

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
ISA	INTERCHANGE CONTROL HEADER		1	R	___	1	
ISA01	Authorization Information Qualifier	ID	2-2	R			00, 03
ISA02	Authorization Information	AN	10-10	R			
ISA03	Security Information Qualifier	ID	2-2	R			00, 01
ISA04	Security Information	AN	10-10	R			
ISA05	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ
ISA06	Interchange Sender ID	AN	15-15	R			
ISA07	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ
ISA08	Interchange Receiver ID	AN	15-15	R			
ISA09	Interchange Date	DT	6-6	R			YYMMDD
ISA10	Interchange Time	TM	4-4	R			HHMM
ISA11	Interchange Control Standards ID	ID	1-1	R			U
ISA12	Interchange Control Version Number	ID	5-5	R			00401
ISA13	Interchange Control Number	N0	9-9	R			
ISA14	Acknowledgement Requested	ID	1-1	R			0, 1
ISA15	Usage Indicator	ID	1-1	R			P, T
ISA16	Component Element Separator	AN	1-1	R			
GS	FUNCTIONAL GROUP HEADER		1	R	___	>1	
GS01	Functional Identifier Code	ID	2-2	R			HC
GS02	Application Sender Code	AN	2-15	R			
GS03	Application Receiver Code	AN	2-15	R			
GS04	Date	DT	8-8	R			CCYYMMDD
GS05	Time	TM	4-8	R			HHMMSSDD
GS06	Group Control Number	N0	1-9	R			
GS07	Responsible Agency Code	ID	1-2	R			X
GS08	Version Identifier Code	AN	1-12	R			004010X098A1

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
ISA	INTERCHANGE CONTROL HEADER		1	R	___	1	
ISA01	Authorization Information Qualifier	ID	2-2	R			00, 03
ISA02	Authorization Information	AN	10-10	R			
ISA03	Security Information Qualifier	ID	2-2	R			00, 01
ISA04	Security Information	AN	10-10	R			
ISA05	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ
ISA06	Interchange Sender ID	AN	15-15	R			
ISA07	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ
ISA08	Interchange Receiver ID	AN	15-15	R			
ISA09	Interchange Date	DT	6-6	R			YYMMDD
ISA10	Interchange Time	TM	4-4	R			HHMM
ISA11	Interchange Control Standards ID		1-1	R			
ISA12	Interchange Control Version Number	ID	5-5	R			00501
ISA13	Interchange Control Number	N0	9-9	R			
ISA14	Acknowledgement Requested	ID	1-1	R			0, 1
ISA15	Usage Indicator	ID	1-1	R			P, T
ISA16	Component Element Separator	AN	1-1	R			
GS	FUNCTIONAL GROUP HEADER		1	R	___	1	
GS01	Functional Identifier Code	ID	2-2	R			
GS02	Application Sender Code	AN	2-15	R			
GS03	Application Receiver Code	AN	2-15	R			
GS04	Date	DT	8-8	R			CCYYMMDD
GS05	Time	TM	4-8	R			HHMM
GS06	Group Control Number	N0	1-9	R			
GS07	Responsible Agency Code	ID	1-2	R			X
GS08	Version Identifier Code	AN	1-12	R			005010X222

Code Change

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
ST	TRANSACTION SET HEADER		1	R	___	>1	
ST01	Transaction Set Identifier Code	ID	3-3	R			837
ST02	Transaction Set Control Number	AN	4-9	R			
BEGINNING OF HIERARCHICAL TRANSACTION							
BHT			1	R	___	1	
BHT01	Hierarchical Structure Code	ID	4-4	R			0019
BHT02	Transaction Set Purpose Code	ID	2-2	R			00, 18
BHT03	Originator Application Transaction ID	AN	1-30	R			
BHT04	Transaction Set Creation Date	DT	8-8	R			CCYYMMDD
BHT05	Transaction Set Creation Time	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD
BHT06	Claim or Encounter ID	ID	2-2	R			CH, RP
TRANSMISSION TYPE IDENTIFICATION							
REF			1	R	___	1	
REF01	Reference Identification Qualifier	ID	2-3	R			87
REF02	Transmission Type Code	AN	1-30	R			004010X098A1, 004010X098DA1
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
SUBMITTER NAME							
NM1			1	R	1000A	1	
NM101	Entity Identifier Code	ID	2-3	R			41
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Submitter Last or Organization Name	AN	1-35	R			
NM104	Submitter First Name	AN	1-25	S			
NM105	Submitter Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	R			46
NM109	Submitter Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
ST	TRANSACTION SET HEADER		1	R	___	>1	
ST01	Transaction Set Identifier Code	ID	3-3	R			837
ST02	Transaction Set Control Number	AN	4-9	R			
ST03	Implementation Convention Reference	AN	1-35	R			
BEGINNING OF HIERARCHICAL TRANSACTION							
BHT			1	R	___	1	
BHT01	Hierarchical Structure Code	ID	4-4	R			0019
BHT02	Transaction Set Purpose Code	ID	2-2	R			00, 18
BHT03	Originator Application Transaction ID	AN	1-50	R			
BHT04	Transaction Set Creation Date	DT	8-8	R			CCYYMMDD
BHT05	Transaction Set Creation Time	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD
BHT06	Claim or Encounter ID	ID	2-2	R			31, CH, RP
TRANSMISSION TYPE IDENTIFICATION							
REF			1	R	___	1	
REF01	Reference Identification Qualifier	ID	2-3	R			87
REF02	Transmission Type Code	AN	1-30	R			004010X098A1, 004010X098DA1
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
SUBMITTER NAME							
NM1			1	R	1000A	1	
NM101	Entity Identifier Code	ID	2-3	R			41
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Submitter Last or Organization Name	AN	1-60	R			
NM104	Submitter First Name	AN	1-35	S			
NM105	Submitter Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	R			46
NM109	Submitter Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			

New Element

Segment Deleted

Increase from 35 - 60

Increase from 25 - 35

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
PER	SUBMITTER EDI CONTACT INFORMATION		2	R	1000A		
PER01	Contact Function Code	ID	2-2	R			IC
PER02	Submitter Contact Name	AN	1-60	R			
PER03	Communication Number Qualifier	ID	2-2	R			ED, EM, FX, TE
PER04	Communication Number	AN	1-80	R			
PER05	Communication Number Qualifier	ID	2-2	S			ED, EM, EX, FX, TE
PER06	Communication Number	AN	1-80	S			
PER07	Communication Number Qualifier	ID	2-2	S			ED, EM, EX, FX, TE
PER08	Communication Number	AN	1-80	S			
PER09	Contact Inquiry Reference	AN	1-20	N/U			
NM1	RECEIVER NAME		1	R	1000B	1	
NM101	Entity Identifier Code	ID	2-3	R			40
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Receiver Name	AN	1-35	R			
NM104	Name First	AN	1-25	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	R			46
NM109	Receiver Primary Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
HL	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL		1	R	2000A	>1	
HL01	Hierarchical ID Number	AN	1-12	R			
HL02	Hierarchical Parent ID Number	AN	1-12	N/U			
HL03	Hierarchical Level Code	ID	1-2	R			20
HL04	Hierarchical Child Code	ID	1-1	R			1
PRV	BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION		1	S	2000A		
PRV01	Provider Code	ID	1-3	R			BI, PT
PRV02	Reference Identification Qualifier	ID	2-3	R			ZZ

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
	Name Last or Organization Name	AN	1-60	N/U			
PER	SUBMITTER EDI CONTACT INFORMATION		2	R	1000A		
PER01	Contact Function Code	ID	2-2	R			IC
PER02	Submitter Contact Name	AN	1-60	S			
PER03	Communication Number Qualifier	ID	2-2	R			EM, FX, TE
PER04	Communication Number	AN	1-256	R			
PER05	Communication Number Qualifier	ID	2-2	S			EM, EX, FX, TE
PER06	Communication Number	AN	1-256	S			
PER07	Communication Number Qualifier	ID	2-2	S			EM, EX, FX, TE
PER08	Communication Number	AN	1-256	S			
PER09	Contact Inquiry Reference	AN	1-20	N/U			
NM1	RECEIVER NAME		1	R	1000B	1	
NM101	Entity Identifier Code	ID	2-3	R			40
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Receiver Name	AN	1-60	R			
NM104	Name First	AN	1-35	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	R			46
NM109	Receiver Primary Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
	Name Last or Organization Name	AN	1-60	N/U			
HL	BILLING PROVIDER HIERARCHICAL LEVEL		1	R	2000A	>1	
HL01	Hierarchical ID Number	AN	1-12	R			
HL02	Hierarchical Parent ID Number	AN	1-12	N/U			
HL03	Hierarchical Level Code	ID	1-2	R			20
HL04	Hierarchical Child Code	ID	1-1	R			1
PRV	BILLING PROVIDER SPECIALTY INFORMATION		1	S	2000A		
PRV01	Provider Code	ID	1-3	R			BI
PRV02	Reference Identification Qualifier	ID	2-3	R			PXC

