			_		ll unscheduled outpatient visit he hosptial.	s or upon	the pa	atient's
REQUIRED	HI02 - 1		1270		ist Qualifier Code entifying a specific industry code list	M	ID	1/3
				ZZ use	d to indicate the "Patient Reas	on For Vis	sit."	
			C	ODE	DEFINITION			
			BJ		Admitting Diagnosis			
					CODE SOURCE 131: International Class Clinical Mod (ICD-9-CM) Procedure		Diseas	es
			ZZ		<b>Mutually Defined</b>			
					ZZ used to indicate the "Patie See Code Source 131.	ent Reason	For \	/isit."
REQUIRED	HI02 - 2		1271		ry Code dicating a code from a specific indus	M try code list	AN	1/30
REQUIRED	HI02 - 2		1271	Code in			AN	1/30
REQUIRED	HI02 - 2		1271	Code inc	dicating a code from a specific indus	try code list		1/30
REQUIRED	HI02 - 2		1271	Code inc UB-92 76 [Add	dicating a code from a specific indust  Reference [UB-92 Name]:	try code list		1/30
REQUIRED	HI02 - 2		1271	Code inc UB-92 76 [Adi	dicating a code from a specific indust Reference [UB-92 Name]: mitting Diagnosis/Patient's Re	try code list		1/30
	HI02 - 2		1271	UB-92 76 [Add EMC v.	dicating a code from a specific indus Reference [UB-92 Name]: mitting Diagnosis/Patient's Re 6.0 Reference:	try code list		1/30
REQUIRED  NOT USED  NOT USED				Code inc UB-92 76 [Add EMC v. Record	dicating a code from a specific industance Reference [UB-92 Name]: mitting Diagnosis/Patient's Re 6.0 Reference: I Type 70 Field No. 25	try code list	isit]	

**HEALTH CARE CODE INFORMATION** 

0

**NOT USED** 

**HI12** 

C022

# DIAGNOSIS RELATED GROUP (DRG) INFORMATION

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. DRG Information is required when an inpatient hospital is under DRG

contract with a payer and the contract requires the provider to identify

the DRG to the payer.

Example: HI\*DR:123~

#### **STANDARD**

HI Health Care Information Codes

Level: Detail

Position: 231

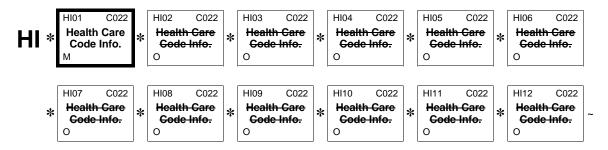
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			_	ATTRIBU	TES
REQUIRED	HI01	C022		•	E CODE INFORMATION are codes and their associated dates, am	<b>M</b> ounts a	ınd quar	ntities
REQUIRED	HI01 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
			c	ODE	DEFINITION			
			DR		Diagnosis Related Group (DRG)			
					CODE SOURCE 229: Diagnosis Related Gr	oup Nu	mber (D	RG)
REQUIRED	HI01 - 2		1271		ry Code dicating a code from a specific industry co	<b>M</b> ode list	AN	1/30
				INDUSTR	y: Diagnosis Related Group (DRG)	Code		

NOT USED	HI01 - 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI01 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI01 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI01 - 6		380	Quantity	0	R	1/15
NOT USED	HI01 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI02	C022	HEAL	TH CARE CODE INFORMATION	0		
NOT USED	HI03	C022	HEAL	TH CARE CODE INFORMATION	0		
NOT USED	HI04	C022	HEAL	TH CARE CODE INFORMATION	0		
NOT USED	HI05	C022	HEAL	TH CARE CODE INFORMATION	0		
NOT USED	HI06	C022	HEAL	TH CARE CODE INFORMATION	0		
NOT USED	HI07	C022	HEAL	TH CARE CODE INFORMATION	0		
NOT USED	HI08	C022	HEAL	TH CARE CODE INFORMATION	0		
NOT USED	HI09	C022	HEAL	TH CARE CODE INFORMATION	0		
NOT USED	HI10	C022	HEAL	TH CARE CODE INFORMATION	0		
NOT USED	HI11	C022	HEAL	TH CARE CODE INFORMATION	0		
NOT USED	HI12	C022	HEAL	TH CARE CODE INFORMATION	0		

# OTHER DIAGNOSIS INFORMATION

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 2

Notes: 1. Required when other condition(s) co-exists with the principal

diagnosis, co-exists at the time of admission or develops

subsequently during the patient's treatment.

Example: HI\*BF:V9782~

#### **STANDARD**

**HI** Health Care Information Codes

Level: Detail

Position: 231

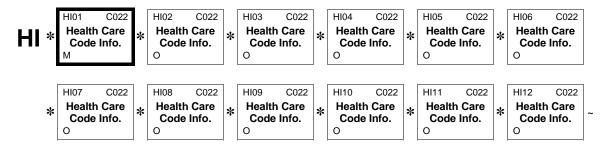
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBL	JTES
REQUIRED	HI01	C022		_	RE CODE INFORMATION care codes and their associated dates, am	<b>M</b> lounts a	and qua	ntities
REQUIRED	HI01 - 1		1270		List Qualifier Code identifying a specific industry code list	M	ID	1/3
			Co	ODE	DEFINITION			
			BF		Diagnosis			
					CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	es

REQUIRED	HI01 - 2		1271	Industry Code indic	Code cating a code from a specific industry co	<b>M</b> de list	AN	1/30
				INDUSTRY: (	Other Diagnosis			
					eference [UB-92 Name]:			
					r Diagnoses Codes]			
				69 [Other	r Diagnoses Codes]			
				70 [Other	r Diagnoses Codes]			
				71 [Other	r Diagnoses Codes]			
				_	r Diagnoses Codes]			
				_	r Diagnoses Codes]			
				_	r Diagnoses Codes]			
				_	r Diagnoses Codes]			
					.0 Reference: Type 70 Field No. 5, 6, 7, 8, 9, 10,	11. 12	2	
NOT USED	HI01 - 3		1250		e Period Format Qualifier	X	ID	2/3
NOT USED	HI01 - 4		1251	Date Tim		Х	AN	1/35
NOT USED	HI01 - 5		782		y Amount	0	R	1/18
NOT USED	HI01 - 6		380	Quantity		0	R	1/15
NOT USED	HI01 - 7		799	Version I		0	AN	1/30
SITUATIONAL	HI02	C022			CODE INFORMATION	0	7•	.,00
	11102	OULL			e codes and their associated dates, amo	_	nd quar	ntities
			Used condition		essary to report multiple addition	al co-	existin	g
REQUIRED	HI02 - 1		1270		st Qualifier Code tifying a specific industry code list	M	ID	1/3
			c	ODE D	EFINITION			
			BF	D	Diagnosis			
					ODE SOURCE 131: International Classifica Dinical Mod (ICD-9-CM) Procedure	ition of	Diseas	es
REQUIRED	HI02 - 2		1271	Industry Code indic	Code cating a code from a specific industry co	<b>M</b> de list	AN	1/30
				INDUSTRY: (	Other Diagnosis			
				UB-92 Re	eference [UB-92 Name]:			
				_	r Diagnoses Codes]			
				_	r Diagnoses Codes]			
				_	r Diagnoses Codes]			
				_	r Diagnoses Codes]			
				_	r Diagnoses Codes] r Diagnoses Codes]			
				_	r Diagnoses Codes]			
				_	r Diagnoses Codes]			
				_	-			
					0 Reference:	11 11		
				recora I	Type 70 Field No. 5, 6, 7, 8, 9, 10,	11, 72	4	

NOT USED	HI02 - 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI02 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI02 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI02 - 6		380	Quantity	0	R	1/15
NOT USED	HI02 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI03	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, am	O nounts a	ınd quai	ntities
			Used condi	when necessary to report multiple addition tions.	nal co-	existir	ıg
REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			c	ODE DEFINITION			
			BF	Diagnosis			
				CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	es
REQUIRED	HI03 - 2		1271	Industry Code Code indicating a code from a specific industry c	<b>M</b> ode list	AN	1/30
				INDUSTRY: Other Diagnosis			
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10	, 11, 12	2	
NOT USED	HI03 - 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI03 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI03 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI03 - 6		380	Quantity	0	R	1/15
NOT USED	HI03 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI04	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, am	O nounts a	ınd quai	ntities
			Used	when necessary to report multiple addition	nal co-	existir	ıg
			121	· · · · · · · · · · · · · · · · · · ·			

conditions.

REQUIRED	HI04 - 1		1270		List Qualifier Code dentifying a specific industry code list	M	ID	1/3
			С	ODE	DEFINITION			
			BF		Diagnosis			
					CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	ses
REQUIRED	HI04 - 2		1271		ery Code adicating a code from a specific industry c	<b>M</b> ode list	AN	1/30
				INDUSTR	ry: Other Diagnosis			
				UB-92	Reference [UB-92 Name]:			
				68 [Ot	her Diagnoses Codes]			
				69 [Ot	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				_	her Diagnoses Codes] her Diagnoses Codes]			
				_	-			
					v.6.0 Reference:		_	
				Recor	d Type 70 Field No. 5, 6, 7, 8, 9, 10	, 11, 12	2	
NOT USED	HI04 - 3		1250	Date T	ime Period Format Qualifier	X	ID	2/3
NOT USED	HI04 - 4		1251	Date T	ime Period	X	AN	1/35
NOT USED	HI04 - 5		782	Monet	ary Amount	0	R	1/18
NOT USED	HI04 - 6		380	Quant	ity	0	R	1/15
NOT USED	HI04 - 7		799	Versio	n Identifier	0	AN	1/30
SITUATIONAL	HI05	C022			E CODE INFORMATION are codes and their associated dates, am	O nounts a	ınd qua	ntities
			Used v		ecessary to report multiple addition	nal co-	existir	ng
REQUIRED	HI05 - 1		1270		List Qualifier Code dentifying a specific industry code list	М	ID	1/3
			C	ODE	DEFINITION			
			BF		Diagnosis			
					CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	es
REQUIRED	HI05 - 2		1271		rry Code ndicating a code from a specific industry c	<b>M</b> ode list	AN	1/30
				INDUSTR	ry: Other Diagnosis			
				UB-92	Reference [UB-92 Name]:			
				68 [Ot	her Diagnoses Codes]			
				69 [Ot	her Diagnoses Codes]			
				70 [Ot	her Diagnoses Codes]			
					her Diagnoses Codes]			

OTTIER DIAGROSIST	INI OKWATIOI	1		IIVII LL	-1411	TIAIIO	N GOIDE
				<ul><li>72 [Other Diagnoses Codes]</li><li>73 [Other Diagnoses Codes]</li><li>74 [Other Diagnoses Codes]</li><li>75 [Other Diagnoses Codes]</li></ul>			
				EMC v.6.0 Reference: Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11	1, 12		
NOT USED	HI05 - 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI05 - 4		1251		X	AN	1/35
NOT USED	HI05 - 5		782		0	R	1/18
NOT USED	HI05 - 6		380		0	R	1/15
NOT USED	HI05 - 7		799		0	AN	1/30
SITUATIONAL	HI06	C022	HEAL		0		
			Used v	when necessary to report multiple additional ions.	CO-	existing	9
REQUIRED	HI06 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			С	ODE DEFINITION			
			BF	Diagnosis			
				CODE SOURCE 131: International Classification Clinical Mod (ICD-9-CM) Procedure	on of	Disease	:S
REQUIRED	HI06 - 2		1271	Industry Code Code indicating a code from a specific industry code	<b>M</b> e list	AN	1/30
				INDUSTRY: Other Diagnosis			
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11	1, 12	<u>!</u>	
NOT USED	HI06 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI06 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI06 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI06 - 6		380	Quantity	0	R	1/15
NOT USED	HI06 - 7		799	Version Identifier	0	AN	1/30

SITUATIONAL	HI07	C022		_	E CODE INFORMATION are codes and their associated dates, an	<b>O</b> nounts a	nd qua	ntities
			Used condi		ecessary to report multiple additio	nal co-	existir	ıg
REQUIRED	HI07 - 1		1270		List Qualifier Code lentifying a specific industry code list	M	ID	1/3
				ODE	DEFINITION			
			BF		Diagnosis			
					CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	cation of	Diseas	es
REQUIRED	HI07 - 2		1271		ry Code dicating a code from a specific industry o	M code list	AN	1/30
				INDUSTR	y: Other Diagnosis			
				UB-92	Reference [UB-92 Name]:			
				68 [Ot	her Diagnoses Codes]			
				69 [Ot	her Diagnoses Codes]			
				70 [Ot	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				_	her Diagnoses Codes] her Diagnoses Codes]			
				_	-			
				_	<sup>.</sup> .6.0 Reference: d Type 70 Field No.  5, 6, 7, 8, 9, 10	), 11, 12	2	
NOT USED	HI07 - 3		1250		ime Period Format Qualifier	Х	ID	2/3
NOT USED	HI07 - 4		1251	Date T	ime Period	X	AN	1/35
NOT USED	HI07 - 5		782	Monet	ary Amount	0	R	1/18
NOT USED	HI07 - 6		380	Quant	ity	0	R	1/15
NOT USED	HI07 - 7		799		on Identifier	0	AN	1/30
SITUATIONAL	HI08	C022			E CODE INFORMATION are codes and their associated dates, an	<b>O</b> nounts a	nd qua	ntities
			Used condi		ecessary to report multiple additio	nal co-	existir	ıg
REQUIRED	HI08 - 1		1270		List Qualifier Code lentifying a specific industry code list	M	ID	1/3
			c	ODE	DEFINITION			
			BF		Diagnosis			
					CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	cation of	Diseas	es

OTHER DIAGNOSIS	INFORMATIO	IN				IIVIFEEIVIE	MIAIK	טוטט אוכ
REQUIRED	HI08 - 2		1271		ry Code dicating a code from a specific industi	<b>M</b> ry code list	AN	1/30
				INDUSTR	y: Other Diagnosis			
				UB-92	Reference [UB-92 Name]:			
					her Diagnoses Codes]			
				69 [Otl	her Diagnoses Codes]			
				70 [Otl	her Diagnoses Codes]			
				71 [Otl	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				-	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				75 [Otl	her Diagnoses Codes]			
				_	c.6.0 Reference:			
				Record	d Type 70 Field No. 5, 6, 7, 8, 9,	10, 11, 12	2	
NOT USED	HI08 - 3		1250	Date T	ime Period Format Qualifier	X	ID	2/3
NOT USED	HI08 - 4		1251	Date T	ime Period	X	AN	1/35
NOT USED	HI08 - 5		782	Monet	ary Amount	0	R	1/18
NOT USED	HI08 - 6		380	Quanti	ity	0	R	1/15
NOT USED	HI08 - 7		799	Versio	n Identifier	0	AN	1/30
SITUATIONAL	HI09	C022		_	E CODE INFORMATION are codes and their associated dates,	<b>O</b> amounts a	nd quai	ntities
			Used v		ecessary to report multiple addi	tional co-	existin	ıg
REQUIRED	HI09 - 1		1270		List Qualifier Code lentifying a specific industry code list	M	ID	1/3
			С	ODE	DEFINITION			
			BF		Diagnosis			
					CODE SOURCE 131: International Class Clinical Mod (ICD-9-CM) Procedure	sification of	Diseas	es
REQUIRED	HI09 - 2		1271		ry Code dicating a code from a specific industr	<b>M</b> ry code list	AN	1/30
				INDUSTR	y: Other Diagnosis			
				UB-92	Reference [UB-92 Name]:			
				68 [Otl	her Diagnoses Codes]			
				69 [Otl	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				_	her Diagnoses Codes] her Diagnoses Codes]			
				_	-			
					.6.0 Reference:			
				Record	d Type 70 Field No. 5, 6, 7, 8, 9,	10, 11, 12	2	

NOT USED	HI09 - 3		1250	Date Ti	me Period Format Qualifier	X	ID	2/3
NOT USED	HI09 - 4		1251	Date Ti	me Period	X	AN	1/35
NOT USED	HI09 - 5		782	Moneta	ary Amount	0	R	1/18
NOT USED	HI09 - 6		380	Quanti	ty	0	R	1/15
NOT USED	HI09 - 7		799	Version	n Identifier	0	AN	1/30
SITUATIONAL	HI10	C022		_	E CODE INFORMATION are codes and their associated dates, are	<b>O</b> nounts a	ınd qua	ntities
			Used v		cessary to report multiple addition	nal co-	existir	ng
REQUIRED	HI10 - 1		1270		ist Qualifier Code entifying a specific industry code list	M	ID	1/3
			c	ODE	DEFINITION			
			BF		Diagnosis			
					CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	es
REQUIRED	HI10 - 2		1271		ry Code dicating a code from a specific industry c	<b>M</b> ode list	AN	1/30
				INDUSTRY	: Other Diagnosis			
				UB-92	Reference [UB-92 Name]:			
				68 [Oth	er Diagnoses Codes]			
				69 [Oth	er Diagnoses Codes]			
				70 [Oth	er Diagnoses Codes]			
				-	er Diagnoses Codes]			
				_	er Diagnoses Codes]			
				_	ner Diagnoses Codes]			
				_	ner Diagnoses Codes]			
				75 [Oth	er Diagnoses Codes]			
				_	6.0 Reference: I Type 70 Field No. 5, 6, 7, 8, 9, 10	, 11, 1	2	
NOT USED	HI10 - 3		1250		me Period Format Qualifier	X	ID	2/3
NOT USED	HI10 - 4		1251		me Period	X	AN	1/35
NOT USED	HI10 - 5		782		ary Amount	0	R	1/18
NOT USED	HI10 - 6		380	Quanti		0	R	1/15
NOT USED	HI10 - 7		799		n Identifier	0	AN	1/30
SITUATIONAL	HI11	C022			E CODE INFORMATION	0	/ M	1/30
211112		JULL	To sen	d health ca	are codes and their associated dates, am	nounts a		
			Used v	when ne	cessary to report multiple addition	nal co-	existir	ng

conditions.

REQUIRED	HI11 - 1	1	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
		<u>-</u>	C	ODE DEFINITION			
		E	BF	Diagnosis			
				CODE SOURCE 131: International Classif Clinical Mod (ICD-9-CM) Procedure	ication of	Diseas	es
REQUIRED	HI11 - 2	1	1271	Industry Code Code indicating a code from a specific industry	<b>M</b> code list	AN	1/30
				INDUSTRY: Other Diagnosis			
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes] 74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 1	0, 11, 12	2	
NOT USED	HI11 - 3	1	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI11 - 4	1	1251	Date Time Period	X	AN	1/35
NOT USED	HI11 - 5	7	782	Monetary Amount	0	R	1/18
NOT USED	HI11 - 6	3	380	Quantity	0	R	1/15
NOT USED	HI11 - 7	7	799	Version Identifier	0	AN	1/30
SITUATIONAL	HI12			TH CARE CODE INFORMATION If health care codes and their associated dates, a	<b>O</b> mounts a	ınd qua	ntities
			Used v	when necessary to report multiple additions.	onal co-	existir	ng
REQUIRED	HI12 - 1	1	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
		_	C	ODE DEFINITION			
		E	BF	Diagnosis			
				CODE SOURCE 131: International Classif Clinical Mod (ICD-9-CM) Procedure	ication of	Diseas	es
REQUIRED	HI12 - 2	1	1271	Industry Code Code indicating a code from a specific industry	<b>M</b> code list	AN	1/30
				INDUSTRY: Other Diagnosis			
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			

73 [Other Diagnoses Codes]

74 [Other Diagnoses Codes]

75 [Other Diagnoses Codes]

#### EMC v.6.0 Reference:

Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12

NOT USED	HI12 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI12 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI12 - 5	782	Monetary Amount	0	R	1/18
NOT USED	HI12 - 6	380	Quantity	0	R	1/15
NOT USED	HI12 - 7	799	Version Identifier	0	AN	1/30

# PRINCIPAL PROCEDURE INFORMATION

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- Required on Home IV therapy claims or encounters when surgery was performed during the inpatient stay from which the course of therapy was initiated.
- 2. Required on inpatient claims or encounters when a procedure was performed.

Example: HI\*BR:92795:D8:19980321~

#### **STANDARD**

**HI** Health Care Information Codes

Level: Detail Position: 231

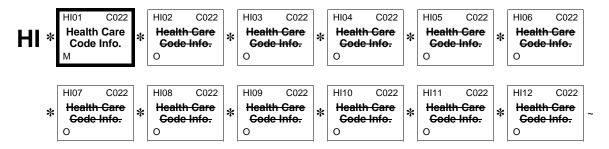
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

#### **DIAGRAM**



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBU	TES
REQUIRED	HI01	C022	HEALTH CARE CODE INFORMATION M To send health care codes and their associated dates, amounts and quantities					ntities
REQUIRED	HI01 - 1		1270	1270 Code List Qualifier Code Code identifying a specific industry code list  CODE DEFINITION		M	ID	1/3
			C					
			ВР		Health Care Financing Administra Procedural Coding System Princi			
					CODE SOURCE 130: Health Care Financing Common Procedural Coding System	g Admi	nistratio	n

								_
			BR		International Classification of Di Modification (ICD-9-CM) Principa			al
					CODE SOURCE 131: International Classifi Clinical Mod (ICD-9-CM) Procedure	cation of	f Disease	es
REQUIRED	HI01 - 2		1271		ry Code dicating a code from a specific industry	<b>M</b> code list	AN	1/30
				INDUSTR	y: Principal Procedure Code			
				UB-92	Reference [UB-92 Name]:			
				80 [Pri	ncipal Procedure Code and Date]			
				EMC v	.6.0 Reference:			
				Record	d Type 70 Field No. 13			
SITUATIONAL	HI01 - 3		1250		ime Period Format Qualifier dicating the date format, time format, or	X date and	<b>ID</b> d time fo	<b>2/3</b> rmat
			C	ODE	DEFINITION			
			D8		Date Expressed in Format CCYY	MMDD	)	
					Use code D8 when the value in celement HI01-1 equals "BR".	ompos	site dat	a
SITUATIONAL	HI01 - 4		1251		ime Period sion of a date, a time, or range of dates,	<b>X</b> times or	AN dates a	1/35 nd times
				UB-92	Reference [UB-92 Name]:			
				80, "D	ATE" field [Principal Procedure C	ode an	d Date]	
				EMC v	.6.0 Reference:			
				Record	d Type 70 Field No. 14			
				Requir	red when HI01-3 is used.			
NOT USED	HI01 - 5		782	Monet	ary Amount	0	R	1/18
NOT USED	HI01 - 6		380	Quant	ity	0	R	1/15
NOT USED	HI01 - 7		799	Versio	n Identifier	0	AN	1/30
NOT USED	HI02	C022	HEAL	TH CAR	E CODE INFORMATION	0		
NOT USED	HI03	C022	HEAL	TH CAR	E CODE INFORMATION	0		
NOT USED	HI04	C022	HEAL	TH CAR	E CODE INFORMATION	0		
NOT USED	HI05	C022	HEAL	TH CAR	E CODE INFORMATION	0		
NOT USED	HI06	C022	HEAL	TH CAR	E CODE INFORMATION	0		
NOT USED	HI07	C022	HEAL	TH CAR	E CODE INFORMATION	0		
NOT USED	HI08	C022	HEAL	TH CAR	E CODE INFORMATION	0		
NOT USED	HI09	C022	HEAL	TH CAR	E CODE INFORMATION	0		
NOT USED	HI10	C022	HEAL	TH CAR	E CODE INFORMATION	0		
NOT USED	HI11	C022	HEAL	TH CAR	E CODE INFORMATION	0		
NOT USED	HI12	C022	HEAL	TH CAR	E CODE INFORMATION	0		

## OTHER PROCEDURE INFORMATION

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 2

Notes: 1. Required on Home IV therapy claims or encounters when surgery was

performed during the inpatient stay from which the course of therapy

was initiated.

2. Required on inpatient claims or encounters when additional

procedures must be reported.

Example: HI\*BQ:92795:D8:19980321~

#### **STANDARD**

**HI** Health Care Information Codes

Level: Detail

Position: 231

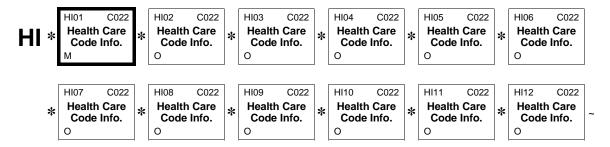
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

#### **DIAGRAM**



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBL	JTES		
REQUIRED	HI01	C022			RE CODE INFORMATION care codes and their associated dates, am	<b>M</b> lounts a	and qua	ntities		
REQUIRED	HI01 - 1		<b>1270</b>		List Qualifier Code dentifying a specific industry code list  DEFINITION	M	ID	1/3		
			во		Health Care Financing Administration Common Procedural Coding System					
					CODE SOURCE 130: Health Care Financin Common Procedural Coding System	g Admi	nistratio	n		

			BQ		International Classification of Dise	2500	Clinic	al
			DW		Modification (ICD-9-CM) Procedure	е		
					Code source 131: International Classifica Clinical Mod (ICD-9-CM) Procedure	tion o	f Diseas	es
REQUIRED	HI01 - 2		1271		ry Code dicating a code from a specific industry co	<b>M</b> de list	AN	1/30
				INDUSTR	y: <b>Procedure Code</b>			
				UB-92	Reference [UB-92 Name]:			
				81 (A-I	E) [Other Procedure Codes and Date	es]		
				EMC v	.6.0 Reference:			
				Record	d Type 70 Field No. 15, 17, 19, 21, 23	3		
SITUATIONAL	HI01 - 3		1250		ime Period Format Qualifier didicating the date format, time format, or date	<b>X</b> ite an	<b>ID</b> d time fo	<b>2/3</b> ormat
			preced	red if the procedure code reported i ding data element. Used if needed to dure date when the code reported is mediatley following element is requ	rep HCF	ort a PCS. If		
			c	ODE	DEFINITION			
			D8		Date Expressed in Format CCYYM	MDD		
SITUATIONAL	HI01 - 4		1251		ime Period sion of a date, a time, or range of dates, tin	X nes or	AN dates a	1/35 and times
				INDUSTR	y: Procedure Date			
				UB-92	Reference [UB-92 Name]:			
				81 (A-I	E) [Other Procedure Codes and Date	es]		
				EMC v	.6.0 Reference:			
				Record	d Type 70 Field No. 16, 18, 20, 22, 24	ı		
NOT USED	HI01 - 5		782	Monet	ary Amount	0	R	1/18
NOT USED	HI01 - 6		380	Quant	ity	0	R	1/15
NOT USED	HI01 - 7		799	Versio	n Identifier	0	AN	1/30
SITUATIONAL	HI02	C022			E CODE INFORMATION are codes and their associated dates, amo	<b>O</b> unts a	and qua	ntities
			Used v		ecessary to report multiple additiona	al co-	existir	ng
REQUIRED	HI02 - 1		1270		List Qualifier Code lentifying a specific industry code list	M	ID	1/3
			с	ODE	DEFINITION			
			ВО		Health Care Financing Administra Procedural Coding System	tion (	Comm	on
					CODE SOURCE 130: Health Care Financing Common Procedural Coding System	Admi	nistratio	n
			BQ		International Classification of Dise Modification (ICD-9-CM) Procedure		Clinic	al
					CODE SOURCE 131: International Classifica Clinical Mod (ICD-9-CM) Procedure	tion o	f Diseas	es

REQUIRED	HI02 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Procedure Code
				UB-92 Reference [UB-92 Name]:
				81 (A-E) [Other Procedure Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 70 Field No. 15, 17, 19, 21, 23
SITUATIONAL	HI02 - 3		1250	Date Time Period Format Qualifier X ID 2/3
OH OM HOUSE	піо2 - 3		1230	Code indicating the date format, time format, or date and time format
				Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediatley following element is required.
			C	ODE DEFINITION
			D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI02 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				INDUSTRY: Procedure Date
				UB-92 Reference [UB-92 Name]:
				81 (A-E) [Other Procedure Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 70 Field No. 16, 18, 20, 22, 24
NOT USED	HI02 - 5		782	Monetary Amount O R 1/18
NOT USED	HI02 - 6		380	Quantity O R 1/15
NOT USED	HI02 - 7		799	Version Identifier O AN 1/30
SITUATIONAL	HI03	C022		TH CARE CODE INFORMATION O
				d health care codes and their associated dates, amounts and quantities
			Used v	when necessary to report multiple additional co-existing tions.
REQUIRED	HI03 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			C	ODE DEFINITION
			ВО	Health Care Financing Administration Common Procedural Coding System
				CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
			BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
				CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
REQUIRED	HI03 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Procedure Code

				UB-92 Reference [UB-92 Name]:						
				81 (A-E) [Other Procedure Codes and Dates]						
				EMC v.6.0 Reference:						
				Record Type 70 Field No. 15, 17, 19, 21, 23						
SITUATIONAL	HI03 - 3		1250	Date Time Period Format Qualifier X ID 2/3						
	_поз - з		1230	Code indicating the date format, time format, or date and time format						
				Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediatley following element is required.						
			C	ODE DEFINITION						
			D8	Date Expressed in Format CCYYMMDD						
SITUATIONAL	HI03 - 4		1251	Date Time Period X AN 1/35  Expression of a date, a time, or range of dates, times or dates and times						
				INDUSTRY: Procedure Date						
				UB-92 Reference [UB-92 Name]:						
				81 (A-E) [Other Procedure Codes and Dates]						
				EMC v.6.0 Reference:						
				Record Type 70 Field No. 16, 18, 20, 22, 24						
NOT USED	HI03 - 5		782	Monetary Amount O R 1/18						
NOT USED	HI03 - 6		380	Quantity O R 1/15						
NOT USED	HI03 - 7		799	Version Identifier O AN 1/30						
SITUATIONAL	HI04	C022		TH CARE CODE INFORMATION  d health care codes and their associated dates, amounts and quantities						
			Used v	when necessary to report multiple additional co-existing tions.						
REQUIRED	HI04 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list						
			C	ODE DEFINITION						
			во	Health Care Financing Administration Common Procedural Coding System						
				CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System						
			BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure						
				<b>CODE SOURCE 131:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure						
REQUIRED	HI04 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list						
				INDUSTRY: Procedure Code						
			UB-92 Reference [UB-92 Name]:							
				81 (A-E) [Other Procedure Codes and Dates]						

				EMC v	.6.0 Reference:						
				Record	d Type 70 Field No. 15, 17, 19, 21, 23						
SITUATIONAL	HI04 - 3		1250		ime Period Format Qualifier dicating the date format, time format, or da	<b>X</b> te and	<b>ID</b> d time fo	<b>2/3</b> rmat			
				preced	ed if the procedure code reported is ling data element. Used if needed to lure date when the code reported is mediatley following element is requ	repo HCP	ort a				
			c	ODE	DEFINITION						
			D8		Date Expressed in Format CCYYM	MDD					
SITUATIONAL	HI04 - 4		1251		ime Period iion of a date, a time, or range of dates, tim	<b>X</b> es or	AN dates a	1/35 nd times			
				INDUSTRY: Procedure Date							
					Reference [UB-92 Name]:						
				81 (A-E) [Other Procedure Codes and Dates]							
				EMC v.6.0 Reference:							
				Record	d Type 70 Field No. 16, 18, 20, 22, 24						
NOT USED	HI04 - 5		782	Monet	ary Amount	0	R	1/18			
NOT USED	HI04 - 6		380	Quanti	ty	0	R	1/15			
NOT USED	HI04 - 7		799	Versio	n Identifier	0	AN	1/30			
SITUATIONAL	HI05	C022			E CODE INFORMATION are codes and their associated dates, amount	<b>O</b> unts a	ınd quar	ntities			
			Used v		cessary to report multiple additiona	l co-	existin	g			
REQUIRED	HI05 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3			
			С	ODE	DEFINITION						
			ВО		Health Care Financing Administrat Procedural Coding System	ion (	Commo	on			
					CODE SOURCE 130: Health Care Financing Common Procedural Coding System	Admir	nistratior	1			
			BQ		International Classification of Dise Modification (ICD-9-CM) Procedure		Clinic	al			
					CODE SOURCE 131: International Classificate Clinical Mod (ICD-9-CM) Procedure	ion of	Disease	es			
REQUIRED	HI05 - 2		1271		ry Code dicating a code from a specific industry cod	<b>M</b> le list	AN	1/30			
				INDUSTR	y: Procedure Code						
					Reference [UB-92 Name]:						
				81 (A-I	E) [Other Procedure Codes and Date	es]					
			EMC v	.6.0 Reference:							
				Record	d Type 70 Field No. 15, 17, 19, 21, 23						

SITUATIONAL	HI05 - 3	3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
				Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediatley following element is required.
			c	ODE DEFINITION
			D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI05 -	4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				INDUSTRY: Procedure Date
				UB-92 Reference [UB-92 Name]:
				81 (A-E) [Other Procedure Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 70 Field No. 16, 18, 20, 22, 24
NOT USED	HI05 -	5	782	Monetary Amount O R 1/18
NOT USED	HI05 -	6	380	Quantity O R 1/15
NOT USED	HI05 -	7	799	Version Identifier O AN 1/30
SITUATIONAL	HI06	C022		TH CARE CODE INFORMATION  d health care codes and their associated dates, amounts and quantities
			Used v	when necessary to report multiple additional co-existing tions.
REQUIRED	HI06 -	1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			C	ODE DEFINITION
			во	Health Care Financing Administration Common Procedural Coding System
				CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
			BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
				code source 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
REQUIRED	HI06 - 2	2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Procedure Code
				UB-92 Reference [UB-92 Name]:
				81 (A-E) [Other Procedure Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 70 Field No. 15, 17, 19, 21, 23
SITUATIONAL	HI06 - :	3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format

Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

				the imn	nediatley following element is requ	ıired.		
			CODE		DEFINITION			
			D8		Date Expressed in Format CCYYN	IMDE		
SITUATIONAL	HI06 - 4		1251		me Period on of a date, a time, or range of dates, tir	<b>X</b> nes or	AN dates a	1/35 and times
				INDUSTRY	: Procedure Date			
				UB-92 F	Reference [UB-92 Name]:			
				81 (A-E	) [Other Procedure Codes and Dat	es]		
				EMC v.	6.0 Reference:			
				Record	Type 70 Field No. 16, 18, 20, 22, 2	4		
NOT USED	HI06 - 5		782	Moneta	ry Amount	0	R	1/18
NOT USED	HI06 - 6		380	Quantit	ry .	0	R	1/15
NOT USED	HI06 - 7		799	Version	n Identifier	0	AN	1/30
SITUATIONAL	HI07	C022			E CODE INFORMATION ure codes and their associated dates, amo	O ounts a	and qua	ntities
			Used v		cessary to report multiple addition	al co	-existir	ng
REQUIRED	HI07 - 1		1270		ist Qualifier Code entifying a specific industry code list	M	ID	1/3
			C	ODE	DEFINITION			
			во		Health Care Financing Administra	tion (	Comm	on
					Procedural Coding System  code source 130: Health Care Financing	Δdmi	nietratio	n
					Common Procedural Coding System	Admi	instratio	
			BQ		International Classification of Dis Modification (ICD-9-CM) Procedur		Clinic	al
					Code source 131: International Classifica Clinical Mod (ICD-9-CM) Procedure	ition o	f Diseas	es
REQUIRED	HI07 - 2		1271	Industry Code ind	y Code licating a code from a specific industry co	<b>M</b> de list	AN	1/30
				INDUSTRY	: Procedure Code			
				UB-92 F	Reference [UB-92 Name]:			
				81 (A-E	) [Other Procedure Codes and Dat	es]		
				EMC v.	6.0 Reference:			
				Record	Type 70 Field No. 15, 17, 19, 21, 2	3		
SITUATIONAL	HI07 - 3		1250		me Period Format Qualifier dicating the date format, time format, or da	<b>X</b> ate an	<b>ID</b> d time fo	<b>2/3</b> ormat
				precedi proced	ed if the procedure code reported ing data element. Used if needed ture date when the code reported is nediatley following element is requ	o rep s HCF	ort a PCS. If	

			С	ODE	DEFINITION			
			D8		Date Expressed in Format CCYY	MMDD	)	
SITUATIONAL	HI07 - 4		1251		ime Period sion of a date, a time, or range of dates, t	X mes or	AN dates a	1/35 and times
				INDUSTR	y: Procedure Date			
				UB-92	Reference [UB-92 Name]:			
				81 (A-I	E) [Other Procedure Codes and Da	tes]		
				EMC v	.6.0 Reference:			
				Record	d Type 70 Field No. 16, 18, 20, 22, 2	24		
NOT USED	HI07 - 5		782	Monet	ary Amount	0	R	1/18
NOT USED	HI07 - 6		380	Quant	ity	0	R	1/15
NOT USED	HI07 - 7		799	Versio	n Identifier	0	AN	1/30
SITUATIONAL	HI08	C022		_	E CODE INFORMATION are codes and their associated dates, arr	O nounts a	and qua	ntities
			Used v		cessary to report multiple addition	nal co-	existir	ng
REQUIRED	HI08 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
	с	ODE	DEFINITION					
	ВО		Health Care Financing Administr Procedural Coding System	ation (	Comm	on		
					CODE SOURCE 130: Health Care Financin Common Procedural Coding System	g Admi	nistratio	n
			BQ		International Classification of Dis Modification (ICD-9-CM) Procedu		Clinic	al
					Code source 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation o	f Diseas	ses
REQUIRED	HI08 - 2		1271		ry Code dicating a code from a specific industry c	<b>M</b> ode list	AN	1/30
				INDUSTR	y: Procedure Code			
				UB-92	Reference [UB-92 Name]:			
				81 (A-I	E) [Other Procedure Codes and Da	tes]		
				EMC v	.6.0 Reference:			
				Record	d Type 70 Field No. 15, 17, 19, 21, 2	23		
SITUATIONAL	HI08 - 3		1250		ime Period Format Qualifier dicating the date format, time format, or o	<b>X</b> date and	<b>ID</b> d time fo	<b>2/3</b> ormat
			preced	red if the procedure code reported ling data element. Used if needed dure date when the code reported mediatley following element is req	to rep is HCF	ort a PCS. If		
			c	ODE	DEFINITION	Jiii Odi		
			D8	JDL	Date Expressed in Format CCYY	MMDD		
			20		Date Expressed in Format CCTT	VIIVIDD		

SITUATIONAL	HI08 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
			INDUSTRY: Procedure Date
			UB-92 Reference [UB-92 Name]:
			81 (A-E) [Other Procedure Codes and Dates]
			EMC v.6.0 Reference:
			Record Type 70 Field No. 16, 18, 20, 22, 24
NOT USED	HI08 - 5	782	Monetary Amount O R 1/18
NOT USED	HI08 - 6	380	Quantity O R 1/15
NOT USED	HI08 - 7	799	Version Identifier O AN 1/30
SITUATIONAL	HI09 C022	HEAL	TH CARE CODE INFORMATION O
			d health care codes and their associated dates, amounts and quantities
			when necessary to report multiple additional co-existing tions.
REQUIRED	HI09 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			CODE DEFINITION
		ВО	Health Care Financing Administration Common Procedural Coding System
			CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
		BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
			<b>CODE SOURCE 131:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
REQUIRED	HI09 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
			INDUSTRY: Procedure Code
			UB-92 Reference [UB-92 Name]:
			81 (A-E) [Other Procedure Codes and Dates]
			EMC v.6.0 Reference:
			Record Type 70 Field No. 15, 17, 19, 21, 23
SITUATIONAL	HI09 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.
		C	CODE DEFINITION
		D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI09 - 4	1251	Date Time Period X AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times  **NDUSTRY: Procedure Date**
			INDUSTRI. I I VOGNUI G DATG

				UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates]
				. ,.
				EMC v.6.0 Reference:
				Record Type 70 Field No. 16, 18, 20, 22, 24
NOT USED	HI09 - 5		782	Monetary Amount O R 1/18
NOT USED	HI09 - 6		380	Quantity O R 1/15
NOT USED	HI09 - 7		799	Version Identifier O AN 1/30
SITUATIONAL	HI10	C022		TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts and quantities
			Used v	when necessary to report multiple additional co-existing tions.
REQUIRED	HI10 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			С	CODE DEFINITION
			ВО	Health Care Financing Administration Common Procedural Coding System
				CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
			BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
				<b>CODE SOURCE 131:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
REQUIRED	HI10 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Procedure Code
				UB-92 Reference [UB-92 Name]:
				81 (A-E) [Other Procedure Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 70 Field No. 15, 17, 19, 21, 23
SITUATIONAL	HI10 - 3	3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
				Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.
			С	CODE DEFINITION
			D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI10 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				INDUSTRY: Procedure Date
				UB-92 Reference [UB-92 Name]:
				81 (A-E) [Other Procedure Codes and Dates]

				EMC v.6.0 Reference:
				Record Type 70 Field No. 16, 18, 20, 22, 24
NOT USED	HI10 - 5		782	Monetary Amount O R 1/18
NOT USED	HI10 - 6		380	Quantity O R 1/15
NOT USED	HI10 - 7		799	Version Identifier O AN 1/30
SITUATIONAL	HI11	C022		TH CARE CODE INFORMATION  d health care codes and their associated dates, amounts and quantities
			Used v	when necessary to report multiple additional co-existing tions.
REQUIRED	HI11 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			C	CODE DEFINITION
				·
			ВО	Health Care Financing Administration Common Procedural Coding System
				<b>CODE SOURCE 130:</b> Health Care Financing Administration Common Procedural Coding System
			BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
				<b>CODE SOURCE 131:</b> International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
REQUIRED	HI11 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Procedure Code
				UB-92 Reference [UB-92 Name]:
				81 (A-E) [Other Procedure Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 70 Field No. 15, 17, 19, 21, 23
SITUATIONAL	HI11 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
				Required if the procedure code reported is ICD-9-CM in the
				preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used,
				the immediatley following element is required.
				<u> </u>
			D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI11 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and time
				INDUSTRY: Procedure Date
				UB-92 Reference [UB-92 Name]:
				81 (A-E) [Other Procedure Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 70 Field No. 16, 18, 20, 22, 24
NOT USED	HI11 - 5		782	Monetary Amount O R 1/18

NOT USED	HI11 - 6		380	Quantity	0	R	1/15			
NOT USED	HI11 - 7		799	Version Identifier	0	AN	1/30			
SITUATIONAL	HI12	C022	HEALTH CARE CODE INFORMATION  To send health care codes and their associated dates, amounts and quantities							
			Used to	when necessary to report multiple addition ions.	al co-	existin	g			
REQUIRED	HI12 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3			
			С	DDE DEFINITION						
			во	Health Care Financing Administra Procedural Coding System	ation (	Commo	on			
				CODE SOURCE 130: Health Care Financing Common Procedural Coding System	g Admi	nistratio	า			
			BQ	International Classification of Dis Modification (ICD-9-CM) Procedu		Clinic	al			
				CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation o	f Diseas	es			
REQUIRED	HI12 - 2		1271	Industry Code Code indicating a code from a specific industry co	<b>M</b> ode list	AN	1/30			
				INDUSTRY: Procedure Code						
				UB-92 Reference [UB-92 Name]:						
				81 (A-E) [Other Procedure Codes and Da	tes]					
				EMC v.6.0 Reference:						
				Record Type 70 Field No. 15, 17, 19, 21, 2	3					
SITUATIONAL	HI12 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or d	<b>X</b> ate an	<b>ID</b> d time fo	<b>2/3</b> ormat			
				Required if the procedure code reported preceding data element. Used if needed procedure date when the code reported it the immediately following element is required.	o rep	ort a PCS. If				
			c	DDE DEFINITION						
			D8	Date Expressed in Format CCYYI	MMDD					
SITUATIONAL	HI12 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, ti	<b>X</b> mes or	AN dates a	1/35 nd times			
				INDUSTRY: Procedure Date						
				UB-92 Reference [UB-92 Name]:						
				81 (A-E) [Other Procedure Codes and Da	tes]					
				EMC v.6.0 Reference:						
				Record Type 70 Field No. 16, 18, 20, 22, 2	4					
NOT USED	HI12 - 5		782	Monetary Amount	0	R	1/18			
NOTUCED			000		_	_				
NOT USED	HI12 - 6		380	Quantity	0	R	1/15			

### **IMPLEMENTATION**

## OCCURRENCE SPAN INFORMATION

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 2

Notes: 1. Required when occurrence span information applies to the claim or

encounter.

Example: HI\*BI:70:RD8:19981202-19981212~

### **STANDARD**

**HI** Health Care Information Codes

Level: Detail Position: 231

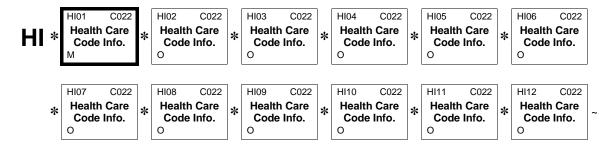
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

### **DIAGRAM**



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBU	JTES	
REQUIRED	HI01	C022		HEALTH CARE CODE INFORMATION M To send health care codes and their associated dates, amounts a					
REQUIRED	HI01 - 1		1270	Code Id	M	ID	1/3		
			CODE		DEFINITION				
			ВІ		Occurrence Span				
					CODE SOURCE 132: National Uniform Billing	Com	mittee (	NUBC)	

Codes

-			
REQUIRED	HI01 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
			INDUSTRY: Occurrence Span Code
			UB-92 Reference [UB-92 Name]:
			36 (a-b) [Occurrence Span Code and Dates]
			EMC v.6.0 Reference:
			Record Type 40 Field No. 28, 29, 30, 31
REQUIRED	HI01 - 3	<b>1250</b>	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
		RD8	Range of Dates Expressed in Format CCYYMMDD-
		KDO	CCYYMMDD
REQUIRED	HI01 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
			INDUSTRY: Occurrence or Occurrence Span Code Associated Date
			UB-92 Reference [UB-92 Name]:
			36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]
			EMC v.6.0 Reference:
			Record Type 40 Field No. 29, 30, 32, 33
NOT USED	HI01 - 5	782	Monetary Amount O R 1/18
NOT USED	HI01 - 6	380	Quantity O R 1/15
NOT USED	HI01 - 7	799	Version Identifier O AN 1/30
SITUATIONAL	HI02 C022	HEAL	TH CARE CODE INFORMATION O
		To sen	d health care codes and their associated dates, amounts and quantities
		Used condi	when necessary to report multiple additional co-existing tions.
REQUIRED	HI02 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
		c	ODE DEFINITION
		ВІ	Occurrence Span
			CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI02 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
			INDUSTRY: Occurrence Span Code
			UB-92 Reference [UB-92 Name]:
			36 (a-b) [Occurrence Span Code and Dates]
			EMC v.6.0 Reference:
			Record Type 40 Field No. 28, 29, 30, 31

REQUIRED	HI02 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			С	ODE DEFINITION
			RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	HI02 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and time
				INDUSTRY: Occurrence or Occurrence Span Code Associated Date
				UB-92 Reference [UB-92 Name]:
				36 (a-b), "FROM" and "THROUGH" fields [Occurrence Spa Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 29, 30, 32, 33
NOT USED	HI02 - 5		782	Monetary Amount O R 1/18
NOT USED	HI02 - 6		380	Quantity O R 1/15
NOT USED	HI02 - 7		799	Version Identifier O AN 1/30
SITUATIONAL	HI03	C022	HEAL	TH CARE CODE INFORMATION  d health care codes and their associated dates, amounts and quantities
			Used v	when necessary to report multiple additional co-existing ions.
REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list  M ID 1/3
			С	ODE DEFINITION
			ВІ	Occurrence Span
			D.	cope source 132: National Uniform Billing Committee (NUBC
				Codes
REQUIRED	HI03 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Occurrence Span Code
				UB-92 Reference [UB-92 Name]:
				36 (a-b) [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 28, 29, 30, 31, 32, 33
REQUIRED	HI03 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			C	ODE DEFINITION
			RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

REQUIRED					
	HI03 - 4		1251	Date Time Period X AN Expression of a date, a time, or range of dates, times or dates	.,
				INDUSTRY: Occurrence or Occurrence Span Code Ass Date	ociated
				UB-92 Reference [UB-92 Name]:	
				36 (a-b), "FROM" and "THROUGH" fields [Occurred Code and Dates]	nce Span
				EMC v.6.0 Reference:	
				Record Type 40 Field No. 29, 30, 32, 33	
NOT USED	HI03 - 5		782	Monetary Amount O R	1/18
NOT USED	HI03 - 6		380	Quantity O R	1/15
NOT USED	HI03 - 7		799	Version Identifier O AN	1/30
SITUATIONAL	HI04	C022		TH CARE CODE INFORMATION  I health care codes and their associated dates, amounts and q	uantities
			Used v	when necessary to report multiple additional co-exis ions.	ting
REQUIRED	HI04 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list  M ID	1/3
			С	DDE DEFINITION	
			ВІ	Occurrence Span	
				code source 132: National Uniform Billing Committe Codes	e (NUBC)
REQUIRED	HI04 - 2		1271		
REQUIRED	HI04 - 2		1271	Codes Industry Code M AN	
REQUIRED	HI04 - 2		1271	Codes  Industry Code	
REQUIRED	HI04 - 2		1271	Codes  Industry Code M AN Code indicating a code from a specific industry code list  INDUSTRY: Occurrence Span Code	
REQUIRED	HI04 - 2		1271	Codes  Industry Code M AN Code indicating a code from a specific industry code list  INDUSTRY: Occurrence Span Code  UB-92 Reference [UB-92 Name]:	
REQUIRED	HI04 - 2		1271	Codes  Industry Code Code indicating a code from a specific industry code list  INDUSTRY: Occurrence Span Code  UB-92 Reference [UB-92 Name]:  36 (a-b) [Occurrence Span Code and Dates]	
	HI04 - 2		1271	Codes  Industry Code Code indicating a code from a specific industry code list  INDUSTRY: Occurrence Span Code  UB-92 Reference [UB-92 Name]:  36 (a-b) [Occurrence Span Code and Dates]  EMC v.6.0 Reference:	1/30
REQUIRED			1250	Industry Code Code indicating a code from a specific industry code list  INDUSTRY: Occurrence Span Code UB-92 Reference [UB-92 Name]: 36 (a-b) [Occurrence Span Code and Dates]  EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32, 33  Date Time Period Format Qualifier X ID	1/30
			1250	Industry Code Code indicating a code from a specific industry code list  INDUSTRY: Occurrence Span Code  UB-92 Reference [UB-92 Name]: 36 (a-b) [Occurrence Span Code and Dates]  EMC v.6.0 Reference:  Record Type 40 Field No. 28, 29, 30, 31, 32, 33  Date Time Period Format Qualifier X ID Code indicating the date format, time format, or date and time	2/3 e format
REQUIRED			<b>1250</b>	Industry Code Code indicating a code from a specific industry code list  INDUSTRY: Occurrence Span Code  UB-92 Reference [UB-92 Name]: 36 (a-b) [Occurrence Span Code and Dates]  EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32, 33  Date Time Period Format Qualifier X ID Code indicating the date format, time format, or date and time  DDE DEFINITION  Range of Dates Expressed in Format CCYY	2/3 e format  MMDD-  1/35
REQUIRED	HI04 - 3		1250 c RD8	Industry Code Code indicating a code from a specific industry code list  INDUSTRY: Occurrence Span Code  UB-92 Reference [UB-92 Name]: 36 (a-b) [Occurrence Span Code and Dates]  EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32, 33  Date Time Period Format Qualifier X ID Code indicating the date format, time format, or date and time DDE DEFINITION  Range of Dates Expressed in Format CCYY CCYYMMDD  Date Time Period X AN	2/3 e format  MMDD-  1/35 s and times
	HI04 - 3		1250 c RD8	Industry Code Code indicating a code from a specific industry code list  INDUSTRY: Occurrence Span Code  UB-92 Reference [UB-92 Name]: 36 (a-b) [Occurrence Span Code and Dates]  EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32, 33  Date Time Period Format Qualifier X ID Code indicating the date format, time format, or date and time DDE DEFINITION  Range of Dates Expressed in Format CCYY CCYYMMDD  Date Time Period X AN Expression of a date, a time, or range of dates, times or dates  INDUSTRY: Occurrence or Occurrence Span Code Assertations  M AN  AN  AN  Expression of a date, a time, or range of dates, times or dates  INDUSTRY: Occurrence or Occurrence Span Code Assertations  M AN  AN  AN  AN  Expression of a date, a time, or range of dates, times or dates	2/3 e format  MMDD-  1/35 s and times
REQUIRED	HI04 - 3		1250 c RD8	Industry Code Code indicating a code from a specific industry code list  INDUSTRY: Occurrence Span Code  UB-92 Reference [UB-92 Name]: 36 (a-b) [Occurrence Span Code and Dates]  EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32, 33  Date Time Period Format Qualifier X ID Code indicating the date format, time format, or date and time DDE DEFINITION  Range of Dates Expressed in Format CCYY CCYYMMDD  Date Time Period X AN Expression of a date, a time, or range of dates, times or date  INDUSTRY: Occurrence or Occurrence Span Code Ass Date	2/3 e format  MMDD-  1/35 s and times
REQUIRED	HI04 - 3		1250 c RD8	Industry Code Code indicating a code from a specific industry code list  INDUSTRY: Occurrence Span Code  UB-92 Reference [UB-92 Name]:  36 (a-b) [Occurrence Span Code and Dates]  EMC v.6.0 Reference:  Record Type 40 Field No. 28, 29, 30, 31, 32, 33  Date Time Period Format Qualifier X ID Code indicating the date format, time format, or date and time  DDE DEFINITION  Range of Dates Expressed in Format CCYY CCYYMMDD  Date Time Period X AN Expression of a date, a time, or range of dates, times or date  INDUSTRY: Occurrence or Occurrence Span Code Ass Date  UB-92 Reference [UB-92 Name]:  36 (a-b), "FROM" and "THROUGH" fields [Occurrente]	2/3 e format  MMDD-  1/35 s and times

OCCORRENCE SI AI	WINT OKWATI	ON		INIT ELINENTATION COL
NOT USED	HI04 - 5		782	Monetary Amount O R 1/18
NOT USED	HI04 - 6		380	Quantity O R 1/15
NOT USED	HI04 - 7		799	Version Identifier O AN 1/30
SITUATIONAL	HI05	C022		TH CARE CODE INFORMATION On the latest care codes and their associated dates, amounts and quantities
			Used condi	when necessary to report multiple additional co-existing tions.
REQUIRED	HI05 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			c	CODE DEFINITION
			ВІ	Occurrence Span
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI05 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Occurrence Span Code
				UB-92 Reference [UB-92 Name]:
				36 (a-b) [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 28, 29, 30, 31, 32, 33
REQUIRED	HI05 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			c	CODE DEFINITION
			RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	HI05 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				INDUSTRY: Occurrence or Occurrence Span Code Associated Date
				UB-92 Reference [UB-92 Name]:
				36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 29, 30, 32, 33
NOT USED	HI05 - 5		782	Monetary Amount O R 1/18
NOT USED	HI05 - 6		380	Quantity O R 1/15
NOT USED	HI05 - 7		799	Version Identifier O AN 1/30
SITUATIONAL	HI06	C022	HEAL	TH CARE CODE INFORMATION  d health care codes and their associated dates, amounts and quantities
				when necessary to report multiple additional co-existing

conditions.

	HI06 - 1		1270	Code List Qualifier Code M ID Code identifying a specific industry code list	1/3
			c	DDE DEFINITION	
			ВІ	Occurrence Span	
				CODE SOURCE 132: National Uniform Billing Committee (NU Codes	JBC)
REQUIRED	HI06 - 2		1271	Industry Code M AN Code indicating a code from a specific industry code list	1/30
				INDUSTRY: Occurrence Span Code	
				UB-92 Reference [UB-92 Name]:	
				36 (a-b) [Occurrence Span Code and Dates]	
				EMC v.6.0 Reference:	
				Record Type 40 Field No. 28, 29, 30, 31, 32, 33	
REQUIRED	HI06 - 3		1250	Date Time Period Format Qualifier X ID  Code indicating the date format, time format, or date and time form	<b>2/3</b> nat
			C	DDE DEFINITION	
			RD8	Range of Dates Expressed in Format CCYYMMD CCYYMMDD	DD-
REQUIRED	HI06 - 4		1251	Date Time Period X AN Expression of a date, a time, or range of dates, times or dates and	1/35 time
				INDUSTRY: Occurrence or Occurrence Span Code Associa Date	ted
				UB-92 Reference [UB-92 Name]:	
				36 (a-b), "FROM" and "THROUGH" fields [Occurrence Stode and Dates]	Spar
				code and batesj	Jpu.
				EMC v.6.0 Reference:	<b>-</b> pui
					-pui
NOT USED	HI06 - 5		782	EMC v.6.0 Reference: Record Type 40 Field No. 29, 30, 32, 33	1/18
	HI06 - 5		782 380	EMC v.6.0 Reference: Record Type 40 Field No. 29, 30, 32, 33  Monetary Amount  O R	
NOT USED				EMC v.6.0 Reference:  Record Type 40 Field No. 29, 30, 32, 33  Monetary Amount  O R  Quantity  O R	1/18
NOT USED NOT USED	HI06 - 6	C022	380 799 HEAL	EMC v.6.0 Reference:  Record Type 40 Field No. 29, 30, 32, 33  Monetary Amount  O R  Quantity  O R	1/18 1/15 1/30
NOT USED NOT USED	HI06 - 6 HI06 - 7	C022	380 799 HEAL <sup>-</sup> To send	EMC v.6.0 Reference:  Record Type 40 Field No. 29, 30, 32, 33  Monetary Amount OR  Quantity OR  Version Identifier OAN  TH CARE CODE INFORMATION OCCUPATION OCCUPATION And the care codes and their associated dates, amounts and quantity of the necessary to report multiple additional co-existing.	1/18 1/15 1/30
NOT USED NOT USED NOT USED SITUATIONAL REQUIRED	HI06 - 6 HI06 - 7	C022	380 799 HEALTO send	EMC v.6.0 Reference:  Record Type 40 Field No. 29, 30, 32, 33  Monetary Amount OR  Quantity OR  Version Identifier OAN  TH CARE CODE INFORMATION OCCUPATION OCCUPATION And the care codes and their associated dates, amounts and quantity of the necessary to report multiple additional co-existing.	1/18 1/15 1/30
NOT USED NOT USED SITUATIONAL	HI06 - 6 HI06 - 7 HI07	C022	380 799 HEAL <sup>T</sup> To send Used v condit	EMC v.6.0 Reference:  Record Type 40 Field No. 29, 30, 32, 33  Monetary Amount OR  Quantity OR  Version Identifier OAN  TH CARE CODE INFORMATION OCCUPATION OCCUPATION And the care codes and their associated dates, amounts and quantity when necessary to report multiple additional co-existing ions.  Code List Qualifier Code MID	1/18 1/15 1/30 iies
NOT USED NOT USED SITUATIONAL	HI06 - 6 HI06 - 7 HI07	C022	380 799 HEAL <sup>T</sup> To send Used v condit	EMC v.6.0 Reference:  Record Type 40 Field No. 29, 30, 32, 33  Monetary Amount OR  Quantity OR  Version Identifier OAN  TH CARE CODE INFORMATION OCCUPATION OCCUPATION And the care codes and their associated dates, amounts and quantity when necessary to report multiple additional co-existing ions.  Code List Qualifier Code MID  Code identifying a specific industry code list	1/18 1/15 1/30 iies

REQUIRED	HI07 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
			INDUSTRY: Occurrence Span Code
			UB-92 Reference [UB-92 Name]:
			36 (a-b) [Occurrence Span Code and Dates]
			EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32, 33
DECLUBED			
REQUIRED	HI07 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			CODE DEFINITION
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	HI07 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
			INDUSTRY: Occurrence or Occurrence Span Code Associated Date
			UB-92 Reference [UB-92 Name]:
			36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]
			EMC v.6.0 Reference:
			Record Type 40 Field No. 29, 30, 32, 33
NOT USED	HI07 - 5	782	Monetary Amount O R 1/18
NOT USED	HI07 - 6	380	Quantity O R 1/15
NOT USED	HI07 - 7	799	Version Identifier O AN 1/30
SITUATIONAL	HI08 C022		TH CARE CODE INFORMATION  d health care codes and their associated dates, amounts and quantities
		Used condi	when necessary to report multiple additional co-existing tions.
REQUIRED	HI08 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
		_ c	ODE DEFINITION
		ВІ	Occurrence Span
			CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI08 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
			INDUSTRY: Occurrence Span Code
			UB-92 Reference [UB-92 Name]:
			36 (a-b) [Occurrence Span Code and Dates]
			EMC v.6.0 Reference:
			Record Type 40 Field No. 28, 29, 30, 31, 32, 33

REQUIRED	HI08 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			CODE DEFINITION
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	HI08 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
			INDUSTRY: Occurrence or Occurrence Span Code Associated Date
			UB-92 Reference [UB-92 Name]:
			36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]
			EMC v.6.0 Reference:
			Record Type 40 Field No. 29, 30, 32, 33
NOT USED	HI08 - 5	782	Monetary Amount O R 1/18
NOT USED	HI08 - 6	380	Quantity O R 1/15
NOT USED	HI08 - 7	799	Version Identifier O AN 1/30
SITUATIONAL	HI09 C022		TH CARE CODE INFORMATION  d health care codes and their associated dates, amounts and quantities
		Used condi	when necessary to report multiple additional co-existing tions.
REQUIRED	HI09 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			CODE DEFINITION
		ВІ	Occurrence Span
			CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI09 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
			INDUSTRY: Occurrence Span Code
			UB-92 Reference [UB-92 Name]:
			36 (a-b) [Occurrence Span Code and Dates]
			EMC v.6.0 Reference:
			Record Type 40 Field No. 28, 29, 30, 31, 32, 33
REQUIRED	HI09 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			CODE DEFINITION
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	HI09 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
			INDUSTRY: Occurrence or Occurrence Span Code Associated Date

OCCORNENCE SPAN	INFORMATIO	JIN		III	/IF LEIVIE	MIAIIC	N GOIDE
				UB-92 Reference [UB-92 Name]: 36 (a-b), "FROM" and "THROUGH" field Code and Dates]	ls [Occi	urrence	e Span
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 29, 30, 32, 33			
NOT USED	HI09 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI09 - 6		380	Quantity	0	R	1/15
NOT USED	HI09 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI10	C022		TH CARE CODE INFORMATION health care codes and their associated dates, and	<b>O</b> mounts a	and quar	ntities
			Used v	when necessary to report multiple additions.	nal co-	existin	g
REQUIRED	HI10 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
			C	DDE DEFINITION			
			ВІ	Occurrence Span			
				CODE SOURCE 132: National Uniform Bill Codes	ling Com	mittee (	NUBC)
REQUIRED	HI10 - 2		1271	Industry Code Code indicating a code from a specific industry	<b>M</b> code list	AN	1/30
				INDUSTRY: Occurrence Span Code			
				UB-92 Reference [UB-92 Name]:			
				36 (a-b) [Occurrence Span Code and Da	ites]		
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 28, 29, 30, 31,	32, 33		
REQUIRED	HI10 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or	<b>X</b> date and	<b>ID</b> d time fo	<b>2/3</b> ermat
			C	DDE DEFINITION			
			RD8	Range of Dates Expressed in Fo	rmat C	CYYMI	MDD-
REQUIRED	HI10 - 4		1251	Date Time Period Expression of a date, a time, or range of dates,	<b>X</b> times or	AN dates a	1/35 nd times
				INDUSTRY: Occurrence or Occurrence Span	n Code	Assoc	iated
				UB-92 Reference [UB-92 Name]:			
				36 (a-b), "FROM" and "THROUGH" field Code and Dates]	s [Occi	urrence	e Span
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 29, 30, 32, 33			
NOT USED	HI10 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI10 - 6		380	Quantity	0	R	1/15
NOT USED	HI10 - 7		799	Version Identifier	0	AN	1/30

SITUATIONAL	HI11	C022			E CODE INFORMATION are codes and their associated dates, amo	<b>O</b> ounts a	and quar	ntities
			Used v		cessary to report multiple addition	al co-	existin	ıg
REQUIRED	HI11 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
			С	ODE	DEFINITION			
			ВІ		Occurrence Span			
					CODE SOURCE 132: National Uniform Billin Codes	g Com	mittee (	NUBC)
REQUIRED	HI11 - 2		1271		ry Code dicating a code from a specific industry co	<b>M</b> de list	AN	1/30
				INDUSTR	y: Occurrence Span Code			
				UB-92	Reference [UB-92 Name]:			
				36 (a-b	) [Occurrence Span Code and Date	es]		
				EMC v	.6.0 Reference:			
				Record	d Type 40 Field No. 28, 29, 30, 31, 3	2, 33		
REQUIRED	HI11 - 3		1250		ime Period Format Qualifier dicating the date format, time format, or da	<b>X</b> ate and	<b>ID</b> d time fo	<b>2/3</b> ormat
			C	ODE	DEFINITION			
			RD8		Range of Dates Expressed in Form CCYYMMDD	nat C	CYYMI	MDD-
REQUIRED	HI11 - 4		1251		ime Period ion of a date, a time, or range of dates, tir	<b>X</b> nes or	AN dates a	<b>1/35</b> nd times
				INDUSTR <b>Date</b>	y: Occurrence or Occurrence Span	Code	Assoc	ciated
				UB-92	Reference [UB-92 Name]:			
				_	), "FROM" and "THROUGH" fields and Dates]	[Occ	urrence	e Span
				EMC v	.6.0 Reference:			
				Record	d Type 40 Field No. 29, 30, 32, 33			
NOT USED	HI11 - 5		782	Monet	ary Amount	0	R	1/18
NOT USED	HI11 - 6		380	Quanti	•	0	R	1/15
NOT USED	HI11 - 7		799		n Identifier	0	AN	1/30
SITUATIONAL	HI12	C022		_	E CODE INFORMATION are codes and their associated dates, amo	O ounts a	and quar	ntities
			Used v		cessary to report multiple addition	al co-	existin	ıg
REQUIRED	HI12 - 1		1270		List Qualifier Code entifying a specific industry code list	М	ID	1/3
			с	ODE	DEFINITION			
			ВІ		Occurrence Span			
					CODE SOURCE 132: National Uniform Billin Codes	g Com	mittee (	NUBC)

REQUIRED	HI12 - 2	1271	Industry Code Code indicating a code from a specific industry code list  INDUSTRY: Occurrence Span Code  UB-92 Reference [UB-92 Name]: 36 (a-b) [Occurrence Span Code and Dates]  EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32, 33
REQUIRED	HI12 - 3	1250 RD8	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format  DEFINITION  Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	HI12 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times  **MDUSTRY: Occurrence or Occurrence Span Code Associated Date  UB-92 Reference [UB-92 Name]: 36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]  EMC v.6.0 Reference: Record Type 40 Field No. 29, 30, 32, 33
NOT USED	11140 5	782	Monetary Amount O R 1/18
	HI12 - 5	702	Monetary Amount O K 1/10
NOT USED	HI12 - 5 HI12 - 6	380	Quantity O R 1/15

### **IMPLEMENTATION**

# OCCURRENCE INFORMATION

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 2

Notes: 1. Required when occurrence information applies to the claim or

encounter.