NewElement

Code Deleted

Increase from 80 - 256

Code Deleted

Increase from 80 - 256

Code Deleted

Increase from 80 - 256

Increase from 35 - 60

Increase from 25 - 35

New Element

Name Change

Name Change

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
PRV03	Provider Taxonomy Code	AN	1-30	R			
PRV04	State or Province Code	ID	2-2	N/U			
PRV05	PROVIDER SPECIALTY INFORMATION			N/U			
PRV06	Provider Organization Code	ID	3-3	N/U			
FOREIGN CURRENCY INFORMATION							
CUR			1	S	2000A		
CUR01	Entity Identifier Code	ID	2-3	R			85
CUR02	Currency Code	ID	3-3	R			
CUR03	Exchange Rate	R	4-10	N/U			
CUR04	Entity Identifier Code	ID	2-3	N/U			
CUR05	Currency Code	ID	3-3	N/U			
CUR06	Currency Market/Exchange Code	ID	3-3	N/U			
CUR07	Date/Time Qualifier	ID	3-3	N/U			
CUR08	Date	DT	8-8	N/U			
CUR09	Time	TM	4-8	N/U			
CUR10	Date/Time Qualifier	ID	3-3	N/U			
CUR11	Date	DT	8-8	N/U			
CUR12	Time	TM	4-8	N/U			
CUR13	Date/Time Qualifier	ID	3-3	N/U			
CUR14	Date	DT	8-8	N/U			
CUR15	Time	TM	4-8	N/U			
CUR16	Date/Time Qualifier	ID	3-3	N/U			
CUR17	Date	DT	8-8	N/U			
CUR18	Time	TM	4-8	N/U			
CUR19	Date/Time Qualifier	ID	3-3	N/U			
CUR20	Date	DT	8-8	N/U			
CUR21	Time	TM	4-8	N/U			
Billing Provider Name Suffix							
NM1			1	R	2010AA	1	
NM101	Entity Identifier Code	ID	2-3	R			85
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Billing Provider Last or Organizational Name	AN	1-35	R			
NM104	Billing Provider First Name	AN	1-25	S			
NM105	Billing Provider Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Billing Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	R			24, 34, XX
NM109	Billing Provider Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
PRV03	Provider Taxonomy Code	AN	1-50	R			
PRV04	State or Province Code	ID	2-2	N/U			
PRV05	PROVIDER SPECIALTY INFORMATION			N/U			
PRV06	Provider Organization Code	ID	3-3	N/U			
FOREIGN CURRENCY INFORMATION							
CUR			1	S	2000A		
CUR01	Entity Identifier Code	ID	2-3	R			85
CUR02	Currency Code	ID	3-3	R			
CUR03	Exchange Rate	R	4-10	N/U			
CUR04	Entity Identifier Code	ID	2-3	N/U			
CUR05	Currency Code	ID	3-3	N/U			
CUR06	Currency Market/Exchange Code	ID	3-3	N/U			
CUR07	Date/Time Qualifier	ID	3-3	N/U			
CUR08	Date	DT	8-8	N/U			
CUR09	Time	TM	4-8	N/U			
CUR10	Date/Time Qualifier	ID	3-3	N/U			
CUR11	Date	DT	8-8	N/U			
CUR12	Time	TM	4-8	N/U			
CUR13	Date/Time Qualifier	ID	3-3	N/U			
CUR14	Date	DT	8-8	N/U			
CUR15	Time	TM	4-8	N/U			
CUR16	Date/Time Qualifier	ID	3-3	N/U			
CUR17	Date	DT	8-8	N/U			
CUR18	Time	TM	4-8	N/U			
CUR19	Date/Time Qualifier	ID	3-3	N/U			
CUR20	Date	DT	8-8	N/U			
CUR21	Time	TM	4-8	N/U			
Billing Provider Name Suffix							
NM1			1	R	2010AA	1	
NM101	Entity Identifier Code	ID	2-3	R			85
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Billing Provider Last or Organizational Name	AN	1-60	R			
NM104	Billing Provider First Name	AN	1-35	S			
NM105	Billing Provider Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Billing Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			XX
NM109	Billing Provider Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			

Increase 30 - 50

Name Change

Increase from 35 - 60

Increase from 25 - 35

Usage changed to Situational
Code Deleted
Usage changed to Situational
Usage changed to Situational

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
NM111	Entity Identifier Code	ID	2-3	N/U			
N3	BILLING PROVIDER ADDRESS		1	R	2010AA		
N301	Billing Provider Address Line	AN	1-55	R			
N302	Billing Provider Address Line	AN	1-55	S			
N4	BILLING PROVIDER CITY/STATE/ZIP CODE		1	R	2010AA		
N401	Billing Provider City Name	AN	2-30	R			
N402	Billing Provider State or Province Code	ID	2-2	R			
N403	Billing Provider Postal Zone or ZIP Code	ID	3-15	R			
N404	Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
REF	BILLING PROVIDER SECONDARY IDENTIFICATION		8	S	2010AA		
REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J, B3, BQ, EI, FH, G2, G5, LU, SY, U3, X5	
REF02	Billing Provider Additional Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	CREDIT/DEBIT CARD BILLING INFORMATION		8	S	2010AA		

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
N3	BILLING PROVIDER ADDRESS		1	R	2010AA		
N301	Billing Provider Address Line	AN	1-55	R			
N302	Billing Provider Address Line	AN	1-55	S			
N4	BILLING PROVIDER CITY/STATE/ZIP CODE		1	R	2010AA		
N401	Billing Provider City Name	AN	2-30	R			
N402	Billing Provider State or Province Code	ID	2-2	S			
N403	Billing Provider Postal Zone or ZIP Code	ID	3-15	S			
N404	Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
N407	Country Subdivision Code	ID	1-3	S			
REF	BILLING PROVIDER TAX IDENTIFICATION		1	R	2010AA		
REF01	Reference Identification Qualifier	ID	2-3	R		EI, SY	
REF02	Billing Provider Additional Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	BILLING PROVIDER UPIN/LICENSE INFORMATION		2	S	2010AA		

New Element

Usage changed to Situational
Usage changed to Situational

New Element

Name Change
Usage changed to Required

Code Deleted

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

New Element

Name Change

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
REF01	Reference Identification Qualifier	ID	2-3	R			06, 8U, EM, IJ, LU, RB, ST, TT
REF02	Billing Provider Credit Card Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
BILLING PROVIDER CONTACT INFORMATION							
PER	Contact Function Code	ID	2	S	2010AA		IC
PER01	Contact Function Code	ID	2-2	R			IC
PER02	Billing Provider Contact Name	AN	1-60	R			
PER03	Communication Number Qualifier	ID	2-2	R			EM, FX, TE
PER04	Communication Number	AN	1-80	R			
PER05	Communication Number Qualifier	ID	2-2	S			EM, EX, FX, TE
PER06	Communication Number	AN	1-80	S			
PER07	Communication Number Qualifier	ID	2-2	S			EM, EX, FX, TE
PER08	Communication Number	AN	1-80	S			
PER09	Contact Inquiry Reference	AN	1-20	N/U			
PAY-TO PROVIDER NAME							
NM1	Entity Identifier Code	ID	1	S	2010AB	1	87
NM101	Entity Identifier Code	ID	2-3	R			87
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Pay-to Provider Last or Organization Name	AN	1-35	R			
NM104	Pay-to Provider First Name	AN	1-25	S			
NM105	Pay-to Provider Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Pay-to Provider Name Suffix	AN	1-10	S			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1G
REF02	Billing Provider Additional Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
BILLING PROVIDER CONTACT INFORMATION							
PER	Contact Function Code	ID	2	S	2010AA		IC
PER01	Contact Function Code	ID	2-2	R			IC
PER02	Billing Provider Contact Name	AN	1-60	S			
PER03	Communication Number Qualifier	ID	2-2	R			EM, FX, TE
PER04	Communication Number	AN	1-256	R			
PER05	Communication Number Qualifier	ID	2-2	S			EM, EX, FX, TE
PER06	Communication Number	AN	1-256	S			
PER07	Communication Number Qualifier	ID	2-2	S			EM, EX, FX, TE
PER08	Communication Number	AN	1-256	S			
PER09	Contact Inquiry Reference	AN	1-20	N/U			
PAY-TO ADDRESS NAME							
NM1	Entity Identifier Code	ID	1	S	2010AB	1	87
NM101	Entity Identifier Code	ID	2-3	R			87
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Pay-to Provider Last or Organization Name	AN	1-60	N/U			
NM104	Pay-to Provider First Name	AN	1-35	N/U			
NM105	Pay-to Provider Middle Name	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Pay-to Provider Name Suffix	AN	1-10	N/U			

Code Deleted
 Increase from 30 - 50
 New Element
 New Element
 New Element
 New Element
 New Element
 New Element
 Usage changed to Situational
 Increase from 80 - 256
 Increase from 80 - 256
 Increase from 80 - 256
 Increase from 80 - 256
 Name Change
 Increase from 35 - 60
 Usage changed to Not Used
 Increase from 25 - 35
 Usage changed to Not Used
 Usage changed to Not Used
 Usage changed to Not Used
 Usage changed to Not Used

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
NM108	Identification Code Qualifier	ID	1-2	R			24, 34, XX
NM109	Pay-to Provider Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
N3 PAY-TO PROVIDER ADDRESS							
N301	Pay-to Provider Address Line	AN	1-55	R		2010AB	
N302	Pay-to Provider Address Line	AN	1-55	S			
N4 PAY-TO PROVIDER CITY/STATE/ZIP CODE							
N401	Pay-to Provider City Name	AN	2-30	R		2010AB	
N402	Pay-to Provider State Code	ID	2-2	R			
N403	Pay-to Provider Postal Zone or ZIP Code	ID	3-15	R			
N404	Pay-to Provider Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
REF PAY-TO PROVIDER SECONDARY IDENTIFICATION							
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J, B3, BQ, EI, FH, G2, G5, LU, SY, U3, X5
REF02	Pay-to Provider Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
NM108	Identification Code Qualifier	ID	1-2	N/U			
NM109	Pay-to Provider Identifier	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
N3 PAY-TO PROVIDER ADDRESS							
N301	Pay-to Provider Address Line	AN	1-55	R		2010AB	
N302	Pay-to Provider Address Line	AN	1-55	S			
N4 PAY-TO PROVIDER CITY/STATE/ZIP CODE							
N401	Pay-to Provider City Name	AN	2-30	R		2010AB	
N402	Pay-to Provider State Code	ID	2-2	S			
N403	Pay-to Provider Postal Zone or ZIP Code	ID	3-15	S			
N404	Pay-to Provider Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
N407	Country Subdivision Code	ID	1-3	S			
NM1 PAY TO PLAN NAME							
NM101	Entity Identifier Code	ID	2-3	R		2010AC	1 PE
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Pay to Plan Organizational Name	AN	1-60	R			
NM104	Name First	AN	1-35	N/U			

Code Deleted
Usage changed to Not Used
Usage changed to Not Used
Usage changed to Not Used
Usage changed to Not Used
New Element

Usage changed to Situational
Usage changed to Situational

New Element
Segment Deleted

New Segment

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	R			PI, XV
NM109	Identification Code	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
N3	PAY-TO PLAN ADDRESS		1	R	2010AC		
N301	Pay-to Plan Address Line	AN	1-55	R			
N302	Pay-to Plan Address Line	AN	1-55	S			
N4	PAY-TO PLAN CITY/STATE/ZIP CODE		1	R	2010AC		
N401	Pay-to Plan City Name	AN	2-30	R			
N402	Pay-to Plan State Code	ID	2-2	S			
N403	Pay-to Plan Postal Zone or ZIP Code	ID	3-15	S			
N404	Pay-to Plan Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
N407	Country Subdivision Code	ID	1-3	S			
REF	PAY-TO PLAN SECONDARY IDENTIFICATION		1	S	2010AC		
REF01	Reference Identification Qualifier	ID	2-3	R			2U, FY, NF
REF02	Reference Identification Description	AN	1-50	R			
REF03	Reference Identification Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	PAY-TO PLAN TAX IDENTIFICATION		1	R	2010AC		
REF01	Reference Identification Qualifier	ID	2-3	R			EI
REF02	Reference Identification	AN	1-50	R			

New Segment

New Segment

New Segment

New Segment

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
HL	SUBSCRIBER HIERARCHICAL LEVEL		1	R	2000B	>1	
HL01	Hierarchical ID Number	AN	1-12	R			
HL02	Hierarchical Parent ID Number	AN	1-12	R			
HL03	Hierarchical Level Code	ID	1-2	R			22
HL04	Hierarchical Child Code	ID	1-1	R			0, 1
SBR	SUBSCRIBER INFORMATION		1	R	2000B		
SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R			P, S, T
SBR02	Individual Relationship Code	ID	2-2	S			18
SBR03	Insured Group or Policy Number	AN	1-30	S			
SBR04	Insured Group Name	AN	1-60	S			
SBR05	Insurance Type Code	ID	1-3	S			12, 13, 14, 15, 16, 41, 42, 43, 47
SBR06	Coordination of Benefits Code	ID	1-1	N/U			
SBR07	Yes/No Condition or Response Code	ID	1-1	N/U			
SBR08	Employment Status Code	ID	2-2	N/U			
SBR09	Claim Filing Indicator Code	ID	1-2	S			09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MB, MC, OF, TV, VA, WC, ZZ
PAT	PATIENT INFORMATION		1	S	2000B		
PAT01	Individual Relationship Code	ID	2-2	N/U			
PAT02	Patient Location Code	ID	1-1	N/U			
PAT03	Employment Status Code	ID	2-2	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
HL	SUBSCRIBER HIERARCHICAL LEVEL		1	R	2000B	>1	
HL01	Hierarchical ID Number	AN	1-12	R			
HL02	Hierarchical Parent ID Number	AN	1-12	R			
HL03	Hierarchical Level Code	ID	1-2	R			22
HL04	Hierarchical Child Code	ID	1-1	R			0, 1
SBR	SUBSCRIBER INFORMATION		1	R	2000B		
SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R			A, B, C, D, E, F, G, H, P, S, T, U
SBR02	Individual Relationship Code	ID	2-2	S			18
SBR03	Insured Group or Policy Number	AN	1-50	S			
SBR04	Insured Group Name	AN	1-60	S			
SBR05	Insurance Type Code	ID	1-3	S			12, 13, 14, 15, 16, 41, 42, 43, 47
SBR06	Coordination of Benefits Code	ID	1-1	N/U			
SBR07	Yes/No Condition or Response Code	ID	1-1	N/U			
SBR08	Employment Status Code	ID	2-2	N/U			
SBR09	Claim Filing Indicator Code	ID	1-2	S			11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ
PAT	PATIENT INFORMATION		1	S	2000B		
PAT01	Individual Relationship Code	ID	2-2	N/U			
PAT02	Patient Location Code	ID	1-1	N/U			
PAT03	Employment Status Code	ID	2-2	N/U			

Code Deleted

Increase from 30 - 50

Code Change

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
PAT04	Student Status Code	ID	1-1	N/U			
PAT05	Date Time Period Format Qualifier	ID	2-3	S			D8
PAT06	Insured Individual Death Date	AN	1-35	S			CCYYMMDD
PAT07	Unit or Basis for Measurement Code	ID	2-2	S			01
PAT08	Patient Weight 9(6)V99	R	1-10	S			
PAT09	Pregnancy Indicator	ID	1-1	S			Y
NM1	SUBSCRIBER NAME		1	R	2010BA	1	
NM101	Entity Identifier Code	ID	2-3	R			IL
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Subscriber Last Name	AN	1-35	R			
NM104	Subscriber First Name	AN	1-25	S			
NM105	Subscriber Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Subscriber Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			MI, ZZ
NM109	Subscriber Primary Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
N3	SUBSCRIBER ADDRESS		1	S	2010BA		
N301	Subscriber Address Line	AN	1-55	R			
N302	Subscriber Address Line	AN	1-55	S			
N4	SUBSCRIBER CITY/STATE/ZIP CODE		1	S	2010BA		
N401	Subscriber City Name	AN	2-30	R			
N402	Subscriber State Code	ID	2-2	R			
N403	Subscriber Postal Zone or ZIP Code	ID	3-15	R			
N404	Subscriber Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION		1	S	2010BA		
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8
DMG02	Subscriber Birth Date	AN	1-35	R			CCYYMMDD

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
PAT04	Student Status Code	ID	1-1	N/U			
PAT05	Date Time Period Format Qualifier	ID	2-3	S			D8
PAT06	Insured Individual Death Date	AN	1-35	S			CCYYMMDD
PAT07	Unit or Basis for Measurement Code	ID	2-2	S			01
PAT08	Patient Weight 9(6)V99	R	1-10	S			
PAT09	Pregnancy Indicator	ID	1-1	S			Y
NM1	SUBSCRIBER NAME		1	R	2010BA	1	
NM101	Entity Identifier Code	ID	2-3	R			IL
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Subscriber Last Name	AN	1-60	R			
NM104	Subscriber First Name	AN	1-35	S			
NM105	Subscriber Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Subscriber Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	R			II, MI
NM109	Subscriber Primary Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
N3	SUBSCRIBER ADDRESS		1	S	2010BA		
N301	Subscriber Address Line	AN	1-55	R			
N302	Subscriber Address Line	AN	1-55	S			
N4	SUBSCRIBER CITY/STATE/ZIP CODE		1	S	2010BA		
N401	Subscriber City Name	AN	2-30	R			
N402	Subscriber State Code	ID	2-2	S			
N403	Subscriber Postal Zone or ZIP Code	ID	3-15	S			
N404	Subscriber Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
N407	Country Subdivision Code	ID	1-3	S			
DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION		1	S	2010BA		
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8
DMG02	Subscriber Birth Date	AN	1-35	R			CCYYMMDD

Increase from 35 - 60
Increase from 25 - 35

Code Change
Usage changed to Required
Usage changed to Required

New Element

Usage changed to Situational
Usage changed to Situational

New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
DMG03	Subscriber Gender Code	ID	1-1	R			F, M, U
DMG04	Marital Status Code	ID	1-1	N/U			
DMG05	Race or Ethnicity Code	ID	1-1	N/U			
DMG06	Citizenship Status Code	ID	1-2	N/U			
DMG07	Country Code	ID	2-3	N/U			
DMG08	Basis of Verification Code	ID	1-2	N/U			
DMG09	Quantity	R	1-15	N/U			
REF	SUBSCRIBER SECONDARY IDENTIFICATION		4	S	2010BA		
REF01	Reference Identification Qualifier	ID	2-3	R			1W, 23, IG, SY
REF02	Subscriber Supplemental Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	PROPERTY AND CASUALTY CLAIM NUMBER		1	S	2010BA		
REF01	Reference Identification Qualifier	ID	2-3	R			Y4
REF02	Property Casualty Claim Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
DMG03	Subscriber Gender Code	ID	1-1	R			F, M, U
DMG04	Marital Status Code	ID	1-1	N/U			
DMG05	Race or Ethnicity Code	ID	1-1	N/U			
DMG06	Citizenship Status Code	ID	1-2	N/U			
DMG07	Country Code	ID	2-3	N/U			
DMG08	Basis of Verification Code	ID	1-2	N/U			
DMG09	Quantity	R	1-15	N/U			
DMG10	Code List Qualifier Code	ID	1-3	N/U			
DMG11	Industry Code	AN	1-30	N/U			
REF	SUBSCRIBER SECONDARY IDENTIFICATION		1	S	2010BA		
REF01	Reference Identification Qualifier	ID	2-3	R			SY
REF02	Subscriber Supplemental Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	PROPERTY AND CASUALTY CLAIM NUMBER		1	S	2010BA		
REF01	Reference Identification Qualifier	ID	2-3	R			Y4
REF02	Property Casualty Claim Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			

New Element
New Element

Code Removed

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

New Element

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
NM1	PAYER NAME		1	R	2010BB	1	
NM101	Entity Identifier Code	ID	2-3	R			PR
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Payer Name	AN	1-35	R			
NM104	Name First	AN	1-25	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	R			PI, XV
NM109	Payer Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
N3	PAYER ADDRESS		1	S	2010BB		
N301	Payer Address Line	AN	1-55	R			
N302	Payer Address Line	AN	1-55	S			
N4	PAYER CITY/STATE/ZIP CODE		1	S	2010BB		
N401	Payer City Name	AN	2-30	R			
N402	Payer State Code	ID	2-2	R			
N403	Payer Postal Zone or ZIP Code	ID	3-15	R			
N404	Payer Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
PER	PROPERTY AND CASUALTY SUBSCRIBER CONTACT INFORMATION		1	S	2010BA		
PER01	Contact Function Code	ID	2-2	R			IC
PER02	Billing Provider Contact Name	AN	1-60	S			
PER03	Communication Number Qualifier	ID	2-2	R			TE
PER04	Communication Number	AN	1-256	R			
PER05	Communication Number Qualifier	ID	2-2	S			EX
PER06	Communication Number	AN	1-256	S			
PER07	Communication Number Qualifier	ID	2-2	N/U			
PER08	Communication Number	AN	1-256	N/U			
PER09	Contact Inquiry Reference	AN	1-20	N/U			
NM1	PAYER NAME		1	R	2010BB	1	
NM101	Entity Identifier Code	ID	2-3	R			PR
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Payer Name	AN	1-60	R			
NM104	Name First	AN	1-35	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	R			PI, XV
NM109	Payer Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
N3	PAYER ADDRESS		1	S	2010BB		
N301	Payer Address Line	AN	1-55	R			
N302	Payer Address Line	AN	1-55	S			
N4	PAYER CITY/STATE/ZIP CODE		1	R	2010BB		
N401	Payer City Name	AN	2-30	R			
N402	Payer State Code	ID	2-2	S			
N403	Payer Postal Zone or ZIP Code	ID	3-15	S			
N404	Payer Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
N407	Country Subdivision Code	ID	1-3	S			