Example: HI\*BH:42:D8:19981208~

### **STANDARD**

**HI** Health Care Information Codes

Level: Detail Position: 231

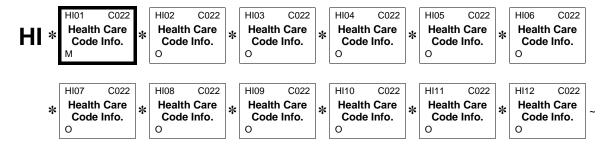
**Loop:** 2300

Requirement: Optional

Max Use: 25

**Purpose:** To supply information related to the delivery of health care

### **DIAGRAM**



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBL	ITES
REQUIRED	HI01	C022			E CODE INFORMATION are codes and their associated dates, amo	<b>M</b> unts a	ınd quai	ntities
REQUIRED	HI01 - 1		1270		<b>List Qualifier Code</b> entifying a specific industry code list	M	ID	1/3
			с	ODE	DEFINITION			
			ВН		Occurrence			
					CODE SOURCE 132: National Uniform Billing	Com	mittee (	NUBC)

Codes

OCCORNENCE INFO				IIWIFLEIWIEN I A HON GOIDI
REQUIRED	HI01 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Occurrence Code
				UB-92 Reference [UB-92 Name]:
				32 (a-b) [Occurrence Codes and Dates]
				33 (a-b) [Occurrence Codes and Dates]
				34 (a-b) [Occurrence Codes and Dates]
				35 (a-b) [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26
REQUIRED	HI01 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			c	CODE DEFINITION
			D8	Date Expressed in Format CCYYMMDD
REQUIRED	HI01 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				INDUSTRY: Occurrence or Occurrence Span Code Associated Date
				UB-92 Reference [UB-92 Name]:
				32 (a-b), "DATE" field [Occurrence Codes and Dates]
				33 (a-b), "DATE" field [Occurrence Codes and Dates]
				34 (a-b), "DATE" field [Occurrence Codes and Dates]
				35 (a-b), "DATE" field [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27
NOT USED	HI01 - 5		782	Monetary Amount O R 1/18
NOT USED	HI01 - 6		380	Quantity O R 1/15
NOT USED	HI01 - 7		799	
SITUATIONAL		0000		
SHOAHONAL	HI02	C022		TH CARE CODE INFORMATION  In the late of the care codes and their associated dates, amounts and quantities
			Used v	when necessary to report multiple additional co-existing
REQUIRED	HI02 - 1		1270	Code List Qualifier Code M ID 1/3
	HIUZ - I		1270	Code identifying a specific industry code list
			c	CODE DEFINITION
			ВН	Occurrence
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI02 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Occurrence Code
				UB-92 Reference [UB-92 Name]:
				32 (a-b) [Occurrence Codes and Dates]
				-

				34 (a-b	o) [Occurrence Codes and Dates] o) [Occurrence Codes and Dates] o) [Occurrence Codes and Dates]			
				EMC v	.6.0 Reference:			
				Record	d Type 40 Field No. 8, 10, 12, 14, 16	6, 18, i	20, 22,	24, 26
REQUIRED	HI02 - 3		<b>1250</b>		ime Period Format Qualifier dicating the date format, time format, or dependent	<b>X</b> ate and	<b>ID</b> d time fo	<b>2/3</b> ormat
			D8		Date Expressed in Format CCYYM	MMDD	)	
REQUIRED	HI02 - 4		1251		ime Period sion of a date, a time, or range of dates, tin	<b>X</b> mes or	AN dates a	1/35 and times
			INDUSTR <b>Date</b>	y: Occurrence or Occurrence Span	Code	Assoc	ciated	
				UB-92	Reference [UB-92 Name]:			
				32 (a-b	), "DATE" field [Occurrence Codes	s and	Dates]	
				•	o), "DATE" field [Occurrence Codes		_	
				•	o), "DATE" field [Occurrence Codes		_	
				35 (a-b	o), "DATE" field [Occurrence Codes	s and	Dates]	
				_	.6.0 Reference: d Type 40 Field No. 9, 11, 13, 15, 17	7, 19,	21, 23,	25, 27
NOT USED	HI02 - 5		782	Moneta	ary Amount	0	R	1/18
NOT USED	HI02 - 6		380	Quanti	ity	0	R	1/15
NOT USED	HI02 - 7		799	Versio	n Identifier	0	AN	1/30
SITUATIONAL	HI03	C022		_	E CODE INFORMATION are codes and their associated dates, am	O ounts a	and qua	ntities
			Used v		cessary to report multiple addition	al co-	existir	ng
REQUIRED	HI03 - 1		1270		List Qualifier Code entifying a specific industry code list	М	ID	1/3
			C	ODE	DEFINITION			
			ВН		Occurrence			
					CODE SOURCE 132: National Uniform Billin Codes	g Com	ımittee (	NUBC)
REQUIRED	HI03 - 2		1271		ry Code dicating a code from a specific industry co	<b>M</b> ode list	AN	1/30
				INDUSTR	y: Occurrence Code			
					Reference [UB-92 Name]:			
					) [Occurrence Codes and Dates]			
				-	) [Occurrence Codes and Dates]			
				•	) [Occurrence Codes and Dates]			
				33 (a-b	) [Occurrence Codes and Dates]			

				EMC v	.6.0 Reference:			
				Record	d Type 40 Field No. 8, 10, 12, 14, 16	<b>5, 18,</b> :	20, 22,	24, 26
REQUIRED	HI03 - 3		<b>1250</b>		ime Period Format Qualifier dicating the date format, time format, or dependent on the DEFINITION	<b>X</b> ate and	<b>ID</b> d time fo	<b>2/3</b> ormat
			D8		Date Expressed in Format CCYYN	MDD	)	
REQUIRED	HI03 - 4		1251		ime Period ion of a date, a time, or range of dates, tir	<b>X</b> nes or	AN dates a	1/35 nd times
				INDUSTR	y: Occurrence or Occurrence Span	Code	Assoc	iated
				UB-92	Reference [UB-92 Name]:			
		32 (a-b	), "DATE" field [Occurrence Codes	and	Dates]			
				•	), "DATE" field [Occurrence Codes		_	
				-	), "DATE" field [Occurrence Codes		_	
				35 (a-b	), "DATE" field [Occurrence Codes	and	Dates]	
					.6.0 Reference:			
				Record	d Type 40 Field No. 9, 11, 13, 15, 17	', 19, ː	21, 23,	25, 27
NOT USED	HI03 - 5		782	Moneta	ary Amount	0	R	1/18
NOT USED	HI03 - 6		380	Quanti	ty	0	R	1/15
NOT USED	HI03 - 7		799	Versio	n Identifier	0	AN	1/30
SITUATIONAL	HI04	C022		_	E CODE INFORMATION are codes and their associated dates, amo	O ounts a	and quar	ntities
			Used v		cessary to report multiple addition	al co-	existin	g
REQUIRED	HI04 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
			C	ODE	DEFINITION			
			ВН		Occurrence			
					CODE SOURCE 132: National Uniform Billin Codes	g Com	mittee (	NUBC)
REQUIRED	HI04 - 2		1271		ry Code dicating a code from a specific industry co	<b>M</b> de list	AN	1/30
				INDUSTR	y: Occurrence Code			
				UB-92	Reference [UB-92 Name]:			
				-	) [Occurrence Codes and Dates]			
				-	) [Occurrence Codes and Dates]			
				-	) [Occurrence Codes and Dates]			
					) [Occurrence Codes and Dates]			
					.6.0 Reference:			04.65
				Record	d Type 40 Field No. 8, 10, 12, 14, 16	, 18,	20, 22,	24, 26

REQUIRED	HI04 - 3	1250	Date Time Period Format Qualifier X ID 2/3
			Code indicating the date format, time format, or date and time format
		D8	Date Expressed in Format CCYYMMDD
DECLUDED			•
REQUIRED	HI04 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
			INDUSTRY: Occurrence or Occurrence Span Code Associated Date
			UB-92 Reference [UB-92 Name]:
			32 (a-b), "DATE" field [Occurrence Codes and Dates]
			33 (a-b), "DATE" field [Occurrence Codes and Dates]
			34 (a-b), "DATE" field [Occurrence Codes and Dates]
			35 (a-b), "DATE" field [Occurrence Codes and Dates]
			EMC v.6.0 Reference:
			Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27
NOT USED	HI04 - 5	782	Monetary Amount O R 1/18
NOT USED	HI04 - 6	380	Quantity O R 1/15
NOT USED	HI04 - 7	799	Version Identifier O AN 1/30
SITUATIONAL	HI05 C022		TH CARE CODE INFORMATION  on the least of the care codes and their associated dates, amounts and quantities
			when necessary to report multiple additional co-existing itions.
REQUIRED	HI05 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			CODE DEFINITION
		ВН	Occurrence
			CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI05 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
			INDUSTRY: Occurrence Code
			UB-92 Reference [UB-92 Name]:
			32 (a-b) [Occurrence Codes and Dates]
			33 (a-b) [Occurrence Codes and Dates]
			34 (a-b) [Occurrence Codes and Dates]
			35 (a-b) [Occurrence Codes and Dates]
			EMC v.6.0 Reference:
			Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26
REQUIRED	HI05 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			CODE DEFINITION
		D8	Date Expressed in Format CCYYMMDD

REQUIRED  HI05 - 4  1251 Date Time Period Expression of a date, a time, or range of dates, time industries. Occurrence or Occurrence Span of Date  UB-92 Reference [UB-92 Name]:  32 (a-b), "DATE" field [Occurrence Codes 33 (a-b), "DATE" field [Occurrence Codes 34 (a-b), "DATE" field [Occurrence Codes 35 (a-b), "DATE" field [Occurrence Codes EMC v.6.0 Reference:  Record Type 40 Field No. 9, 11, 13, 15, 17  NOT USED  HI05 - 5  782 Monetary Amount  NOT USED  HI05 - 7  799 Version Identifier  SITUATIONAL  HI06 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amount Used when necessary to report multiple additional conditions.  REQUIRED  HI06 - 1  1270 Code List Qualifier Code Code identifying a specific industry code list  CODE DEFINITION  BH Occurrence  CODE SOURCE 132: National Uniform Billing Codes  REQUIRED  HI06 - 2  1271 Industry Code	and I and I and I and I , 19, 2 O	Associates Dates Dates Dates	25, 27
Date  UB-92 Reference [UB-92 Name]:  32 (a-b), "DATE" field [Occurrence Codes 33 (a-b), "DATE" field [Occurrence Codes 34 (a-b), "DATE" field [Occurrence Codes 35 (a-b), "DATE" field [Occurrence Codes 35 (a-b), "DATE" field [Occurrence Codes EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17  NOT USED  HI05 - 5  782 Monetary Amount  NOT USED  HI05 - 7  799 Version Identifier  SITUATIONAL  HI06  C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amo Used when necessary to report multiple additional conditions.  REQUIRED  HI06 - 1  1270 Code List Qualifier Code Code identifying a specific industry code list  CODE  DEFINITION  BH  Occurrence  CODE SOURCE 132: National Uniform Billing Codes	and I and I and I and I	Dates Dates Dates Dates 21, 23,	 
32 (a-b), "DATE" field [Occurrence Codes 33 (a-b), "DATE" field [Occurrence Codes 34 (a-b), "DATE" field [Occurrence Codes 35 (a-b), "DATE" field [Occurrence Codes 35 (a-b), "DATE" field [Occurrence Codes EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17  NOT USED HI05 - 5 782 Monetary Amount NOT USED HI05 - 6 380 Quantity NOT USED HI05 - 7 799 Version Identifier SITUATIONAL HI06 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amo Used when necessary to report multiple additional conditions.  REQUIRED HI06 - 1 1270 Code List Qualifier Code Code identifying a specific industry code list  CODE DEFINITION  BH Occurrence CODE SOURCE 132: National Uniform Billing Codes	and I and I and I , 19, 2 O	Dates Dates Dates 21, 23,	25, 27 1/18
33 (a-b), "DATE" field [Occurrence Codes 34 (a-b), "DATE" field [Occurrence Codes 35 (a-b), "DATE" field [Occurrence Codes EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17  NOT USED HI05 - 5 782 Monetary Amount NOT USED HI05 - 6 380 Quantity NOT USED HI05 - 7 799 Version Identifier  SITUATIONAL HI06 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amo Used when necessary to report multiple additional conditions.  REQUIRED HI06 - 1  1270 Code List Qualifier Code Code identifying a specific industry code list  CODE DEFINITION  BH Occurrence  CODE SOURCE 132: National Uniform Billing Codes	and I and I and I , 19, 2 O	Dates Dates Dates 21, 23,	25, 27 1/18
34 (a-b), "DATE" field [Occurrence Codes 35 (a-b), "DATE" field [Occurrence Codes EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17  NOT USED HI05 - 5 782 Monetary Amount  NOT USED HI05 - 6 380 Quantity  NOT USED HI05 - 7 799 Version Identifier  SITUATIONAL HI06 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amo Used when necessary to report multiple additional conditions.  REQUIRED HI06 - 1 1270 Code List Qualifier Code Code identifying a specific industry code list  CODE DEFINITION  BH Occurrence CODE SOURCE 132: National Uniform Billing Codes	and I and I , 19, 2 O O	Dates Dates 21, 23,	25, 27 1/18
35 (a-b), "DATE" field [Occurrence Codes  EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17  NOT USED HI05 - 5 NOT USED HI05 - 6 380 Quantity  NOT USED HI05 - 7 799 Version Identifier  SITUATIONAL HI06 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amo Used when necessary to report multiple additional conditions.  REQUIRED HI06 - 1  1270 Code List Qualifier Code Code identifying a specific industry code list  CODE DEFINITION  BH Occurrence  CODE SOURCE 132: National Uniform Billing Codes	and I , 19, 2 O O	Dates 21, 23, R	25, 27 1/18
EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17  NOT USED HI05 - 5 782 Monetary Amount  NOT USED HI05 - 6 380 Quantity  NOT USED HI05 - 7 799 Version Identifier  SITUATIONAL HI06 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amo Used when necessary to report multiple additional conditions.  REQUIRED HI06 - 1  1270 Code List Qualifier Code Code identifying a specific industry code list  CODE DEFINITION  BH Occurrence  CODE SOURCE 132: National Uniform Billing Codes	, 19, 2 O O	21, 23, R	25, 27 1/18
Record Type 40 Field No. 9, 11, 13, 15, 17  NOT USED HI05 - 5  NOT USED HI05 - 6  NOT USED HI05 - 7  SITUATIONAL HI06  C022  HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amo Used when necessary to report multiple additional conditions.  REQUIRED HI06 - 1  1270  Code List Qualifier Code Code identifying a specific industry code list  CODE DEFINITION  BH Occurrence  CODE SOURCE 132: National Uniform Billing Codes	0	R	1/18
NOT USED  HI05 - 5  782 Monetary Amount  380 Quantity  NOT USED  HI05 - 7  799 Version Identifier  SITUATIONAL  HI06  C022 HEALTH CARE CODE INFORMATION  To send health care codes and their associated dates, amount  Used when necessary to report multiple additional conditions.  REQUIRED  HI06 - 1  1270 Code List Qualifier Code  Code identifying a specific industry code list  CODE  DEFINITION  BH  Occurrence  CODE SOURCE 132: National Uniform Billing Codes	0	R	1/18
NOT USED  HI05 - 6  380 Quantity  799 Version Identifier  SITUATIONAL  HI06  C022  HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amo Used when necessary to report multiple additional conditions.  REQUIRED  HI06 - 1  1270  Code List Qualifier Code Code identifying a specific industry code list  CODE  DEFINITION  BH  Occurrence CODE SOURCE 132: National Uniform Billing Codes	0		
NOT USED  HI05 - 7  799 Version Identifier  SITUATIONAL  HI06  C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amo Used when necessary to report multiple additional conditions.  REQUIRED  HI06 - 1  1270 Code List Qualifier Code Code identifying a specific industry code list  CODE  DEFINITION  BH  Occurrence  CODE SOURCE 132: National Uniform Billing Codes		R	
SITUATIONAL  HI06  C022  HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amo Used when necessary to report multiple additional conditions.  REQUIRED  HI06 - 1  1270  Code List Qualifier Code Code identifying a specific industry code list  CODE  DEFINITION  BH  Occurrence CODE SOURCE 132: National Uniform Billing Codes	0		1/15
To send health care codes and their associated dates, amo  Used when necessary to report multiple additional conditions.  REQUIRED  HI06 - 1  1270 Code List Qualifier Code Code identifying a specific industry code list  CODE  DEFINITION  BH  Occurrence CODE SOURCE 132: National Uniform Billing Codes	0	AN	1/30
To send health care codes and their associated dates, amo  Used when necessary to report multiple additional conditions.  REQUIRED  HI06 - 1  1270 Code List Qualifier Code Code identifying a specific industry code list  CODE  DEFINITION  BH  Occurrence CODE SOURCE 132: National Uniform Billing Codes	0		
Conditions.  1270 Code List Qualifier Code Code identifying a specific industry code list  CODE DEFINITION  BH Occurrence CODE SOURCE 132: National Uniform Billing Codes	unts a	ınd qua	ntities
Code identifying a specific industry code list  CODE DEFINITION  BH Occurrence  CODE SOURCE 132: National Uniform Billing Codes	ıl co-	existiı	ıg
BH Occurrence  CODE SOURCE 132: National Uniform Billing Codes	M	ID	1/3
CODE SOURCE 132: National Uniform Billing Codes			
CODE SOURCE 132: National Uniform Billing Codes			
REQUIRED HI06 - 2 1271 Industry Code	Com	mittee	(NUBC)
Code indicating a code from a specific industry code	<b>M</b> de list	AN	1/30
INDUSTRY: Occurrence Code			
UB-92 Reference [UB-92 Name]:			
32 (a-b) [Occurrence Codes and Dates]			
33 (a-b) [Occurrence Codes and Dates]			
34 (a-b) [Occurrence Codes and Dates]			
35 (a-b) [Occurrence Codes and Dates]			
EMC v.6.0 Reference:			
Record Type 40 Field No. 8, 10, 12, 14, 16		20, 22,	24, 26
REQUIRED HI06 - 3 Date Time Period Format Qualifier Code indicating the date format, time format, or date	18, 2	ID	<b>2/3</b> ormat
	X		
D8 Date Expressed in Format CCYYM	X		

•				
REQUIRED	HI06 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				INDUSTRY: Occurrence or Occurrence Span Code Associated Date
				UB-92 Reference [UB-92 Name]:
				32 (a-b), "DATE" field [Occurrence Codes and Dates]
				33 (a-b), "DATE" field [Occurrence Codes and Dates]
				34 (a-b), "DATE" field [Occurrence Codes and Dates]
				35 (a-b), "DATE" field [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27
NOT USED	HI06 - 5		782	Monetary Amount O R 1/18
NOT USED	HI06 - 6		380	Quantity O R 1/15
NOT USED	HI06 - 7		799	Version Identifier O AN 1/30
SITUATIONAL	HI07	C022	HEAL.	TH CARE CODE INFORMATION O
				d health care codes and their associated dates, amounts and quantities
			Used v	when necessary to report multiple additional co-existing tions.
REQUIRED	HI07 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			c	ODE DEFINITION
			ВН	Occurrence
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI07 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Occurrence Code
				UB-92 Reference [UB-92 Name]:
				32 (a-b) [Occurrence Codes and Dates]
				33 (a-b) [Occurrence Codes and Dates]
				34 (a-b) [Occurrence Codes and Dates]
				35 (a-b) [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26
REQUIRED	HI07 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			С	ODE DEFINITION
			D8	Date Expressed in Format CCYYMMDD

REQUIRED			4054	D. T. D. I.
REGUIRED	HI07 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				INDUSTRY: Occurrence or Occurrence Span Code Associated Date
				UB-92 Reference [UB-92 Name]:
				32 (a-b), "DATE" field [Occurrence Codes and Dates]
				33 (a-b), "DATE" field [Occurrence Codes and Dates]
				34 (a-b), "DATE" field [Occurrence Codes and Dates]
				35 (a-b), "DATE" field [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27
NOT USED	HI07 - 5		782	Monetary Amount O R 1/18
NOT USED	HI07 - 6		380	Quantity O R 1/15
NOT USED	HI07 - 7		799	Version Identifier O AN 1/30
SITUATIONAL	HI08	C022		TH CARE CODE INFORMATION  d health care codes and their associated dates, amounts and quantities
			condit	when necessary to report multiple additional co-existing tions.
REQUIRED	HI08 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			с	ODE DEFINITION
			ВН	Occurrence
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI08 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Occurrence Code
				UB-92 Reference [UB-92 Name]:
				32 (a-b) [Occurrence Codes and Dates]
				33 (a-b) [Occurrence Codes and Dates]
				34 (a-b) [Occurrence Codes and Dates]
				35 (a-b) [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26
REQUIRED	HI08 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			с	ODE DEFINITION
			D8	Date Expressed in Format CCYYMMDD

REQUIRED	HI08 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				INDUSTRY: Occurrence or Occurrence Span Code Associated Date
				UB-92 Reference [UB-92 Name]:
				32 (a-b), "DATE" field [Occurrence Codes and Dates]
				33 (a-b), "DATE" field [Occurrence Codes and Dates]
				34 (a-b), "DATE" field [Occurrence Codes and Dates]
				35 (a-b), "DATE" field [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27
NOT USED	HI08 - 5		782	Monetary Amount O R 1/18
NOT USED	HI08 - 6		380	Quantity O R 1/15
NOT USED	HI08 - 7		799	Version Identifier O AN 1/30
SITUATIONAL	HI09	C022	HEAL	TH CARE CODE INFORMATION O
			To send	d health care codes and their associated dates, amounts and quantities
			Used v	when necessary to report multiple additional co-existing tions.
REQUIRED	HI09 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			С	CODE DEFINITION
			ВН	Occurrence
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI09 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Occurrence Code
				UB-92 Reference [UB-92 Name]:
				32 (a-b) [Occurrence Codes and Dates]
				33 (a-b) [Occurrence Codes and Dates]
				34 (a-b) [Occurrence Codes and Dates]
				35 (a-b) [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26
REQUIRED	HI09 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			С	CODE DEFINITION
			D8	Date Expressed in Format CCYYMMDD

REQUIRED	HI09 - 4		1251	Date Time Period X AN 1/35
				Expression of a date, a time, or range of dates, times or dates and times
				INDUSTRY: Occurrence or Occurrence Span Code Associated  Date
				UB-92 Reference [UB-92 Name]:
				32 (a-b), "DATE" field [Occurrence Codes and Dates]
				33 (a-b), "DATE" field [Occurrence Codes and Dates]
				34 (a-b), "DATE" field [Occurrence Codes and Dates]
				35 (a-b), "DATE" field [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27
NOT USED	HI09 - 5		782	Monetary Amount O R 1/18
NOT USED	HI09 - 6		380	Quantity O R 1/15
NOT USED	HI09 - 7		799	Version Identifier O AN 1/30
SITUATIONAL	HI10	C022	HEAL.	TH CARE CODE INFORMATION O
	-		To send	d health care codes and their associated dates, amounts and quantities
			Used v	when necessary to report multiple additional co-existing tions.
REQUIRED	HI10 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			С	ODE DEFINITION
			ВН	Occurrence
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI10 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Occurrence Code
				UB-92 Reference [UB-92 Name]:
				32 (a-b) [Occurrence Codes and Dates]
				33 (a-b) [Occurrence Codes and Dates]
				34 (a-b) [Occurrence Codes and Dates]
				35 (a-b) [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26
REQUIRED	HI10 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			С	ODE DEFINITION
			D8	Date Expressed in Format CCYYMMDD

REQUIRED	HI10 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				INDUSTRY: Occurrence or Occurrence Span Code Associated Date
				UB-92 Reference [UB-92 Name]:
				32 (a-b), "DATE" field [Occurrence Codes and Dates]
				33 (a-b), "DATE" field [Occurrence Codes and Dates]
				34 (a-b), "DATE" field [Occurrence Codes and Dates]
				35 (a-b), "DATE" field [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27
NOT USED	HI10 - 5		782	Monetary Amount O R 1/18
NOT USED	HI10 - 6		380	Quantity O R 1/15
NOT USED	HI10 - 7		799	Version Identifier O AN 1/30
SITUATIONAL	HI11	C022		TH CARE CODE INFORMATION  d health care codes and their associated dates, amounts and quantities
				when necessary to report multiple additional co-existing
			condit	·
REQUIRED	HI11 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			c	CODE DEFINITION
			ВН	Occurrence
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI11 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Occurrence Code
				UB-92 Reference [UB-92 Name]:
				32 (a-b) [Occurrence Codes and Dates]
				33 (a-b) [Occurrence Codes and Dates]
				34 (a-b) [Occurrence Codes and Dates]
				35 (a-b) [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26
REQUIRED	HI11 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			c	CODE DEFINITION
			D8	Date Expressed in Format CCYYMMDD

REQUIRED	HI11 - 4		1251	Date Time Period X AN 1/35
	11111 - 4		1231	Expression of a date, a time, or range of dates, times or dates and times
				INDUSTRY: Occurrence or Occurrence Span Code Associated Date
				UB-92 Reference [UB-92 Name]:
				32 (a-b), "DATE" field [Occurrence Codes and Dates]
				33 (a-b), "DATE" field [Occurrence Codes and Dates]
				34 (a-b), "DATE" field [Occurrence Codes and Dates]
				35 (a-b), "DATE" field [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27
NOT USED	HI11 - 5		782	Monetary Amount O R 1/18
NOT USED	HI11 - 6		380	Quantity O R 1/15
NOT USED	HI11 - 7		799	Version Identifier O AN 1/30
SITUATIONAL	HI12	C022		TH CARE CODE INFORMATION O
				d health care codes and their associated dates, amounts and quantities
			Used v	when necessary to report multiple additional co-existing tions.
REQUIRED	HI12 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			С	ODE DEFINITION
			ВН	Occurrence
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI12 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Occurrence Code
				UB-92 Reference [UB-92 Name]:
				32 (a-b) [Occurrence Codes and Dates]
				33 (a-b) [Occurrence Codes and Dates]
				34 (a-b) [Occurrence Codes and Dates]
				35 (a-b) [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26
REQUIRED	HI12 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			С	ODE DEFINITION
			D8	Date Expressed in Format CCYYMMDD

REQUIRED	HI12 - 4	1251	Date Time Period Expression of a date, a time, or range of dates,	X times or	AN dates a	1/35 and times
			INDUSTRY: Occurrence or Occurrence Spa Date	n Code	Assoc	ciated
			UB-92 Reference [UB-92 Name]:			
			32 (a-b), "DATE" field [Occurrence Cod	es and	Dates]	
			33 (a-b), "DATE" field [Occurrence Cod	es and	Dates]	
			34 (a-b), "DATE" field [Occurrence Cod	es and	Dates]	
			35 (a-b), "DATE" field [Occurrence Cod	es and	Dates]	
			EMC v.6.0 Reference:			
			Record Type 40 Field No. 9, 11, 13, 15,	17, 19,	21, 23,	25, 27
NOT USED	HI12 - 5	782	Monetary Amount	0	R	1/18
NOT USED	HI12 - 6	380	Quantity	0	R	1/15
NOT USED	HI12 - 7	799	Version Identifier	0	AN	1/30

### **IMPLEMENTATION**

## **VALUE INFORMATION**

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 2

Notes: 1. Required when value information applies to the claim or encounter.

Example: HI\*BE:08:::1740~

### **STANDARD**

**HI** Health Care Information Codes

Level: Detail

Position: 231

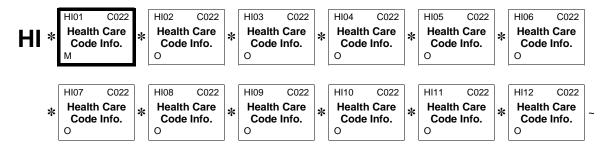
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBL	JTES
REQUIRED	HI01	C022			E CODE INFORMATION are codes and their associated dates, am	<b>M</b> ounts a	and qua	ntities
REQUIRED	HI01 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
				ODE	DEFINITION			
			BE		Value			
					CODE SOURCE 132: National Uniform Billing	a Com	mittee (	NUBC)

Codes

REQUIRED	HI01 -	. 2		1271	Industry Code Code indicating a code from a specific industry co	<b>M</b> de list	AN	1/30
					INDUSTRY: Value Code			
					UB-92 Reference [UB-92 Name]:			
					39 (a-d) [Value Codes and Amounts]			
					40 (a-d) [Value Codes and Amounts]			
					41 (a-d) [Value Codes and Amounts]			
					EMC v.6.0 Reference:			
					Record Type 41 Field No. 16, 17, 18, 19, 20, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37,			24, 25,
NOT USED	HI01 -	- 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI01 -	- 4		1251	Date Time Period	Х	AN	1/35
REQUIRED	HI01 -	- 5		782	Monetary Amount Monetary amount	0	R	1/18
					INDUSTRY: Value Code Associated Amount			
					This data element must contain the Value when HIxx-1 value equals BE (Value Code		Amoi	unt
NOT USED	HI01 -	- 6		380	Quantity	0	R	1/15
NOT USED	HI01 -	. 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI02	-	022		TH CARE CODE INFORMATION	0		
				To send	health care codes and their associated dates, amo	ounts a	nd quar	ntities
				Used w	when necessary to report multiple addition ons.	al co-	existin	g
REQUIRED	HI02 -	· 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				cc	DDE DEFINITION			
				BE	Value			_
					CODE SOURCE 132: National Uniform Billin Codes	g Com	mittee (	NUBC)
REQUIRED	HI02 -	· 2		1271	Industry Code Code indicating a code from a specific industry co	<b>M</b> de list	AN	1/30
					INDUSTRY: Value Code			
					UB-92 Reference [UB-92 Name]:			
					39 (a-d) [Value Codes and Amounts]			
					40 (a-d) [Value Codes and Amounts]			
					44 /a al\ [\/alica Caslan and Amazonta]			
					41 (a-d) [Value Codes and Amounts]			
					EMC v.6.0 Reference:			
								24, 25,
NOT USED	HI02 -	· 3		1250	EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20			24, 25, 2/3
NOT USED	HI02 -			1250 1251	EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 32, 33, 34, 35, 35, 37, 32, 33, 34, 35, 35, 37, 32, 33, 34, 35, 35, 37, 32, 33, 34, 35, 35, 37, 32, 33, 34, 35, 35, 35, 37, 32, 33, 34, 35, 35, 37, 32, 33, 34, 35, 35, 35, 37, 32, 33, 34, 35, 35, 35, 37, 32, 33, 34, 35, 35, 35, 35, 35, 35, 35, 35, 35, 35	38, 3	9	

VALUE IN ORMATIO	/IN			IIVII	LLIVIL		JIN GOID
REQUIRED	HI02 - 5		782	Monetary Amount Monetary amount	0	R	1/18
				INDUSTRY: Value Code Associated Amount			
				This data element must contain the Value when Hixx-1 value equals BE (Value Code		e Amo	unt
NOT USED	HI02 - 6		380	Quantity	0	R	1/15
NOT USED	HI02 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI03	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, ame	O ounts a	and qua	ntities
			Used v	when necessary to report multiple addition tions.	al co-	-existir	ng
REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
			с	ODE DEFINITION			
			BE	Value			
				CODE SOURCE 132: National Uniform Billin Codes	g Com	nmittee (	(NUBC)
REQUIRED	HI03 - 2		1271	Industry Code Code indicating a code from a specific industry co	<b>M</b> ode list	AN	1/30
				INDUSTRY: Value Code			
				UB-92 Reference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amounts]			
				40 (a-d) [Value Codes and Amounts]			
				41 (a-d) [Value Codes and Amounts]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 16, 17, 18, 19, 2 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37		-	, 24, 25
NOT USED	HI03 - 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI03 - 4		1251	Date Time Period	Х	AN	1/35
REQUIRED	HI03 - 5		782	Monetary Amount Monetary amount	0	R	1/18
				INDUSTRY: Value Code Associated Amount			
				This data element must contain the Value when Hixx-1 value equals BE (Value Code		e Amo	unt
NOT USED	HI03 - 6		380	Quantity	0	R	1/15
NOT USED	HI03 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI04	C022	HEAL	TH CARE CODE INFORMATION d health care codes and their associated dates, amo	O ounts a		
			Used v	when necessary to report multiple addition	al co-	-existir	ng

REQUIRED	HI04 - 1		1270	Code List Qualifier Code Code identifying a specific industry code	M	ID	1/3
				DDEDEFINITION			
			BE	Value			
				CODE SOURCE 132: National Unit Codes	orm Billing Con	nmittee	(NUBC)
REQUIRED	HI04 - 2		1271	Industry Code Code indicating a code from a specific in	M ndustry code list	AN	1/30
				INDUSTRY: Value Code			
				UB-92 Reference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amour	ts]		
				40 (a-d) [Value Codes and Amour	ts]		
				41 (a-d) [Value Codes and Amour	ts]		
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 16, 17, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35			3, 24, 25,
NOT USED	HI04 - 3		1250	Date Time Period Format Qualifie	r X	ID	2/3
NOT USED	HI04 - 4		1251	Date Time Period	Х	AN	1/35
REQUIRED	HI04 - 5		782	Monetary Amount Monetary amount	0	R	1/18
				INDUSTRY: Value Code Associated A	mount		
				This data element must contain the when Hlxx-1 value equals BE (Value)		e Amo	ount
NOT USED	HI04 - 6		380	Quantity	0	R	1/15
NOT USED	HI04 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI05	C022		TH CARE CODE INFORMATION health care codes and their associated of	<b>O</b> lates, amounts	and qua	antities
			Used condi	when necessary to report multiple ions.	additional co	-existi	ng
REQUIRED	HI05 - 1		1270	Code List Qualifier Code Code identifying a specific industry code	M	ID	1/3
			c	DDE DEFINITION			
			BE	Value			
				code source 132: National Unit	orm Billing Con	nmittee	(NUBC)
REQUIRED	HI05 - 2		1271	Industry Code Code indicating a code from a specific ir	M ndustry code list	AN	1/30
				INDUSTRY: Value Code			
				UB-92 Reference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amour	its]		
				40 (a-d) [Value Codes and Amour	_		
				41 (a-d) [Value Codes and Amour	its]		

				EMC v	.6.0 Reference:			
				Record	d Type 41 Field No. 16, 17, 18, 19, 20	), 21,	22, 23,	24, 25,
				26, 27,	28, 29, 30, 31, 32, 33, 34, 35, 35, 37,	38, 3	9	
NOT USED	HI05 - 3		1250	Date T	ime Period Format Qualifier	X	ID	2/3
NOT USED	HI05 - 4		1251	Date T	ime Period	X	AN	1/35
REQUIRED	HI05 - 5		782		ary Amount ry amount	0	R	1/18
				INDUSTR	y: Value Code Associated Amount			
					ata element must contain the Value HIxx-1 value equals BE (Value Code		e Amou	unt
NOT USED	HI05 - 6		380	Quanti	ity	0	R	1/15
NOT USED	HI05 - 7		799	Versio	n Identifier	0	AN	1/30
SITUATIONAL	HI06	C022			E CODE INFORMATION are codes and their associated dates, amo	<b>O</b> ounts a	ınd quar	ntities
			Used v	when ne	cessary to report multiple addition	al co-	existin	g
			condit	ions.				
REQUIRED	HI06 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
			c	ODE	DEFINITION			
			BE		Value			
					CODE SOURCE 132: National Uniform Billing Codes	g Com	mittee (I	NUBC)
REQUIRED	HI06 - 2		1271		ry Code dicating a code from a specific industry co	<b>M</b> de list	AN	1/30
				INDUSTR	y: Value Code			
				UB-92	Reference [UB-92 Name]:			
				-	) [Value Codes and Amounts]			
				•	l) [Value Codes and Amounts]			
				41 (a-c	l) [Value Codes and Amounts]			
					.6.0 Reference:			
					d Type 41 Field No. 16, 17, 18, 19, 20 28, 29, 30, 31, 32, 33, 34, 35, 35, 37,			24, 25,
NOT USED	HI06 - 3		1250	Date T	ime Period Format Qualifier	X	ID	2/3
NOT USED	HI06 - 4		1251	Date T	ime Period	X	AN	1/35
REQUIRED	HI06 - 5		782		ary Amount ry amount	0	R	1/18
				INDUSTR	y: Value Code Associated Amount			
					ata element must contain the Value HIxx-1 value equals BE (Value Code		e Amou	unt
NOT USED	HI06 - 6		380	Quanti	ity	0	R	1/15
NOT USED	HI06 - 7		799		n Identifier	0	AN	1/30

SITUATIONAL	HI07	C022		_	E CODE INFORMATION are codes and their associated dates, am	<b>O</b> lounts a	and quai	ntities
			Used condition		cessary to report multiple addition	nal co-	existin	ıg
REQUIRED	HI07 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
			С	ODE	DEFINITION			
			BE		Value			
					CODE SOURCE 132: National Uniform Billin Codes	ng Com	mittee (	NUBC)
REQUIRED	HI07 - 2		1271		ry Code dicating a code from a specific industry c	<b>M</b> ode list	AN	1/30
				INDUSTR	y: Value Code			
				UB-92	Reference [UB-92 Name]:			
				39 (a-d	) [Value Codes and Amounts]			
				40 (a-d	) [Value Codes and Amounts]			
				41 (a-d	) [Value Codes and Amounts]			
				EMC v	.6.0 Reference:			
					d Type 41 Field No. 16, 17, 18, 19, 2 28, 29, 30, 31, 32, 33, 34, 35, 35, 37			, 24, 25,
NOT USED	HI07 - 3		1250	Date T	ime Period Format Qualifier	X	ID	2/3
NOT USED	HI07 - 4		1251	Date T	ime Period	X	AN	1/35
REQUIRED	HI07 - 5		782		ary Amount ry amount	0	R	1/18
				INDUSTR	y: Value Code Associated Amount			
					ata element must contain the Valu Hxx-1 value equals BE (Value Cod		e Amo	unt
NOT USED	HI07 - 6		380	Quanti	ty	0	R	1/15
NOT USED	HI07 - 7		799	Versio	n Identifier	0	AN	1/30
SITUATIONAL	HI08	C022			E CODE INFORMATION are codes and their associated dates, am	O lounts a	and quai	ntities
			Used condition		cessary to report multiple addition	nal co-	existin	ıg
REQUIRED	HI08 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
			С	ODE	DEFINITION			
			BE		Value			
					CODE SOURCE 132: National Uniform Billin	ng Com	mittee (	NUBC)

REQUIRED	HI08 -	- 2		1271	Industry Code Code indicating a code from a specific industry	<b>M</b> code list	AN	1/30
					INDUSTRY: Value Code			
					UB-92 Reference [UB-92 Name]:			
					39 (a-d) [Value Codes and Amounts]			
					40 (a-d) [Value Codes and Amounts]			
					41 (a-d) [Value Codes and Amounts]			
					EMC v.6.0 Reference:			
					Record Type 41 Field No. 16, 17, 18, 19 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35,			, 24, 25,
NOT USED	HI08 -	- 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI08 -	- 4		1251	Date Time Period	Х	AN	1/35
REQUIRED	HI08 -	- 5		782	Monetary Amount Monetary amount	0	R	1/18
					INDUSTRY: Value Code Associated Amoui	nt		
					This data element must contain the Va when HIxx-1 value equals BE (Value Co		Amo	unt
NOT USED	HI08 -	- 6		380	Quantity	0	R	1/15
NOT USED	HI08 -	- 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI09		C022	HEAL1	H CARE CODE INFORMATION	0		
				To send	health care codes and their associated dates, a	amounts a	nd qua	ntities
				Used v	hen necessary to report multiple additi ons.	onal co-	existir	ng
REQUIRED	HI09 -	- 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				Co	DE DEFINITION			
				BE	Value			
					CODE SOURCE 132: National Uniform B Codes	illing Com	mittee (	(NUBC)
REQUIRED	HI09 -	- 2		1271	Industry Code Code indicating a code from a specific industry	<b>M</b> code list	AN	1/30
					INDUSTRY: Value Code			
					UB-92 Reference [UB-92 Name]:			
					39 (a-d) [Value Codes and Amounts]			
					40 (a-d) [Value Codes and Amounts]			
					41 (a-d) [Value Codes and Amounts]			
					EMC v.6.0 Reference:			
					Record Type 41 Field No. 16, 17, 18, 19		22, 23	, 24, 25,
					26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35,	37, 38, 3	9	
NOT USED	HI09 -	- 3		1250	26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, Date Time Period Format Qualifier	37, 38, 3 X	9 ID	2/3
NOT USED	HI09 -			1250 1251				2/3 1/35

IMPLEMENTATION G	UIDE				VALU	E INFO	RIVIATIO
REQUIRED	HI09 - 5		782	Monetary Amount Monetary amount	0	R	1/18
				INDUSTRY: Value Code Associated Amount			
				This data element must contain the Value	e Cod	e Amo	unt
				when Hixx-1 value equals BE (Value Code	e).		
NOT USED	HI09 - 6		380	Quantity	0	R	1/15
NOT USED	HI09 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI10	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, am	<b>O</b> ounts a	and qua	ntities
			Used v	when necessary to report multiple addition ions.	al co-	-existir	ıg
REQUIRED	HI10 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			с	ODE DEFINITION			
			BE	Value			
				<b>CODE SOURCE 132:</b> National Uniform Billin Codes	ng Com	nmittee (	NUBC)
REQUIRED	HI10 - 2		1271	Industry Code Code indicating a code from a specific industry co	<b>M</b> ode list	AN	1/30
				INDUSTRY: Value Code			
				UB-92 Reference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amounts]			
				40 (a-d) [Value Codes and Amounts]			
				41 (a-d) [Value Codes and Amounts]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 16, 17, 18, 19, 2 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37			, 24, 25,
NOT USED	HI10 - 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI10 - 4		1251	Date Time Period	X	AN	1/35
REQUIRED	HI10 - 5		782	Monetary Amount Monetary amount	0	R	1/18
				INDUSTRY: Value Code Associated Amount			
				This data element must contain the Value when HIxx-1 value equals BE (Value Cod		e Amo	unt
NOT USED	HI10 - 6		380	Quantity	0	R	1/15
NOT USED	HI10 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI11	C022	HEAL	TH CARE CODE INFORMATION  d health care codes and their associated dates, am.	0		
				when necessary to report multiple addition			

REQUIRED	HI11 - 1		1270		List Qualifier Code dentifying a specific industry code list	М	ID	1/3
			C	ODE	DEFINITION			
			BE		Value			
					CODE SOURCE 132: National Uniform Codes	Billing Com	mittee	(NUBC)
REQUIRED	HI11 - 2		1271		try Code ndicating a code from a specific indust	<b>M</b> ry code list	AN	1/30
				INDUST	RY: Value Code			
				UB-92	2 Reference [UB-92 Name]:			
				39 (a-	d) [Value Codes and Amounts]			
				•	d) [Value Codes and Amounts]			
				41 (a-	d) [Value Codes and Amounts]			
				EMC '	v.6.0 Reference:			
					rd Type 41 Field No. 16, 17, 18, 1 7, 28, 29, 30, 31, 32, 33, 34, 35, 35			, 24, 25
NOT USED	HI11 - 3		1250	Date 7	Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI11 - 4		1251	Date 7	Time Period	Х	AN	1/35
REQUIRED	HI11 - 5		782		tary Amount ary amount	0	R	1/18
				INDUST	RY: Value Code Associated Amoเ	ınt		
					data element must contain the V Hixx-1 value equals BE (Value C		e Amo	unt
NOT USED	HI11 - 6		380	Quan	tity	0	R	1/15
NOT USED	HI11 - 7		799	Version	on Identifier	0	AN	1/30
SITUATIONAL	HI12	C022			RE CODE INFORMATION care codes and their associated dates,	O amounts a	ınd qua	ntities
			Used to		ecessary to report multiple addi	tional co-	existir	ng
REQUIRED	HI12 - 1		1270		List Qualifier Code dentifying a specific industry code list	М	ID	1/3
			C	ODE	DEFINITION			
			BE		Value			
					CODE SOURCE 132: National Uniform Codes	Billing Com	mittee	(NUBC)
REQUIRED	HI12 - 2		1271		try Code ndicating a code from a specific indust	<b>M</b> ry code list	AN	1/30
				INDUST	RY: Value Code			
				UB-92	Reference [UB-92 Name]:			
					d) [Value Codes and Amounts]			
				40 (a-	d) [Value Codes and Amounts]			
				41 (a-	d) [Value Codes and Amounts]			

			EMC v.6.0 Reference:			
			Record Type 41 Field No. 16, 17, 18, 19, 2 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37			, 24, 25,
NOT USED	HI12 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI12 - 4	1251	Date Time Period	X	AN	1/35
REQUIRED	HI12 - 5	782	Monetary Amount Monetary amount	0	R	1/18
			INDUSTRY: Value Code Associated Amount			
			This data element must contain the Value when Hixx-1 value equals BE (Value Cod		e Amo	unt
NOT USED	HI12 - 6	380	Quantity	0	R	1/15
NOT USED	HI12 - 7	799	Version Identifier	0	AN	1/30

# **CONDITION INFORMATION**

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 2

Notes: 1. Required when condition information applies to the claim or

encounter.

Example: HI\*BG:67~

## STANDARD

**HI** Health Care Information Codes

Level: Detail Position: 231

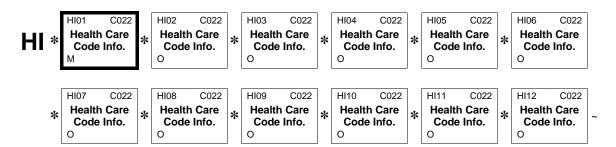
Loop: 2300

Requirement: Optional

Max Use: 25

**Purpose:** To supply information related to the delivery of health care

## **DIAGRAM**



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBL	JTES
REQUIRED	HI01	C022		_	E CODE INFORMATION are codes and their associated dates, amo	<b>M</b> ounts a	and qua	ntities
REQUIRED	HI01 - 1		1270		List Qualifier Code lentifying a specific industry code list	M	ID	1/3
			c	ODE	DEFINITION			
			BG		Condition			
					CODE SOURCE 132: National Uniform Billin	g Com	mittee (	NUBC)

Codes

REQUIRED	HI01 - 2		1271	Industry Code Code indicating a code from a specific industry code	<b>VI</b> list	AN	1/30
				INDUSTRY: Condition Code			
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes]			
				29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference:	44	10 10	
NOTUSED				Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10,	11,	12, 13	
NOT USED	HI01 - 3		1250		X	ID	2/3
NOT USED	HI01 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI01 - 5		782	, ,	)	R	1/18
NOT USED	HI01 - 6		380		)	R	1/15
NOT USED	HI01 - 7		799	Version Identifier	)	AN	1/30
SITUATIONAL	HI02	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amoun	<b>)</b> ts a	nd quan	tities
			Used v	when necessary to report multiple additional cions.	CO-(	existin	9
REQUIRED	HI02 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			c	ODE DEFINITION			
			BG	Condition			
				<b>CODE SOURCE 132:</b> National Uniform Billing C Codes	omi	mittee (N	NUBC)
REQUIRED	HI02 - 2		1271	Industry Code Code indicating a code from a specific industry code	<b>VI</b> list	AN	1/30
				INDUSTRY: Condition Code			
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes]			
				29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10,	11,	12, 13	
NOT USED	HI02 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3

CONDITION INFOR	VIATION			<b>!I</b> \	IPLEIME	MINI	OIN GOIL
NOT USED	HI02 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI02 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI02 - 6		380	Quantity	0	R	1/15
NOT USED	HI02 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI03	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, an	O mounts a	ınd qua	ntities
			Used condition	when necessary to report multiple additions.	nal co-	existiı	ng
REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			c	ODE DEFINITION			
			BG	Condition			
				<b>CODE SOURCE 132:</b> National Uniform Bil Codes	ling Com	mittee	(NUBC)
REQUIRED	HI03 - 2		1271	Industry Code Code indicating a code from a specific industry	<b>M</b> code list	AN	1/30
				INDUSTRY: Condition Code			
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes]			
				29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9	, 10, 11,	12, 13	3
NOT USED	HI03 - 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI03 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI03 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI03 - 6		380	Quantity	0	R	1/15
NOT USED	HI03 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI04	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, an	<b>O</b> mounts a	ınd qua	ntities
			Used condition	when necessary to report multiple additions.	nal co-	existii	ng
REQUIRED	HI04 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			C	ODE <u>DEFINITION</u>			
			BG	Condition			
				CODE SOURCE 132: National Uniform Bil	ling Com	mittee	(NUBC)

Codes

REQUIRED	HI04 - 2		1271	Industry Code Code indicating a code from a specific industry code	<b>/I</b> list	AN	1/30
				INDUSTRY: Condition Code			
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes] 25 [Condition Codes] 26 [Condition Codes] 27 [Condition Codes] 28 [Condition Codes] 29 [Condition Codes] 30 [Condition Codes]			
				EMC v.6.0 Reference:	4.4	40 40	
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10,	11,	12, 13	
NOT USED	HI04 - 3		1250	Date Time Period Format Qualifier	(	ID	2/3
NOT USED	HI04 - 4		1251	Date Time Period	(	AN	1/35
NOT USED	HI04 - 5		782	Monetary Amount	)	R	1/18
NOT USED	HI04 - 6		380	Quantity	)	R	1/15
NOT USED	HI04 - 7		799	Version Identifier	)	AN	1/30
SITUATIONAL	HI05	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amount	-	nd quant	ities
			Used v	when necessary to report multiple additional cions.	:0-€	existing	3
REQUIRED	HI05 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	Л	ID	1/3
			c	ODE DEFINITION			
			BG	Condition			
				CODE SOURCE 132: National Uniform Billing C Codes	omn	nittee (N	IUBC)
REQUIRED	HI05 - 2		1271	Industry Code Code indicating a code from a specific industry code	<b>/I</b> list	AN	1/30
				INDUSTRY: Condition Code			
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes] 29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10,	11,	12, 13	
NOT USED	HI05 - 3		1250	Date Time Period Format Qualifier	<b>(</b>	ID	2/3

CONDITION INFOR	WATION			<b>!</b> !	MPLEME	MIAIN	JIN GUIL
NOT USED	HI05 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI05 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI05 - 6		380	Quantity	0	R	1/15
NOT USED	HI05 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI06	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, a	<b>O</b> mounts a	ınd qua	ntities
			Used condi	when necessary to report multiple additions.	onal co-	existir	ng
REQUIRED	HI06 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
			c	ODE DEFINITION			
			BG	Condition			
				<b>CODE SOURCE 132:</b> National Uniform Bil Codes	ling Com	mittee (	NUBC)
REQUIRED	HI06 - 2		1271	Industry Code Code indicating a code from a specific industry	<b>M</b> code list	AN	1/30
				INDUSTRY: Condition Code			
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes]			
				29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9	, 10, 11,	12, 13	3
NOT USED	HI06 - 3		1250	Date Time Period Format Qualifier	х	ID	2/3
NOT USED	HI06 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI06 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI06 - 6		380	Quantity	0	R	1/15
NOT USED	HI06 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI07	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, a	<b>O</b> mounts a	ınd qua	ntities
			Used condi	when necessary to report multiple additions.	onal co-	existir	ng
REQUIRED	HI07 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			c	ODE DEFINITION			
			BG	Condition			
				CODE SOURCE 132: National Uniform Bil	ling Com	mittee (	NUBC)

Codes

DECLUBED							
REQUIRED	HI07 - 2		1271	Industry Code Code indicating a code from a specific industry code	<b>M</b> list	AN	1/30
				INDUSTRY: Condition Code			
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes]			
				29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference: Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10,	11	12 13	
NOT USED	11107 0		4050				0/0
NOT USED	HI07 - 3		1250		X	ID	2/3
NOT USED	HI07 - 4		1251		X	AN	1/35
NOT USED	HI07 - 5		782	,, <b>,</b>	0	R	1/18
NOT USED	HI07 - 6		380		0	R	1/15
	HI07 - 7		799		0	AN	1/30
SITUATIONAL	HI08	C022		TH CARE CODE INFORMATION  d health care codes and their associated dates, amour	<b>O</b> its a	nd quan	tities
			Used v	when necessary to report multiple additional ions.	co-	existing	9
REQUIRED	HI08 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
			C	ODE DEFINITION			
			BG	Condition			
				CODE SOURCE 132: National Uniform Billing C Codes	Comi	mittee (N	IUBC)
REQUIRED	HI08 - 2		1271	Industry Code Code indicating a code from a specific industry code	<b>M</b> list	AN	1/30
				INDUSTRY: Condition Code			
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes]			
				29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference:	4.4	40.45	
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10,	11,	12, 13	
NOT USED							

CONDITION INFOR	WATION			<u>''</u>	MPLEME	MIAIN	JIV GOIL
NOT USED	HI08 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI08 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI08 - 6		380	Quantity	0	R	1/15
NOT USED	HI08 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI09	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, a	<b>O</b> mounts a	ınd qua	ntities
			Used condition	when necessary to report multiple additions.	onal co-	existir	ng
REQUIRED	HI09 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
			c	ODE DEFINITION			
			BG	Condition			
				<b>CODE SOURCE 132:</b> National Uniform Bil Codes	ling Com	mittee (	NUBC)
REQUIRED	HI09 - 2		1271	Industry Code Code indicating a code from a specific industry	<b>M</b> code list	AN	1/30
				INDUSTRY: Condition Code			
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes]			
				29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9	, 10, 11,	12, 13	3
NOT USED	HI09 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI09 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI09 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI09 - 6		380	Quantity	0	R	1/15
NOT USED	HI09 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI10	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, a	<b>O</b> mounts a	ınd qua	ntities
			Used condition	when necessary to report multiple additions.	onal co-	existir	ng
REQUIRED	HI10 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			c	ODE DEFINITION			
			BG	Condition			
				CODE SOURCE 132: National Uniform Bil	ling Com	mittee (	NUBC)

Codes

REQUIRED	HI10 - 2		1271	Industry Code Code indicating a code from a specific industry cod	<b>M</b> le list	AN	1/30
				INDUSTRY: Condition Code			
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes]			
				29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10	), 11,	12, 13	
NOT USED	HI10 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI10 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI10 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI10 - 6		380	Quantity	0	R	1/15
NOT USED	HI10 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI11	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amount	<b>O</b> unts a	nd quan	tities
			Used v	when necessary to report multiple additiona tions.	l co-	existin	g
REQUIRED	HI11 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			с	ODE DEFINITION			
			BG	Condition			
				code source 132: National Uniform Billing Codes	Com	mittee (N	NUBC)
REQUIRED	HI11 - 2		1271	Industry Code Code indicating a code from a specific industry code	<b>M</b> le list	AN	1/30
				INDUSTRY: Condition Code			
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes]			
				29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference:		40	
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10	), 11,	12, 13	
NOT USED	HI11 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3

CONDITION INFORMA	ATION			IMP	LEME	NIAII	ON GUIDI
NOT USED	HI11 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI11 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI11 - 6		380	Quantity	0	R	1/15
NOT USED	HI11 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI12	C022		TH CARE CODE INFORMATION I health care codes and their associated dates, amo	<b>O</b> ounts a	and qua	ntities
			Used v	when necessary to report multiple addition ions.	al co-	existir	ng
REQUIRED	HI12 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			C	DDE DEFINITION			
			BG	Condition			
				code source 132: National Uniform Billing Codes	g Com	mittee (	NUBC)
REQUIRED	HI12 - 2		1271	Industry Code Code indicating a code from a specific industry co	<b>M</b> de list	AN	1/30
				INDUSTRY: Condition Code			
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes] 29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 1	0. 11.	. 12. 13	1
NOT USED	HI12 - 3		1250	Date Time Period Format Qualifier	χ	, .2, ID	2/3
NOT USED	HI12 - 3		1250	Date Time Period	X	AN	2/3 1/35
NOT USED	HI12 - 4		782		0	AN R	1/35
NOT USED			-	Monetary Amount	_		
NOT USED	HI12 - 6		380	Quantity	0	R	1/15
HOT USED	HI12 - 7		799	Version Identifier	0	AN	1/30

# TREATMENT CODE INFORMATION

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 2

Notes: 1. Required when Home Health Agencies need to report Plan of

Treatment information under various payer contracts.

Example: HI\*TC:A01~

## STANDARD

**HI** Health Care Information Codes

Level: Detail Position: 231

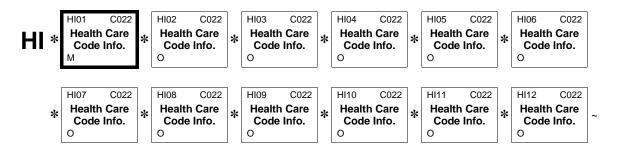
Loop: 2300

Requirement: Optional

Max Use: 25

**Purpose:** To supply information related to the delivery of health care

## DIAGRAM



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBL	JTES
REQUIRED	HI01	C022		_	E CODE INFORMATION are codes and their associated dates, am	<b>M</b> ounts a	and qua	ntities
REQUIRED	HI01 - 1		1270		List Qualifier Code lentifying a specific industry code list	M	ID	1/3
			c	ODE	DEFINITION			
			TC		Treatment Codes			
					CODE SOURCE 359: Treatment Codes			

		· <del>-</del>				J., J.,
REQUIRED	HI01 - 2		1271	Industry Code M Code indicating a code from a specific industry code list	<b>AN</b>	1/30
				INDUSTRY: Treatment Code		
				EMC v.6.0 Reference:		
				Record Type 72 Field No. 18, 19, 20, 21, 22, 23		5, 26, 27,
				28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40,	41, 42	
NOT USED	HI01 - 3		1250	Date Time Period Format Qualifier X	ID	2/3
NOT USED	HI01 - 4		1251	Date Time Period X	AN	1/35
NOT USED	HI01 - 5		782	Monetary Amount O	R	1/18
NOT USED	HI01 - 6		380	Quantity	R	1/15
NOT USED	HI01 - 7		799	Version Identifier O	AN	1/30
SITUATIONAL	HI02	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts	and qua	antities
			Used condition	when necessary to report multiple additional cotions.	-existi	ng
REQUIRED	HI02 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	ID	1/3
			c	ODE DEFINITION		
			TC	Treatment Codes		
				CODE SOURCE 359: Treatment Codes		
REQUIRED	HI02 - 2		1271	Industry Code M Code indicating a code from a specific industry code list	AN st	1/30
				INDUSTRY: Treatment Code		
				EMC v.6.0 Reference:		
				Record Type 72 Field No. 18, 19, 20, 21, 22, 23 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40,		5, 26, 27,
NOT USED	HI02 - 3		1250	Date Time Period Format Qualifier X	ID	2/3
NOT USED	HI02 - 4		1251	Date Time Period X	AN	1/35
NOT USED	HI02 - 5		782	Monetary Amount O	R	1/18
NOT USED	HI02 - 6		380	Quantity	R	1/15
NOT USED	HI02 - 7		799	Version Identifier O	AN	1/30
SITUATIONAL	HI03	C022		TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts	and qua	antities
			Used condition	when necessary to report multiple additional cotions.	-existi	ng
REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	ID	1/3
			c	ODE DEFINITION		
			TC	Treatment Codes		
				CODE SOURCE 359: Treatment Codes		
REQUIRED	HI03 - 2		1271	Industry Code M Code indicating a code from a specific industry code list	AN st	1/30
				INDUSTRY: Treatment Code		

				EMC v.6.0 Reference:			
				Record Type 72 Field No. 18, 19, 20, 21, 22 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39,			, 26, 27,
NOT USED	HI03 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI03 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI03 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI03 - 6		380	Quantity	0	R	1/15
NOT USED	HI03 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI04	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amo	<b>O</b> unts a	ınd qua	ntities
			Used condi	when necessary to report multiple additionations.	al co-	existir	ng
REQUIRED	HI04 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				ODE DEFINITION			
			TC	Treatment Codes			
				CODE SOURCE 359: Treatment Codes			
REQUIRED	HI04 - 2		1271	Industry Code Code indicating a code from a specific industry code	<b>M</b> de list	AN	1/30
				INDUSTRY: Treatment Code			
				EMC v.6.0 Reference:			
				Record Type 72 Field No. 18, 19, 20, 21, 22 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39,			, 26, 27,
NOT USED	HI04 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI04 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI04 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI04 - 6		380	Quantity	0	R	1/15
NOT USED	HI04 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI05	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amo	<b>O</b> unts a	ınd qua	ntities
			Used condi	when necessary to report multiple additionations.	al co-	existir	ng
REQUIRED	HI05 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			c	ODE DEFINITION			
			TC	Treatment Codes			
				CODE SOURCE 359: Treatment Codes			

		•					
REQUIRED	HI05 - 2		1271	Industry Code Code indicating a code from a specific industry code	<b>M</b> de list	AN	1/30
				INDUSTRY: Treatment Code			
				EMC v.6.0 Reference:			
				Record Type 72 Field No. 18, 19, 20, 21, 22 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39,			, 26, 27,
NOT USED	HI05 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI05 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI05 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI05 - 6		380	Quantity	0	R	1/15
NOT USED	HI05 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI06	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amo	<b>O</b> unts a	ınd quai	ntities
			Used condition	when necessary to report multiple additionations.	al co-	existir	ng
REQUIRED	HI06 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				ODE DEFINITION			
			TC	Treatment Codes			
DECUIDED				CODE SOURCE 359: Treatment Codes			
REQUIRED	HI06 - 2		1271	Industry Code Code indicating a code from a specific industry code	<b>M</b> de list	AN	1/30
				INDUSTRY: Treatment Code			
				EMC v.6.0 Reference:			
				Record Type 72 Field No. 18, 19, 20, 21, 22 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39,		-	, 26, 27,
NOT USED	HI06 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI06 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI06 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI06 - 6		380	Quantity	0	R	1/15
NOT USED	HI06 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI07	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amo	<b>O</b> unts a	ınd quai	ntities
			Used condition	when necessary to report multiple additionations.	al co-	existir	ng
REQUIRED	HI07 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			c	ODE DEFINITION			
			TC	Treatment Codes			
				CODE SOURCE 359: Treatment Codes			
REQUIRED	HI07 - 2		1271	Industry Code Code indicating a code from a specific industry code	<b>M</b> de list	AN	1/30
				INDUSTRY: Treatment Code			

				TREATMENT GODE IN ORMATIC
				EMC v.6.0 Reference:
				Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42
NOT USED	HI07 - 3		1250	Date Time Period Format Qualifier X ID 2/3
NOT USED	HI07 - 4		1251	Date Time Period X AN 1/35
NOT USED	HI07 - 5		782	Monetary Amount O R 1/18
NOT USED	HI07 - 6		380	Quantity O R 1/15
NOT USED	HI07 - 7		799	Version Identifier O AN 1/30
SITUATIONAL	HI08	C022		TH CARE CODE INFORMATION  d health care codes and their associated dates, amounts and quantities
			Used to	when necessary to report multiple additional co-existing tions.
REQUIRED	HI08 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			c	CODE DEFINITION
			TC	Treatment Codes
				CODE SOURCE 359: Treatment Codes
REQUIRED	HI08 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Treatment Code
				EMC v.6.0 Reference:
				Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42
NOT USED	HI08 - 3		1250	Date Time Period Format Qualifier X ID 2/3
NOT USED	HI08 - 4		1251	Date Time Period X AN 1/35
NOT USED	HI08 - 5		782	Monetary Amount O R 1/18
NOT USED	HI08 - 6		380	Quantity O R 1/15
NOT USED	HI08 - 7		799	Version Identifier O AN 1/30
SITUATIONAL	HI09	C022		TH CARE CODE INFORMATION  d health care codes and their associated dates, amounts and quantities
			Used condition	when necessary to report multiple additional co-existing tions.
REQUIRED	HI09 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			c	CODE DEFINITION
			TC	Treatment Codes
				CODE SOURCE 359: Treatment Codes

		•					J.1 00.D
REQUIRED	HI09 - 2		1271	Industry Code Code indicating a code from a specific industry co	<b>M</b> ode list	AN	1/30
				INDUSTRY: Treatment Code			
				EMC v.6.0 Reference:			
				Record Type 72 Field No. 18, 19, 20, 21, 2	2, 23,	24, 25	, 26, 27,
				28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39	, 40, 4	1, 42	
NOT USED	HI09 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI09 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI09 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI09 - 6		380	Quantity	0	R	1/15
NOT USED	HI09 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI10	C022		TH CARE CODE INFORMATION	0		
				d health care codes and their associated dates, ame			
			Used condition	when necessary to report multiple addition ions.	al co-	existir	ng
REQUIRED	HI10 - 1		1270	Code List Qualifier Code	М	ID	1/3
	HIIV - I		1270	Code identifying a specific industry code list	IVI	טו	1/3
			С	ODE DEFINITION			
			TC	Treatment Codes			
				CODE SOURCE 359: Treatment Codes			
REQUIRED	HI10 - 2		1271	Industry Code Code indicating a code from a specific industry co	<b>M</b> ode list	AN	1/30
				INDUSTRY: Treatment Code			
				EMC v.6.0 Reference:			
				Record Type 72 Field No. 18, 19, 20, 21, 2 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39		-	, 26, 27,
NOT USED	HI10 - 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI10 - 4		1251	Date Time Period	Х	AN	1/35
NOT USED	HI10 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI10 - 6		380	Quantity	0	R	1/15
NOT USED	HI10 - 7		799	Version Identifier	0	AN	1/30
SITUATIONAL	HI11	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, amount	<b>O</b> ounts a	and qua	ntities
			Used condition	when necessary to report multiple addition ions.	al co-	existir	ng
REQUIRED	HI11 - 1		1270	Code List Qualifier Code	М	ID	1/3
				Code identifying a specific industry code list			
				ODE DEFINITION			
			TC	Treatment Codes			
				CODE SOURCE 359: Treatment Codes			
REQUIRED	HI11 - 2		1271	Industry Code Code indicating a code from a specific industry co	<b>M</b> ode list	AN	1/30
				INDUSTRY: Treatment Code			

				EMC v.6.0 Reference:						
				Record Type 72 Field No. 18, 19, 20, 21, 22, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39,			, 26, 27,			
NOT USED	HI11 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3			
NOT USED	HI11 - 4		1251	Date Time Period	X	AN	1/35			
NOT USED	HI11 - 5		782	Monetary Amount	0	R	1/18			
NOT USED	HI11 - 6		380	Quantity	0	R	1/15			
NOT USED	HI11 - 7		799	Version Identifier	0	AN	1/30			
SITUATIONAL	HI12	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, amount	<b>O</b> ounts a	ind qua	ntities			
				Used when necessary to report multiple additional co-existing conditions.						
REQUIRED	HI12 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3			
			c	ODE DEFINITION						
			TC	Treatment Codes						
				CODE SOURCE 359: Treatment Codes						
REQUIRED	HI12 - 2		1271	Industry Code Code indicating a code from a specific industry co	<b>M</b> de list	AN	1/30			
				INDUSTRY: Treatment Code						
				EMC v.6.0 Reference:						
				Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42						
NOT USED	HI12 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3			
NOT USED	HI12 - 4		1251	Date Time Period	X	AN	1/35			
NOT USED	HI12 - 5		782	Monetary Amount	0	R	1/18			
NOT USED	HI12 - 6		380	Quantity	0	R	1/15			
NOT USED	HI12 - 7		799	Version Identifier	0	AN	1/30			

# **CLAIM QUANTITY**

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 4

Notes: 1. Use the Quantity segment at the claim level Loop ID-2300 to transmit

quantities that apply to the entire claim.

2. Required on Inpatient claims or encounters when covered, co-insured,

life-time reserved or non-covered days are being reported.

Example: QTY\*LA\*20\*DA~

## **STANDARD**

# **QTY** Quantity

Level: Detail

Position: 240

Loop: 2300

Requirement: Optional

Max Use: 10

Purpose: To specify quantity information

Syntax: 1. R0204

At least one of QTY02 or QTY04 is required.

2. E0204

Only one of QTY02 or QTY04 may be present.

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	QTY01	673	Quantity Qual Code specifying	<b>ifier</b> the type of quantity	M	ID	2/2
			CODE	DEFINITION			
			CA	Covered - Actual			
				UB-92 Reference [UB-92 Name]:			
				7 [Covered Days]			
				EMC v.6.0 Reference:			
				Record Type 30 Field No. 20 (Sequ	ience	01-03)	)

		CD		Co-insured - Actual UB-92 Reference [UB-92 Name]: 9 [Coinsurance Days] EMC v.6.0 Reference: Record Type 30 Field No. 22 (Sequence) Life-time Reserve - Actual UB-92 Reference [UB-92 Name]: 10 [Lifetime Reserve Days] EMC v.6.0 Reference:				
			NA		Record Type 30 Field No. 23 (Sequinomber of Non-covered Days UB-92 Reference [UB-92 Name]: 8 [Non-Covered Days] EMC v.6.0 Reference: Record Type 30 Field No. 21	ence	01-03)	
REQUIRED	QTY02	380	Quanti			X	R	1/15
				value of				
				r: <b>Claim</b> I R0204, E	Days Count			
REQUIRED	QTY03	C001		•	NIT OF MEASURE	0		
	QTTOS	0001			posite unit of measure	J		
REQUIRED	QTY03 - 1		355	Code sp	Basis for Measurement Code ecifying the units in which a value is being in which a measurement has been taken	<b>M</b> expre	<b>ID</b> ssed, or	2/2
			СС	DDE	DEFINITION			
			DA		Days			
NOT USED	QTY03 - 2		1018	Expone	ent	0	R	1/15
NOT USED	QTY03 - 3		649	Multipli	ier	0	R	1/10
NOT USED	QTY03 - 4		355	Unit or	Basis for Measurement Code	0	ID	2/2
NOT USED	QTY03 - 5		1018	Expone	ent	0	R	1/15
NOT USED	QTY03 - 6		649	Multipli	ier	0	R	1/10
NOT USED	QTY03 - 7		355	Unit or	Basis for Measurement Code	0	ID	2/2
NOT USED	QTY03 - 8		1018	Expone	ent	0	R	1/15
NOT USED	QTY03 - 9		649	Multipli	er	0	R	1/10
NOT USED	QTY03 - 1	D	355	Unit or	Basis for Measurement Code	0	ID	2/2
NOT USED	QTY03 - 1	1	1018	Expone	ent	0	R	1/15
NOT USED	QTY03 - 1	2	649	Multipli	er	0	R	1/10
NOT USED	QTY03 - 1	3	355	Unit or	Basis for Measurement Code	0	ID	2/2
NOT USED	QTY03 - 1	4	1018	Expone	ent	0	R	1/15
NOT USED	QTY03 - 1	5	649	Multipli	er	0	R	1/10
NOT USED	QTY04	61	Free-Fe	orm Mes	ssage	X	AN	1/30

# CLAIM PRICING/REPRICING INFORMATION

Loop: 2300 — CLAIM INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- For capitated encounters, pricing or repricing information usually is not applicable and is provided to qualify other information within the claim.
- 2. This segment is used when the sender is required to provide the receiver with pricing or repricing information necessary to process the claim or encounter.

Example: HCP\*03\*100\*10\*RPO12345~

#### **STANDARD**

**HCP** Health Care Pricing

Level: Detail

Position: 241

Loop: 2300

Requirement: Optional

Max Use: 1

Purpose: To specify pricing or repricing information about a health care claim or line item

Syntax: 1. R0113

At least one of HCP01 or HCP13 is required.

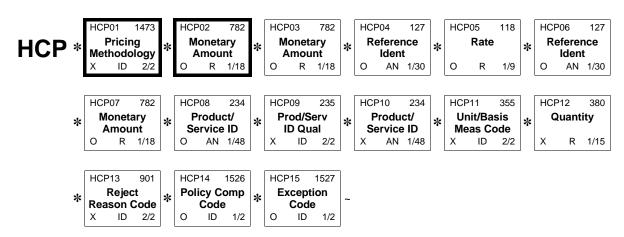
2. P0910

If either HCP09 or HCP10 is present, then the other is required.

3. P1112

If either HCP11 or HCP12 is present, then the other is required.

#### **DIAGRAM**



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	res			
REQUIRED	HCP01	1473	Code specifying	Pricing Methodology X ID 2/2 Code specifying pricing methodology at which the claim or line item has been priced or repriced						
			ALIAS: Pricing I	Methodology						
			<b>SYNTAX:</b> R0113							
				ers need to agree on which codes to e do not appear to be standard defir s.						
			CODE	DEFINITION						
			00	Zero Pricing (Not Covered Under C	ontr	act)				
			01	01 Priced as Billed at 100%						
			02	Priced at the Standard Fee Schedu	ıle					
			03	Priced at a Contractual Percentage	<b>)</b>					
			04	Bundled Pricing						
			05	Peer Review Pricing						
			06	Per Diem Pricing						
			07	Flat Rate Pricing						
			08	Combination Pricing						
			09	Maternity Pricing						
			10	Other Pricing						
			11	Lower of Cost						
			12	Ratio of Cost						
			13	Cost Reimbursed						
			14	Adjustment Pricing						
REQUIRED	HCP02	782	Monetary Am Monetary amour		0	R	1/18			
			INDUSTRY: <b>Repri</b>	ced Allowed Amount						
			ALIAS: Allowed	Amount						

ALIAS: Allowed Amount

**SEMANTIC:** HCP02 is the allowed amount.

SITUATIONAL	HCP03	782	Monetary Amount Monetary amount	0	R	1/18				
			INDUSTRY: Repriced Saving Amount							
			ALIAS: Savings Amount							
			SEMANTIC: HCP03 is the savings amount.							
			This data element is required when it is necess Savings Amount on claims which has been price	•	•	ed.				
SITUATIONAL	HCP04	127	Reference Identification Reference information as defined for a particular Transactory the Reference Identification Qualifier	<b>O</b> ction Set	AN or as s	1/30 pecified				
			INDUSTRY: Repricing Organization Identifier							
			ALIAS: Repricing Organization ID							
			SEMANTIC: HCP04 is the repricing organization identification number.							
	ITUATIONAL HCP05 118		This data element is required when it is necess Repricing Organization ID on claims which has repriced.	-	-	or				
SITUATIONAL	HCP05	118	Rate Rate expressed in the standard monetary denomination for	<b>O</b> or the cu	<b>R</b> urrency	1/9 specified				
			INDUSTRY: Repricing Per Diem or Flat Rate Amoun	ıt						
		ALIAS: Pricing Rate								
		SEMANTIC: HCP05 is the pricing rate associated with per d	iem or fl	at rate	repricing.					
		This data element is required when it is necess Rate on claims which has been priced or repric	-	eport	Pricing					
SITUATIONAL	HCP06	127	Reference Identification Reference information as defined for a particular Transactory the Reference Identification Qualifier	<b>O</b> ction Set	AN or as s	1/30 pecified				
			INDUSTRY: Repriced Approved DRG Code							
			ALIAS: Approved DRG Code							
			SEMANTIC: HCP06 is the approved DRG code.							
			COMMENT: HCP06, HCP07, HCP08, HCP10, and HCP12 different values from the original submitted values.	are fields	s that w	ill contain				
			This data element is required when it is necess Approved DRG Code on claims which has been			priced.				
SITUATIONAL	HCP07	782	Monetary Amount Monetary amount	0	R	1/18				
			INDUSTRY: Repriced Approved Amount							
			ALIAS: Approved DRG Amount							
			SEMANTIC: HCP07 is the approved DRG amount.							
			This data element is required when it is necess Approved DRG Amount on claims which has be repriced.							

IIIII ELIIILIATATION C	JOIDE			OEAINI I MOMO/NE	INIOIII	0 1141 0	NIIIA I ION			
SITUATIONAL	TIONAL HCP08 234		Product/Serv Identifying num	rice ID ber for a product or service	0	AN	1/48			
			INDUSTRY: <b>Repi</b>	riced Approved Revenue Code						
			ALIAS: Approv	ed Revenue Code						
			SEMANTIC: HCP	08 is the approved revenue code.						
				ment is required when it is necessa evenue Code on claims which has b	-	-	r			
SITUATIONAL	HCP09	235	Code identifying Product/Service	vice ID Qualifier g the type/source of the descriptive numbe e ID (234) luct or Service ID Qualifier	<b>X</b> r used i	<b>ID</b> n	2/2			
			<b>SYNTAX</b> : P0910							
			Required wh	Required when HCP10 exists.						
			CODE	DEFINITION						
			НС	Health Care Financing Administr Procedural Coding System (HCP			on			
			This code includes Current Proc (CPT) and HCPCS coding.	-		nology				
			CODE SOURCE 130: Health Care Financin Common Procedural Coding System	g Admi	nistratio	n				
SITUATIONAL	HCP10	234	Product/Serv Identifying num	vice ID ber for a product or service	X	AN	1/48			
			INDUSTRY: <b>Repi</b>	riced Approved HCPCS Code						
			ALIAS: Approved Procedure Code							
			SYNTAX: P0910							
			SEMANTIC: HCP10 is the approved procedure code.							
				ment is required when it is necessa CPCS Code on claims which has be	_	-				
SITUATIONAL	HCP11	355	Code specifying	s for Measurement Code g the units in which a value is being expres t has been taken	<b>X</b> sed, or	<b>ID</b> manner	2/2 in which			
			SYNTAX: P1112							
			Required wh	en HCP12 exists.						
			CODE	DEFINITION						
			DA	Days						
			UN	Unit						

CLAIM PRICING/REP	RICING INFO	RMATION		IMF	LEME	NTATIO	N GUIDE
SITUATIONAL	HCP12	380	Quantity Numeric value of	of quantity	х	R	1/15
			INDUSTRY: Repr	iced Approved Service Unit Count			
			ALIAS: Approve	ed Service Units			
			<b>SYNTAX:</b> P1112				
			SEMANTIC: HCP1	2 is the approved service units or inpatient	days.		
				ment is required when it is necessal rvice Unit Count on claims which ha			ed or
SITUATIONAL	HCP13	901	Reject Reaso Code assigned	n Code by issuer to identify reason for rejection	X	ID	2/2
			ALIAS: <b>Rejectio</b>	n Message			
			<b>SYNTAX:</b> R0113				
			SEMANTIC: HCP1 organization.	3 is the rejection message returned from the	ne third	party	
				ment is required when it is necessa ssage on claims which has been pr			ced.
			CODE	DEFINITION			
			T1	Cannot Identify Provider as TPO ( Organization) Participant	Third	Party	
		T2	Cannot Identify Payer as TPO (Th Organization) Participant	ird Pa	irty		
			Т3	Cannot Identify Insured as TPO (1 Organization) Participant	hird l	Party	
			T4	Payer Name or Identifier Missing			
			T5	<b>Certification Information Missing</b>			
			Т6	Claim does not contain enough ir pricing	forma	ation fo	or re-
SITUATIONAL	HCP14	1526	Policy Compl Code specifying	iance Code policy compliance	0	ID	1/2
			ALIAS: Policy C	compliance Code			
				ment is required when it is necessa Code on claims which has been pric			
			CODE	DEFINITION			
			1	Procedure Followed (Compliance	)		
			2	Not Followed - Call Not Made (No Not Made)	n-Con	nplianc	e Call
			3	Not Medically Necessary (Non-Co Medically Necessary)	mplia	nce No	on-

5

Not Followed Other (Non-Compliance Other)

**Emergency Admit to Non-Network Hospital** 

## SITUATIONAL

HCP15

1527

## **Exception Code**

O ID

1/2

Code specifying the exception reason for consideration of out-of-network health care services

## ALIAS: Exception Reason Code

**SEMANTIC:** HCP15 is the exception reason generated by a third party organization.

This data element is required when it is necessary to report Exception Reason Code on claims which have been priced or repriced.

C	ODE	DEFINITION
1		Non-Network Professional Provider in Network Hospital
2		Emergency Care
3		Services or Specialist not in Network
4		Out-of-Service Area
5		State Mandates
6		Other

# HOME HEALTH CARE PLAN INFORMATION

Loop: 2305 — HOME HEALTH CARE PLAN INFORMATION Repeat: 6

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 2. This segment is required to convey Home Health Plan of Treatment information for this claim when applicable.

Example: CR7\*PT\*4\*12~

## **STANDARD**

CR7 Home Health Treatment Plan Certification

Level: Detail Position: 242

Loop: 2305 Repeat: 6

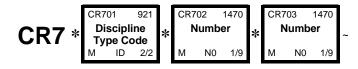
Requirement: Optional

Max Use: 1

Purpose: To supply information related to the home health care plan of treatment and

services

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES
REQUIRED	CR701	921	Discipline Ty Code indicating	rpe Code disciplines ordered by a physician	M	ID	2/2
			ALIAS: Disiplin	e Type Code			
			EMC v.6.0 Re	eference:			
			Record Type	72 Field No. 4			
			CODE	DEFINITION			
			Al	Home Health Aide			
			MS	Medical Social Worker			
			ОТ	Occupational Therapy			

		PT	Physical Therapy						
			SN	Skilled Nursing					
			ST	Speech Therapy					
REQUIRED	CR702	1470	<b>Number</b> A generic numbe	er	M	N0	1/9		
			INDUSTRY: <b>Visits</b>						
			ALIAS: Total Vis						
			<b>SEMANTIC:</b> CR702 is the total visits on this bill rendered prior to the recertification "to" date.						
			EMC v.6.0 Re	ference:					
			Record Type	72 Field No. 5					
REQUIRED	CR703	1470	<b>Number</b> A generic numbe	er	M	N0	1/9		
			INDUSTRY: <b>Total</b>	Visits Projected This Certification C	ount				
			ALIAS: Total Vis	sits Projected During Certification P	eriod	1			
			SEMANTIC: CR703	ificatio	n period				
			EMC v.6.0 Re	ference:					
			Record Type						

# HEALTH CARE SERVICES DELIVERY

Loop: 2305 — HOME HEALTH CARE PLAN INFORMATION

**Usage: SITUATIONAL** 

Repeat: 12

Notes:

1. Required on claims/encounters billing/reporting home health visits where further detail is necessary to clearly substantiate medical treatment.

2. HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means "one visit".

Between HDS02 and HSD03 verbally insert a "per every."

HSD03 qualifies HSD04: If the value in HSD04=3 and the value in

HSD03=DA (Day), this means "three days."

Between HSD04 and HSD05 verbally insert a "for."

HSD05 qualifies HSD06: If the value in HSD06=21 and the value in

HSD05=7 (Days), this means "21 days."

The total message reads:

HSD\*VS\*1\*DA\*3\*7\*21~ = "One visit per every three days for 21 days."

- 3. Another similar data string of HSD\*VS\*2\*DA\*4\*7\*20~ = Two visits per every four days for 20 days.
- 4. An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD\*VS\*1\*\*\*\*\*SX\*D~ means "1 visit on Wednesday and Thursday morning."

Example: HSD\*VS\*1\*DA\*\*7\*10~ (This indicates "1 visit every (per) 1 day (daily)

for 10 days.")

Example: HSD\*VS\*1\*DA~ (This indicates one visit per day.)

#### **STANDARD**

**HSD** Health Care Services Delivery

Level: Detail

Position: 243

**Loop:** 2305

Requirement: Optional

Max Use: 12

**Purpose:** To specify the delivery pattern of health care services

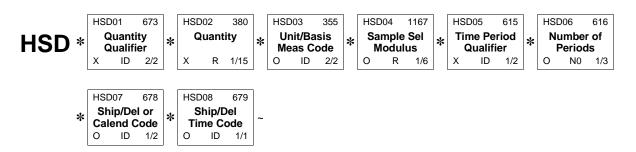
Syntax: 1. P0102

If either HSD01 or HSD02 is present, then the other is required.

2. C0605

If HSD06 is present, then HSD05 is required.

## DIAGRAM



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIB	JTES			
SITUATIONAL	HSD01	673	Quantity Qualifier Code specifying the type of quantity	X	ID	2/2			
			INDUSTRY: Visits						
			ALIAS: Quantity Qualifier						
			<b>SYNTAX:</b> P0102						
			Required if the physician's order or prescript contains the data.	otion for th	ne serv	ice			
			CODE DEFINITION						
			VS Visits						
SITUATIONAL	HSD02	380	Quantity Numeric value of quantity	x	R	1/15			
			INDUSTRY: Number of Visits						
			ALIAS: Frequency Number - 1						
			SYNTAX: P0102						
			EMC v.6.0 Reference:						
			Record Type 72 Field No. 6 (position 1)						
			Required if the physician's order or prescrip contains the data.	otion for th	ne serv	ice			
SITUATIONAL	HSD03	355	Unit or Basis for Measurement Code Code specifying the units in which a value is being e a measurement has been taken	<b>O</b> xpressed, or	<b>ID</b> manne	<b>2/2</b> r in which			
			INDUSTRY: Frequency Period						
			ALIAS: Frequency Period - 1						
			EMC v.6.0 Reference:						
			Record Type 72 Field No. 6 (positions 2-3)						
			Required if the physician's order or prescription for th contains the data.						
			CODE DEFINITION						

		МО	Months				
		Q1	Quarter (Time)				
		WK	Week				
SITUATIONAL HSD04	1167	To specify the s	ction Modulus sampling frequency in terms of a modulus bag, every 1.5 minutes	<b>O</b> s of the U	R nit of Me	<b>1/6</b> easure,	
		INDUSTRY: <b>Freq</b>	uency Count				
		Required if the contains the	ne physician's order or prescriptio data.	on for th	e servi	ice	
SITUATIONAL HSD05	615	Time Period ( Code defining p		X	ID	1/2	
		INDUSTRY: <b>Dura</b>	tion of Visits Units				
		ALIAS: <b>Freque</b> r	ncy Time Period				
		SYNTAX: C0605					
		Absence of data indicates PRN orders.					
		Required if the physician's order or prescription for the service contains the data.					
		CODE	DEFINITION				
		7	Day				
		35	Week				
SITUATIONAL HSD06	616	Number of Pe		0	N0	1/3	
		INDUSTRY: <b>Dura</b>	tion of Visits, Number of Units				
		ALIAS: <b>Duratio</b> i	n - 1				
		<b>SYNTAX:</b> C0605					
		EMC v.6.0 Re					
		Record Type	72 Field No. 6 (positions 4-6)				
		Required if the contains the	ne physician's order or prescriptic data.	on for th	e servi	ice	
SITUATIONAL HSD07	678	Ship/Delivery Code which spe	or Calendar Pattern Code ecifies the routine shipments, deliveries,	<b>O</b> or calenda	<b>ID</b> ar patter	<b>1/2</b>	
		INDUSTRY: <b>Ship</b> ,	Delivery or Calendar Pattern Cod	de			
		Required if the contains the	ne physician's order or prescriptio data.	on for th	e servi	ice	
		CODE	DEFINITION				
		1	1st Week of the Month				
		2	2nd Week of the Month				
		2 3	2nd Week of the Month  3rd 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
Α	Monday through Friday
В	Monday through Saturday
С	Monday through Sunday
D	Monday
E	Tuesday
F	Wednesday
G	Thursday
Н	Friday
J	Saturday
K	Sunday
L	Monday through Thursday
N	As Directed
0	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

ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE

SITUATIONAL HSD08 679 Ship/Delivery Pattern Time Code O ID 1/1 Code which specifies the time for routine shipments or deliveries

INDUSTRY: Delivery Pattern Time Code

Required if the physician's order or prescription for the service contains the data.

	CODE	DEFINITION
D		A.M.
E		P.M.
F		As Directed

# ATTENDING PHYSICIAN NAME

Loop: 2310A — ATTENDING PHYSICIAN NAME Repeat: 1

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
- 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 3. Required on all inpatient claims or encounters.
- 4. Required to indicate the Primary Physician responsible on a Home Health Agency Plan of Treatment.

Example: NM1\*71\*1\*JONES\*JOHN\*\*\*XX\*12345678~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail Position: 250

Loop: 2310 Repeat: 9

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

**Set Notes:** 1. Loop 2310 contains information about the rendering, referring, or attending

provider.

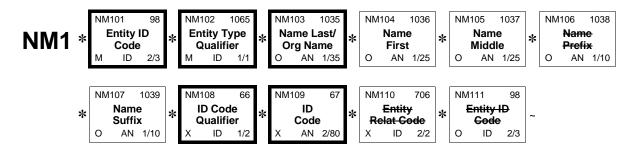
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

#### **DIAGRAM**



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUTE	s
REQUIRED	NM101	98	Entity Identifier Code identifying a individual	r <b>Code</b> n organizational entity, a physical location,	<b>M</b> prop	<b>ID</b> erty or ar	<b>2/3</b>
			The entity identity ID-2310.	tifier in NM101 applies to all segme	nts i	n Loop	
			CODE	DEFINITION			
			71	Attending Physician			
REQUIRED	NM102	1065	Entity Type Qu Code qualifying th		M	ID	1/1
			SEMANTIC: NM102	qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
			2	Non-Person Entity			
REQUIRED	NM103	1035		<b>Organization Name</b> ne or organizational name	0	AN	1/35
			INDUSTRY: Attend	ing Physician Last Name			
			UB-92 Reference	ce [UB-92 Name]:			
			82, Line b [Atte	nding Physician ID]			
			EMC v.6.0 Refe	rence:			
				D Field No. 9, Positions 91-106 (Als Io. 20 if you are creating this attach		_	ecord
SITUATIONAL	NM104	1036	Name First Individual first nan	ne	0	AN	1/25
			INDUSTRY: Attend	ing Physician First Name			
			UB-92 Reference	ce [UB-92 Name]:			
			82, Line b [Atte	nding Physician ID]			
			EMC v.6.0 Refe	rence:			
				D Field No. 9, Positions 107-114 EMC v.4.1 Record Type 71 Field No. tachment)	21 i	f you ar	е
			Required if NM	102=1 (person).			
SITUATIONAL	NM105	1037	Name Middle Individual middle r	name or initial	0	AN	1/25
			INDUSTRY: Attend	ing Physician Middle Name			
			Required if NM known.	102=1 and the middle name/initial o	f the	persor	ı is
NOT USED	NM106	1038	Name Prefix		0	AN	1/10

INI LEMENTATION G	OIDL			ATTEM	DillaG I	1113101	AIN INAINI
SITUATIONAL	NM107	1039	Name Suffix Suffix to individ	ual name	0	AN	1/10
			INDUSTRY: Attel	nding Physician Name Suffix			
			Required if k	nown.			
REQUIRED	NM108	66		Code Qualifier ng the system/method of code structure us	<b>X</b> sed for l	<b>ID</b> Identifica	1/2 ation
			<b>SYNTAX:</b> P0809				
			FMC C O D	faranca			
			EMC v.6.0 Re				
				80 Field No. 4 (The National Regist JPIN to the provider for identification			
			CODE	DEFINITION			
			24	Employer's Identification Numbe	r		
			34	Social Security Number			
			xx	Health Care Financing Administrative Provider Identifier Required value if the National Promandated for use. Otherwise, on codes may be used.	ovidei	r ID is	
REQUIRED	NM109	67	Identification Code identifying	Code g a party or other code	X	AN	2/80
			INDUSTRY: <b>AtteI</b>	nding Physician Primary Identifier			
			<b>SYNTAX:</b> P0809				
			UB-92 Refere	ence [UB-92 Name]:			
				tending Physician ID]			
			EMC v.6.0 Re	eference:			
				80 Field No. 5			
NOT USED	NM110	706	Entity Relation	onship Code	Х	ID	2/2
NOT USED	NM111	98	Entity Identif	-	0	ID	2/3
					-		

# ATTENDING PHYSICIAN SPECIALTY INFORMATION

Loop: 2310A — ATTENDING PHYSICIAN NAME

Usage: REQUIRED

Repeat: 1

Notes:

- 1. The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.
- 2. Use code value AT to report the specialty of the attending physician.

  Use code value SU when the physician is responsible for the patient's Home Health Plan of Treatment.
- 3. PRV02 qualifies PRV03.

Example: PRV\*AT\*ZZ\*363LP0200N~

## **STANDARD**

# **PRV** Provider Information

Level: Detail Position: 255

**Loop:** 2310

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

DIAGRAM













#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES
REQUIRED	PRV01	1221	Provider Co Code indentify	<b>de</b> ing the type of provider	М	ID	1/3
			CODE	DEFINITION			
			AT	Attending			
			SU	Supervising			

REQUIRED	PRV02	128	Reference Identification Qualifier Code qualifying the Reference Identification			ID	2/3
			list (provider : Publishing Co	indicate the "Health Care Provide specialty code) which is available ompany web site: http://www.wpo naintained by the Blue Cross Blu N TG2 WG15.	on the edi.con	Washi n. This	ngton
			CODE	DEFINITION			
			ZZ	Mutually Defined			
				Provider Taxonomy Code			
REQUIRED	PRV03	127	Reference Ide	entification	М	AN	1/30
				nation as defined for a particular Transa e Identification Qualifier	ction Set	or as sp	pecified
			INDUSTRY: <b>Provi</b>	der Taxonomy Code			
			ALIAS: <b>Provider</b>	Specialty Code			
NOT USED	PRV04	156	State or Provi	nce Code	0	ID	2/2
NOT USED	PRV05	C035	PROVIDER SI	PECIALTY INFORMATION	0		
NOT USED	PRV06	1223	Provider Orga	anization Code	0	ID	3/3

# ATTENDING PHYSICIAN SECONDARY IDENTIFICATION

Loop: 2310A — ATTENDING PHYSICIAN NAME

**Usage: SITUATIONAL** 

Repeat: 5

Notes: 1. Use this REF only when a second number is necessary to identify the

provider. The primary identification must be contained in NM109.

Example: REF\*1G\*A12345~

# **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 271

Loop: 2310

Requirement: Optional

Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

# **DIAGRAM**









# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	М	ID	2/3

CODE	DEFINITION
0B	State License Number
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1G	Provider UPIN Number

		1H	CHAMPUS Identification Number								
			El	Employer's Identification Number							
			G2	2 Provider Commercial Number							
			LU	Location Number							
			N5	Provider Plan Network Identification Number							
			SY	Social Security Number							
				The social security number may n Medicare.	ot be	used	for				
			X5	State Industrial Accident Provider	Num	ber					
REQUIRED	REF02	127		entification nation as defined for a particular Transactic e Identification Qualifier	<b>X</b> on Set	AN or as sp	1/30 pecified				
			INDUSTRY: Atten	ding Physician Secondary Identifier							
			<b>SYNTAX:</b> R0203								
NOT USED	REF03	352	Description		X	AN	1/80				
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0						

# OPERATING PHYSICIAN NAME

Loop: 2310B — OPERATING PHYSICIAN NAME Repeat: 1

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
- 2. This segment is required when any surgical procedure code is listed on this claim.
- 3. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.

Example: NM1\*72\*1\*MEYERS\*JANE\*\*\*XX\*12345678~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail Position: 250

Loop: 2310 Repeat: 9

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

**Set Notes:** 1. Loop 2310 contains information about the rendering, referring, or attending

provider.

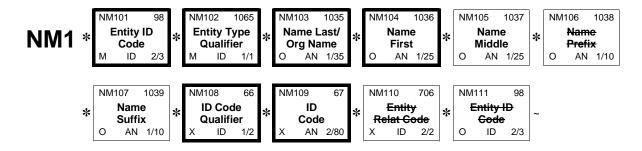
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

# DIAGRAM



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTE	≣S			
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location individual	<b>M</b> , prop	<b>ID</b> perty or ar	<b>2/3</b>			
			The entity identifier in NM101 applies to all segme ID-2310.	nts i	in Loop				
			CODE DEFINITION						
			72 Operating Physician						
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity	M	ID	1/1			
			SEMANTIC: NM102 qualifies NM103.  CODE DEFINITION						
			1 Person						
REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational name	0	AN	1/35			
			ındustry: Operating Physician Last Name						
			UB-92 Reference [UB-92 Name]:						
			83A, Line b [Other Physician ID]						
			EMC v.6.0 Reference:						
			Record Type 80 Field No. 10, Positions 116-131.						
REQUIRED	NM104	1036	Name First Individual first name	0	AN	1/25			
			INDUSTRY: Operating Physician First Name						
			UB-92 Reference [UB-92 Name]:						
			83A, Line b [Other Physician ID]						
			EMC v.6.0 Reference:						
			Record Type 80 Field No. 10, Position 132-139						
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	0	AN	1/25			
			INDUSTRY: Operating Physican Middle Name						
			This data element is required when NM102 equals Middle Name or Initial of the person is known by t		• •				
NOT USED	NM106	1038	Name Prefix	o	AN	1/10			
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	0	AN	1/10			
			INDUSTRY: Operating Physician Name Suffix						
			Required if known.						

REQUIRED	NM108	66	Identification Code Qualifier X ID 1/2 Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809							
			CODE	DEFINITION						
			24	Employer's Identification Number						
			34	Social Security Number						
			XX	Health Care Financing Administra Provider Identifier Required value if the National Pro mandated for use. Otherwise, one codes may be used.	Administration National					
REQUIRED	NM109	67	Identification Code identifying	Code g a party or other code	X	AN	2/80			
			INDUSTRY: <b>Oper</b>	ating Physician Primary Identifier						
			<b>SYNTAX:</b> P0809							
			UB-92 Refere	nce [UB-92 Name]:						
			83A, Line a [C	Other Physician ID]						
			EMC v.6.0 Re	ference:						
			<b>Record Type</b>	80 Field No. 6						
NOT USED	NM110	706	Entity Relatio	onship Code	X	ID	2/2			
NOT USED	NM111	98	Entity Identifi	ier Code	0	ID	2/3			

# OPERATING PHYSICIAN SPECIALTY INFORMATION

Loop: 2310B — OPERATING PHYSICIAN NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.
- 2. Required when required by contract between the payer and the provider.

3. PRV02 qualifies PRV03.

Example: PRV\*OP\*ZZ\*363LP0200N~

# **STANDARD**

**PRV** Provider Information

Level: Detail Position: 255

**Loop:** 2310

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

# DIAGRAM













# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES
REQUIRED	PRV01	1221	Provider Co-	<b>de</b> ing the type of provider	М	ID	1/3
			CODE	DEFINITION			
			OP	Operating			

REQUIRED	PRV02	128	Reference Identification Qualifier Code qualifying the Reference Identification			ID	2/3
			list (provider Publishing Co taxonomy is I	indicate the "Health Care Provion specialty code) which is availab ompany web site: http://www.wp maintained by the Blue Cross Bl N TG2 WG15.	le on the c-edi.cor	Washi n. This	ngton
			CODE	DEFINITION			
			ZZ	Mutually Defined			
				Provider Taxonomy Code			
REQUIRED	PRV03	127		entification mation as defined for a particular Trans e Identification Qualifier	<b>M</b> saction Set	AN or as sp	1/30 pecified
			INDUSTRY: <b>Provi</b>	ider Taxonomy Code			
			ALIAS: <b>Provide</b> I	r Specialty Code			
NOT USED	PRV04	156	State or Prov	ince Code	0	ID	2/2
NOT USED	PRV05	C035	PROVIDER S	PECIALTY INFORMATION	0		
NOT USED	PRV06	1223	Provider Orga	anization Code	0	ID	3/3

# OPERATING PHYSICIAN SECONDARY IDENTIFICATION

Loop: 2310B — OPERATING PHYSICIAN NAME

**Usage: SITUATIONAL** 

Repeat: 5

Notes: 1. Use this REF only when a second number is necessary to identify the

provider. The primary identification must be contained in NM109.

Example: REF\*1G\*A12345~

# **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 271

Loop: 2310

Requirement: Optional

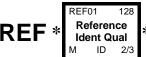
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

# **DIAGRAM**









# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTI	ES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M	ID	2/3

CODE	DEFINITION
0B	State License Number
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1G	Provider UPIN Number

		1H	<b>CHAMPUS Identification Number</b>	CHAMPUS Identification Number								
			El	Employer's Identification Number								
			G2	Provider Commercial Number	der Commercial Number							
			LU	Location Number	Location Number							
			N5	Provider Plan Network Identification	Provider Plan Network Identification Number							
			SY	Social Security Number								
				The social security number may no Medicare.	ot be	used f	or					
			X5	State Industrial Accident Provider	Num	ber						
REQUIRED	REF02	127		ntification nation as defined for a particular Transactio e Identification Qualifier	<b>X</b> n Set	AN or as sp	1/30 ecified					
			INDUSTRY: Opera	ating Physician Secondary Identifier								
			<b>SYNTAX</b> : R0203									
NOT USED	REF03	352	Description		X	AN	1/80					
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0							

# OTHER PROVIDER NAME

Loop: 2310C — OTHER PROVIDER NAME Repeat: 1

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
- 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 3. Required on all outpatient and home health claims/encounters to indicate the person or organization (Home Health Agency) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here. Required when the Other Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider in the 2010AA/AB loops.
- 4. Required on non-outpatient (e.g inpatient, SNF, ICF etc.) claims or encounters to indicate the physician who rendered service for the principal procedure if other than the operating physician reported in Loop 2310B. Not required on non-outpatient claims or encounters if no principal procedure was performed.

Example: NM1\*73\*1\*DOE\*JOHN\*A\*\*\*34\*201749586~

# STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 250

Loop: 2310 Repeat: 9

Requirement: Optional

Max Use: 1

**Purpose:** To supply the full name of an individual or organizational entity

**Set Notes:** 1. Loop 2310 contains information about the rendering, referring, or attending provider.

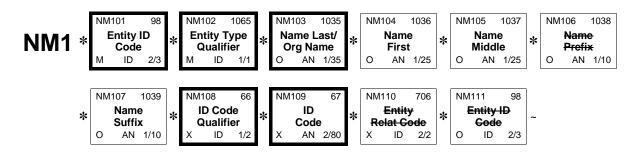
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

# DIAGRAM



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES				
REQUIRED	NM101	98	Entity Identified Code identifying individual	er Code an organizational entity, a physical location	<b>M</b> n, prop	<b>ID</b> perty or a	<b>2/3</b> an		
			The entity idea ID-2310.	ntifier in NM101 applies to all segme	ents i	in Loop	)		
			CODE	DEFINITION					
			73	Other Physician					
REQUIRED	NM102	1065	Entity Type Qu Code qualifying t		M	ID	1/1		
			SEMANTIC: NM102	2 qualifies NM103.					
			CODE	DEFINITION					
			1	Person					
DECLUDED		2	Non-Person Entity						
REQUIRED	NM103	NM103 1035		Organization Name me or organizational name	0	AN	1/35		
			INDUSTRY: Other	Physician Last Name					
			UB-92 Referer	nce [UB-92 Name]:					
			83B, Line b [O	ther Physician ID]					
			EMC v.6.0 Ref	erence:					
			Record Type 8	30 Field No. 11, 12					
SITUATIONAL	NM104	1036	Name First Individual first na	me	0	AN	1/25		
			INDUSTRY: Other	Physician First Name					
			UB-92 Referer	nce [UB-92 Name]:					
			83B, Line b [O	ther Physician ID]					
			EMC v.6.0 Reference:						
			Record Type 8	30 Field No. 11, 12					
			Required if NN	//102=1 (person).					

INFLEMENTATION	GOIDE				OTHER	KOVID	LIV INAIN		
SITUATIONAL	UATIONAL NM105 103	1037	Name Middle Individual middl	e name or initial	0	AN	1/25		
			INDUSTRY: Othe	r Provider Middle Name					
			_	en NM102=1-Person and the Mido known by the provider.	lle Name	or Init	ial of		
NOT USED	NM106	1038	Name Prefix		0	AN	1/10		
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name O AN 1/10						
			INDUSTRY: Othe	r Provider Name Suffix					
			Other Provid	er Generation					
			Required if k	nown.					
REQUIRED NM108		66	Identification Code Qualifier X ID 1/2 Code designating the system/method of code structure used for Identification Code (67)  SYNTAX: P0809						
			CODE	DEFINITION					
		24	Employer's Identification Numl	ber					
		34	Social Security Number						
			XX	Health Care Financing Administration Provider Identifier Required value if the National Imandated for use. Otherwise, of codes may be used.	Provider	· ID is			
REQUIRED	NM109	67	INDUSTRY: Other P SYNTAX: P0809 UB-92 Refere 83B, Line a [6 EMC v.6.0 Re Record Type	g a party or other code  r Physician Identifier  hysician Primary ID  ence [UB-92 Name]: Other Physician ID]  eference:  80 Field No. 7	X	AN	2/80		
				81 Field No. 6					
NOT USED	NM110	706	Entity Relation	•	X	ID	2/2		
NOT USED	NM111	98	Entity Identif	ier Code	0	ID	2/3		

# OTHER PROVIDER SPECIALTY INFORMATION

Loop: 2310C — OTHER PROVIDER NAME

Usage: REQUIRED

Repeat: 1

Notes:

1. The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.

2. PRV02 qualifies PRV03.

Example: PRV\*PE\*ZZ\*203BA0200N~

# **STANDARD**

# **PRV** Provider Information

Level: Detail

Position: 255

Loop: 2310

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

# DIAGRAM













#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUTE	ES	_
REQUIRED	PRV01	1221	Provider Code	М	l	ID	1/3	
			Code indentifying the type of provider					

DEFINITION

CODE

ОТ	Other Physician
	Non-outpatient claims/encounters must use code value OT - Other in PRV01.
PE	Performing
	Outpatient and Home Health Agency claims and enounters must use code value PE - Performing in PRV01.

REQUIRED	PRV02	128		entification Qualifier the Reference Identification	M	ID	2/3		
			list (provider Publishing C taxonomy is	indicate the "Health Care Provid specialty code) which is availabl ompany web site: http://www.wp maintained by the Blue Cross Blo N TG2 WG15.	ilable on the Washington wpc-edi.com. This				
			CODE	DEFINITION					
			ZZ	Mutually Defined					
REQUIRED	PRV03	127	Reference Identification M AN Reference information as defined for a particular Transaction Set or as spe by the Reference Identification Qualifier				1/30 pecified		
			INDUSTRY: <b>Prov</b>	ider Taxonomy Code					
			ALIAS: <b>Provide</b>	r Specialty Code					
NOT USED	PRV04	156	State or Prov	ince Code	0	ID	2/2		
NOT USED	PRV05	C035	PROVIDER S	PECIALTY INFORMATION	0				
NOT USED	PRV06	1223	Provider Org	0	ID	3/3			

# OTHER PROVIDER SECONDARY IDENTIFICATION

Loop: 2310C — OTHER PROVIDER NAME

**Usage: SITUATIONAL** 

Repeat: 5

Notes: 1. Use this REF only when a second number is necessary to identify the

provider. The primary identification must be contained in NM109.

Example: REF\*1G\*A12345~

# **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 271

Loop: 2310

Requirement: Optional

Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

# **DIAGRAM**









# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	REF01	128	Reference Identification Qualifier	М	ID	2/3
			Code qualifying the Reference Identification			

CODE	DEFINITION
0B	State License Number
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1G	Provider UPIN Number

			1H	CHAMPUS Identification Number						
			El	Employer's Identification Number						
			G2	Provider Commercial Number						
			LU	Location Number						
			N5	Provider Plan Network Identification Number						
			SY	Social Security Number						
				The social security number may not be used for Medicare.			for			
			X5	State Industrial Accident Provider	Num	ber				
REQUIRED	REF02	127		entification nation as defined for a particular Transactio e Identification Qualifier	<b>X</b> n Set	AN or as sp	1/30 pecified			
			INDUSTRY: Other	Provider Secondary Identifier						
			syntax: R0203							
NOT USED	REF03	352	Description		X	AN	1/80			
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0					

# REFERRING PROVIDER NAME

Loop: 2310D — REFERRING PROVIDER NAME Repeat: 2

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
- 2. When there is only one referral on the claim, use code "DN Referring Provider". When more than one referral exists and there is a requirement to report the additional referral/order, use code DN in the first iteration of this loop to indicate the referral/order received by the rendering provider or Service Facility on this claim. Use code "P3 Primary Care Provider" in the second iteration of the loop to indicate the initial referral/order from the primary care provider or whatever provider wrote the initial referral/order for this patient's episode of care being billed/reported in this transaction.
- 3. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 4. Required if claim or encounter involved a referral/order.

Example: NM1\*DN\*1\*SMITH\*JANE\*\*\*XX\*12345678~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail Position: 250

Loop: 2310 Repeat: 9

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Loop 2310 contains information about the rendering, referring, or attending

provider.

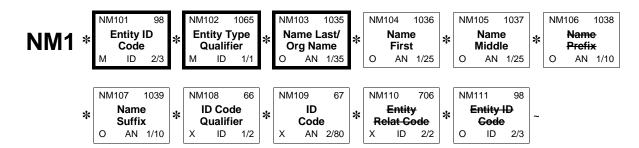
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

# DIAGRAM



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES
REQUIRED NM101 98		98	Entity Identified Code identifying individual	er Code an organizational entity, a physical location	<b>M</b> , prop	<b>ID</b> perty or a	<b>2/3</b> n
			The entity idea ID-2310.	ntifier in NM101 applies to all segme	nts i	n Loop	
			CODE	DEFINITION			
			DN	Referring Provider			
				Use on first iteration of this loop. Lonly once.	loop is	op is used	
			P3	Primary Care Provider			
DECUIDED			Use only if loop is used twice. Use only on sectiteration of this loop.				
REQUIRED NM102 1065		1065	Entity Type Qualifying t		M	ID	1/1
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
			2	Non-Person Entity			
REQUIRED	NM103	1035		Organization Name me or organizational name	0	AN	1/35
			INDUSTRY: <b>Refer</b> i	ring Provider Last Name			
			Ordering Phys	sician Last Name			
SITUATIONAL	NM104	1036	Name First Individual first na	ıme	0	AN	1/25
			INDUSTRY: Refer	ring Provider First Name			
		Required if NI	M102=1 (person).				

SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	0	AN	1/25		
			INDUSTRY: Referring Provider Middle Na	ame				
			Required if NM102=1 and the middle known.	name/initial of the	e perso	on is		
NOT USED	NM106	1038	Name Prefix	0	AN	1/10		
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	0	AN	1/10		
			INDUSTRY: Referring Provider Name Sur	ffix				
			ALIAS: Referring Provider Generation					
			Required if known.					
SITUATIONAL	NM108	66	Identification Code Qualifier Code designating the system/method of cod Code (67) SYNTAX: P0809	<b>X</b> de structure used for I	<b>ID</b> dentifica	1/2 ation		
			Required if Employer's Identification/Social Security number or National Provider Identifier is known.					
			A code qualifier is recommended for	managed care cl	aims.			
			A code qualifier is recommended for CODE DEFINITION	r managed care cl	aims.			
				_	aims.			
			CODE DEFINITION	tion Number	aims.			
			24 DEFINITION  Employer's Identification	tion Number per g Administration l	Nationa · ID is			
SITUATIONAL	NM109	67	24 Employer's Identificat  34 Social Security Numb  XX Health Care Financing Provider Identifier Required value if the mandated for use. Other	tion Number per g Administration l	Nationa · ID is	r liste		
SITUATIONAL	NM109	67	24 Employer's Identificat  34 Social Security Numb  XX Health Care Financing Provider Identifier Required value if the mandated for use. Ott codes may be used.  Identification Code	tion Number  per  g Administration    National Provider  therwise, one of the	Nationa ID is ne othe	r liste		
SITUATIONAL	NM109	67	24 Employer's Identificat  34 Social Security Numb  XX Health Care Financing Provider Identifier Required value if the mandated for use. Otto codes may be used.  Identification Code  Code identifying a party or other code	tion Number per g Administration   National Provider therwise, one of the	Nationa ID is ne othe	r liste		
SITUATIONAL	NM109	67	24 Employer's Identificat  34 Social Security Numb  XX Health Care Financing Provider Identifier Required value if the mandated for use. Ott codes may be used.  Identification Code Code identifying a party or other code	tion Number per g Administration   National Provider therwise, one of the	Nationa ID is ne othe			
SITUATIONAL	NM109	67	24 Employer's Identificat  34 Social Security Numb  XX Health Care Financing Provider Identifier Required value if the mandated for use. Otto codes may be used.  Identification Code Code identifying a party or other code  INDUSTRY: Referring Provider Identifier  ALIAS: Referring Provider Primary Identifier  1	tion Number  per g Administration   National Provider therwise, one of the	Nationa ID is ne othe	r liste 2/80		
SITUATIONAL	NM109	67	24 Employer's Identificat  34 Social Security Numb  XX Health Care Financing Provider Identifier Required value if the mandated for use. Ott codes may be used.  Identification Code Code identifying a party or other code  INDUSTRY: Referring Provider Identifier ALIAS: Referring Provider Primary Identification. Po809  Required if Employer's Identification.	tion Number  per  g Administration    National Provider  therwise, one of the  X  ntifier  n/Social Security rown.	Nationa ID is ne othe	r liste 2/80		
SITUATIONAL NOT USED	NM109	67	24 Employer's Identificat  34 Social Security Numb  XX Health Care Financing Provider Identifier Required value if the mandated for use. Ott codes may be used.  Identification Code Code identifying a party or other code  INDUSTRY: Referring Provider Identifier ALIAS: Referring Provider Primary Identifier SYNTAX: P0809  Required if Employer's Identification or National Provider Identifier is known	tion Number  per  g Administration    National Provider  therwise, one of the  X  ntifier  n/Social Security rown.	Nationa ID is ne othe	r liste 2/8		

# REFERRING PROVIDER SPECIALTY INFORMATION

Loop: 2310D — REFERRING PROVIDER NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

1. The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.

2. Required if required under provider-payer contract.

3. PRV02 qualifies PRV03.

Example: PRV\*RF\*ZZ\*363LP0200N~

# **STANDARD**

# **PRV** Provider Information

Level: Detail Position: 255

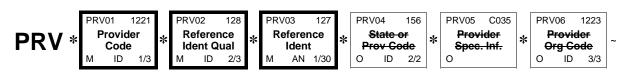
Loop: 2310

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

# **DIAGRAM**



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	PRV01	1221	Provider Code Code indentifying the type of provider		М	ID	1/3
			CODE	DEFINITION			
			RF	Referring			

REQUIRED	PRV02	128		entification Qualifier the Reference Identification	М	ID	2/3
			list (provider Publishing C taxonomy is	o indicate the "Health Care Provides specialty code) which is availabe company web site: http://www.wpmaintained by the Blue Cross Bl	le on the c-edi.cor	Washi n. This	ngton
			CODE	DEFINITION			
			ZZ	Mutually Defined			
REQUIRED	PRV03	127		entification mation as defined for a particular Trans ce Identification Qualifier	<b>M</b> saction Set	AN or as sp	1/30 pecified
			INDUSTRY: <b>Prov</b>	ider Taxonomy Code			
			ALIAS: <b>Provide</b>	r Specialty Code			
NOT USED	PRV04	156	State or Prov	rince Code	0	ID	2/2
NOT USED	PRV05	C035	PROVIDER S	SPECIALTY INFORMATION	0		
NOT USED	PRV06	1223	Provider Org	anization Code	0	ID	3/3

# REFERRING PROVIDER SECONDARY IDENTIFICATION

Loop: 2310D — REFERRING PROVIDER NAME

**Usage: SITUATIONAL** 

Repeat: 5

Notes: 1. Required if NM108/09 is not used.

Example: REF\*1G\*A12345~

# **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 271

Loop: 2310

Requirement: Optional

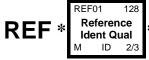
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

#### DIAGRAM









# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES	
REQUIRED	REF01	128	Reference Identification Qualifier	М	ID	2/3	

CODE	DEFINITION
0B	State License Number
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1G	Provider UPIN Number
В3	Preferred Provider Organization Number

			BQ	Health Maintenance Organization (	Code	Numb	er			
			El	<b>Employer's Identification Number</b>						
			G2	Provider Commercial Number						
			LU	Location Number						
			N5	Provider Plan Network Identification	n Nu	ımber				
			SY	Social Security Number						
				The social security number may no Medicare.	ot be	used f	or			
			X5	State Industrial Accident Provider	Num	ber				
REQUIRED	REF02	127		entification nation as defined for a particular Transactio e Identification Qualifier	<b>X</b> n Set	AN or as sp	1/30 pecified			
			INDUSTRY: Refer	ring Provider Secondary Identifier						
			<b>SYNTAX:</b> R0203							
NOT USED	REF03	352	Description		X	AN	1/80			
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0					

# SERVICE FACILITY NAME

Loop: 2310E — SERVICE FACILITY NAME Repeat: 1

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.
- 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) or 2010AB (Pay-to Provider) loops.

Example: NM1\*FA\*2\*Rehab Facility\*\*\*\*XX\*12345678~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail Position: 250

Loop: 2310 Repeat: 9

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

**Set Notes:** 1. Loop 2310 contains information about the rendering, referring, or attending

provider.

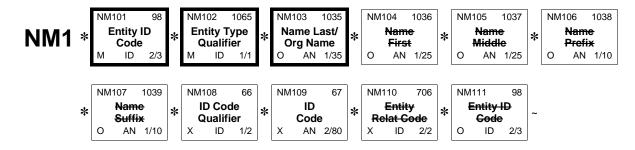
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

#### **DIAGRAM**



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES
REQUIRED	NM101	98	Entity Identifie Code identifying individual	er Code an organizational entity, a physical location,	<b>M</b> prop	<b>ID</b> erty or a	<b>2/3</b> in
			CODE	DEFINITION			
			FA	Facility			
REQUIRED	NM102	1065	Entity Type Qu Code qualifying t		M	ID	1/1
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			2	Non-Person Entity			
REQUIRED	NM103	1035		Organization Name me or organizational name	0	AN	1/35
			INDUSTRY: Labor	atory or Facility Name			
			ALIAS: Laborato	ry/Facility Name			
NOT USED	NM104	1036	Name First		0	AN	1/25
NOT USED	NM105	1037	Name Middle		0	AN	1/25
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
NOT USED	NM107	1039	Name Suffix		0	AN	1/10
SITUATIONAL NM108 66	66	Identification ( Code designating Code (67)	Code Qualifier g the system/method of code structure used	<b>X</b> for lo	<b>ID</b> dentificat	<b>1/2</b> tion	
			<b>SYNTAX:</b> P0809				
				her Employer's Identification/Social ovider Identifier is known.	Sec	urity N	umber
			CODE	DEFINITION			
			24	Employer's Identification Number			
			34	Social Security Number			
			xx	Health Care Financing Administration Provider Identifier Required value if the National Provider Identifier Required value of the National Provider Identifier	ider	ID is	
SITUATIONAL	NM109	67	Identification Code identifying	Code a party or other code	X	AN	2/80
			INDUSTRY: Labor	atory or Facility Primary Identifier			
				ory/Facility Primary Identifier			
			<b>SYNTAX</b> : P0809	·			
				her Employer's Identification/Social ovider Identifier is known.	Sec	urity N	umber
NOT USED	NM110	706	Entity Relation	nship Code	Х	ID	2/2

2/3

NOT USED NM111 98 Entity Identifier Code O ID

# SERVICE FACILITY SPECIALTY INFORMATION

Loop: 2310E — SERVICE FACILITY NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

1. The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.

2. Required if required under provider-payer contract.

3. PRV02 qualifies PRV03.

Example: PRV\*RP\*ZZ\*363LP0200N~

# **STANDARD**

# **PRV** Provider Information

Level: Detail Position: 255

**Loop**: 2310

**Loop.** 2010

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

# DIAGRAM













#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES
REQUIRED	PRV01	1221	Provider Code Code indentifyi	<b>de</b> ng the type of provider	M	ID	1/3
			CODE	DEFINITION			
			RP	Reporting Provider			

REQUIRED	PRV02	128		entification Qualifier the Reference Identification	М	ID	2/3
			CODE	DEFINITION			
			ZZ	Mutually Defined			
				ZZ is used to indicate the "Health Taxonomy" code list (provider sp is available on the Washington Poweb site: http://www.wpc-edi.com maintained by the Blue Cross Blu Association and ASC X12N TG2 N	ecialt ublish n. This ne Shi	y code ing Co taxon eld	) which mpany
REQUIRED	PRV03	127		entification nation as defined for a particular Transacti e Identification Qualifier	<b>M</b> on Set	AN or as sp	1/30 ecified
			INDUSTRY: <b>Provi</b>	der Taxonomy Code			
			ALIAS: <b>Providei</b>	Specialty Code			
NOT USED	PRV04	156	State or Provi	ince Code	0	ID	2/2
NOT USED	PRV05	C035	PROVIDER SI	PECIALTY INFORMATION	0		
NOT USED	PRV06	1223	Provider Orga	anization Code	0	ID	3/3

# **SERVICE FACILITY ADDRESS**

Loop: 2310E — SERVICE FACILITY NAME

Usage: REQUIRED

Repeat: 1

Example: N3\*123 MAIN STREET~

# **STANDARD**

**N3** Address Information

Level: Detail

Position: 265

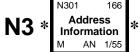
Loop: 2310

Requirement: Optional

Max Use: 2

Purpose: To specify the location of the named party

# DIAGRAM





#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	ITES
REQUIRED	N301	166	Address Information Address information	M	AN	1/55
			ındustry: Laboratory or Facility Address Line			
			ALIAS: Laboratory/Facility Address 1			
SITUATIONAL	N302	166	Address Information Address information	0	AN	1/55
			ındustry: Laboratory or Facility Address Line			
			Required if a second address line exists.			

# SERVICE FACILITY CITY/STATE/ZIP CODE

Loop: 2310E — SERVICE FACILITY NAME

Usage: REQUIRED

Repeat: 1

Example: N4\*ANY TOWN\*TX\*75123~

# **STANDARD**

**N4** Geographic Location

Level: Detail

Position: 270

**Loop:** 2310

Requirement: Optional

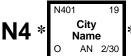
Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. C0605

If N406 is present, then N405 is required.

#### DIAGRAM













# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	N401	19	City Name Free-form text for city name	0	AN	2/30
			INDUSTRY: Laboratory or Facility City Name			
			ALIAS: Laboratory/Facility City			
			<b>COMMENT:</b> A combination of either N401 through N404, or N4 adequate to specify a location.	105 ar	nd N406	may be
REQUIRED	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate of	<b>O</b> govern	<b>ID</b> nment ag	<b>2/2</b> gency

INDUSTRY: Laboratory or Facility State or Province Code

ALIAS: Laboratory/Facility State

**COMMENT:** N402 is required only if city name (N401) is in the U.S. or Canada.

CODE SOURCE 22: States and Outlying Areas of the U.S.

REQUIRED	N403	116	Postal Code Code defining international postal zone code excluding pur (zip code for United States)	<b>O</b> ictuatio	<b>ID</b> on and I	<b>3/15</b> olanks
			INDUSTRY: Laboratory or Facility Postal Zone or ZIP	Code	•	
			ALIAS: Laboratory/Facility Zip Code			
			CODE SOURCE 51: ZIP Code			
SITUATIONAL	N404	26	Country Code Code identifying the country	0	ID	2/3
			ALIAS: Laboratory/Facility Country Code			
			CODE SOURCE 5: Countries, Currencies and Funds			
			Required if the address is out of the U.S.			
NOT USED	N405	309	Location Qualifier	X	ID	1/2
NOT USED	N406	310	Location Identifier	0	AN	1/30

# SERVICE FACILITY SECONDARY IDENTIFICATION

Loop: 2310E — SERVICE FACILITY NAME

**Usage: SITUATIONAL** 

Repeat: 5

Notes: 1. Use this REF only when a second number is necessary to identify the

provider. The primary identification must be contained in NM109.

Example: REF\*1G\*A12345~

# STANDARD

**REF** Reference Identification

Level: Detail

Position: 271

Loop: 2310

Requirement: Optional

Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

# **DIAGRAM**









# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTE	ES
REQUIRED	REF01	128	Reference Identification Qualifier	М	ID	2/3
			Code qualifying the Reference Identification			

	CODE	DEFINITION
0B		State License Number
1A		Blue Cross Provider Number
1B		Blue Shield Provider Number
1C		Medicare Provider Number
1D		Medicaid Provider Number
1G		Provider UPIN Number

			1H	CHAMPUS Identification Number					
			1J	Facility ID Number					
			El	Employer's Identification Number					
			FH	Clinic Number					
			G2	Provider Commercial Number					
			G5	Provider Site Number					
			LU	Location Number					
		N5	Provider Plan Network Identification Number						
			X5	State Industrial Accident Provider	Num	ber			
REQUIRED	REF02	127		entification nation as defined for a particular Transactio e Identification Qualifier	<b>X</b> on Set	AN or as sp	1/30 pecified		
			INDUSTRY: Labor	ratory or Facility Secondary Identifie	er.				
			<b>SYNTAX:</b> R0203						
NOT USED	REF03	352	Description		X	AN	1/80		
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0				

# OTHER SUBSCRIBER INFORMATION

Loop: 2320 — OTHER SUBSCRIBER INFORMATION Repeat: 10

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required if other payers are known to potentially be involved in paying on this claim.

2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.

3. All information contained in the 2320 Loop applies only to the payer who is identified in the 2330B Loop of this iteration of the 2320 Loop. It is specific only to that payer. If information on additional payers is needed to be carried, run the 2320 Loop again with it's respective 2330 Loops.

Example: SBR\*S\*01\*GR00786\*\*MC\*\*\*\*OF~

#### **STANDARD**

**SBR** Subscriber Information

Level: Detail Position: 290

Loop: 2320 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To record information specific to the primary insured and the insurance carrier

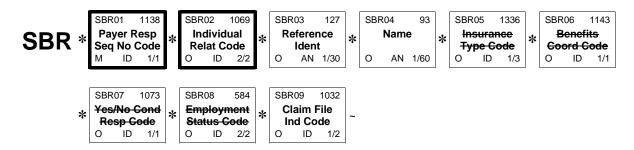
for that insured

**Set Notes:** 1. Loop 2320 contains insurance information about: paying and other

Insurance Carriers for that Subscriber, Subscriber of the Other Insurance

Carriers, School or Employer Information for that Subscriber.

#### DIAGRAM



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		AT	TRIBUT	ES			
REQUIRED	SBR01	1138		sibility Sequence Number Code the insurance carrier's level of responsibilit	<b>M II</b> y for a pa	_	<b>1/1</b> nt of a			
			UB-92 Referen	nce [UB-92 Name]:						
			50 (A-C) [Paye	er Identification]						
			51 (A-C) [Prov	rider Number]						
			52 (A-C) [Release of Information Certification Indicator]							
			53 (A-C) [Assi	gnment of Benefits Certification Ind	licator]					
			54 (A-C) [Prior	r Payments - Payers and Patient]						
			55 (A-C) [Estin	mated Amount Due]						
			58 (A-C) [Insu	red's Name]						
			59 (A-C) [Patient's Relationship to Insured]							
				ificate/Social Security Number/Heald cation Number]	th Insur	ance	•			
			61 (A-C) [Insured Group Name]							
			62 (A-C) [Insurance Group Number]							
			63 (A-C) [Treatment Authorization Code]							
			64 (A-C) [Employment Status Code of the Insured]							
			65 (A-C) [Emp	loyer Name of the Insured]						
			66 (A-C) [Employer Location of the Insured]							
			EMC v.6.0 Reference:							
			Record Type 3	30 Field No. 2 (Sequence 01-03)						
			Record Type 3	31 Field No. 2 (Sequence 01-03)						
			Record Type 3	32 Field No. 2 (Sequence 01-03)						
			Record Type 4	40 Field No. 5, 6, 7						
			CODE	DEFINITION						
			P	Primary						
			S	Secondary						
			T	Tertiary						
				Used to indicate "payer of last res	ort".					

REQUIRED	SBR02	1069	Individual Relationship Code	0	ID	2/2
			Code indicating the relationship between two individuals or	· entitie	S	

SEMANTIC: SBR02 specifies the relationship to the person insured.

UB-92 Reference [UB-92 Name]:

59 (A-C) [Patient's Relationship to Insured]

EMC v.6.0 Reference:

Record Type 30 Field No. 18 (Sequence 01-03)

Use this code to specify the patient's relationship to the person insured.

CODE	DEFINITION
01	Spouse UB-92 Reference [UB-92 Name]: 59 Code 02 [Spouse]
04	Grandfather or Grandmother UB-92 Reference [UB-92 Name]: 59 Code 19 [Grandparent]
05	Grandson or Granddaughter UB-92 Reference [UB-92 Name]: 59 Code 13 [Grandchild]
07	Nephew or Niece UB-92 Reference [UB-92 Name]: 59 Code 14 [Niece/Nephew]
10	Foster Child UB-92 Reference [UB-92 Name]: 59 Code 06 [Foster Child]
15	Ward UB-92 Reference [UB-92 Name]: 59 Code 07 [Ward of the Court]
17	Stepson or Stepdaughter UB-92 Reference [UB-92 Name]: 59 Code 05 [Step Child]
18	Self UB-92 Reference [UB-92 Name]: 59 Code 01 [Patient Is Insured]
19	Child UB-92 Reference [UB-92 Name]: 59 Code 03 [Natural Child/Insured Financial Responsibility]
20	Employee UB-92 Reference [UB-92 Name]: 59 Code 08 [Employee]

21	Unknown UB-92 Reference [UB-92 Name]: 59 Code 09 [Unknown]
22	Handicapped Dependent UB-92 Reference [UB-92 Name]: 59 Code 10 [Handicapped Dependent]
23	Sponsored Dependent UB-92 Reference [UB-92 Name]: 59 Code 16 [Sponsored Dependent]
24	Dependent of a Minor Dependent UB-92 Reference [UB-92 Name]: 59 Code 17 [Minor Dependent of a Minor Dependent]
29	Significant Other
32	Mother
33	Father
36	Emancipated Minor
39	Organ Donor UB-92 Reference [UB-92 Name]: 59 Code 11 [Organ Donor]
40	Cadaver Donor UB-92 Reference [UB-92 Name]: 59 Code 12 [Cadaver Donor]
41	Injured Plaintiff UB-92 Reference [UB-92 Name]: 59 Code 15 [Injured Plaintiff]
43	Child Where Insured Has No Financial Responsibility UB-92 Reference [UB-92 Name]: 59 Code 04 [Natural Child/Insured Does not Have Financial Responsibility]
53	Life Partner UB-92 Reference [UB-92 Name]: 59 Code 20 [Life Partner]
G8	Other Relationship

SITUATIONAL	SBR03	127	Reference Identification Reference information as defined for a particular Transactory the Reference Identification Qualifier	<b>O</b> tion Set	AN t or as sp	1/30 pecified
			INDUSTRY: Insured Group or Policy Number			
			SEMANTIC: SBR03 is policy or group number.			
			UB-92 Reference [UB-92 Name]:			
			62 (A-C) [Insurance Group Number]			
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 10 (Sequence 01-03) II	nsurar	nce Gro	oup No.
			Use this element to carry the subscriber's group the number that uniquely identifies the subscrib subscriber's number should be carried in NM10 NM101 identifies the number in NM109 as the in Identification Number.	er. Th 9. Usir	e ng cod	
SITUATIONAL	SBR04	93	Name Free-form name	0	AN	1/60
			INDUSTRY: Other Insured Group Name			
			SEMANTIC: SBR04 is plan name.			
			UB-92 Reference [UB-92 Name]:			
			61 (A-C) [Insured Group Name]			
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 11 (Sequence 01-03)			
			Plan Name (Group Name)			
			This data element is required when the Provider (Group Name) within their files.	has tl	he Plar	n Name
NOT USED	SBR05	1336	Insurance Type Code	Ο	ID	1/3
NOT USED	SBR06	1143	Coordination of Benefits Code	0	ID	1/1
NOT USED	SBR07	1073	Yes/No Condition or Response Code	0	ID	1/1
NOT USED	SBR08	584	Employment Status Code	0	ID	2/2
SITUATIONAL	SBR09	1032	Claim Filing Indicator Code Code identifying type of claim	0	ID	1/2
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 4 (Sequence 01-03. Se 2000B for EMC code translation.)	e SBF	R <b>09</b> in l	LOOP
			Required prior to mandated used of PlanID. Not mandated.	used a	after P	lanID is
			CODE DEFINITION			
			09 Self-pay			
			10 Central Certification			
			11 Other Non-Federal Programs			
			12 Preferred Provider Organization	(PPO)		
				( <del>.</del> )		

13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medical
BL	Blue Cross/Blue Shield
СН	Champus
CI	Commercial Insurance Co.
DS	Disability
НМ	Health Maintenance Organization
LI	Liability
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veteran Administration Plan Refers to Veterans Affairs Plan.
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined Unknown

## **CLAIM LEVEL ADJUSTMENT**

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

Usage: SITUATIONAL

Repeat: 5

Notes:

- 1. Submitter should use this CAS segment to report prior payers claim level adjustments that cause the amount paid to differ from the amount originally charged.
- 2. Only one Group Code is allowed per CAS. If it is necessary to send more than one Group Code at the claim level, repeat the CAS segment again.
- Codes and associated amount should come from 835 (Remittance Advice) received on the claim. If no previous payments have been made, omit this segment. See the 835 for definitions of the Group Codes (CAS01).
- 4. Required if claim has been adjudicated by payer identified in this loop and has claim level adjustment information.
- 5. To locate the claim adjustment reason codes that are used in CAS02, 05, 08, 11, 14, and 17 see the Washington Publishing Company web site: http://www.wpc-edi.com. Follow the buttons to Code Lists Claim Adjustment Reason Codes.

Example: CAS\*CO\*96\*555.52~

#### **STANDARD**

**CAS** Claims Adjustment

Level: Detail Position: 295

Loop: 2320

Requirement: Optional

Max Use: 99

Purpose: To supply adjustment reason codes and amounts as needed for an entire claim

or for a particular service within the claim being paid

Syntax: 1. L050607

If CAS05 is present, then at least one of CAS06 or CAS07 are required.

2. C0605

If CAS06 is present, then CAS05 is required.

3. C0705

If CAS07 is present, then CAS05 is required.

4. L080910

If CAS08 is present, then at least one of CAS09 or CAS10 are required.

#### 5. C0908

If CAS09 is present, then CAS08 is required.

#### 6. C1008

If CAS10 is present, then CAS08 is required.

#### 7. L111213

If CAS11 is present, then at least one of CAS12 or CAS13 are required.

#### 8 C1211

If CAS12 is present, then CAS11 is required.

#### 9. C1311

If CAS13 is present, then CAS11 is required.

#### 10. L141516

If CAS14 is present, then at least one of CAS15 or CAS16 are required.

#### 11. C1514

If CAS15 is present, then CAS14 is required.

#### 12. C1614

If CAS16 is present, then CAS14 is required.

## 13. L171819

If CAS17 is present, then at least one of CAS18 or CAS19 are required.

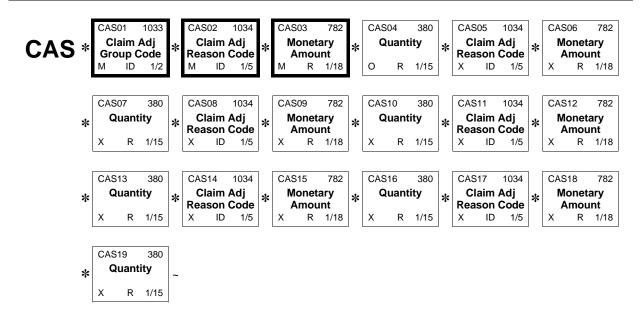
#### 14. C1817

If CAS18 is present, then CAS17 is required.

#### 15 C1917

If CAS19 is present, then CAS17 is required.

#### DIAGRAM



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES	
REQUIRED	CAS01	1033		Claim Adjustment Group Code Code identifying the general category of payment adjustmen			1/2	
			EMC v.6.0 Ref	ference:				
			Record Type	42 Field No. 5				
			CODE	DEFINITION				
			СО	Contractual Obligations				
			CR	Correction and Reversals				
			OA	Other adjustments				
			PI	Payor Initiated Reductions				
			PR	Patient Responsibility				
REQUIRED	CAS02	1034	•	ment Reason Code the detailed reason the adjustment was ma	<b>M</b> ide	ID	1/5	
			INDUSTRY: <b>Adjus</b>	stment Reason Code				
			CODE SOURCE 139	: Claim Adjustment Reason Code				
			EMC v.6.0 Ref	ference:				
			Record Type	42 Field No. 6				
REQUIRED	CAS03	782	Monetary Amo		М	R	1/18	
			INDUSTRY: <b>Adjus</b>	stment Amount				
			SEMANTIC: CASO	3 is the amount of adjustment.				
			<b>COMMENT:</b> When the submitted charges are paid in full, the value for CAS03 should be zero.					
			EMC v.6.0 Ref	ference:				
			Record Type	42 Field No. 7				
SITUATIONAL	CAS04	380	<b>Quantity</b> Numeric value o	f quantity	0	R	1/15	
				stment Quantity				
			SEMANTIC: CAS04 is the units of service being adjusted.					
			EMC v.6.0 Ref	ference:				
			Record Type	42 Field No. 8				
			Use this number for the units of service being adjusted.					

SITUATIONAL	CAS05	1034	Claim Adjustment Reason Code X Code identifying the detailed reason the adjustment was made	ID	1/5
			INDUSTRY: Adjustment Reason Code		
			syntax: L050607, C0605, C0705		
			CODE SOURCE 139: Claim Adjustment Reason Code		
			EMC v.6.0 Reference:		
			Record Type 42 Field No. 9		
			Used when additional adjustment information applies	to clai	m.
SITUATIONAL	CAS06	782	Monetary Amount X Monetary amount	R	1/18
			INDUSTRY: Adjustment Amount		
			syntax: L050607, C0605		
			SEMANTIC: CAS06 is the amount of the adjustment.		
			EMC v.6.0 Reference:		
			Record Type 42 Field No. 10		
			Used when additional adjustment information applies	to clai	m.
SITUATIONAL	CAS07	380	Quantity X Numeric value of quantity	R	1/15
			INDUSTRY: Adjustment Quantity		
			syntax: L050607, C0705		
			SEMANTIC: CAS07 is the units of service being adjusted.		
			EMC v.6.0 Reference:		
			Record Type 42 Field No. 11		
			Used when additional adjustment information applies	to clai	m.
SITUATIONAL	CAS08	1034	Claim Adjustment Reason Code X Code identifying the detailed reason the adjustment was made	ID	1/5
			INDUSTRY: Adjustment Reason Code		
			SYNTAX: L080910, C0908, C1008		
			CODE SOURCE 139: Claim Adjustment Reason Code		
			EMC v.6.0 Reference:		
			Record Type 42 Field No. 12		
			Used when additional adjustment information applies	to clai	m.
SITUATIONAL	CAS09	782	Monetary Amount X Monetary amount	R	1/18
			INDUSTRY: Adjustment Amount		
			syntax: L080910, C0908		
			SEMANTIC: CAS09 is the amount of the adjustment.		
			EMC v.6.0 Reference:		
			Record Type 42 Field No. 13		
			Used when additional adjustment information applies	to clai	m.
			and the second s	J. VIAI	

SITUATIONAL **CAS10** 380 X R 1/15 Quantity Numeric value of quantity INDUSTRY: Adjustment Quantity SYNTAX: L080910, C1008 **SEMANTIC:** CAS10 is the units of service being adjusted. EMC v.6.0 Reference: Record Type 42 Field No. 14 Used when additional adjustment information applies to claim. **SITUATIONAL** CAS11 Claim Adjustment Reason Code 1034 1/5 Code identifying the detailed reason the adjustment was made INDUSTRY: Adjustment Reason Code SYNTAX: L111213, C1211, C1311 CODE SOURCE 139: Claim Adjustment Reason Code EMC v.6.0 Reference: Record Type 42 Field No. 15 Used when additional adjustment information applies to claim. SITUATIONAL CAS12 782 Χ 1/18 **Monetary Amount** Monetary amount INDUSTRY: Adjustment Amount SYNTAX: L111213, C1211 SEMANTIC: CAS12 is the amount of the adjustment. EMC v.6.0 Reference: Record Type 42 Field No. 16 Used when additional adjustment information applies to claim. SITUATIONAL CAS13 380 1/15 Numeric value of quantity INDUSTRY: Adjustment Quantity SYNTAX: L111213, C1311 **SEMANTIC:** CAS13 is the units of service being adjusted. EMC v.6.0 Reference: Record Type 42 Field No. 17 Used when additional adjustment information applies to claim. SITUATIONAL CAS14 1034 Claim Adjustment Reason Code ID 1/5 Code identifying the detailed reason the adjustment was made INDUSTRY: Adjustment Reason Code SYNTAX: L141516, C1514, C1614 CODE SOURCE 139: Claim Adjustment Reason Code EMC v.6.0 Reference: Record Type 42 Field No. 18 Used when additional adjustment information applies to claim.

SITUATIONAL	CAS15	782	Monetary Amount Monetary amount	Х	R	1/18
			INDUSTRY: Adjustment Amount			
			SYNTAX: L141516, C1514			
			SEMANTIC: CAS15 is the amount of the adjustment.			
			EMC v.6.0 Reference:			
			Record Type 42 Field No. 19			
			Used when additional adjustment information ap	plies	to clai	m.
SITUATIONAL	CAS16	380	<b>Quantity</b> Numeric value of quantity	X	R	1/15
			INDUSTRY: Adjustment Quantity			
			SYNTAX: L141516, C1614			
			SEMANTIC: CAS16 is the units of service being adjusted.			
			EMC v.6.0 Reference:			
			Record Type 42 Field No. 20			
			Used when additional adjustment information ap	plies	to clai	m.
SITUATIONAL	CAS17	1034	Claim Adjustment Reason Code Code identifying the detailed reason the adjustment was m	<b>X</b> ade	ID	1/5
			INDUSTRY: Adjustment Reason Code			
			SYNTAX: L171819, C1817, C1917			
			CODE SOURCE 139: Claim Adjustment Reason Code			
			EMC v.6.0 Reference:			
			Record Type 42 Field No. 21			
			Used when additional adjustment information ap	plies	to clai	m.
SITUATIONAL	CAS18	782	Monetary Amount Monetary amount	X	R	1/18
			INDUSTRY: Adjustment Amount			
			SYNTAX: L171819, C1817			
			SEMANTIC: CAS18 is the amount of the adjustment.			
			EMC v.6.0 Reference:			
			Record Type 42 Field No. 22			
			Used when additional adjustment information ap	plies	to clai	m.
SITUATIONAL	CAS19	380	<b>Quantity</b> Numeric value of quantity	X	R	1/15
			INDUSTRY: Adjustment Quantity			
			syntax: L171819, C1917			
			SEMANTIC: CAS19 is the units of service being adjusted.			
			EMC v.6.0 Reference:			
			Record Type 42 Field No. 23			
			Used when additional adjustment information ap	plies	to clai	m.
				•		

## PAYER PRIOR PAYMENT

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. The amount this payer has paid to the provider towards this bill.

2. This segment is required when the present payer has paid an amount to the provider towards this bill.

Example: AMT\*C4\*150~

#### **STANDARD**

# **AMT** Monetary Amount

Level: Detail Position: 300

Loop: 2320

Requirement: Optional

Max Use: 15

Purpose: To indicate the total monetary amount

#### **DIAGRAM**







## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES	
REQUIRED	AMT01	522		Amount Qualifier Code Code to qualify amount			1/3	
			CODE	DEFINITION				
			C4	Prior Payment - Actual				
REQUIRED	AMT02	782	Monetary amour	Monetary Amount Monetary amount INDUSTRY: Other Payer Patient Paid Amount				
				nce [UB-92 Name]:				
				r Payments - Payers and Patient]				
			EMC v.6.0 Ref	MC v.6.0 Reference:				
			Record Type 3	30 Field No. 25 (Sequence 01-03)				
NOT USED	AMT03	478	Credit/Debit F	lag Code	0	ID	1/1	

# COORDINATION OF BENEFITS (COB) TOTAL ALLOWED AMOUNT

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is for COB use.

2. This segment is used to convey the COB Total Allowed Amount applicable to this claim when known.

Example: AMT\*B6\*3794.82~

## **STANDARD**

# **AMT** Monetary Amount

Level: Detail

Position: 300

Loop: 2320

Requirement: Optional

Max Use: 15

Purpose: To indicate the total monetary amount

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	AMT01	522	7	Amount Qualifier Code Code to qualify amount  CODE DEFINITION		ID	1/3
			CODE				
			B6	Allowed - Actual			
REQUIRED	AMT02	782	Monetary Ar Monetary amo		M	R	1/18
			INDUSTRY: <b>Allo</b>	wed Amount			
			EMC v.6.0 R	eference:			
				e 92 Field No. 8 (For COB use. Use t evel charges allowed.)	his am	ount f	or the
NOT USED	AMT03	478	Credit/Debit	Flag Code	0	ID	1/1

# COORDINATION OF BENEFITS (COB) TOTAL SUBMITTED CHARGES

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is for COB use.

2. This segment is used to convey the COB Total Submitted Charges applicable to this claim when known.

Example: AMT\*T3\*7490.7~

## **STANDARD**

# **AMT** Monetary Amount

Level: Detail

Position: 300

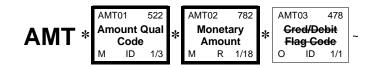
Loop: 2320

Requirement: Optional

Max Use: 15

Purpose: To indicate the total monetary amount

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	AMT01	522		Amount Qualifier Code Code to qualify amount		ID	1/3
			CODE DEFINITION				
		Т3	Total Submitted Charges				
REQUIRED	AMT02	782	Monetary Amount Monetary amount		M	R	1/18
			INDUSTRY: Coo	rdination of Benefits Total Submitte	d Chai	rge An	ount
			EMC v.6.0 R	eference:			
			Record Type 92 Field No. 6 (For COB use. Use this amount for the total claim level submitted charges.)				
NOT USED	AMT03	478	Credit/Debit	Flag Code	О	ID	1/1

# DIAGNOSTIC RELATED GROUP (DRG) OUTLIER AMOUNT

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is for COB use.

2. This segment is used to convey the DRG Outlier Amount applicable to this claim when known.

Example: AMT\*ZZ\*9034.7~

## **STANDARD**

# **AMT** Monetary Amount

Level: Detail

Position: 300

Loop: 2320

Requirement: Optional

Max Use: 15

Purpose: To indicate the total monetary amount

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	AMT01	522	Amount Qualify a		M	ID	1/3
			time, the quali	ier until a more suitable one is deve fier represents what the amount is amount description).	•		
			CODE	DEFINITION			
			ZZ	Mutually Defined			

<b>ASC</b>	X12N •	<b>INSURANCE</b>	<b>SUBCOMMITTEE</b>
IMPI	<b>EMENT</b>	ATION GUIDI	=

004010X096 • 837 • 2320 • AMT DIAGNOSTIC RELATED GROUP (DRG) OUTLIER AMOUNT

REQUIRED	AMT02	782	Monetary Amount Monetary amount	M	R	1/18			
		INDUSTRY: Claim DRG Outlier Amount							
			EMC v.6.0 Reference:						
			Record Type 92 Field No. 15 (For COB use [temporary qualifier]. Use this amount for the DRG outlier amount.)						
NOT USED	AMT03	478	Credit/Debit Flag Code	0	ID	1/1			

# COORDINATION OF BENEFITS (COB) TOTAL MEDICARE PAID AMOUNT

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is for COB use.

2. This segment is used to convey the COB Total Medicare Paid Amount applicable to this claim when known.

Example: AMT\*N1\*873.4~

## **STANDARD**

# **AMT** Monetary Amount

Level: Detail

Position: 300

Loop: 2320

Requirement: Optional

Max Use: 15

Purpose: To indicate the total monetary amount

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE REQUIRED	REF. DATA ELEMENT  AMT01 522		NAME Amount Qualifier Code			ATTRIBU	1/3
,			Code to qualify amount  Use this qualifier until a more suitable one is detime, the qualifier represents what the amount is (see monetary amount description).				
			CODE N1	DEFINITION  Net Worth			

ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE			004010X096 • 837 • 2320 • AMT COORDINATION OF BENEFITS (COB) TOTAL MEDICARE PAID AMOUNT					
REQUIRED	AMT02	782	Monetary Amount Monetary amount	М	R	1/18		
			INDUSTRY: Total Medicare Paid Amount					
			EMC v.6.0 Reference:					
			Record Type 92 Field No. 9 (For COB use [temporary qualifier]. Use this amount for the total Medicare reimbursement.)					
NOT USED	AMT03	478	Credit/Debit Flag Code	0	ID	1/1		

## **MEDICARE PAID AMOUNT - 100%**

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is for COB use.

2. This segment is used to convey the COB Medicare Paid Amount - 100% applicable to this claim when known.

Example: AMT\*KF\*73.01~

#### **STANDARD**

# **AMT** Monetary Amount

Level: Detail

Position: 300

**Loop:** 2320

Requirement: Optional

Max Use: 15

Purpose: To indicate the total monetary amount

#### **DIAGRAM**







## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIB	JTES			
REQUIRED	AMT01	522		Amount Qualifier Code Code to qualify amount			1/3			
			time, the qual	fier until a more suitable one is dev ifier represents what the amount is amount description).	-					
			CODE	DEFINITION						
			KF	Net Paid Amount						
REQUIRED	AMT02	782	Monetary Amo		М	R	1/18			
			eare Paid at 100% Amount							
			EMC v.6.0 Reference:							
			Record Type 93 Field No. 4 (For COB use [temporary qual							

378 MAY 2000

100%.)

this amount for the claim level allowed charges Medicare paid at

ID

1/1

0

NOT USED AMT03 478 Credit/Debit Flag Code

## **MEDICARE PAID AMOUNT - 80%**

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is for COB use.

2. This segment is used to convey the COB Medicare Paid Amount - 80% applicable to this claim when known.

Example: AMT\*PG\*639.4~

#### **STANDARD**

# **AMT** Monetary Amount

Level: Detail

Position: 300

**Loop:** 2320

Requirement: Optional

Max Use: 15

Purpose: To indicate the total monetary amount

#### **DIAGRAM**







## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIB	UTES	
REQUIRED	AMT01	522	Amount Qualifier Code Code to qualify amount			ID	1/3	
			Use this qualifier until a more suitable one is developed. At this time, the qualifier represents what the amount is being used for (see monetary amount description).					
			CODE	DEFINITION				
			PG	Payoff				
REQUIRED	AMT02	782	Monetary A		М	R	1/18	
			INDUSTRY: <b>Me</b> C	licare Paid at 80% Amount				
			EMC v.6.0 R	eference:				
			Record Type 93 Field No. 5 (For COB use [temporary qualifier]. Use					

380 MAY 2000

80%.)

this amount for the claim level allowed charges Medicare paid at

NOT USED AMT03 478 Credit/Debit Flag Code

O ID 1/1

# COORDINATION OF BENEFITS (COB) MEDICARE A TRUST FUND PAID AMOUNT

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is for COB use.

2. This segment is used to convey the COB Medicare A Trust Fund Paid Amount applicable to this claim when known.

Example: AMT\*AA\*4394.7~

## **STANDARD**

# **AMT** Monetary Amount

Level: Detail

Position: 300

Loop: 2320

Requirement: Optional

Max Use: 15

Purpose: To indicate the total monetary amount

#### DIAGRAM



#### **ELEMENT SUMMARY**

REQUIRED	REF. DES.	DATA ELEMENT	Amount Qualic		M	ATTRIBU	л <u>тез</u> 1/3
			Use this qualifier until a more suitable one is developed. At this time, the qualifier represents what the amount is being used for (see monetary amount description).				
			CODE	DEFINITION			
			AA	Allocated			

IMPLEMENTATION GUIDE			COORDINATION OF BENEFITS (COB) MEDICARE A TRUST FUND PAID AMOUNT								
REQUIRED	EQUIRED AMT02 782		Monetary Amount Monetary amount	M	R	1/18					
			ındustry: Paid From Part A Medicare Trus	INDUSTRY: Paid From Part A Medicare Trust Fund Amount							
			EMC v.6.0 Reference:								
			Record Type 93 Field No. 6 (For COB use [temporary quali this amount for the amount paid from the Medicare A trust								
NOT USED	AMT03	478	Credit/Debit Flag Code	0	ID	1/1					

004010X096 • 837 • 2320 • AMT

ASC X12N • INSURANCE SUBCOMMITTEE

# COORDINATION OF BENEFITS (COB) MEDICARE B TRUST FUND PAID AMOUNT

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is for COB use.

2. This segment is used to convey the COB Medicare B Trust Fund Paid Amount applicable to this claim when known.

Example: AMT\*B1\*150~

#### **STANDARD**

# **AMT** Monetary Amount

Level: Detail

Position: 300

Loop: 2320

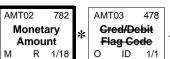
Requirement: Optional

Max Use: 15

Purpose: To indicate the total monetary amount

#### **DIAGRAM**





#### **ELEMENT SUMMARY**

USAGE REF. DATA ELEMENT NAME ATTRIBUTES

REQUIRED AMT01 522 Amount Qualifier Code M ID 1/3

Code to qualify amount

Use this qualifier until a more suitable one is developed. At this time, the qualifier represents what the amount is being used for (see monetary amount description).

B1 Benefit Amount
Use this qualifier until a more suitable one is developed. At this time, B1 represents the Paid From Medicare B Trust Fund Amount.

IMPLEMENTATION	GUIDE		COORDINATION OF BENEFITS (COB) MEDICARE	B TRUST FUNI	D PAII	O AMOUNT		
REQUIRED	AMT02	782	Monetary Amount Monetary amount	М	R	1/18		
			INDUSTRY: Paid From Part B Medicare Trust	Fund Amoun	t			
			EMC v.6.0 Reference:					
			Record Type 93 Field No. 7 (For COB use [temporary qualifier]. Use this amount for the amount paid from the Medicare B trust fund.)					
NOT USED	AMT03	478	Credit/Debit Flag Code	0	ID	1/1		

004010X096 • 837 • 2320 • AMT

ASC X12N • INSURANCE SUBCOMMITTEE

# COORDINATION OF BENEFITS (COB) TOTAL NON-COVERED AMOUNT

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is for COB use.

2. This segment is used to convey the COB Total Non-Covered Amount applicable to this claim when known.

Example: AMT\*A8\*273~

## **STANDARD**

# **AMT** Monetary Amount

Level: Detail

Position: 300

Loop: 2320

Requirement: Optional

Max Use: 15

Purpose: To indicate the total monetary amount

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES
REQUIRED	AMT01	522	Amount Qualifier Code Code to qualify amount		M	ID	1/3
			CODE	DEFINITION			
			A8	Noncovered Charges - Actual			
REQUIRED	AMT02	782	Monetary Amount Monetary amount		M	R	1/18
			INDUSTRY: <b>Non</b>	-Covered Charge Amount			
			EMC v.6.0 R	eference:			
			Record Type this amount	_	-	_	
NOT USED	AMT03	478	Credit/Debit	Flag Code	0	ID	1/1

# COORDINATION OF BENEFITS (COB) TOTAL DENIED AMOUNT

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is for COB use.

2. This segment is used to convey the COB Total Denied Amount applicable to this claim when known.

Example: AMT\*YT\*32~

## **STANDARD**

# **AMT** Monetary Amount

Level: Detail

Position: 300

Loop: 2320

Requirement: Optional

Max Use: 15

Purpose: To indicate the total monetary amount

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	AMT01	522	Amount Qualifier Code Code to qualify amount		M	ID	1/3
			CODE	DEFINITION			
			YT	Denied			
REQUIRED	AMT02	782	Monetary Amount Monetary amount		M	R	1/18
			INDUSTRY: <b>Clai</b> l	m Total Denied Charge Amount			
			EMC v.6.0 R	eference:			
				e 92 Field No. 16 (For COB use. Use to evel denied charges.)	this an	nount 1	for the
NOT USED	AMT03	478	Credit/Debit	Flag Code	0	ID	1/1

1066

1/2

## **IMPLEMENTATION**

## OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

1. Required when 2330A - Other Subscriber Name NM102 = 1 (Person). Notes:

Example: DMG\*\*\*F~

## STANDARD

**DMG** Demographic Information

Level: Detail

Position: 305

Loop: 2320

Requirement: Optional

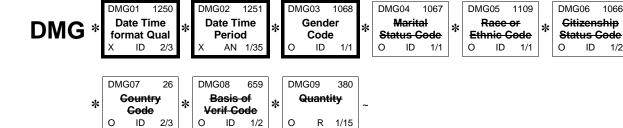
Max Use: 1

Purpose: To supply demographic information

1. P0102 Syntax:

If either DMG01 or DMG02 is present, then the other is required.

#### DIAGRAM



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES	
REQUIRED	DMG01	1250		Date Time Period Format Qualifier X Code indicating the date format, time format, or date and time for				
			<b>SYNTAX:</b> P0102					
			CODE	DEFINITION				
			D8	Date Expressed in Format CCYYM	IMDD			

REQUIRED	DMG02	1251	Date Time Po	eriod a date, a time, or range of dates, times or da	<b>X</b> ates an	<b>AN</b> d times	1/35
			INDUSTRY: Othe	er Insured Birth Date			
			<b>SYNTAX:</b> P0102				
			SEMANTIC: DMG	02 is the date of birth.			
REQUIRED	DMG03	1068	Gender Code Code indicating	<b>e</b> g the sex of the individual	0	ID	1/1
			INDUSTRY: Othe	er Insured Gender Code			
			EMC v.6.0 Re	eference:			
			Record Type	30 Field No. 15			
			CODE	DEFINITION			
			F	Female			
			M	Male			
			U	Unknown			
NOT USED	DMG04	1067	Marital Statu	s Code	0	ID	1/1
NOT USED	DMG05	1109	Race or Ethr	nicity Code	0	ID	1/1
NOT USED	DMG06	1066	Citizenship S	Status Code	0	ID	1/2
NOT USED	DMG07	26	Country Cod	le	0	ID	2/3
NOT USED	DMG08	659	Basis of Veri	ification Code	0	ID	1/2
NOT USED	DMG09	380	Quantity		0	R	1/15
			-				

# OTHER INSURANCE COVERAGE INFORMATION

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

Usage: REQUIRED

Repeat: 1

Notes: 1. All information contained in the OI segment applies only to the payer

who is identified in the 2330B loop of this iteration of the 2320 loop. It

is specific only to that payer.

Example: OI\*\*\*Y\*\*\*Y~

#### **STANDARD**

Ol Other Health Insurance Information

Level: Detail

Position: 310

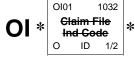
Loop: 2320

Requirement: Optional

Max Use: 1

Purpose: To specify information associated with other health insurance coverage

#### DIAGRAM













#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	JTES
NOT USED	OI01	1032	Claim Filing Indicator Code	0	ID	1/2
NOT USED	OI02	1383	Claim Submission Reason Code	0	ID	2/2
REQUIRED	OI03	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	0	ID	1/1

INDUSTRY: Benefits Assignment Certification Indicator

**SEMANTIC:** Ol03 is the assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.

#### EMC v.6.0 Reference:

Record Type 30 Field No. 17

Assignment of Benefits Indicator

CODE DEFINITION

NO

			Y Yes			
NOT USED	OI04	1351	Patient Signature Source Code	0	ID	1/1
NOT USED	OI05	1360	Provider Agreement Code	0	ID	1/1
REQUIRED	OI06	1363	Release of Information Code Code indicating whether the provider has on file a signed	O stateme	ID ent by the	1/1 e patient

authorizing the release of medical data to other organizations

## EMC v.6.0 Reference:

## Record Type 30 Field No. 16 CODE DEFINITION Α Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization **Informed Consent to Release Medical Information** for Conditions or Diagnoses Regulated by Federal **Statutes** The Provider has Limited or Restricted Ability to M Release Data Related to a Claim EMC v.6.0 Reference: Record Type 30 Field No. 16 Code R N No, Provider is Not Allowed to Release Data EMC v.6.0 Reference: Record Type 30 Field No. 16 Code N 0 On file at Payor or at Plan Sponsor Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim EMC v.6.0 Reference: Record Type 30 Field No. 16 Code Y

# MEDICARE INPATIENT ADJUDICATION INFORMATION

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is used to convey the Medicare Inpatient Adjudication

Information if returned in the 835.

Example: MIA\*1\*\*\*3568.98\*MAO\*\*\*\*\*\*\*\*\*\*\*\*\*21\*\*\*MA25~

#### **STANDARD**

MIA Medicare Inpatient Adjudication

Level: Detail

Position: 315

Loop: 2320

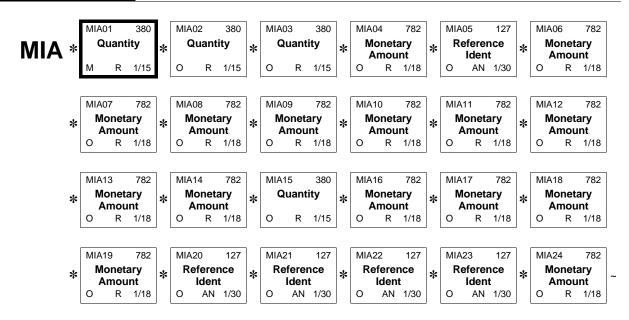
Requirement: Optional

Max Use: 1

Purpose: To provide claim-level data related to the adjudication of Medicare inpatient

claims

#### **DIAGRAM**



## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES	
REQUIRED	MIA01	380	Quantity Numeric value of quantity	М	R	1/15	
			INDUSTRY: Covered Days or Visits Count				
		SEMANTIC: MIA01 is the covered days.					
SITUATIONAL	JATIONAL MIA02	IIA02 380	<b>Quantity</b> Numeric value of quantity	0	R	1/15	
			INDUSTRY: Lifetime Reserve Days Count				
			SEMANTIC: MIA02 is the lifetime reserve days.				
			Use this quantity to indicate the lifetime reserve of	lays.			
SITUATIONAL	MIA03	380	Quantity Numeric value of quantity	0	R	1/15	
			INDUSTRY: Lifetime Psychiatric Days Count				
			SEMANTIC: MIA03 is the lifetime psychiatric days.				
			EMC v.6.0 Reference:				
		Record Type 92 Field No. 18					
SITUATIONAL	SITUATIONAL MIA04 782	782	Monetary Amount Monetary amount	0	R	1/18	
			INDUSTRY: Claim DRG Amount				
			SEMANTIC: MIA04 is the Diagnosis Related Group (DRG) am	ount.			
			EMC v.6.0 Reference:				
			Record Type 92 Field No. 14				
			Use this amount to indicate the Diagnosis Related amount.	d Gro	up (DF	RG)	
SITUATIONAL	ΓΙΟΝΑL MIA05 127	127	Reference Identification Reference information as defined for a particular Transaction by the Reference Identification Qualifier	<b>O</b> on Set	AN or as sp	1/30 pecified	
		INDUSTRY: Remark Code					
			SEMANTIC: MIA05 is the Remittance Remark Code. See Cod	e Sou	rce 411		
		EMC v.6.0 Reference:					
			Record Type 42 Field No. 24				
			Use this reference identification for the Health Care Financing				
			Administration claim payment remark code.			J	
SITUATIONAL	MIA06	782	Monetary Amount Monetary amount	0	R	1/18	
			ındustry: Claim Disproportionate Share Amount				
			SEMANTIC: MIA06 is the disproportionate share amount.				
			Use this amount to indicate the disproportionate	share	e amou	ınt.	

SITUATIONAL	MIA07	782	Monetary Amount Monetary amount	0	R	1/18			
			INDUSTRY: Claim MSP Pass-through Amount						
			SEMANTIC: MIA07 is the Medicare Secondary Payer (MSP)	pass-th	rough	amount.			
			Use this amount to indicate the Medicare Secon pass-through amount.	dary P	ayer (	MSP)			
SITUATIONAL	ATIONAL MIA08	.08 782	Monetary Amount Monetary amount	0	R	1/18			
			INDUSTRY: Claim PPS Capital Amount						
			SEMANTIC: MIA08 is the total Prospective Payment System	(PPS)	capital	amount.			
			Use this amount to indicate the Total Prospective (PPS) capital amount.	e Pay	ment \$	System			
SITUATIONAL	MIA09	782	Monetary Amount Monetary amount	0	R	1/18			
			INDUSTRY: PPS-Capital FSP DRG Amount						
			SEMANTIC: MIA09 is the Prospective Payment System (PP specific portion, Diagnosis Related Group (DRG) amount.		al, fede	ral			
			Use this amount to indicate the Prospective Pay capital, federal-specific portion, Diagnosis Rela amount.		_	•			
SITUATIONAL	NAL MIA10	782	Monetary Amount Monetary amount	0	R	1/18			
		INDUSTRY: PPS-Capital HSP DRG Amount							
			SEMANTIC: MIA10 is the Prospective Payment System (PPS) capital, hospital specific portion, Diagnosis Related Group (DRG), amount.						
			Use this amount to indicate the Prospective Pay capital, hospital-specific portion, Diagnosis Rel amount.		•	. ,			
SITUATIONAL	MIA11	782	Monetary Amount Monetary amount	0	R	1/18			
			INDUSTRY: PPS-Capital DSH DRG Amount						
			SEMANTIC: MIA11 is the Prospective Payment System (PP disaproportionate share, hospital Diagnosis Related Grou			nt.			
		Use this amount to indicate the Prospective Pay capital, disproportionate share, hospital Diagno (DRG) amount.		_	•				
SITUATIONAL	MIA12	782	Monetary Amount Monetary amount	0	R	1/18			
			INDUSTRY: Old Capital Amount						
		SEMANTIC: MIA12 is the old capital amount.							
			SEMANTIC: MIA12 is the old capital amount.						

SITUATIONAL	MIA13	782	Monetary Amount Monetary amount	0	R	1/18
			INDUSTRY: PPS-Capital IME amount			
			<b>SEMANTIC:</b> MIA13 is the Prospective Payment System (PPS medical education claim amount.	) capita	al indire	ct
			Use this amount to indicate the Prospective Payr capital indirect medical education claim amount.	nent (	Systen	n (PPS)
SITUATIONAL	MIA14	782	Monetary Amount Monetary amount	0	R	1/18
			INDUSTRY: PPS-Operating Hospital Specific DRG Ar	noun	t	
			SEMANTIC: MIA14 is hospital specifc Diagnosis Related Grou	ıp (DR	G) Amo	ount.
			Use this amount to indicate the hospital-specific Group (DRG) amount.	, Diag	nosis	Related
SITUATIONAL	MIA15	380	Quantity Numeric value of quantity	0	R	1/15
			INDUSTRY: Cost Report Day Count			
			SEMANTIC: MIA15 is the cost report days.			
			EMC v.6.0 Reference:			
			Record Type 92 Field No. 17			
SITUATIONAL	MIA16	782	Monetary Amount Monetary amount	0	R	1/18
			INDUSTRY: PPS-Operating Federal Specific DRG Am	ount		
			SEMANTIC: MIA16 is the federal specific Diagnosis Related C	Group (	(DRG) a	mount.
			Use this amount to indicate the federal-specific, Group (DRG) amount.	Diagn	osis R	elated
SITUATIONAL	MIA17	782	Monetary Amount Monetary amount	0	R	1/18
			INDUSTRY: Claim PPS Capital Outlier Amount			
			<b>SEMANTIC:</b> MIA17 is the Prospective Payment System (PPS amount.	) Capit	al Outlie	er
			Use this amount to indicate the Prospective Payr Capital Outlier amount.	nent :	Systen	n (PPS)
SITUATIONAL	MIA18	782	Monetary Amount Monetary amount	0	R	1/18
			INDUSTRY: Claim Indirect Teaching Amount			
			SEMANTIC: MIA18 is the indirect teaching amount.			
			Use this amount to indicate the indirect teaching	amo	unt.	
SITUATIONAL	MIA19	782	Monetary Amount Monetary amount	0	R	1/18
			INDUSTRY: Nonpayable Professional Component An	nount		
			SEMANTIC: MIA19 is the professional component amount bill	ed but	not pay	able.
			Use this amount to indicate the professional combilled but not payable.	pone	ent amo	ount

SITUATIONAL	MIA20	127	Reference Identification O AN 1/30 Reference information as defined for a particular Transaction Set or as specified				
			by the Reference Identification Qualifier				
			INDUSTRY: Remark Code				
			SEMANTIC: MIA20 is the Remittance Remark Code. See Code Source 411.				
			EMC v.6.0 Reference:				
			Record Type 42 Field No. 25				
			Use this reference identification for the Health Care Financing Administration claim payment remark code.				
SITUATIONAL	MIA21	127	Reference Identification O AN 1/30 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
			INDUSTRY: Remark Code				
			SEMANTIC: MIA21 is the Remittance Remark Code. See Code Source 411.				
			EMC v.6.0 Reference:				
			Record Type 42 Field No. 26				
			Use this reference identification for the Health Care Financing Administration claim payment remark code.				
SITUATIONAL	MIA22	127	Reference Identification O AN 1/30 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
			INDUSTRY: Remark Code				
			SEMANTIC: MIA22 is the Remittance Remark Code. See Code Source 411.				
			EMC v.6.0 Reference:				
			Record Type 42 Field No. 27				
			Use this reference identification for the Health Care Financing Administration claim payment remark code.				
SITUATIONAL	MIA23	127	Reference Identification O AN 1/30 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
			INDUSTRY: Remark Code				
			SEMANTIC: MIA23 is the Remittance Remark Code. See Code Source 411.				
			EMC v.6.0 Reference:				
			Record Type 42 Field No. 28				
			Use this reference identification for the Health Care Financing Administration claim payment remark code.				
SITUATIONAL	MIA24	782	Monetary Amount O R 1/18 Monetary amount				
			INDUSTRY: PPS-Capital Exception Amount				
			SEMANTIC: MIA24 is the capital exception amount.				
			Use this amount to indicate the capital exception amount.				