New Segment

Increase from 35 - 60
Increase from 25 - 35

New Element

Usage changed to Required

Usage changed to Situational

Usage changed to Situational

New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
REF	PAYER SECONDARY IDENTIFICATION		3	S	2010BB		
REF01	Reference Identification Qualifier	ID	2-3	R			2U, FY, NF, TJ
REF02	Payer Additional Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	RESPONSIBLE PARTY NAME		1	S	2010BC	1	
NM101	Entity Identifier Code	ID	2-3	R			QD
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Responsible Party Last or Organization Name	AN	1-35	R			
NM104	Responsible Party First Name	AN	1-25	S			
NM105	Responsible Party Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Responsible Party Suffix Name	AN	1-10	S			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF	PAYER SECONDARY IDENTIFICATION		3	S	2010BB		
REF01	Reference Identification Qualifier	ID	2-3	R			2U, EI, FY, NF
REF02	Payer Additional Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification Qualifier	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
BILLING PROVIDER SECONDARY IDENTIFICATION							
REF			2	S	2010BB		
REF01	Reference Identification Qualifier	ID	2-3	R			G2, LU
REF02	Payer Additional Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification Qualifier	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			

Code Change

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

New Element

New Segment

Segment Deleted

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
NM108	Identification Code Qualifier	ID	1-2	N/U			
NM109	Identification Code	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
N3	RESPONSIBLE PARTY ADDRESS		1	R	2010BC		
N301	Responsible Party Address Line	AN	1-55	R			
N302	Responsible Party Address Line	AN	1-55	S			
N4	RESPONSIBLE PARTY CITY/STATE/ZIP CODE		1	R	2010BC		
N401	Responsible Party City Name	AN	2-30	R			
N402	Responsible Party State Code	ID	2-2	R			
N403	Responsible Party Postal Zone or ZIP Code	ID	3-15	R			
N404	Responsible Party Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
NM1	CREDIT/DEBIT CARD HOLDER NAME		1	S	2010BD	1	
NM101	Entity Identifier Code	ID	2-3	R			AO
NM102	Entity Type Qualifier	ID	1-1	R			1,2
NM103	Credit or Debit Card Holder Last or Organizational Name	AN	1-35	R			
NM104	Credit or Debit Card Holder First Name	AN	1-25	S			
NM105	Credit or Debit Card Holder Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Credit or Debit Card Holder Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	R			MI
NM109	Credit or Debit Card Number	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
REF	CREDIT/DEBIT CARD INFORMATION		2	S	2010BD		

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
Segment Deleted							
Segment Deleted							
Segment Deleted							
Segment Deleted							

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
REF01	Reference Identification Qualifier	ID	2-3	R			AB, BB
REF02	Credit or Debit Card Authorization Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
HL	PATIENT HIERARCHICAL LEVEL		1	S	2000C	>1	
HL01	Hierarchical ID Number	AN	1-12	R			
HL02	Hierarchical Parent ID Number	AN	1-12	R			
HL03	Hierarchical Level Code	ID	1-2	R			23
HL04	Hierarchical Child Code	ID	1-1	R			0
PAT	PATIENT INFORMATION		1	R	2000C		
PAT01	Individual Relationship Code	ID	2-2	R			01, 04, 05, 07, 09, 10, 15, 17, 19, 20, 21, 22, 23, 24, 29, 32, 33, 34, 36, 39, 40, 41, 43, 53, G8
PAT02	Patient Location Code	ID	1-1	N/U			
PAT03	Employment Status Code	ID	2-2	N/U			
PAT04	Student Status Code	ID	1-1	N/U			
PAT05	Date Time Period Format Qualifier	ID	2-3	S			D8
PAT06	Patient Death Date	AN	1-35	S			CCYYMMDD
PAT07	Unit or Basis for Measurement Code	ID	2-2	S			01
PAT08	Patient Weight 9(6)V99	R	1-10	S			
PAT09	Pregnancy Indicator	ID	1-1	S			Y
NM1	PATIENT NAME		1	R	2010CA	1	
NM101	Entity Identifier Code	ID	2-3	R			QC
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Patient Last Name	AN	1-35	R			
NM104	Patient First Name	AN	1-25	R			
NM105	Patient Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Patient Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			MI, ZZ
NM109	Patient Primary Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
HL	PATIENT HIERARCHICAL LEVEL		1	S	2000C	>1	
HL01	Hierarchical ID Number	AN	1-12	R			
HL02	Hierarchical Parent ID Number	AN	1-12	R			
HL03	Hierarchical Level Code	ID	1-2	R			23
HL04	Hierarchical Child Code	ID	1-1	R			0
PAT	PATIENT INFORMATION		1	R	2000C		
PAT01	Individual Relationship Code	ID	2-2	R			01, 19, 20, 21, 39, 40, 53, G8
PAT02	Patient Location Code	ID	1-1	N/U			
PAT03	Employment Status Code	ID	2-2	N/U			
PAT04	Student Status Code	ID	1-1	N/U			
PAT05	Date Time Period Format Qualifier	ID	2-3	S			D8
PAT06	Patient Death Date	AN	1-35	S			CCYYMMDD
PAT07	Unit or Basis for Measurement Code	ID	2-2	S			01
PAT08	Patient Weight 9(6)V99	R	1-10	S			
PAT09	Pregnancy Indicator	ID	1-1	S			Y
NM1	PATIENT NAME		1	R	2010CA	1	
NM101	Entity Identifier Code	ID	2-3	R			QC
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Patient Last Name	AN	1-60	R			
NM104	Patient First Name	AN	1-35	S			
NM105	Patient Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Patient Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	N/U			
NM109	Patient Primary Identifier	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			

Code Deleted

Increase from 35 - 60
Increase from 25 - 35
Usage changed to Situational

Code Deleted
Usage changed to Not Used
Usage changed to Not Used

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
NM111	Entity Identifier Code	ID	2-3	N/U			
N3	PATIENT ADDRESS		1	R	2010CA		
N301	Patient Address Line	AN	1-55	R			
N302	Patient Address Line	AN	1-55	S			
N4	PATIENT CITY/STATE/ZIP CODE		1	R	2010CA		
N401	Patient City Name	AN	2-30	R			
N402	Patient State Code	ID	2-2	R			
N403	Patient Postal Zone or ZIP Code	ID	3-15	R			
N404	Patient Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
DMG	PATIENT DEMOGRAPHIC INFORMATION		1	R	2010CA		
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8
DMG02	Patient Birth Date	AN	1-35	R			CCYYMMDD
DMG03	Patient Gender Code	ID	1-1	R			F, M, U
DMG04	Marital Status Code	ID	1-1	N/U			
DMG05	Race or Ethnicity Code	ID	1-1	N/U			
DMG06	Citizenship Status Code	ID	1-2	N/U			
DMG07	Country Code	ID	2-3	N/U			
DMG08	Basis of Verification Code	ID	1-2	N/U			
DMG09	Quantity	R	1-15	N/U			
REF	PATIENT SECONDARY IDENTIFICATION		5	S	2010CA		
REF01	Reference Identification Qualifier	ID	2-3	R			1W, 23, IG, SY
REF02	Patient Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	PROPERTY AND CASUALTY CLAIM NUMBER		1	S	2010CA		
REF01	Reference Identification Qualifier	ID	2-3	R			Y4

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
N3	PATIENT ADDRESS		1	R	2010CA		
N301	Patient Address Line	AN	1-55	R			
N302	Patient Address Line	AN	1-55	S			
N4	PATIENT CITY/STATE/ZIP CODE		1	R	2010CA		
N401	Patient City Name	AN	2-30	R			
N402	Patient State Code	ID	2-2	S			
N403	Patient Postal Zone or ZIP Code	ID	3-15	S			
N404	Patient Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
N407	Country Subdivision Code	ID	1-3	S			
DMG	PATIENT DEMOGRAPHIC INFORMATION		1	R	2010CA		
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8
DMG02	Patient Birth Date	AN	1-35	R			CCYYMMDD
DMG03	Patient Gender Code	ID	1-1	R			F, M, U
DMG04	Marital Status Code	ID	1-1	N/U			
DMG05	Race or Ethnicity Code	ID	1-1	N/U			
DMG06	Citizenship Status Code	ID	1-2	N/U			
DMG07	Country Code	ID	2-3	N/U			
DMG08	Basis of Verification Code	ID	1-2	N/U			
DMG09	Quantity	R	1-15	N/U			
DMG10	Code List Qualifier Code	ID	1-3	N/U			
DMG11	Industry Code	AN	1-30	N/U			
REF	PROPERTY AND CASUALTY CLAIM NUMBER		1	S	2010CA		
REF01	Reference Identification Qualifier	ID	2-3	R			Y4

New Element

Usage changed to Situational
Usage changed to Situational

New Element

New Element

New Element

Segment Deleted

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
REF02	Property Casualty Claim Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
CLM	CLAIM INFORMATION		1	R	2300	100	
CLM01	Patient Account Number	AN	1-38	R			
CLM02	Total Claim Charge Amount S9(7)V99	R	1-18	R			
CLM03	Claim Filing Indicator Code	ID	1-2	N/U			
CLM04	Non-Institutional Claim Type Code	ID	1-2	N/U			
CLM05	HEALTH CARE SERVICE LOCATION INFORMATION			R			
CLM05-1	Facility Type Code	AN	1-2	R			11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 53, 54, 55, 56, 50, 60, 61, 62, 65, 71, 72, 81, 99

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF02	Property Casualty Claim Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
PER	PROPERTY AND CASUALTY PATIENT CONTACT INFORMATION		1	S	2010CA		
PER01	Contact Function Code	ID	2-2	R			IC
PER02	Billing Provider Contact Name	AN	1-60	S			
PER03	Communication Number Qualifier	ID	2-2	R			TE
PER04	Communication Number	AN	1-256	R			
PER05	Communication Number Qualifier	ID	2-2	S			EX
PER06	Communication Number	AN	1-256	S			
PER07	Communication Number Qualifier	ID	2-2	N/U			
PER08	Communication Number	AN	1-256	N/U			
PER09	Contact Inquiry Reference	AN	1-20	N/U			
CLM	CLAIM INFORMATION		1	R	2300	100	
CLM01	Patient Account Number	AN	1-38	R			
CLM02	Total Claim Charge Amount S9(7)V99	R	1-18	R			
CLM03	Claim Filing Indicator Code	ID	1-2	N/U			
CLM04	Non-Institutional Claim Type Code	ID	1-2	N/U			
CLM05	HEALTH CARE SERVICE LOCATION INFORMATION			R			
CLM05-1	Facility Type Code	AN	1-2	R			