# MEDICARE OUTPATIENT ADJUDICATION INFORMATION

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required to convey the Medicare Outpatient Adjudication Information

if returned in the Electronic Remittance Advice (835).

Example: MOA\*12.5\*\*MAO1~

#### **STANDARD**

**MOA** Medicare Outpatient Adjudication

Level: Detail

Position: 320

Loop: 2320

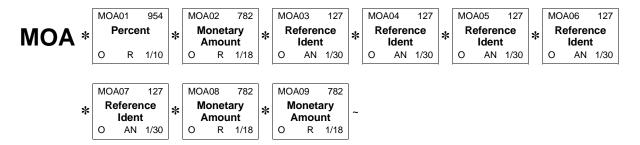
Requirement: Optional

Max Use: 1

Purpose: To convey claim-level data related to the adjudication of Medicare claims not

related to an inpatient setting

#### **DIAGRAM**



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	A NT NAME ATTRI					
SITUATIONAL	MOA01	954	Percent Percentage expressed as a decimal	0	R	1/10		
			INDUSTRY: Reimbursement Rate					
			SEMANTIC: MOA01 is the reimbursement rate.					
			EMC v.6.0 Reference:					
			Record Type 92 Field No. 20					
			Required if returned on the Electronic Remittance Advice (835).					

SITUATIONAL MOA02 782 **Monetary Amount** 0 R 1/18 Monetary amount INDUSTRY: Claim HCPCS Payable Amount SEMANTIC: MOA02 is the claim Health Care Financing Administration Common Procedural Coding System (HCPCS) payable amount. Use this amount to indicate the Claim Health Care Financing Administration Common Procedural Coding System (HCPCS) payable amount. Required if returned on the Electronic Remittance Advice (835). SITUATIONAL MOA03 127 Reference Identification AN Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Remark Code SEMANTIC: MOA03 is the Remittance Remark Code. See Code Source 411. EMC v.6.0 Reference: Record Type 42 Field No. 24 Use this reference identification for the Health Care Financing Administration claim payment remark code. Required if returned on the Electronic Remittance Advice (835). SITUATIONAL MOA04 127 Reference Identification AN Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Remark Code SEMANTIC: MOA04 is the Remittance Remark Code. See Code Source 411. EMC v.6.0 Reference: Record Type 42 Field No. 25 Use this reference identification for the Health Care Financing Administration claim payment remark code. Required if returned on the Electronic Remittance Advice (835). **SITUATIONAL** MOA05 127 Reference Identification AN 1/30 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Remark Code SEMANTIC: MOA05 is the Remittance Remark Code. See Code Source 411. EMC v.6.0 Reference: Record Type 42 Field No. 26 Use this reference identification for the Health Care Financing

398 MAY 2000

Administration claim payment remark code.

Required if returned on the Electronic Remittance Advice (835).

SITUATIONAL	NAL MOA06	127	Reference Identification O AN 1/3 Reference information as defined for a particular Transaction Set or as specific by the Reference Identification Qualifier				
			INDUSTRY: Remark Code				
			SEMANTIC: MOA06 is the Remittance Remark Code. See Code Source 411.				
			EMC v.6.0 Reference:				
			Record Type 42 Field No. 27				
			Use this reference identification for the Health Care Financing Administration claim payment remark code.				
			Required if returned on the Electronic Remittance Advice (835).				
SITUATIONAL	MOA07	127	Reference Identification  O AN 1/3 Reference information as defined for a particular Transaction Set or as specific by the Reference Identification Qualifier				
			INDUSTRY: Remark Code				
			SEMANTIC: MOA07 is the Remittance Remark Code. See Code Source 411.				
			EMC v.6.0 Reference:				
		Record Type 42 Field No. 28					
			Use this reference identification for the Health Care Financing Administration claim payment remark code.				
			Required if returned on the Electronic Remittance Advice (835).				
SITUATIONAL	MOA08	782	Monetary Amount O R 1/1 Monetary amount				
			INDUSTRY: Claim ESRD Payment Amount				
			SEMANTIC: MOA08 is the End Stage Renal Disease (ESRD) payment amount.				
			Use this amount to indicate the End Stage Renal Disease (ESRD) payment amount.				
			Required if returned on the Electronic Remittance Advice (835).				
SITUATIONAL	MOA09	782	Monetary Amount O R 1/1 Monetary amount				
			INDUSTRY: Nonpayable Professional Component Amount				
			SEMANTIC: MOA09 is the professional component amount billed but not payable				
			Use this amount to indicate the professional component amount billed but not payable.				
			Required if returned on the Electronic Remittance Advice (835).				

## OTHER SUBSCRIBER NAME

Loop: 2330A — OTHER SUBSCRIBER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. Submitters are required to send information on all known other

subscribers in Loop ID 2330.

2. The 2330A Loop is required when Loop ID 2320 - Other Subscriber

Information is used. Otherwise, this loop is not used.

Example: NM1\*IL\*1\*DOE\*JOHN\*T\*\*\*34\*123456789~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail Position: 325

Loop: 2330 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Segments NM1-N4 contain name and address information of the insurance

carriers referenced in loop 2320.

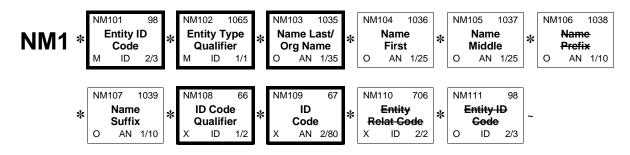
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

#### **DIAGRAM**



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	res	
REQUIRED	NM101	98	Entity Identifie Code identifying a individual	<b>M</b> , prop	<b>ID</b> erty or a	<b>2/3</b> an		
			CODE	DEFINITION				
			IL	Insured or Subscriber				
REQUIRED	NM102	1065	Entity Type Qu Code qualifying the		M	ID	1/1	
			SEMANTIC: NM102	qualifies NM103.  DEFINITION				
			1	Person				
			2	Non-Person Entity				
REQUIRED	NM103	1035		Organization Name me or organizational name	0	AN	1/35	
			INDUSTRY: Other	INDUSTRY: Other Insured Last Name				
			ALIAS: Subscribe	ALIAS: Subscriber's Last Name				
			UB-92 Referen	ce [UB-92 Name]:				
			58 (A-C) [Insur	red's Name]				
			EMC v.6.0 Refe	erence:				
			Record Type 3	0 Field No. 12 (Sequence 01-03)				
SITUATIONAL	NM104	1036	Name First Individual first name	me	0	AN	1/25	
			INDUSTRY: Other	Insured First Name				
			ALIAS: Subscribe	er's First Name				
			UB-92 Referen	ce [UB-92 Name]:				
			58 (A-C) [Insur	red's Name]				
			EMC v.6.0 Refe	erence:				
			Record Type 3	0 Field No. 13 (Sequence 01-03)				
			This data elem	This data element is required when NM102 equals				

OTHER SUBSCRIBE	IN INAME				IIVIPLEIVIE		N GOID
SITUATIONAL	NM105	1037	Name Middle Individual midd	e le name or initial	0	AN	1/25
			INDUSTRY: Othe	r Insured Middle Name			
			ALIAS: Subscri	iber's Middle Initial			
			UB-92 Refere	ence [UB-92 Name]:			
			58 (A-C) [Ins	ured's Name]			
			EMC v.6.0 Re	eference:			
			<b>Record Type</b>	30 Field No. 14 (Sequence 01-03)			
			Required if N known.	IM102=1 and the middle name/init	tial of the	e perso	on is
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individ	ual name	0	AN	1/10
			INDUSTRY: Othe	er Insured Name Suffix			
			Examples: I,	II, III, IV, Jr, Sr			
			Required if k	nown.			
REQUIRED	NM108	66		a Code Qualifier ng the system/method of code structure	<b>X</b> used for I	<b>ID</b> dentifica	<b>1/2</b> ation
			<b>SYNTAX:</b> P0809				
			CODE	DEFINITION			
			MI	Member Identification Number			
				The code MI is intended to be to identification number as assign Payers use different terminologisame number, therefore, the 83 Workgroup recommends using Identification Number to convelled in the convelled in	ned by the gy to constitute of the gy the following MI - Me by the following Medicaid	he payenvey the utional ember llowing Recip	er. ne ı terms:
			ZZ	Mutually Defined			
				The value 'ZZ', when used in the bedefined as "HIPAA Individuation identifier has been adopted. Un Insurance Portability and Account the Secretary of the Departmen Human Services must adopt a identifier for use in this transaction.	al Identif nder the ountabilin nt of Hea standar	fier" or Health ty Act o alth and	of 1996 I

REQUIRED	NM109	67	Identification Code Code identifying a party or other code	X	AN	2/80
			INDUSTRY: Other Insured Identifier			
			ALIAS: Subscriber Primary ID			
			syntax: P0809			
			UB-92 Reference [UB-92 Name]:			
			60 (A-C) [Certificate/Social Security Number/Heal Claim/ Identification Number]	th Ins	surance	e
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 7 (Sequence 01-03)			
NOT USED	NM110	706	Entity Relationship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	0	ID	2/3

# OTHER SUBSCRIBER ADDRESS

Loop: 2330A — OTHER SUBSCRIBER NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is required when the Provider has the Other Subscriber

Address information on file.

Example: N3\*4320 WASHINGTON ST SUITE 100~

#### STANDARD

**N3** Address Information

Level: Detail Position: 332

Loop: 2330

Requirement: Optional

Max Use: 2

**Purpose:** To specify the location of the named party

#### **DIAGRAM**



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	JTES
REQUIRED	N301	166	Address Information Address information	M	AN	1/55
			INDUSTRY: Other Insured Address Line			
			ALIAS: Subscriber's Address 1			
			UB-92 Reference [UB-92 Name]:			
			84, Line b [Remarks]			
			EMC v.6.0 Reference:			
			Record Type 31 Field No. 4 (Sequence 01-03)			

0

ΑN

1/55

SITUATIONAL

N302

166

**Address Information** 

Address information

INDUSTRY: Other Insured Address Line

ALIAS: Subscriber Address 2

EMC v.6.0 Reference:

Record Type 31 Field No. 5 (Sequence 01-03)

Required if a second address line exists.

# OTHER SUBSCRIBER CITY/STATE/ZIP CODE

Loop: 2330A — OTHER SUBSCRIBER NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is required when the associated N3 segment is present.

Example: N4\*PALISADES\*OR\*23119~

#### **STANDARD**

**N4** Geographic Location

Level: Detail Position: 340

Loop: 2330

Requirement: Optional

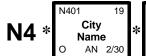
Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. C0605

If N406 is present, then N405 is required.

#### DIAGRAM













#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES				
REQUIRED	N401	19	City Name Free-form text for city name	0	AN	2/30		
			INDUSTRY: Other Insured City Name					
			ALIAS: Subscriber's City					
			<b>COMMENT</b> : A combination of either N401 through N404, or N405 ar adequate to specify a location.					
			UB-92 Reference [UB-92 Name]:					
			84, Line c [Remarks]					
			EMC v.6.0 Reference:					

Record Type 31 Field No. 6 (Sequence 01-03)

-								
REQUIRED	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate	<b>O</b> goverr	<b>ID</b> nment a	<b>2/2</b> gency		
			INDUSTRY: Other Insured State Code					
			ALIAS: Subscriber's State					
			COMMENT: N402 is required only if city name (N401) is in the	U.S.	or Cana	ıda.		
			CODE SOURCE 22: States and Outlying Areas of the U.S.					
			UB-92 Reference [UB-92 Name]:					
			84, Line c [Remarks]					
			EMC v.6.0 Reference:					
			Record Type 31 Field No. 7 (Sequence 01-03)					
REQUIRED	N403	116	Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States)					
			INDUSTRY: Other Insured Postal Zone or ZIP Code					
			CODE SOURCE 51: ZIP Code					
			UB-92 Reference [UB-92 Name]:					
			84, Line d [Remarks]					
			EMC v.6.0 Reference:					
			Record Type 31 Field No. 8 (Sequence 01-03)					
SITUATIONAL	N404	26	Country Code Code identifying the country	0	ID	2/3		
			ALIAS: Subscriber Country Code					
			CODE SOURCE 5: Countries, Currencies and Funds					
			This data element is required when the address i U.S.	s out:	side of	the		
NOT USED	N405	309	Location Qualifier	X	ID	1/2		
NOT USED	N406	310	Location Identifier	0	AN	1/30		

# OTHER SUBSCRIBER SECONDARY INFORMATION

Loop: 2330A — OTHER SUBSCRIBER NAME

**Usage: SITUATIONAL** 

Repeat: 3

Notes: 1. This segment is required when additional identification numbers are

required.

Example: REF\*SY\*030385074~

#### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 355

Loop: 2330

Requirement: Optional

Max Use: 3

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

#### **DIAGRAM**









### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES
REQUIRED	REF01	128	Reference Identification Qualifier	М	ID	2/3
			Code qualifying the Reference Identification			

CODE	DEFINITION
1W	Member Identification Number  If NM108 = MI, this qualifier cannot be used.
23	Client Number  This code is intended to be used only in claims submitted to the Indian Health Services (IHS/CHS)  Fiscal Intermediary for the purpose of reporting the Health Record Number.
IG	Insurance Policy Number

			SY	Social Security Number The social security number m Medicare.	ay not be	e used f	or			
REQUIRED	REF02	127		entification nation as defined for a particular Trans e Identification Qualifier	<b>X</b> saction Se	AN t or as sp	1/30 pecified			
			INDUSTRY: Othe	INDUSTRY: Other Insured Additional Identifier						
			<b>SYNTAX:</b> R0203							
			UB-92 Refere	UB-92 Reference [UB-92 Name]:						
				ificate/Social Security Number/l cation Number]	Health In	surance	<b>e</b>			
			EMC v.6.0 Re	erence:						
			Record Type	30 Field No. 7 (Sequence 01-03)	)					
NOT USED	REF03	352	Description		X	AN	1/80			
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0					

## OTHER PAYER NAME

Loop: 2330B — OTHER PAYER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. Submitters are required to send all known information on other payers

in this Loop ID - 2330.

Example: NM1\*PR\*2\*UNION MUTUAL OF OREGON\*\*\*\*PI\*43140~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail Position: 325

Loop: 2330 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Segments NM1-N4 contain name and address information of the insurance

carriers referenced in loop 2320.

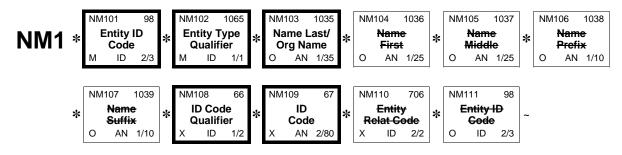
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	NM101	98	Entity Identificode identifying individual	er Code an organizational entity, a physical location	<b>M</b> , prop	<b>ID</b> erty or a	<b>2/3</b> an
			CODE	DEFINITION			
			PR	Payer			

IIVII ELIVILIATATION	GOIDE				01111	-1/1/71	
REQUIRED	NM102	1065	Entity Type C Code qualifying	Qualifier the type of entity	M	ID	1/1
			SEMANTIC: NM10	02 qualifies NM103.			
			CODE	DEFINITION			
			2	Non-Person Entity			
REQUIRED	NM103	1035	Name Last of Individual last n	r Organization Name name or organizational name	0	AN	1/35
			INDUSTRY: Othe	er Payer Last or Organization Nan	ne		
			ALIAS: <b>Payer N</b>	lame			
			UB-92 Refere	ence [UB-92 Name]:			
			50 (A-C) [Pay	ver Identification]			
			EMC v.6.0 Re	eference:			
			<b>Record Type</b>	30 Field No. 8b (Sequence 01-03	3)		
			Record Type	32 Field No. 4 (Sequence 01-03)			
NOT USED	NM104	1036	Name First		0	AN	1/25
NOT USED	NM105	1037	Name Middle	•	0	AN	1/25
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
NOT USED	NM107	1039	Name Suffix		0	AN	1/10
REQUIRED	NM108	66		Code Qualifier	Х	ID	1/2
			Code designation Code (67)	ng the system/method of code structure	used for I	dentifica	ation
			<b>SYNTAX:</b> P0809				
			EMC v.6.0 Re	oforonco:			
				30 Field No. 5, 6 (Sequence 01-0	13)		
			CODE	DEFINITION	-,		
			PI	Payor Identification			
				•	otrotion l	Matiana	_ I
			XV	Health Care Financing Adminis	stration i	Nationa	<b>4</b> 1
				Required if the National PlanID			
				Otherwise, one of the other lis used.	tea coae	s may	be
				CODE SOURCE <b>540</b> : Health Care Finan National PlanID	cing Admi	nistratio	n
REQUIRED	NM109	67	Identification	Code g a party or other code	X	AN	2/80
			, ,	er Payer Primary Identifier			
			ALIAS: Payer P				
			SYNTAX: P0809	imary ib			
				must be identical to SVD01 (L00	p ID - 24:	30) for	COB.
NOT USED	NM110	706		•	X	-	
NOT USED			Entity Relation			ID	2/2
HOT GOLD	NM111	98	Entity Identif	ier Code	0	ID	2/3

# OTHER PAYER ADDRESS

Loop: 2330B — OTHER PAYER NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is only to be used when the Provider needs to identify

the address for paper claim printing purposes.

Example: N3\*4320 WASHINGTON ST SUITE 100~

#### STANDARD

**N3** Address Information

Level: Detail Position: 332

**Loop:** 2330

Requirement: Optional

Max Use: 2

**Purpose:** To specify the location of the named party

#### **DIAGRAM**



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	N301	166	Address Information Address information	M	AN	1/55
			INDUSTRY: Other Payer Address Line			
			ALIAS: Payer's Address 1			
			EMC v.6.0 Reference:			
			Record Type 32 Field No. 5 (Sequence 01-03)			
SITUATIONAL	N302	166	Address Information Address information	0	AN	1/55
			INDUSTRY: Other Payer Address Line			
			ALIAS: Payer's Address 2			
			EMC v.6.0 Reference:			
			Record Type 32 Field No. 6 (Sequence 01-03)			
			Required if a second address line exists.			

# OTHER PAYER CITY/STATE/ZIP CODE

Loop: 2330B — OTHER PAYER NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is required when the associated N3 segment is present.

Example: N4\*PALISADES\*OR\*23119~

#### STANDARD

**N4** Geographic Location

Level: Detail

Position: 340

**Loop:** 2330

Requirement: Optional

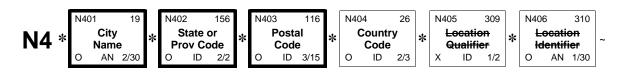
Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. C0605

If N406 is present, then N405 is required.

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	JTES
REQUIRED	N401	19	City Name Free-form text for city name	0	AN	2/30
			INDUSTRY: Other Payer City Name			
			ALIAS: Payer City Name			
		<b>COMMENT</b> : A combination of either N401 through adequate to specify a location.		405 a	nd N406	6 may be
			EMC v.6.0 Reference:			
			Record Type 32 Field No. 7 (Sequence 01-03)			

REQUIRED	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate go	<b>O</b> overn	ID ment aç	<b>2/2</b> gency		
			INDUSTRY: Other Payer State Code					
			ALIAS: Payer State Code					
			COMMENT: N402 is required only if city name (N401) is in the L	J.S. d	or Cana	da.		
			CODE SOURCE 22: States and Outlying Areas of the U.S.					
			EMC v.6.0 Reference:					
			Record Type 32 Field No. 8 (Sequence 01-03)					
REQUIRED	N403 116	Postal Code Code defining international postal zone code excluding punct (zip code for United States)	<b>O</b> cuatio	<b>ID</b> on and b	3/15 lanks			
			INDUSTRY: Other Payer Postal Zone or ZIP Code					
			ALIAS: Payer Postal Code					
			CODE SOURCE 51: ZIP Code					
			EMC v.6.0 Reference:					
			Record Type 32 Field No. 9 (Sequence 01-03)					
SITUATIONAL	N404	26	Country Code Code identifying the country	0	ID	2/3		
			ALIAS: Payer Country Code					
			CODE SOURCE 5: Countries, Currencies and Funds					
			This data element is required when the address is outside of the U.S.					
NOT USED	N405	309	Location Qualifier	X	ID	1/2		
NOT USED	N406	310	Location Identifier	0	AN	1/30		

415

#### **IMPLEMENTATION**

# **CLAIM ADJUDICATION DATE**

Loop: 2330B — OTHER PAYER NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is required when Loop-ID 2430 (Line Adjudication Date)

is not used and this payer has adjudicated the claim.

Example: DTP\*573\*D8\*19981226~

#### STANDARD

**DTP** Date or Time or Period

Level: Detail Position: 350

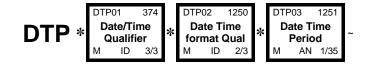
**Loop:** 2330

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES
REQUIRED	DTP01	374	Date/Time Qua Code specifying to INDUSTRY: Date 1	type of date or time, or both date and time	M	ID	3/3
			573	Date Claim Paid			
REQUIRED	DTP02	1250		iod Format Qualifier he date format, time format, or date and tir	<b>M</b> ne for	<b>ID</b> mat	2/3
			SEMANTIC: DTP02	is the date or time or period format that wi	II appe	ear in DT	P03.
			CODE	DEFINITION			
			D8	Date Expressed in Format CCYYM	MDD		
REQUIRED	DTP03	1251	Date Time Per Expression of a c	iod date, a time, or range of dates, times or dat	<b>M</b> es and	AN d times	1/35
			INDUSTRY: <b>Adjud</b>	ication or Payment Date			

# OTHER PAYER SECONDARY IDENTIFICATION AND REFERENCE NUMBER

Loop: 2330B — OTHER PAYER NAME

**Usage: SITUATIONAL** 

Repeat: 2

Notes: 1. This segment is required when a secondary number is needed to

identify the payer.

2. Used when it is necessary to identify the 'other' payer's claim number

in a payer-to-payer COB situation (use code F8).

Example: REF\*FY\*465980789~

#### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 355

Loop: 2330

Requirement: Optional

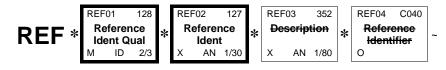
Max Use: 3

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

#### **DIAGRAM**



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES
REQUIRED	REF01	128		ntification Qualifier he Reference Identification	M	ID	2/3
				o indicate the payer's claim number ayer referenced in this interation of		_	
			CODE	DEFINITION			
			<b>2</b> U	Payer Identification Number			

			F8	Original Reference Number UB-92 Reference [UB-92 Name]:			
				37 (A-C) [Internal Control Number Control Number (DCN)] EMC v.6.0 Reference: Record Type 31 Field No. 14 (Sequ			
			FY	Claim Office Number			
			NF	National Association of Insurance (NAIC) Code	Com	nmissio	ners
				CODE SOURCE 245: National Association of Commissioners (NAIC) Code	Insur	ance	
			TJ	Federal Taxpayer's Identification N	lumk	oer	
REQUIRED	REF02	127		ntification nation as defined for a particular Transactio e Identification Qualifier	<b>X</b> n Set	AN or as sp	1/30 pecified
			INDUSTRY: Other	Payer Secondary Identifier			
			<b>SYNTAX</b> : R0203				
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0		

# OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER

Loop: 2330B — OTHER PAYER NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. Used when the payer identified in this loop has given a prior authorization or referral number to this claim. This element is primalrily used in payer-to-payer COB situations.
- 2. There can only be a maximum of three REF segments in any one iteration of the 2330 loop.

Example: REF\*G1\*AB333-Y5~

#### **STANDARD**

**REF** Reference Identification

Level: Detail Position: 355

Loop: 2330

Requirement: Optional

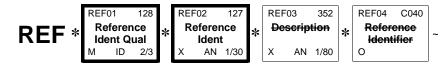
Max Use: 3

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

#### **DIAGRAM**



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	REF01	128		ntification Qualifier he Reference Identification	M	ID	2/3
			CODE	DEFINITION			
			9F	Referral Number			
			G1	Prior Authorization Number			

REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transactio by the Reference Identification Qualifier	<b>X</b> n Set	AN or as sp	1/30 pecified
			INDUSTRY: Other Payer Prior Authorization or Referral Number			
			SYNTAX: R0203			
NOT USED	REF03	352	Description	X	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	0		

### OTHER PAYER PATIENT INFORMATION

Loop: 2330C — OTHER PAYER PATIENT INFORMATION Repeat: 1

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. Required when it is necessary, in COB situations, to send one or more payer-specific patient identification numbers. The patient identification number(s) carried in this iteration of the 2330C loop are those patient ID's which belong to non-destination (COB) payers. The patients ID(s) for the destination payer are carried in the 2010CA loop NM1 and REF segments.
- 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example: NM1\*QC\*1\*\*\*\*\*EI\*128848726~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail Position: 325

**Loop:** 2330 **Repeat:** 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Segments NM1-N4 contain name and address information of the insurance

carriers referenced in loop 2320.

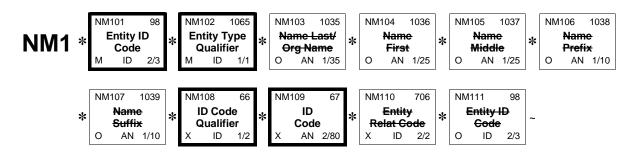
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

#### DIAGRAM



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES
REQUIRED	NM101	98	Entity Identifie Code identifying individual	er Code an organizational entity, a physical location,	<b>M</b> prop	<b>ID</b> erty or a	<b>2/3</b> n
			CODE	DEFINITION			
			QC	Patient			
REQUIRED	NM102	1065	Entity Type Qualifying t		M	ID	1/1
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
NOT USED	NM103	1035	Name Last or	Organization Name	0	AN	1/35
NOT USED	NM104	1036	Name First		0	AN	1/25
NOT USED	NM105	1037	Name Middle		0	AN	1/25
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
NOT USED	NM107	1039	Name Suffix		0	AN	1/10
REQUIRED	NM108	66	Code designating Code (67)	Code Qualifier g the system/method of code structure used	<b>X</b> I for Id	<b>ID</b> dentificat	<b>1/2</b> ion
			<b>SYNTAX:</b> P0809				
			CODE	DEFINITION			
			El	Employee Identification Number			
			MI	Member Identification Number			
				The code MI is intended to be the sidentification number as assigned Payers use different terminology to same number, therefore, the 837 In Workgroup recommends using MI Identification Number to convey the Insured's ID, Subscriber's ID, Medit Health Insurance Claim Number (H	by the corstitution of the corsection of the cor	ne paye nvey the tional mber lowing Recipie	r. e terms:
REQUIRED	NM109	67	Identification		X	AN	2/80
			, ,	a party or other code			
				Payer Patient Primary Identifier		hor	
			SYNTAX: P0809	Other Payer Primary Identification I	vullil	Jei	
NOT USED	NM110	706	Entity Relation	nship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifie	•	0	ID	2/3
			,		_		

# OTHER PAYER PATIENT IDENTIFICATION NUMBER

Loop: 2330C — OTHER PAYER PATIENT INFORMATION

**Usage: SITUATIONAL** 

Repeat: 3

Notes: 1. Used when a COB payer (listed in 2330B loop) has one or more

proprietary patient identification numbers for this claim. The patient

(name, DOB, etc) is identified in the 2010BA or 2010CA loop.

Example: REF\*AZ\*B333-Y5~

#### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 355

Loop: 2330

Requirement: Optional

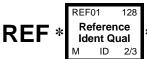
Max Use: 3

Purpose: To specify identifying information

Syntax: 1. R0203

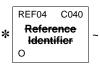
At least one of REF02 or REF03 is required.

#### DIAGRAM









#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME	_	ATTRIBU	TES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	М	ID	2/3

CODE	DEFINITION
1W	Member Identification Number
	If NM108 = MI, this qualifier cannot be used.
IG	Insurance Policy Number
SY	Social Security Number
	Do not use this code for Medicare.

REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transactio by the Reference Identification Qualifier	<b>X</b> n Set	AN or as s	1/30 pecified
			INDUSTRY: Other Payer Patient Secondary Identifier			
			syntax: R0203			
NOT USED	REF03	352	Description	X	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	0		

## OTHER PAYER ATTENDING PROVIDER

Loop: 2330D — OTHER PAYER ATTENDING PROVIDER Repeat: 1

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example: NM1\*71\*1~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail

Position: 325

Loop: 2330 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

**Set Notes:** 1. Segments NM1-N4 contain name and address information of the insurance

carriers referenced in loop 2320.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

#### **DIAGRAM**













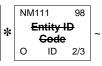
**MAY 2000** 











424

### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	rES
REQUIRED	NM101	98	Entity Identifie Code identifying a individual	er Code an organizational entity, a physical location,	<b>M</b> , prop	<b>ID</b> erty or a	<b>2/3</b> an
			CODE	DEFINITION			
			71	Attending Physician			
REQUIRED	NM102	1065	Entity Type Qu Code qualifying the		M	ID	1/1
				qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
			2	Non-Person Entity			
NOT USED	NM103	1035	Name Last or 0	Organization Name	0	AN	1/35
NOT USED	NM104	1036	Name First		0	AN	1/25
NOT USED	NM105	1037	Name Middle		0	AN	1/25
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
NOT USED	NM107	1039	Name Suffix		0	AN	1/10
NOT USED	NM108	66	Identification (	Code Qualifier	X	ID	1/2
NOT USED	NM109	67	Identification (	Code	X	AN	2/80
NOT USED	NM110	706	Entity Relation	nship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifie	er Code	0	ID	2/3

# OTHER PAYER ATTENDING PROVIDER IDENTIFICATION

Loop: 2330D — OTHER PAYER ATTENDING PROVIDER

Usage: REQUIRED

Repeat: 3

Notes: 1. Non-destination (COB) payers' provider identification number(s).

Example: REF\*N5\*RF446~

#### STANDARD

**REF** Reference Identification

Level: Detail

Position: 355

Loop: 2330

Requirement: Optional

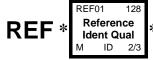
Max Use: 3

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

#### DIAGRAM









#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES	
REQUIRED	REF01	128	Reference Identification Qualifier	М	ID	2/3	

CODE	DEFINITION
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1G	Provider UPIN Number
1H	CHAMPUS Identification Number
El	Employer's Identification Number

			G2	Provider Commercial Number			
			LU	Location Number			
			N5	Provider Plan Network Identification	on N	umber	
REQUIRED	REF02	127		ntification nation as defined for a particular Transactio e Identification Qualifier	<b>X</b> on Set	AN or as sp	1/30 pecified
			INDUSTRY: Other	Payer Attending Provider Identifier			
			<b>SYNTAX:</b> R0203				
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0		

## OTHER PAYER OPERATING PROVIDER

Loop: 2330E — OTHER PAYER OPERATING PROVIDER Repeat: 1

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

> 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example: NM1\*72\*1~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail

Position: 325

**Loop:** 2330 **Repeat:** 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Segments NM1-N4 contain name and address information of the insurance

carriers referenced in loop 2320.

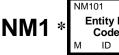
1. P0809 Syntax:

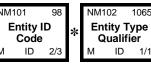
If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

#### **DIAGRAM**













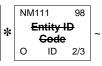




1/1







428

### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	res
REQUIRED	NM101	98	Entity Identifie Code identifying a individual	er Code an organizational entity, a physical location	<b>M</b> prop	<b>ID</b> erty or a	<b>2/3</b> an
			CODE	DEFINITION			
			72	Operating Physician			
REQUIRED	NM102	1065	Entity Type Qu Code qualifying the		M	ID	1/1
			SEMANTIC: NM102	qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
NOT USED	NM103	1035	Name Last or (	Organization Name	0	AN	1/35
NOT USED	NM104	1036	Name First		0	AN	1/25
NOT USED	NM105	1037	Name Middle		0	AN	1/25
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
NOT USED	NM107	1039	Name Suffix		0	AN	1/10
NOT USED	NM108	66	Identification (	Code Qualifier	X	ID	1/2
NOT USED	NM109	67	Identification (	Code	X	AN	2/80
NOT USED	NM110	706	Entity Relation	nship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifie	er Code	0	ID	2/3

# OTHER PAYER OPERATING PROVIDER IDENTIFICATION

Loop: 2330E — OTHER PAYER OPERATING PROVIDER

Usage: REQUIRED

Repeat: 3

Example: REF\*N5\*RF446~

#### **STANDARD**

**REF** Reference Identification

Level: Detail Position: 355

Loop: 2330

Requirement: Optional

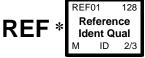
Max Use: 3

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

#### DIAGRAM









### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME	 	ATTRIBU	TES	
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	М	ID	2/3	

CODE	DEFINITION
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1G	Provider UPIN Number
1H	CHAMPUS Identification Number
El	Employer's Identification Number
G2	Provider Commercial Number

			LU	Location Number			
			N5	Provider Plan Network Identification Number			
REQUIRED	REF02	127		entification nation as defined for a particular Transaction e Identification Qualifier	<b>X</b> n Set	AN or as sp	1/30 pecified
			INDUSTRY: <b>Othe</b> l	Payer Operating Provider Identifier			
			<b>SYNTAX</b> : R0203				
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0		

1038

Name

**Prefix** 

AN 1/10

#### **IMPLEMENTATION**

## OTHER PAYER OTHER PROVIDER

Loop: 2330F — OTHER PAYER OTHER PROVIDER Repeat: 1

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example: NM1\*73\*1~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail

Position: 325

Loop: 2330 Repeat: 10

Requirement: Optional

Max Use: 1

Suffix

AN 1/10

0

Purpose: To supply the full name of an individual or organizational entity

**Set Notes:** 1. Segments NM1-N4 contain name and address information of the insurance

carriers referenced in loop 2320.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

Relat Code

ID 2/2

Code

ID 2/3

2. C1110

**Qualifier** 

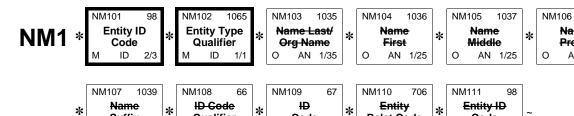
ID 1/2

If NM111 is present, then NM110 is required.

Code

AN 2/80

#### **DIAGRAM**



Χ

# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ΓES
REQUIRED	NM101	98	Entity Identifie Code identifying a individual	er Code an organizational entity, a physical location	<b>M</b> , prop	<b>ID</b> erty or a	<b>2/3</b> an
			CODE	DEFINITION			
			73	Other Physician			
REQUIRED	NM102	1065	Entity Type Qu Code qualifying the		M	ID	1/1
			SEMANTIC: NM102	qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
			2	Non-Person Entity			
NOT USED	NM103	1035	Name Last or	Organization Name	0	AN	1/35
NOT USED	NM104	1036	Name First		0	AN	1/25
NOT USED	NM105	1037	Name Middle		0	AN	1/25
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
NOT USED	NM107	1039	Name Suffix		0	AN	1/10
NOT USED	NM108	66	Identification (	Code Qualifier	X	ID	1/2
NOT USED	NM109	67	Identification (	Code	X	AN	2/80
NOT USED	NM110	706	Entity Relation	nship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifie	er Code	0	ID	2/3

# OTHER PAYER OTHER PROVIDER IDENTIFICATION

Loop: 2330F — OTHER PAYER OTHER PROVIDER

Usage: REQUIRED

Repeat: 3

Notes: 1. Non-destination (COB) payers' provider identification number(s).

Example: REF\*N5\*RF446~

# STANDARD

**REF** Reference Identification

Level: Detail

Position: 355

Loop: 2330

Requirement: Optional

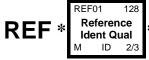
Max Use: 3

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

#### DIAGRAM









# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME	 	ATTRIBU	TES	
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	М	ID	2/3	

CODE	DEFINITION
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1G	Provider UPIN Number
1H	CHAMPUS Identification Number
El	Employer's Identification Number

			G2	Provider Commercial Number			
			LU	Location Number			
			N5	Provider Plan Network Identification	n Nu	ımber	
			SY	Social Security Number			
				The social security number may no Medicare.	ot be	used f	or
REQUIRED	REF02	127		ntification nation as defined for a particular Transactio e Identification Qualifier	<b>X</b> n Set	AN or as sp	1/30 ecified
			INDUSTRY: Other	Payer Other Provider Identifier			
			<b>SYNTAX:</b> R0203				
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0		

# OTHER PAYER REFERRING PROVIDER

Loop: 2330G — OTHER PAYER REFERRING PROVIDER Repeat: 2

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example: NM1\*DN\*1~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail

Loop: 2330 Repeat: 10

Requirement: Optional

Position: 325

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

**Set Notes:** 1. Segments NM1-N4 contain name and address information of the insurance

carriers referenced in loop 2320.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

#### **DIAGRAM**













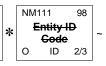












436

# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	res
REQUIRED	NM101	98	Entity Identifie Code identifying individual	er Code an organizational entity, a physical location	<b>M</b> , prop	<b>ID</b> erty or a	<b>2/3</b> an
			CODE	DEFINITION			
			DN	Referring Provider			
				Use on first iteration of this loop. Use once.	lse if	loop is	s used
			P3	Primary Care Provider			
				Use only if loop is used twice. Use iteration of this loop.	only	on sec	cond
REQUIRED	NM102	1065	Entity Type Q Code qualifying t		M	ID	1/1
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
			2	Non-Person Entity			
NOT USED	NM103	1035	Name Last or	Organization Name	0	AN	1/35
NOT USED	NM104	1036	Name First		0	AN	1/25
NOT USED	NM105	1037	Name Middle		0	AN	1/25
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
NOT USED	NM107	1039	Name Suffix		0	AN	1/10
NOT USED	NM108	66	Identification	Code Qualifier	X	ID	1/2
NOT USED	NM109	67	Identification	Code	X	AN	2/80
NOT USED	NM110	706	Entity Relation	nship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifie	er Code	0	ID	2/3

# OTHER PAYER REFERRING PROVIDER IDENTIFICATION

Loop: 2330G — OTHER PAYER REFERRING PROVIDER

Usage: REQUIRED

Repeat: 3

Notes: 1. Non-destination (COB) payers' provider identification number(s).

Example: REF\*N5\*RF446~

# STANDARD

**REF** Reference Identification

Level: Detail

Position: 355

Loop: 2330

Requirement: Optional

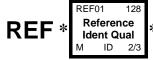
Max Use: 3

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

#### DIAGRAM









# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M	ID	2/3

CODE	DEFINITION
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1G	Provider UPIN Number
В3	Preferred Provider Organization Number
BQ	Health Maintenance Organization Code Number

			El	Employer's Identification Number			
			G2	Provider Commercial Number			
			LU	Location Number			
			N5	Provider Plan Network Identification	on Nu	umber	
			SY	Social Security Number The social security number may n Medicare.	ot be	used	for
			X5	State Industrial Accident Provider	Num	ber	
REQUIRED	REF02	127		entification nation as defined for a particular Transactic e Identification Qualifier	<b>X</b> on Set	AN or as sp	1/30 pecified
			INDUSTRY: Other	Payer Referring Provider Identifier			
			<b>SYNTAX:</b> R0203				
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0		

# OTHER PAYER SERVICE FACILITY PROVIDER

Loop: 2330H — OTHER PAYER SERVICE FACILITY PROVIDER Repeat: 1

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example: NM1\*FA\*1~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail

Position: 325

**Loop:** 2330 **Repeat:** 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

**Set Notes:** 1. Segments NM1-N4 contain name and address information of the insurance

carriers referenced in loop 2320.

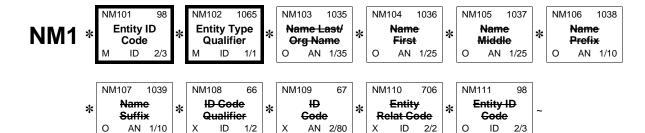
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

# DIAGRAM



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUTE	S
REQUIRED	NM101	98	Entity Identifie Code identifying a individual	er Code an organizational entity, a physical location,	<b>M</b> prop	<b>ID</b> erty or ar	<b>2/3</b>
			CODE	DEFINITION			
			FA	Facility			
REQUIRED	NM102	1065	Entity Type Qu Code qualifying the		M	ID	1/1
			SEMANTIC: NM102	qualifies NM103. <b>DEFINITION</b>			
			2	Non-Person Entity			
NOT USED	NM103	1035	Name Last or (	Organization Name	0	AN	1/35
NOT USED	NM104	1036	Name First		0	AN	1/25
NOT USED	NM105	1037	Name Middle		0	AN	1/25
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
NOT USED	NM107	1039	Name Suffix		0	AN	1/10
NOT USED	NM108	66	Identification (	Code Qualifier	X	ID	1/2
NOT USED	NM109	67	Identification (	Code	X	AN	2/80
NOT USED	NM110	706	Entity Relation	ship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifie	r Code	0	ID	2/3

# OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFICATION

Loop: 2330H — OTHER PAYER SERVICE FACILITY PROVIDER

Usage: REQUIRED

Repeat: 3

Notes: 1. Non-destination (COB) payers' provider identification number(s).

Example: REF\*N5\*RF446~

# STANDARD

**REF** Reference Identification

Level: Detail

Position: 355

Loop: 2330

Requirement: Optional

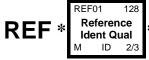
Max Use: 3

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

#### DIAGRAM









# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES	
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M	ID	2/3	

CODE	DEFINITION
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
El	Employer's Identification Number
G2	Provider Commercial Number
LU	Location Number
N5	Provider Plan Network Identification Number

REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transactio by the Reference Identification Qualifier	<b>X</b> n Set	AN or as s	1/30 pecified
			INDUSTRY: Other Payer Service Facility Provider Iden	tifie	r	
			syntax: R0203			
NOT USED	REF03	352	Description	X	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	0		

# **SERVICE LINE NUMBER**

Loop: 2400 — SERVICE LINE NUMBER Repeat: 999

Usage: REQUIRED

Repeat: 1

Notes:

- The Service Line LX segment begins with 1 and is incremented by one for each additional service line of a claim. The LX functions as a line counter.
- 2. The data in the LX is not returned in the 835 (Remittance Advice) transaction. It is used to indicate bundling/unbundling in SVC06.
- 3. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

Example: LX\*1~

#### **STANDARD**

**LX** Assigned Number

Level: Detail Position: 365

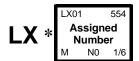
Loop: 2400 Repeat: >1

Requirement: Optional

Max Use: 1

Purpose: To reference a line number in a transaction setSet Notes: 1. Loop 2400 contains Service Line information.

DIAGRAM



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	LX01	554	Assigned Number Number assigned for differentiation within a transaction set	M	N0	1/6
			This is the service line number. Begin with 1 and i	ncre	ment k	y 1 for

# INSTITUTIONAL SERVICE LINE

Loop: 2400 — SERVICE LINE NUMBER

Usage: REQUIRED

Repeat: 1

Notes: 1. This segment is required for inpatient claims or outpatient or other

claims that require procedure or drug information to be reported for

claim adjudication.

Example: SV2\*300\*HC:80019\*73.42\*UN\*1~

Example: SV2\*120\*\*1500\*DA\*5\*300~

#### **STANDARD**

**SV2** Institutional Service

Level: Detail

Position: 375

Loop: 2400

Requirement: Optional

Max Use: 1

**Purpose:** To specify the claim service detail for a Health Care institution

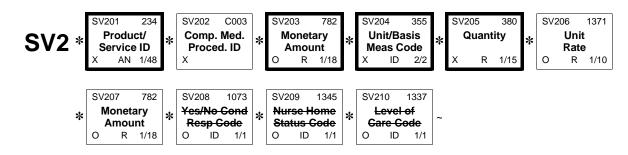
Syntax: 1. R0102

At least one of SV201 or SV202 is required.

2. P0405

If either SV204 or SV205 is present, then the other is required.

#### **DIAGRAM**



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES							
REQUIRED	SV201	234	Identif	ct/Service ID X AN 1/48 ng number for a product or service  x: Service Line Revenue Code							
				R0102							
			SEMAN	c: SV201 is the revenue code.							
			UB-9	Reference [UB-92 Name]:							
			42 [R	venue Code]							
			EMC	.6.0 Reference:							
				1 Type 50 Field No. 4, 11, 12, 13							
				1 Type 60 Field No. 4, 13, 14							
				d Type 61 Field No. 4, 14, 15							
			See C Code	ode Source 132: National Uniform Billing Committee (NUBC) .							
SITUATIONAL	SV202	C003	IDEN'	ify a medical procedure by its standardized codes and applicable							
			ALIAS: Service Line Procedure Code								
			UB-92 Reference [UB-92 Name]:								
		44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]									
			This	ata element is required for all Outpatient claims.							
REQUIRED	SV202 -	1	235	Product/Service ID Qualifier M ID 2/2 Code identifying the type/source of the descriptive number used in Product/Service ID (234)							
				INDUSTRY: Product or Service ID Qualifier							
				DDE DEFINITION							
			НС	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes							
				Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.							
				CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System							
		IV Home Infusion EDI Coalition (HIEC Code									
				CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List							
			N1	National Drug Code in 4-4-2 Format  code source 240: National Drug Code by Format							
			N2	National Drug Code in 5-3-2 Format							

		N3	National Drug Code in 5-4-1 Format
			CODE SOURCE 240: National Drug Code by Format
		N4	National Drug Code in 5-4-2 Format
			CODE SOURCE 240: National Drug Code by Format
		ZZ	Mutually Defined
			Use code ZZ to convey the Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code. This code list is available from: Division of Institutional Care Health Care Financing Administration S1-03-06 7500 Security Boulevard Baltimore, MD 21244-1850
REQUIRED	SV202 - 2	234	Product/Service ID M AN 1/48 Identifying number for a product or service
			INDUSTRY: Procedure Code
			ALIAS: HCPCS Procedure Code
			UB-92 Reference [UB-92 Name]:
			44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]
			EMC v.6.0 Reference:
			Record Type 60 Field No. 5, 13, 14
			Record Type 61 Field No. 5, 14, 15
	TUATIONAL SV202 - 3		
SITUATIONAL	SV202 - 3	1339	Procedure Modifier O AN 2/2 This identifies special circumstances related to the performance of the service, as defined by trading partners
SITUATIONAL	SV202 - 3	1339	This identifies special circumstances related to the performance of the
SITUATIONAL	SV202 - 3	1339	This identifies special circumstances related to the performance of the service, as defined by trading partners
SITUATIONAL	SV202 - 3	1339	This identifies special circumstances related to the performance of the service, as defined by trading partners  **ALIAS: HCPCS Modifier 1**
SITUATIONAL	SV202 - 3	1339	This identifies special circumstances related to the performance of the service, as defined by trading partners  **ALIAS: HCPCS Modifier 1**  UB-92 Reference [UB-92 Name]:
SITUATIONAL	SV202 - 3	1339	This identifies special circumstances related to the performance of the service, as defined by trading partners  ALIAS: HCPCS Modifier 1  UB-92 Reference [UB-92 Name]:  44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]
SITUATIONAL	SV202 - 3	1339	This identifies special circumstances related to the performance of the service, as defined by trading partners  ALIAS: HCPCS Modifier 1  UB-92 Reference [UB-92 Name]:  44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]  EMC v.6.0 Reference:
SITUATIONAL	SV202 - 3	1339	This identifies special circumstances related to the performance of the service, as defined by trading partners  ALIAS: HCPCS Modifier 1  UB-92 Reference [UB-92 Name]:  44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]  EMC v.6.0 Reference:  Record Type 60 Field No. 9, 13, 14
SITUATIONAL	SV202 - 3	1339	This identifies special circumstances related to the performance of the service, as defined by trading partners  ALIAS: HCPCS Modifier 1  UB-92 Reference [UB-92 Name]:  44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]  EMC v.6.0 Reference:  Record Type 60 Field No. 9, 13, 14  Record Type 61 Field No. 10, 14, 15
SITUATIONAL	SV202 - 3	1339	This identifies special circumstances related to the performance of the service, as defined by trading partners  ALIAS: HCPCS Modifier 1  UB-92 Reference [UB-92 Name]:  44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]  EMC v.6.0 Reference:  Record Type 60 Field No. 9, 13, 14  Record Type 61 Field No. 10, 14, 15  Use this modifier for the first procedure code modifier.  This data element is required when the Provider needs to convey additional clarification for the associated procedure
			This identifies special circumstances related to the performance of the service, as defined by trading partners  ALIAS: HCPCS Modifier 1  UB-92 Reference [UB-92 Name]:  44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]  EMC v.6.0 Reference:  Record Type 60 Field No. 9, 13, 14  Record Type 61 Field No. 10, 14, 15  Use this modifier for the first procedure code modifier.  This data element is required when the Provider needs to convey additional clarification for the associated procedure code.  Procedure Modifier  O AN 2/2  This identifies special circumstances related to the performance of the
			This identifies special circumstances related to the performance of the service, as defined by trading partners  ALIAS: HCPCS Modifier 1  UB-92 Reference [UB-92 Name]:  44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]  EMC v.6.0 Reference:  Record Type 60 Field No. 9, 13, 14  Record Type 61 Field No. 10, 14, 15  Use this modifier for the first procedure code modifier.  This data element is required when the Provider needs to convey additional clarification for the associated procedure code.  Procedure Modifier  O AN 2/2  This identifies special circumstances related to the performance of the service, as defined by trading partners
			This identifies special circumstances related to the performance of the service, as defined by trading partners  ALIAS: HCPCS Modifier 1  UB-92 Reference [UB-92 Name]:  44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]  EMC v.6.0 Reference:  Record Type 60 Field No. 9, 13, 14  Record Type 61 Field No. 10, 14, 15  Use this modifier for the first procedure code modifier.  This data element is required when the Provider needs to convey additional clarification for the associated procedure code.  Procedure Modifier  O AN 2/2  This identifies special circumstances related to the performance of the service, as defined by trading partners  ALIAS: HCPCS Modifier 2
			This identifies special circumstances related to the performance of the service, as defined by trading partners  ALIAS: HCPCS Modifier 1  UB-92 Reference [UB-92 Name]:  44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]  EMC v.6.0 Reference:  Record Type 60 Field No. 9, 13, 14  Record Type 61 Field No. 10, 14, 15  Use this modifier for the first procedure code modifier.  This data element is required when the Provider needs to convey additional clarification for the associated procedure code.  Procedure Modifier  O AN 2/2  This identifies special circumstances related to the performance of the service, as defined by trading partners  ALIAS: HCPCS Modifier 2  UB-92 Reference [UB-92 Name]:
			This identifies special circumstances related to the performance of the service, as defined by trading partners  ALIAS: HCPCS Modifier 1  UB-92 Reference [UB-92 Name]:  44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]  EMC v.6.0 Reference:  Record Type 60 Field No. 9, 13, 14  Record Type 61 Field No. 10, 14, 15  Use this modifier for the first procedure code modifier.  This data element is required when the Provider needs to convey additional clarification for the associated procedure code.  Procedure Modifier  O AN 2/2  This identifies special circumstances related to the performance of the service, as defined by trading partners  ALIAS: HCPCS Modifier 2  UB-92 Reference [UB-92 Name]:  44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]

				Record	d Type 61 Field No. 7, 14, 15					
				Use th	is modifier for the second procedur	e cod	le mod	lifier.		
				See S\	/202-3					
SITUATIONAL	SV202 - 5	/202 - 5 13			dure Modifier  Intifies special circumstances related to the as defined by trading partners	<b>O</b> perfo	AN rmance	<b>2/2</b> of the		
				ALIAS: H	ICPCS Modifier 3					
				UB-92	Reference [UB-92 Name]:					
				44 (HC	PCS) [HCPCS/Rates/HIPPS Rate Co	des]				
				See S\	/202-3					
SITUATIONAL	SV202 - 6		1339	This ide	dure Modifier  Intifies special circumstances related to the as defined by trading partners	<b>O</b> perfo	AN rmance	<b>2/2</b> of the		
				ALIAS: H	ICPCS Modifier 4					
				UB-92	Reference [UB-92 Name]:					
				44 (HC	PCS) [HCPCS/Rates/HIPPS Rate Co	des]				
				See S\	/202-3					
NOT USED	SV202 - 7		352	Descri	ption	0	AN	1/80		
REQUIRED	SV203	782		ary Amo		0	R	1/18		
				•						
			INDUSTRY: Line Item Charge Amount  ALIAS: Service Line Charge Amount							
					is a submitted charge amount.					
					nce [UB-92 Name]:					
			47 [Total Charges (by Revenue Code Category)]							
			EMC v	.6.0 Ref	erence:					
			Record	d Type 5	50 Field No. 7, 11, 12, 13					
			Record	d Type 6	60 Field No. 9, 13, 14					
			Record	d Type 6	61 Field No. 10, 14, 15					
			Use th	is amou	ınt to indicate the submitted charge	amo	unt.			
REQUIRED	SV204	355	Code sp	pecifying	for Measurement Code the units in which a value is being expressen has been taken	<b>X</b> ed, or	<b>ID</b> manner	<b>2/2</b> in which		
			SYNTAX:	P0405						
			CC	ODE	DEFINITION					
			DA		Days					
			F2		International Unit					
					Dosage amount is only used for dr the dosage of the drug is variable NDC number (e.g. blood factors).					
			UN		Unit					

REQUIRED	SV205	380	Quantity Numeric value of quantity	X	R	1/15
			INDUSTRY: Service Unit Count			
			ALIAS: Service Line Units			
			syntax: P0405			
			UB-92 Reference [UB-92 Name]:			
			46 [Units of Service]			
			EMC v.6.0 Reference:			
			Record Type 50 Field No. 6, 11, 12, 13			
			Record Type 60 Field No. 8, 13, 14			
			Record Type 61 Field No. 8, 14, 15			
SITUATIONAL	SV206	1371	Unit Rate The rate per unit of associate revenue for hospital accomm	<b>O</b> odatior	R	1/10
			INDUSTRY: Service Line Rate			
			ALIAS: Service Line Rate Amount			
			UB-92 Reference [UB-92 Name]:			
			44 ("RATES") [HCPCS/Rates/HIPPS Rate Codes]			
			EMC v.6.0 Reference:			
			Record Type 50 Field No. 5, 11, 12, 13			
			This data element is required when the associate 100-219.	d reve	enue co	ode is
SITUATIONAL	SV207	782	-	d reve	enue co	1/18
SITUATIONAL	SV207	782	100-219.  Monetary Amount	0	R	1/18
SITUATIONAL	SV207	782	Monetary Amount Monetary amount	0	R	1/18
SITUATIONAL	SV207	782	Monetary Amount Monetary amount INDUSTRY: Line Item Denied Charge or Non-Covered	0	R	1/18
SITUATIONAL	SV207	782	Monetary Amount Monetary amount INDUSTRY: Line Item Denied Charge or Non-Covered ALIAS: Service Line Non-Covered Charge Amount	0	R	1/18
SITUATIONAL	SV207	782	Monetary Amount Monetary amount  INDUSTRY: Line Item Denied Charge or Non-Covered  ALIAS: Service Line Non-Covered Charge Amount  SEMANTIC: SV207 is a noncovered charge amount.	0	R	1/18
SITUATIONAL	SV207	782	Monetary Amount Monetary amount INDUSTRY: Line Item Denied Charge or Non-Covered ALIAS: Service Line Non-Covered Charge Amount SEMANTIC: SV207 is a noncovered charge amount. UB-92 Reference [UB-92 Name]:	0	R	1/18
SITUATIONAL	SV207	782	Monetary Amount Monetary amount Monetary amount  INDUSTRY: Line Item Denied Charge or Non-Covered ALIAS: Service Line Non-Covered Charge Amount SEMANTIC: SV207 is a noncovered charge amount.  UB-92 Reference [UB-92 Name]: 48 [Non-Covered Charges]	0	R	1/18
SITUATIONAL	SV207	782	Monetary Amount Monetary amount Monetary amount  INDUSTRY: Line Item Denied Charge or Non-Covered ALIAS: Service Line Non-Covered Charge Amount SEMANTIC: SV207 is a noncovered charge amount.  UB-92 Reference [UB-92 Name]:  48 [Non-Covered Charges]  EMC v.6.0 Reference:	0	R	1/18
SITUATIONAL	SV207	782	Monetary Amount Monetary amount  INDUSTRY: Line Item Denied Charge or Non-Covered ALIAS: Service Line Non-Covered Charge Amount SEMANTIC: SV207 is a noncovered charge amount.  UB-92 Reference [UB-92 Name]:  48 [Non-Covered Charges]  EMC v.6.0 Reference: Record Type 50 Field No. 8, 11, 12, 13	0	R	1/18
SITUATIONAL	SV207	782	Monetary Amount Monetary amount  INDUSTRY: Line Item Denied Charge or Non-Covered ALIAS: Service Line Non-Covered Charge Amount SEMANTIC: SV207 is a noncovered charge amount.  UB-92 Reference [UB-92 Name]: 48 [Non-Covered Charges]  EMC v.6.0 Reference: Record Type 50 Field No. 8, 11, 12, 13 Record Type 60 Field No. 10, 13, 14	O I Char	R ge Am	1/18 ount
SITUATIONAL  NOT USED	SV207	782 1073	Monetary Amount Monetary amount Monetary amount Monetary amount  INDUSTRY: Line Item Denied Charge or Non-Covered ALIAS: Service Line Non-Covered Charge Amount SEMANTIC: SV207 is a noncovered charge amount.  UB-92 Reference [UB-92 Name]: 48 [Non-Covered Charges]  EMC v.6.0 Reference: Record Type 50 Field No. 8, 11, 12, 13 Record Type 60 Field No. 10, 13, 14 Record Type 61 Field No. 11, 14, 15  Use this amount if needed to report line specific	O I Char	R ge Am	1/18 ount
			Monetary Amount Monetary amount Monetary amount  INDUSTRY: Line Item Denied Charge or Non-Covered ALIAS: Service Line Non-Covered Charge Amount SEMANTIC: SV207 is a noncovered charge amount.  UB-92 Reference [UB-92 Name]: 48 [Non-Covered Charges]  EMC v.6.0 Reference: Record Type 50 Field No. 8, 11, 12, 13 Record Type 60 Field No. 10, 13, 14 Record Type 61 Field No. 11, 14, 15  Use this amount if needed to report line specific charge amount.	O I Char	R ge Am	1/18 ount
NOT USED	SV208	1073	Monetary Amount Monetary amount INDUSTRY: Line Item Denied Charge or Non-Covered ALIAS: Service Line Non-Covered Charge Amount SEMANTIC: SV207 is a noncovered charge amount.  UB-92 Reference [UB-92 Name]: 48 [Non-Covered Charges]  EMC v.6.0 Reference: Record Type 50 Field No. 8, 11, 12, 13 Record Type 60 Field No. 10, 13, 14 Record Type 61 Field No. 11, 14, 15  Use this amount if needed to report line specific charge amount.  Yes/No Condition or Response Code	O I Char non-c	R ge Am	1/18 ount

# PRESCRIPTION NUMBER

Loop: 2400 — SERVICE LINE NUMBER

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required when a drug has been dispensed with an assigned Rx

number.

2. In cases where a compound drug is being billed, the components of the compound will all have the same prescription number. Payers receiving the claim can relate all the components by matching the prescription number.

Example: SV4\*4466777TJ~

#### **STANDARD**

**SV4** Drug Service

Level: Detail

Position: 385

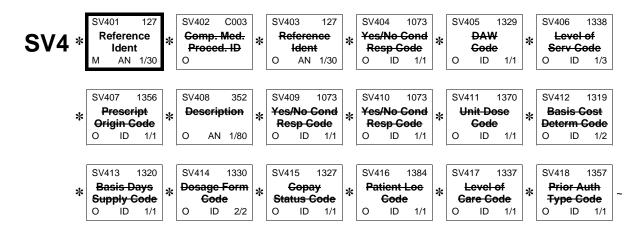
Loop: 2400

Requirement: Optional

Max Use: 1

Purpose: To specify the claim service detail for prescription drugs

#### DIAGRAM



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	SV401	127	Reference Identification Reference information as defined for a particular Transaction by the Reference Identification Qualifier	<b>M</b> n Set	AN or as sp	1/30 pecified
			INDUSTRY: Prescription Number			
			SEMANTIC: SV401 is a prescription number.			
NOT USED	SV402	C003	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	0		
NOT USED	SV403	127	Reference Identification	0	AN	1/30
NOT USED	SV404	1073	Yes/No Condition or Response Code	0	ID	1/1
NOT USED	SV405	1329	Dispense as Written Code	0	ID	1/1
NOT USED	SV406	1338	Level of Service Code	0	ID	1/3
NOT USED	SV407	1356	Prescription Origin Code	0	ID	1/1
NOT USED	SV408	352	Description	0	AN	1/80
NOT USED	SV409	1073	Yes/No Condition or Response Code	0	ID	1/1
NOT USED	SV410	1073	Yes/No Condition or Response Code	0	ID	1/1
NOT USED	SV411	1370	Unit Dose Code	0	ID	1/1
NOT USED	SV412	1319	Basis of Cost Determination Code	0	ID	1/2
NOT USED	SV413	1320	Basis of Days Supply Determination Code	0	ID	1/1
NOT USED	SV414	1330	Dosage Form Code	0	ID	2/2
NOT USED	SV415	1327	Copay Status Code	0	ID	1/1
NOT USED	SV416	1384	Patient Location Code	0	ID	1/1
NOT USED	SV417	1337	Level of Care Code	0	ID	1/1
NOT USED	SV418	1357	Prior Authorization Type Code	0	ID	1/1

# LINE SUPPLEMENTAL INFORMATION

Loop: 2400 — SERVICE LINE NUMBER

**Usage: SITUATIONAL** 

Repeat: 5

Notes:

- The PWK segment is required if there is paper documentation supporting this claim. The PWK segment should not be used if the information related to the claim is being sent within the 837 ST-SE envelope unless reporting Home Infusion (see codes AD & AF in PWK02).
- 2. The PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another functional group (e.g., 275) rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be carried in the TRN of the electronic attachment.
- 3. The PWK segment can be used to identify paperwork that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but that is not being sent with the claim. Use code AA in PWK02 to convey this specific use of the PWK segment. See element note under PWK02, code AA.

Example: PWK\*B2\*AA\*\*\*AC\*29438476~

#### **STANDARD**

# **PWK** Paperwork

Level: Detail

Position: 420

Loop: 2400

Requirement: Optional

Max Use: 10

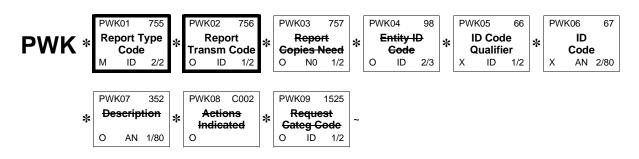
Purpose: To identify the type or transmission or both of paperwork or supporting

information

Syntax: 1. P0506

If either PWK05 or PWK06 is present, then the other is required.

#### DIAGRAM



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES					
REQUIRED	PWK01	755	Report Type Code indicating	Code the title or contents of a document, report or	M ID 2/2 supporting item					
			INDUSTRY: Attachment Report Type Code							
			CODE	DEFINITION						
			AS	Admission Summary						
			B2	Prescription						
			В3	Physician Order						
			B4	Referral Form						
			СТ	Certification						
		DA	Dental Models							
		DG	Diagnostic Report							
			DS	Discharge Summary						
			Explanation of Benefits (Coordinat Medicare Secondary Payor)	ion of Benefits or						
			MT	Models						
			NN	Nursing Notes						
			ОВ	Operative Note						
			OZ	Support Data for Claim						
			PN	Physical Therapy Notes						
			РО	Prosthetics or Orthotic Certification	n					
			PZ	Physical Therapy Certification						
			RB	Radiology Films						
			RR	Radiology Reports						
			RT	Report of Tests and Analysis Repo	ort					

SITUATIONAL PWK06

**REQUIRED** PWK02 756 ID **Report Transmission Code** 0 1/2

Code defining timing, transmission method or format by which reports are to be sent

INDUSTRY: Attachment Transmission Code

Codes AB, AD, AF and AG are not in the ASC X12 004-010 Data Dictionary but are included in this guide to provide a standard way to report Home Infusion services until these codes are added to a later version of the 837. A Data Maintenance request for these codes is in the ASC X12 process. It is recommended that entities who have a need to submit or receive Home Infusion Services customize their 004-010 translator map to allow these exception codes.

CODE	DEFINITION			
AA	Available on Request at Provider Si Paperwork is available at the provid means that the paperwork is not be claim at this time. Instead, it is avail (or appropriate entity) at his or her	der's ing	sent w	ith the
AB	Previously Submitted to Payer			
AD	Certification Included in this Claim			
AF	Narrative Segment Included in this	Clai	m	
AG	No Documentation is Required			
ВМ	By Mail			
EL	Electronically Only			
EM	E-Mail			
FX	By Fax			
Report Copies	s Needed	0	N0	1/2
Entity Identific	er Code	0	ID	2/3
	<b>Code Qualifier</b> g the system/method of code structure used	<b>X</b> for lo	<b>ID</b> dentifica	<b>1/2</b> tion

**NOT USED** PWK03 757 **NOT USED** PWK04 98 **SITUATIONAL** PWK05 66

**SYNTAX:** P0506

COMMENT: PWK05 and PWK06 may be used to identify the addressee by a code number.

Required if	equired if PWK02 = "BM", "EL", "EM" or "FX"						
CODE	DEFINITION				_		
AC	Attachment Control Number						
Identification	on Code	Х	AN	2/80			

Code identifying a party or other code

INDUSTRY: Attachment Control Number

**SYNTAX:** P0506

67

Required if PWK02 = "BM", "EL", "EM" or "FX"

004010X096 • 837 • 2400 • PWK LINE SUPPLEMENTAL INFORMATION

NOT USED	PWK07	352	Description	0	AN	1/80
NOT USED	PWK08	C002	ACTIONS INDICATED	0		
NOT USED	PWK09	1525	Request Category Code	0	ID	1/2

# SERVICE LINE DATE

Loop: 2400 — SERVICE LINE NUMBER

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required on outpatient claims when revenue, procedure, HIEC or drug

codes are reported in the SV2 segment.

2. In cases where a drug is being billed on a service line, the Date of Service DTP may be used to indicate the range of dates through which the drug will be used by the patient. Use RD8 for this purpose.

3. In cases where a drug is being billed on a service line, the Date of Service DTP is used to indicate the date the prescription was written (or otherwise communicated by the prescriber if not written).

Example: DTP\*472\*D8\*19960819~

#### **STANDARD**

**DTP** Date or Time or Period

Level: Detail Position: 455

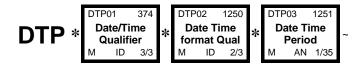
Loop: 2400

Requirement: Optional

Max Use: 15

Purpose: To specify any or all of a date, a time, or a time period

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	DTP01	374	Date/Time Q Code specifyin	M	ID	3/3	
			INDUSTRY: Date	e Time Qualifier			
			CODE	DEFINITION			
			472	Service			
				Use RD8 in DTP02 to indicate begi dates.	n/end	d or fro	om/to

# PREQUIRED Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
	Use RD8 if it is necessary to indicate begin/end dates. Date range indicates drug duration for which the supply of drug be will used by the patient. The difference in dates, including both the begin and end dates, are the days supply of the drug.
	Example: 20000101 - 20000107 (1/1/00 to 1/7/00) is used for a 7 day supply where the first day of the drug used by the patient is 1/1/00. In the event a drug is administered on less than a daily basis (e.g., every other day) the date range would include the entire period during which the drug was supplied, including the last day the drug was used.
	Example: 20000101 - 20000108 (1/1/00 to 1/8/00) is used for an 8 days supply where the prescription is written for Q48 (every 48 hours), four doses of the drug are dispensed and the first dose is used on

REQUIRED DTP03 1251 Date Time Period M AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: Service Date

UB-92 Reference [UB-92 Name]:

1/1/00.

45 [Service Date]

EMC v.6.0 Reference:

**Record Type 60 Field No. 12, 13, 14** 

Record Type 61 Field No. 9, 14, 15

# **ASSESSMENT DATE**

Loop: 2400 — SERVICE LINE NUMBER

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required when an assessment date is necessary (i.e. Medicare PPS

processing).

2. Refer to Code Source 132 National Uniform Billing Committee (NUBC)

Codes for instructions on the use of this date.

Example: DTP\*866\*19981210~

#### **STANDARD**

**DTP** Date or Time or Period

Level: Detail

Position: 455

**Loop:** 2400

Requirement: Optional

Max Use: 15

Purpose: To specify any or all of a date, a time, or a time period

#### DIAGRAM







#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	DTP01	374		Date/Time Qualifier Code specifying type of date or time, or both date and time		ID	3/3
			INDUSTRY: Date	Time Qualifier			
			CODE	DEFINITION			
			866	Examination			
REQUIRED	DTP02	1250		riod Format Qualifier the date format, time format, or date and tin	<b>M</b> ne for	<b>ID</b> mat	2/3
			SEMANTIC: DTP02	2 is the date or time or period format that wi	ll app	ear in D	TP03.
			CODE	DEFINITION			
			D8	Date Expressed in Format CCYYM	MDD	)	

REQUIRED DTP03 1251 Date Time Period M AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: Assessment Date

UB-92 Reference [UB-92 Name]:

45 [Service Date]

EMC v.6.0 Reference:

Record Type 60 Field No. 13

# **SERVICE TAX AMOUNT**

Loop: 2400 — SERVICE LINE NUMBER

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required when a service tax/surcharge applies to the service being

reported in SV201.

Example: AMT\*GT\*15~

# STANDARD

**AMT** Monetary Amount

**Level:** Detail **Position:** 475

**Loop:** 2400

Requirement: Optional

Max Use: 15

Purpose: To indicate the total monetary amount

#### **DIAGRAM**







# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	AMT01	522		Amount Qualifier Code Code to qualify amount		ID	1/3
			CODE	DEFINITION			
			GT	Goods and Services Tax			
REQUIRED	AMT02	782	Monetary Amo		M	R	1/18
			INDUSTRY: Service	ce Tax Amount			
NOT USED	AMT03	478	Credit/Debit F	lag Code	0	ID	1/1

# **FACILITY TAX AMOUNT**

Loop: 2400 — SERVICE LINE NUMBER

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required when a service tax/surcharge applies to the service being

reported in SV201.

Example: AMT\*N8\*22~

# STANDARD

# **AMT** Monetary Amount

**Level:** Detail **Position:** 475

**Loop**: 2400

Requirement: Optional

Max Use: 15

Purpose: To indicate the total monetary amount

#### **DIAGRAM**







# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	AMT01	522	Amount Quali Code to qualify a		M	ID	1/3
			CODE	DEFINITION			
			N8	Miscellaneous Taxes			
REQUIRED	AMT02	782	Monetary Amo		M	R	1/18
			INDUSTRY: <b>Facili</b>	ty Tax Amount			
NOT USED	AMT03	478	Credit/Debit F	lag Code	0	ID	1/1

# ATTENDING PHYSICIAN NAME

Loop: 2420A — ATTENDING PHYSICIAN NAME Repeat: 1

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 2. Required if the Attending Provider NM1 information is different than that carried in the 2310A (claim) loop.

Example: NM1\*71\*1\*JONES\*JOHN\*\*\*SR.\*24\*123456789~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail Position: 500

Loop: 2420 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

**Set Notes:** 

 Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.

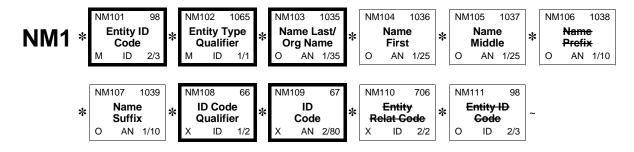
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

#### **DIAGRAM**



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	res
REQUIRED	NM101	98	Entity Identified Code identifying individual	er Code an organizational entity, a physical location,	<b>M</b> prop	<b>ID</b> perty or a	<b>2/3</b> an
			The identifier Loop ID-2420.	in NM101 applies to all segments in	this	iteratio	n of
			CODE	DEFINITION			
			71	Attending Physician			
REQUIRED	NM102	1065	Entity Type Qualifying t		M	ID	1/1
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
			2	Non-Person Entity			
REQUIRED	NM103	1035		Organization Name me or organizational name	0	AN	1/35
			INDUSTRY: Attend	ding Physician Last Name			
			Attending Pro	vider Last Name			
SITUATIONAL	NM104	1036	Name First Individual first name		0	AN	1/25
			INDUSTRY: Attend	ding Physician First Name			
			Required if NN	M102=1 (person).			
SITUATIONAL	NM105	1037	Name Middle Individual middle	name or initial	0	AN	1/25
			INDUSTRY: Attend	ding Physician Middle Name			
			Required if NN known.	M102=1 and the middle name/initial o	f the	e perso	n is
NOT USED	NM106	1038	Name Prefix		o	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individua	al name	0	AN	1/10
			INDUSTRY: Atten	ding Physician Name Suffix			
			ALIAS: Attendin	g Provider Generation			
			Required if kn	own.			
REQUIRED	NM108	66		Code Qualifier g the system/method of code structure used	<b>X</b> for lo	<b>ID</b> dentifica	<b>1/2</b> tion
			<b>SYNTAX:</b> P0809				
			CODE	DEFINITION			
			24	<b>Employer's Identification Number</b>			

			34	34 Social Security Number Social Security Number cannot be used for Medicare claims.					
			XX	Health Care Financing Administra Provider Identifier Required value if the National Pro mandated for use. Otherwise, one codes may be used.	vider	ID is			
REQUIRED	NM109	67	Identification Code identifying	Code a party or other code	X	AN	2/80		
			INDUSTRY: <b>Atten</b>	ding Physician Primary Identifier					
			<b>SYNTAX:</b> P0809						
			Attending Pro	ovider Primary Identifier					
NOT USED	NM110	706	Entity Relatio	nship Code	X	ID	2/2		
NOT USED	NM111	98	Entity Identific	er Code	0	ID	2/3		

# ATTENDING PHYSICIAN SPECIALTY INFORMATION

Loop: 2420A — ATTENDING PHYSICIAN NAME

Usage: REQUIRED

Repeat: 1

Notes: 1. PRV02 qualifies PRV03.

Example: PRV\*AT\*ZZ\*203BA0200N~

#### **STANDARD**

**PRV** Provider Information

Level: Detail Position: 505

**Loop:** 2420

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

#### DIAGRAM













#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	JTES
REQUIRED	PRV01	1221	Provider Code Code indentifyi	<b>de</b> ing the type of provider	М	ID	1/3
			CODE	DEFINITION			
			AT	Attending			
REQUIRED	PRV02	128		lentification Qualifier	М	ID	2/3

ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.

	CODE	DEFINITION
ZZ		Mutually Defined
		Provider Taxonomy Code List

REQUIRED	PRV03	127	Reference Identification Reference information as defined for a particular Transacti by the Reference Identification Qualifier	<b>M</b> on Set	AN or as sp	1/30 pecified
			INDUSTRY: Provider Taxonomy Code			
			ALIAS: Provider Specialty Code			
NOT USED	PRV04	156	State or Province Code	0	ID	2/2
NOT USED	PRV05	C035	PROVIDER SPECIALTY INFORMATION	0		
NOT USED	PRV06	1223	Provider Organization Code	0	ID	3/3

# ATTENDING PHYSICIAN SECONDARY IDENTIFICATION

Loop: 2420A — ATTENDING PHYSICIAN NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required when a secondary identification number is necessary to

identify the entity. The primary identification number should be

carried in NM109 in this loop.

Example: REF\*1D\*AC12345H~

#### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 525

Loop: 2420

Requirement: Optional

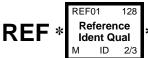
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

# DIAGRAM









# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	REF01	128		ntification Qualifier he Reference Identification	M	ID	2/3
			CODE	DEFINITION			

CODE	DEFINITION
0B	State License Number
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1G	Provider UPIN Number

			1H	CHAMPUS Identification Number			
			El	Employer's Identification Number			
			G2	Provider Commercial Number			
			LU	Location Number			
			N5	Provider Plan Network Identification	on N	umber	
			SY	Social Security Number			
				The social security number may n Medicare.	ot be	used 1	for
			X5	State Industrial Accident Provider	Num	ber	
REQUIRED	REF02	127		entification nation as defined for a particular Transactic e Identification Qualifier	<b>X</b> on Set	AN or as sp	1/30 pecified
			INDUSTRY: Atten	ding Physician Secondary Identifier			
			<b>SYNTAX</b> : R0203				
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0		

## **OPERATING PHYSICIAN NAME**

Loop: 2420B — OPERATING PHYSICIAN NAME Repeat: 1

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.

2. Required if the Operating Physician NM1 information is different than that carried in the 2310B (claim) loop.

Example: NM1\*72\*1\*MEYERS\*JANE\*I\*\*\*34\*129847263~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail Position: 500

Loop: 2420 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

**Set Notes:** 

 Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.