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

New Element

New Segment

Code Deleted

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
CLM05-2	Facility Code Qualifier	ID	1-2	N/U			
CLM05-3	Claim Frequency Code	ID	1-1	R			Refer to Code Source 235
CLM06	Provider or Supplier Signature Indicator	ID	1-1	R			N, Y
CLM07	Medicare Assignment Code	ID	1-1	R			A, B, C, P
CLM08	Benefits Assignment Certification Indicator	ID	1-1	R			N, Y
CLM09	Release of Information Code	ID	1-1	R			A, I, M, N, O, Y
CLM10	Patient Signature Source Code	ID	1-1	S			B, C, M, P, S
CLM11	RELATED CAUSES INFORMATION			S			
CLM11-1	Related Causes Code	ID	2-3	R			AA, AP, EM, OA
CLM11-2	Related Causes Code	ID	2-3	S			AA, AP, EM, OA
CLM11-3	Related Causes Code	ID	2-3	S			AA, AP, EM, OA
CLM11-4	Auto Accident State or Province Code	ID	2-2	S			
CLM11-5	Country Code	ID	2-3	S			
CLM12	Special Program Indicator	ID	2-3	S			01, 02, 03, 05, 07, 08, 09
CLM13	Yes/No Condition or Response Code	ID	1-1	N/U			
CLM14	Level of Service Code	ID	1-3	N/U			
CLM15	Yes/No Condition or Response Code	ID	1-1	N/U			
CLM16	Participation Agreement	ID	1-1	S			P
CLM17	Claim Status Code	ID	1-2	N/U			
CLM18	Yes/No Condition or Response Code	ID	1-1	N/U			
CLM19	Claim Submission Reason Code	ID	2-2	N/U			
CLM20	Delay Reason Code	ID	1-2	S			1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
CLM05-2	Facility Code Qualifier	ID	1-2	R			B
CLM05-3	Claim Frequency Code	ID	1-1	R			
CLM06	Provider or Supplier Signature Indicator	ID	1-1	R			N, Y
CLM07	Medicare Assignment Code	ID	1-1	R			A, B, C
CLM08	Benefits Assignment Certification Indicator	ID	1-1	R			N, W, Y
CLM09	Release of Information Code	ID	1-1	R			I, Y
CLM10	Patient Signature Source Code	ID	1-1	S			P
CLM11	RELATED CAUSES INFORMATION			S			
CLM11-1	Related Causes Code	ID	2-3	R			AA, EM, OA
CLM11-2	Related Causes Code	ID	2-3	S			AA, EM, OA
CLM11-3	Related Causes Code	ID	2-3	N/U			
CLM11-4	Auto Accident State or Province Code	ID	2-2	S			
CLM11-5	Country Code	ID	2-3	S			
CLM12	Special Program Indicator	ID	2-3	S			02, 03, 05, 09
CLM13	Yes/No Condition or Response Code	ID	1-1	N/U			
CLM14	Level of Service Code	ID	1-3	N/U			
CLM15	Yes/No Condition or Response Code	ID	1-1	N/U			
CLM16	Participation Agreement	ID	1-1	N/U			
CLM17	Claim Status Code	ID	1-2	N/U			
CLM18	Yes/No Condition or Response Code	ID	1-1	N/U			
CLM19	Claim Submission Reason Code	ID	2-2	N/U			
CLM20	Delay Reason Code	ID	1-2	S			1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 15
DATE - ONSET OF CURRENT ILLNESS/SYMP TOM							
DTP	Date Time Qualifier	ID	3-3	R		2300	
DTP01	Date Time Period Format Qualifier	ID	2-3	R			431
DTP02	Onset of Current Illness or Injury Date	AN	1-35	R			CCYYMMDD

Usage changed to Required

Code Deleted

Code Deleted

Code Added

Code Deleted

Code Deleted

Code Deleted

Code Deleted

Code Deleted

Usage changed to Not Used

Code Deleted

Code Deleted

Code Added

New Segment

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
DTP	DATE - INITIAL TREATMENT		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			454
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Initial Treatment Date	AN	1-35	R			CCYYMMDD
DTP	DATE - DATE LAST SEEN		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			304
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Last Seen Date	AN	1-35	R			CCYYMMDD
DTP	DATE - ONSET OF CURRENT ILLNESS/SYMP TOM		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			431
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Onset of Current Illness or Injury Date	AN	1-35	R			CCYYMMDD
DTP	DATE - ACUTE MANIFESTATION		5	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			453
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Acute Manifestation Date	AN	1-35	R			CCYYMMDD
DTP	DATE - SIMILAR ILLNESS/SYMP TOM ONSET		10	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			438
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Similar Illness or Symptom Date	AN	1-35	R			CCYYMMDD
DTP	DATE - ACCIDENT		10	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			439
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, DT
DTP03	Accident Date	AN	1-35	R			CCYYMMDD, CCYYMMDDHHM M
DTP	DATE - LAST MENSTRUAL PERIOD		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			484

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
DTP	DATE - INITIAL TREATMENT		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			454
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Initial Treatment Date	AN	1-35	R			CCYYMMDD
DTP	DATE - DATE LAST SEEN		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			304
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Last Seen Date	AN	1-35	R			CCYYMMDD
Segment Deleted							
DTP	DATE - ACUTE MANIFESTATION		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			453
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Acute Manifestation Date	AN	1-35	R			CCYYMMDD
Segment Deleted							
DTP	DATE - ACCIDENT		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			439
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8,
DTP03	Accident Date	AN	1-35	R			CCYYMMDD
Code Deleted							
DTP	DATE - LAST MENSTRUAL PERIOD		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			484

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Last Menstrual Period Date	AN	1-35	R			CCYYMMDD
DTP	DATE - LAST X-RAY		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			455
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Last X-Ray Date	AN	1-35	R			CCYYMMDD
DTP	DATE - HEARING AND VISION PRESCRIPTION DATE		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			471
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Prescription Date	AN	1-35	R			CCYYMMDD
DTP	DATE - DISABILITY BEGIN		5	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			360
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Disability From Date	AN	1-35	R			CCYYMMDD
DTP	DATE - DISABILITY END		5	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			361
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Disability To Date	AN	1-35	R			CCYYMMDD
DTP	DATE - LAST WORKED		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			297
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Last Worked Date	AN	1-35	R			CCYYMMDD
DTP	DATE - AUTHORIZED RETURN TO WORK		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			296
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Work Return Date	AN	1-35	R			CCYYMMDD

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Last Menstrual Period Date	AN	1-35	R			CCYYMMDD
DTP	DATE - LAST X-RAY		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			455
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Last X-Ray Date	AN	1-35	R			CCYYMMDD
DTP	DATE - HEARING AND VISION PRESCRIPTION DATE		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			471
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Prescription Date	AN	1-35	R			CCYYMMDD
Segment Deleted							
New Segment							
DTP	DATE - DISABILITY DATES		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			314, 360, 361
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8
DTP03	Disability From Date	AN	1-35	R			CCYYMMDD
Segment Deleted							
DTP	DATE - LAST WORKED		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			297
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Last Worked Date	AN	1-35	R			CCYYMMDD
DTP	DATE - AUTHORIZED RETURN TO WORK		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			296
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Work Return Date	AN	1-35	R			CCYYMMDD

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
DTP	DATE - ADMISSION		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			435
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Related Hospitalization Admission Date	AN	1-35	R			CCYYMMDD
DTP	DATE - DISCHARGE		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			096
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Related Hospitalization Discharge Date	AN	1-35	R			CCYYMMDD
DTP	DATE - ASSUMED AND RELINQUISHED CARE DATES		2	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			090, 091
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Assumed or Relinquished Care Date	AN	1-35	R			CCYYMMDD
CLAIM SUPPLEMENTAL INFORMATION							
PWK	CLAIM SUPPLEMENTAL INFORMATION		10	S	2300		

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
DTP	DATE - ADMISSION		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			435
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Related Hospitalization Admission Date	AN	1-35	R			CCYYMMDD
DTP	DATE - DISCHARGE		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			096
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Related Hospitalization Discharge Date	AN	1-35	R			CCYYMMDD
DTP	DATE - ASSUMED AND RELINQUISHED CARE DATES		2	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			090, 091
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Assumed or Relinquished Care Date	AN	1-35	R			CCYYMMDD
DTP	DATE - PROPERTY AND CASUALTY DATE OF FIRST CONTACT		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			444
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Order Date	AN	1-35	R			CCYYMMDD
DTP	DATE - REPRICER RECEIVED DATE		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			050
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Order Date	AN	1-35	R			CCYYMMDD
CLAIM SUPPLEMENTAL INFORMATION							
PWK	CLAIM SUPPLEMENTAL INFORMATION		10	S	2300		

New Segment

New Segment

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
PWK01	Attachment Report Type Code	ID	2-2	R			77, AS, B2, B3, B4, CT, DA, DG, DS, EB, MT, NN, OB, OZ, PN, PO, PZ, RB, RR, RT
PWK02	Attachment Transmission Code	ID	1-2	R			AA, BM, EL, EM, FX
PWK03	Report Copies Needed	N0	1-2	N/U			
PWK04	Entity Identifier Code	ID	2-3	N/U			
PWK05	Identification Code Qualifier	ID	1-2	S			AC
PWK06	Attachment Control Number	AN	2-80	S			
PWK07	Description	AN	1-80	N/U			
PWK08	ACTIONS INDICATED			N/U			
PWK09	Request Category Code	ID	1-2	N/U			
CN1	CONTRACT INFORMATION		1	S	2300		
CN101	Contract Type Code	ID	2-2	R			02, 03, 04, 05, 06, 09
CN102	Contract Amount S9(7)V99	R	1-18	S			
CN103	Contract Percentage 9(2)V99	R	1-6	S			
CN104	Contract Code	AN	1-30	S			
CN105	Terms Discount Percent 9(2)V99	R	1-6	S			
CN106	Contract Version Identifier	AN	1-30	S			
AMT	CREDIT/DEBIT CARD MAXIMUM AMOUNT		1	S	2300		
AMT01	Amount Qualifier Code	ID	1-3	R			
AMT02	Credit or Debit Card Maximum Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	PATIENT AMOUNT PAID		1	S	2300		

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
PWK01	Attachment Report Type Code	ID	2-2	R			03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21, A3, A4, AM, AS, B2, B3, B4, BR, BS, BT, CB, CK, CT, D2, DA, DB, DG, DJ, DS, EB, HC, HR, I5, IR, LA, M1, MT, NN, OB, OC, OD, OE, OX, OZ, P4, P5, PE, PN, PO, PQ, PY, PZ, RB, RR, RT, RX, SG, V5, XP
PWK02	Attachment Transmission Code	ID	1-2	R			AA, BM, EL, EM, FT, FX
PWK03	Report Copies Needed	N0	1-2	N/U			
PWK04	Entity Identifier Code	ID	2-3	N/U			
PWK05	Identification Code Qualifier	ID	1-2	S			AC
PWK06	Attachment Control Number	AN	2-80	S			
PWK07	Description	AN	1-80	N/U			
PWK08	ACTIONS INDICATED			N/U			
PWK09	Request Category Code	ID	1-2	N/U			
CN1	CONTRACT INFORMATION		1	S	2300		
CN101	Contract Type Code	ID	2-2	R			01, 02, 03, 04, 05, 06, 09
CN102	Contract Amount S9(7)V99	R	1-18	S			
CN103	Contract Percentage 9(2)V99	R	1-6	S			
CN104	Contract Code	AN	1-50	S			
CN105	Terms Discount Percent 9(2)V99	R	1-6	S			
CN106	Contract Version Identifier	AN	1-30	S			
AMT	PATIENT AMOUNT PAID		1	S	2300		

Code Added

Code Deleted

Code Deleted

Increase from 30 - 50

Segment Deleted

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
AMT01	Amount Qualifier Code	ID	1-3	R			F5
AMT02	Patient Amount Paid S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	TOTAL PURCHASED SERVICE AMOUNT		1	S	2300		
AMT01	Amount Qualifier Code	ID	1-3	R			NE
AMT02	Total Purchased Service Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
REF	SERVICE AUTHORIZATION EXCEPTION CODE		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			4N
REF02	Service Authorization Exception Code	AN	1-30	R			1, 2, 3, 4, 5, 6, 7
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			F5
REF02	Medicare Section 4081 Indicator	AN	1-30	R			Y,N
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
AMT01	Amount Qualifier Code	ID	1-3	R			F5
AMT02	Patient Amount Paid S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
REF	SERVICE AUTHORIZATION EXCEPTION CODE		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			4N
REF02	Service Authorization Exception Code	AN	1-50	R			1, 2, 3, 4, 5, 6, 7
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			F5
REF02	Medicare Section 4081 Indicator	AN	1-50	R			Y,N
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			

Segment Deleted

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

New Element

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
MAMMOGRAPHY CERTIFICATION NUMBER							
REF			1	S	2300		
REF01	Mammography Certification Number	ID	2-3	R			EW
REF02	Mammography Certification Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
PRIOR AUTHORIZATION OR REFERRAL NUMBER							
REF			2	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			9F, G1
REF02	Prior Authorization or Referral Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
ORIGINAL REFERENCE NUMBER (ICN/DCN)							
REF			1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			F8
REF02	Claim Original Reference Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF04-6	Reference Identification	AN	1-50	N/U			
MAMMOGRAPHY CERTIFICATION NUMBER							
REF			1	S	2300		
REF01	Mammography Certification Number	ID	2-3	R			EW
REF02	Mammography Certification Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REFERRAL NUMBER							
REF			1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			9F
REF02	Prior Authorization or Referral Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			

New Element

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

New Element

Segment Deleted

Segment Deleted

New Segment

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
REF	CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER						
			3	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			X4

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	PRIOR AUTHORIZATION		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			G1
REF02	Prior Authorization or Referral Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	PAYER CLAIM CONTROL NUMBER		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			F8
REF02	Claim Original Reference Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			X4

New Segment

New Segment

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
REF02	Clinical Laboratory Improvement Amendment Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	REPRICED CLAIM NUMBER		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			9A
REF02	Repriced Claim Reference Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	ADJUSTED REPRICED CLAIM NUMBER		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			9C
REF02	Adjusted Repriced Claim Reference Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF02	Clinical Laboratory Improvement Amendment Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	REPRICED CLAIM NUMBER		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			9A
REF02	Repriced Claim Reference Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	ADJUSTED REPRICED CLAIM NUMBER		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			9C
REF02	Adjusted Repriced Claim Reference Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

New Element

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

New Element

Increase from 30 - 50

New Element

New Element

New Element

New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
REF	INVESTIGATIONAL DEVICE EXEMPTION NUMBER		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			LX
REF02	Investigational Device Exemption Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	CLAIM IDENTIFICATION NUMBER FOR CLEARING HOUSES AND OTHER TRANSMISSION INTERMEDIARIES		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			D9
REF02	Clearinghouse Trace Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	AMBULATORY PATIENT GROUP (APG)		4	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			1S

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	INVESTIGATIONAL DEVICE EXEMPTION NUMBER		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			LX
REF02	Investigational Device Exemption Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			D9
REF02	Clearinghouse Trace Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			

New Element

New Element

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

New Element

Name Change

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

Segment Deleted

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
REF02	Ambulatory Patient Group Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	MEDICAL RECORD NUMBER		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			EA
REF02	Medical Record Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	DEMONSTRATION PROJECT IDENTIFIER		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			P4
REF02	Demonstration Project Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF	MEDICAL RECORD NUMBER		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			EA
REF02	Medical Record Number	AN	1-50	R			Increase from 30 - 50
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element
REF04-4	Reference Identification	AN	1-50	N/U			New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element
REF04-6	Reference Identification	AN	1-50	N/U			New Element
REF	DEMONSTRATION PROJECT IDENTIFIER		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			P4
REF02	Demonstration Project Identifier	AN	1-50	R			Increase from 30 - 50
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element
REF04-4	Reference Identification	AN	1-50	N/U			New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element
REF04-6	Reference Identification	AN	1-50	N/U			New Element
REF	CARE PLAN OVERSIGHT		1	S	2300		New Segment
REF01	Reference Identification Qualifier	ID	2-3	R			1J
REF02	Care Plan Oversight Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
K3	FILE INFORMATION		10	S	2300		
K301	Fixed Format Information	AN	1-80	R			
K302	Record Format Code	ID	1-2	N/U			
K303	COMPOSITE UNIT OF MEASURE			N/U			
NTE	CLAIM NOTE		1	S	2300		
NTE01	Note Reference Code	ID	3-3	R			ADD, CER, DCP,DGN,PMT,T PO
NTE02	Claim Note Text	AN	1-80	R			
CR1	AMBULANCE TRANSPORT INFORMATION		1	S	2300		
CR101	Unit or Basis for Measurement Code	ID	2-2	S			LB
CR102	Patient Weight 9(3)	R	1-10	S			
CR103	Ambulance Transport Code	ID	1-1	R			I, R, T, X
CR104	Ambulance Transport Reason Code	ID	1-1	R			A, B, C, D, E
CR105	Unit or Basis for Measurement Code	ID	2-2	R			DH
CR106	Transport Distance 9(4)	R	1-15	R			
CR107	Address Information	AN	1-55	N/U			
CR108	Address Information	AN	1-55	N/U			
CR109	Round Trip Purpose Description	AN	1-80	S			
CR110	Stretcher Purpose Description	AN	1-80	S			
CR2	SPINAL MANIPULATION SERVICE INFORMATION		1	S	2300		
CR201	Treatment Series Number 9(3)	N0	1-9	N/U			
CR202	Treatment Count 9(3)	R	1-15	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
K3	FILE INFORMATION		10	S	2300		
K301	Fixed Format Information	AN	1-80	R			
K302	Record Format Code	ID	1-2	N/U			
K303	COMPOSITE UNIT OF MEASURE			N/U			
NTE	CLAIM NOTE		1	S	2300		
NTE01	Note Reference Code	ID	3-3	R			ADD, CER, DCP, DGN, TPO
NTE02	Claim Note Text	AN	1-80	R			
CR1	AMBULANCE TRANSPORT INFORMATION		1	S	2300		
CR101	Unit or Basis for Measurement Code	ID	2-2	S			LB
CR102	Patient Weight 9(3)	R	1-10	S			
CR103	Ambulance Transport Code	ID	1-1	N/U			
CR104	Ambulance Transport Reason Code	ID	1-1	R			A, B, C, D, E
CR105	Unit or Basis for Measurement Code	ID	2-2	R			DH
CR106	Transport Distance 9(4)	R	1-15	R			
CR107	Address Information	AN	1-55	N/U			
CR108	Address Information	AN	1-55	N/U			
CR109	Round Trip Purpose Description	AN	1-80	S			
CR110	Stretcher Purpose Description	AN	1-80	S			
CR2	SPINAL MANIPULATION SERVICE INFORMATION		1	S	2300		
CR201	Treatment Series Number 9(3)	N0	1-9	N/U			
CR202	Treatment Count 9(3)	R	1-15	N/U			