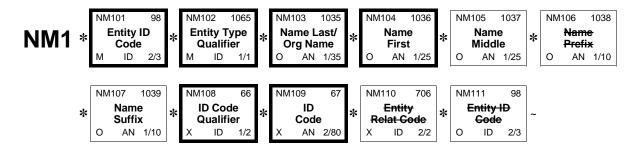
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

#### **DIAGRAM**



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES
REQUIRED	NM101	98	Entity Identifie Code identifying a individual	er Code an organizational entity, a physical location,	<b>M</b> prop	<b>ID</b> erty or a	<b>2/3</b>
			CODE	DEFINITION			
			72	Operating Physician			
REQUIRED	NM102	1065	Entity Type Qu Code qualifying the		M	ID	1/1
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
REQUIRED	NM103	1035	Name Last or ( Individual last name	Organization Name me or organizational name	0	AN	1/35
			INDUSTRY: <b>Opera</b>	ting Physician Last Name			
REQUIRED	NM104	1036	Name First Individual first name	me	0	AN	1/25
			INDUSTRY: <b>Opera</b>	ting Physician First Name			
SITUATIONAL	NM105	1037	Name Middle Individual middle	0	AN	1/25	
			INDUSTRY: <b>Opera</b>				
			Required when	n the middle name/initial of the pers	on is	known	
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individua	al name	0	AN	1/10
			INDUSTRY: <b>Opera</b>	ting Physician Name Suffix			
			ALIAS: Operating	g Physician Generation			
			Required if known	own.			
REQUIRED	NM108	66	Identification ( Code designating Code (67)	Code Qualifier g the system/method of code structure used	<b>X</b> for lo	<b>ID</b> dentificat	<b>1/2</b> ion
			<b>SYNTAX:</b> P0809				
			CODE	DEFINITION			
			24	Employer's Identification Number			
			34	Social Security Number			
				Social Security Number cannot be Medicare claims.	usec	l for	
			xx	ider	lational <i>ID is</i> e other		

REQUIRED	NM109	67	Identification Code Code identifying a party or other code	X	AN	2/80
			INDUSTRY: Operating Physician Primary Identifier			
			ALIAS: Operating Physician Primary Identifier.			
			syntax: P0809			
NOT USED	NM110	706	Entity Relationship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	0	ID	2/3

PRV05

Provider

Spec. Inf.

C035

PRV06

Provider

Org Code

ID 3/3

1223

#### **IMPLEMENTATION**

# OPERATING PHYSICIAN SPECIALTY INFORMATION

Loop: 2420B — OPERATING PHYSICIAN NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required when required by contract between the payer and the

provider.

2. PRV02 qualifies PRV03.

Example: PRV\*OP\*ZZ\*363LP0200N~

#### **STANDARD**

## **PRV** Provider Information

Level: Detail

Position: 505

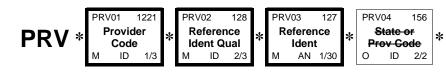
Loop: 2420

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME	NAME			
REQUIRED	PRV01	1221	Provider Code Code indentifying the type of provider		M	ID	1/3
			CODE	DEFINITION			
			OP	Operating			

REQUIRED	PRV02	128	Reference Ide Code qualifying	M	ID	2/3		
			ZZ is used to indicate the "Health Care Provider Taxonomy" cod- list (provider specialty code) which is available on the Washingt Publishing Company web site: http://www.wpc-edi.com. This taxonomy is maintained by the Blue Cross Blue Shield Associat and ASC X12N TG2 WG15.					
			CODE	DEFINITION				
			ZZ	Mutually Defined				
				Provider Taxonomy Code List				
REQUIRED	PRV03	127	Reference Ide	entification	М	AN	1/30	
				nation as defined for a particular Transa e Identification Qualifier	ction Set	or as s	pecified	
			INDUSTRY: <b>Provi</b>	der Taxonomy Code				
			ALIAS: <b>Provider</b>	Specialty Code				
NOT USED	PRV04	156	State or Provi	ince Code	0	ID	2/2	
NOT USED	PRV05	C035	PROVIDER SE	PECIALTY INFORMATION	0			
NOT USED	PRV06	1223	Provider Orga	anization Code	0	ID	3/3	

# OPERATING PHYSICIAN SECONDARY IDENTIFICATION

Loop: 2420B — OPERATING PHYSICIAN NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required when a secondary identification number is necessary to

identify the entity. The primary identification number should be

carried in NM109 in this loop.

Example: REF\*1D\*AC12345H~

#### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 525

Loop: 2420

Requirement: Optional

Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

#### DIAGRAM









#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	REF01	128		Reference Identification Qualifier Code qualifying the Reference Identification		ID	2/3
			CODE	DEFINITION			
			0B	State License Number			
			1A	Blue Cross Provider Number			
			1B	Blue Shield Provider Number			
			1C	Medicare Provider Number			
			1D	Medicaid Provider Number			
			1G	Provider UPIN Number			

			1H	CHAMPUS Identification Number			
			El	Employer's Identification Number			
			G2	Provider Commercial Number			
			LU	Location Number			
			N5 Provider Plan Network Identification I				
			SY	Social Security Number			
				The social security number may n Medicare.	ot be	used	for
			X5	State Industrial Accident Provider	Num	ber	
REQUIRED	REF02	127		entification nation as defined for a particular Transaction e Identification Qualifier	<b>X</b> on Set	AN or as sp	1/30 pecified
			INDUSTRY: <b>Oper</b> a	ating Physician Secondary Identifier	•		
			<b>SYNTAX:</b> R0203				
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0		

## OTHER PROVIDER NAME

Loop: 2420C — OTHER PROVIDER NAME Repeat: 1

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 2. Required if the Other Provider NM1 information is different than that carried in the 2310C (claim) loop.
- Required on all outpatient and home health claims/encounters to indicate the person or organization (Home Health Agency) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.
- Required on non-outpatient (e.g. Inpatient, SNF, ICF etc) claims or encounters to indicate the physician who rendered the service for the principal procedure if other than the operating physician reported in Loop ID-2420B.

Example: NM1\*73\*1\*JONES\*JOHN\*\*\*SR.\*24\*123456789~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail Position: 500

**Loop:** 2420 **Repeat:** 10

Requirement: Optional

Max Use: 1

**Purpose:** To supply the full name of an individual or organizational entity

Set Notes:

 Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.

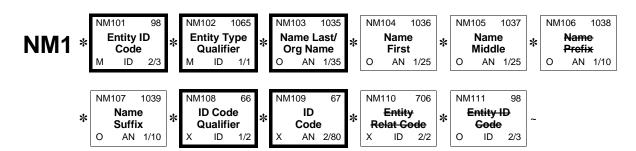
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES	
REQUIRED	NM101	98	Entity Identifie Code identifying individual	<b>M</b> , prop	<b>ID</b> perty or a	<b>2/3</b> in		
			The identifier i Loop ID-2420.	The identifier in NM101 applies to all segments in a Loop ID-2420.				
			CODE	DEFINITION				
			73	Other Physician				
REQUIRED	NM102	1065	Entity Type Qu Code qualifying t		M	ID	1/1	
			SEMANTIC: NM102	2 qualifies NM103.				
			CODE	DEFINITION				
			1	Person				
			2	Non-Person Entity				
REQUIRED	NM103	1035		Organization Name me or organizational name	0	AN	1/35	
			INDUSTRY: Other	Physician Last Name				
			ALIAS: Other Pro	ovider Last Name				
SITUATIONAL	NM104	1036	Name First Individual first na	me	0	AN	1/25	
			INDUSTRY: Other	Physician First Name				
			Required if NM102=1 (person).					
SITUATIONAL	NM105	1037	Name Middle Individual middle	name or initial	0	AN	1/25	
			INDUSTRY: Other	Provider Middle Name				
			Required if NM102=1 and the middle name/initial of the person is known.					
NOT USED	NM106	1038	Name Prefix		0	AN	1/10	

OTTLERT ROVIDER IS	IAIVIL				IIVII LLIVIL		ON GOIDE
SITUATIONAL	NM107	1039	Name Suffix Suffix to individ	ual name	0	AN	1/10
			INDUSTRY: <b>Othe</b>	r Provider Name Suffix			
			ALIAS: Other P	rovider Generation			
			Required if k	nown.			
REQUIRED	NM108 66			Code Qualifier  ng the system/method of code structure	<b>X</b> e used for I	<b>ID</b> dentifica	<b>1/2</b> ation
			CODE	DEFINITION			
			24	Employer's Identification Nun	nber		
			34	Social Security Number			
				Social Security Number canno Medicare claims.	ot be use	d for	
			XX	Health Care Financing Admin Provider Identifier Required value if the National mandated for use. Otherwise, codes may be used.	Provider	· ID is	
REQUIRED	NM109	67	Identification Code identifying	Code g a party or other code	X	AN	2/80
			INDUSTRY: Othe	r Provider Identifier			
			ALIAS: Other P	rovider Primary Identifier			
			<b>SYNTAX</b> : P0809				
NOT USED	NM110	706	Entity Relation	onship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identif	ier Code	0	ID	2/3

## OTHER PROVIDER SPECIALTY INFORMATION

Loop: 2420C — OTHER PROVIDER NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required when required under provider - payer contract.

2. PRV02 qualifies PRV03.

Example: PRV\*PE\*ZZ\*203BA0200N~

#### **STANDARD**

**PRV** Provider Information

Level: Detail

Position: 505

**Loop:** 2420

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

#### **DIAGRAM**













#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES	
REQUIRED	PRV01	1221	Provider Coc Code indentifying	<b>le</b> ng the type of provider	M	ID	1/3	
			CODE	DEFINITION				

01	Other Physician							
	Non-outpatient claims/encounters must use code value OT - Other in PRV01.							

PE	Performing
	Outpatient and Home Health Agency claims and enounters must use code value PE - Performing in PRV01.

REQUIRED	PRV02	128	Reference Ide Code qualifying	М	ID	2/3		
			ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.					
			CODE	DEFINITION				
			ZZ	Mutually Defined				
				Health Care Provider Taxonon	ny Code I	ist		
REQUIRED	PRV03	127		entification mation as defined for a particular Trans ce Identification Qualifier	<b>M</b> action Set	AN or as sp	1/30 pecified	
			INDUSTRY: <b>Prov</b>	ider Taxonomy Code				
			Provider Spe	cialty Code				
NOT USED	PRV04	156	State or Prov	rince Code	0	ID	2/2	
NOT USED	PRV05	C035	PROVIDER S	PECIALTY INFORMATION	0			
NOT USED	PRV06	1223	Provider Org	anization Code	0	ID	3/3	

# OTHER PROVIDER SECONDARY IDENTIFICATION

Loop: 2420C — OTHER PROVIDER NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. Use this REF segment only if a second number is necessary to identify the provider. The primary identification number should be contained in NM109.
- 2. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109.

Example: REF\*1G\*A12345~

#### **STANDARD**

**REF** Reference Identification

Level: Detail Position: 525

Loop: 2420

Requirement: Optional

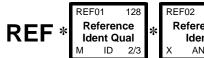
Max Use: 20

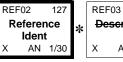
Purpose: To specify identifying information

Syntax: 1. R0203

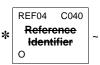
At least one of REF02 or REF03 is required.

#### DIAGRAM









#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	REF01	128		Reference Identification Qualifier Code qualifying the Reference Identification			2/3
			CODE	DEFINITION			
			0B	State License Number			
			1A	Blue Cross Provider Number			
			1B	Blue Shield Provider Number			
			1C	Medicare Provider Number			

			1D	Medicaid Provider Number						
			1G	Provider UPIN Number						
			1H	<b>CHAMPUS Identification Number</b>						
			EI	Employer's Identification Number						
			G2	Provider Commercial Number	Provider Commercial Number					
			LU	Location Number						
			N5	Provider Plan Network Identification Number						
		SY	Social Security Number							
				The social security number may no Medicare.	ot be	used fo	or			
			X5	State Industrial Accident Provider	Num	ber				
REQUIRED	REF02	127	Reference inform	Reference Identification X AN Reference information as defined for a particular Transaction Set or as spet by the Reference Identification Qualifier			1/30 ecified			
			INDUSTRY: Other	Provider Secondary Identifier						
			<b>SYNTAX:</b> R0203							
NOT USED	REF03	352	Description		X	AN	1/80			
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0					

## REFERRING PROVIDER NAME

Loop: 2420D — REFERRING PROVIDER NAME Repeat: 1

**Usage: SITUATIONAL** 

Repeat: 1

Notes:

- 1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 2. Required if the Referring Provider NM1 information is different than that carried in the 2310D (claim) loop.

Example: NM1\*DN\*1\*JONES\*JOHN\*\*\*SR.\*24\*123456789~

#### **STANDARD**

NM1 Individual or Organizational Name

Level: Detail Position: 500

**Loop:** 2420 **Repeat:** 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes:

 Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.

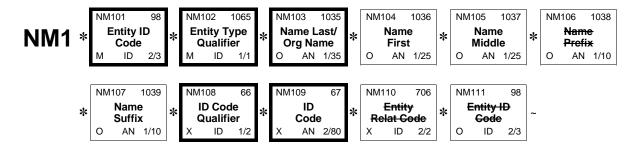
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

#### **DIAGRAM**



### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES		
REQUIRED	NM101	98	Entity Identifie Code identifying individual	er Code an organizational entity, a physical location	<b>M</b> , prop	<b>ID</b> perty or a	<b>2/3</b> an		
			The identifier in NM101 applies to all segments in this iteration of Loop ID-2420.						
			CODE	DEFINITION					
			DN	Referring Provider					
REQUIRED	NM102	1065	Entity Type Qu Code qualifying t		M	ID	1/1		
			SEMANTIC: NM102	2 qualifies NM103.					
			CODE	DEFINITION					
			1	Person					
			2	Non-Person Entity					
REQUIRED	NM103	1035	Name Last or Individual last na	0	AN	1/35			
			INDUSTRY: <b>Referi</b>	ring Provider Last Name					
SITUATIONAL	NM104	1036	Name First Individual first na	me	0	AN	1/25		
			INDUSTRY: Referi	ring Provider First Name					
			Required if NN	//102=1 (person).					
SITUATIONAL	NM105	1037	Name Middle Individual middle	name or initial	0	AN	1/25		
			INDUSTRY: <b>Referi</b>	ring Provider Middle Name					
			Required if NN known.	/1102=1 and the middle name/initial o	of the	e perso	n is		
NOT USED	NM106	1038	Name Prefix		o	AN	1/10		
SITUATIONAL	NM107	1039	Name Suffix Suffix to individua	al name	0	AN	1/10		
			INDUSTRY: Referi	ring Provider Name Suffix					
			ALIAS: Referring Provider Generation						
			Required if known.						
REQUIRED	NM108	66	Identification ( Code designating Code (67)	Code Qualifier g the system/method of code structure used	<b>X</b> d for l	<b>ID</b> dentifica	<b>1/2</b> tion		
			<b>SYNTAX:</b> P0809						
			CODE	DEFINITION					
			24	Employer's Identification Number					

PEOLIIPED NAMES OF	34	Social Security Number Social Security Number cannot be used for Medicare claims.					
	XX	Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.					
REQUIRED	NM109	67	Identification Code identifying	Code a party or other code	X	AN	2/80
			INDUSTRY: Other	Physician Identifier			
			<b>SYNTAX:</b> P0809				
			Referring Pro	vider Primary Identifier			
NOT USED	NM110	706	Entity Relation	nship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identific	er Code	0	ID	2/3

# REFERRING PROVIDER SPECIALTY INFORMATION

Loop: 2420D — REFERRING PROVIDER NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required when required under provider - payer contract.

2. PRV02 qualifies PRV03.

Example: PRV\*RF\*ZZ\*203BA0200N~

#### **STANDARD**

**PRV** Provider Information

Level: Detail

Position: 505

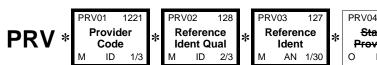
**Loop:** 2420

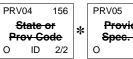
Requirement: Optional

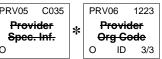
Max Use: 1

Purpose: To specify the identifying characteristics of a provider

#### **DIAGRAM**







#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	PRV01	1221	Provider Code Code indentifyin	<b>e</b> g the type of provider	M	ID	1/3
			CODE	DEFINITION			
			RF	Referring			

REQUIRED	PRV02	128		Reference Identification Qualifier Code qualifying the Reference Identification				
			list (provider Publishing Co	indicate the "Health Care Provide specialty code) which is available ompany web site: http://www.wpo naintained by the Blue Cross Blu N TG2 WG15.	e on the edi.cor	Washi n. This	ngton	
			CODE	DEFINITION				
			ZZ	Mutually Defined				
				Health Care Provider Taxonom	y Code I	ist		
REQUIRED	PRV03	127	Reference Ide		М	AN	1/30	
				nation as defined for a particular Transa e Identification Qualifier	action Set	or as sp	pecified	
			INDUSTRY: <b>Provi</b>	der Taxonomy Code				
			ALIAS: <b>Provide</b> i	Specialty Code				
NOT USED	PRV04	156	State or Prov	ince Code	0	ID	2/2	
NOT USED	PRV05	C035	PROVIDER S	PECIALTY INFORMATION	0			
NOT USED	PRV06	1223	Provider Orga	anization Code	0	ID	3/3	

# REFERRING PROVIDER SECONDARY IDENTIFICATION

Loop: 2420D — REFERRING PROVIDER NAME

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Used if needed to convey an additional identifier.

Example: REF\*1G\*A12345~

#### **STANDARD**

**REF** Reference Identification

Level: Detail

Position: 525

Loop: 2420

Requirement: Optional

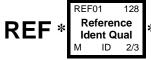
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

#### DIAGRAM









### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES	
REQUIRED	REF01	128	Reference Identification Qualifier	М	ID	2/3	

CODE	DEFINITION
0B	State License Number
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1G	Provider UPIN Number
В3	Preferred Provider Organization Number

		BQ	Health Maintenance Organization	Code	Numb	er				
			El	Employer's Identification Number						
			G2	Provider Commercial Number						
			LU	Location Number	Location Number					
			N5	Provider Plan Network Identification Number						
			SY	Social Security Number						
			The social security number may n Medicare.	ot be	used 1	for				
			X5	State Industrial Accident Provider	Num	ber				
REQUIRED	REF02	127	Reference Ide Reference inform by the Reference	<b>X</b> on Set	AN or as sp	1/30 pecified				
			INDUSTRY: Refer	ring Provider Secondary Identifier						
			<b>SYNTAX:</b> R0203							
NOT USED	REF03	352	Description		X	AN	1/80			
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0					

### SERVICE LINE ADJUDICATION INFORMATION

Loop: 2430 — SERVICE LINE ADJUDICATION INFORMATION Repeat: 25

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it.

- 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 3. To show unbundled lines: if in the original claim, line 3 is unbundled into lines numbers 8 and 9, then in the secondary claim, LX08 would show 3 in SVD06 and LX09 would also show 3 in SVD06. This indicates that line 3 was unbundled into lines 8 and 9.
- 4. To show unbundled lines: If, in the original claim, line 3 is unbundled into (for examples) 2 additional lines, then the SVD for line 3 is used 3 times: once for the original adjustment to line 3 and then two more times for the additional unbundled lines. If a line item control number (REF01 = 6R) exists for the line, that number may be used in SVD06 instead of the LX number when a line is unbundled.

Example: SVD\*NR002\*50.5\*\*0305\*1~

#### STANDARD

**SVD** Service Line Adjudication

**Level:** Detail **Position:** 540

**Loop:** 2430 **Repeat:** >1

Requirement: Optional

Max Use: 1

**Purpose:** To convey service line adjudication information for coordination of benefits

between the initial payers of a health care claim and all subsequent payers

**Set Notes:** 1. SVD01 identifies the payer which adjudicated the corresponding service line and must match DE 67 in the NM109 position 325 for the payer.

DIAGRAM

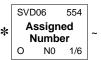
SVD \* SVD01 67 ID Code M AN 2/80



SVD03 C003 Comp. Med. Proced. ID







### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES				
REQUIRED	SVD01	67	Identification Code identifying	Code a party or other code	M	AN	2/80				
			INDUSTRY: Payer	dentifier							
			SEMANTIC: SVD01	I is the payer identification code.							
			EMC v.6.0 Reference:								
				30 Field No. 5, 6 (This must match og loops: 2010BC - Payer Name, or 23			er Payer				
REQUIRED	SVD02	782	Monetary Amo		M	R	1/18				
			INDUSTRY: Servic	ce Line Paid Amount							
			ALIAS: Service	Line Amount Paid							
			SEMANTIC: SVD02	2 is the amount paid for this service line.							
SITUATIONAL	SVD03	C003	IDENTIFIER	MEDICAL PROCEDURE  dical procedure by its standardized codes a	<b>O</b> nd ap	plicable	,				
			-	n returned on an 835 payment for th ntify the service line adjudicated.	is cl	aim or	when				
REQUIRED	SVD03 -	Code identifying the type/source of the descriptive number us Product/Service ID (234)									
			INDUSTR	Y: Product or Service ID Qualifier							
			CODE	DEFINITION							
			НС	Health Care Financing Administrat Procedural Coding System (HCPC			on				
				Because the AMA's CPT codes are HCPCS codes, they are reported u			1				
				CODE SOURCE 130: Health Care Financing Common Procedural Coding System	Admii	nistratio	n				
			IV	Home Infusion EDI Coalition (HIEC Code	) Pro	duct/S	Service				
				CODE SOURCE 513: Home Infusion EDI Coa Product/Service Code List	alition	(HIEC)					
			N1	National Drug Code in 4-4-2 Forma	t						
				CODE SOURCE 240: National Drug Code by	Form	at					
			N2	National Drug Code in 5-3-2 Forma	t						
				CODE SOURCE 240: National Drug Code by	Form	at					
			N3	National Drug Code in 5-4-1 Forma	t						
				CODE SOURCE 240: National Drug Code by	Form	at					
			N4	National Drug Code in 5-4-2 Forma	t						
				CODE SOURCE 240: National Drug Code by	Form	at					

Use code ZZ to convey the Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code.  REQUIRED  SVD03 - 2  234			ZZ	Mutually Defined					
Identifying number for a product or service			22	Prospective Payment System (HIPPS) Skilled					
This code list is available from: Division of Institutional Care Health Care Financing Administration \$1-03-06 7500 Security Boulevard Baltimore, MD 21244-1850  SITUATIONAL  SVD03 - 3  1339  Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL  SVD03 - 4  1339  Procedure Modifier O AN 2/2 This identifies special circumstances related to the performance of the service, as defined by trading partners  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL  SVD03 - 5  1339  Procedure Modifier O AN 2/2 This identifies special circumstances related to the performance of the service, as defined by trading partners  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL  SVD03 - 6  1339  Procedure Modifier O AN 2/2 This identifies special circumstances related to the performance of the service, as defined by trading partners  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL  SVD03 - 7  352  Description O AN 1/80 A free-form description to clarify the related data elements and their content  **MOUNTER**: Procedure Code Description Required if SVC01-7 was returned in the 835 transaction.  REQUIRED  SVD04  234  Product/Service ID Identifying number for a product or service  **MOUNTER**: SVD04 is the revenue Code  **SEMANTIC: SVD04	REQUIRED	SVD03 - 2	234						
Division of Institutional Care Health Care Financing Administration S1-03-06 7500 Security Boulevard Baltimore, MD 21244-1850  SITUATIONAL SVD03 - 3 1339 Procedure Modifier O AN 2/2 This identifies special circumstances related to the performance of the service, as defined by trading partners Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL SVD03 - 4 1339 Procedure Modifier O AN 2/2 This identifies special circumstances related to the performance of the service, as defined by trading partners Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL SVD03 - 5 1339 Procedure Modifier O AN 2/2 This identifies special circumstances related to the performance of the service, as defined by trading partners Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL SVD03 - 6 1339 Procedure Modifier O AN 2/2 This identifies special circumstances related to the performance of the service, as defined by trading partners Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL SVD03 - 7 352 Description A free-form description to clarify the related data elements and their content Mouracy Procedure Code Description Required if SVC01-7 was returned in the 835 transaction.  REQUIRED SVD04 234 Product/Service ID O AN 1/48 dentifying number for a product or service Mouracy SVC01-7 was returned in the 835 transaction.  REQUIRED REQUIRED Code Semantric. SVD04 is the revenue Code Semantric. SVD04 is the revenue Code.  EMC v.6.0 Reference: Record Type 52 Field No. 5 Record Type 52 Field No. 5				INDUSTRY: Procedure Code					
This identifies special circumstances related to the performance of the service, as defined by trading partners  Required when a modifier clarifies/limproves the reporting accuracy of the associated procedure code.  SITUATIONAL  SVD03 - 4  1339 Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners  Required when a modifier clarifies/limproves the reporting accuracy of the associated procedure code.  SITUATIONAL  SVD03 - 5  1339 Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners  Required when a modifier clarifies/limproves the reporting accuracy of the associated procedure code.  SITUATIONAL  SVD03 - 6  1339 Procedure Modifier Required Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners  Required when a modifier clarifies/limproves the reporting accuracy of the associated procedure code.  SITUATIONAL  SVD03 - 7  352 Description Required when a modifier clarifies/limproves the reporting accuracy of the associated procedure code.  SITUATIONAL  SVD03 - 7  352 Description Required if SVC01-7 was returned in the 835 transaction.  REQUIRED  SVD04 234 Product/Service ID Identifying number for a product or service  MNDUSTRY: Service Line Revenue Code  SEMANTIC: SVD04 is the revenue Code  SEMANTIC: SVD04 is the revenue Code  SEMANTIC: SVD04 is the revenue code.  EMC v.6.0 Reference:  Record Type 52 Field No. 5  Record Type 52 Field No. 5				Division of Institutional Care Health Care Financing Administration S1-03-06 7500 Security Boulevard					
SITUATIONAL SVD03 - 4  1339 Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL SVD03 - 5  1339 Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL SVD03 - 6  1339 Procedure Modifier Required When a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL SVD03 - 7  352 Description Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL SVD03 - 7  352 Description A free-form description to clarify the related data elements and their content  **Moustarn: Procedure Code Description Required if SVC01-7 was returned in the 835 transaction.  REQUIRED  SVD04  234 Product/Service ID Identifying number for a product or service  **Moustarn: Service Line Revenue Code**  **Service Line Revenue Code**  **Semantic: SVD04 is the revenue code.  EMC v.6.0 Reference:  Record Type 52 Field No. 5  Record Type 62 Field No. 5	SITUATIONAL	SVD03 - 3		This identifies special circumstances related to the performance of the					
This identifies special circumstances related to the performance of the service, as defined by trading partners  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL  SVD03 - 5  1339  Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL  SVD03 - 6  1339  Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL  SVD03 - 7  352  Description Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL  SVD03 - 7  352  Description A free-form description to clarify the related data elements and their content  MDUSTRY: Procedure Code Description  Required if SVC01-7 was returned in the 835 transaction.  REQUIRED  SVD04  234  Product/Service ID Identifying number for a product or service  MDUSTRY: Service Line Revenue Code  SEMANTIC: SVD04 is the revenue Code  SEMANTIC: SVD04 is the revenue Code.  EMC v.6.0 Reference:  Record Type 52 Field No. 5  Record Type 52 Field No. 5				· · · · · · · · · · · · · · · · · · ·					
SITUATIONAL  SVD03 - 5  1339	SITUATIONAL	SVD03 - 4	1339	This identifies special circumstances related to the performance of the					
This identifies special circumstances related to the performance of the service, as defined by trading partners  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL  SVD03 - 6  1339 Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL  SVD03 - 7  352 Description A free-form description to clarify the related data elements and their content  INDUSTRY: Procedure Code Description Required if SVC01-7 was returned in the 835 transaction.  REQUIRED  SVD04 234 Product/Service ID Identifying number for a product or service  INDUSTRY: Service Line Revenue Code  SEMANTIC: SVD04 is the revenue code.  EMC v.6.0 Reference:  Record Type 52 Field No. 5  Record Type 52 Field No. 5									
SITUATIONAL  SVD03 - 6  1339 Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL  SVD03 - 7  352 Description A free-form description to clarify the related data elements and their content  NDUSTRY: Procedure Code Description Required if SVC01-7 was returned in the 835 transaction.  REQUIRED  SVD04 234 Product/Service ID Identifying number for a product or service  NDUSTRY: Service Line Revenue Code  SEMANTIC: SVD04 is the revenue code.  EMC v.6.0 Reference:  Record Type 52 Field No. 5  Record Type 62 Field No. 5	SITUATIONAL	SVD03 - 5	1339	This identifies special circumstances related to the performance of the					
This identifies special circumstances related to the performance of the service, as defined by trading partners  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  SITUATIONAL  SVD03 - 7  352  Description  A free-form description to clarify the related data elements and their content  INDUSTRY: Procedure Code Description  Required if SVC01-7 was returned in the 835 transaction.  REQUIRED  SVD04  234  Product/Service ID  JONAN  1/48  Identifying number for a product or service  INDUSTRY: Service Line Revenue Code  SEMANTIC: SVD04 is the revenue code.  EMC v.6.0 Reference:  Record Type 52 Field No. 5  Record Type 62 Field No. 5				· · · · · · · · · · · · · · · · · · ·					
A free-form description to clarify the related data elements and their content  INDUSTRY: Procedure Code Description  Required if SVC01-7 was returned in the 835 transaction.  REQUIRED  SVD04  234  Product/Service ID Identifying number for a product or service INDUSTRY: Service Line Revenue Code SEMANTIC: SVD04 is the revenue code.  EMC v.6.0 Reference: Record Type 52 Field No. 5 Record Type 62 Field No. 5	SITUATIONAL	SVD03 - 6	1339	This identifies special circumstances related to the performance of the					
A free-form description to clarify the related data elements and their content  **MDUSTRY: Procedure Code Description**  Required if SVC01-7 was returned in the 835 transaction.  **REQUIRED**  SVD04**  234**  Product/Service ID O AN 1/48 Identifying number for a product or service  **MDUSTRY: Service Line Revenue Code**  SEMANTIC: SVD04 is the revenue code.  EMC v.6.0 Reference:  Record Type 52 Field No. 5  Record Type 62 Field No. 5				,					
REQUIRED  SVD04  234  Product/Service ID Identifying number for a product or service INDUSTRY: Service Line Revenue Code SEMANTIC: SVD04 is the revenue code. EMC v.6.0 Reference: Record Type 52 Field No. 5 Record Type 62 Field No. 5	SITUATIONAL	SVD03 - 7	352	A free-form description to clarify the related data elements and their					
REQUIRED  SVD04  234  Product/Service ID Identifying number for a product or service  INDUSTRY: Service Line Revenue Code  SEMANTIC: SVD04 is the revenue code.  EMC v.6.0 Reference:  Record Type 52 Field No. 5  Record Type 62 Field No. 5				INDUSTRY: Procedure Code Description					
Identifying number for a product or service  INDUSTRY: Service Line Revenue Code  SEMANTIC: SVD04 is the revenue code.  EMC v.6.0 Reference:  Record Type 52 Field No. 5  Record Type 62 Field No. 5				Required if SVC01-7 was returned in the 835 transaction.					
SEMANTIC: SVD04 is the revenue code.  EMC v.6.0 Reference:  Record Type 52 Field No. 5  Record Type 62 Field No. 5	REQUIRED	SVD04 234							
EMC v.6.0 Reference:  Record Type 52 Field No. 5  Record Type 62 Field No. 5			INDUSTR	xy: Service Line Revenue Code					
Record Type 52 Field No. 5 Record Type 62 Field No. 5			SEMANT	nc: SVD04 is the revenue code.					
Record Type 62 Field No. 5			_						
Record Type 63 Field No. 5									
			Kecor	a Type os riela No. 5					

**REQUIRED** SVD05 380 0 R 1/15 Quantity Numeric value of quantity INDUSTRY: Adjustment Quantity ALIAS: Paid Units of Service SEMANTIC: SVD05 is the paid units of service. Crosswalk from SVC05 in 835 or, if not present in 835, use original billed units. **SITUATIONAL** SVD06 554 **Assigned Number** 0 N0 1/6 Number assigned for differentiation within a transaction set INDUSTRY: Bundled or Unbundled Line Number COMMENT: SVD06 is only used for bundling of service lines. It references the LX Assigned Number of the service line into which this service line was bundled. Use the LX from this transaction which points to the bundled/unbundled line. Required if payer bundled/unbundled this service line.

## SERVICE LINE ADJUSTMENT

Loop: 2430 — SERVICE LINE ADJUDICATION INFORMATION

**Usage: SITUATIONAL** 

Repeat: 99

Notes: 1. Inpatient or Outpatient - Service Line Adjustments

- 2. Submitters should use this CAS segment to report line level adjustments from prior payments which cause the amount paid to differ from the amount originally charged.
- 3. The Claim Adjustment Reason codes are located on the Washington Publishing Company web site http://www.wpc-edi.com.
- 4. Required when the prior payment had service line adjustments reported on a remittance.

Example: CAS\*CO\*A1\*25~

#### STANDARD

## **CAS** Claims Adjustment

Level: Detail

Position: 545

Loop: 2430

Requirement: Optional

Max Use: 99

Purpose: To supply adjustment reason codes and amounts as needed for an entire claim

or for a particular service within the claim being paid

Syntax: 1. L050607

If CAS05 is present, then at least one of CAS06 or CAS07 are required.

2. C0605

If CAS06 is present, then CAS05 is required.

3. C0705

If CAS07 is present, then CAS05 is required.

4. L080910

If CAS08 is present, then at least one of CAS09 or CAS10 are required.

5. C0908

If CAS09 is present, then CAS08 is required.

6. C1008

If CAS10 is present, then CAS08 is required.

7. L111213

If CAS11 is present, then at least one of CAS12 or CAS13 are required.

8. C1211

If CAS12 is present, then CAS11 is required.

#### 9. C1311

If CAS13 is present, then CAS11 is required.

#### 10. L141516

If CAS14 is present, then at least one of CAS15 or CAS16 are required.

#### 11. C1514

If CAS15 is present, then CAS14 is required.

#### 12. C1614

If CAS16 is present, then CAS14 is required.

#### 13. L171819

If CAS17 is present, then at least one of CAS18 or CAS19 are required.

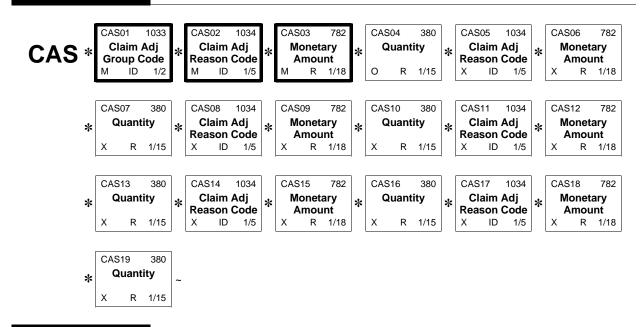
#### 14. C1817

If CAS18 is present, then CAS17 is required.

#### 15. C1917

If CAS19 is present, then CAS17 is required.

#### **DIAGRAM**



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	CAS01	1033		nent Group Code the general category of payment adjustmen	<b>M</b> nt	ID	1/2
			EMC v.6.0 Refe	erence:			
			Record Type 5	2 Field No. 6			
			Record Type 6	3 Field No. 6			
			CODE	DEFINITION			
			СО	Contractual Obligations			
			CR	Correction and Reversals			

			OA	Other adjustments			
			PI	Payor Initiated Reductions			
			PR	Patient Responsibility			
REQUIRED	CAS02	1034	Code identifying	52 Field No. 7		ID	1/5
REQUIRED	CAS03	782	COMMENT: When should be zero.  EMC v.6.0 Ref Record Type ( Record Type ( Use this amou	at the amount B is the amount of adjustment. The submitted charges are paid in full, the value The service: The services are paid in full, the value of the services are paid in full of the services	e for		
SITUATIONAL	CAS04	380	EMC v.6.0 Ref Record Type S	the the units of service being adjusted. Ference:  52 Field No. 9		R	1/15 n
SITUATIONAL	CAS05	1034	Code identifying INDUSTRY: Adjus SYNTAX: L050607 CODE SOURCE 139 EMC v.6.0 Ref Record Type 5	: Claim Adjustment Reason Code		ID	1/5

SITUATIONAL CAS06 782 Monetary Amount X R 1/18

Monetary amount

INDUSTRY: Adjustment Amount

SYNTAX: L050607, C0605

**SEMANTIC:** CAS06 is the amount of the adjustment.

EMC v.6.0 Reference:

Record Type 52 Field No. 11 Record Type 63 Field No. 11

Use this amount for the charges applied to the preceding reason

code.

See CAS03

SITUATIONAL CAS07 380 Quantity X R 1/15

Numeric value of quantity

INDUSTRY: Adjustment Quantity

SYNTAX: L050607, C0705

**SEMANTIC:** CAS07 is the units of service being adjusted.

EMC v.6.0 Reference:

Record Type 52 Field No. 12 Record Type 63 Field No. 12

Use this value for the quantity applied to the preceding reason

code.

See CAS04

SITUATIONAL CAS08 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made

INDUSTRY: Adjustment Reason Code

SYNTAX: L080910, C0908, C1008

CODE SOURCE 139: Claim Adjustment Reason Code

EMC v.6.0 Reference:

Record Type 52 Field No. 13 Record Type 63 Field No. 13

See CAS02

SITUATIONAL CAS09 782 Χ R 1/18 **Monetary Amount** Monetary amount INDUSTRY: Adjustment Amount SYNTAX: L080910, C0908 **SEMANTIC:** CAS09 is the amount of the adjustment. EMC v.6.0 Reference: Record Type 52 Field No. 14 Record Type 63 Field No. 14 Use this amount for the charges applied to the preceding reason code. See CAS03 SITUATIONAL CAS10 380 Quantity Χ R 1/15 Numeric value of quantity INDUSTRY: Adjustment Quantity SYNTAX: L080910, C1008 **SEMANTIC:** CAS10 is the units of service being adjusted. EMC v.6.0 Reference: Record Type 52 Field No. 15 Record Type 63 Field No. 15 Use this value for the quantity applied to the preceding reason code. See CAS04 SITUATIONAL CAS11 1034 1/5 Claim Adjustment Reason Code ID Code identifying the detailed reason the adjustment was made INDUSTRY: Adjustment Reason Code SYNTAX: L111213, C1211, C1311 CODE SOURCE 139: Claim Adjustment Reason Code EMC v.6.0 Reference: Record Type 52 Field No. 16

See CAS02

Record Type 63 Field No. 16

SITUATIONAL CAS12 782 Monetary Amount X R 1/18

Monetary amount

INDUSTRY: Adjustment Amount

SYNTAX: L111213, C1211

**SEMANTIC:** CAS12 is the amount of the adjustment.

EMC v.6.0 Reference:

Record Type 52 Field No. 17 Record Type 63 Field No. 17

Use this amount for the charges applied to the preceding reason code.

See CAS03

SITUATIONAL CAS13 380 Quantity X R 1/15

Numeric value of quantity

INDUSTRY: Adjustment Quantity

SYNTAX: L111213, C1311

**SEMANTIC:** CAS13 is the units of service being adjusted.

EMC v.6.0 Reference:

Record Type 52 Field No. 18 Record Type 63 Field No. 18

Use this value for the quantity applied to the preceding reason

code.

See CAS04

SITUATIONAL CAS14 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made

INDUSTRY: Adjustment Reason Code

SYNTAX: L141516, C1514, C1614

CODE SOURCE 139: Claim Adjustment Reason Code

EMC v.6.0 Reference:

Record Type 52 Field No. 19 Record Type 63 Field No. 19

See CAS02

SITUATIONAL CAS15 782 Monetary Amount X R 1/18
Monetary amount

INDUSTRY: Adjustment Amount

SYNTAX: L141516, C1514

**SEMANTIC:** CAS15 is the amount of the adjustment.

EMC v.6.0 Reference:

Record Type 52 Field No. 20 Record Type 63 Field No. 20

Use this amount for the charges applied to the preceding reason code.

See CAS03

SITUATIONAL CAS16 380 Quantity X R 1/15

Numeric value of quantity

INDUSTRY: Adjustment Quantity

SYNTAX: L141516, C1614

**SEMANTIC:** CAS16 is the units of service being adjusted.

EMC v.6.0 Reference:

Record Type 52 Field No. 21 Record Type 63 Field No. 21

Use this value for the quantity applied to the preceding reason

code.

See CAS04

SITUATIONAL CAS17 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made

INDUSTRY: Adjustment Reason Code

SYNTAX: L171819, C1817, C1917

CODE SOURCE 139: Claim Adjustment Reason Code

EMC v.6.0 Reference:

Record Type 52 Field No. 22 Record Type 63 Field No. 22

See CAS02

SITUATIONAL CAS18 782 Monetary Amount X R 1/18

Monetary amount

INDUSTRY: Adjustment Amount

SYNTAX: L171819, C1817

**SEMANTIC:** CAS18 is the amount of the adjustment.

EMC v.6.0 Reference:

Record Type 52 Field No. 23 Record Type 63 Field No. 23

Use this amount for the charges applied to the preceding reason code.

See CAS03

SITUATIONAL CAS19 380 Quantity X R 1/15

Numeric value of quantity

INDUSTRY: Adjustment Quantity

SYNTAX: L171819, C1917

SEMANTIC: CAS19 is the units of service being adjusted.

EMC v.6.0 Reference:

Record Type 52 Field No. 24 Record Type 63 Field No. 24

Use this value for the quantity applied to the preceding reason

code.

See CAS04

## SERVICE ADJUDICATION DATE

Loop: 2430 — SERVICE LINE ADJUDICATION INFORMATION

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. This segment is required when Service line adjudication has been

performed.

Example: DTP\*573\*D8\*19981226~

#### **STANDARD**

**DTP** Date or Time or Period

Level: Detail Position: 550

**Loop**: 2430

Requirement: Optional

Max Use: 9

Purpose: To specify any or all of a date, a time, or a time period

#### **DIAGRAM**



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time INDUSTRY: Date Time Qualifier			ID	3/3
			CODE	DEFINITION			
			573	Date Claim Paid			
REQUIRED	DTP02	1250	Date Time Per Code indicating t	<b>M</b> ne forr	<b>ID</b> nat	2/3	
			SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
			CODE	DEFINITION			
			D8	Date Expressed in Format CCYYM	MDD		
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or			AN d times	1/35
			INDUSTRY: <b>Servi</b>	ce Adjudication or Payment Date			

## TRANSACTION SET TRAILER

Usage: REQUIRED

Repeat: 1

Example: SE\*1230\*987654~

#### **STANDARD**

**SE** Transaction Set Trailer

Level: Detail Position: 555

Loop: \_\_\_\_

Requirement: Mandatory

Max Use: 1

Purpose: To indicate the end of the transaction set and provide the count of the

transmitted segments (including the beginning (ST) and ending (SE) segments)

#### DIAGRAM





#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES			
REQUIRED	SE01	96	Number of Included Segments  Total number of segments included in a transaction set inclusegments	<b>M</b> Iding	<b>N0</b> ST and	<b>1/10</b> SE	
			INDUSTRY: Transaction Segment Count				
REQUIRED	SE02	329	Transaction Set Control Number Identifying control number that must be unique within the tra functional group assigned by the originator for a transaction		AN tion set	4/9	
			SE02 must match ST02.				

# 4 EDI Transmission Examples for Different Business Uses

## 4.1 Institutional

## 4.1.1 Business Scenario 1 — 837 Institutional Claim

Patient is the same person as the Subscriber. The Primary Payer is Medicare and the Secondary payer is State Teachers. The bill is a 141 Type of Bill.

Primay Payer Subscriber: John T Doe

Subscriber Address: 125 City Avenue, Centerville, PA 17111

Sex: M

DOB: 11/11/1926

Medicare Insurance ID#: 030005074A

Payer ID #: 00435

Patient: Same as Primary Subscriber

Destination Payer: Medicare B

Submitter: Jones Hospital

EDI #: 12345

Receiver: Medicare EDI #: 00120

Billing Provider: Jones Hospital Medicare Provider #330127

Address: 225 Main Street Barkley Building

Centerville, PA 17111

Attending Physician: John J Jones

**UPIN # B99937** 

Patient Account Number: 756048Q

Date of Admission: 09/11/96

Statement Period Date: 09/11/96 - 09/11/96

Place of Service: Inpatient Hospital Occurrence Codes and Dates:

A1 11/11/26 A2 11/01/91

B1 11/11/26

B2 01/01/87

Condition Codes:

09

Value Codes:

A2 \$15.31

ICD-9 Procedure Codes and Dates:

15.3 09/11/96

Principal Diagnosis Code:

366.9

Secondary Diagnosis Codes:

MAY 2000 505

401.9

794.31

Number of Covered Days: 1

Services:

Institutional Services Rendered:

Revenue Code: 305 HCPCS Procedure Code: 85025 Unit: 1 Price \$13.39 Revenue Code: 730 HCPCS Procedure Code: 93005 Unit: 1 Price: \$76.54

Total Charges: \$89.93

Secondary Payer Subscriber: Jane S Doe (wife)

Subscriber Address: 125 City Avenue, Centerville, PA 17111

Sex: M

DOB: 11/11/1926

State Teachers ID#: 222004433

Payer ID #: 1135

Complete Data String:

ST\*837\*987654~

BHT\*0019\*00\*0123\*19960918\*0932\*CH~

REF\*87\*004010X096~

NM1\*40\*2\*MEDICARE\*\*\*\*46\*00120~

PER\*IC\*JANE DOE\*TE\*9005555555~

NM1\*41\*2\*JONES HOSPITAL\*\*\*\*46\*12345~

HL\*1\*\*20\*1~

PRV\*BI\*ZZ\*203BA0200N~

NM1\*85\*2\*JONES HOSPITAL\*\*\*\*XX\*330127~

PRV\*AT\*ZZ\*363LP0200N~

N3\*225 MAIN STREET BARKLEY BUILDING~

N4\*CENTERVILLE\*PA\*17111~

REF\*G2\*987654080~

HL\*2\*1\*22\*0~

SBR\*P\*18\*\*\*\*\*MB~

NM1\*IL\*1\*DOE\*JOHN\*T\*\*\*MI\*030005074A~

N3\*125 CITY AVENUE~

N4\*CENTERVILLE\*PA\*17111~

DMG\*D8\*19261111\*M~

NM1\*PR\*2\*MEDICARE B\*\*\*\*\*PI\*00435~

CLM\*756048Q\*89.93\*\*\*14:A:1\*\*Y\*Y\*Y~

DTP\*434\*D8\*19960911~

CL1\*3\*1~

HI\*BK:366.9~

HI\*BF:401.9\*BF:794.31~

HI\*BQ:15.3:D8:19960911~

HI\*BH:A1:D8:19261111\*BH:A2:D8:19911101\*

BH:B1:D8:19261111\*BH:B2:D8:19870101~

HI\*BE:A2:::15.31~

HI\*BG:09~

**506** MAY 2000

NM1\*71\*1\*JONES\*JOHN\*J\*\*\*XX\*B99937~ PRV\*AT\*ZZ\*363LP0200N~ SBR\*S\*01\*351630\*STATE TEACHERS\*GP\*\*\*\*CI~ DMG\*\*\*F~ OI\*\*\*Y\*\*\*Y~ NM1\*IL\*1\*DOE\*JANE\*S\*\*\*MI\*222004433~ N3\*125 CITY AVENUE~ N4\*CENTERVILLE\*PA\*17111~ NM1\*PR\*2\*STATE TEACHERS\*\*\*\*PI\*1135~ LX\*1~ SV2\*305\*HC:85025\*13.39\*UN\*1~ DTP\*472\*D8\*19960911~ LX\*2~ SV2\*730\*HC:93005\*76.54\*UN\*3~ DTP\*472\*D8\*19960911~ SE\*44\*987654~

## 4.1.2 Business Scenario 2 — 837 Institutional PPO Repriced Claim

Patient is a different person than the Subscriber. Payer is a commercial health insurance company. The bill has been repriced by a third party PPO vendor.

Subscriber: Lance D. Bozarth

Subscriber Address: 5707 Fern Flower Dr., Columbia, Mo., 65202

Sex: M

DOB: 04/16/68 Employer: Acme, Inc. Group #: HG00003

Key Insurance Company ID #: 327621135 03

SSN: 327-62-1135

Patient: Maggie B. Bozarth

Address: 5707 Fern Flower Dr., Columbia, Mo., 65202

Sex: F

DOB: 11/25/69

Key Insurance Company ID #: 327621135 03

SSN: 329-52-4430

Destination Payer: Key Insurance Company Address: 523 Jersey Ave., Columbia, Mo. 65202

Receiver: Key Insurance Company

EDI#: 66783JJT

Billing Provider: General Hospital

Address: 125 Virginia Ave., Bloomington, II. 61701

Telephone: (309) 454-1222

TIN: 370673111

Attending Provider: Harold Nordstrum

TIN: 572999543

MAY 2000 507

Patient Account Number: 7-225-5589

Case: Mild Hyperemesis
Date of Admission: 12/22/96

Admit Time: 0930

Date of Discharge: 12/24/96 Discharge Time: 1630

Place of Service: Inpatient Hospital

Services:

Institutional Services Rendered: Room and Board (RC 120) 2 days \$802.00, Pharmacy (RC 250) \$354.49, IV Solutions (RC 258) \$949.68, Medical-Surgical Supplies (RC 270) \$112.02, Laboratory (RC 300) \$375.50 Total Charges:

\$2593.69

PPO Repricing Vendor/Sender: HealthCare PPO Pricing Methodology: Per Diem Pricing (06)

Allowed Amount: \$2040.00 Savings Amount: \$553.69

Repricing Orginization ID #: 252665599 Repriced Claim Reference #: 6003E0332701

EDI#: 962TT8R

Complete Data String:

ST\*837\*987655~

BHT\*0019\*00\*0124\*19970103\*0936\*CH~

REF\*87\*004010X096~

NM1\*41\*2\*HEALTHCARE PPO\*\*\*\*\*46\*TGJ23~

NM1\*40\*2\*KEY INSURANCE COMPANY\*\*\*\*46\*962TT8R~

HL\*1\*\*20\*1~

PRV\*BI\*ZZ\*203BA0200N~

NM1\*85\*2\*GENERAL HOSPITAL\*\*\*\*FI\*370673111~

N3\*125 VIRGINIA AVE~

N4\*BLOOMINGTON\*IL\*61701~

HL\*2\*1\*22\*1~

SBR\*P\*\*\*\*\*\*CI~

NM1\*IL\*1\*BOZARTH\*LANCE\*D\*\*\*MI\*32762113503~

N3\*5707 FERN FLOWER DR~

N4\*COLUMBIA\*MO\*65202~

REF\*SY\*327621135~

NM1\*PR\*2\*KEY INSURANCE COMPANY\*\*\*\*PI\*66783JJT~

HL\*3\*2\*23\*0~

PAT\*01~

NM1\*QC\*1\*BOZARTH\*MAGGIE\*B~

N3\*5707 FERN FLOWER DR~

N4\*COLUMBIA\*MO\*65202~

DMG\*D8\*19691125\*F~

REF\*SY\*329524430~

CLM\*72255589\*2593.69\*\*\*11:A:1\*\*\*Y\*Y~

**508** MAY 2000

```
DTP*434*RD8*19961222-19961224~
DTP*435*DT*199612220930~
DTP*096*TM*1630~
OTY*CA*2*DA~
CL1*3*1*01~
REF*9A*6003E0332701~
HI*BK:643.03~
HCP*06*2040*553.69*252665599~
NM1*71*1*NORDSTRUM*HAROLD****XX*572999543~
PRV*AT*ZZ*363LP0200N~
LX*1~
SV2*120**802*DA*2~
LX*2~
SV2*250**354.49*UN*1~
LX*3~
SV2*258**949.68*UN*1~
LX*4~
SV2*270**112.02*UN*1~
LX*5~
SV2*300**375.5*UN*1~
SE*47*987655~
```

## 4.1.3 Business Scenario 3 — Two Claims for the Same Provider

This example combines two claims for the same provider.

```
ST*837*987654~
BHT*0019*00*0123*19960918*0932CH~
REF*87*004010X096~
NM1*40*2*MEDICARE****46*00120~
NM1*41*2*JONES HOSPITAL****46*12345~
HL*1**20*1~
PRV*BI*ZZ*203BA0200N~
NM1*85*2*JONES HOSPITAL****XX*330127~
N3*225 MAIN STREET BARKLEY BUILDING~
N4*CENTERVILLE*PA*17111~
REF*G2*987654080~
HL*2*1*22*1~
SBR*P*18******MB~
NM1*IL*1*DOE*JOHN*T***MI*030005074A~
N3*125 CITY AVENUE~
N4*CENTERVILLE*PA*17111~
DMG*D8*19261111*M~
NM1*PR*2*MEDICARE B****PI*00435~
```

MAY 2000 509

```
CLM*756048Q*89.93***14:A:1**Y*Y*Y~
DTP*434*D8*19960911~
CL1*3*1~
HI*BK:366.9~
HI*BF:401.9*BF:794.31~
HI*BQ:15.3:D8:19960911~
HI*BH:A1:D8:19261111*BH:A2:D8:19911101*BH:B1:D8:192
61111*BH:B2:D8:19870101~
HI*BE:A2:::15.31~
HI*BG:09~
NM1*71*1*JONES*JOHN*J***XX*B99937~
PRV*AT*ZZ*363LP0200N~
SBR*S*01*351630*STATE TEACHERS*GP****CI~
DMG***F~
OI***Y**Y~
NM1*IL*1*DOE*JANE*S***MI*222004433~
N3*125 CITY AVENUE~
N4*CENTERVILLE*PA*17111~
NM1*PR*2*STATE TEACHERS****PI*1135~
LX*1~
SV2*305*HC:85025*13.39*UN*1~
DTP*472*D8*19960911~
LX*2~
SV2*730*HC:93005*76.54*UN*3~
DTP*472*D8*19960911~
HL*3*1*22*0~
SBR*P*18*****MB~
NM1*IL*1*SMITH*JOE****MI*123405074A~
N3*5 MAIN STREET~
N4*CENTERVILLE*PA*17111~
DMG*D8*19120512*M~
NM1*PR*2*MEDICARE B*****PI*00435~
CLM*756049Q*50***13:A:1**Y*Y*Y~
DTP*434*D8*19960614~
CL1*3*1~
HI*BK:300.00~
NM1*71*1*JONES*JOHN*J***XX*B99937~
PRV*AT*ZZ*363LP0200N~
LX*1~
SV2*300*HC:85087*50*UN*1~
DTP*472*D8*19960911~
SE*58*987654~
```

510 MAY 2000

## 4.2 | Property and Casualty

#### **Healthcare Bill to Property & Casualty Payer**

This section outlines the requirements for submission of Healthcare bills to Property & Casualty payers to ensure prompt processing, meet jurisdictional requirements, and avoid potential fines and penalties.

#### 837 Transaction Set

Bills resulting from accident or occupationally-related injuries and illnesses should be submitted to a Property & Casualty (P&C) payer. Because coverage is triggered by a specific event, certain information is critical for the payment process. Unlike health insurance where each bill is an individual claim, for P&C, a bill is a piece of information that needs to be associated with an event. The ensuing P&C claim includes both the bill information as well as the information on the event that caused the injury or illness. Information concerning the event is necessary to associate a medical bill with the P&C claim. P&C generally is governed by State Insurance Regulations, Departments of Labor, Worker's Compensation Boards, or other jurisdictionally defined entities, which often mandate compliance with jurisdiction-specific procedures.

The Business Need: Provider to P&C Payer Bill Transmission

- Date of Accident/Injury/Onset of Illness (Date of Loss) is a critical piece of information and should always be transmitted in the CLM11 segment of the 2300 Claim loop.
- A unique identification number, referred to in P&C as a "Claim Number," should be transmitted along with the bill information to expedite the adjudication of the bill for payment. This information can be transmitted in the REF segment of the Loop ID-2010BA if the patient is the subscriber or in the REF segment of Loop ID-2010CA if the patient is not the subscriber.
- If no Claim Number is assigned or available, then the subscriber's policy number should be transmitted along with the date of loss. The NM1 segment of Subscriber Loop ID-2010BA should be used to transmit the policy number as the Member Identification (MI).
- In the case of a work related injury or illness, if no Claim Number or Policy Number is available, then it is necessary to include the employer's information (at a minimum name, address, and telephone number) in the NM1 segment of Subscriber Loop ID-2010BA and the patient's name and Social Security Number in the NM1 segment of Patient Loop ID-2010CA.
- Because most P&C coverage is based upon fee-for-service arrangements, it is necessary to itemize the services provided on a line by line basis. Each service line should be transmitted in its own SV2 segment in Loop ID-2400 (Service Line Number loop) for clarity.

## 4.2.1 Business Scenario 1 — Homeowners/Casualty Claim

Claim Type: Homeowners/Casualty Claim

Type of Bill:

Primary Payer: Property & Casualty Insurer

MAY 2000 511

The patient is a different person than the subscriber. The payer is a commercial Property & Casualty Insurance Company.

Date of Accident: 03/17/97 Subscriber: Graig Norton

Subscriber Address: 72 Fairway Drive, Golfers Haven, FL, 91919

Policy Number: 970925824

Insurance Company: Last Chance Insurance Company

Claim Number: 88-N5223-71

Patient: William Clifton

Patient Address: 1600 Razorback Avenue, Little Rock, AR, 54321

Sex: M

DOB: 10/13/49

Destination Payer/Receiver: Last Chance Insurance Company

Payer Address: 1 Desert Line Road, Reno, NV, 44544

Payer ID: 123456789

Billing Provider/Sender: Duffer's Memorial Hospital

TIN: 444661111

National Provider Identifier: 111DM222

Address: 541 Dogleg Drive, Golfers Haven, FL, 91919

Pay-To-Provider: Duffer's Memorial Hospital Attending Physician: Theodore Zeuss, MD National Provider Identifier: 999DS427

Additional Physician: Ray Flood, MD (Radiologist)

Patient Account Number: 686868686

CASE: The patient was a guest in the subscriber's home when the patient fell

and injured his low back.

DOS=03/18/97, POS=E/R, TOS=Outpatient

Diagnosis: 922.3 (Principle), 847.2 (Additional)

Services Rendered: Outpatient Emergency Room visit; x-ray of spine; and Attend-

ing Physician professional component.

CHARGES: E/R Room = \$75.00, x-ray = \$150.00, E/R Attending Physician =

\$225.00. Total charges = \$450.00.

Electronic Route: Billing provider (sender) to payer (receiver) via LAN.

512 MAY 2000

```
Complete Data String:
ST*837*987183~
BHT*0019*00*0123*970327*1410*CH~
REF*87*004010X096~
NM1*40*2*CBO****46*1234~
NM1*41*2*INSURANCE CARRIER****46*3214~
HL*1**20*1~
PRV*BI*ZZ*203BA0200N~
NM1*85*2*DUFFER'S MEMORIAL HOSPITAL
****XX*111DM222~
N3*541 DOGLEG DRIVE~
N4*GOLFERS HAVEN*FL*91919~
REF*TJ*444661111~
HL*2*1*22*1~
SBR*P******LI~
NM1*IL*1*NORTON*GRAIG****MI*970925824~
N3*72 FAIRWAY DRIVE~
N4*GOLFERS HAVEN*FL*91919~
NM1*PR*2*LAST CHANCE INSURANCE COMPANY
****XV*123456789~
HL*3*2*23*0~
PAT*41~
NM1*QC*1*CLIFTON*WILLIAM****34*686868686~
N3*1600 RAZORBACK AVENUE~
N4*LITTLE ROCK*AR*54321~
DMG*D8*19491013*M~
REF*D9*88N522371~
CLM*67129*450***13:A:1***Y*Y~
DTP*434*D8*19970318~
CL1*3*7*1~
HI*BK:922.3*BF:847.2~
NM1*71*1*ZEUSS*THEODORE****XX*999DS427~
PRV*AT*ZZ*363LP0200N~
NM1*73*1*FLOOD*RAY****XX*671RF535~
LX*1~
SV2*450*HC:98765*75*UN*1~
DTP*472*D8*19970318~
LX*2~
SV2*320*HC:72110*150*UN*1~
DTP*472*D8*19970318~
LX*3~
SV2*360*HC:99282*225*UN*1~
```

MAY 2000 513

DTP\*472\*D8\*19970318~

SE\*41\*987183~

## 4.2.2 Business Scenario 2 — Worker's Compensation

Claim Type: Worker's Compensation

Type of Bill:

Primary Payer: Property & Casualty Insurer

The patient is a different person than the subscriber. The payer is a commercial Property & Casualty Insurance Company.

Date of Accident: 02/12/97

Subscriber: Jen & Barry's Ice Cream Shoppe

Subscriber Address: 123 Rocky Road, Cherry, VT, 55555

Policy Number: WC-96-2222-L

Insurance Company: Basket & Roberts Insurance Company

Claim Number: W9-1234-99

Patient: Penny Plump

Patient Address: 265 Double Dip Lane, Sugar Cone, VT, 55544

Sex: F

DOB: 02/11/77

Destination Payer/Receiver: Basket & Roberts Insurance Company

Payer Address: 31 Flavor Street

Payer ID: 345345345

Billing Provider/Sender: Pistachio Community Hospital

TIN: 877196543

National Provider Identifier: 222PC333

Address: 300 Cholesterol Court, Pistachio, VT, 55557

Pay-To-Provider: Pistachio Community Hospital

Attending Physician: Sam Sweettooth, MD

Additional Physician: Ray Gamma, MD (Radiologist)

Patient Account Number: 888-22-8888

CASE: The patient is an employee of subscriber. The patient slammed her thumb

in the freezer case.

DOS=02/12/97, POS=E/R, TOS=Outpatient

SERVICES RENDERED: E/R Room visit, x-ray, E/R Attending Physician

Diagnosis: 816.02 (Principle), 354.0 (Additional)

Services Rendered: E/R Room, X-ray, Attending Physician.

CHARGES: E/R Room = \$100.00, x-ray = \$50.00, E/R Physician = \$200.00. To-

tal charges = \$350.00

Electronic Route: Billing Service (Clearinghouse/sender), via VAN to Payer (re-

ceiver).

Complete Data String:

ST\*837\*987184~

BHT\*0019\*00\*0124\*19970331\*1020\*CH~

REF\*87\*004010X096~

NM1\*41\*2\*PISTACHIO COMMUNITY HOSPITAL

\*\*\*\*\*46\*877196543~

514 MAY 2000

```
PER*IC*JANE DOE*TE*9005555555~
NM1*40*2*CBO****46*1234~
HL*1**20*1~
PRV*BI*ZZ*203BA0200N~
NM1*85*2*PISTACHIO COMMUNITY HOSPITAL
****XX*222PC333~
N3*300 CHOLESTEROL COURT~
N4*PISTACHIO*VT*55557~
REF*TJ*877196543~
HL*2*1*22*1~
SBR*P******WC~
NM1*IL*2*JEN & BARRY'S ICE CREAM
SHOPPE*****MI*WC962222L~
N3*123 ROCKY ROAD~
N4*CHERRY*VT*55555~
NM1*PR*2*BASKET & ROBERTS INSURANCE COMPANY
****XV*345345345~
HL*3*2*23*0~
PAT*20~
NM1*QC*1*PLUMP*PENNY****34*888228888~
N3*265 DOUBLE DIP LANE~
N4*SUGAR CONE*VT*55544~
DMG*D8*19770211*F~
REF*D9*W9123499~
CLM*67188*350***13:A:1***Y*Y~
DTP*434*D8*19970318~
CL1*3*7*1~
HI*BK:816.02~
HI*BF:354.0~
HI*BR:79.04:D8:19970212~
NM1*71*1*SWEETTOOTH*SAM****XX*777ST123~
NM1*73*1*GAMMA*RAY****XX*555XR321~
LX*1~
SV2*450*HC:98765*100*UN*1~
DTP*472*D8*19970212~
LX*2~
SV2*320*HC:73140*50*UN*1~
DTP*472*D8*19970212~
LX*3~
SV2*360*HC:99283*200*UN*1~
DTP*472*D8*19970212~
SE*43*987184~
```

MAY 2000 515

## 4.2.3 Business Scenario 3 — Automobile Accident

Claim Type: Automobile Accident

Type of Bill: Hospital

Primary Payer: Property & Casualty Insurer

The patient is a different person than the subscriber. The payer is a commercial Property & Casualty Insurance Company.

Date of Accident: 06/17/94

Subscriber: Hal Howling

Subscriber Address: 327 Bronco Drive, Getaway, CA, 99999

Policy Number: B999-777-91G

Insurance Company: Heisman Insurance Company

Claim Number: 32-3232-32

Patient: D.J. Dimpson

Patient Address: 32 Buffalo Run, Rocking Horse, CA, 99666

Sex: M

DOB: 06/01/48

Destination Payer/Receiver: Heisman Insurance Company

Payer Address: 1 Trophy Lane, NYAC, NY, 10032

Payer ID: 999888777

Billing Provider/Sender: Hall of Fame Memorial Hospital

TIN: 737373737

National Provider Identifier: 777TD777

Address: 1Canton Road, Broken Field, CA, 99998 Pay-To-Provider: Hall of Fame Memorial Hospital

Rendering Provider: Vincent Lombardo, MD

Patient Account Number: 000-00-0032

CASE: The patient was a passenger in the subscriber's automobile, and the pa-

tient reports that his hand was cut when the car was struck in the rear.

Diagnosis: 884.2, E975.0, E986.0

Services Rendered: Outpatient E/R visit, Laceration Repair, Histology Test

DOS=06/17/94, POS=E/R, TOS=Outpatient

CHARGES: E/R Room = \$150.00, Laceration Repair = \$75.00, DNA Test = \$100.00, E/R Attending Physician = \$220.00. Total charges = \$545.00.

Electronic Route: Billing provider (sender) to payer (receiver) via VAN.

Complete Data String:

ST\*837\*987185~

BHT\*0019\*00\*0324\*19970331\*1800\*CH~

REF\*87\*004010X096~

NM1\*41\*2\*INSURANCE CARRIER\*\*\*\*46\*3214~

PER\*IC\*JANE DOE\*TE\*9005555555~

NM1\*40\*2\*CBO\*\*\*\*46\*1234~

HL\*1\*\*20\*1~

PRV\*BI\*ZZ\*203BA0200N~

516 MAY 2000

```
NM1*85*2*HALL OF FAME MEMORIAL HOSPITAL
*****XX*888HF444~
N3*1 CANTON ROAD~
N4*BROKEN FIELD*CA*99998~
REF*TJ*737373737~
HL*2*1*22*1~
SBR*P******AM~
NM1*IL*1*HOWLING*HAL****MI*B999777791G~
N3*327 BRONCO DRIVE~
N4*GETAWAY*CA*99999~
NM1*PR*2*HEISMAN INSURANCE COMPANY *****XV*999888777~
HL*3*2*23*0~
PAT*41~
NM1*QC*1*DIMPSON*DJ****34*00000032~
N3*32 BUFFALO RUN~
N4*ROCKING HORSE*CA*99666~
DMG*D8*19480601*M~
REF*D9*32323232~
CLM*6721*545***13:A:1***Y*Y~
DTP*434*D8*19970318~
CL1*3*7*1~
HI*BK:884.2**BN:E986.0~
NM1*71*1*LOMBARDO*VINCENT***XX*777TD777~
LX*1~
SV2*450*HC:98765*150*UN*1~
DTP*472*D8*19940617~
LX*2~
SV2*360*HC:26591*75*UN*1~
DTP*472*D8*19970318~
LX*3~
SV2*312*HC:86225*100*UN*2~
DTP*472*D8*19940318~
LX*4~
SV2*360*HC:99283*220*UN*1~
DTP*472*D8*19940318~
SE*43*987185~
```

MAY 2000 517

518 MAY 2000

## A | ASC X12 Nomenclature

## A.1 Interchange and Application Control Structures

## A.1.1 Interchange Control Structure

The transmission of data proceeds according to very strict format rules to ensure the integrity and maintain the efficiency of the interchange. Each business grouping of data is called a transaction set. For instance, a group of benefit enrollments sent from a sponsor to a payer is considered a transaction set.

Each transaction set contains groups of logically related data in units called segments. For instance, the N4 segment used in the transaction set conveys the city, state, ZIP Code, and other geographic information. A transaction set contains multiple segments, so the addresses of the different parties, for example, can be conveyed from one computer to the other. An analogy would be that the transaction set is like a freight train; the segments are like the train's cars; and each segment can contain several data elements the same as a train car can hold multiple crates.

The sequence of the elements within one segment is specified by the ASC X12 standard as well as the sequence of segments in the transaction set. In a more conventional computing environment, the segments would be equivalent to records, and the elements equivalent to fields.

Similar transaction sets, called "functional groups," can

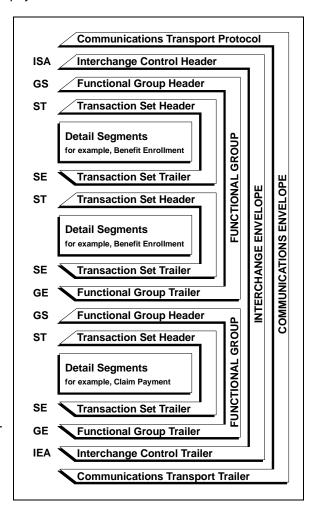


Figure A1. Transmission Control Schematic

be sent together within a transmission. Each functional group is prefaced by a group start segment; and a functional group is terminated by a group end segment. One or more functional groups are prefaced by an interchange header and followed by an interchange trailer. Figure A1, Transmission Control Schematic, illustrates this interchange control.

The interchange header and trailer segments envelop one or more functional groups or interchange-related control segments and perform the following functions:

- 1. Define the data element separators and the data segment terminator.
- 2. Identify the sender and receiver.
- **3.** Provide control information for the interchange.
- **4.** Allow for authorization and security information.

## A.1.2 Application Control Structure Definitions and Concepts

#### A.1.2.1 | Basic Structure

A data element corresponds to a data field in data processing terminology. The data element is the smallest named item in the ASC X12 standard. A data segment corresponds to a record in data processing terminology. The data segment begins with a segment ID and contains related data elements. A control segment has the same structure as a data segment; the distinction is in the use. The data segment is used primarily to convey user information, but the control segment is used primarily to convey control information and to group data segments.

## A.1.2.2 Basic Character Set

The section that follows is designed to have representation in the common character code schemes of EBCDIC, ASCII, and CCITT International Alphabet 5. The ASC X12 standards are graphic-character-oriented; therefore, common character encoding schemes other than those specified herein may be used as long as a common mapping is available. Because the graphic characters have an implied mapping across character code schemes, those bit patterns are not provided here.

The basic character set of this standard, shown in figure A2, Basic Character Set, includes those selected from the uppercase letters, digits, space, and special characters as specified below.

AZ	09	!	"	&	,	(	)	*	+
,	-		1	:	;	?	=	" " (s	pace)

Figure A2. Basic Character Set

## A.1.2.3 Extended Character Set

An extended character set may be used by negotiation between the two parties and includes the lowercase letters and other special characters as specified in figure A3, Extended Character Set.

az	%	~	@	[	]	_	{
}	١	ı	<	>	#	\$	

Figure A3. Extended Character Set

Note that the extended characters include several character codes that have multiple graphical representations for a specific bit pattern. The complete list appears

A.2 MAY 2000

in other standards such as CCITT S.5. Use of the USA graphics for these codes presents no problem unless data is exchanged with an international partner. Other problems, such as the translation of item descriptions from English to French, arise when exchanging data with an international partner, but minimizing the use of codes with multiple graphics eliminates one of the more obvious problems

#### A.1.2.4 Control Characters

Two control character groups are specified; they have only restricted usage. The common notation for these groups is also provided, together with the character coding in three common alphabets. In the matrix A1, Base Control Set, the column IA5 represents CCITT V.3 International Alphabet 5.

## A.1.2.5 Base Control Set

The base control set includes those characters that will not have a disruptive effect on most communication protocols. These are represented by:

NOTATION	NAME	<b>EBCDIC</b>	ASCII	IA5
BEL	bell	2F	07	07
HT	horizontal tab	05	09	09
LF	line feed	25	0A	0A
VT	vertical tab	0B	0B	0B
FF	form feed	0C	0C	0C
CR	carriage return	0D	0D	0D
FS	file separator	1C	1C	1C
GS	group separator	1D	1D	1D
RS	record separator	1E	1E	1E
US	unit separator	1F	1F	1F
NL	new line	15		

Matrix A1. Base Control Set

The Group Separator (GS) may be an exception in this set because it is used in the 3780 communications protocol to indicate blank space compression.

#### A.1.2.6 | Extended Control Set

The extended control set includes those that may have an effect on a transmission system. These are shown in matrix A2, Extended Control Set.

NOTATION	NAME	EBCDIC	ASCII	IA5
SOH	start of header	01	01	01
STX	start of text	02	02	02
ETX	end of text	03	03	03
EOT	end of transmission	37	04	04
ENQ	enquiry	2D	05	05
ACK	acknowledge	2E	06	06
DC1	device control 1	11	11	11
DC2	device control 2	12	12	12
DC3	device control 3	13	13	13
DC4	device control 4	3C	14	14
NAK	negative acknowledge	3D	15	15
SYN	synchronous idle	32	16	16
ETB	end of block	26	17	17

Matrix A2. Extended Control Set

#### A.1.2.7 Delimiters

A delimiter is a character used to separate two data elements (or subelements) or to terminate a segment. The delimiters are an integral part of the data.

Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator.

Once specified in the interchange header, the delimiters are not to be used in a data element value elsewhere in the interchange. For consistency, this implementation guide uses the delimiters shown in matrix A3, Delimiters, in all examples of EDI transmissions.

CHARACTER	NAME NAME	DELIMITER
*	Asterisk	Data Element Separator
:	Colon	Subelement Separator
~	Tilde	Segment Terminator

#### Matrix A3. Delimiters

The delimiters above are for illustration purposes only and are not specific recommendations or requirements. Users of this implementation guide should be aware that an application system may use some valid delimiter characters within the application data. Occurrences of delimiter characters in transmitted data within a data element can result in errors in translation programs. The existence of asterisks (\*) within transmitted application data is a known issue that can affect translation software.

## A.1.3 Business Transaction Structure Definitions and Concepts

The ASC X12 standards define commonly used business transactions (such as a health care claim) in a formal structure called "transaction sets." A transaction set is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment. Each segment is composed of the following:

- · A unique segment ID
- One or more logically related data elements each preceded by a data element separator
- A segment terminator

## A.1.3.1 Data Element

The data element is the smallest named unit of information in the ASC X12 standard. Data elements are identified as either simple or component. A data element that occurs as an ordinally positioned member of a composite data structure is identified as a component data element. A data element that occurs in a segment outside the defined boundaries of a composite data structure is identified as a simple data element. The distinction between simple and component data elements is strictly a matter of context because a data element can be used in either capacity.

A.4 MAY 2000

Data elements are assigned a unique reference number. Each data element has a name, description, type, minimum length, and maximum length. For ID type data elements, this guide provides the applicable ASC X12 code values and their descriptions or references where the valid code list can be obtained.

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric, decimal, and binary elements.

The data element types shown in matrix A4, Data Element Types, appear in this implementation guide.

SYMBOL	TYPE
Nn	Numeric
R	Decimal
ID	Identifier
AN	String
DT	Date
TM	Time
В	Binary

Matrix A4. Data Element Types

#### A.1.3.1.1 Numeric

A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data.

This set of guides denotes the number of implied decimal positions. The representation for this data element type is "Nn" where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.

If n is 0, it need not appear in the specification; N is equivalent to N0. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

#### **EXAMPLE**

A transmitted value of 1234, when specified as numeric type N2, represents a value of 12.34.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. The length of a numeric type data element does not include the optional sign.

### A.1.3.1.2 Decimal

A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as "R."

The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end) the decimal point should be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point should be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1,000,000) is expressly prohibited. The length of a decimal type data element does not include the optional leading sign or decimal point.

#### **FXAMPIF**

A transmitted value of 12.34 represents a decimal value of 12.34.

#### A.1.3.1.3 Identifier

An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC X12 Committee or some other body recognized by the Committee. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is "ID."

### A.1.3.1.4 String

A string data element is a sequence of any characters from the basic or extended character sets. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is "AN."

#### A.1.3.1.5 Date

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31). The representation for this data element type is "DT." Users of this guide should note that all dates within transactions are 8-character dates (millennium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment, and also used in the TA1 Interchange Acknowledgment, where the century can be readily interpolated because of the nature of an interchange header.

#### A.1.3.1.6 | Time

A time data element is used to express the ISO standard time HHMMSSd..d format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59), SS is the second (00 to 59) and d..d is decimal seconds. The representation for this data element type is "TM." The length of the data element determines the format of the transmitted time.

#### **EXAMPLE**

Transmitted data elements of four characters denote HHMM. Transmitted data elements of six characters denote HHMMSS.

## A.1.3.2 | Composite Data Structure

The composite data structure is an intermediate unit of information in a segment. Composite data structures are composed of one or more logically related simple data elements, each, except the last, followed by a sub-element separator. The final data element is followed by the next data element separator or the segment terminator. Each simple data element within a composite is called a component.

A.6 MAY 2000

004010X096 ◆ 837 HEALTH CARE CLAIM: INSTITUTIONAL

Each composite data structure has a unique four-character identifier, a name, and a purpose. The identifier serves as a label for the composite. A composite data structure can be further defined through the use of syntax notes, semantic notes, and comments. Each component within the composite is further characterized by a reference designator and a condition designator. The reference designators and the condition designators are described below.

## A.1.3.3 Data Segment

The data segment is an intermediate unit of information in a transaction set. In the data stream, a data segment consists of a segment identifier, one or more composite data structures or simple data elements each preceded by a data element separator and succeeded by a segment terminator.

Each data segment has a unique two- or three-character identifier, a name, and a purpose. The identifier serves as a label for the data segment. A segment can be further defined through the use of syntax notes, semantic notes, and comments. Each simple data element or composite data structure within the segment is further characterized by a reference designator and a condition designator.

## A.1.3.4 | Syntax Notes

Syntax notes describe relational conditions among two or more data segment units within the same segment, or among two or more component data elements within the same composite data structure. For a complete description of the relational conditions, See A.1.3.8, Condition Designator.

### A.1.3.5 | Semantic Notes

Simple data elements or composite data structures may be referenced by a semantic note within a particular segment. A semantic note provides important additional information regarding the intended meaning of a designated data element, particularly a generic type, in the context of its use within a specific data segment. Semantic notes may also define a relational condition among data elements in a segment based on the presence of a specific value (or one of a set of values) in one of the data elements.

### A.1.3.6 Comments

A segment comment provides additional information regarding the intended use of the segment.