Code Deleted

Code Deleted
Usage changed to Not Used

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
CR203	Subluxation Level Code	ID	2-3	N/U			C1, C2, C3, C4, C5, C6, C7, CO, IL, L1, L2, L3, L4, L5, OC, SA, T1, T10, T11, T12, T2, T3, T4, T5, T6, T7, T8, T9
CR204	Subluxation Level Code	ID	2-3	N/U			C1, C2, C3, C4, C5, C6, C7, CO, IL, L1, L2, L3, L4, L5, OC, SA, T1, T10, T11, T12, T2, T3, T4, T5, T6, T7, T8, T9
CR205	Unit or Basis for Measurement Code	ID	2-2	N/U			DA, MO, WK, YR
CR206	Treatment Period Count 9(3)	R	1-15	N/U			
CR207	Monthly Treatment Count 9(2)	R	1-15	N/U			
CR208	Patient Condition Code	ID	1-1	R			A, C, D, E, F, G, M
CR209	Complication Indicator	ID	1-1	N/U			N, Y
CR210	Patient Condition Description	AN	1-80	S			
CR211	Patient Condition Description	AN	1-80	S			
CR212	X-ray Availability Indicator	ID	1-1	S			N, Y
AMBULANCE CERTIFICATION							
CRC			3	S		2300	
CRC01	Code Category	ID	2-2	R			07
CRC02	Certification Condition Indicator	ID	1-1	R			N, Y
CRC03	Condition Code	ID	2-2	R			01, 02, 03, 04, 05, 06, 07, 08, 09, 60
CRC04	Condition Code	ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60
CRC05	Condition Code	ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60
CRC06	Condition Code	ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
CR203	Subluxation Level Code	ID	2-3	N/U			
CR204	Subluxation Level Code	ID	2-3	N/U			
CR205	Unit or Basis for Measurement Code	ID	2-2	N/U			
CR206	Treatment Period Count 9(3)	R	1-15	N/U			
CR207	Monthly Treatment Count 9(2)	R	1-15	N/U			
CR208	Patient Condition Code	ID	1-1	R			A, C, D, E, F, G, M
CR209	Complication Indicator	ID	1-1	N/U			
CR210	Patient Condition Description	AN	1-80	S			
CR211	Patient Condition Description	AN	1-80	S			
CR212	Yes/No Condition or Response Code	ID	1-1	N/U			
AMBULANCE CERTIFICATION							
CRC			3	S		2300	
CRC01	Code Category	ID	2-2	R			07
CRC02	Certification Condition Indicator	ID	1-1	R			N, Y
CRC03	Condition Code	ID	2-3	R			01, 04, 05, 06, 07, 08, 09, 12
CRC04	Condition Code	ID	2-3	S			01, 04, 05, 06, 07, 08, 09, 12
CRC05	Condition Code	ID	2-3	S			01, 04, 05, 06, 07, 08, 09, 12
CRC06	Condition Code	ID	2-3	S			01, 04, 05, 06, 07, 08, 09, 12

Code Deleted

Code Deleted

Code Deleted

Code Deleted

Code Deleted
Usage changed to Not Used

Code Deleted
Increase from 2 - 3

Code Deleted
Increase from 2 - 3

Code Deleted
Increase from 2 - 3

Code Deleted
Increase from 2 - 3

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
CRC07	Condition Code	ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60
CRC	PATIENT CONDITION INFORMATION: VISION		3	S	2300		
CRC01	Code Category	ID	2-2	R			E1, E2, E3
CRC02	Certification Condition Indicator	ID	1-1	R			N, Y
CRC03	Condition Code	ID	2-2	R			L1, L2, L3, L4, L5
CRC04	Condition Code	ID	2-2	S			L1, L2, L3, L4, L5
CRC05	Condition Code	ID	2-2	S			L1, L2, L3, L4, L5
CRC06	Condition Code	ID	2-2	S			L1, L2, L3, L4, L5
CRC07	Condition Code	ID	2-2	S			L1, L2, L3, L4, L5
CRC	HOMEBOUND INDICATOR		1	S	2300		
CRC01	Code Category	ID	2-2	R			75
CRC02	Certification Condition Indicator	ID	1-1	R			Y
CRC03	Homebound Indicator	ID	2-2	R			IH
CRC04	Condition Indicator	ID	2-2	N/U			
CRC05	Condition Indicator	ID	2-2	N/U			
CRC06	Condition Indicator	ID	2-2	N/U			
CRC07	Condition Indicator	ID	2-2	N/U			
CRC	EPSDT REFERRAL		1	S	2300		
CRC01	Code Category	ID	2-2	R			ZZ
CRC02	Certification Condition Indicator	ID	1-1	R			N, Y
CRC03	Condition Code	ID	2-2	R			AV, NU, S2, ST
CRC04	Condition Code	ID	2-2	S			AV, NU, S2, ST
CRC05	Condition Code	ID	2-2	S			AV, NU, S2, ST
CRC06	Condition Indicator	ID	2-2	N/U			
CRC07	Condition Indicator	ID	2-2	N/U			
HI	HEALTH CARE DIAGNOSIS CODE		1	S	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Diagnosis Type Code	ID	1-3	R			BK
HI01-2	Diagnosis Code	AN	1-30	R			
HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI01-4	Date Time Period	AN	1-35	N/U			
HI01-5	Monetary Amount	R	1-18	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
CRC07	Condition Code	ID	2-3	S			01, 04, 05, 06, 07, 08, 09, 12
CRC	PATIENT CONDITION INFORMATION: VISION		3	S	2300		
CRC01	Code Category	ID	2-2	R			E1, E2, E3
CRC02	Certification Condition Indicator	ID	1-1	R			N, Y
CRC03	Condition Code	ID	2-3	R			L1, L2, L3, L4, L5
CRC04	Condition Code	ID	2-3	S			L1, L2, L3, L4, L5
CRC05	Condition Code	ID	2-3	S			L1, L2, L3, L4, L5
CRC06	Condition Code	ID	2-3	S			L1, L2, L3, L4, L5
CRC07	Condition Code	ID	2-3	S			L1, L2, L3, L4, L5
CRC	HOMEBOUND INDICATOR		1	S	2300		
CRC01	Code Category	ID	2-2	R			75
CRC02	Certification Condition Indicator	ID	1-1	R			Y
CRC03	Homebound Indicator	ID	2-3	R			IH
CRC04	Condition Indicator	ID	2-3	N/U			
CRC05	Condition Indicator	ID	2-3	N/U			
CRC06	Condition Indicator	ID	2-3	N/U			
CRC07	Condition Indicator	ID	2-3	N/U			
CRC	EPSDT REFERRAL		1	S	2300		
CRC01	Code Category	ID	2-2	R			ZZ
CRC02	Certification Condition Indicator	ID	1-1	R			N, Y
CRC03	Condition Code	ID	2-3	R			AV, NU, S2, ST
CRC04	Condition Code	ID	2-3	S			AV, NU, S2, ST
CRC05	Condition Code	ID	2-3	S			AV, NU, S2, ST
CRC06	Condition Indicator	ID	2-3	N/U			
CRC07	Condition Indicator	ID	2-3	N/U			
HI	HEALTH CARE DIAGNOSIS CODE		1	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Diagnosis Type Code	ID	1-3	R			ABK, BK
HI01-2	Diagnosis Code	AN	1-30	R			
HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI01-4	Date Time Period	AN	1-35	N/U			
HI01-5	Monetary Amount	R	1-18	N/U			

Code Deleted
Increase from 2 - 3

Increase from 2 - 3

Increase from 2 - 3

Increase from 2 - 3

Increase from 2 - 3

Increase from 2 - 3

Increase from 2 - 3

Increase from 2 - 3

Increase from 2 - 3

Increase from 2 - 3

Increase from 2 - 3

Increase from 2 - 3

Increase from 2 - 3

Increase from 2 - 3

Increase from 2 - 3

Code Added

Usage changed to Required

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
HI01-6	Quantity	R	1-15	N/U			
HI01-7	Version Identifier	AN	1-30	N/U			
HEALTH CARE CODE INFORMATION							
HI02-1	Diagnosis Type Code	ID	1-3	R			BF
HI02-2	Diagnosis Code	AN	1-30	R			
HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI02-4	Date Time Period	AN	1-35	N/U			
HI02-5	Monetary Amount	R	1-18	N/U			
HI02-6	Quantity	R	1-15	N/U			
HI02-7	Version Identifier	AN	1-30	N/U			
HEALTH CARE CODE INFORMATION							
HI03-1	Diagnosis Type Code	ID	1-3	R			BF
HI03-2	Diagnosis Code	AN	1-30	R			
HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI03-4	Date Time Period	AN	1-35	N/U			
HI03-5	Monetary Amount	R	1-18	N/U			
HI03-6	Quantity	R	1-15	N/U			
HI03-7	Version Identifier	AN	1-30	N/U			
HEALTH CARE CODE INFORMATION							
HI04-1	Diagnosis Type Code	ID	1-3	R			BF
HI04-2	Diagnosis Code	AN	1-30	R			
HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI04-4	Date Time Period	AN	1-35	N/U			
HI04-5	Monetary Amount	R	1-18	N/U			
HI04-6	Quantity	R	1-15	N/U			
HI04-7	Version Identifier	AN	1-30	N/U			
HEALTH CARE CODE INFORMATION							
HI05-1	Diagnosis Type Code	ID	1-3	R			BF
HI05-2	Diagnosis Code	AN	1-30	R			
HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
HI01-6	Quantity	R	1-15	N/U			
HI01-7	Version Identifier	AN	1-30	N/U			
HI01-8	Industry code	AN	1-30	N/U			
HI01-9	Yes/No Condition or response Code	ID	1-1	N/U			
HEALTH CARE CODE INFORMATION							
HI02-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI02-2	Diagnosis Code	AN	1-30	R			
HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI02-4	Date Time Period	AN	1-35	N/U			
HI02-5	Monetary Amount	R	1-18	N/U			
HI02-6	Quantity	R	1-15	N/U			
HI02-7	Version Identifier	AN	1-30	N/U			
HI02-8	Industry code	AN	1-30	N/U			
HI02-9	Yes/No Condition or response Code	ID	1-1	N/U			
HEALTH CARE CODE INFORMATION							
HI03-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI03-2	Diagnosis Code	AN	1-30	R			
HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI03-4	Date Time Period	AN	1-35	N/U			
HI03-5	Monetary Amount	R	1-18	N/U			
HI03-6	Quantity	R	1-15	N/U			
HI03-7	Version Identifier	AN	1-30	N/U			
HI03-8	Industry code	AN	1-30	N/U			
HI03-9	Yes/No Condition or response Code	ID	1-1	N/U			
HEALTH CARE CODE INFORMATION							
HI04-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI04-2	Diagnosis Code	AN	1-30	R			
HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI04-4	Date Time Period	AN	1-35	N/U			
HI04-5	Monetary Amount	R	1-18	N/U			
HI04-6	Quantity	R	1-15	N/U			
HI04-7	Version Identifier	AN	1-30	N/U			
HI04-8	Industry code	AN	1-30	N/U			
HI04-9	Yes/No Condition or response Code	ID	1-1	N/U			
HEALTH CARE CODE INFORMATION							
HI05-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI05-2	Diagnosis Code	AN	1-30	R			
HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U			