## A.1.3.7 Reference Designator

Each simple data element or composite data structure in a segment is provided a structured code that indicates the segment in which it is used and the sequential position within the segment. The code is composed of the segment identifier followed by a two-digit number that defines the position of the simple data element or composite data structure in that segment.

For purposes of creating reference designators, the composite data structure is viewed as the hierarchical equal of the simple data element. Each component data element in a composite data structure is identified by a suffix appended to the reference designator for the composite data structure of which it is a member.

This suffix is a two-digit number, prefixed with a hyphen, that defines the position of the component data element in the composite data structure.

#### **EXAMPLE**

- The first simple element of the CLP segment would be identified as CLP01.
- The first position in the SVC segment is occupied by a composite data structure that contains seven component data elements, the reference designator for the second component data element would be SVC01-02.

## A.1.3.8 Condition Designator

This section provides information about X12 standard conditions designators. It is provided so that users will have information about the general standard. Implementation guides may impose other conditions designators. See implementation guide section 3.1 Presentation Examples for detailed information about the implementation guide Industry Usage requirements for compliant implementation.

Data element conditions are of three types: mandatory, optional, and relational. They define the circumstances under which a data element may be required to be present or not present in a particular segment.

DESIGNATOR DESCRIPTION							
M- Mandatory	The designation of mandatory is absolute in the sense that there is no dependency on other data elements. This designation may apply to either simple data elements or composite data structures. If the designation applies to a composite data structure, then at least one value of a component data element in that composite data structure shall be included in the data segment.						
O- Optional	The designation of optional means that there is no requirement for a simple data element or composite data structure to be present in the segment. The presence of a value for a simple data element or the presence of value for any of the component data elements of a composite data structure is at the option of the sender.						
X- Relational	Relational conditions may exist among two or more simple data elements within the same data segment based on the presence or absence of one of those data elements (presence means a data element must not be empty). Relational conditions are specified by a condition code (see table below) and the reference designators of the affected data elements. A data element may be subject to more than one relational condition.						
	The definitions for each of the condition codes used within syntax notes are detailed below:						
	<b>CONDITION COD</b>	E DEFINITION					
	P- Paired or						
	Multiple	If any element specified in the relational condition is present, then all of the elements specified must be present.					
	R- Required	At least one of the elements specified in the condition must be present.					
	E- Exclusion	Not more than one of the elements specified in the condition may be present.					
	C- Conditional  If the first element specified in the condition is present, then all other elements must be present, then all other elements not specified the first element in the condition may appear working that the first element be present. The of the elements in the condition does not have the same as the order of the data elements in data segment.						

A.8 MAY 2000

#### Conditional

If the first element specified in the condition is present, then at least one of the remaining elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.

Table A5. Condition Designator

#### A.1.3.9 Absence of Data

Any simple data element that is indicated as mandatory must not be empty if the segment is used. At least one component data element of a composite data structure that is indicated as mandatory must not be empty if the segment is used. Optional simple data elements and/or composite data structures and their preceding data element separators that are not needed should be omitted if they occur at the end of a segment. If they do not occur at the end of the segment, the simple data element values and/or composite data structure values may be omitted. Their absence is indicated by the occurrence of their preceding data element separators, in order to maintain the element's or structure's position as defined in the data segment.

Likewise, when additional information is not necessary within a composite, the composite may be terminated by providing the appropriate data element separator or segment terminator.

## A.1.3.10 | Control Segments

A control segment has the same structure as a data segment, but it is used for transferring control information rather than application information.

## A.1.3.10.1 Loop Control Segments

Loop control segments are used only to delineate bounded loops. Delineation of the loop shall consist of the loop header (LS segment) and the loop trailer (LE segment). The loop header defines the start of a structure that must contain one or more iterations of a loop of data segments and provides the loop identifier for this loop. The loop trailer defines the end of the structure. The LS segment appears only before the first occurrence of the loop, and the LE segment appears only after the last occurrence of the loop. Unbounded looping structures do not use loop control segments.

## A.1.3.10.2 Transaction Set Control Segments

The transaction set is delineated by the transaction set header (ST segment) and the transaction set trailer (SE segment). The transaction set header identifies the start and identifier of the transaction set. The transaction set trailer identifies the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments.

## A.1.3.10.3 Functional Group Control Segments

The functional group is delineated by the functional group header (GS segment) and the functional group trailer (GE segment). The functional group header starts and identifies one or more related transaction sets and provides a control number

and application identification information. The functional group trailer defines the end of the functional group of related transaction sets and provides a count of contained transaction sets.

## A.1.3.10.4 Relations among Control Segments

The control segment of this standard must have a nested relationship as is shown and annotated in this subsection. The letters preceding the control segment name are the segment identifier for that control segment. The indentation of segment identifiers shown below indicates the subordination among control segments.

- **GS** Functional Group Header, starts a group of related transaction sets.
  - ST Transaction Set Header, starts a transaction set.
    - **LS** Loop Header, starts a bounded loop of data segments but is not part of the loop.
      - LS Loop Header, starts an inner, nested, bounded loop.
      - **LE** Loop Trailer, ends an inner, nested bounded loop.
    - **LE** Loop Trailer, ends a bounded loop of data segments but is not part of the loop.
  - **SE** Transaction Set Trailer, ends a transaction set.
- **GE** Functional Group Trailer, ends a group of related transaction sets.

More than one ST/SE pair, each representing a transaction set, may be used within one functional group. Also more than one LS/LE pair, each representing a bounded loop, may be used within one transaction set.

### A.1.3.11 Transaction Set

The transaction set is the smallest meaningful set of information exchanged between trading partners. The transaction set consists of a transaction set header segment, one or more data segments in a specified order, and a transaction set trailer segment. See figure A1, Transmission Control Schematic.

#### A.1.3.11.1 Transaction Set Header and Trailer

A transaction set identifier uniquely identifies a transaction set. This identifier is the first data element of the Transaction Set Header Segment (ST). A user assigned transaction set control number in the header must match the control number in the Trailer Segment (SE) for any given transaction set. The value for the number of included segments in the SE segment is the total number of segments in the transaction set, including the ST and SE segments.

### A.1.3.11.2 Data Segment Groups

The data segments in a transaction set may be repeated as individual data segments or as unbounded or bounded loops.

## A.1.3.11.3 Repeated Occurrences of Single Data Segments

When a single data segment is allowed to be repeated, it may have a specified maximum number of occurrences defined at each specified position within a given transaction set standard. Alternatively, a segment may be allowed to repeat

A.10 MAY 2000

an unlimited number of times. The notation for an unlimited number of repetitions is ">1."

## A.1.3.11.4 Loops of Data Segments

Loops are groups of semantically related segments. Data segment loops may be unbounded or bounded.

#### A.1.3.11.4.1 Unbounded Loops

To establish the iteration of a loop, the first data segment in the loop must appear once and only once in each iteration. Loops may have a specified maximum number of repetitions. Alternatively, the loop may be specified as having an unlimited number of iterations. The notation for an unlimited number of repetitions is ">1."

A specified sequence of segments is in the loop. Loops themselves are optional or mandatory. The requirement designator of the beginning segment of a loop indicates whether at least one occurrence of the loop is required. Each appearance of the beginning segment defines an occurrence of the loop.

The requirement designator of any segment within the loop after the beginning segment applies to that segment for each occurrence of the loop. If there is a mandatory requirement designator for any data segment within the loop after the beginning segment, that data segment is mandatory for each occurrence of the loop. If the loop is optional, the mandatory segment only occurs if the loop occurs.

#### A.1.3.11.4.2 Bounded Loops

The characteristics of unbounded loops described previously also apply to bounded loops. In addition, bounded loops require a Loop Start Segment (LS) to appear before the first occurrence and a Loop End Segment (LE) to appear after the last occurrence of the loop. If the loop does not occur, the LS and LE segments are suppressed.

## A.1.3.11.5 Data Segments in a Transaction Set

When data segments are combined to form a transaction set, three characteristics are applied to each data segment: a requirement designator, a position in the transaction set, and a maximum occurrence.

## A.1.3.11.6 Data Segment Requirement Designators

A data segment, or loop, has one of the following requirement designators for health care and insurance transaction sets, indicating its appearance in the data stream of a transmission. These requirement designators are represented by a single character code.

DESIGNATOR	DESCRIPTION
M- Mandatory	This data segment must be included in the transaction set. (Note that a data segment may be mandatory in a loop of data segments, but the loop itself is optional if the beginning segment of the loop is designated as optional.)
O- Optional	The presence of this data segment is the option of the sending party.

## A.1.3.11.7 Data Segment Position

The ordinal positions of the segments in a transaction set are explicitly specified for that transaction. Subject to the flexibility provided by the optional requirement designators of the segments, this positioning must be maintained.

### A.1.3.11.8 Data Segment Occurrence

A data segment may have a maximum occurrence of one, a finite number greater than one, or an unlimited number indicated by ">1."

## A.1.3.12 | Functional Group

A functional group is a group of similar transaction sets that is bounded by a functional group header segment and a functional group trailer segment. The functional identifier defines the group of transactions that may be included within the functional group. The value for the functional group control number in the header and trailer control segments must be identical for any given group. The value for the number of included transaction sets is the total number of transaction sets in the group. See figure A1, Transmission Control Schematic.

## A.1.4 | Envelopes and Control Structures

## A.1.4.1 Interchange Control Structures

Typically, the term "interchange" connotes the ISA/IEA envelope that is transmitted between trading/business partners. Interchange control is achieved through several "control" components. The interchange control number is contained in data element ISA13 of the ISA segment. The identical control number must also occur in data element 02 of the IEA segment. Most commercial translation software products will verify that these two fields are identical. In most translation software products, if these fields are different the interchange will be "suspended" in error.

There are many other features of the ISA segment that are used for control measures. For instance, the ISA segment contains data elements such as authorization information, security information, sender identification, and receiver identification that can be used for control purposes. These data elements are agreed upon by the trading partners prior to transmission and are contained in the written trading partner agreement. The interchange date and time data elements as well as the interchange control number within the ISA segment are used for debugging purposes when there is a problem with the transmission or the interchange.

Data Element ISA12, Interchange Control Version Number, indicates the version of the ISA/IEA envelope. The ISA12 does not indicate the version of the transaction set that is being transmitted but rather the envelope that encapsulates the transaction. An Interchange Acknowledgment can be denoted through data element ISA14. The acknowledgment that would be sent in reply to a "yes" condition in data element ISA14 would be the TA1 segment. Data element ISA15, Test Indicator, is used between trading partners to indicate that the transmission is in a "test" or "production" mode. This becomes significant when the production phase of the project is to commence. Data element ISA16, Subelement Separator, is used by the translator for interpretation of composite data elements.

The ending component of the interchange or ISA/IEA envelope is the IEA segment. Data element IEA01 indicates the number of functional groups that are included within the interchange. In most commercial translation software products, an aggregate count of functional groups is kept while interpreting the interchange. This count is then verified with data element IEA01. If there is a discrep-

A.12 MAY 2000

ancy, in most commercial products, the interchange is suspended. The other data element in the IEA segment is IEA02 which is referenced above.

See the Appendix B, EDI Control Directory, for a complete detailing of the interchange control header and trailer.

## A.1.4.2 | Functional Groups

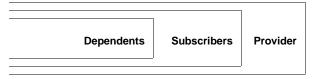
Control structures within the functional group envelope include the functional identifier code in GS01. The Functional Identifier Code is used by the commercial translation software during interpretation of the interchange to determine the different transaction sets that may be included within the functional group. If an inappropriate transaction set is contained within the functional group, most commercial translation software will suspend the functional group within the interchange. The Application Sender's Code in GS02 can be used to identify the sending unit of the transmission. The Application Receiver's Code in GS03 can be used to identify the receiving unit of the transmission. For health care, this unit identification can be used to differentiate between managed care, indemnity, and Medicare. The functional group contains a creation date (GS04) and creation time (GS05) for the functional group. The Group Control Number is contained in GS06. These data elements (GS04, GS05, AND GS06) can be used for debugaina purposes durina problem resolution, GS08. Version/Release/Industry Identifier Code is the version/release/sub-release of the transaction sets being transmitted in this functional group. Appendix B provides guidance for the value for this data element. The GS08 does not represent the version of the interchange (ISA/IEA) envelope but rather the version/release/sub-release of the transaction sets that are encompassed within the GS/GE envelope.

The Functional Group Control Number in GS06 must be identical to data element 02 of the GE segment. Data element GE01 indicates the number of transaction sets within the functional group. In most commercial translation software products, an aggregate count of the transaction sets is kept while interpreting the functional group. This count is then verified with data element GE01.

See the Appendix B, EDI Control Directory, for a complete detailing of the functional group header and trailer.

## A.1.4.3 | HL Structures

The HL segment is used in several X12 transaction sets to identify levels of detail information using a hierarchical structure, such as relating dependents to a subscriber. Hierarchical levels may differ from guide to guide. The following diagram, from transaction set 837, illustrates a typical hierarchy.



Each provider can bill for one or more subscribers, each subscriber can have one or more dependents and the subscriber and the dependents can make one or more claims. Each guide states what levels are available, the level's requirement, a repeat value, and whether that level has subordinate levels within a transmission.

## A.1.5 | Acknowledgments

## A.1.5.1 Interchange Acknowledgment, TA1

The Interchange or TA1 Acknowledgment is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. Transaction set-specific verification is accomplished through use of the Functional Acknowledgment Transaction Set, 997. See A.1.5.2, Functional Acknowledgment, 997, for more details. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structures. A TA1 can be included in an interchange with other functional groups and transactions.

Encompassed in the TA1 are the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number, interchange date and time are identical to those that were present in the transmitted interchange from the sending trading partner. This provides the capability to associate the TA1 with the transmitted interchange. TA104, Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors. TA105, Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure. Values for this data element indicate whether the error occurred at the interchange or functional group envelope.

The TA1 segment provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure.

Due to the uniqueness of the TA1, implementation should be predicated upon the ability for the sending and receiving trading partners commercial translators to accommodate the uniqueness of the TA1. Unless named as mandatory in the Federal Rules implementing HIPAA, use of the TA1, although urged by the authors, is not mandated.

See the Appendix B, EDI Control Directory, for a complete detailing of the TA1 segment.

## A.1.5.2 Functional Acknowledgment, 997

The Functional Acknowledgment Transaction Set, 997, has been designed to allow trading partners to establish a comprehensive control function as a part of their business exchange process. This acknowledgment process facilitates control of EDI. There is a one-to-one correspondence between a 997 and a functional group. Segments within the 997 can identify the acceptance or rejection of the functional group, transaction sets or segments. Data elements in error can also be identified. There are many EDI implementations that have incorporated the acknowledgment process in all of their electronic communications. Typically, the 997 is used as a functional acknowledgment to a previously transmitted functional group. Many commercially available translators can automatically generate this transaction set through internal parameter settings. Additionally translators will automatically reconcile received acknowledgments to functional groups that have been sent. The benefit to this process is that the sending trading partner

A.14 MAY 2000

can determine if the receiving trading partner has received ASC X12 transaction sets through reports that can be generated by the translation software to identify transmissions that have not been acknowledged.

As stated previously the 997 is a transaction set and thus is encapsulated within the interchange control structure (envelopes) for transmission.

As with any information flow, an acknowledgment process is essential. If an "automatic" acknowledgment process is desired between trading partners then it is recommended that the 997 be used. Unless named as mandatory in the Federal Rules implementing HIPAA, use of the 997, although recommended by the authors, is not mandated.

See Appendix B, EDI Control Directory, for a complete detailing of transaction set 997.

A.16

## **B** EDI Control Directory

## **B.1** Control Segments

- ISA Interchange Control Header Segment
- IEA
   Interchange Control Trailer Segment
- **GS**Functional Group Header Segment
- **GE**Functional Group Trailer Segment
- TA1
   Interchange Acknowledgment Segment

# B.2 Functional Acknowledgment Transaction Set, 997

B.2 MAY 2000

#### **IMPLEMENTATION**

### INTERCHANGE CONTROL HEADER

Notes

1. The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by "." for clarity.

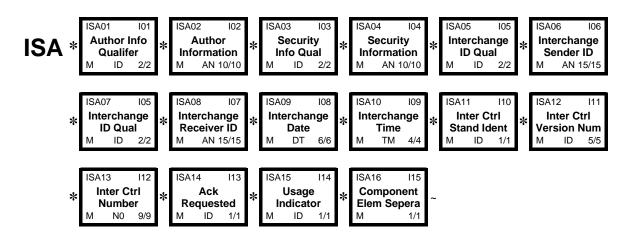
Example: ISA\* 00\* ........ 01\* SECRET....\* ZZ\* SUBMITTERS.ID..\* ZZ\*
RECEIVERS.ID...\* 930602\* 1253\* U\* 00401\* 000000905\* 1\* T\* :~

#### **STANDARD**

**ISA** Interchange Control Header

**Purpose:** To start and identify an interchange of zero or more functional groups and interchange-related control segments

#### DIAGRAM



#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	ISA01	<b>I</b> 01	,	Information Qualifier M ID 2/2 the type of information in the Authorization Information
			CODE	DEFINITION
			00	No Authorization Information Present (No Meaningful Information in I02)
				ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION INFORMATION.
			03	Additional Data Identification
REQUIRED	ISA02	102	Authorization Information used	Information M AN 10/10 d for additional identification or authorization of the interchange

MAY 2000 B.3

Authorization Information Qualifier (I01)

sender or the data in the interchange; the type of information is set by the

REQUIRED	ISA03	103		fy the type of information in the Security Information
			CODE	DEFINITION
			00	No Security Information Present (No Meaningful Information in I04)
				ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.
			01	Password
REQUIRED	ISA04	104		or identifying the security information about the interchange sender the interchange; the type of information is set by the Security
REQUIRED	ISA05	105		ID Qualifier M ID 2/2 signate the system/method of code structure used to designate the siver ID element being qualified
			This ID qual	ifies the Sender in ISA06.
			CODE	DEFINITION
			01	Duns (Dun & Bradstreet)
			14	Duns Plus Suffix
			20	Health Industry Number (HIN)  CODE SOURCE 121: Health Industry Identification Number
			27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
			28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
			29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
			30	U.S. Federal Tax Identification Number
			33	National Association of Insurance Commissioners Company Code (NAIC)
			ZZ	Mutually Defined
REQUIRED	ISA06	106		Sender ID M AN 15/15 ode published by the sender for other parties to use as the receiver a to them; the sender always codes this value in the sender ID
REQUIRED	ISA07	105		ID Qualifier M ID 2/2 signate the system/method of code structure used to designate the siver ID element being qualified
			This ID qual	ifies the Receiver in ISA08.
			CODE	DEFINITION
			01	Duns (Dun & Bradstreet)

B.4 MAY 2000

			14	Duns Plus Suffix			
			20	Health Industry Number (HIN)			
				CODE SOURCE 121: Health Industry Identific	ation	Numbe	r
			27	Carrier Identification Number as as Care Financing Administration (HC		ed by	Health
			28	Fiscal Intermediary Identification Nassigned by Health Care Financing (HCFA)			ation
			29	Medicare Provider and Supplier Ide Number as assigned by Health Car Administration (HCFA)			
			30	U.S. Federal Tax Identification Nun	nber		
			33	National Association of Insurance Company Code (NAIC)	Com	missic	oners
			ZZ	Mutually Defined			
REQUIRED	ISA08	107	by the sender as	eceiver ID e published by the receiver of the data; Wh their sending ID, thus other parties sending to route data to them			
REQUIRED	ISA09	108	Interchange Date M DT 6/ Date of the interchange				6/6
			The date forma	at is YYMMDD.			
REQUIRED	ISA10	109	Interchange Ti Time of the interc		M	TM	4/4
			The time forma	at is HHMM.			
REQUIRED	ISA11	l10	Code to identify t	ontrol Standards Identifier he agency responsible for the control standenclosed by the interchange header and tra		ID sed by	<b>1/1</b> the
			CODE	DEFINITION			
			U	U.S. EDI Community of ASC X12, T	DCC	, and l	JCS
REQUIRED	ISA12	<b>I</b> 11		ontrol Version Number sher covers the interchange control segmen	<b>M</b> nts	ID	5/5
			CODE	DEFINITION			
			00401	Draft Standards for Trial Use Appr Publication by ASC X12 Procedure through October 1997			Board
REQUIRED	ISA13	l12		ontrol Number r assigned by the interchange sender	M	N0	9/9
				ge Control Number, ISA13, must be erchange Trailer IEA02.	iden	tical to	the

REQUIRED	ISA14	I13		nent Requested M ID 1/1 e sender to request an interchange acknowledgment (TA1)
			See Section A	1.1.5.1 for interchange acknowledgment information.
			CODE	DEFINITION
			0	No Acknowledgment Requested
			1	Interchange Acknowledgment Requested
REQUIRED	ISA15	I14	Usage Indicate Code to indicate production or infe	whether data enclosed by this interchange envelope is test,
			P	Production Data
			T	Test Data
REQUIRED	ISA16	I15	Type is not appli data element; the elements within	lement Separator M 1/1 cable; the component element separator is a delimiter and not a is field provides the delimiter used to separate component data a composite data structure; this value must be different than the parator and the segment terminator

B.6 MAY 2000

# INTERCHANGE CONTROL TRAILER

Example: IEA\*1\*00000905~

# **STANDARD**

**IEA** Interchange Control Trailer

Purpose: To define the end of an interchange of zero or more functional groups and

interchange-related control segments

# DIAGRAM



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES
REQUIRED	IEA01	<b>I</b> 16	Number of Included Functional Groups A count of the number of functional groups included in an	<b>M</b> intercha	<b>N0</b> ange	1/5
REQUIRED	IEA02	l12	Interchange Control Number A control number assigned by the interchange sender	M	N0	9/9

# **FUNCTIONAL GROUP HEADER**

Example: GS\*HC\*SENDER CODE\*RECEIVER

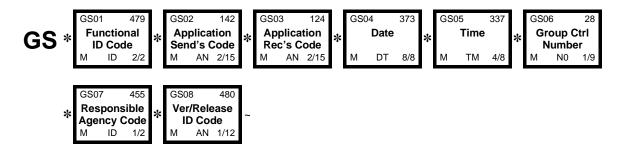
CODE\*19940331\*0802\*1\*X\*004010X096~

# **STANDARD**

**GS** Functional Group Header

Purpose: To indicate the beginning of a functional group and to provide control information

## DIAGRAM



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES
REQUIRED	GS01	479	Functional Identifier Code Code identifying a group of application related transaction se		ID	2/2
			CODE DEFINITION			
			HC Health Care Claim (837)			
REQUIRED	GS02	142	Application Sender's Code Code identifying party sending transmission; codes a	<b>M</b> agreed to by	AN / trading p	2/15 partners
			Use this code to identify the unit sending the	ne informa	ition.	
REQUIRED	GS03	124	Application Receiver's Code Code identifying party receiving transmission. Codes	<b>M</b> s agreed to	AN by trading	2/15 g partners
			Use this code to identify the unit receiving	the inform	ation.	
REQUIRED	GS04	373	Date Date expressed as CCYYMMDD	М	DT	8/8
			SEMANTIC: GS04 is the group date.			
			Use this date for the functional group creat	ion date.		
REQUIRED	GS05	337	Time Time expressed in 24-hour clock time as follows: HHHMMSSD, or HHMMSSDD, where H = hours (00-2 integer seconds (00-59) and DD = decimal seconds; expressed as follows: D = tenths (0-9) and DD = hur	23), M = mir ; decimal se	utes (00- conds are	59), S =
			SEMANTIC: GS05 is the group time.			
			Use this time for the creation time. The reco	ommende	d forma	t is

B.8 MAY 2000

REQUIRED	GS06	28	Group Contro Assigned numb	ol Number M N0 1/9 er originated and maintained by the sender
				ata interchange control number GS06 in this header must be same data element in the associated functional group trailer,
REQUIRED	GS07	455	Responsible Code used in co standard	Agency Code M ID 1/2 onjunction with Data Element 480 to identify the issuer of the
			CODE	DEFINITION
			X	Accredited Standards Committee X12
REQUIRED	GS08	480	Code indicating standard being segment is X, the are the release industry or trade	the version, release, subrelease, and industry identifier of the EDI used, including the GS and GE segments; if code in DE455 in GS in DE 480 positions 1-3 are the version number; positions 4-6 and subrelease, level of the version; and positions 7-12 are the eassociation identifiers (optionally assigned by user); if code in egment is T, then other formats are allowed
			CODE	DEFINITION
			004010X096	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.

# **FUNCTIONAL GROUP TRAILER**

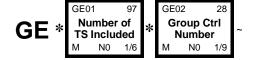
Example: GE\*1\*1~

# **STANDARD**

**GE** Functional Group Trailer

Purpose: To indicate the end of a functional group and to provide control information

# DIAGRAM



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	JTES
REQUIRED	GE01	97	Number of Transaction Sets Included  Total number of transaction sets included in the functional grup (transmission) group terminated by the trailer containing this			-
REQUIRED	GE02	28	<b>Group Control Number</b> Assigned number originated and maintained by the sender	M	N0	1/9
			<b>SEMANTIC:</b> The data interchange control number GE02 in this identical to the same data element in the associated function GS06.			

B.10 MAY 2000

# INTERCHANGE ACKNOWLEDGMENT

Notes:

- 1. All fields must contain data.
- 2. This segment acknowledges the reception of an X12 interchange header and trailer from a previous interchange. If the header/trailer pair was received correctly, the TA1 reflects a valid interchange, regardless of the validity of the contents of the data included inside the header/trailer envelope.
- 3. See Section A.1.5.1 for interchange acknowledgment information.
- 4. Use of TA1 is subject to trading partner agreement and is neither mandated or prohibited in this Appendix.

Example: TA1\*000000905\*940101\*0100\*A\*000~

#### **STANDARD**

**TA1** Interchange Acknowledgment

**Purpose:** To report the status of processing a received interchange header and trailer or the non-delivery by a network provider

#### DIAGRAM











## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUT	ES	
REQUIRED	QUIRED TA101 I12		Interchange Control Number A control number assigned by the interchange sender	M	N0	9/9	
			It is assigned by the sender. Together with the seidentifies the interchange data to the receiver. It is	This number uniquely identifies the interchange data to the sender. It is assigned by the sender. Together with the sender ID it uniquely identifies the interchange data to the receiver. It is suggested that the sender, receiver, and all third parties be able to maintain an audit trail of interchanges using this number.			
			In the TA1, this should be the interchange control original interchange that this TA1 is acknowledging		nber of	the	
REQUIRED	TA102	108	Interchange Date Date of the interchange	M	DT	6/6	
			This is the date of the original interchange being a (YYMMDD)	ackn	owledg	ed.	
REQUIRED	TA103	109	Interchange Time Time of the interchange	M	TM	4/4	
			This is the time of the original interchange being acknowledged. (HHMM)				

**MAY 2000** 

CONTROL SEGMEN	10			IMPLEMENTATION GOIDE
REQUIRED	TA104	<b>I17</b>	This indicates the	cknowledgment Code M ID 1/1 e status of the receipt of the interchange control structure
			CODE	DEFINITION
			Α	The Transmitted Interchange Control Structure Header and Trailer Have Been Received and Have No Errors.
			E	The Transmitted Interchange Control Structure Header and Trailer Have Been Received and Are Accepted But Errors Are Noted. This Means the Sender Must Not Resend This Data.
			R	The Transmitted Interchange Control Structure Header and Trailer are Rejected Because of Errors.
REQUIRED	TA105	I18	Interchange N This numeric cod structure	ote Code M ID 3/3 le indicates the error found processing the interchange control
			CODE	DEFINITION
			000	No error
			001	The Interchange Control Number in the Header and Trailer Do Not Match. The Value From the Header is Used in the Acknowledgment.
			002	This Standard as Noted in the Control Standards Identifier is Not Supported.
			003	This Version of the Controls is Not Supported
			004	The Segment Terminator is Invalid
			005	Invalid Interchange ID Qualifier for Sender
			006	Invalid Interchange Sender ID
			007	Invalid Interchange ID Qualifier for Receiver
			800	Invalid Interchange Receiver ID
			009	Unknown Interchange Receiver ID
			010	Invalid Authorization Information Qualifier Value
			011	Invalid Authorization Information Value
			012	Invalid Security Information Qualifier Value
			013	Invalid Security Information Value
			014	Invalid Interchange Date Value
			015	Invalid Interchange Time Value
			016	Invalid Interchange Standards Identifier Value
			017	Invalid Interchange Version ID Value
			018	Invalid Interchange Control Number Value

B.12 MAY 2000

019	Invalid Acknowledgment Requested Value
020	Invalid Test Indicator Value
021	Invalid Number of Included Groups Value
022	Invalid Control Structure
023	Improper (Premature) End-of-File (Transmission)
024	Invalid Interchange Content (e.g., Invalid GS Segment)
025	Duplicate Interchange Control Number
026	Invalid Data Element Separator
027	Invalid Component Element Separator
028	Invalid Delivery Date in Deferred Delivery Request
029	Invalid Delivery Time in Deferred Delivery Request
030	Invalid Delivery Time Code in Deferred Delivery Request
031	Invalid Grade of Service Code

B.14 MAY 2000

# 997

# **Functional Acknowledgment**

# Functional Group ID: **FA**

This Draft Standard for Trial Use contains the format and establishes the data contents of the Functional Acknowledgment Transaction Set (997) for use within the context of an Electronic Data Interchange (EDI) environment. The transaction set can be used to define the control structures for a set of acknowledgments to indicate the results of the syntactical analysis of the electronically encoded documents. The encoded documents are the transaction sets, which are grouped in functional groups, used in defining transactions for business data interchange. This standard does not cover the semantic meaning of the information encoded in the transaction sets.

# Table 1 - Header

POS.#	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
010	ST	Transaction Set Header	M	1	_
020	AK1	Functional Group Response Header	M	1	
		LOOP ID - AK2			999999
030	AK2	Transaction Set Response Header	0	1	
		LOOP ID - AK2/AK3			999999
040	AK3	Data Segment Note	0	1	
050	AK4	Data Element Note	0	99	
060	AK5	Transaction Set Response Trailer	М	1	
070	AK9	Functional Group Response Trailer	М	1	
080	SE	Transaction Set Trailer	M	1	

#### NOTES:

1/010 These acknowledgments shall not be acknowledged, thereby preventing an endless cycle of acknowledgments of acknowledgments. Nor shall a Functional Acknowledgment be sent to report errors in a previous Functional Acknowledgment.

1/010 The Functional Group Header Segment (GS) is used to start the envelope for the Functional Acknowledgment Transaction Sets. In preparing the functional group of acknowledgments, the application sender's code and the application receiver's code, taken from the functional group being acknowledged, are exchanged; therefore, one acknowledgment functional group responds to only those functional groups from one application receiver's code to one application sender's

1/010 There is only one Functional Acknowledgment Transaction Set per acknowledged functional group.

1/020 AK1 is used to respond to the functional group header and to start the acknowledgement for a functional group. There shall be one AK1 segment for the functional group that is being acknowledged.

1/030 AK2 is used to start the acknowledgement of a transaction set within the received functional group. The AK2 segments shall appear in the same order as the transaction sets in the functional group that has been received and is being acknowledged.

1/040 The data segments of this standard are used to report the results of the syntactical analysis of the functional groups of transaction sets; they report the extent to which the syntax complies with the standards for transaction sets and functional groups. They do not report on the semantic meaning of the transaction sets (for example, on the ability of the receiver to comply with the request of the sender).

# TRANSACTION SET HEADER

Usage: REQUIRED

Repeat: 1

Notes: 1. Use of the 997 transaction is subject to trading partner agreement or

accepted usage and is neither mandated nor prohibited in this

Appendix.

Example: ST\*997\*1234~

#### **STANDARD**

**ST** Transaction Set Header

Level: Header

Position: 010

Loop: \_\_\_\_

Requirement: Mandatory

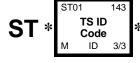
Max Use: 1

Purpose: To indicate the start of a transaction set and to assign a control number

**Set Notes:** 

- These acknowledgments shall not be acknowledged, thereby preventing an endless cycle of acknowledgments of acknowledgments. Nor shall a Functional Acknowledgment be sent to report errors in a previous Functional Acknowledgment.
- 2. The Functional Group Header Segment (GS) is used to start the envelope for the Functional Acknowledgment Transaction Sets. In preparing the functional group of acknowledgments, the application sender's code and the application receiver's code, taken from the functional group being acknowledged, are exchanged; therefore, one acknowledgment functional group responds to only those functional groups from one application receiver's code to one application sender's code.
- **3.** There is only one Functional Acknowledgment Transaction Set per acknowledged functional group.

#### **DIAGRAM**





B.16 MAY 2000

# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES		
REQUIRED	ST01	143		et Identifier Code entifying a Transaction Set	М	ID	3/3		
			SEMANTIC: The transaction set identifier (ST01) used by the translation the interchange partners to select the appropriate transaction set do 810 selects the Invoice Transaction Set).  CODE DEFINITION						
			CODE	DEFINITION					
			997	Functional Acknowledgment					
REQUIRED	ST02	2 329	Identifying contro	et Control Number Il number that must be unique within the tra assigned by the originator for a transaction		AN ion set	4/9		
			The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). The number also aids in error resolution research. For example, start with the number 0001 and increment from there.						
	Use the corresponding value in SE02 for this transaction								

# **FUNCTIONAL GROUP RESPONSE HEADER**

Usage: REQUIRED

Repeat: 1

Example: AK1\*HC\*1~

#### **STANDARD**

**AK1** Functional Group Response Header

Level: Header

Position: 020

Loop: \_\_\_\_

Requirement: Mandatory

Max Use: 1

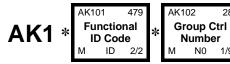
Purpose: To start acknowledgment of a functional group

**Set Notes:** 1. AK1 is used to respond to the functional group header and to start the

acknowledgement for a functional group. There shall be one AK1 segment

for the functional group that is being acknowledged.

#### DIAGRAM



# **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES
REQUIRED	AK101	479		Functional Identifier Code Code identifying a group of application related transaction s			
				01 is the functional ID found in the GS segme up being acknowledged.  DEFINITION	ent (G	S01) in	the
			HC	Health Care Claim (837)			
REQUIRED	AK102	28	Group Cont Assigned num	rol Number sher originated and maintained by the sender	М	N0	1/9

**SEMANTIC:** AK102 is the functional group control number found in the GS segment in the functional group being acknowledged.

B.18 MAY 2000

# TRANSACTION SET RESPONSE HEADER

Loop: AK2 — TRANSACTION SET RESPONSE HEADER Repeat: 999999

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Required when communicating information about a transaction set

within the functional group identified in AK1.

Example: AK2\*837\*00000905~

#### **STANDARD**

**AK2** Transaction Set Response Header

Level: Header Position: 030

Loop: AK2 Repeat: 999999

Requirement: Optional

Max Use: 1

Purpose: To start acknowledgment of a single transaction set

Set Notes: 1. AK2 is used to start the acknowledgement of a transaction set within the

received functional group. The AK2 segments shall appear in the same order as the transaction sets in the functional group that has been received

SEMANTIC: AK202 is the transaction set control number found in the ST segment in

and is being acknowledged.

#### DIAGRAM





### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	AK201	143		Transaction Set Identifier Code Code uniquely identifying a Transaction Set			3/3
				1 is the transaction set ID found in the ST s being acknowledged.	egmer	nt (ST01	) in the
			CODE	DEFINITION			
			837	Health Care Claim			
REQUIRED	AK202	329	Identifying contr	Set Control Number rol number that must be unique within the trop assigned by the originator for a transaction		AN tion set	4/9

MAY 2000 B.19

the transaction set being acknowledged.

# DATA SEGMENT NOTE

Loop: AK2/AK3 — DATA SEGMENT NOTE Repeat: 999999

**Usage: SITUATIONAL** 

Repeat: 1

Notes: 1. Used when there are errors to report in a transaction.

Example: AK3\*NM1\*37\*2010BB\*7~

## **STANDARD**

**AK3** Data Segment Note

Level: Header

Position: 040

Loop: AK2/AK3 Repeat: 999999

Requirement: Optional

Max Use: 1

Purpose: To report errors in a data segment and identify the location of the data segment

**Set Notes:** 

1. The data segments of this standard are used to report the results of the syntactical analysis of the functional groups of transaction sets; they report the extent to which the syntax complies with the standards for transaction sets and functional groups. They do not report on the semantic meaning of the transaction sets (for example, on the ability of the receiver to comply with the request of the sender).

### **DIAGRAM**









#### **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	res
REQUIRED	AK301	721	Segment ID Code Code defining the segment ID of the data segment in error ( Number 77)  CODE SOURCE 77: X12 Directories	<b>M</b> (See A	<b>ID</b> Appendix	<b>2/3</b> ( A -
			This is the two or three characters which occur at a segment.	the I	beginn	ing of
REQUIRED	AK302	719	Segment Position in Transaction Set The numerical count position of this data segment from the set: the transaction set header is count position 1	<b>M</b> start o	<b>N0</b> of the tra	1/6 nsaction
			This is a data count, not a segment position in the	e star	ndard	

This is a data count, not a segment position in the standard description.

B.20 MAY 2000

# SITUATIONAL AK303 447 Loop Identifier Code O AN 1/6

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE

Use this code to identify a loop within the transaction set that is bounded by the related LS and LE segments (corresponding LS and LE segments must have the same value for loop identifier). (Note: The loop ID number given on the transaction set diagram is recommended as the value for this data element in the segments LS and LE.)

# SITUATIONAL AK304 720 Segment Syntax Error Code O ID 1/3

Code indicating error found based on the syntax editing of a segment

## This code is required if an error exists.

	CODE	DEFINITION
1		Unrecognized segment ID
2		Unexpected segment
3		Mandatory segment missing
4		Loop Occurs Over Maximum Times
5		Segment Exceeds Maximum Use
6		Segment Not in Defined Transaction Set
7		Segment Not in Proper Sequence
8		Segment Has Data Element Errors

# **DATA ELEMENT NOTE**

Loop: AK2/AK3 — DATA SEGMENT NOTE

**Usage: SITUATIONAL** 

Repeat: 99

Notes: 1. Used when there are errors to report in a data element or composite

data structure.

Example: AK4\*1\*98\*7~

## STANDARD

**AK4** Data Element Note

**Level:** Header **Position:** 050

Loop: AK2/AK3

Requirement: Optional

Max Use: 99

Purpose: To report errors in a data element or composite data structure and identify the

location of the data element

#### DIAGRAM









## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	AK401	C030	Code in position compor starts w	CION IN SEGMENT Idicating the relative position of a simple data element of a composite data structure combined with the relative that a element within the composite data structure with 1 for the simple data element or composite data significant to the segment ID	ative position of the e, in error; the count		
REQUIRED	AK401 - 1	I	722	Element Position in Segment This is used to indicate the relative position of a sin the relative position of a composite data structure we position of the component within the composite dat in the data segment the count starts with 1 for the sor composite data structure immediately following the count of the composite data structure immediately following the count of the count starts with 1 for the sor composite data structure immediately following the count of the cou	rith th a stru imple	ne relativ Icture, ir e data el	re n error; lement
SITUATIONAL	AK401 - 2	AK401 - 2 152	1528	Component Data Element Position in Composite To identify the component data element position withat is in error	<b>O</b> thin tl	<b>N0</b> he comp	1/2 posite
			Used when an error occurs in a composite the composite data element position can be				

B.22

IIII ELIILIATATION	OOIDL			DATA ELEMENT NOT					
SITUATIONAL	AK402	725		t Reference Number O N0 1/4 ber used to locate the data element in the Data Element Dictionary					
			advisory: Under	r most circumstances, this element is expected to be sent.					
			CODE SOURCE 77	: X12 Directories					
			The Data Element Reference Number for this data element is 725. For example, all reference numbers are found with the segment descriptions in this implementation guide.						
REQUIRED	AK403	723		t Syntax Error Code M ID 1/3 the error found after syntax edits of a data element  DEFINITION					
			1	Mandatory data element missing					
			2	Conditional required data element missing.					
			3	Too many data elements.					
			4	Data element too short.					
			5	Data element too long.					
			6	Invalid character in data element.					
			7	Invalid code value.					
			8	Invalid Date					
			9	Invalid Time					
			10	Exclusion Condition Violated					
SITUATIONAL	AK404	724		Data Element O AN 1/99 of the data element in error					
				case shall a value be used for AK404 that would generate a g., an invalid character.					

Used to provide copy of erroneous data to the original submitter, but this is not used if the error reported in an invalid character.

# TRANSACTION SET RESPONSE TRAILER

Loop: AK2/AK3 — DATA SEGMENT NOTE

Usage: REQUIRED

Repeat: 1

Example: AK5\*E\*5~

## **STANDARD**

**AK5** Transaction Set Response Trailer

Level: Header

Position: 060

Loop: AK2

**Requirement:** Mandatory

Max Use: 1

Purpose: To acknowledge acceptance or rejection and report errors in a transaction set

## DIAGRAM





717









1/1

# **ELEMENT SUMMARY**

ATTRIBUTES

**REQUIRED AK501** 

**Transaction Set Acknowledgment Code** ID Code indicating accept or reject condition based on the syntax editing of the transaction set

CODE	DEFINITION
Α	Accepted ADVISED
E	Accepted But Errors Were Noted
M	Rejected, Message Authentication Code (MAC) Failed
R	Rejected ADVISED
W	Rejected, Assurance Failed Validity Tests
X	Rejected, Content After Decryption Could Not Be Analyzed

**B.24 MAY 2000** 

SITUATIONAL	AK502	718	<b>Transaction Set Syntax Error Code</b> O ID 1/3 Code indicating error found based on the syntax editing of a transaction set				
			This code is r	equired if an error exists.			
			CODE	DEFINITION			
			1	Transaction Set Not Supported			
			2	Transaction Set Trailer Missing			
			3	Transaction Set Control Number in Header and Trailer Do Not Match			
			4	Number of Included Segments Does Not Match Actual Count			
			5	One or More Segments in Error			
			6	Missing or Invalid Transaction Set Identifier			
			7	Missing or Invalid Transaction Set Control Number			
			8	Authentication Key Name Unknown			
			9	Encryption Key Name Unknown			
			10	Requested Service (Authentication or Encrypted) Not Available			
			11	Unknown Security Recipient			
			12	Incorrect Message Length (Encryption Only)			
			13	Message Authentication Code Failed			
			15	Unknown Security Originator			
			16	Syntax Error in Decrypted Text			
			17	Security Not Supported			
			23	Transaction Set Control Number Not Unique within the Functional Group			
			24	S3E Security End Segment Missing for S3S Security Start Segment			
			25	S3S Security Start Segment Missing for S3E Security End Segment			
			26	S4E Security End Segment Missing for S4S Security Start Segment			
			27	S4S Security Start Segment Missing for S4E Security End Segment			
SITUATIONAL	AK503	718		Set Syntax Error Code O ID 1/3 error found based on the syntax editing of a transaction set			
			Use the same	codes indicated in AK502.			

SITUATIONAL	AK504	Code indic	Transaction Set Syntax Error Code O ID 1/3 Code indicating error found based on the syntax editing of a transaction set
			Use the same codes indicated in AK502.
SITUATIONAL	AK505	05 718	Transaction Set Syntax Error Code O ID 1/3 Code indicating error found based on the syntax editing of a transaction set
			Use the same codes indicated in AK502.
SITUATIONAL	AK506	5 718	Transaction Set Syntax Error Code O ID 1/3 Code indicating error found based on the syntax editing of a transaction set
			Use the same codes indicated in AK502.

B.26 MAY 2000

# **FUNCTIONAL GROUP RESPONSE TRAILER**

Usage: REQUIRED

Repeat: 1

Example: AK9\*A\*1\*1\*1~

#### **STANDARD**

**AK9** Functional Group Response Trailer

Level: Header

Position: 070

Loop:

Requirement: Mandatory

Max Use: 1

Purpose: To acknowledge acceptance or rejection of a functional group and report the

number of included transaction sets from the original trailer, the accepted sets,

and the received sets in this functional group

## DIAGRAM







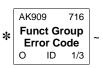












# **ELEMENT SUMMARY**

REF. DATA
USAGE DES. ELEMENT NAME ATTRIBUTES

REQUIRED AK901 715

**Functional Group Acknowledge Code** 

M ID 1/1 syntax editing of the

Code indicating accept or reject condition based on the syntax editing of the functional group

**COMMENT:** If AK901 contains the value "A" or "E", then the transmitted functional group is accepted.

	CODE	DEFINITION
Α		Accepted ADVISED
E		Accepted, But Errors Were Noted.
M		Rejected, Message Authentication Code (MAC) Failed

			Р	Partially Accepted, At Least One Tr Was Rejected ADVISED	ansa	action S	et
			R	Rejected ADVISED			
			W	Rejected, Assurance Failed Validity Tests			
			X	X Rejected, Content After Decryption Could Not Be Analyzed			3e
REQUIRED	AK902	97	Total number of	ansaction Sets Included transaction sets included in the functional group terminated by the trailer containing this			<b>1/6</b> ange
			This is the val	ue in the original GE01.			
REQUIRED	AK903	123		ceived Transaction Sets action Sets received	M	N0	1/6
REQUIRED	AK904	2		cepted Transaction Sets oted Transaction Sets in a Functional Group	M	N0	1/6
SITUATIONAL	AK905	716		oup Syntax Error Code error found based on the syntax editing of th ailer	<b>O</b> le fun	<b>ID</b> ctional gr	<b>1/3</b> roup

This code is required if an error exists.

CODE	DEFINITION
1	Functional Group Not Supported
2	Functional Group Version Not Supported
3	Functional Group Trailer Missing
4	Group Control Number in the Functional Group Header and Trailer Do Not Agree
5	Number of Included Transaction Sets Does Not Match Actual Count
6	Group Control Number Violates Syntax
10	Authentication Key Name Unknown
11	Encryption Key Name Unknown
12	Requested Service (Authentication or Encryption) Not Available
13	Unknown Security Recipient
14	Unknown Security Originator
15	Syntax Error in Decrypted Text
16	Security Not Supported
17	Incorrect Message Length (Encryption Only)
18	Message Authentication Code Failed

B.28 MAY 2000

			23	S3E Security End Segment Missing for S3S Security Start Segment				
			24	S3S Security Start Segment Missing for S3E End Segment				
			25	S4E Security End Segment Missing for S4S Security Start Segment				
			26	S4S Security Start Segment Missing for S4E Security End Segment				
SITUATIONAL	AK906	716	Functional Group Syntax Error Code  Code indicating error found based on the syntax editing of the functional header and/or trailer					
			Use the same codes indicated in AK905.					
SITUATIONAL	AK907	716	error found based on the syntax editing of the functional group ailer					
			Use the same	codes indicated in AK905.				
SITUATIONAL	AK908	716		roup Syntax Error Code O ID 1/3 error found based on the syntax editing of the functional group ailer				
			Use the same	codes indicated in AK905.				
SITUATIONAL	AK909	(909 716		roup Syntax Error Code O ID 1/3 error found based on the syntax editing of the functional group ailer				
			Use the same codes indicated in AK905.					

# TRANSACTION SET TRAILER

Usage: REQUIRED

Repeat: 1

Example: SE\*27\*1234~

#### **STANDARD**

**SE** Transaction Set Trailer

Level: Header

Position: 080

Loop: \_\_\_\_

Requirement: Mandatory

Max Use: 1

Purpose: To indicate the end of the transaction set and provide the count of the

transmitted segments (including the beginning (ST) and ending (SE) segments)

#### **DIAGRAM**





## **ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	SE01	96	Number of Included Segments	М	N0	1/10
			Total number of segments included in a transaction set in a transaction	ding	ST and	SE
REQUIRED	SE02	329	Transaction Set Control Number Identifying control number that must be unique within the transfunctional group assigned by the originator for a transaction set.		AN tion set	4/9
			The Transaction Set Control Numbers in ST02 and	SE	02 mus	t be

identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). The number also aids in error resolution research. For example, start with the number 0001 and increment from there.

B.30

# C | External Code Sources

# 5 Countries, Currencies and Funds

#### SIMPLE DATA ELEMENT/CODE REFERENCES

235/CH, 26, 100

#### SOURCE

Codes for Representation of Names of Countries, ISO 3166-(Latest Release) Codes for Representation of Currencies and Funds, ISO 4217-(Latest Release)

## **AVAILABLE FROM**

American National Standards Institute 11 West 42nd Street, 13th Floor New York, NY 10036

#### **ABSTRACT**

This international standard provides a two-letter alphabetic code for representing the names of countries, dependencies, and other areas of special geopolitical interest for purposes of international exchange and general directions for the maintenance of the code. The standard is intended for use in any application requiring expression of entitles in coded form. Most currencies are those of the geopolitical entities that are listed in ISO 3166, Codes for the Representation of Names of Countries. The code may be a three-character alphabetic or three-digit numeric. The two leftmost characters of the alphabetic code identify the currency authority to which the code is assigned (using the two character alphabetic code from ISO 3166, if applicable). The rightmost character is a mnemonic derived from the name of the major currency unit or fund. For currencies not associated with a single geographic entity, a specially-allocated two-character alphabetic code, in the range XA to XZ identifies the currency authority. The rightmost character is derived from the name of the geographic area concerned, and is mnemonic to the extent possible. The numeric codes are identical to those assigned to the geographic entities listed in ISO 3166. The range 950-998 is reserved for identification of funds and currencies not associated with a single entity listed in ISO 3166.

# 22 States and Outlying Areas of the U.S.

# SIMPLE DATA ELEMENT/CODE REFERENCES

66/SJ, 771/009, 235/A5, 156

### **SOURCE**

National Zip Code and Post Office Directory

#### **AVAILABLE FROM**

U.S. Postal Service National Information Data Center P.O. Box 2977 Washington, DC 20013

#### **ABSTRACT**

Provides names, abbreviations, and codes for the 50 states, the District of Columbia, and the outlying areas of the U.S. The entities listed are considered to be the first order divisions of the U.S.

Microfiche available from NTIS (same as address above).

The Canadian Post Office lists the following as "official" codes for Canadian Provinces:

AB - Alberta

BC - British Columbia

MB - Manitoba

NB - New Brunswick

NF - Newfoundland

NS - Nova Scotia

NT - North West Territories

ON - Ontario

PE - Prince Edward Island

PQ - Quebec

SK - Saskatchewan

YT - Yukon

# 51 | ZIP Code

#### SIMPLE DATA ELEMENT/CODE REFERENCES

66/16, 309/PQ, 309/PR, 309/PS, 771/010, 116

#### SOURCE

National ZIP Code and Post Office Directory, Publication 65

The USPS Domestic Mail Manual

#### **AVAILABLE FROM**

U.S Postal Service Washington, DC 20260

New Orders Superintendent of Documents P.O. Box 371954 Pittsburgh, PA 15250-7954

#### **ABSTRACT**

The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two rightmost digits identify a local delivery area. In the nine-digit ZIP Code, the four digits that follow the hyphen further subdivide the delivery area. The two leftmost digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes.

The USPS Domestics Mail Manual includes information on the use of the new 11-digit zip code.

C.2 MAY 2000

# 77 X12 Directories

#### SIMPLE DATA ELEMENT/CODE REFERENCES

721, 725

#### **SOURCE**

X12.3 Data Element Dictionary X12.22 Segment Directory

#### **AVAILABLE FROM**

Data Interchange Standards Association, Inc. (DISA) Suite 200 1800 Diagonal Road Alexandria, VA 22314-2852

#### **ABSTRACT**

The data element dictionary contains the format and descriptions of data elements used to construct X12 segments. It also contains code lists associated with these data elements. The segment directory contains the format and definitions of the data segments used to construct X12 transaction sets.

# 121 Health Industry Identification Number

#### SIMPLE DATA ELEMENT/CODE REFERENCES

128/HI, 66/21, I05/20, 1270/HI

#### SOURCE

Health Industry Number Database

#### AVAILABLE FROM

Health Industry Business Communications Council 5110 North 40th Street Phoenix, AZ 85018

#### **ABSTRACT**

The HIN is a coding system, developed and administered by the Health Industry Business Communications Council, that assigns a unique code number to hospitals and other provider organizations - the customers of health industry manufacturers and distributors.

# 130 Health Care Financing Administration Common Procedural Coding System

# SIMPLE DATA ELEMENT/CODE REFERENCES

235/HC, 1270/BO, 1270/BP

#### SOURCE

Health Care Finance Administration Common Procedural Coding System

# **AVAILABLE FROM**

www.hcfa.gov/medicare/hcpcs.htm Health Care Financing Administration Center for Health Plans and Providers CCPP/DCPC C5-08-27

7500 Security Boulevard Baltimore, MD 21244-1850

#### **ABSTRACT**

HCPCS is Health Care Finance Administration's (HFCA) coding scheme to group procedures performed for payment to providers.

# 131 International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

#### SIMPLE DATA ELEMENT/CODE REFERENCES

235/ID, 235/DX, 1270/BF, 1270/BJ, 1270/BK, 1270/BN, 1270/BQ, 1270/BR, 1270/SD, 1270/TD, 1270/DD, 128/ICD

#### **SOURCE**

International Classification of Diseases, 9th Revision, Clincal Modification (ICD-9-CM)

#### **AVAILABLE FROM**

U.S. National Center for Health Statistics Commission of Professional and Hospital Activities 1968 Green Road Ann Arbor, MI 48105

#### **ABSTRACT**

The International Classification of Diseases, 9th Revision, Clinical Modification, describes the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations.

# 132 National Uniform Billing Committee (NUBC) Codes

### SIMPLE DATA ELEMENT/CODE REFERENCES

235/RB, 235/NU, 1270/BE, 1270/BG, 1270/BH, 1270/BI

#### SOURCE

National Uniform Billing Data Element Specifications

#### **AVAILABLE FROM**

National Uniform Billing Committee American Hospital Association 840 Lake Shore Drive Chicago, IL 60697

#### **ABSTRACT**

Revenue codes are a classification of hospital charges in a standard grouping that is controlled by the National Uniform Billing Committee. Place of service codes specify the type of location where a service is provided.

C.4 MAY 2000

# 139 Claim Adjustment Reason Code

#### SIMPLE DATA ELEMENT/CODE REFERENCES

1034

#### **SOURCE**

National Health Care Claim Payment/Advice Committee Bulletins

#### **AVAILABLE FROM**

www.wpc-edi.com

Washington Publishing Company

**PMB 161** 

5284 Randolph Road

Rockville, MD 20852-2116

#### **ABSTRACT**

Bulletins describe standard codes and messages that detail the reason why an adjustment was made to a health care claim payment by the payer.

# 229 Diagnosis Related Group Number (DRG)

#### SIMPLE DATA ELEMENT/CODE REFERENCES

1270/DR, 1354

#### SOURCE

Federal Register and Health Insurance Manual 15 (HIM 15)

#### **AVAILABLE FROM**

Superintendant of Documents U.S. Government Printing Office Washington, DC 20402

### **ABSTRACT**

A patient classification scheme that clusters patients into categories on the basis of patient's illness, diseases, and medical problems.

# 230 Admission Source Code

## SIMPLE DATA ELEMENT/CODE REFERENCES

1314

#### **SOURCE**

National Uniform Billing Data Element Specifications

# **AVAILABLE FROM**

National Uniform Billing Committee American Hospital Association 840 Lake Shore Drive Chicago, IL 60697

## **ABSTRACT**

A variety of codes explaining who recommended admission to a medical facility.

# 231 Admission Type Code

#### SIMPLE DATA ELEMENT/CODE REFERENCES

1315

#### **SOURCE**

National Uniform Billing Data Element Specifications

#### **AVAILABLE FROM**

National Uniform Billing Committee American Hospital Association 840 Lake Shore Drive Chicago, IL 60697

#### **ABSTRACT**

A variety of codes explaining the priority of the admission to a medical facility.

# 235 | Claim Frequency Type Code

#### SIMPLE DATA ELEMENT/CODE REFERENCES

1325

#### SOURCE

National Uniform Billing Data Element Specifications Type of Bill Position 3

#### **AVAILABLE FROM**

National Uniform Billing Committee American Hospitial Association 840 Lake Shore Drive Chicago, IL 60697

#### **ABSTRACT**

A variety of codes explaining the frequency of the bill submission.

# 236 Uniform Billing Claim Form Bill Type

## SIMPLE DATA ELEMENT/CODE REFERENCES

1332/A

# SOURCE

National Uniform Billing Data Element Specifications Type of Bill Positions 1 and 2

#### **AVAILABLE FROM**

National Uniform Billing Committee American Hospital Association 840 Lake Shore Drive Chicago, IL 60697

## **ABSTRACT**

A variety of codes describing the type of medical facility.

C.6

#### 237 Place of Service from Health Care Financing **Administration Claim Form**

## SIMPLE DATA ELEMENT/CODE REFERENCES

1332/B

#### **SOURCE**

Electronic Media Claims National Standard Format

#### **AVAILABLE FROM**

www.hcfa.gov/medicare/poscode.htm Health Care Financing Administration Center for Health Plans and Providers 7500 Security Blvd. Baltimore, MD 21244-1850

Contact: Patricia Gill

#### **ABSTRACT**

A variety of codes indicating place where service was rendered.

#### 239 **Patient Status Code**

#### SIMPLE DATA ELEMENT/CODE REFERENCES

1352

#### SOURCE

National Uniform Billing Data Element Specifications

#### **AVAILABLE FROM**

National Uniform Billing Committee American Hospital Association 840 Lake Shore Drive Chicago, IL 60697

## **ABSTRACT**

A variety of codes indicating patient status as of the statement covers through

#### **National Drug Code by Format** 240

### SIMPLE DATA ELEMENT/CODE REFERENCES

235/N1, 235/N2, 235/N3, 235/N4, 1270/NDC, 235/N5, 235/N6

#### SOURCE

Drug Establishment Registration and Listing Instruction Booklet

#### **AVAILABLE FROM**

Federal Drug Listing Branch HFN-315 5600 Fishers Lane Rockville, MD 20857

#### **ABSTRACT**

Publication includes manufacturing and labeling information as well as drug packaging sizes.

**MAY 2000** 

# 245 National Association of Insurance Commissioners (NAIC) Code

#### SIMPLE DATA ELEMENT/CODE REFERENCES

128/NF

#### SOURCE

National Association of Insurance Commissioners Company Code List Manual

#### **AVAILABLE FROM**

National Association of Insurance Commission Publications Department 12th Street, Suite 1100 Kansas City, MO 64105-1925

#### **ABSTRACT**

Codes that uniquely identify each insurance company.

# 359 | Treatment Codes

#### SIMPLE DATA ELEMENT/CODE REFERENCES

235/TD, 1270/TC

#### SOURCE

Health Care Financing Administration Treatment Codes

#### **AVAILABLE FROM**

Health Care Financing Administration Office of Financial Management Program Integrity Group C3-02-16 7500 Security Blvd.

Baltimore, MD 21244-1850

#### **ABSTRACT**

Codes used to describe the treatments provided in a home health setting.

# Home Infusion EDI Coalition (HIEC) Product/Service Code List

# SIMPLE DATA ELEMENT/CODE REFERENCES

235/IV

#### **SOURCE**

Home Infusion EDI Coalition (HIEC) Coding System

#### AVAILABLE FROM

Home Infusion EDI Coalition — affiliated with National Home Infusion Association 205 Daingerfield Road

Alexandria, Virginia 22314 Telephone: 703-549-3740 FAX: 703-683-1484

# **ABSTRACT**

This list contains codes identifying home infusion therapy products/services.

C.8 MAY 2000

# 540 Health Care Financing Administration National PlanID

#### SIMPLE DATA ELEMENT/CODE REFERENCES

66/XV

## SOURCE

PlanID Database

## **AVAILABLE FROM**

Health Care Financing Administration Center for Beneficiary Services Administration Group Division of Membership Operations S1-05-06 7500 Security Boulevard Baltimore, MD 21244-1850

#### **ABSTRACT**

The Health care Financing Administration is developing the PlanID, which will be proposed as the standard unique identifier for each health plan under the Health Insurance Portability and Accountability Act of 1996.

C.10 MAY 2000

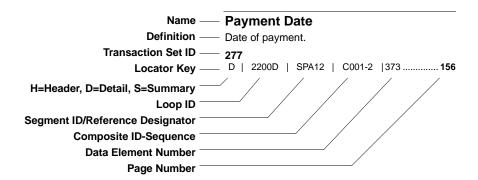
# **D** Change Summary

This is the first ASC X12N implementation guide for the 837. In future guides, this section will contain a summary of all changes since the previous guide.

D.2 MAY 2000

## E Data Element Name Index

This appendix contains an alphabetic listing of data elements used in this implementation guide. Consult the Data Element Dictionary for the complete list. Data element names in normal type are generic ASC X12 names. Italic type indicates a health care industry defined name.



#### **Activities Permitted Code**

Code describing the activities permitted by the physician or for which physician's orders are present.

222	1321.	-	CRC03	2300	DΙ
223	1321.	-	CRC04	2300	D
223	1321.	-	CRC05	2300	DΙ
223	1321.	-	CRC06	2300	DΪ
223	11321.	-	I CRC07 I	2300	Dί

## Adjudication or Payment Date

Date of payment or denial determination by previous payer.

D	2330B	DTP03	-	1251	415

## Adjusted Repriced Claim Reference Number

### Adjustment Amount

Adjustment amount for the associated reason code.

DΙ	2320	CAS03	-	782 <b>367</b>
DΙ	2320	CAS06	-	782368
DΙ	2320	CAS09	-	782368
DΙ	2320	CAS12	-	782369
DΙ	2320	CAS15	-	782 <b>370</b>
DΙ	2320	CAS18	-	782 <b>370</b>
DΙ	2430	CAS03	-	782 <b>496</b>
DΙ	2430	CAS06	-	782 <b>497</b>
DΙ	2430	CAS09	-	782 <b>498</b>
DΙ	2430	CAS12	-	782 <b>499</b>
DΪ	2430	CAS15	-	782500
DΙ	2430	CAS18	-	782 <b>501</b>

### Adjustment Quantity

Numeric quantity associated with the related reason code for coordination of benefits.

DΙ	2320	CAS04	-	380	367
DΙ	2320	CAS07	-	380	368
DΪ	2320	CAS10	j -	380	369
DΪ	2320	CAS13	j -	380	369
DΪ	2320	CAS16	j -	380	370
DΪ	2320	CAS19	j -	380	370
D	2430	SVD05	-	380	493
DΪ	2430	CAS04	-	380	496
D	2430	CAS07	-	380	497
D	2430	CAS10	-	380	498
D	2430	CAS13	-	380	499
DΪ	2430	CAS16	-	380	500
D	2430	CAS19	-	380	501

### Adjustment Reason Code

Code that indicates the reason for the adjustment.

D	2320	CAS02	-	1034 367
D	2320	CAS05	-	1034 368
D	2320	CAS08	-	1034 368
D	2320	CAS11	-	1034 369
D	2320	CAS14	-	1034 369
DΪ	2320	CAS17	-	1034 370
D	2430	CAS02	-	1034 496
DΙ	2430	CAS05	-	1034 496
DΪ	2430	CAS08	-	1034 <b>497</b>
D	2430	CAS11	-	1034 498
DΪ	2430	CAS14	-	1034 <b>499</b>
Dİ	2430	CAS17	-	1034 500

### Admission Date and Hour

The date and time of the admission to the facility.

	,				
D	2300	DTP03	- 1	1251	170

#### **Admission Source Code**

## Admission Type Code

#### Allowed Amount

The maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.

D | 2320 | AMT02 | - | 782 ...... **372** 

#### **Amount Qualifier Code**

Code to qualify amount.

DΙ	2300	AMT01	-	522.	178
DΙ	2300	AMT01	-	522.	180
DΙ	2300	AMT01	-	522.	182
DΙ	2300	AMT01	-	522.	184
DΙ	2320	AMT01	-	522.	371
D	2320	AMT01	-	522.	372
DΙ	2320	AMT01	-	522.	373
DΙ	2320	AMT01	-	522.	374
DΙ	2320	AMT01	-	522.	376
DΙ	2320	AMT01	-	522.	378
DΙ	2320	AMT01	-	522.	380
DΙ	2320	AMT01	-	522.	382
D	2320	AMT01	-	522.	384
DΙ	2320	AMT01	-	522.	386
D	2320	AMT01	-	522.	387
D	2400	AMT01	-	522.	460
D	2400	AMT01	-	522.	461

#### Assessment Date

Date on which patient assessment or other required assessment was performed.

### **Assigned Number**

Number assigned for differentiation within a transaction set.

#### **Attachment Control Number**

Identification number of attachment related to the claim.

D	2300	PWK06	-	67	175
D	2400	PWK06	-	67	454

## **Attachment Description**

Free-form text describing attachments related to the claim.

D | 2300 | PWK07 | - |352......175

#### Attachment Report Type Code

Code to specify the type of attachment that is related to the claim.

D	2300	PWK01	-	755 <b>174</b>
DΙ	2400	PWK01	- 1	755 <b>453</b>

#### Attachment Transmission Code

Code defining timing, transmission method or format by which an attachment report is to be sent or has been sent.

DΙ	2300	PWK02	-	756 <b>174</b>
DΙ	2400	PWK02	-	756 <b>454</b>

## Attending Physician First Name

First name of the physician responsible for care of the patient.

D	2310A	NM104	-	1036 3	322
DΙ	2420A	I NM104 I	-	11036 4	163

### Attending Physician Last Name

Last name of the physician responsible for care of the patient.

D	2310A	Ī	NM103		-	1035	322
D	2420A	Τ	NM103		-	1035	463

## Attending Physician Middle Name

Middle name of the physician responsible for care of the patient.

D	2310A	NM105	-	1037	322
D	2420A	NM105	-	1037	463

## Attending Physician Name Suffix

Suffix to the name of the physician responsible for the care of the patient.

D	2310A	NM107	-	1039 <b>323</b>
D	2420A	NM107	-	1039 <b>463</b>

## Attending Physician Primary Identifier

Primary identification number of the physician responsible for care of the patient.

D	2310A	NM109	-	67	323
DΪ	2420A	NM109	-	67	464

### Attending Physician Secondary Identifier

Secondary identification number of the physician responsible for the care of the patient.

D   2310A	REF02	-	127 <b>327</b>
D   2420A	REF02	-	127 <b>468</b>

## Auto Accident State or Province Code

## Benefits Assignment Certification Indicator

A code showing whether the provider has a signed form authorizing the third party payer to pay the provider.

ו ח	2300	CLM08	_	1073 1	160
0	2300	CLIVIOO	_	1075	. 00

**E.2** MAY 2000

D   2320   Ol03   -  1073 <b>390</b>	Billing Provider State or Province Code
Billing Note Text  Free-form text providing additional information about the bill or claim being submitted.  D   2300   NTE02   -  352	State or province for provider or billing entity billing for services.  D   2010AA   N402   -  156
	Bundled or Unbundled Line
Billing Provider Additional Identifier Identifies another or additional distinguishing code number associated with the billing provider.  D   2010AA   REF02   -  12784	Number  Identification of line item bundled or unbundled by non-destination (COB) payer in payment of benefits.  D   2430   SVD06   -  554493
Billing Provider Address Line	Certification Condition Indicator
Address line of the billing provider or billing entity address.  D   2010AA   N301   -  16679  D   2010AA   N302   -  16679	Code indicating whether or not the condition codes apply to the patient or another entity.  D   2300   CRC02   -  1073
Billing Provider City Name	Certification Type Code
City of the billing provider or billing entity D   2010AA   N401   -  1980	Code indicating the type of certification D   2300   CR608   -  1322213
Billing Provider Contact Name	Claim Adjustment Group Code
Person at billing organization to contact regarding the billing transaction.  D   2010AA   PER02   -  9388	Code identifying the general category of payment adjustment.  D   2320   CAS01   -  1033
Billing Provider Credit Card	
Identifier  Identification number for credit card processing for the billing provider or billing entity  D   2010AA   REF02   -  12786	Claim DRG Amount  Total of Prospective Payment System operating and capital amounts for this claim.  D   2320   MIA04   -  782
Billing Provider Identifier  Identification number for the provider or organization in whose name the bill is submitted and to whom payment should be made.  D   2010AA   NM109   -  67	Claim DRG Outlier Amount  Total Prospective Payment System Outlier and Capital Outlier amounts for this claim.  D   2320   AMT02   -  782
Billing Provider Last or	Claim Days Count
Organizational Name  Last name or organization name of the provider billing or billing entity for services.  D   2010AA   NM103   -  1035	The number of categorized days associated with the claim, such as lifetime reserve days, covered days.  D   2300   QTY02   -  380
	Claim Disproportionate Share
Billing Provider Postal Zone or ZIP Code  Postal zone code or ZIP code for the provider or billing entity billing for services.	Amount Sum of operating capital disproportionate share amounts for this claim.  D   2320   MIA06   -  782393
D   2010AA   N403   -  116 <b>81</b>	Claim ESRD Payment Amount
	Claim ESRD Payment Amount  End Stage Renal Disease (ESRD) payment amount for the claim.  D   2320   MOA08   -  782399

Code indicating whether the transaction is a calim or expected adjudication process.      2000B   SBR09   -   1032   104       2320   SBR09   -   1032   363	Claim Filing Indicator Code	Cla	nim or l	Encoun	ter Iden	ntifier	
D   2000   SBR09   -   1032	_						
Claim Frequency Code	•			_			
Code Specifying the frequency Code   Specifies the situation or category to which the code applies.   D   2300   CLMo5   C023-3   1325		H		BHT06	-	640 59	
Claim Frequency Code         Specifies the estuation or category to which the code applies. Is the third position of the Uniform Billing Claim Form Bill Type.         Specifies the estuation or category to which the code applies. Is the third position of the Uniform Billing Claim Form Bill Type.         Claim HCPCS Payable Amount         Code List Qualifier Code         Code Code identifying a specific industry code list. Is 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. Is 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In	D   2320   SBR09   -  1032						
Claim Frequency Code         Specifies the estuation or category to which the code applies. Is the third position of the Uniform Billing Claim Form Bill Type.         Specifies the estuation or category to which the code applies. Is the third position of the Uniform Billing Claim Form Bill Type.         Claim HCPCS Payable Amount         Code List Qualifier Code         Code Code identifying a specific industry code list. Is 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. Is 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In 2300   MIO1   Co22+1   1270   22   Code identifying a specific industry code list. In		Co	de Cate	egory			
Code specifying the frequency of the claim. This is the third possition of the Uniform Billing Claim Form Bill Type.   1330   CLM05   C023-3   1325   159	Claim Frequency Code			•	or catego	rv to which the	
Code List Qualifier Code	Code specifying the frequency of the claim. This					,	
Claim HCPCS Payable Amount   Sum of payable line item amounts for HCPCs codes billed on this claim.   D   2300   HI01   C022-1   1270   22   22   220   MOA02   -   782   398   D   2300   HI01   C022-1   1270   23   D   2300   HI02   C022-1   1270   23   D   2300   HI03   C022-1   1270   23   D   2300   HI03   C022-1   1270   23   D   2300   HI03   C022-1   1270   23   D   2300   HI05   C022-1   1270   24   D   2300   HI05   C022-1   1270   25   D   2300   HI05   C022-1   1270   2	,	DΙ	2300	CRC01	-	1136 <b>218</b>	
Code List Qualifier Code	**						
Code identifying a specific industry code list.	D   2300   CLIVIOS   C023-3   1325 139	Co	de l ist	Qualifi	er Code	<u> </u>	
D   2300   HI01   C022-1   1/270   22   22   22   22   22   22   22							
Claim Indirect Teaching Amount	Claim HCPCS Payable Amount			•		•	
D   2320   MOA02   -   782   398   D   2300   HI01   C022-1   1270   23   23   23   23   23   23   23   2						1270 <b>228</b>	
D   2300   HI01   C022-1   1270   23   23   23   23   23   23   23   2		_ :		•		•	
D   2300   HI02   C022-1   1270   23   23   23   23   23   23   23   2	D   2320   MOA02   -   782398			•		•	
Day		_ :		•		1270 233	
Total of operating and capital indirect teaching amounts for this claim.	Claim Indirect Teaching Amount			•	•	1270 <b>234</b>	
amounts for this claim.  D   2320   MIA18   -   782	_			•	•	1270 <b>235</b>	
D   2320   MIA18   -   782				•	•	•	
Claim MSP Pass-through	D   2320   MIA18   -  782 <b>395</b>			•	•	1270 <b>237</b>	
Claim MSP Pass-through		_ :		•	•	1270 <b>237</b>	
Amount	Claim MCD Daga through			•		1270 <b>238</b>	
D   2300   HI12   C022-1   1270   24	_			•		•	
Interim cost pass-though amount used to determine Medicare Secondary Payer liability. D   2300   Hi01   C022-1   1270   24   24   25   25   25   25   25   25					•	1270 <b>240</b>	
D   2320   MIA07   -   782       394   D   2300   HI02   C022-1   1270     24   D   2300   HI03   C022-1   1270     24   D   2300   HI05   C022-1   1270     24   D   2300   HI05   C022-1   1270     24   D   2300   HI06   C022-1   1270     24   D   2300   HI06   C022-1   1270     25   D   2300   HI06   C022-1   1270     25   D   2300   HI08   C022-1   1270     25   D   2300   HI08   C022-1   1270     25   D   2300   HI08   C022-1   1270     25   D   2300   HI11   C022-1   1270     25   D   2300   HI05   C022-1   1270     25   D   2300   HI05   C022-1   1270     25   D   2300   HI05   C022-1   1270     25   D   2300   HI06   C022-1   1270     25   D   2300   HI05   C022-1   1270     25   D   2300   HI05   C022-1   1270     26   D   2300   HI06   C022-1   1270     26   D   2300   HI06   C022-1   1270     26   D   2300   HI05   C022-1   1270     26   D   2300   HI06   C022-1   1270     26   D   2300   HI07   C022-1   1270     27   D   2300   HI07		Dj	2300	HI01	C022-1	1270 242	
D   2300   HI03   C022-1   1270   24						1270 <b>244</b>	
D   2300   HI04   C022-1   1270   24	D   2320   MIA07   -   782 394	- :					
Narrative text providing additional information related to the claim.				•	•	1270 247	
Narrative text providing additional information related to the claim.   D   2300   Hi08   C022-1   1270	Claim Note Text	Dj	2300	HI05	C022-1	1270 <b>248</b>	
related to the claim.  D   2300   HI08   C022-1   1270   .25  D   2300   HI09   C022-1   1270   .25  Claim Original Reference  Number  Number  Number   D   2300   HI10   C022-1   1270   .25  Number   D   2300   HI11   C022-1   1270   .25  Number   D   2300   HI11   C022-1   1270   .25  Number   D   2300   HI11   C022-1   1270   .25  Number assigned by a processor to identify a claim.  D   2300   HI01   C022-1   1270   .25  Number assigned by a processor to identify a claim.  D   2300   HI02   C022-1   1270   .25  Number assigned by a processor to identify a claim.  D   2300   HI03   C022-1   1270   .25  D   2300   HI04   C022-1   1270   .25  D   2300   HI06   C022-1   1270   .26  Claim PPS Capital Amount  Total Prospective Payment System (PPS)   D   2300   HI06   C022-1   1270   .26  Capital amount payable for this claim as output by PPS PRICER.  D   2300   HI09   C022-1   1270   .26  Claim PPS Capital Outlier  Amount  Claim PPS Capital Outlier  Amount  Claim PPS Capital Outlier  Amount  Claim Total Denied Charge  Amount  Total Prospective Payment System capital day or cost outlier payable for this claim, excluding operating outlier amount.  D   2300   HI05   C022-1   1270   .27  D   2320   MIA17   -   782   .395  Claim Total Denied Charge  Amount  Total amount of charges that were denied for this claim.	Narrative text providing additional information			•	•	1270 249	
D   2300   NTE02   -   352   207   D   2300   HI09   C022-1   1270   25   25   2300   HI01   C022-1   1270   25   25   2300   HI02   C022-1   1270   25   25   2300   HI02   C022-1   1270   25   25   2300   HI03   C022-1   1270   25   25   2300   HI05   C022-1   1270   26   2300   HI06   C022-1   1270   26   2300   HI07   C022-1   1270   26   2300   HI08   C022-1   1270   26   2300   HI01   C022-1   1270   26   2300   HI02   C022-1   1270   26   2300   HI03   C022-1   1270   26   2300   HI02   C022-1   1270   26   2300   HI02   C022-1   1270   26   2300   HI03   C022-1   1270   26   2300   HI03   C022-1   1270   26   2300   HI05   C022-1   1270   27   27   27   27   27   27   27				•	•	•	
D   2300   HI10   C022-1   1270   25   Number   D   2300   HI11   C022-1   1270   25   Number   D   2300   HI11   C022-1   1270   25   Number assigned by a processor to identify a claim.	D   2300   NTE02   -  352 <b>207</b>			•		1270 <b>251</b>	
D   2300   HI12   C022-1   1270   25				HI10	C022-1	1270 <b>252</b>	
Number   Number   Number   Number   Number assigned by a processor to identify a claim.   D   2300   HI01   C022-1   1270   25   25   2300   HI02   C022-1   1270   25   25   2300   HI03   C022-1   1270   25   25   2300   HI04   C022-1   1270   25   25   2300   HI05   C022-1   1270   26   2300   HI06   C022-1   1270   26   2300   HI06   C022-1   1270   26   2300   HI07   C022-1   1270   26   2300   HI08   C022-1   1270   26   2300   HI09   C022-1   1270   27   27   27   27   27   27   27	Claim Original Poteronce				•	1270 <b>253</b>	
Number assigned by a processor to identify a claim.  D   2300   HI02   C022-1   1270						•	
Claim   PPS Capital Amount   D   2300   HI04   C022-1   1270   26					•	1270 <b>257</b>	
D   2300   REF02   -   127					•	1270 <b>258</b>	
D   2300   HI06   C022-1   1270   26		- :				1270 <b>259</b>	
D   2300   HI07   C022-1   1270   26	1 1 1 1 1	_ :		•		•	
D   2300   HI09   C022-1   1270   26   2300   HI09   C022-1   1270   26   2300   HI10   C022-1   1270   26   2300   HI11   C022-1   1270   26   2300   HI11   C022-1   1270   26   2300   HI12   C022-1   1270   26   2300   HI12   C022-1   1270   26   2300   HI01   C022-1   1270   26   2300   HI02   C022-1   1270   26   2300   HI03   C022-1   1270   26   2300   HI03   C022-1   1270   27   27   27   27   27   27   27							
D   2300   HI10   C022-1   I270   26   Claim PPS Capital Outlier   D   2300   HI11   C022-1   I270   26   D   2320   MIA08   -   782   394   D   2300   HI01   C022-1   I270   26   D   2300   HI01   C022-1   I270   26   D   2300   HI02   C022-1   I270   26   D   2300   HI03   C022-1   I270   26   D   2300   HI03   C022-1   I270   26   D   2300   HI03   C022-1   I270   26   D   2300   HI04   C022-1   I270   27   D   2300   HI05   C022-1   I270   27   D   2300   HI06   C022-1   I270   27   D   2300   HI08   C022-1   I270   27   D   2300   HI09   C022-1   I270   27   D   2300   HI10   C022-1   I270   27   D   2300   HI11   C022-1   I270   27   D   2300   HI11   C022-1   I270   27   D   2300   HI11   C022-1   I270   27   D   2300   HI09   C022-1   I270   28   D   2300   HI09   C022-1   I270   C022-1   I270   C022-1   I270   C022		_ :			:	1270 262	
D   2300   HI11   C022-1   I270   26		_ :			:		
D   2320   MIA08   -   782   394   D   2300   HI12   C022-1   1270   26   D   2300   HI02   C022-1   1270   26   D   2300   HI03   C022-1   1270   26   D   2300   HI04   C022-1   1270   27   D   2300   HI05   C022-1   1270   27   D   2300   HI06   C022-1   1270   27   D   2300   HI07   C022-1   1270   27   D   2300   HI08   C022-1   1270   27   D   2300   HI09   C022-1   1270   27   D   2300   HI10   C022-1   1270   27   D   2300   HI11   C022-1   1270   27   D   2300   HI09   C022-1   1270   28   D   2300   HI09   C0	· ' · · · · · · · · · · · · · · · · ·	_ :			:	1270 <b>264</b>	
D   2300   HI02   C022-1   1270   26	•	_ :	2300	HI12	•	1270 <b>265</b>	
D   2300   HI03   C022-1   1270	2   2020   Wil/100   -  /02	_ :			:	1270 <b>267</b>	
D   2300   HI04   C022-1   1270		- :			:	•	
D   2300   HI05   C022-1   1270	Claim PPS Capital Outlier	_ :		:	:	1270 <b>209</b>	
Total Prospective Payment System capital day or cost outlier payable for this claim, excluding operating outlier amount.		_ :			:	1270 <b>271</b>	
or cost outlier payable for this claim, excluding operating outlier amount.  D   2300   Hi08   C022-1   1270		_ :			•	1270 272	
D   2300   Hillo   C022-1   1270					•	•	
D   2320   MIA17   -   782	operating outlier amount.	_ :			:	1270 <b>274</b>	
D   2300   HI12   C022-1   1270	D   2320   MIA17   -  782 <b>395</b>	_ :			:	1270 276	
Claim Total Denied Charge       D       2300       HI01       C022-1       1270					:	1270 277	
Amount    D   2300   HI02   C022-1   1270	Claim Total Denied Charge	_ :			:		
Total amount of charges that were denied for this claim.  D   2300   HI03   C022-1   1270	_	_ :			:	1270 <b>280</b>	
this claim. D   2300   HI05   C022-1   1270		_ :				1270 282	
D   0000   AMT00   1700	<del>-</del>	- :			:	1270 <b>283</b>	
					:		
		'	2000				

E.4 MAY 2000

D   2300   HI08   C022-1   1270	D   D   D   D   D   D   D   D   D   D	2300 2300 2300 2300 2300 2300 2300 2300	HI07	C022-1 C022-1 C022-1 C022-1 C022-1 C022-1 C022-1 C022-1 C022-1 C022-1 C022-1	1270
· · · · · · · · · · · · · · · · · · ·	D   D   D   D   D	2300 2300 2300 2300 2300 2300 2300	HI05     HI06     HI07     HI08     HI09	C022-1 C022-1 C022-1 C022-1 C022-1 C022-1	1270 301   1270 302   1270 303   1270 303   1270 304
	D	2300	HI11	C022-1	1270 304

#### **Communication Number**

Complete communications number including country or area code when applicable

H   1000A   PER04		-	364 <b>65</b>
H   1000A   PER06		-	364 66
H   1000A   PER08		-	364 66
D   2010AA   PER04		-	364 88
D   2010AA   PER06		-	364 89
D   2010AA   PER08		-	364 89
	H   1000A   PER06 H   1000A   PER08 D   2010AA   PER04 D   2010AA   PER06	H   1000A   PER04   H   1000A   PER06   H   1000A   PER08   D   2010AA   PER04   D   2010AA   PER06   D   2010AA   PER08	H   1000A   PER06   - H   1000A   PER08   - D   2010AA   PER04   - D   2010AA   PER06   -

## Communication Number Qualifier

Code identifying the type of communication number

F	1000A   PER03	-	365	65
Н	1000A   PER05	-	365	65
Н	1000A   PER07	-	365	66
	2010AA   PER03	-	365	88
	2010AA   PER05	-	365	89
Е	2010AA   PER07	-	365	89

#### **Condition Code**

Code(s) used to identify condition(s) relating to this bill or relating to the patient.

uis	DIII OI	ICIAL	ing to	uic	patient.		
D	230	0	HI01		C022-2	1271	 . 291
D	230	0	HI02		C022-2	1271	 . 291
D	230	0	HI03		C022-2	1271	 . 292
D	230	0	HI04		C022-2	1271	 . 293
D	230	0	HI05	- 1	C022-2	1271	 . 293
D	230	0	HI06	Ĺ	C022-2	1271	 . 294
D	230	0	HI07	Ĺ	C022-2	1271	 . 295
D	230	0	HI08	Ĺ	C022-2	1271	 . 295
D	230	0 j	HI09	Ĺ	C022-2	1271	 . 296
D	230	0 j	HI10	Ĺ	C022-2	1271	 . 297
D	230	0 j	HI11	i	C022-2	1271	 . 297
D	230	0 j	HI12	- į	C022-2	1271	 . 298

#### **Contact Function Code**

Code identifying the major duty or responsibility of the person or group named.

Н	1000A	PER01	-	366	65
D	2010AA	PER01	-	366	88

#### Contract Amount

Fixed monetary amount pertaining to the contract

D   2300	CN102	-	782.	177
----------	-------	---	------	-----

#### Contract Code

Code identifying the specific contract, established by the payer.

)	2300	CN104	-	127	177

### **Contract Percentage**

### **Contract Type Code**

Code identifying a contract type

D | 2300 | CN101 | - | 1166.......176

### **Contract Version Identifier**

Identification of additional or supplemental contract provisions, or identification of a particular version or modification of contract.

```
D | 2300 | CN106 | - |799......177
```

# Coordination of Benefits Total Submitted Charge Amount

The total coordination of benefit charges submitted applicable to the claim.

```
D | 2320 | AMT02 | - |782......373
```

## **Cost Report Day Count**

The number of days that may be claimed as Medicare patient days on a cost report.

D	2320	MIA15	-	1380	395

### **Country Code**

Code indicating the geographic location.

D		2010AA	N404	ı	-	26	81
D	ĺ	2010AB	N404	Ĺ	-	26	96
D		2010BA	N404		-	26	114
D		2010BC	N404		-	26	131
D		2010BD	N404		-	26	138
D		2010CA	N404		-	26	150
D		2300	CLM11		C024-5	26	163
D		2310E	N404		-	26	356
D		2330A	N404		-	26	407
D		2330B	N404		-	26	414

## Covered Days or Visits Count Number of days or visits covered by the primary payer or days/visits that would have been covered had Medicare been primary. Credit or Debit Card **Authorization Number** Credit/Debit card authorization number used to authorize use of card for payment for billed D | 2010BB | REF02 | - |127 ...... 125 Credit or Debit Card Holder First Name First name of the person or entity who has a credit card that could be used as payment for the billed charges. D | 2010BB | NM104 | - | 1036 ..... **122** Credit or Debit Card Holder Last or Organizational Name Last name or organization name of the person or entity who has a credit card that could be used as payment for the billed charges. D | 2010BB | NM103 | - |1035 ...... 122 Credit or Debit Card Holder Middle Name Middle name of the person or entity who has a credit card that could be used as payment for the billed charges. D | 2010BB | NM105 | - | 1037 ...... 122 Credit or Debit Card Holder Name Suffix Name suffix of the person or entity who has a credit card that could be used as payment for the billed charges. D | 2010BB | NM107 | - |1039 ...... 122 Credit or Debit Card Maximum **Amount** Dollar limit for a credit or debit card | 782 ..... **184** D | 2300 | AMT02 | -Credit or Debit Card Number Credit/Debit card number that may be used to pay for billed charges.

#### **Date Time Period**

Expression of a date, a time, or a range of dates, times, or dates and times.

D | 2300 | HI01 | C022-4 |1251...... 243

## Date Time Period Format Qualifier

Code indicating the date format, time format, or date and time format

date	e and time	format			
D	2010BA	DMG01	-	1250	.115
D	2010CA	DMG01	-	1250	151
D	2300	DTP02	-	1250	165
D	2300	DTP02	-	1250	167
D	2300	DTP02	-	1250	169
D	2300	CR603	-	1250	.211
D	2300	CR615	-	1250	215
D	2300	HI01	C022-3	1250	243
D	2300	HI01	C022-3	1250	245
D	2300	HI02	C022-3	1250	246
D	2300	HI03	C022-3	1250	247
D	2300	HI04	C022-3	1250	248
D	2300	HI05	C022-3	1250	248
D	2300	HI06	C022-3	1250	249
D	2300	HI07	C022-3	1250	250
D	2300	HI08	C022-3	1250	251
D	2300	HI09	C022-3	1250	252
D	2300	HI10	C022-3	1250	253
D	2300	HI11	C022-3	1250	254
D	2300	HI12	C022-3	1250	255
D	2300	HI01	C022-3	1250	257
D	2300	HI02	C022-3	1250	258
D	2300	HI03	C022-3	1250	258
D	2300	HI04	C022-3	1250	259
D	2300	HI05	C022-3	1250	
D	2300	HI06	C022-3	1250	
D		-	C022-3	1250	
D	2300		C022-3	1250	
D			C022-3	1250	
D	2300		C022-3	1250	
D			C022-3	1250	
D	2300		C022-3	1250	
D			C022-3	1250	
D			C022-3	1250	
D			C022-3	1250	
D	2300		C022-3	1250	
D	2300		C022-3	1250	
D	2300		C022-3	1250	
D	2300	HI07	C022-3	1250	
D	2300	HI08	C022-3	1250	
D	2300	HI09	C022-3	1250	
D	2300		C022-3	1250	
D	2300		C022-3	1250	
D			C022-3	1250	
D	2320		-	1250	
D				1250	
D	2400			1250	
D		-		1250	
D	2430	DTP02	-	1250	502

#### Date Time Qualifier

Code specifying the type of date or time or both date and time.

DΙ	2300	DTP01	-	374 <b>165</b>
DΙ	2300	DTP01	-	374 <b>167</b>
DΙ	2300	DTP01	-	374 169
DΙ	2330B	DTP01	-	374 <b>415</b>
DΙ	2400	DTP01	-	374 <b>456</b>
DΙ	2400	DTP01	-	374 <b>458</b>
D	2430	DTP01	-	374 <b>502</b>

E.6 MAY 2000

| 67 ..... 123

D | 2010BB | NM109 |

Code for country in whose currency the charges

D | 2000A | CUR02 | - |100......74

**Currency Code** 

are specified.

#### **Delay Reason Code**

Code indicating the reason why a request was delayed.

### **Delivery Pattern Time Code**

Code which specifies the time delivery pattern of the services..

D | 2305 | HSD08 | - |679 ...... 320

#### Demonstration Project Identifier

Identification number for a Medicare demonstration project.

D | 2300 | REF02 | - |127...... 202

### Diagnosis Date

Date the diagnosis was established or recorded. DΙ 2300 | CR605 | | 373 ..... **212** 2300 CR618 | 373 ..... **216** DI Dİ 2300 CR619 | -373 ..... **217** CR620 DΪ 2300 373 ..... **217** 2300 | CR621 | -373 ..... **217** 

## Diagnosis Related Group (DRG) Code

Diagnosis related group for this claim.

D | 2300 | HI01 | C022-2 | 1271 ...... 230

#### Discharge Hour

Hour that the patient was discharged from inpatient care.

D | 2300 | DTP03 | - |1251......166

### **Discipline Type Code**

Code indicating discipline(s) ordered by the physician.

#### **Document Control Identifier**

Internal control number assigned by a payer to facilitate retrieval or association of a claim.

D | 2300 | REF02 | - |127......189

#### **Duration of Visits Units**

## Duration of Visits, Number of Units

The number of units (month, week, etc.) over which home health visits occur. Example: One visit every three days for 21 days. This element indicates that the data is communicating that the one visit every three days occurs over a duration of 21 days.

D | 2305 | HSD06 | - |616......318

### **Entity Identifier Code**

Code identifying an organizational entity, a physical location, property or an individual

Η	1000A	NM101	-	98 <b>6</b> 2	2
Н	1000B	NM101	-	98 <b>6</b> 8	8
D	2000A	CUR01	-	98 74	4
D	2010AA	NM101	-	98 7	7
D	2010AB	NM101	-	98 <b>9</b> 2	2
D	2010BA	NM101	-	98 109	9
D	2010BB	NM101	-	98 12	2
D	2010BC	NM101	-	98 12	7
D	2010BD	NM101	-	98 13	5
D	2010CA	NM101	-	98 145	5
D	2310A	NM101	-	98 32	2
D	2310B	NM101	-	98 329	9
D	2310C	NM101	-	98 330	6
D	2310D	NM101	-	98 343	3
D	2310E	NM101	-	98 350	0
D	2330A	NM101	-	98 <b>40</b> °	1
D	2330B	NM101	-	98 410	0
D	2330C	NM101	-	98 <b>42</b>	1
D	2330D	NM101	-	98 <b>42</b> 5	5
D	2330D	NM101	-	98 <b>42</b> 5	5
D	2330E	NM101	-	98 <b>42</b> 9	9
D	2330F	NM101	-	98 <b>43</b> :	3
D	2330G	NM101	-	98 <b>43</b>	7
D	2330H	NM101	-	98 <b>44</b> °	1
D	2420A	NM101	-	98 <b>46</b> :	3
D	2420B	NM101	-	98 470	0
D	2420C	NM101	-	98 477	7
D	2420D	NM101	-	98 <b>48</b> 4	4

## **Entity Type Qualifier**

Code qualifying the type of entity

Η	1000A	NM102	-	1065 <b>62</b>
Η	1000B	NM102	-	1065 68
DΙ	2010AA	NM102	-	1065 <b>77</b>
DΙ	2010AB	NM102	-	1065 <b>92</b>
DΙ	2010BA	NM102	-	1065 109
DΙ	2010BB	NM102	-	1065 <b>122</b>
DΪ	2010BC	NM102	-	1065 <b>127</b>
DΙ	2010BD	NM102	-	1065 <b>135</b>
DΙ	2010CA	NM102	-	1065 <b>146</b>
DΙ	2310A	NM102	-	1065 322
DΙ	2310B	NM102	-	1065 329
DΙ	2310C	NM102	-	1065 336
DΙ	2310D	NM102	-	1065 <b>343</b>
DΙ	2310E	NM102	-	1065 350
DΙ	2330A	NM102	-	1065 401
DΙ	2330B	NM102	-	1065411
DΙ	2330C	NM102	-	1065 421
DΙ	2330D	NM102	-	1065 <b>425</b>
DΙ	2330D	NM102	-	1065 <b>425</b>
DΙ	2330E	NM102	-	1065 <b>429</b>
DΙ	2330F	NM102	-	1065 433
DΙ	2330G	NM102	-	1065 <b>437</b>
DΙ	2330H	NM102	-	1065 <b>441</b>
DΙ	2420A	NM102	-	1065 <b>463</b>
DΙ	2420B	NM102	-	1065 <b>470</b>
DΙ	2420C	NM102	-	1065 <b>477</b>

D   2420D   NIM102   11065   494	
D   2420D   NM102   -  1065 <b>484</b>	Functional Limitation Code  Code describing the patient's functional
	limitations as assessed by the physician.
Estimated Claim Due Amount	D   2300   CRC03   -  1321 219
The amount estimated by the provider to be due	D   2300   CRC04   -  1321 220
from the payer.	D   2300   CRC05   -  1321 220
D   2300   AMT02   -   782 179	D   2300   CRC06   -  1321 220
	D   2300   CRC07   -  1321
Francisco Ondo	D   2300   CRC02   -  1073
Exception Code	D   2300   CKC02   -   1073 223
Exception code generated by the Third Party	
Organization.	Hierarchical Child Code
D   2300   HCP15   -  1527313	Code indicating if there are hierarchical child
	data segments subordinate to the level being
Explanation of Benefits	described.
Indicator	D   2000A   HL04   -  736 <b>70</b>
	D   2000B   HL04   -  736 <b>100</b>
Indicator of whether a paper explanation of	D   2000C   HL04   -  736140
benefits (EOB) is requested.	
D   2300   CLM18   -  1073 163	History I is a LID North an
	Hierarchical ID Number
Facility Code Qualifier	A unique number assigned by the sender to
-	identify a particular data segment in a
Code identifying the type of facility referenced.  D   2300   CLM05   C023-2   1332	hierarchical structure.   D   2000A   HL01   -  628 <b>70</b>
D   2000   CLIVIOS   CO25-2   1352	D   2000A   HL01   -  628
	D   2000C   HL01   -  628
Facility Tax Amount	
The amount of facility tax or surcharge	
applicable to the reported service.	Hierarchical Level Code
D   2400   AMT02   -  782 461	Code defining the characteristic of a level in a
	hierarchical structure.
	D   2000A   HL03   -  735 <b>70</b>
Facility Type Code	D   2000B   HL03   -  735 100
Code identifying the type of facility where	D   2000C   HL03   -  735140
services were performed; the first and second	
positions of the Uniform Bill Type code or the	Hierarchical Parent ID Number
Place of Service code from the Electronic Media	
Claims National Standard Format.	Identification number of the next higher hierarchical data segment that the data
D   2300   CLM05   C023-1  1331	segment being described is subordinate to.
	D   2000B   HL02   -  734
Fixed Format Information	D   2000C   HL02   -  734
Data in fixed format agreed upon by sender and receiver	
D   2300   K301   -  449 <b>204</b>	Hierarchical Structure Code
, , , , ,	Code indicating the hierarchical application
	structure of a transaction set that utilizes the HL
Frequency Count	segment to define the structure of the
The count of the frequency units of home health	transaction set
visits. Example: One visit every three days for	H   BHT01   -  1005 57
21 days. This element indicates that the data is	
communicating that the one visit occurs at three	Home Health Certification
day intervals.	
D   2305   HSD04   -  1167318	Period
	Certification period for home health care
Fraguency Pariod	covered by this plan of treatment.
Frequency Period	D   2300   CR604   -  1251212
The units specifying the frequency of home	
health visits (e.g., days, months, etc.) Example:	Identification Code Qualifier
One visit every three days for 21 days. This	
element qualifies that the data is	Code designating the system/method of code
communicating that the the one visit occurs at a frequency of days.	structure used for Identification Code (67)
D   2305   HSD03   -  355 <b>317</b>	H   1000A   NM108   -  66
_ ,	D   2010AA   NW108   -   66
	D   2010BA   NM108   -  66110

**E.8 MAY 2000** 

D   2010BB	NM108	-	66123
D   2010BC	NM108	-	66 127
D   2010CA	NM108	-	66 147
D   2300	PWK05	-	66 175
D   2310A	NM108	-	66 323
D   2310B	NM108	-	66330
D   2310C	NM108	-	66 337
D   2310D	NM108	-	66 344
D   2310E	NM108	-	66 350
D   2330A	NM108	-	66 402
D   2330B	NM108	-	66411
D   2330C	NM108	-	66 421
D   2400	PWK05	-	66 454
D   2420A	NM108	-	66 463
D   2420B	NM108	-	66 470
D   2420C	NM108	-	66 478
D   2420D	NM108	-	66484
•	•		

## **Individual Relationship Code**

Code indicating the relationship between two individuals or entities

DΙ	2000B	SBR02	-	1069	103
DΙ	2000C	PAT01	-	1069	142
DΙ	2320	SBR02	-	1069	361

### **Industry Code**

Code indicating a code from a specific industry code list.

228	1271	C022-2	HI01	2300	DΙ
228	1271	C022-2	HI02	2300	DΙ
229	1271	C022-2	HI03	2300	DΙ

## Information Receiver Identification Number

The identification number of the individual or organization who expects to receive information in response to a query.

```
H | 1000B | NM108 | - |66......68
```

#### **Insured Group Name**

Name of the group or plan through which the insurance is provided to the insured.

```
D | 2000B | SBR04 | - | 93 ...... 103
```

### Insured Group or Policy Number

The identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered.

D	2000B	SBR03	-	127 <b>10</b> 3
D	2320	SBR03	-	127 <b>363</b>

## Investigational Device Exemption Identifier

Number or reference identifying exemption assigned to an ivestigational device referenced in the claim.

```
D | 2300 | REF02 | - |127......193
```

## Laboratory or Facility Address Line

Address line of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

DΙ	2310E	N301	-	166 3	54
DΙ	2310E	N302	-	166 3	54

## Laboratory or Facility City Name

City of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

### Laboratory or Facility Name

Name of laboratory or other facility performing Laboratory testing on the claim where the health care service was performed/rendered.

## Laboratory or Facility Postal Zone or ZIP Code

Postal ZIP or zonal code of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

## Laboratory or Facility Primary Identifier

Identification number of laboratory or other facility performing laboratory testing on the claim where the health care service was performed/rendered.

```
D | 2310E | NM109 | - |67......350
```

## Laboratory or Facility Secondary Identifier

## Laboratory or Facility State or Province Code

State or province of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

#### 

## Last Admission Period

Admission date of the most recent inpatient stay. D  $\mid$  2300  $\mid$  CR616  $\mid$  -  $\mid$  1251 .......... 215

#### Last Visit Date

Date the patient was last seen by the physician.

D | 2300 | CR613 | - |373......215

Lifetime Psychiatric Days Count	Nonpayable Professional
Number of lifetime psychiatric days used for this	Component Amount
claim. D   2320   MIA03   -  380 <b>393</b>	Professional fees billed but not payable by payer.
	D   2320   MIA19   -  782
Lifetime Reserve Days Count	
Number of lifetime reserve days used for this claim.	Note Reference Code
D   2320   MIA02   -  380 <b>393</b>	Code identifying the functional area or purpose
	for which the note applies.
Line Item Charge Amount	D   2300   NTE01   -   363
Charges related to this service.	D   2300   N1E01   -   303
D   2400   SV203   -  782 448	Number of Visits
	The number of home health visits. Example:
Line Item Denied Charge or	One visit every three days for 21 days. This element indicates that the data is
Non-Covered Charge Amount	communicating the number of visits, i.e., one.
Line item charges denied or not covered.  D   2400   SV207   -  78249	D   2305   HSD02   -  380317
Medical Record Number	Occurrence Code
A unique number assigned to patient by the	A code defining a significant event relating to
provider to assist in retrieval of medical records.	this bill that may affect payer processing.  D   2300   HI01   C022-2   1271
D   2300   REF02   -  127 <b>201</b>	D   2300   HI02   C022-2   1271 268
	D   2300   HI03   C022-2   1271
Medicare Assignment Code	D   2300   HI05   C022-2   1271
An indication, used by Medicare or other	D   2300   HI06   C022-2   1271 272
government programs, that the provider	D   2300   HI07   C022-2   1271
accepted assignment.  D   2300   CLM07   -  1359	D   2300   HI09   C022-2   1271
	D   2300   HI10   C022-2   1271
Madiagna Carrana Indiagtan	D   2300   HI11   C022-2   1271
Medicare Coverage Indicator	
A code indicating the Medicare coverage exists.  D   2300   CR607   -  1073	Occurrence Span Code
	A code that identifies an event that relates to
Medicare Paid at 100% Amount	payment of the claim. This event occurs over a
Amount of charges reported to be paid by	span of days.  D   2300   HI01   C022-2   1271
Medicare at 100% of allowed amount.	D   2300   HI01   C022-2   1271 <b>257</b> D   2300   HI02   C022-2   1271 <b>257</b>
D   2320   AMT02   -  782 <b>378</b>	D   2300   HI03   C022-2   1271
	D   2300   HI04   C022-2   1271
Medicare Paid at 80% Amount	D   2300   HI05   C022-2   1271
Amount of charges reported to be paid by	D   2300   HI07   C022-2   1271 262
Medicare at 80% of allowed amount.	D   2300   HI08   C022-2   1271
D   2320   AMT02   -  782 <b>380</b>	D   2300   HI09   C022-2   1271 <b>263</b>   D   2300   HI10   C022-2   1271 <b>264</b>
	D   2300   HI11   C022-2   1271 265
Mental Status Code	D   2300   HI12   C022-2  1271 <b>266</b>
Codes describing the patient's mental condition.	
D   2300   CRC03   -  1321 225	Occurrence or Occurrence
D   2300   CRC04   -  1321	Span Code Associated Date
D   2300   CRC05   -  1321	Date associated with indicated code value.
D   2300   CRC07   -  1321 226	D   2300   HI01   C022-4  1251
	D   2300   HI02   C022-4   1251
Non-Covered Charge Amount	D   2300   HI04   C022-4   1251
Non-Covered Charge Amount	D   2300   HI05   C022-4   1251 260
Charges pertaining to the related revenue	D   2300   Hl06   C022-4   1251
center code that the primary payer will not cover.  D   2320   AMT02   -  782	D   2300   HI07   C022-4   1251
	D   2300   HI09   C022-4   1251 263

E.10 MAY 2000

	112/12/11/0/11/2 02/11/11/11/01/17/12
D   2300   HI10   C022-4  1251 <b>264</b>	Originator Application
D   2300   HI11   C022-4   1251 265	
D   2300   HI12   C022-4   1251 266	Transaction Identifier
D   2300   HI01   C022-4   1251 268	An identification number that identifies a
D   2300   HI02   C022-4   1251 269	transaction within the originator's applications
D   2300   Hl03   C022-4   1251	system.
D   2300   Hl04   C022-4   1251	H   BHT03   -  127 <b>58</b>
D   2300   HI06   C022-4   1251 272	
D   2300   HI07   C022-4   1251 274	Other Diegrapsis
D   2300   HI08   C022-4   1251 275	Other Diagnosis
D   2300   HI09   C022-4   1251	Other diagnosis for this claim.
D   2300   HI10   C022-4   1251 277	D   2300   HI01   C022-2  1271
D   2300   HI11   C022-4   1251 278	D   2300   HI02   C022-2   1271 233
D   2300   HI12   C022-4   1251 279	D   2300   Hl03   C022-2   1271 234
	D   2300   HI04   C022-2   1271 235
	D   2300   HI05   C022-2  1271
Old Capital Amount	D   2300   HI06   C022-2  1271
The amount for old capital for this claim.	D   2300   HI08   C022-2   1271
D   2320   MIA12   -  782 <b>394</b>	D   2300   HI09   C022-2   1271
	D   2300   HI10   C022-2   1271 239
	D   2300   HI11   C022-2   1271 240
Operating Physican Middle	D   2300   HI12   C022-2   1271 240
Name	
Middle name of the physician performing the	Other Insured Additional
principal procedure.	Identifier
D   2310B   NM105   -  1037	Number providing additional identification of the
D   2420D   NW100   -   1007470	other insured.
	D   2330A   REF02   -  127
Operating Physician First Name	D   2550A   NEI 02   -   127
First name of the physician performing the	Other Insured Address Line
principle procedure.	
D   2310B   NM104   -  1036	Address line of the additional insured
D   2420B   NM104   -  1036	individual's mailing address.
	D   2330A   N301   -  166
Operating Physician Last Name	D   2330A   N302   -  166
Last name of the physician performing the	Other Insured Birth Date
principle procedure.	
D   2310B   NM103   -  1035	The birth date of the additional insured
D   2420B   NW103   -   1033470	individual.
	D   2320   DMG02   -  1251 389
Operating Physician Name	
	Other Insured City Name
Suffix	
Suffix to the name of the physician performing	The city name of the additional insured
the principal procedure.	individual.
D   2310B   NM107   -  1039329	D   2330A   N401   -  19 <b>406</b>
D   2420B   NM107   -  1039 470	
	Other becomed First Name
Outside Company of the  Other Insured First Name	
Operating Physician Primary	The first name of the additional insured
Identifier	individual.
Primary identifier of the physician performing	D   2330A   NM104   -  1036
the principle procedure.	
D   2310B   NM109   -  67330	
D   2420B   NM109   -  67471	Other Insured Gender Code
, ,	A code to specify the sex of the additional
	insured individual.
Operating Physician	D   2320   DMG03   -  1068 389
	1 222 1 2232 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Secondary Identifier	
Additional identifier for the physician performing	Other Insured Group Name
the principal procedure.	_
D   2310B   REF02   -  127334	Name of the group or plan through which the insurance is provided to the other insured.
D   2420B   REF02   -  127475	
	D   2320   SBR04   -  93 <b>363</b>

Other Insured Identifier	Other Payer Operating Provider
An identification number, assigned by the third	Identifier
party payer, to identify the additional insured individual.	The non-destination (COB) payer's operating provider identification.
D   2330A   NM109   -  67 <b>403</b>	D   2330E   REF02   -  127 431
Other Insured Last Name	Other Payer Other Provider
The last name of the additional insured	Identifier
individual.  D   2330A   NM103   -  1035	The non-destination (COB) payer's other provider identification.  D   2330F   REF02   -   127
Other Insured Middle Name	
The middle name of the additional insured individual.	Other Payer Patient Paid
D   2330A   NM105   -  1037	Amount
	Amount reported by other payer as paid by the patient
Other Insured Name Suffix	D   2320   AMT02   -  782 <b>371</b>
The suffix to the name of the additional insured individual.	Other Payer Patient Primary
D   2330A   NM107   -  1039	Identifier
Other Insured Postal Zone or	The non-destination (COB) payer's patient's
ZIP Code	primary identification number.   D   2330C   NM109   -  67
The Postal ZIP code of the additional insured	
individual's mailing address.	Other Payer Patient Secondary
D   2330A   N403   -  116 <b>407</b>	Identifier
Other Insured State Code	The non-destination (COB) payer's patient's
The state code of the additional insured	secondary identification number(s).   D   2330C   REF02   -  127
individual's mailing address.	
D   2330A   N402   -  156 407	Other Payer Postal Zone or ZIP
	Code
Other Payer Address Line	The ZIP code of the other payer's mailing
Address line of the other payer's mailing address.	address.
D   2330B   N301   -  166 <b>412</b>	D   2330B   N403   -  116
D   2330B   N302   -  166	
	Other Payer Primary Identifier
Other Payer Attending Provider Identifier	An identification number for the other payer.  D   2330B   NM109   -  67411
The non-destination (COB) payer's attending	
provider identification.	Other Payer Prior Authorization
D   2330D   REF02   -  127 <b>427</b>	or Referral Number
	The non-destination (COB) payer's prior
Other Payer City Name	authorization or referral number.  D   2330B   REF02   -   127 419
The city name of the other payer's mailing address.	
D   2330B   N401   -  19	Other Payer Referring Provider
	Identifier
Other Payer Last or	The non-destination (COB) payer's referring
Organization Name	provider identifier.
The name of the other payer organization.	D   2330G   REF02   -  127 439
D   2330B   NM103   -  1035 <b>411</b>	

E.12 MAY 2000

Other Payer Secondary	PPS-Capital DSH DRG Amount
Identifier Additional identifier for the other payer	PPS-capital disproportionate share amount for this claim as output by PPS-PRICER.
organization  D   2330B   REF02   -  127417	D   2320   MIA11   -  782 <b>394</b>
	PPS-Capital Exception Amount
Other Payer Service Facility	A per discharge payment exception paid to the hospital. It is a flat-rate add-on to the PPS
Provider Identifier The non-destination (COB) payer's service	payment.
facilitity provider identifier.  D   2330H   REF02   -  127	D   2320   MIA24   -  782 <b>396</b>
	PPS-Capital FSP DRG Amount
Other Payer State Code The state or province code of the other payer's mailing address.	PPS-capital federal portion for this claim as output by PPS-PRICER.  D   2320   MIA09   -  782394
D   2330B   N402   -  156 <b>414</b>	
	PPS-Capital HSP DRG Amount
Other Physician First Name           The First Name of the other licensed physician.           D   2310C   NM104   -  1036	Hospital-Specific portion for PPS-capital for this claim as output by PPS-PRICER.  D   2320   MIA10   -  782394
	PPS-Capital IME amount
Other Physician Identifier	PPS-capital indirect medical expenses for this
The name and/or number of the licensed physician other than the attending physician as defined by the payer organization.	claim as output by PPS-PRICER.   D   2320   MIA13   -  782 <b>395</b>
D   2310C   NM109   -  67	PPS-Operating Federal Specific DRG Amount
Other Physician Last Name The Last Name of the other licensed physician. D   2310C   NM103   -  1035336	Sum of federal operating portion of the DRG amount this claim as output by PPS-PRICER.  D   2320   MIA16   -  782
D   2420C   NM103   -  1035 477	PPS-Operating Hospital Specific DRG Amount
Other Provider Identifier	Sum of hospital specific operating portion of
The number of the other licensed provider.  D   2420C   NM109   -  67478	DRG amount for this claim as output by PPS-PRICER.  D   2320   MIA14   -     782
Other Provider Middle Name	
The middle name of the other licensed provider.  D   2310C   NM105   -  1037	Paid From Part A Medicare Trust Fund Amount
	Dollar amount paid for claim from the Part A Medicare Trust fund.
Other Provider Name Suffix	D   2320   AMT02   -  782 383
Suffix to the name of the other licensed provider.  D   2310C   NM107   -  1039	Paid From Part B Medicare
5   2/200   Millor   -   1000	Trust Fund Amount
Other Provider Secondary Identifier	Dollar amount paid for claim from the Part B Medicare Trust fund. D   2320   AMT02   -  782
Additional identification number of the other	
provider as defined by the payer organization.  D   2310C   REF02   -  127	Patient Account Number  Unique identification number assigned by the provider to the claim patient to facilitate posting of payment information and identification of the billed claim.  D   2300   CLM01   -  1028

Patient Address Line	Patient Primary Identifier
Address line of the street mailing address of the	Identifier assigned by the payer to identify the
patient.  D   2010CA   N301   -  166	patient D   2010CA   NM109   -  67
	Patient Responsibility Amount
Patient Amount Paid  The amount the provider has received from the patient (or insured) toward payment of this	The amount determined to be the patient's responsibility for payment  D   2300   AMT02   -  782181
claim. D   2300   AMT02     -    782 <b>183</b>	
	Patient Secondary Identifier
Patient Birth Date	Additional identifier assigned to the patient by the payer.
Date of birth of the patient.  D   2010CA   DMG02   -  1251152	D   2010CA   REF02   -  127 154
Patient City Name	Patient State Code
Patient City Name           The city name of the patient.           D   2010CA   N401   -     19	The State Postal Code of the patient.  D   2010CA   N402   -  156150
	Patient Status Code
Patient Discharge Facility Type Code The type of facility from which the patient was most recently discharged.	A code indicating the patient's status at the date of admission, outpatient service, or start of care.  D   2300   CL103   -  1352
D   2300   CR617   -  1384 216	Patient Weight
Patient First Name	Weight of the patient at time of treatment or transport.
The first name of the individual to whom the services were provided.  D   2010CA   NM104   -  1036	D   2000B   PAT08   -  81
	Pay-to Provider Additional
Patient Gender Code	Identifier
A code indicating the sex of the patient.  D   2010CA   DMG03   -  1068152	Additional identifer for pay-to provider.  D   2010AB   REF02   -  12798
Patient Last Name	Pay-to Provider Address Line
The last name of the individual to whom the services were provided.  D   2010CA   NM103   -  1035146	Address line of the provider to receive payment D   2010AB   N301   -  166
Patient Middle Name	Pay-to Provider City Name
The middle name of the individual to whom the services were provided.  D   2010CA   NM105   -  1037146	City name of the provider to receive payment.  D   2010AB   N401   -  19
	Pay-to Provider Identifier
Patient Name Suffix  Suffix to the name of the individual to whom the services were provided.  D   2010CA   NM107   -  1039146	Identification number for the provider or organization that will receive payment.  D   2010AB   NM109   -  67
	Pay-to Provider Last or
Patient Postal Zone or ZIP Code	Organizational Name
The ZIP Code of the patient.  D   2010CA   N403   -  116150	Last or organizational name of the provider to receive payment.  D   2010AB   NM103   -  1035

E.14 MAY 2000

Pay-to Provider Postal Zone or ZIP Code	Peer Review Authorization
Postal ZIP code of the provider to receive payment D   2010AB   N403   -  11695	Number  Authorization number provided by a review organization after review completed.  D   2300   REF02   -  127197
Pay-to Provider State Code	Physician Contact Date
State of the provider to receive payment.  D   2010AB   N402   -  156	Date of the home health agency's most recent contact with the physician.  D   2300   CR614   -  373215
Payer Additional Identifier	
Additional identifier for the payer.  D   2010BC   REF02   -   127 133	Physician Order Date  Date the agency received the verbal orders from the physician for start of care.  D   2300   CR612   -   373
Payer Address Line	2   2000   0.10.2
Address line of the Payer's claim mailing address for this particular payer organization identification and claim office.  D   2010BC   N301   -  166129  D   2010BC   N302   -  166129	Policy Compliance Code The code that specifies policy compliance. D   2300   HCP14   -  1526
	Pregnancy Indicator
Payer City Name  The City Name of the Payer's claim mailing address for this particular payer ID and claim office.  D   2010BC   N401   -  19130	A yes/no code indicating whether a patient is pregnant.  D   2000B   PAT09   -  1073
	Prescription Number
Payer Identifier           Number identifying the payer organization.           D   2010BC   NM109   -  67	The unique identification number assigned by the pharmacy or supplier to the prescription.  D   2400   SV401   -  127
	Pricing Methodology
Payer Name  Name identifying the payer organization.  D   2010BC   NM103   -  1035 127	Pricing methodology at which the claim or line item has been priced or repriced.  D   2300   HCP01   -  1473309
Payer Postal Zone or ZIP Code	Principal Procedure Code
The ZIP Code of the Payer's claim mailing address for this particular payer organization identification and claim office.  D   2010BC   N403   -  116	Code identifying the principal procedure, product or service.  D   2300   HI01   C022-2   1271 243
	Prior Authorization Number
Payer Responsibility Sequence Number Code Code identifying the insurance carrier's level of responsibility for a payment of a claim D   2000B   SBR01   -  1138	A number, code or other value that indicates the services provided on this claim have been authorized by the payee or other service organization.  D   2300   REF02   -  127199
Payer State Code	Procedure Code
Payer State Code  State Postal Code of the Payer's claim mailing address for this particular payor organization identification and claim office.  D   2010BC   N402   -  156	Code identifying the procedure, product or service.  D   2300   HI01   C022-2   1271

DΙ	2300	HI08	C022-2	1271 <b>251</b>
D	2300	HI09	C022-2	1271 <b>252</b>
D	2300	HI10	C022-2	1271 <b>253</b>
D	2300	HI11	C022-2	1271 <b>254</b>
D	2300	HI12	C022-2	1271 <b>254</b>
D	2400	SV202	C003-2	234 <b>447</b>
DΙ	2430	SVD03	C003-2	234 <b>492</b>

### **Procedure Code Description**

#### **Procedure Date**

Date when the health care procedure was performed.

D	2300	HI01	C022-4	1251	245
DΙ	2300	HI02	C022-4	1251	246
DΙ	2300	HI03	C022-4	1251	247
DΙ	2300	HI04	C022-4	1251	248
DΙ	2300	HI05	C022-4	1251	249
DΙ	2300	HI06	C022-4	1251	249
DΙ	2300	HI07	C022-4	1251	250
DΙ	2300	HI08	C022-4	1251	251
DΙ	2300	HI09	C022-4	1251	252
DΙ	2300	HI10	C022-4	1251	253
DΙ	2300	HI11	C022-4	1251	254
DΙ	2300	HI12	C022-4	1251	255

#### **Procedure Modifier**

This identifies special circumstances related to the performance of the service.

D	2400	SV202	C003-3	1339	447
D	2400	SV202	C003-4	1339	447
D	2400	SV202	C003-5	1339	448
D	2400	SV202	C003-6	1339	448
D	2430	SVD03	C003-3	1339	492
D	2430	SVD03	C003-4	1339	492
D	2430	SVD03	C003-5	1339	492
D	2430	SVD03	C003-6	1339	492

#### **Product or Service ID Qualifier**

Code identifying the type/source of the descriptive number used in Product/Service ID (234).

214	235	-	CR610	2300	D
311	235	-	HCP09	2300	DΪ
446	235	C003-1	SV202	2400	D
491	235	C003-1	SVD03	2430	DΙ

## **Prognosis Code**

Code indicating physician's prognosis for the patient.

DΙ	2300	CR601	-	923	21
----	------	-------	---	-----	----

## Property Casualty Claim Number

D	2010BA	REF02	-	127 <b>120</b>	)
D	2010CA	REF02	-	127 <b>15</b> 6	ò

#### **Provider Code**

Code identifying the type of provider.

D   2000A	PRV01	-	1221 <i>[</i> 7
D   2310A	PRV01	-	1221 324
D   2310B	PRV01	-	1221 331
D   2310C	PRV01	-	1221 338
D   2310D	PRV01	-	1221 <b>34</b> 5
D   2310E	PRV01	-	1221 352
D   2420A	PRV01	-	1221 <b>46</b> 5
D   2420B	PRV01	-	1221 <b>47</b> 2
D   2420C	PRV01	-	1221 <b>47</b> 9
D   2420D	PRV01	j -	1221 486

### Provider Taxonomy Code

Code designating the provider type, classification, and specialization.

D	2000A	PRV03	-	127 <b>72</b>
DΙ	2310A	PRV03	-	127 <b>325</b>
DΙ	2310B	PRV03	-	127 332
DΙ	2310C	PRV03	-	127 339
DΙ	2310D	PRV03	-	127 <b>346</b>
DΙ	2310E	PRV03	-	127 353
DΙ	2420A	PRV03	-	127 <b>466</b>
DΙ	2420B	PRV03	-	127 <b>473</b>
DΙ	2420C	PRV03	-	127 <b>480</b>
DΙ	2420D	PRV03	-	127 <b>487</b>

## Provider or Supplier Signature Indicator

An indicater that the provider of service reported on this claim acknowledges the performance of the service and authorizes payment, and that a signature is on file in the provider's office.

D	2300	CLM06	l -	1073	160

### **Quantity Qualifier**

Code specifying the type of quantity

D | 2300 | QTY01 | - | 673 ....... 306

### Receiver Name

## Receiver Primary Identifier

Primary identification number for the receiver of the transaction.

Н	1000B	NM109	-	67	68
	10000	INIVITOS		01	

## Reference Identification Qualifier

Code qualifying the reference identification

60	128	-		REF01		Н
72	128	-	1	PRV02	2000A	D
83	128	-		REF01	2010AA	D
85	128	-		REF01	2010AA	D
97	128	-		REF01	2010AB	D
117	128	-		REF01	2010BA	D
120	128	-		REF01	2010BA	D
124	128	-		REF01	2010BB	D
132	128	-		REF01	2010BC	D
153	128	-		REF01	2010CA	D
155	128	-	- 1	REF01	2010CA	D

E.16 MAY 2000

DΙ	2300	REF01	-	128 <b>185</b>
D	2300	REF01	-	128 186
D	2300	REF01	-	128 187
D	2300	REF01	-	128 189
D	2300	REF01	-	128 191
DΙ	2300	REF01	-	128 193
DΙ	2300	REF01	-	128 <b>195</b>
DΙ	2300	REF01	-	128 197
DΙ	2300	REF01	-	128 198
DΙ	2300	REF01	-	128 <b>200</b>
DΙ	2300	REF01	-	128 <b>202</b>
DΙ	2310A	PRV02	-	128 <b>325</b>
D	2310A	REF01	-	128 326
D	2310B	PRV02	-	128 332
D	2310B	REF01	-	128 333
D	2310C	PRV02	-	128 339
Di	2310C	REF01	-	128 340
Di	2310D	PRV02	-	128 346
Di	2310D	REF01	-	128 347
Di	2310E	PRV02	-	128 353
Di	2310E	REF01	-	128 357
Di	2330A	REF01	-	128 408
Di	2330B	REF01	-	128 <b>416</b>
Di	2330B	REF01	-	128 <b>418</b>
Di	2330C	REF01	-	128 <b>422</b>
Di	2330D	REF01	-	128 426
Di	2330D	REF01	-	128 <b>426</b>
Di		REF01	-	128 430
Di	2330F	REF01	-	128 434
Di	2330G	REF01	-	128 <b>438</b>
Di	2330H	REF01	-	128 442
Di	2420A	PRV02	-	128 465
Di	2420A	REF01	i -	128 <b>467</b>
Βİ		PRV02	-	128 473
Di		REF01	-	128 474
Βİ		PRV02	-	128 <b>480</b>
Βİ		REF01	-	128 481
D	_		-	128 487
D		REF01	-	128 488
'		•	•	

#### Referring Provider First Name

The first name of provider who referred the patient to the provider of service on this claim.

D	2310D	. NM104	-	1036	343
DΙ	2420D	I NM104	-	11036	484

## Referring Provider Identifier

The identification number for the referring physician.

DΙ	2310D	NM109	-	67	344
----	-------	-------	---	----	-----

### Referring Provider Last Name

The Last Name of Provider who referred the patient to the provider of service on this claim.

•		•		
D	2310D	NM103	-	1035 343
D	2420D	I NM103	-	11035 484

## Referring Provider Middle Name

Middle name of the provider who is referring patient for care.

DΙ	2310D	NM105	-	1037 <b>344</b>
DΙ	2420D	NM105	-	1037 <b>484</b>

### Referring Provider Name Suffix

Suffix to the name of the provider referring the patient for care.

DΙ	2310D		NM107	-	1039	. 344
D	2420D	I	NM107	-	1039	. 484

## Referring Provider Secondary Identifier

Additional identification number for the provider referring the patient for service.

D	2310D	REF02	-	127	348
D	2420D	REF02	-	127	489

#### Reimbursement Rate

Rate used when payment is based upon a percentage of applicable charges.

D	2320	MOA01	-	954	397

## **Reject Reason Code**

Code assigned by issuer to identify reason for rejection

D   2300   HCP13   -  901	312
---------------------------	-----

#### Related Causes Code

Code identifying an accompanying cause of an illness, injury, or an accident.

DΙ	2300	CLM11	C024-1	1362 <b>161</b>
DΙ	2300	CLM11	C024-2	1362 <b>162</b>
DΙ	2300	CLM11	C024-3	1362 <b>162</b>

### **Release of Information Code**

Code indicating whether the provider has on file a signed statement permitting the release of medical data to other organizations.

D	2300	CLM09		-	1363	161
DΙ	2320	l 0106	1	_	11363	391

### Remark Code

Code indicating a code from a specific industry code list, such as the Health Care Claim Status Code list.

D	2320	MIA05	-	127 <b>393</b>
DΙ	2320	MIA20	-	127 <b>396</b>
D	2320	MIA21	-	127 <b>396</b>
D	2320	MIA22	-	127 <b>396</b>
D	2320	MIA23	-	127 <b>396</b>
D	2320	MOA03	-	127 <b>398</b>
D	2320	MOA04	-	127 <b>398</b>
D	2320	MOA05	-	127 <b>398</b>
D	2320	MOA06	-	127 <b>399</b>
DΙ	2320	I MOA07	I -	127 <b>399</b>

## Repriced Allowed Amount

The maximum amount determined by the repricer as being allowable under the provisions of the contract prior to the determination of the actual payment.

DΙ	2300	HCP02	_	782	309
_				. 0=	

responsible for payment of balance of bill after applicable processing by other parties, insurers,

D | 2010BD | NM107 | - |1039 ...... 135

or organizations...

#### Responsible Party Address Line Repriced Approved Amount The amount allowed by the repricer for the Address line of the person or entity responsible claim or service line net of adjustments. for payment of balance of bill after applicable D | 2300 | HCP07 | - | | 782 ...... 310 processing by other parties, insurers, or organizations.. D | 2010BD | N301 | | 166 ..... **136** D | 2010BD | N302 | - | 166 ...... 136 Repriced Approved DRG Code The Diagnosis Related Group approved by the repricer for payment for this claim Responsible Party City Name D | 2300 | HCP06 | - |127......310 City name of the person or entity responsible for payment of balance of bill after applicable Repriced Approved HCPCS processing by other parties, insurers, or organizations... Code The HCPCS code that describes the services as approved by the repricer. D | 2300 | HCP10 | | 234 .....**311** Responsible Party First Name First name of the person or entity responsible for payment of balance of bill after applicable Repriced Approved Revenue processing by other parties, insurers, or Code organizations... UB92 revenue code approved by the repricer for payment on the claim. D | 2300 | HCP08 | | 234 .....**311** Responsible Party Last or **Organization Name** Repriced Approved Service Last name or organization name of the person **Unit Count** or entity responsible for payment of balance of bill after applicable processing by other parties, Number of service units approved by pricing or insurers, or organizations.. repricing entity. D | 2010BD | NM103 | - |1035 ...... 135 D | 2300 | HCP12 | - | 380 ...... 312 Responsible Party Middle Name Repriced Claim Reference Middle name of the person or entity responsible Number for payment of balance of bill after applicable Identification number, assigned by a repricing processing by other parties, insurers, or organization, to identify the claim. organizations.. D | 2300 | REF02 | - | 127 ...... **186** D | 2010BD | NM105 | - |1037 ...... 135 Repriced Saving Amount Responsible Party Postal Zone The amount of savings related to Third Party or ZIP Code Organization claims. D | 2300 | HCP03 | -Postal ZIP code of the person or entity | 782 ..... **310** responsible for payment of balance of bill after applicable processing by other parties, insurers, or organizations.. Repricing Organization D | 2010BD | N403 | - | 116...... **137** Identifier Reference or identification number of the repricing organization. Responsible Party State Code D | 2300 | HCP04 | -127 ..... 310 State or province of the person or entity responsible for payment of balance of bill after applicable processing by other parties, insurers, Repricing Per Diem or Flat Rate or organizations. Amount Amount used to determine the flat rate or per diem price by the repricing organization. D | 2300 | HCP05 | - |118......310 Responsible Party Suffix Name Suffix for name of the person or entity

E.18 MAY 2000

Service Adjudication or Payment Date	Skilled Nursing Facility Indicator
Date of payment or denial determination by a payer who has adjudicated this service line.  D   2430   DTP03   -  1251	Code indicating whether or not a patient is receiving care in a 1861J1 (skilled nursing) facility  D   2300   CR606   -  1073
Service Authorization	
Exception Code	Special Program Indicator
Code identifying the service authorization exception.	A code indicating the Special Program under which the services rendered to the patient were performed.
D   2300   REF02   -  127 <b>196</b>	D   2300   CLM12   -  1366
Service Date  Date of service, such as the start date of the	Statement From or To Date
service, the end date of the service, or the single day date of the service.	The date of the start or end of the period covered on the claim.
D   2400   DTP03   -  1251 457	D   2300   DTP03   -  1251 <b>168</b>
Service From Date	Submitter Contact Name
The date the service referenced in the claim or service line was initiated.  D   2300   CR602   -	Name of the person at the submitter organization to whom inquiries about the transaction should be directed.
	H   1000A   PER02   -  9365
Service Line Paid Amount  Amount paid by the indicated payer for a	Submitter First Name
service line D   2430   SVD02   -  782 <b>491</b>	The first name of the person submitting the transaction or receiving the transaction, as identified by the preceding identification code.
Service Line Rate	H   1000A   NM104   -  1036 <b>62</b>
Payment rate that applies to the service line.	Submitter Identifier
D   2400   SV206   -  1371	Code or number identifying the entity submitting the claim.
Service Line Revenue Code	H   1000A   NM109   -  6763
UB92 Revenue Code pertaining to the service line.	
D   2400   SV201   -  234	Submitter Last or Organization Name
	The last name or the organizational name of the entity submitting the transaction
Service Tax Amount	H   1000A   NM103   -  1035 <b>62</b>
The amount of service tax or surcharge applicable to the reported service.	0.1.111.111.11
D   2400   AMT02   -  782 460	Submitter Middle Name The middle name of the person submitting the
Service Unit Count	transaction H   1000A   NM105   -  1037
The quantity of units, times, days, visits,	, 223.7 ( ) 1.000
services, or treatments for the service described	Subscriber Address Line
by the HCPCS codes, revenue code or procedure code.  D   2400   SV205   -   380	Address line of the current mailing address of the insured individual or subscriber to the
	coverage. D   2010BA   N301   -  166 <b>112</b>
Ship, Delivery or Calendar Pattern Code	D   2010BA   N302   -  166 <b>112</b>
The time delivery pattern for the services.	Subscriber Birth Date
D   2305   HSD07   -  678 318	The date of birth of the subscriber to the
	indicated coverage or policy.  D   2010BA   DMG02   -  1251116

E.19 **MAY 2000** 

Subscriber City Name	Surgical Procedure Code				
The City Name of the insured individual or subscriber to the coverage  D   2010BA   N401   -  19113	Code describing the surgical procedure most relevant to the care being rendered.				
Subscriber First Name	Terms Discount Percentage				
The first name of the insured individual or subscriber to the coverage D   2010BA   NM104   -  1036	Discount percentage available to the payer for payment within a specific time period.  D   2300   CN105   -   338				
Subscriber Gender Code	Total Claim Charge Amount				
Code indicating the sex of the subscriber to the	The sum of all charges included within this				
indicated coverage or policy.  D   2010BA   DMG03   -  1068116	claim.   D   2300   CLM02   -  782159				
Subscriber Last Name	Total Medicare Paid Amount				
The surname of the insured individual or	Amount reported by the payer as paid by				
subscriber to the coverage D   2010BA   NM103   -  1035	Medicare				
Subscriber Middle Name	Total Visits Projected This				
The middle name of the subscriber to the indicated coverage or policy.	Certification Count				
D   2010BA   NM105   -  1037 109	Total covered visits to be rendered by each discipline during the period covered by the plan of treatment, including PRN visits.				
Subscriber Name Suffix	D   2305   CR703   -  1470 315				
Suffix of the insured individual or subscriber to the coverage.  D   2010BA   NM107   -  1039110	Transaction Segment Count  A tally of all segments between the ST and the SE segments including the ST and SE				
Subscriber Postal Zone or ZIP Code	segments.   D     SE01   -  96503				
The ZIP Code of the insured individual or subscriber to the coverage D   2010BA   N403   -  116114	Transaction Set Control Number The unique identification number within a				
Subscriber Primary Identifier	transaction set.  H   ST02   -  329				
Primary identification number of the subscriber to the coverage.	D     SE02   -   329 503				
D   2010BA   NM109   -  67 <b>110</b>	Transaction Set Creation Date				
Cubacuikar State Code	Identifies the date the submitter created the				
Subscriber State Code The State Postal Code of the insured individual	transaction   H     BHT04   -  373				
or subscriber to the coverage					
D   2010BA   N402   -  156 <b>114</b>	Transaction Set Creation Time				
Code a mile an Communication	Time file is created for transmission.				
Subscriber Supplemental Identifier	H   BHT05   -  337 58				
Identifies another or additional distinguishing code number associated with the subscriber.  D   2010BA   REF02   -   127118	Transaction Set Identifier Code  Code uniquely identifying a Transaction Set.  H   ST01   -  14356				
Surgery Date					
Requested, anticipated, or actual date of	Transaction Set Purpose Code				
surgery. D   2300   CR609   -     373 213	Code identifying purpose of transaction set.  H   BHT02   -  35358				

E.20 MAY 2000

## Transmission Type Code

**Treatment Code** 

Codes describing the treatment ordered by the physician.

D	2300	HI01	C022-2	1271 <b>3</b>	00
DΙ	2300	HI02	C022-2	1271 <b>3</b>	00
DΙ	2300	HI03	C022-2	1271 <b>3</b>	00
DΙ	2300	HI04	C022-2	1271 <b>3</b>	01
DΙ	2300	HI05	C022-2	1271 <b>3</b>	02
D	2300	HI06	C022-2	1271 <b>3</b>	02
DΙ	2300	HI07	C022-2	1271 <b>3</b>	02
DΙ	2300	HI08	C022-2	1271 <b>3</b>	03
DΙ	2300	HI09	C022-2	1271 <b>3</b>	04
DΙ	2300	HI10	C022-2	1271 <b>3</b>	04
DΙ	2300	HI11	C022-2	1271 <b>3</b>	04
DΙ	2300	HI12	C022-2	1271 <b>3</b>	05

## Unit or Basis for Measurement Code

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken.

D	2000B	PAT07	-	355 <b>10</b> 7
D	2000C	PAT07	-	355 144
D	2300	QTY03	C001-1	355 307
D	2300	HCP11	-	355 <b>31</b> 1
DΙ	2400	SV204	-	355 448

## Value Added Network Trace Number

Unique Identification number for a transaction assigned by a Value Added Network, Clearinghouse, or other transmission entity.

0	2300	REF02	-	127 <b>188</b>

### Value Code

A code that identifies data of a monetary nature that is necessary for processing this claim as required by the payer organization.

D	2300	HI01	C022-2	1271 <b>281</b>
D	2300	HI02	C022-2	1271 <b>281</b>
D	2300	HI03	C022-2	1271 <b>282</b>
D	2300	HI04	C022-2	1271 <b>283</b>
D	2300	HI05	C022-2	1271 <b>283</b>
D	2300	HI06	C022-2	1271 <b>28</b> 4
D	2300	HI07	C022-2	1271 <b>28</b> 5
D	2300	HI08	C022-2	1271 <b>28</b> 6
D	2300	HI09	C022-2	1271 <b>28</b> 6
D	2300	HI10	C022-2	1271 <b>287</b>
D	2300	HI11	C022-2	1271 <b>288</b>
D	2300	HI12	C022-2	1271 <b>288</b>

#### Value Code Associated Amount

Αn	าดเ	ınt ass	ocia	ated w	/ith	indicate	d code value	
D		2300		HI01		C022-5	782	281
D		2300		HI02		C022-5	782	282
D		2300		HI03		C022-5	782	282
D		2300		HI04		C022-5	782	283
D		2300		HI05		C022-5	782	284
D		2300		HI06		C022-5	782	284
D		2300		HI07		C022-5	782	285
D		2300		HI08		C022-5	782	286
D		2300		HI09		C022-5	782	287
D		2300		HI10		C022-5	782	287
D		2300		HI11		C022-5	782	288
D		2300		HI12		C022-5	782	289

#### **Visits**

The unit for home health visitations. Example: One visit every three days for 21 days. This element qualifies that the data is communicating visits.

D	2305	HSD01	-	673	317

## Visits Prior to Recertification Date Count

Number of visits for care prior to the date of the recertification of services.

```
D | 2305 | CR702 | - |1470 ...... 315
```

E.22 MAY 2000

# F UB-92 Mapping

This is the first part of this two part appendix:

## F.1 UB-92 Form Locator [UB-92 Name]

Loop ID | Reference Designator | Composite ID-Composite Sequence | Data Element Number/Code Value

FL 1, Line 1 [Provider Name, Address and Telephone Number]	<b>FL 7</b> [Covered Days] 2300   QTY01   673/CA
2010AA   NM103	<b>FL 8</b> [Non-Covered Days] 2300   QTY01   673/NA
and Telephone Number] 2010AA   N301	<b>FL 9</b> [Coinsurance Days] 2300   QTY01   673/CD
FL 1, Line 3 [Provider Name, Address and Telephone Number] 2010AA   N401	<b>FL 10</b> [Lifetime Reserve Days] 2300   QTY01   673/LA
FL 1, Line 3 [Provider Name, Address and Telephone Number]	<b>FL 12</b> [Patient Name] 2010CA   NM103
2010AA   N402	<b>FL 12</b> [Patient Name] 2010CA   NM104
FL 1, Line 3 [Provider Name, Address and Telephone Number] 2010AA   N403	<b>FL 12</b> [Patient Name] 2010CA   NM105
FL 1, Line 4, Positions 1-10 [Provider Name, Address and Telephone Number]	<b>FL 13</b> [Patient Address] 2010CA   N401
2010AA   PER03   365/TE	<b>FL 13</b> [Patient Address] 2010CA   N402
Name, Address and Telephone Number] 2010AA   PER05   365/TE	<b>FL 13</b> [Patient Address] 2010CA   N403
FL 1, Line 4, Positions 1-10 [Provider Name, Address and Telephone Number] 2010AA   PER07   365/TE	FL 13 [Patient Address] 2010CA   N301
FL 1, Line 4, Positions 12-21 [Provider Name, Address and Telephone Number]	<b>FL 13</b> [Patient Address] 2010CA   N302
2010AA   PER03   365/FX	<b>FL 14</b> [Patient Birthdate] 2010CA   DMG02
FL 1, Line 4, Positions 12-21 [Provider Name, Address and Telephone Number] 2010AA   PER05   365/FX	FL 15 [Patient Sex] 2010CA   DMG03
FL 1, Line 4, Positions 12-21 [Provider Name, Address and Telephone Number]	FL 17 [Admission/Start of Care Date] 2300   DTP03
2010AA   PER07   365/FX	FL 18 [Admission Hour] 2300   DTP03170
FL 1, Line 4, Positions 23-25 [Provider         Name, Address and Telephone Number]         2010AA   N404	FL 19 [Type of Admission] 2300   CL101
<b>FL 3</b> [Patient Control Number] 2300   CLM01	<b>FL 20</b> [Source of Admission] 2300   CL102
<b>FL 4, Position 3</b> [Type of Bill] 2300   CLM05   C023-03	<b>FL 21</b> [Discharge Hour] 2300   DTP03
<b>FL 4, Positions 1-2</b> [Type of Bill] 2300   CLM05   C023-01	<b>FL 22</b> [Patient Status] 2300   CL103
FL 6 (From) and (Through) [Statement Covers Period] 2300   DTP03	<b>FL 24</b> [Condition Codes] 2300   HI01   C022-02

<b>FL 24</b> [Condition Codes] 2300   HI02   C022-02	<b>FL 26</b> [Condition Codes] 2300   HI05   C022-02
<b>FL 24</b> [Condition Codes] 2300   HI03   C022-02	<b>FL 26</b> [Condition Codes] 2300   HI06   C022-02
<b>FL 24</b> [Condition Codes] 2300   HI04   C022-02	<b>FL 26</b> [Condition Codes] 2300   HI07   C022-02
<b>FL 24</b> [Condition Codes] 2300   HI05   C022-02	<b>FL 26</b> [Condition Codes] 2300   HI08   C022-02
<b>FL 24</b> [Condition Codes] 2300   HI06   C022-02	<b>FL 26</b> [Condition Codes] 2300   HI09   C022-02
<b>FL 24</b> [Condition Codes] 2300   HI07   C022-02	<b>FL 26</b> [Condition Codes] 2300   HI10   C022-02
<b>FL 24</b> [Condition Codes] 2300   HI08   C022-02	<b>FL 26</b> [Condition Codes] 2300   HI11   C022-02
<b>FL 24</b> [Condition Codes] 2300   HI09   C022-02	<b>FL 26</b> [Condition Codes] 2300   HI12   C022-02
<b>FL 24</b> [Condition Codes] 2300   HI10   C022-02	<b>FL 27</b> [Condition Codes] 2300   HI01   C022-02
<b>FL 24</b> [Condition Codes] 2300   HI11   C022-02	<b>FL 27</b> [Condition Codes] 2300   HI02   C022-02
<b>FL 24</b> [Condition Codes] 2300   HI12   C022-02	<b>FL 27</b> [Condition Codes] 2300   HI03   C022-02
<b>FL 25</b> [Condition Codes] 2300   HI01   C022-02	<b>FL 27</b> [Condition Codes] 2300   HI04   C022-02
<b>FL 25</b> [Condition Codes] 2300   HI02   C022-02	<b>FL 27</b> [Condition Codes] 2300   HI05   C022-02
<b>FL 25</b> [Condition Codes] 2300   HI03   C022-02	<b>FL 27</b> [Condition Codes] 2300   HI06   C022-02
<b>FL 25</b> [Condition Codes] 2300   HI04   C022-02	<b>FL 27</b> [Condition Codes] 2300   HI07   C022-02
<b>FL 25</b> [Condition Codes] 2300   HI05   C022-02	<b>FL 27</b> [Condition Codes] 2300   HI08   C022-02
<b>FL 25</b> [Condition Codes] 2300   HI06   C022-02	<b>FL 27</b> [Condition Codes] 2300   HI09   C022-02
<b>FL 25</b> [Condition Codes] 2300   HI07   C022-02	<b>FL 27</b> [Condition Codes] 2300   HI10   C022-02
<b>FL 25</b> [Condition Codes] 2300   HI08   C022-02	FL 27 [Condition Codes]         2300   HI11   C022-02       297
<b>FL 25</b> [Condition Codes] 2300   HI09   C022-02	FL 27 [Condition Codes]         2300   HI12   C022-02
<b>FL 25</b> [Condition Codes] 2300   HI10   C022-02	<b>FL 28</b> [Condition Codes] 2300   HI01   C022-02
<b>FL 25</b> [Condition Codes] 2300   HI11   C022-02	FL 28 [Condition Codes]         2300   HI02   C022-02       291
<b>FL 25</b> [Condition Codes] 2300   HI12   C022-02	<b>FL 28</b> [Condition Codes] 2300   HI03   C022-02
<b>FL 26</b> [Condition Codes] 2300   HI01   C022-02	FL 28 [Condition Codes]         2300   HI04   C022-02       293
<b>FL 26</b> [Condition Codes] 2300   HI02   C022-02	FL 28 [Condition Codes]         2300   HI05   C022-02       293
<b>FL 26</b> [Condition Codes] 2300   HI03   C022-02	FL 28 [Condition Codes]         2300   HI06   C022-02       294
<b>FL 26</b> [Condition Codes] 2300   HI04   C022-02	FL 28 [Condition Codes]         2300   HI07   C022-02       295

F.2 MAY 2000

<b>FL 28</b> [Condition Codes] 2300   HI08   C022-02	<b>FL 30</b> [Condition Codes] 2300   HI11   C022-02
<b>FL 28</b> [Condition Codes] 2300   HI09   C022-02	<b>FL 30</b> [Condition Codes] 2300   HI12   C022-02
<b>FL 28</b> [Condition Codes] 2300   HI10   C022-02	<b>FL 32 (a-b)</b> [Occurrence Codes and Dates] 2300   HI01   C022-02
<b>FL 28</b> [Condition Codes] 2300   HI11   C022-02	<b>FL 32 (a-b)</b> [Occurrence Codes and Dates] 2300   HI02   C022-02
<b>FL 28</b> [Condition Codes] 2300   HI12   C022-02	<b>FL 32 (a-b)</b> [Occurrence Codes and Dates] 2300   HI03   C022-02
<b>FL 29</b> [Condition Codes] 2300   HI01   C022-02	<b>FL 32 (a-b)</b> [Occurrence Codes and Dates] 2300   HI04   C022-02
<b>FL 29</b> [Condition Codes] 2300   HI02   C022-02	<b>FL 32 (a-b)</b> [Occurrence Codes and Dates] 2300   HI05   C022-02
<b>FL 29</b> [Condition Codes] 2300   HI03   C022-02	<b>FL 32 (a-b)</b> [Occurrence Codes and Dates] 2300   HI06   C022-02
<b>FL 29</b> [Condition Codes] 2300   HI04   C022-02	<b>FL 32 (a-b)</b> [Occurrence Codes and Dates] 2300   HI07   C022-02
<b>FL 29</b> [Condition Codes] 2300   HI05   C022-02	<b>FL 32 (a-b)</b> [Occurrence Codes and Dates] 2300   HI08   C022-02
<b>FL 29</b> [Condition Codes] 2300   HI06   C022-02	<b>FL 32 (a-b)</b> [Occurrence Codes and Dates] 2300   HI09   C022-02
<b>FL 29</b> [Condition Codes] 2300   HI07   C022-02	<b>FL 32 (a-b)</b> [Occurrence Codes and Dates] 2300   HI10   C022-02
<b>FL 29</b> [Condition Codes] 2300   HI08   C022-02	<b>FL 32 (a-b)</b> [Occurrence Codes and Dates] 2300   HI11   C022-02
<b>FL 29</b> [Condition Codes] 2300   HI09   C022-02	<b>FL 32 (a-b)</b> [Occurrence Codes and Dates] 2300   HI12   C022-02
<b>FL 29</b> [Condition Codes] 2300   HI10   C022-02	FL 32 (a-b), "DATE" field [Occurrence Codes and Dates]
<b>FL 29</b> [Condition Codes] 2300   HI11   C022-02	2300   HI01   C022-04
<b>FL 29</b> [Condition Codes] 2300   HI12   C022-02	Codes and Dates]   2300   HI02   C022-04
<b>FL 30</b> [Condition Codes] 2300   HI01   C022-02	FL 32 (a-b), "DATE" field [Occurrence Codes and Dates] 2300   HI03   C022-04
<b>FL 30</b> [Condition Codes] 2300   HI02   C022-02	FL 32 (a-b), "DATE" field [Occurrence Codes and Dates]
<b>FL 30</b> [Condition Codes] 2300   HI03   C022-02	2300   HI04   C022-04
<b>FL 30</b> [Condition Codes] 2300   HI04   C022-02	Codes and Dates] 2300   HI05   C022-04
<b>FL 30</b> [Condition Codes] 2300   HI05   C022-02	FL 32 (a-b), "DATE" field [Occurrence Codes and Dates]
<b>FL 30</b> [Condition Codes] 2300   HI06   C022-02	2300   HI06   C022-04
<b>FL 30</b> [Condition Codes] 2300   HI07   C022-02	Codes and Dates] 2300   HI07   C022-04
<b>FL 30</b> [Condition Codes] 2300   HI08   C022-02	FL 32 (a-b), "DATE" field [Occurrence Codes and Dates] 2300   HI08   C022-04
<b>FL 30</b> [Condition Codes] 2300   HI09   C022-02	FL 32 (a-b), "DATE" field [Occurrence Codes and Dates]
<b>FL 30</b> [Condition Codes] 2300   HI10   C022-02	2300   HI09   C022-04

<b>FL 32 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI10   C022-04	<b>FL 33 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI08   C022-04
<b>FL 32 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI11   C022-04	<b>FL 33 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI09   C022-04
<b>FL 32 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI12   C022-04	<b>FL 33 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI10   C022-04
<b>FL 33 (a-b)</b> [Occurrence Codes and Dates] 2300   HI01   C022-02	<b>FL 33 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI11   C022-04
<b>FL 33 (a-b)</b> [Occurrence Codes and Dates] 2300   HI02   C022-02	FL 33 (a-b), "DATE" field [Occurrence Codes and Dates]
<b>FL 33 (a-b)</b> [Occurrence Codes and Dates] 2300   HI03   C022-02	2300   HI12   C022-04
<b>FL 33 (a-b)</b> [Occurrence Codes and Dates] 2300   HI04   C022-02	<b>FL 34 (a-b)</b> [Occurrence Codes and Dates] 2300   HI01   C022-02
<b>FL 33 (a-b)</b> [Occurrence Codes and Dates] 2300   HI05   C022-02	<b>FL 34 (a-b)</b> [Occurrence Codes and Dates] 2300   HI02   C022-02
<b>FL 33 (a-b)</b> [Occurrence Codes and Dates] 2300   Hl06   C022-02	<b>FL 34 (a-b)</b> [Occurrence Codes and Dates] 2300   HI03   C022-02
<b>FL 33 (a-b)</b> [Occurrence Codes and Dates] 2300   HI07   C022-02	<b>FL 34 (a-b)</b> [Occurrence Codes and Dates] 2300   HI04   C022-02
FL 33 (a-b) [Occurrence Codes and Dates] 2300   Hl08   C022-02	<b>FL 34 (a-b)</b> [Occurrence Codes and Dates] 2300   HI05   C022-02
FL 33 (a-b) [Occurrence Codes and Dates] 2300   HI09   C022-02	<b>FL 34 (a-b)</b> [Occurrence Codes and Dates] 2300   HI06   C022-02
FL 33 (a-b) [Occurrence Codes and Dates]	<b>FL 34 (a-b)</b> [Occurrence Codes and Dates] 2300   HI07   C022-02
2300   HI10   C022-02	<b>FL 34 (a-b)</b> [Occurrence Codes and Dates] 2300   HI08   C022-02
2300   HI11   C022-02	<b>FL 34 (a-b)</b> [Occurrence Codes and Dates] 2300   HI09   C022-02
2300   HI12   C022-02	<b>FL 34 (a-b)</b> [Occurrence Codes and Dates] 2300   HI10   C022-02
Codes and Dates] 2300   HI01   C022-04	<b>FL 34 (a-b)</b> [Occurrence Codes and Dates] 2300   HI11   C022-02
<b>FL 33 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI02   C022-04	<b>FL 34 (a-b)</b> [Occurrence Codes and Dates] 2300   HI12   C022-02
<b>FL 33 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI03   C022-04	<b>FL 34 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI01   C022-04
FL 33 (a-b), "DATE" field [Occurrence Codes and Dates] 2300   HI04   C022-04	<b>FL 34 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI02   C022-04
FL 33 (a-b), "DATE" field [Occurrence Codes and Dates] 2300   HI05   C022-04	FL 34 (a-b), "DATE" field [Occurrence Codes and Dates] 2300   HI03   C022-04
FL 33 (a-b), "DATE" field [Occurrence Codes and Dates]	FL 34 (a-b), "DATE" field [Occurrence Codes and Dates]
2300   HI06   C022-04	2300   HI04   C022-04
Codes and Dates] 2300   HI07   C022-04	Codes and Dates] 2300   HI05   C022-04

F.4 MAY 2000

<b>FL 34 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI06   C022-04	<b>FL 35 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI04   C022-04
<b>FL 34 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI07   C022-04	<b>FL 35 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI05   C022-04
<b>FL 34 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI08   C022-04	<b>FL 35 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI06   C022-04
<b>FL 34 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI09   C022-04	<b>FL 35 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI07   C022-04
<b>FL 34 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI10   C022-04	<b>FL 35 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI08   C022-04
<b>FL 34 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI11   C022-04	<b>FL 35 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI09   C022-04
<b>FL 34 (a-b), "DATE" field</b> [Occurrence Codes and Dates] 2300   HI12   C022-04	FL 35 (a-b), "DATE" field [Occurrence Codes and Dates] 2300   HI10   C022-04
<b>FL 35 (a-b)</b> [Occurrence Codes and Dates] 2300   HI01   C022-02	FL 35 (a-b), "DATE" field [Occurrence Codes and Dates]
<b>FL 35 (a-b)</b> [Occurrence Codes and Dates] 2300   HI02   C022-02	2300   HI11   C022-04
<b>FL 35 (a-b)</b> [Occurrence Codes and Dates] 2300   HI03   C022-02	Codes and Dates] 2300   HI12   C022-04
<b>FL 35 (a-b)</b> [Occurrence Codes and Dates] 2300   HI04   C022-02	<b>FL 36 (a-b)</b> [Occurrence Span Code and Dates] 2300   HI03   C022-02
<b>FL 35 (a-b)</b> [Occurrence Codes and Dates] 2300   HI05   C022-02	FL 36 (a-b) [Occurrence Span Code and Dates]
<b>FL 35 (a-b)</b> [Occurrence Codes and Dates] 2300   HI06   C022-02	2300   HI04   C022-02
<b>FL 35 (a-b)</b> [Occurrence Codes and Dates] 2300   HI07   C022-02	Dates] 2300   HI05   C022-02
<b>FL 35 (a-b)</b> [Occurrence Codes and Dates] 2300   HI08   C022-02	FL 36 (a-b) [Occurrence Span Code and Dates]
<b>FL 35 (a-b)</b> [Occurrence Codes and Dates] 2300   HI09   C022-02	2300   HI06   C022-02
<b>FL 35 (a-b)</b> [Occurrence Codes and Dates] 2300   HI10   C022-02	Dates] 2300   HI07   C022-02
FL 35 (a-b) [Occurrence Codes and Dates]	FL 36 (a-b) [Occurrence Span Code and Dates]
2300   HI11   C022-02	2300   HI08   C022-02
2300   HI12   C022-02	Dates] 2300   HI09   C022-02
Codes and Dates] 2300   HI01   C022-04	FL 36 (a-b) [Occurrence Span Code and
FL 35 (a-b), "DATE" field [Occurrence	Dates] 2300   HI10   C022-02
Codes and Dates] 2300   HI02   C022-04	FL 36 (a-b) [Occurrence Span Code and Dates]
FL 35 (a-b), "DATE" field [Occurrence Codes and Dates]	2300   HI11   C022-02
2300   HI03   C022-04	<b>FL 36 (a-b)</b> [Occurrence Span Code and Dates] 2300   HI12   C022-02

FL 36 (a-b) [Occurrence Span Code and Dates]	<b>FL 39 (a-d)</b> [Value Codes and Amounts] 2300   HI05   C022-02
2300   HI01   C022-02	<b>FL 39 (a-d)</b> [Value Codes and Amounts] 2300   HI06   C022-02
Dates] 2300   HI02   C022-02	<b>FL 39 (a-d)</b> [Value Codes and Amounts] 2300   HI07   C022-02
FL 36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates] 2300   HI01   C022-04	<b>FL 39 (a-d)</b> [Value Codes and Amounts] 2300   HI08   C022-02
FL 36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]	<b>FL 39 (a-d)</b> [Value Codes and Amounts] 2300   HI09   C022-02
2300   HI02   C022-04	<b>FL 39 (a-d)</b> [Value Codes and Amounts] 2300   HI10   C022-02
fields [Occurrence Span Code and Dates] 2300   HI03   C022-04	<b>FL 39 (a-d)</b> [Value Codes and Amounts] 2300   HI11   C022-02
FL 36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates] 2300   HI04   C022-04	<b>FL 39 (a-d)</b> [Value Codes and Amounts] 2300   HI12   C022-02
FL 36 (a-b), "FROM" and "THROUGH"	<b>FL 40 (a-d)</b> [Value Codes and Amounts] 2300   HI01   C022-02
<b>fields</b> [Occurrence Span Code and Dates] 2300   HI05   C022-04	<b>FL 40 (a-d)</b> [Value Codes and Amounts] 2300   HI02   C022-02
FL 36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates] 2300   Hl06   C022-04	<b>FL 40 (a-d)</b> [Value Codes and Amounts] 2300   HI03   C022-02
FL 36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]	<b>FL 40 (a-d)</b> [Value Codes and Amounts] 2300   HI04   C022-02
2300   HI07   C022-04	<b>FL 40 (a-d)</b> [Value Codes and Amounts] 2300   HI05   C022-02
FL 36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates] 2300   Hl08   C022-04	<b>FL 40 (a-d)</b> [Value Codes and Amounts] 2300   Hl06   C022-02
FL 36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]	<b>FL 40 (a-d)</b> [Value Codes and Amounts] 2300   HI07   C022-02
2300   HI09   C022-04	<b>FL 40 (a-d)</b> [Value Codes and Amounts] 2300   HI08   C022-02
fields [Occurrence Span Code and Dates] 2300   HI10   C022-04	<b>FL 40 (a-d)</b> [Value Codes and Amounts] 2300   HI09   C022-02
FL 36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates] 2300   HI11   C022-04	<b>FL 40 (a-d)</b> [Value Codes and Amounts] 2300   HI10   C022-02
FL 36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]	<b>FL 40 (a-d)</b> [Value Codes and Amounts] 2300   HI11   C022-02
2300   HI12   C022-04	<b>FL 40 (a-d)</b> [Value Codes and Amounts] 2300   HI12   C022-02
(ICN)/ Document Control Number (DCN)] 2300   REF02	<b>FL 41 (a-d)</b> [Value Codes and Amounts] 2300   HI01   C022-02
FL 37 (A-C) [Internal Control Number (ICN)/ Document Control Number (DCN)]	<b>FL 41 (a-d)</b> [Value Codes and Amounts] 2300   HI02   C022-02
2330B   REF01   128/F8	<b>FL 41 (a-d)</b> [Value Codes and Amounts] 2300   HI03   C022-02
2300   HI01   C022-02	<b>FL 41 (a-d)</b> [Value Codes and Amounts] 2300   HI04   C022-02
2300   HI02   C022-02	<b>FL 41 (a-d)</b> [Value Codes and Amounts] 2300   HI05   C022-02
2300   HI03   C022-02 282	FL 41 (a-d) [Value Codes and Amounts]
<b>FL 39 (a-d)</b> [Value Codes and Amounts] 2300   HI04   C022-02	2300   HI06   C022-02
	2300   HI07   C022-02 285

F.6 MAY 2000

<b>FL 41 (a-d)</b> [Value Codes and Amounts] 2300   HI08   C022-02	<b>FL 50 (A-C)</b> [Payer Identification] 2010BC   NM103
<b>FL 41 (a-d)</b> [Value Codes and Amounts] 2300   Hl09   C022-02	<b>FL 50 (A-C)</b> [Payer Identification] 2320   SBR01
<b>FL 41 (a-d)</b> [Value Codes and Amounts] 2300   HI10   C022-02	<b>FL 50 (A-C)</b> [Payer Identification] 2330B   NM103
<b>FL 41 (a-d)</b> [Value Codes and Amounts] 2300   Hl11   C022-02	<b>FL 51 (A-C)</b> [Provider Number] 2010AA   REF01   128/1A
<b>FL 41 (a-d)</b> [Value Codes and Amounts] 2300   HI12   C022-02	<b>FL 51 (A-C)</b> [Provider Number] 2010AA   REF01   128/G2
<b>FL 42</b> [Revenue Code] 2400   SV201	<b>FL 51 (A-C)</b> [Provider Number] 2010AA   REF01   128/1H
FL 44 ("RATES") [HCPCS/Rates/HIPPS Rate Codes]	<b>FL 51 (A-C)</b> [Provider Number] 2010AA   REF01   128/1D
2400   SV206	<b>FL 51 (A-C)</b> [Provider Number] 2010AA   REF01   128/1C
Rate Codes] 2400   SV202   C003	<b>FL 51 (A-C)</b> [Provider Number] 2000B   SBR01
<b>FL 44 (HCPCS)</b> [HCPCS/Rates/HIPPS Rate Codes] 2400   SV202   C003-02	<b>FL 51 (A-C)</b> [Provider Number] 2320   SBR01
FL 44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]	FL 52 (A-C) [Release of Information Certification Indicator]
2400   SV202   C003-03	2300   CLM09
Rate Codes] 2400   SV202   C003-04	cation Indicator] 2000B   SBR01
FL 44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes] 2400   SV202   C003-05	FL 52 (A-C) [Release of Information Certification Indicator] 2320   SBR01
FL 44 (HCPCS) [HCPCS/Rates/HIPPS	<b>FL 52 Code N</b> [No Release] 2300   CLM09   1363/N
Rate Codes] 2400   SV202   C003-06	FL 52 Code R [Restricted or Modified Release]
<b>FL 45</b> [Service Date] 2400   DTP03	2300   CLM09   1363/M
<b>FL 45</b> [Service Date] 2400   DTP03	<b>FL 52 Code Y</b> [Yes] 2300   CLM09   1363/Y
<b>FL 46</b> [Units of Service] 2400   SV205	FL 53 (A-C) [Assignment of Benefits Certification Indicator] 2300   CLM08
FL 47 [Total Charges (by Revenue Code Category)] 2400   SV203	FL 53 (A-C) [Assignment of Benefits Certification Indicator] 2000B   SBR01
FL 47 (Revenue Code 001) This amount is the total of the SV2segments, with the exception of Revenue Code 001. [To-	FL 53 (A-C) [Assignment of Benefits Certification Indicator] 2320   SBR01
tal Charges (by Revenue Code Category)] 2300   CLM02	FL 54 (A-C) [Prior Payments - Payers and
<b>FL 48</b> [Non-Covered Charges] 2400   SV207	Patient] 2000B   SBR01
<b>FL 5</b> [Payer Identification] 2010AA   REF01   128/EI	FL 54 (A-C) [Prior Payments - Payers and Patient] 2320   SBR01
<b>FL 5</b> [Payer Identification] 2010AA   REF01   128/SY	FL 54 (A-C) [Prior Payments - Payers and
<b>FL 50 (A-C)</b> [Payer Identification] 2000B   SBR01	Patient] 2320   AMT02

FL 54, Line P [Prior Payments - Payers and Patient] 2300   AMT02	FL 59 Code 04 [Natural Child/Insured Does not Have Financial Responsibility] 2000C   PAT01   1069/43
<b>FL 55 (A-C)</b> [Estimated Amount Due] 2300   AMT02	FL 59 Code 04 [Natural Child/Insured Does not Have Financial Responsibility] 2320   SBR02   1069/43
<b>FL 55 (A-C)</b> [Estimated Amount Due] 2000B   SBR01	FL 59 Code 05 [Step Child]
<b>FL 55 (A-C)</b> [Estimated Amount Due] 2320   SBR01	2000C   PAT01   1069/17
FL 55, Patient Line [Estimated Amount Due]	2320   SBR02   1069/17
2300   AMT02	2000C   PAT01   1069/10
2010BA   NM103	2320   SBR02   1069/10
2330A NM103401	2000C   PAT01   1069/15
<b>FL 58 (A-C)</b> [Insured's Name] 2010BA   NM104	<b>FL 59 Code 07</b> [Ward of the Court] 2320   SBR02   1069/15
<b>FL 58 (A-C)</b> [Insured's Name] 2330A   NM104	<b>FL 59 Code 08</b> [Employee] 2000C   PAT01   1069/20
<b>FL 58 (A-C)</b> [Insured's Name] 2010BA   NM105	<b>FL 59 Code 08</b> [Employee] 2320   SBR02   1069/20
<b>FL 58 (A-C)</b> [Insured's Name] 2330A   NM105	<b>FL 59 Code 09</b> [Unknown] 2000C   PAT01   1069/21
<b>FL 58 (A-C)</b> [Insured's Name] 2000B   SBR01	<b>FL 59 Code 09</b> [Unknown] 2320   SBR02   1069/21
<b>FL 58 (A-C)</b> [Insured's Name] 2320   SBR01	<b>FL 59 Code 10</b> [Handicapped Dependent] 2000C   PAT01   1069/22
<b>FL 59 (A-C)</b> [Patient's Relationship to Insured]	<b>FL 59 Code 10</b> [Handicapped Dependent] 2320   SBR02   1069/22
2000B   SBR02	<b>FL 59 Code 11</b> [Organ Donor] 2000C   PAT01   1069/39
sured] 2000C   PAT01	<b>FL 59 Code 11</b> [Organ Donor] 2320   SBR02   1069/39
FL 59 (A-C) [Patient's Relationship to Insured] 2320   SBR02	<b>FL 59 Code 12</b> [Cadaver Donor] 2000C   PAT01   1069/40
FL 59 (A-C) [Patient's Relationship to In-	<b>FL 59 Code 12</b> [Cadaver Donor] 2320   SBR02   1069/40
sured] 2000B   SBR01	FL 59 Code 13 [Grandchild] 2000C   PAT01   1069/05
FL 59 (A-C) [Patient's Relationship to Insured] 2320   SBR01	FL 59 Code 13 [Grandchild] 2320   SBR02   1069/05
<b>FL 59 Code 01</b> [Patient Is Insured] 2320   SBR02   1069/18	<b>FL 59 Code 14</b> [Niece/Nephew] 2000C   PAT01   1069/07
<b>FL 59 Code 02</b> [Spouse] 2000C   PAT01   1069/01	<b>FL 59 Code 14</b> [Niece/Nephew] 2320   SBR02   1069/07
<b>FL 59 Code 02</b> [Spouse] 2320   SBR02   1069/01	<b>FL 59 Code 15</b> [Injured Plaintiff] 2000C   PAT01   1069/41
FL 59 Code 03 [Natural Child/Insured Financial Responsibility]	<b>FL 59 Code 15</b> [Injured Plaintiff] 2320   SBR02   1069/41
2000C   PAT01   1069/19	FL 59 Code 16 [Sponsored Dependent]
FL 59 Code 03 [Natural Child/Insured Financial Responsibility]	2000C   PAT01   1069/23
2320   SBR02   1069/19	2320   SBR02   1069/23

F.8 MAY 2000

<b>FL 59 Code 17</b> [Minor Dependent of a Minor Dependent] 2000C   PAT01   1069/24	FL 63 (A-C) [Treatment Authorization Code] 2000B   SBR01
<b>FL 59 Code 17</b> [Minor Dependent of a Minor Dependent] 2320   SBR02   1069/24	FL 63 (A-C) [Treatment Authorization Code] 2320   SBR01
<b>FL 59 Code 19</b> [Grandparent] 2000C   PAT01   1069/04	FL 64 (A-C) [Employment Status Code of the Insured]
<b>FL 59 Code 19</b> [Grandparent] 2320   SBR02   1069/04	2000B   SBR01
<b>FL 59 Code 20</b> [Life Partner] 2000C   PAT01   1069/53	the Insured] 2320   SBR01
<b>FL 59 Code 20</b> [Life Partner] 2320   SBR02   1069/53	<b>FL 65 (A-C)</b> [Employer Name of the Insured] 2000B   SBR01
FL 60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identifi- cation Number] 2010CA   NM109	<b>FL 65 (A-C)</b> [Employer Name of the Insured] 2320   SBR01
FL 60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identification Number]	FL 66 (A-C) [Employer Location of the Insured] 2000B   SBR01
2010BA   NM109	FL 66 (A-C) [Employer Location of the Insured]
Number/Health Insurance Claim/ Identification Number] 2330A   NM109	2320   SBR01
FL 60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identifi-	<b>FL 68</b> [Other Diagnoses Codes] 2300   HI01   C022-02
cation Number] 2330A   REF02	<b>FL 68</b> [Other Diagnoses Codes] 2300   HI02   C022-02
FL 60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identifi- cation Number]	<b>FL 68</b> [Other Diagnoses Codes] 2300   HI03   C022-02
2000B   SBR01	<b>FL 68</b> [Other Diagnoses Codes] 2300   HI04   C022-02
Number/Health Insurance Claim/ Identification Number] 2320   SBR01	<b>FL 68</b> [Other Diagnoses Codes] 2300   HI05   C022-02
<b>FL 61 (A-C)</b> [Insured Group Name] 2000B   SBR04	<b>FL 68</b> [Other Diagnoses Codes] 2300   HI06   C022-02
FL 61 (A-C) [Insured Group Name]	<b>FL 68</b> [Other Diagnoses Codes] 2300   HI07   C022-02
2320   SBR04	<b>FL 68</b> [Other Diagnoses Codes] 2300   HI08   C022-02
2000B   SBR01	<b>FL 68</b> [Other Diagnoses Codes] 2300   HI09   C022-02
2320   SBR01	<b>FL 68</b> [Other Diagnoses Codes] 2300   HI10   C022-02
2320   SBR03	<b>FL 68</b> [Other Diagnoses Codes] 2300   HI11   C022-02
2000B   SBR03	<b>FL 68</b> [Other Diagnoses Codes] 2300   HI12   C022-02
2000B   SBR01	FL 69 [Other Diagnoses Codes]
<b>FL 62 (A-C)</b> [Insurance Group Number] 2320   SBR01	2300   HI01   C022-02
<b>FL 63 (A-C)</b> [Treatment Authorization Code] 2300   REF02	2300   HI02   C022-02

<b>FL 69</b> [Other Diagnoses Codes] 2300   HI03   C022-02	FL 71 [Other Diagnoses Codes]           2300   HI06   C022-02         236
<b>FL 69</b> [Other Diagnoses Codes] 2300   HI04   C022-02	<b>FL 71</b> [Other Diagnoses Codes] 2300   HI07   C022-02
<b>FL 69</b> [Other Diagnoses Codes] 2300   HI05   C022-02	<b>FL 71</b> [Other Diagnoses Codes] 2300   HI08   C022-02
<b>FL 69</b> [Other Diagnoses Codes] 2300   HI06   C022-02	FL 71 [Other Diagnoses Codes]           2300   HI09   C022-02         238
<b>FL 69</b> [Other Diagnoses Codes] 2300   HI07   C022-02	<b>FL 71</b> [Other Diagnoses Codes] 2300   HI10   C022-02 239
<b>FL 69</b> [Other Diagnoses Codes] 2300   HI08   C022-02	<b>FL 71</b> [Other Diagnoses Codes] 2300   HI11   C022-02
<b>FL 69</b> [Other Diagnoses Codes] 2300   HI09   C022-02	<b>FL 71</b> [Other Diagnoses Codes] 2300   HI12   C022-02
<b>FL 69</b> [Other Diagnoses Codes] 2300   HI10   C022-02	<b>FL 72</b> [Other Diagnoses Codes] 2300   HI01   C022-02
<b>FL 69</b> [Other Diagnoses Codes] 2300   HI11   C022-02	<b>FL 72</b> [Other Diagnoses Codes] 2300   HI02   C022-02
<b>FL 69</b> [Other Diagnoses Codes] 2300   HI12   C022-02	<b>FL 72</b> [Other Diagnoses Codes] 2300   HI03   C022-02
<b>FL 70</b> [Other Diagnoses Codes] 2300   HI01   C022-02	FL 72 [Other Diagnoses Codes]           2300   HI04   C022-02         235
<b>FL 70</b> [Other Diagnoses Codes] 2300   HI02   C022-02	FL 72 [Other Diagnoses Codes]           2300   HI05   C022-02
<b>FL 70</b> [Other Diagnoses Codes] 2300   HI03   C022-02	FL 72 [Other Diagnoses Codes]           2300   HI06   C022-02
FL 70 [Other Diagnoses Codes]         2300   HI04   C022-02       235	FL 72 [Other Diagnoses Codes]           2300   HI07   C022-02
FL 70 [Other Diagnoses Codes]         2300   HI05   C022-02       235	FL 72 [Other Diagnoses Codes]           2300   HI08   C022-02
FL 70 [Other Diagnoses Codes]           2300   HI06   C022-02         236	FL 72 [Other Diagnoses Codes]           2300   HI09   C022-02
FL 70 [Other Diagnoses Codes]           2300   HI07   C022-02         237	FL 72 [Other Diagnoses Codes]         2300   HI10   C022-02
FL 70 [Other Diagnoses Codes]         2300   HI08   C022-02       238	FL 72 [Other Diagnoses Codes]         2300   HI11   C022-02       240
FL 70 [Other Diagnoses Codes]         2300   HI09   C022-02       238	FL 72 [Other Diagnoses Codes]         2300   HI12   C022-02       240
FL 70 [Other Diagnoses Codes]         2300   HI10   C022-02       239	FL 73 [Other Diagnoses Codes]         2300   HI01   C022-02       233
FL 70 [Other Diagnoses Codes]         2300   HI11   C022-02	FL 73 [Other Diagnoses Codes]         2300   HI02   C022-02       233
FL 70 [Other Diagnoses Codes] 2300   HI12   C022-02	FL 73 [Other Diagnoses Codes]         2300   HI03   C022-02
FL 71 [Other Diagnoses Codes] 2300   HI01   C022-02	FL 73 [Other Diagnoses Codes]         2300   HI04   C022-02
FL 71 [Other Diagnoses Codes]         2300   HI02   C022-02       233	FL 73 [Other Diagnoses Codes]         2300   HI05   C022-02
FL 71 [Other Diagnoses Codes]         2300   HI03   C022-02       234	FL 73 [Other Diagnoses Codes]         2300   HI06   C022-02       236
FL 71 [Other Diagnoses Codes]         2300   HI04   C022-02       235	FL 73 [Other Diagnoses Codes]         2300   HI07   C022-02
FL 71 [Other Diagnoses Codes]           2300   HI05   C022-02         235	FL 73 [Other Diagnoses Codes]           2300   HI08   C022-02         238

F.10

<b>FL 73</b> [Other Diagnoses Codes] 2300   HI09   C022-02	<b>FL 75</b> [Other Diagnoses Codes] 2300   HI12   C022-02
<b>FL 73</b> [Other Diagnoses Codes] 2300   HI10   C022-02	FL 76 [Admitting Diagnosis/Patients Reason for Visit]
<b>FL 73</b> [Other Diagnoses Codes] 2300   HI11   C022-02	2300   HI02   C022-02
<b>FL 73</b> [Other Diagnoses Codes] 2300   Hl12   C022-02	code)] 2300   HI03   C022-02
<b>FL 74</b> [Other Diagnoses Codes] 2300   HI01   C022-02	<b>FL 80</b> [Principal Procedure Code and Date] 2300   HI01   C022-02
<b>FL 74</b> [Other Diagnoses Codes] 2300   HI02   C022-02	<b>FL 80, "DATE" field</b> [Principal Procedure Code and Date] 2300   HI01   C022-04
<b>FL 74</b> [Other Diagnoses Codes] 2300   HI03   C022-02	FL 81 (A-E) [Other Procedure Codes and
<b>FL 74</b> [Other Diagnoses Codes] 2300   HI04   C022-02	Dates] 2300   HI01   C022-02
FL 74 [Other Diagnoses Codes] 2300   HI05   C022-02	<b>FL 81 (A-E)</b> [Other Procedure Codes and Dates] 2300   HI02   C022-02
<b>FL 74</b> [Other Diagnoses Codes] 2300   HI06   C022-02	FL 81 (A-E) [Other Procedure Codes and Dates]
FL 74 [Other Diagnoses Codes]	2300   HI03   C022-02
2300   HI07   C022-02	FL 81 (A-E) [Other Procedure Codes and Dates]
2300   HI08   C022-02	2300   HI04   C022-02
2300   HI09   C022-02	Dates] 2300   HI05   C022-02
<b>FL 74</b> [Other Diagnoses Codes] 2300   HI10   C022-02	FL 81 (A-E) [Other Procedure Codes and Dates]
<b>FL 74</b> [Other Diagnoses Codes] 2300   HI11   C022-02	2300   HI06   C022-02
<b>FL 74</b> [Other Diagnoses Codes] 2300   Hl12   C022-02	Dates] 2300   HI07   C022-02
<b>FL 75</b> [Other Diagnoses Codes] 2300   HI01   C022-02	FL 81 (A-E) [Other Procedure Codes and Dates]
<b>FL 75</b> [Other Diagnoses Codes] 2300   Hl02   C022-02	2300   HI08   C022-02
<b>FL 75</b> [Other Diagnoses Codes] 2300   Hl03   C022-02	Dates] 2300   HI09   C022-02
FL 75 [Other Diagnoses Codes]	FL 81 (A-E) [Other Procedure Codes and Dates]
2300   HI04   C022-02	2300   HI10   C022-02
2300   HI05   C022-02	FL 81 (A-E) [Other Procedure Codes and Dates] 2300   HI11   C022-02
2300   HI06   C022-02	FL 81 (A-E) [Other Procedure Codes and
<b>FL 75</b> [Other Diagnoses Codes] 2300   HI07   C022-02	Dates] 2300   HI12   C022-02
<b>FL 75</b> [Other Diagnoses Codes] 2300   Hl08   C022-02	<b>FL 81 (A-E)</b> [Other Procedure Codes and Dates]
<b>FL 75</b> [Other Diagnoses Codes] 2300   HI09   C022-02	2300   HI01   C022-04
<b>FL 75</b> [Other Diagnoses Codes] 2300   HI10   C022-02	Dates] 2300   HI02   C022-04
<b>FL 75</b> [Other Diagnoses Codes] 2300   HI11   C022-02	

<b>FL 81 (A-E)</b> [Other Procedure Codes and Dates] 2300   HI03   C022-04
<b>FL 81 (A-E)</b> [Other Procedure Codes and Dates] 2300   HI04   C022-04
<b>FL 81 (A-E)</b> [Other Procedure Codes and Dates] 2300   HI05   C022-04
FL 81 (A-E) [Other Procedure Codes and Dates]
2300   HI06   C022-04
2300   HI07   C022-04
2300   HI08   C022-04
Dates] 2300   HI09   C022-04
Dates] 2300   HI10   C022-04
<b>FL 81 (A-E)</b> [Other Procedure Codes and Dates] 2300   HI11   C022-04
<b>FL 81 (A-E)</b> [Other Procedure Codes and Dates] 2300   HI12   C022-04
<b>FL 82, Line a</b> [Attending Physician ID] 2310A   NM109
<b>FL 82, Line b</b> [Attending Physician ID] 2310A   NM103
<b>FL 82, Line b</b> [Attending Physician ID] 2310A   NM104
2310B   NM109
<b>FL 83A, Line b</b> [Other Physician ID] 2310B   NM104
<b>FL 83B, Line a</b> [Other Physician ID] 2310C   NM109
<b>FL 83B, Line b</b> [Other Physician ID] 2310C   NM103
2310C   NM104
2300   NTE02
FL 84, Line b [Remarks] 2330A   N301
<b>FL 84, Line b</b> [Remarks] 2010BA   N301

<b>FL 84, Line c</b> [Remarks] 2010BA   N402	
<b>FL 84, Line c</b> [Remarks] 2330A   N402	407
<b>FL 84, Line c</b> [Remarks] 2010BA   N401	
<b>FL 84, Line c</b> [Remarks] 2330A   N401	406
<b>FL 84, Line d</b> [Remarks] 2010BA   N403	
<b>FL 84, Line d</b> [Remarks] 2330A   N403	407

F.12 MAY 2000

## F.2 EMC v.6.0 Mapping

This is the second part of this two part appendix:

# Loop ID | Reference Designator | Composite ID-Composite Sequence | Data Element Number/Code Value

•	
<b>Record Type 10 Field No. 2, Position 3</b> 2300   CLM05   C023-03	<b>Record Type 20 Field No. 5</b> 2010CA   NM104
Record Type 10 Field No. 2, Positions 1-2	<b>Record Type 20 Field No. 6</b> 2010CA   NM105
2300   CLM05   C023-01	Record Type 20 Field No. 7
<b>Record Type 10 Field No. 6</b> 2010AA   REF01   128/1C	2010CA   DMG03
<b>Record Type 10 Field No. 7</b> 2010AA   REF01   128/1D	2010BA   DMG02
Record Type 10 Field No. 8	Record Type 20 Field No. 8 (MMDDCCYY)
2010AA   REF01   128/1H	2010CA   DMG02
<b>Record Type 10 Field No. 9, 10</b> 2010AA   REF01   128/1A	<b>Record Type 20 Field No. 10</b> 2300   CL101
<b>Record Type 10 Field No. 9, 10</b> 2010AA   REF01   128/G2	<b>Record Type 20 Field No. 11</b> 2300   CL102
<b>Record Type 10 Field No. 11</b> 2010AA   PER03   365/TE	<b>Record Type 20 Field No. 12</b> 2010CA   N301
Record Type 10 Field No. 11 2010AA   PER05   365/TE	<b>Record Type 20 Field No. 13</b> 2010CA   N302
Record Type 10 Field No. 11 2010AA   PER07   365/TE	Record Type 20 Field No. 14 2010CA   N401
Record Type 10 Field No. 12 2010AA   NM103	Record Type 20 Field No. 15 2010CA   N402
Record Type 10 Field No. 13 2010AA   N301	Record Type 20 Field No. 16 2010CA   N403
<b>Record Type 10 Field No. 14</b> 2010AA   N401	Record Type 20 Field No. 17 (Admission Date)
Record Type 10 Field No. 15	2300   DTP03
2010AA   N402	Record Type 20 Field No. 18 (Admission Hour)
<b>Record Type 10 Field No. 16</b> 2010AA   N403	2300   DTP03
Record Type 10 Field No. 17 2010AA   PER03   365/FX	<b>Record Type 20 Field No. 19, 20</b> 2300   DTP03
Record Type 10 Field No. 17	Record Type 20 Field No. 21
2010AA   PER05   365/FX	2300   CL103
<b>Record Type 10 Field No. 17</b> 2010AA   PER07   365/FX	<b>Record Type 20 Field No. 22</b> 2300   DTP03
Record Type 10 Field No. 18 2010AA   N404	Record Type 20 Field No. 23           2300   AMT02
Record Type 10 Field No. 4, 5 2010AA   REF01   128/EI	Record Type 20 Field No. 24           2300   AMT02
Record Type 10 Field No. 4, 5 2010AA   REF01   128/SY	Record Type 20 Field No. 25 (Medical Record Number) 2300   REF02
<b>Record Type 20 Field No. 3</b> 2300   CLM01	Record Type 30 Field No. 2 (Sequence 01-03)
<b>Record Type 20 Field No. 4</b> 2010CA   NM103	2000B   SBR01

<b>Record Type 30 Field No. 2 (Sequence 01-03)</b> 2320   SBR01	<b>Record Type 30 Field No. 8b (Sequence 01-03)</b> 2010BC   NM103
Record Type 30 Field No. 4 (not all codes map) 2000B   SBR09	<b>Record Type 30 Field No. 8b (Sequence 01-03)</b> 2330B   NM103
Record Type 30 Field No. 4 (Sequence 01-03. See SBR09 in LOOP 2000B for EMC code translation.) 2320   SBR09	Record Type 30 Field No. 10 (Sequence 01-03) 2000B   SBR03
<b>Record Type 30 Field No. 4 Code A</b> 2000B   SBR09   1032/09	Record Type 30 Field No. 10 (Sequence           01-03) Insurance Group No.           2320   SBR03
Record Type 30 Field No. 4 Code B (Same as the qualifier used inCLP06 of 835 Health Care Claim Payment)	<b>Record Type 30 Field No. 11 (Sequence 01-03)</b> 2320   SBR04
2000B   SBR09   1032/WC	Record Type 30 Field No. 11 (Sequence 01-03) 2000B   SBR04
<b>835 Health Care Claim Payment)</b> 2000B   SBR09   1032/MA	Record Type 30 Field No. 12 (Sequence 01-03)
<b>Record Type 30 Field No. 4 Code D</b> 2000B   SBR09   1032/MC	2010BA   NM103
<b>Record Type 30 Field No. 4 Code E</b> 2000B   SBR09   1032/OF	<b>01-03)</b> 2330A   NM103
<b>Record Type 30 Field No. 4 Code F</b> 2000B   SBR09   1032/CI	Record Type 30 Field No. 13 (Sequence 01-03)
<b>Record Type 30 Field No. 4 Code G</b> 2000B   SBR09   1032/BL	2010BA   NM104
<b>Record Type 30 Field No. 4 Code H</b> 2000B   SBR09   1032/CH	<b>01-03)</b> 2330A   NM104
Record Type 30 Field No. 5, 6 (Sequence 01-03) 2010BC   NM108	<b>Record Type 30 Field No. 14 (Sequence 01-03)</b> 2010BA   NM105
Record Type 30 Field No. 5, 6 (Sequence 01-03)	<b>Record Type 30 Field No. 14 (Sequence 01-03)</b> 2330A   NM105
2330B   NM108	Record Type 30 Field No. 15 2010BA   DMG03
<b>quence 01-03)</b> 2010BC   REF02	Record Type 30 Field No. 15 2320   DMG03
Record Type 30 Field No. 5, 6 (This must match one of the corresponding loops: 2010BC - Payer Name, or 2330B -	Record Type 30 Field No. 16 2320   Ol06
<b>Other Payer Name.)</b> 2430   SVD01	Record Type 30 Field No. 16 (Sequence 01-03)
<b>Record Type 30 Field No. 7</b> 2010CA   NM109	2300   CLM09
Record Type 30 Field No. 7 (Sequence 01-03)	2320   Ol06   1363/N
2010BA   NM109	2320   Ol06   1363/M
<b>01-03)</b> 2330A   NM109	Record Type 30 Field No. 16 Code R 2300   CLM09   1363/M
Record Type 30 Field No. 7 (Sequence 01-03)	<b>Record Type 30 Field No. 16 Code Y</b> 2320   Ol06   1363/Y
2330Å   REF02	<b>Record Type 30 Field No. 17</b> 2320   Ol03

F.14 MAY 2000

<b>Record Type 30 Field No. 17 (Sequence 01-03)</b> 2300   CLM08	<b>Record Type 31 Field No. 6 (Sequence 01-03)</b> 2330A   N401
<b>Record Type 30 Field No. 18</b> 2000B   SBR02	Record Type 31 Field No. 7 (Sequence 01-03)
<b>Record Type 30 Field No. 18 (Sequence 01-03)</b> 2000C   PAT01	2010BA   N402
Record Type 30 Field No. 18 (Sequence 01-03) 2320   SBR02	2330A   N402
Record Type 30 Field No. 20 (Sequence 01-03)	2010BA   N403
2300   QTY01   673/CA	<b>01-03)</b> 2330A   N403
2300   QTY01   673/NA	Record Type 31 Field No. 14 (Sequence 01-03) 2300   REF02
<b>01-03)</b> 2300   QTY01   673/CD	Record Type 31 Field No. 14 (Sequence 01-03)
Record Type 30 Field No. 23 (Sequence 01-03) 2300   QTY01   673/LA	2330B   REF01   128/F8
<b>Record Type 30 Field No. 24</b> 2010AA   REF01   128/1A	2010BC   REF02
<b>Record Type 30 Field No. 24</b> 2010AA   REF01   128/G2	<b>01-03)</b> 2000B   SBR01
<b>Record Type 30 Field No. 24</b> 2010AA   REF01   128/1H	Record Type 32 Field No. 2 (Sequence 01-03) 2320   SBR01
<b>Record Type 30 Field No. 24</b> 2010AA   REF01   128/1C	Record Type 32 Field No. 4 (Sequence 01-03)
Record Type 30 Field No. 25 (Sequence 01-03) 2320   AMT02	2010BC   NM103
Record Type 30 Field No. 26 2300   AMT02	01-03) 2330B   NM103
Record Type 31 Field No. 2 (Sequence 01-03)	<b>01-03)</b> 2010BC   N301
2000B   SBR01	Record Type 32 Field No. 5 (Sequence 01-03)
01-03) 2320   SBR01	2330B   N301
<b>01-03)</b> 2330A   N301	2010BC   N302
<b>Record Type 31 Field No. 4 (Sequence 01-03)</b> 2010BA   N301	<b>01-03)</b> 2330B   N302
Record Type 31 Field No. 5 (Sequence 01-03)	Record Type 32 Field No. 7 (Sequence 01-03) 2010BC   N401
2010BA   N302	Record Type 32 Field No. 7 (Sequence 01-03)
01-03) 2330A   N302	2330B   N401
<b>01-03)</b> 2010BA   N401	2010BC   N402

<b>Record Type 32 Field No. 8 (Sequence 01-03)</b> 2330B   N402	Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26 2300   HI12   C022-02
<b>Record Type 32 Field No. 9 (Sequence 01-03)</b> 2010BC   N403	<b>Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27</b> 2300   HI01   C022-04
<b>Record Type 32 Field No. 9 (Sequence 01-03)</b> 2330B   N403	Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27 2300   HI02   C022-04
Record Type 34 Field No. 5 2300   REF02	Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27 2300   HI03   C022-04 270
Record Type 40 Field No. 4, Position 3 2300   CLM05   C023-03	Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27
<b>Record Type 40 Field No. 4, Positions 1-2</b> 2300   CLM05   C023-01	2300   HI04   C022-04
<b>Record Type 40 Field No. 5, 6, 7</b> 2000B   SBR01	<b>17, 19, 21, 23, 25, 27</b> 2300   HI05   C022-04
<b>Record Type 40 Field No. 5, 6, 7</b> 2320   SBR01	Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27 2300   Hl06   C022-04 273
Record Type 40 Field No. 5, 6, 7 (Treatment Authorization Number) 2300   REF02	Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27 2300   HI07   C022-04
<b>Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26</b> 2300   HI01   C022-02	Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27 2300   Hl08   C022-04
Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26 2300   HI02   C022-02	Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27 2300   HI09   C022-04
Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26 2300   HI03   C022-02	Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27 2300   HI10   C022-04
<b>Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26</b> 2300   HI04   C022-02	Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27 2300   HI11   C022-04
Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26 2300   HI05   C022-02	Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27 2300   HI12   C022-04
Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26 2300   HI06   C022-02	Record Type 40 Field No. 28, 29, 30, 31 2300   HI01   C022-02
Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26 2300   HI07   C022-02	Record Type 40 Field No. 28, 29, 30, 31 2300   HI02   C022-02
Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26	<b>Record Type 40 Field No. 28, 29, 30, 31, 32, 33</b> 2300   HI03   C022-02
2300   HI08   C022-02	Record Type 40 Field No. 28, 29, 30, 31, 32, 33 2300   HI04   C022-02
16, 18, 20, 22, 24, 26 2300   HI09   C022-02	Record Type 40 Field No. 28, 29, 30, 31, 32, 33
<b>16, 18, 20, 22, 24, 26</b> 2300   HI10   C022-02	2300   HI05   C022-02
<b>Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26</b> 2300   HI11   C022-02	<b>32, 33</b> 2300   Hl06   C022-02

F.16 MAY 2000

Record Type 40 Field No. 28, 29, 30, 31, 32, 33 2300   HI07   C022-02	Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 2300   HI05   C022-02
Record Type 40 Field No. 28, 29, 30, 31, 32, 33 2300   Hl08   C022-02	Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 2300   HI06   C022-02
Record Type 40 Field No. 28, 29, 30, 31, 32, 33 2300   HI09   C022-02	Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 2300   HI07   C022-02
Record Type 40 Field No. 28, 29, 30, 31, 32, 33 2300   HI10   C022-02	Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 2300   HI08   C022-02
Record Type 40 Field No. 28, 29, 30, 31, 32, 33 2300   HI11   C022-02	Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 2300   HI09   C022-02
Record Type 40 Field No. 28, 29, 30, 31, 32, 33 2300   HI12   C022-02	Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 2300   HI10   C022-02
<b>Record Type 40 Field No. 29, 30, 32, 33</b> 2300   HI01   C022-04	Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 2300   HI11   C022-02
<b>Record Type 40 Field No. 29, 30, 32, 33</b> 2300   Hl02   C022-04	Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13
<b>Record Type 40 Field No. 29, 30, 32, 33</b> 2300   Hl03   C022-04	2300   HI12   C022-02
<b>Record Type 40 Field No. 29, 30, 32, 33</b> 2300   Hl04   C022-04	20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39
<b>Record Type 40 Field No. 29, 30, 32, 33</b> 2300   Hl05   C022-04	2300   HI01   C022-02
<b>Record Type 40 Field No. 29, 30, 32, 33</b> 2300   Hl06   C022-04	20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39 2300   HI02   C022-02
<b>Record Type 40 Field No. 29, 30, 32, 33</b> 2300   HI07   C022-04	Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30,
Record Type 40 Field No. 29, 30, 32, 33 2300   Hl08   C022-04	<b>31</b> , <b>32</b> , <b>33</b> , <b>34</b> , <b>35</b> , <b>35</b> , <b>37</b> , <b>38</b> , <b>39</b> 2300   HI03   C022-02
Record Type 40 Field No. 29, 30, 32, 33 2300   HI09   C022-04	Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39
2300   HI10   C022-04	2300   HI04   C022-02
2300   HI11   C022-04	20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39
2300   HI12   C022-04	2300   HI05   C022-02
<b>9, 10, 11, 12, 13</b> 2300   HI01   C022-02	20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39 2300   Hl06   C022-02
Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 2300   Hl02   C022-02	Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39
Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 2300   Hl03   C022-02	2300   HI07   C022-02
Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13	20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39 2300   Hl08   C022-02
2300   HI04   C022-02	

Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30,	<b>Record Type 42 Field No. 24</b> 2320   MIA05
<b>31, 32, 33, 34, 35, 35, 37, 38, 39</b> 2300   Hl09   C022-02 <b>286</b>	<b>Record Type 42 Field No. 24</b> 2320   MOA03
Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39	Record Type 42 Field No. 25 2320   MIA20
2300   HI10   C022-02 287	Record Type 42 Field No. 25 2320   MOA04
Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39	<b>Record Type 42 Field No. 26</b> 2320   MIA21
2300   HI11   C022-02	<b>Record Type 42 Field No. 26</b> 2320   MOA05
<b>20</b> , <b>21</b> , <b>22</b> , <b>23</b> , <b>24</b> , <b>25</b> , <b>26</b> , <b>27</b> , <b>28</b> , <b>29</b> , <b>30</b> , <b>31</b> , <b>32</b> , <b>33</b> , <b>34</b> , <b>35</b> , <b>35</b> , <b>37</b> , <b>38</b> , <b>39</b> 2300   Hl12   C022-02 <b>288</b>	Record Type 42 Field No. 27 2320   MIA22
<b>Record Type 42 Field No. 5</b> 2320   CAS01	<b>Record Type 42 Field No. 27</b> 2320   MOA06
<b>Record Type 42 Field No. 6</b> 2320   CAS02	<b>Record Type 42 Field No. 28</b> 2320   MIA23
<b>Record Type 42 Field No. 7</b> 2320   CAS03	<b>Record Type 42 Field No. 28</b> 2320   MOA07
<b>Record Type 42 Field No. 8</b> 2320   CAS04	<b>Record Type 50 Field No. 4, 11, 12, 13</b> 2400   SV201
<b>Record Type 42 Field No. 9</b> 2320   CAS05	<b>Record Type 50 Field No. 5, 11, 12, 13</b> 2400   SV206
<b>Record Type 42 Field No. 10</b> 2320   CAS06	<b>Record Type 50 Field No. 6, 11, 12, 13</b> 2400   SV205
<b>Record Type 42 Field No. 11</b> 2320   CAS07	<b>Record Type 50 Field No. 7, 11, 12, 13</b> 2400   SV203
<b>Record Type 42 Field No. 12</b> 2320   CAS08	<b>Record Type 50 Field No. 8, 11, 12, 13</b> 2400   SV207
<b>Record Type 42 Field No. 13</b> 2320   CAS09	<b>Record Type 52 Field No. 5</b> 2430   SVD04
<b>Record Type 42 Field No. 14</b> 2320   CAS10	<b>Record Type 52 Field No. 6</b> 2430   CAS01
<b>Record Type 42 Field No. 15</b> 2320   CAS11	<b>Record Type 52 Field No. 7</b> 2430   CAS02
<b>Record Type 42 Field No. 16</b> 2320   CAS12	<b>Record Type 52 Field No. 8</b> 2430   CAS03
<b>Record Type 42 Field No. 17</b> 2320   CAS13	<b>Record Type 52 Field No. 9</b> 2430   CAS04
<b>Record Type 42 Field No. 18</b> 2320   CAS14	<b>Record Type 52 Field No. 10</b> 2430   CAS05
<b>Record Type 42 Field No. 19</b> 2320   CAS15	<b>Record Type 52 Field No. 11</b> 2430   CAS06
<b>Record Type 42 Field No. 20</b> 2320   CAS16	<b>Record Type 52 Field No. 12</b> 2430   CAS07
<b>Record Type 42 Field No. 21</b> 2320   CAS17	<b>Record Type 52 Field No. 13</b> 2430   CAS08
<b>Record Type 42 Field No. 22</b> 2320   CAS18	<b>Record Type 52 Field No. 14</b> 2430   CAS09
<b>Record Type 42 Field No. 23</b> 2320   CAS19	<b>Record Type 52 Field No. 15</b> 2430   CAS10
	<b>Record Type 52 Field No. 16</b> 2430   CAS11

F.18 MAY 2000

<b>Record Type 52 Field No. 17</b> 2430   CAS12	<b>Record Type 63 Field No. 6</b> 2430   CAS01
<b>Record Type 52 Field No. 18</b> 2430   CAS13	<b>Record Type 63 Field No. 7</b> 2430   CAS02
<b>Record Type 52 Field No. 19</b> 2430   CAS14	<b>Record Type 63 Field No. 8</b> 2430   CAS03
<b>Record Type 52 Field No. 20</b> 2430   CAS15	<b>Record Type 63 Field No. 9</b> 2430   CAS04
<b>Record Type 52 Field No. 21</b> 2430   CAS16	<b>Record Type 63 Field No. 10</b> 2430   CAS05
<b>Record Type 52 Field No. 22</b> 2430   CAS17	<b>Record Type 63 Field No. 11</b> 2430   CAS06
<b>Record Type 52 Field No. 23</b> 2430   CAS18	<b>Record Type 63 Field No. 12</b> 2430   CAS07
<b>Record Type 52 Field No. 24</b> 2430   CAS19	<b>Record Type 63 Field No. 13</b> 2430   CAS08
<b>Record Type 60 Field No. 4, 13, 14</b> 2400   SV201	<b>Record Type 63 Field No. 14</b> 2430   CAS09
<b>Record Type 60 Field No. 5, 13, 14</b> 2400   SV202   C003-02	<b>Record Type 63 Field No. 15</b> 2430   CAS10
<b>Record Type 60 Field No. 7, 13, 14</b> 2400   SV202   C003-04	<b>Record Type 63 Field No. 16</b> 2430   CAS11
<b>Record Type 60 Field No. 8, 13, 14</b> 2400   SV205	<b>Record Type 63 Field No. 17</b> 2430   CAS12
<b>Record Type 60 Field No. 9, 13, 14</b> 2400   SV202   C003-03	<b>Record Type 63 Field No. 18</b> 2430   CAS13
<b>Record Type 60 Field No. 9, 13, 14</b> 2400   SV203	<b>Record Type 63 Field No. 19</b> 2430   CAS14
<b>Record Type 60 Field No. 10, 13, 14</b> 2400   SV207	<b>Record Type 63 Field No. 20</b> 2430   CAS15
<b>Record Type 60 Field No. 12, 13, 14</b> 2400   DTP03	<b>Record Type 63 Field No. 21</b> 2430   CAS16
<b>Record Type 60 Field No. 13</b> 2400   DTP03	<b>Record Type 63 Field No. 22</b> 2430   CAS17
Record Type 61 Field No. 4, 14, 15 2400   SV201	<b>Record Type 63 Field No. 23</b> 2430   CAS18
Record Type 61 Field No. 5, 14, 15 2400   SV202   C003-02	<b>Record Type 63 Field No. 24</b> 2430   CAS19
Record Type 61 Field No. 7, 14, 15 2400   SV202   C003-04	Record Type 70 Field No. 4 2300   HI01   C022-02
Record Type 61 Field No. 8, 14, 15 2400   SV205	Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12 2300   HI01   C022-02
Record Type 61 Field No. 10, 14, 15 2400   SV202   C003-03	Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12
Record Type 61 Field No. 10, 14, 15 2400   SV203	2300   HI02   C022-02
Record Type 61 Field No. 11, 14, 15 2400   SV207	<b>10, 11, 12</b> 2300   HI03   C022-02
Record Type 61 Field No. 9, 14, 15 2400   DTP03	Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12
Record Type 62 Field No. 5 2430   SVD04	2300   HI04   C022-02
<b>Record Type 63 Field No. 5</b> 2430   SVD04	<b>10, 11, 12</b> 2300   HI05   C022-02

Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12 2300   HI06   C022-02	Record Type 70 Field No. 15, 17, 19, 21, 23 2300   HI11   C022-02
Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12	Record Type 70 Field No. 15, 17, 19, 21, 23
2300   HI07   C022-02	2300   HI12   C022-02
Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12	Record Type 70 Field No. 16, 18, 20, 22, 24
2300   HI08   C022-02	2300   HI01   C022-04
10, 11, 12 2300   HI09   C022-02	<b>24</b> 2300   HI02   C022-04
Record Type 70 Field No. 5, 6, 7, 8, 9,	Record Type 70 Field No. 16, 18, 20, 22,
<b>10, 11, 12</b> 2300   HI10   C022-02	<b>24</b> 2300   HI03   C022-04
Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12	Record Type 70 Field No. 16, 18, 20, 22, 24
2300   HI11   C022-02	2300   HI04   C022-04
Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12 2300   HI12   C022-02 240	Record Type 70 Field No. 16, 18, 20, 22, 24 2300   HI05   C022-04 249
Record Type 70 Field No. 13	Record Type 70 Field No. 16, 18, 20, 22,
2300   HI01   C022-02	24
<b>Record Type 70 Field No. 14</b> 2300   HI01   C022-04	2300   HI06   C022-04
Record Type 70 Field No. 15, 17, 19, 21,	24
23	2300   HI07   C022-04
2300   HI01   C022-02	Record Type 70 Field No. 16, 18, 20, 22, 24
23	2300   HI08   C022-04
2300   HI02   C022-02	Record Type 70 Field No. 16, 18, 20, 22, 24
Record Type 70 Field No. 15, 17, 19, 21, 23	2300   HI09   C022-04
2300   HI03   C022-02	Record Type 70 Field No. 16, 18, 20, 22, 24
Record Type 70 Field No. 15, 17, 19, 21, 23	2300   HI10   C022-04
2300   HI04   C022-02 247	Record Type 70 Field No. 16, 18, 20, 22,
Record Type 70 Field No. 15, 17, 19, 21, 23	<b>24</b> 2300   HI11   C022-04
2300   HI05   C022-02	Record Type 70 Field No. 16, 18, 20, 22,
Record Type 70 Field No. 15, 17, 19, 21,	<b>24</b> 2300   HI12   C022-04
<b>23</b> 2300   HI06   C022-02 <b>249</b>	Record Type 70 Field No. 25
Record Type 70 Field No. 15, 17, 19, 21,	2300   HI02   C022-02
<b>23</b> 2300   HI07   C022-02	<b>Record Type 70 Field No. 26</b> 2300   HI03   C022-02
Record Type 70 Field No. 15, 17, 19, 21, 23	<b>Record Type 71 Field No. 4</b> 2300   REF02
2300   HI08   C022-02	Record Type 71 Field No. 5 (MMDDYY)
Record Type 70 Field No. 15, 17, 19, 21, 23	2300   CR602
2300   HI09   C022-02	2300   CR604
Record Type 70 Field No. 15, 17, 19, 21, 23	Record Type 71 Field No. 8 (MMDDYY)
2300   HI10   C022-02	2300   CR605
	2300   CR611

F.20 MAY 2000

<b>Record Type 71 Field No. 10 (MMDDYY)</b> 2300   CR609	<b>Record Type 71 Field No. 16 Code A</b> 2300   CRC03   1321/WR
<b>Record Type 71 Field No. 11</b> 2300   CR618	<b>Record Type 71 Field No. 16 Code B</b> 2300   CRC03   1321/WA
<b>Record Type 71 Field No. 12</b> 2300   CR619	Record Type 71 Field No. 16 Code C (This is the same qualifier used in
<b>Record Type 71 Field No. 13</b> 2300   CR620	CLP06 of the 835 Health Care Claim  Payment.)  2300   CRC03   1321/NR
<b>Record Type 71 Field No. 14</b> 2300   CR621	Record Type 71 Field No. 17 2300   CRC03
<b>Record Type 71 Field No. 15</b> 2300   CRC03	Record Type 71 Field No. 17 Code 1 2300   CRC03   1321/OT
<b>Record Type 71 Field No. 15 Code 1</b> 2300   CRC03   1321/AA	Record Type 71 Field No. 17 Code 2 2300   CRC03   1321/CM
<b>Record Type 71 Field No. 15 Code 2</b> 2300   CRC03   1321/BL	Record Type 71 Field No. 17 Code 3 2300   CRC03   1321/FO
<b>Record Type 71 Field No. 15 Code 3</b> 2300   CRC03   1321/CO 219	Record Type 71 Field No. 17 Code 4 2300   CRC03   1321/DP
<b>Record Type 71 Field No. 15 Code 4</b> 2300   CRC03   1321/HL 219	Record Type 71 Field No. 17 Code 5 2300   CRC03   1321/DI
<b>Record Type 71 Field No. 15 Code 5</b> 2300   CRC03   1321/PA	<b>Record Type 71 Field No. 17 Code 6</b> 2300   CRC03   1321/LE
<b>Record Type 71 Field No. 15 Code 6</b> 2300   CRC03   1321/EL	<b>Record Type 71 Field No. 17 Code 7</b> 2300   CRC03   1321/AG
<b>Record Type 71 Field No. 15 Code 7</b> 2300   CRC03   1321/AL	<b>Record Type 71 Field No. 17 Code 8</b> 2300   CRC03   1321/MC
<b>Record Type 71 Field No. 15 Code 8</b> 2300   CRC03   1321/SL	<b>Record Type 71 Field No. 18</b> 2300   CR601
<b>Record Type 71 Field No. 15 Code 9</b> 2300   CRC03   1321/LB 219	<b>Record Type 71 Field No. 19 (MMDDYY)</b> 2300   CR612
<b>Record Type 71 Field No. 15 Code A</b> 2300   CRC03   1321/DY 219	<b>Record Type 71 Field No. 24</b> 2300   CR607
<b>Record Type 71 Field No. 15 Code B</b> 2300   CRC03   1321/OL	<b>Record Type 71 Field No. 25 (MMDDYY)</b> 2300   CR613
<b>Record Type 71 Field No. 16</b> 2300   CRC03	<b>Record Type 71 Field No. 26 (MMDDYY)</b> 2300   CR614
<b>Record Type 71 Field No. 16 Code 1</b> 2300   CRC03   1321/CB	<b>Record Type 71 Field No. 27</b> 2300   CR606
<b>Record Type 71 Field No. 16 Code 2</b> 2300   CRC03   1321/BR	<b>Record Type 71 Field No. 28</b> 2300   CR608
<b>Record Type 71 Field No. 16 Code 3</b> 2300   CRC03   1321/UT	Record Type 71 Field No. 29, 30 (MMDDYY)
<b>Record Type 71 Field No. 16 Code 4</b> 2300   CRC03   1321/TR	2300   CR616
Record Type 71 Field No. 16 Code 5 2300   CRC03   1321/EP	2300   CR617
<b>Record Type 71 Field No. 16 Code 6</b> 2300   CRC03   1321/PW	2305   CR701
Record Type 71 Field No. 16 Code 7 2300   CRC03   1321/IH	2305   CR702
Record Type 71 Field No. 16 Code 8 2300   CRC03   1321/CR	2305   HSD02
<b>Record Type 71 Field No. 16 Code 9</b> 2300   CRC03   1321/CA	3) 2305   HSD03

<b>Record Type 72 Field No. 6 (positions 4-6)</b> 2305   HSD06	Record Type 73 Field No. 5 Code 48515 2300   NTE01   363/SFM
Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42 2300   HI01   C022-02	Record Type 73 Field No. 5 Code 48516         2300   NTE01   363/NTR       206         Record Type 73 Field No. 5 Code 48517         2300   NTE01   363/ALG       206
Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42 2300   HI02   C022-02 300	Record Type 73 Field No. 5 Code 48521         2300   NTE01   363/ODT
Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42 2300   HI03   C022-02	Record Type 73 Field No. 5 Code 48522 2300   NTE01   363/DCP
Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42 2300   HI04   C022-02	2300   NTE01   363/UPI
Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42	2300   NTE01   363/SET
2300   HI05   C022-02	Record Type 73 Field No. 5 Code 48621 2300   NTE01   363/RLH 206 Record Type 73 Field No. 6
33, 34, 35, 36, 37, 38, 39, 40, 41, 42 2300   Hl06   C022-02	2300   NTE02
33, 34, 35, 36, 37, 38, 39, 40, 41, 42 2300   HI07   C022-02	the UPIN to the provider for identification purposes.) 2310A   NM108
22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42 2300   HI08   C022-02303	Record Type 80 Field No. 5 2310A   NM109
Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42 2300   HI09   C022-02	2310B   NM109
Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42 2300   HI10   C022-02	Record Type 80 Field No. 9, Positions 91-106 (Also maps to Record Type 71 Field No. 20 if you are creating this attachment) 2310A   NM103
Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42 2300   HI11   C022-02	Record Type 80 Field No. 10, Position 132-139 2310B   NM104
Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42 2300   HI12   C022-02	Record Type 80 Field No. 10, Positions 116-131. 2310B   NM103
<b>Record Type 72 Field No. 43</b> 2305   CR703	2310C   NM103
<b>Record Type 73 Field No. 5</b> 2300   NTE01	Record Type 80 Field No. 9, Positions 107-114
<b>Record Type 73 Field No. 5 Code 48510</b> 2300   NTE01   363/MED	(Also maps to EMC v.4.1 Record Type 71 Field No. 21 if you are creating this attachment)
<b>Record Type 73 Field No. 5 Code 48514</b> 2300   NTE01   363/DME	2310A   NM104 322

F.22

<b>Record Type 81 Field No. 6</b> 2310C   NM109	<b>Record Type 92 Field No. 17</b> 2320   MIA15
<b>Record Type 90 Field No. 4, 17</b> 2300   NTE02	<b>Record Type 92 Field No. 18</b> 2320   MIA03
Record Type 90 Field No. 13 (Total of Field No. 13 and Field No. 15. This amount is the total of the SV2 segments, with the exception of Revenue Code 001.) 2300   CLM02	Record Type 92 Field No. 20 2320   MOA01
Record Type 92 Field No. 7 (For COB use [temporary qualifier]. Use this amount for the total of non-covered claim level charges.) 2320   AMT02	charges Medicare paid at 80%.) 2320   AMT02
Record Type 92 Field No. 8 (For COB use. Use this amount for the total claim level charges allowed.) 2320   AMT02	Medicare A trust fund.)  2320   AMT02
Record Type 92 Field No. 9 (For COB use [temporary qualifier]. Use this amount for the total Medicare reim- bursement.)	amount for the amount paid from the  Medicare B trust fund.) 2320   AMT02
2320   AMT02	2 (Batch Control) 2300   CLM05   C023-01
Record Type 92 Field No. 15 (For COB use [temporary qualifier]. Use this amount for the DRG outlier amount.) 2320   AMT02	(Batch Control) 2300   CLM05   C023-03
Record Type 92 Field No. 16 (For COB use. Use this amount for the total claim level denied charges.)	

F.24 MAY 2000

## G | Credit/Debit Card Use

### G.1 Credit/Debit Card Scenario 837 Transaction Set

A business scenario using credit/debit cards as an alternate payment vehicle for the patient portion of post-adjudicated claims is defined in this appendix. This scenario does not apply to all health care business environments using the 837. Implementers of this option must ensure that no current federal or state privacy regulations are violated. The use of this payment option is currently prohibited in conjunction with federal health plans such as Medicaid, Champus, VA, etc. This capability, which can be used to improve the provider's accounts receivable situation, is applicable only when trading partners agree to the opportunities and constraints defined in the following business scenario. The scenario has been included as an appendix to this 837 implementation guide after several years of work, as well as presentations and review with the appropriate ANSI X12N committees, including the 837 work group, the 835 work group, and work group 11 (business modeling).

#### The Business Need: Patient to Provider Payment Options

Providers today can offer patients a variety of service payment options when the patient's portion of the cost is known either before or at the time of service. Examples of payment options include cash, check, and billing (i.e., being billed). Another option, which is the topic of this appendix, is to use a patient's credit or debit card when the amount of the co-payment or service charge is known. Providers typically have a credit card terminal that is connected through a dial-up phone line to their credit card processing network.

The business need of increasing cash flow and providing payment options to a patient reflects a new use of a patient's credit/debit card as an option for payment of the patient/subscriber portion of a claim when that amount is not known at the time of service. This new payment option is being requested to:

- improve patient payment flexibility
- · potentially reduce provider billing costs
- provide faster access to monies due from patients, and improve accounts receivable management

Before using this flexible payment option, the provider, value-added network, and/or an intermediary have to form a partnership where credit/debit card transactions are accepted as part of the reimbursement process. These agreements must comply with all current federal and state privacy regulations.

The patient/subscriber also must choose to use his or her credit/debit card for a future yet-to-be-determined amount. The patient/subscriber would provide his or her consent up to a maximum amount allowing the provider/ value-added network to bill the credit card after the claim has been adjudicated. This patient consent form also authorizes the transmission of credit/debit card information over a health care EDI network. The consent form must identify how the transaction will be used, and who will receive the information . It authorizes the service providers to use the account number in this transaction as described. The concept of pre-

authorized payment is currently in use in other industries, and customer acceptance of this type of payment vehicle has increased.

To implement this payment alternative, the patient's/subscriber's credit or debit card information would be carried in the 837, along with selected provider information. This information involves approximately 200 characters of data for each instance of credit or debit card use.

The provider's claims submission system would be enhanced to incorporate the required credit/debit card information into the 837 transaction. The 837 would then be transmitted to the Automated Clearing House/ processor/payer for claim adjudication. After the claim is adjudicated and coordination of benefits issues are resolved, the payer pays his or her portion of the claim and returns its explanation in an 835.

At this point, the value-added network could determine the amount to be applied to the patient's credit or debit card, and initiate a credit or debit card transaction to complete the claim payment. The amount charged to the patient's credit or debit card would then be reported to the provider in a separate transaction.

 Figure G1, Scenario: Patient Uses a Credit/Debit Card, depicts an example of how credit/debit card information could be transmitted using the standard 837 methodology.

# Business Process Flow for Credit/Debit Card Payment Alternative for Post-adjudicated Claims

- A. The provider/Automated Clearing House agrees to accept credit or debit cards.
- **B.** The subscriber signs a consent form to pre-authorize charges up to a maximum amount and authorizes the use of their account number in this network.
- **C.** The patient incurs the charges.
- **D.** The provider submits an 837, including some claims containing credit or debit card information.
- **E.** The Automated Clearing House notes the credit or debit card option and information, and passes the claim to the payer.
- **F.** The payer adjudicates the claim and determines the coordination of benefits (COB). If no COB is involved, the payer returns the adjudicated claim to the Automated Clearing House or provider with the 835.
- **G.** The Automated Clearing House creates the credit or debit card transaction(s), as appropriate, to close out the claim payment.

G.2 MAY 2000

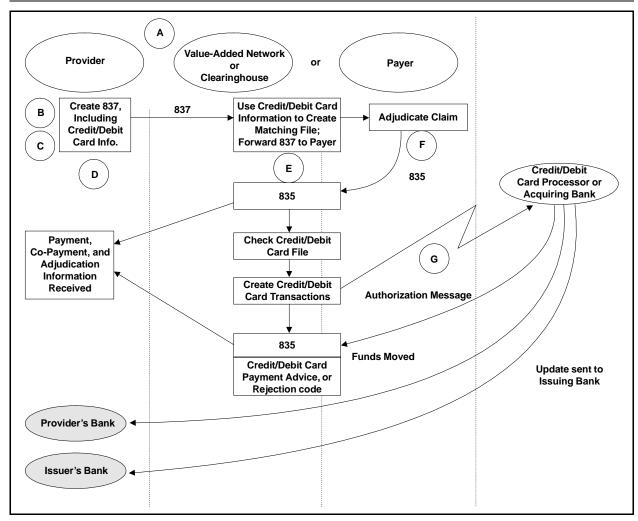


Figure G1. Scenario: Patient Uses a Credit/Debit Card (Patient payment amount unknown)

#### **Credit/Debit Card Information**

This is a map of only the additional information necessary to carry credit/debit card information. Loop ID-2010BF carries only information about the person whose credit/debit card is being used in the transaction. This person may or may not be the subscriber.

Table	Loop	Position	Seg't ID	Data Element	Qualifier	Description
2	2010A	035	REF01	128	8U	Bank Assigned Security ID
					LU	Location Number
					ST	Store Number
					TT	Terminal Code
					06	Systems Number
					IJ	SIC
					RB	Rate Code
					EM	Electronic Payment Reference Number
2	2010BB	055	NM101	98	AO	Account of
2	2010BB	055	NM108	66	MI	Charge Card Account Number
2	2010BB	085	REF01	128	AB	Acceptable Source Purchaser ID; method used to identify cardholder
					BB	Authorization Number; card read or data manually entered
2	2300	175	AMT01	522	MA	Maximum Amount

G.4 MAY 2000

PAGE

## **X12N Name Index**

This is an alphabetical list of all segment and element names. It has been included in this Implementation Guide to assist users in locating specific data ele-

NAME	PAGE	NAME	PAGE
Account Holder First Name		Attending Physician Secondary Identi-	
2010BB   NM104	121	fication	
2010BB   NW104	121	2310A   REF	326
Account Holder Last Name		2310A  REI	520
2010BB   NM103	121	Attending Physician Secondary Identi-	
201000   14101103	121	fication	
Account Holder Middle Initial		2420A   REF	467
2010BB   NM105	121		
		Attending Physician Specialty Informa-	
Activities Permitted Code		tion	
2300   CRC03	221	2420A   PRV	465
Adjusted Repriced Claim Number		Attending Physician Specialty Informa-	
2300   REF	185	tion	
•		2310A   PRV	324
Admission Date and Discharge Date		·	
2300   CR616	210	Attending Provider Generation	
•		2420A   NM107	462
Admission Date/Hour			
2300   DTP	169	Beginning of Hierarchical Transaction	
		BHT	57
Allowance or Charge Percent			
2300   CN103	176	Billing Note	
		2300   NTE	208
Allowed Amount			
2300   HCP02	308	Billing Provider Address	
		2010AA   N3	79
Approved DRG Amount			
2300   HCP07	308	Billing Provider City/State/ZIP Code	
		2010AA   N4	80
Approved DRG Code			
2300   HCP06	308	Billing Provider Contact Information	
		2010AA   PER	87
Approved Procedure Code			
2300   HCP10	308	Billing Provider Name	
Assessed Bassassa On da		2010AA   NM1	/6
Approved Revenue Code	200	Dilling Drawider Name	
2300   HCP08	308	Billing Provider Name	70
Approved Service Units		2010ĀA   NM103	/6
Approved Service Units	200	Billing Provider Primary ID	
2300   HCP12	308	2010AA   NM109	76
Assessment Date		2010AA   NW1109	70
2400   DTP	150	Billing Provider Secondary Identifica-	
2400   DIF	430	tion	
Assignment of Benefits Indicator		2010AA   REF	ຊາ
2300   CLM08	157		02
2000   OLIVIOO	131	Billing/Pay-To Provider Hierarchical	
Attending Physician First Name		Level	
2310A   NM104	321	2000A   HL	60
2010/1  NWITOT	J£ 1	20007 11 2	09
Attending Physician Last Name		Billing/Pay-To Provider Specialty Infor-	
2310A   NM103	321	mation	
		2000A   PRV	71
Attending Physician Name			
2310A   NM1	321	Certification Period	
		2300   CR604	210
Attending Physician Name			
2420A   NM1	462		
		1	

**H.1 MAY 2000** 

NAME	PAGE	NAME	PAGE
Certification Type Indicator 2300   CR608	210	Coordination of Benefits (COB) Total Submitted Charges 2320   AMT	272
Claim Adjudication Date			373
2330B   DTP  Claim Identification Number For Clear-	415	Credit/Debit Card Account Holder Name 2010BB   NM1	121
inghouses and Other Transmission Intermediaries 2300   REF	187	Credit/Debit Card Account Number 2010BB   NM109	
Claim information	157	Credit/Debit Card Billing Information 2010AA   REF	85
Claim Level Adjustment 2320   CAS	365	Credit/Debit Card Information 2010BB   REF	124
Claim Note 2300   NTE	205	Credit/Debit Card Maximum Amount 2300   AMT	184
Claim or Encounter Indicator BHT06	57	Date Last Contacted Physician 2300   CR614	210
Claim Pricing/Repricing Information 2300   HCP	308	Date of Birth - Patient 2010BA   DMG02	115
Claim Quantity 2300   QTY	306	Date of Onset or Exacerbation of Principal Diagnosis 2300   CR605	210
Claim Supplemental Information 2300   PWK	173	Date Physician Last Saw Patient 2300   CR613	
Condition Information 2300   HI	290	Date Secondary Diagnosis - 1 2300   CR618	
Contract Amount 2300   CN102	176	Date Secondary Diagnosis - 2 2300   CR619	
Contract Code 2300   CN104	176	Date Secondary Diagnosis - 3	
Contract Information 2300   CN1	176	Date Secondary Diagnosis - 4 2300   CR621	
Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount 2320   AMT	382	Date Surgical Procedure Performed 2300   CR609	
Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount		Demonstration Project Identifier 2300   REF	202
2320   AMT  Coordination of Benefits (COB) Total	384	Diagnosis Related Group (DRG) Information	220
Allowed Amount 2320   AMT	372	Diagnostic Related Group (DRG) Out-	∠ა∪
Coordination of Benefits (COB) Total Denied Amount 2320   AMT	387	lier Amount 2320   AMT	374
Coordination of Benefits (COB) Total Medicare Paid Amount		Discharge Hour 2300   DTP	165
2320   AMT	376	Disipline Type Code 2305   CR701	314
Coordination of Benefits (COB) Total Non-covered Amount 2320   AMT	386	Document Identification Code 2300   REF	189

H.2

NAME	PAGE	NAME	PAGE
<b>Duration - 1</b> 2305   HSD06	316	Institutional Claim Code 2300   CL1	171
Employer's ZIP Code 2010BD   N403	137	Institutional Service Line 2400   SV2	445
Exception Reason Code 2300   HCP15	308	Investigational Device Exemption Number	
Explanation of Benefits (EOB) Indicator 2300   CLM18		2300   REF Laboratory/Facility Address 1	
Facility Tax Amount 2400   AMT	461	Laboratory/Facility City	
Foreign Currency Information 2000A   CUR	73	Laboratory/Facility Country Code	
Frequency Number - 1 2305   HSD02	316	2310E   N404  Laboratory/Facility Name 2310E   NM103	
Frequency Period - 1 2305   HSD03	316	Laboratory/Facility Primary Identifier	
Frequency Time Period 2305   HSD05	316	Laboratory/Facility State	
Functional Limitation Code 2300   CRC03	218	2310E   N402  Laboratory/Facility Zip Code 2310E   N403	
Gender - Patient 2010BA   DMG03	115	Line Supplemental Information 2400   PWK	
Group Number 2000B   SBR03	101	Medical Record Number 2300   REF	
HCPCS Modifier 1 2400   SV202   C003-03	445	Medicare Covered Indicator 2300   CR607	
HCPCS Modifier 2 2400   SV202   C003-04	445	Medicare Inpatient Adjudication Information	210
HCPCS Modifier 3 2400   SV202   C003-05	445	2320   MIA  Medicare Outpatient Adjudication Infor-	392
HCPCS Modifier 4 2400   SV202   C003-06	445	mation 2320   MOA	397
HCPCS Procedure Code 2400   SV202   C003-02	445	Medicare Paid Amount - 100% 2320   AMT	378
Health Care Services Delivery 2305   HSD	316	Medicare Paid Amount - 80% 2320   AMT	380
Home Health Activities Permitted 2300   CRC	221	Mental Status Code 2300   CRC03	224
Home Health Care Information 2300   CR6	210	Occurrence Information 2300   HI	267
Home Health Care Plan Information 2305   CR7	314	Occurrence Span Information	256
Home Health Functional Limitations 2300   CRC	218	Operating Physician First Name 2310B   NM104	328
Home Health Mental Status 2300   CRC	224	Operating Physician Generation 2420B   NM107	469

NAME	PAGE	NAME	PAGE
Operating Physician Last Name 2310B   NM103	328	Other Payer Patient Identification Number	400
Operating Physician Name	220	2330C   REF  Other Payer Patient Information	422
Operating Physician Name	320	2330C   NM1	420
2420B   NM1	469	Other Payer Prior Authorization or Referral Number	
Operating Physician Primary Identifier. 2420B   NM109	469	2330B   REF	418
Operating Physician Secondary Identification		Other Payer Referring Provider 2330G   NM1	436
2310B   REF	333	Other Payer Referring Provider Identification	
Operating Physician Secondary Identification	474	2330G   REF	438
2420B   REF  Operating Physician Specialty Informa-	474	Other Payer Secondary Identification and Reference Number 2330B   REF	416
tion 2420B   PRV	472	Other Payer Service Facility Provider	
Operating Physician Specialty Informa-		2330H   NM1	440
tion 2310B   PRV	331	Other Payer Service Facility Provider Identification 2330H   REF	442
Original Reference Number (ICN/DCN) 2300   REF	191	Other Physician First Name 2310C   NM104	
Other Diagnosis Information 2300   HI	232	Other Physician Last Name	
Other Insurance Coverage Information 2320   OI	390	2310C   NM103  Other Physician Primary ID 2310C   NM109	
Other Payer Address 2330B   N3	412	Other Procedure Information	
Other Payer Attending Provider 2330D   NM1	424	Other Provider Generation	
Other Payer Attending Provider Identification 2330D   REF		2420C   NM107  Other Provider Last Name	
Other Payer City/State/ZIP Code	426	2420C   NM103 Other Provider Name	476
2330B   N4	413	2310C   NM1	335
Other Payer Name 2330B   NM1	410	Other Provider Name 2420C   NM1	476
Other Payer Operating Provider 2330E   NM1	428	Other Provider Primary Identifier 2420C   NM109	476
Other Payer Operating Provider Identification		Other Provider Secondary Identification	
2330E   REF	430	2310C   REF	340
Other Payer Other Provider 2330F   NM1	432	Other Provider Secondary Identifica- tion 2420C   REF	481
Other Payer Other Provider Identification 2330F   REF	434	Other Provider Specialty Information 2310C   PRV	
20001   NLT	434	Other Provider Specialty Information	ააი
		2420C   PRV	479

H.4 MAY 2000

NAME	PAGE	NAME	PAGE
Other Subscriber Address 2330A   N3	404	Patient's Other Payer Primary Identification Number 2330C   NM109	420
Other Subscriber City/State/ZIP Code 2330A   N4	406	Patients Relationship to Insured 2000B   SBR02	
Other Subscriber Demographic Information 2320   DMG	388	Patients Relationship to Insured 2000C   PAT01	
Other Subscriber Information	359	Pay-To Provider Address 2010AB   N3	
Other Subscriber Name 2330A   NM1	400	Pay-to Provider Address 1 2010AB   N301	
Other Subscriber Secondary Information		Pay-to Provider Address 2 2010AB   N302	94
2330A   REF  Paid Units of Service	408	Pay-to Provider City Name 2010AB   N401	95
2430   SVD05  Patient Address	490	Pay-To Provider City/State/ZIP Code	
2010CA   N3  Patient City/State/ZIP Code	148	Pay-to Provider Country Code 2010AB   N404	
2010CA   N4	149	Pay-to Provider Last Name or Organ- izational Name	
2300   CLM01  Patient Demographic Information	157	2010AB   NM103	91
2010CA   DMG  Patient Estimated Amount Due	151	2010AB   NM1	91
2300   AMT	180	Number 2010AB   NM109	91
Patient Hierarchical Level 2000C   HL	139	Pay-To Provider Secondary Identifica-	
Patient Information 2000C   PAT	141	2010AB   REF Pay-to Provider State Code	
Patient Information 2000B   PAT	106	2010AB   N402	
Patient Name 2010CA   NM1	145	2010AB   N403	95
Patient Paid Amount 2300   AMT	182	2010BC   N3	129
Patient Receiving Care in 1861 (j) (1) Facility Indicator 2300   CR606	210	2010BC   N401	130
Patient Secondary Identification Number		2330B   N401 Payer City/State/ZIP Code	413
2010CA   REF	153	2010BC   N4	130
2010CA   DMG02	151	2010BC   N404	130
2010CA   NM107	145	2330B   N404	413
		Payer Estimated Amount Due 2300   AMT	178

NAME	PAGE	NAME	PAGE
Payer Name 2010BC   NM1	126	Property and Casualty Claim Number 2010BA   REF	119
<b>Payer Name</b> 2330B   NM103	410	Property and Casualty Claim Number 2010CA   REF	155
Payer Postal Code 2330B   N403	413	Provider Signature on File 2300   CLM06	157
Payer Primary ID 2330B   NM109	410	Provider Specialty 2000A   PRV03	71
Payer Prior Payment 2320   AMT	371	Provider Specialty Code 2310A   PRV03	324
Payer Secondary Identification 2010BC   REF	132	Provider Specialty Code 2310B   PRV03	331
Payer State Code 2010BC   N402	130	Provider Specialty Code 2310C   PRV03	338
Payer State Code 2330B   N402	413	Provider Specialty Code 2310D   PRV03	345
<b>Payer's Address 1</b> 2330B   N301	412	Provider Specialty Code 2310E   PRV03	352
Payer's Address 2 2330B   N302	412	Provider Specialty Code 2420A   PRV03	465
Peer Review Organization (PRO) Approval Number 2300   REF	197	Provider Specialty Code 2420B   PRV03	472
Plan Name (Group Name) 2000B   SBR04	101	Provider Specialty Code 2420D   PRV03	486
Policy Compliance Code	308	Provider Specialty Code 2000A   PRV03	71
Prescription Number 2400   SV4	450	Quantity Qualifier 2305   HSD01	316
Pricing Methodology 2300   HCP01	308	Receiver Name 1000B   NM1	67
Pricing Rate 2300   HCP05	308	Receiver Primary Identification Number 1000B   NM109	
Primary Payer ID 2010BC   NM109		Referring Provider Generation 2310D   NM107	342
Principal Procedure Information	242	Referring Provider Generation 2420D   NM107	483
Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information		Referring Provider Last Name 2420D   NM103 Referring Provider Name	483
2300   HI	227	2310D   NM1	342
Prior Authorization or Referral Number 2300   REF	198	Referring Provider Name 2420D   NM1	483
Prognosis Indicator 2300   CR601	210	Referring Provider Primary Identifier 2310D   NM109	342
Property & Casualty Related Cause Codes 2300   CLM11   C024	157	Referring Provider Secondary Identification 2310D   REF	347

H.6

NAME	PAGE	NAME	PAGE
Referring Provider Secondary Identification 2420D   REF	488	Service Line Adjudication Information 2430   SVD	490
Referring Provider Specialty Information		Service Line Adjustment 2430   CAS	494
2310D   PRV	345	Service Line Amount Paid 2430   SVD02	490
Referring Provider Specialty Information		Service Line Charge Amount	
2420D   PRV	486	2400   SV203	445
Rejection Message 2300   HCP13	308	Service Line Date 2400   DTP	456
Repriced Claim Number 2300   REF	186	Service Line Non-Covered Charge Amount 2400   SV207	445
Repricing Organization ID 2300   HCP04	308	Service Line Number 2400   LX	
Responsible Party Address 2010BD   N3	136	Service Line Procedure Code 2400   SV202   C003	
Responsible Party Address 1 2010BD   N301	136	Service Line Rate Amount 2400   SV206	
Responsible Party Address 2 2010BD   N302	136	Service Line Revenue Code 2400   SV201	
Responsible Party City/State/ZIP Code 2010BD   N4	137	Service Line Revenue Code 2430   SVD04	
Responsible Party Country Code 2010BD   N404	137	Service Line Units 2400   SV205	
Responsible Party Generation 2010BD   NM107	134	Service Tax Amount 2400   AMT	
Responsible Party Name 2010BD   NM1	134	SOC Date 2300   CR602	
Responsible Party Zip Code 2010BD   N403	137	Special Program Code 2300   CLM12	
Savings Amount 2300   HCP03	308	Statement Dates	
Service Adjudication Date 2430   DTP	502	Submitter EDI Contact Information	
Service Authorization Exception Code 2300   REF	195	Submitter Name	
Service Facility Address 2310E   N3	354	Submitter Name	
Service Facility City/State/Zip Code 2310E   N4	355	Submitter Name	
Service Facility Name 2310E   NM1	349	Submitter Name	
Service Facility Secondary Identification		Submitter Primary Identification Num-	61
2310E   REF  Service Facility Specialty Information 2310E   PRV		ber 1000A   NM109	61
2010L   1 1XV	332		

NAME	PAGE	NAME	PAGE
Subscriber Address 2010BA   N3	112	Subscriber's Middle Initial 2330A   NM105	400
Subscriber Address 2 2330A   N302	404	Subscriber's State 2330A   N402	406
Subscriber City/State/ZIP Code 2010BA   N4	113	Subscriber's ZIP Code 2330A   N403	406
Subscriber Country Code 2330A   N404	406	Surgical Procedure Code 2300   CR611	210
Subscriber Demographic Information 2010BA   DMG		Total Claim Charges 2300   CLM02	157
Subscriber Hierarchical Level 2000B   HL	99	Total Visits Prior to Recertification Date 2305   CR702	314
Subscriber Information 2000B   SBR	101	Total Visits Projected During Certification Period 2305   CR703	24.4
Subscriber Name 2010BA   NM1	108	Transaction Set Header	
Subscriber Primary ID 2330A   NM109	400	Transaction Set Trailer SE	
Subscriber Secondary Identification 2010BA   REF	117	Transmission Type Identification	
Subscriber's Address 1 2330A   N301	404	Treatment Code Information 2300   HI	
Subscriber's City 2330A   N401	406	Type of Bill 2300   CLM05   C023	
Subscriber's First Name 2330A   NM104	400	Type of Facility 2300   CR617	
Subscriber's Last Name 2330A   NM103	400	Value Information 2300   HI	
Subscriber's Middle Initial 2010BA   NM105	108	Verbal SOC Date 2300   CR612	

H.8 MAY 2000