New Element
New Element

Code Added

New Element
New Element

Code Added

New Element
New Element

Code Added

New Element
New Element

Code Added

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
HI05-4	Date Time Period	AN	1-35	N/U			
HI05-5	Monetary Amount	R	1-18	N/U			
HI05-6	Quantity	R	1-15	N/U			
HI05-7	Version Identifier	AN	1-30	N/U			
HI06	HEALTH CARE CODE INFORMATION			S			
HI06-1	Diagnosis Type Code	ID	1-3	R			BF
HI06-2	Diagnosis Code	AN	1-30	R			
HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI06-4	Date Time Period	AN	1-35	N/U			
HI06-5	Monetary Amount	R	1-18	N/U			
HI06-6	Quantity	R	1-15	N/U			
HI06-7	Version Identifier	AN	1-30	N/U			
HI07	HEALTH CARE CODE INFORMATION			S			
HI07-1	Diagnosis Type Code	ID	1-3	R			BF
HI07-2	Diagnosis Code	AN	1-30	R			
HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI07-4	Date Time Period	AN	1-35	N/U			
HI07-5	Monetary Amount	R	1-18	N/U			
HI07-6	Quantity	R	1-15	N/U			
HI07-7	Version Identifier	AN	1-30	N/U			
HI08	HEALTH CARE CODE INFORMATION			S			
HI08-1	Diagnosis Type Code	ID	1-3	R			BF
HI08-2	Diagnosis Code	AN	1-30	R			
HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI08-4	Date Time Period	AN	1-35	N/U			
HI08-5	Monetary Amount	R	1-18	N/U			
HI08-6	Quantity	R	1-15	N/U			
HI08-7	Version Identifier	AN	1-30	N/U			
HI09	HEALTH CARE CODE INFORMATION			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
HI05-4	Date Time Period	AN	1-35	N/U			
HI05-5	Monetary Amount	R	1-18	N/U			
HI05-6	Quantity	R	1-15	N/U			
HI05-7	Version Identifier	AN	1-30	N/U			
HI05-8	Industry code	AN	1-30	N/U			
HI05-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI06	HEALTH CARE CODE INFORMATION			S			
HI06-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI06-2	Diagnosis Code	AN	1-30	R			
HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI06-4	Date Time Period	AN	1-35	N/U			
HI06-5	Monetary Amount	R	1-18	N/U			
HI06-6	Quantity	R	1-15	N/U			
HI06-7	Version Identifier	AN	1-30	N/U			
HI06-8	Industry code	AN	1-30	N/U			
HI06-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI07	HEALTH CARE CODE INFORMATION			S			
HI07-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI07-2	Diagnosis Code	AN	1-30	R			
HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI07-4	Date Time Period	AN	1-35	N/U			
HI07-5	Monetary Amount	R	1-18	N/U			
HI07-6	Quantity	R	1-15	N/U			
HI07-7	Version Identifier	AN	1-30	N/U			
HI07-8	Industry code	AN	1-30	N/U			
HI07-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI08	HEALTH CARE CODE INFORMATION			S			
HI08-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI08-2	Diagnosis Code	AN	1-30	R			
HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI08-4	Date Time Period	AN	1-35	N/U			
HI08-5	Monetary Amount	R	1-18	N/U			
HI08-6	Quantity	R	1-15	N/U			
HI08-7	Version Identifier	AN	1-30	N/U			
HI08-8	Industry code	AN	1-30	N/U			
HI08-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI09	HEALTH CARE CODE INFORMATION			S			
HI09-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI09-2	Diagnosis Code	AN	1-30	R			

New Element
New Element

Code Added

New Element
New Element

Code Added

New Element
New Element

Code Added

New Element
New Element

Usage changed to
Situational

New Element
New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
HI10	HEALTH CARE CODE INFORMATION			N/U			
HI11	HEALTH CARE CODE INFORMATION			N/U			
HI12	HEALTH CARE CODE INFORMATION			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI09-4	Date Time Period	AN	1-35	N/U			
HI09-5	Monetary Amount	R	1-18	N/U			
HI09-6	Quantity	R	1-15	N/U			
HI09-7	Version Identifier	AN	1-30	N/U			
HI09-8	Industry code	AN	1-30	N/U			
HI09-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI10	HEALTH CARE CODE INFORMATION			S			
HI10-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI10-2	Diagnosis Code	AN	1-30	R			
HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI10-4	Date Time Period	AN	1-35	N/U			
HI10-5	Monetary Amount	R	1-18	N/U			
HI10-6	Quantity	R	1-15	N/U			
HI10-7	Version Identifier	AN	1-30	N/U			
HI10-8	Industry code	AN	1-30	N/U			
HI10-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI11	HEALTH CARE CODE INFORMATION			S			
HI11-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI11-2	Diagnosis Code	AN	1-30	R			
HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI11-4	Date Time Period	AN	1-35	N/U			
HI11-5	Monetary Amount	R	1-18	N/U			
HI11-6	Quantity	R	1-15	N/U			
HI11-7	Version Identifier	AN	1-30	N/U			
HI11-8	Industry code	AN	1-30	N/U			
HI11-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI12	HEALTH CARE CODE INFORMATION			S			
HI12-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI12-2	Diagnosis Code	AN	1-30	R			
HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI12-4	Date Time Period	AN	1-35	N/U			
HI12-5	Monetary Amount	R	1-18	N/U			
HI12-6	Quantity	R	1-15	N/U			
HI12-7	Version Identifier	AN	1-30	N/U			
HI12-8	Industry code	AN	1-30	N/U			
HI12-9	Yes/No Condition or response Code	ID	1-1	N/U			

New Element

New Element

New Element

New Element

New Element

New Element

New Element

Usage changed to Situational

New Element

New Element

New Element

New Element

New Element

New Element

New Element

New Element

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Usage changed to Situational

New Element

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New Element

New Element

Usage changed to Situational

New Element

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New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
HI	ANESTHESIA RELATED PROCEDURE		1	S	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Code List Qualifier	ID	1-3	R			BP
HI01-2	Anesthesia Related Surgical Procedure	AN	1-30	R			
HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI01-4	Date Time Period	AN	1-35	N/U			
HI01-5	Monetary Amount	R	1-18	N/U			
HI01-6	Quantity	R	1-15	N/U			
HI01-7	Version Identifier	AN	1-30	N/U			
HI01-8	Industry code	AN	1-30	N/U			
HI01-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI02	HEALTH CARE CODE INFORMATION			S			
HI02-1	Code List Qualifier	ID	1-3	R			BO
HI02-2	Anesthesia Related Surgical Procedure	AN	1-30	R			
HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI02-4	Date Time Period	AN	1-35	N/U			
HI02-5	Monetary Amount	R	1-18	N/U			
HI02-6	Quantity	R	1-15	N/U			
HI02-7	Version Identifier	AN	1-30	N/U			
HI02-8	Industry code	AN	1-30	N/U			
HI02-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI03	HEALTH CARE CODE INFORMATION			N/U			
HI03-1	Code List Qualifier	ID	1-3	N/U			
HI03-2	Anesthesia Related Surgical Procedure	AN	1-30	N/U			
HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI03-4	Date Time Period	AN	1-35	N/U			
HI03-5	Monetary Amount	R	1-18	N/U			
HI03-6	Quantity	R	1-15	N/U			
HI03-7	Version Identifier	AN	1-30	N/U			
HI03-8	Industry code	AN	1-30	N/U			
HI03-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI04	HEALTH CARE CODE INFORMATION			N/U			
HI04-1	Code List Qualifier	ID	1-3	N/U			
HI04-2	Anesthesia Related Surgical Procedure	AN	1-30	N/U			

New Segment

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI04-4	Date Time Period	AN	1-35	N/U			
HI04-5	Monetary Amount	R	1-18	N/U			
HI04-6	Quantity	R	1-15	N/U			
HI04-7	Version Identifier	AN	1-30	N/U			
HI04-8	Industry code	AN	1-30	N/U			
HI04-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI05	HEALTH CARE CODE INFORMATION			N/U			
HI05-1	Code List Qualifier	ID	1-3	N/U			
HI05-2	Anesthesia Related Surgical Procedure	AN	1-30	N/U			
HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI05-4	Date Time Period	AN	1-35	N/U			
HI05-5	Monetary Amount	R	1-18	N/U			
HI05-6	Quantity	R	1-15	N/U			
HI05-7	Version Identifier	AN	1-30	N/U			
HI05-8	Industry code	AN	1-30	N/U			
HI05-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI06	HEALTH CARE CODE INFORMATION			N/U			
HI06-1	Code List Qualifier	ID	1-3	N/U			
HI06-2	Anesthesia Related Surgical Procedure	AN	1-30	N/U			
HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI06-4	Date Time Period	AN	1-35	N/U			
HI06-5	Monetary Amount	R	1-18	N/U			
HI06-6	Quantity	R	1-15	N/U			
HI06-7	Version Identifier	AN	1-30	N/U			
HI06-8	Industry code	AN	1-30	N/U			
HI06-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI07	HEALTH CARE CODE INFORMATION			N/U			
HI07-1	Code List Qualifier	ID	1-3	N/U			
HI07-2	Anesthesia Related Surgical Procedure	AN	1-30	N/U			
HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI07-4	Date Time Period	AN	1-35	N/U			
HI07-5	Monetary Amount	R	1-18	N/U			
HI07-6	Quantity	R	1-15	N/U			
HI07-7	Version Identifier	AN	1-30	N/U			
HI07-8	Industry code	AN	1-30	N/U			

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
HI07-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI08	HEALTH CARE CODE INFORMATION			N/U			
HI08-1	Code List Qualifier	ID	1-3	N/U			
HI08-2	Anesthesia Related Surgical Procedure	AN	1-30	N/U			
HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI08-4	Date Time Period	AN	1-35	N/U			
HI08-5	Monetary Amount	R	1-18	N/U			
HI08-6	Quantity	R	1-15	N/U			
HI08-7	Version Identifier	AN	1-30	N/U			
HI08-8	Industry code	AN	1-30	N/U			
HI08-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI09	HEALTH CARE CODE INFORMATION			N/U			
HI09-1	Code List Qualifier	ID	1-3	N/U			
HI09-2	Anesthesia Related Surgical Procedure	AN	1-30	N/U			
HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI09-4	Date Time Period	AN	1-35	N/U			
HI09-5	Monetary Amount	R	1-18	N/U			
HI09-6	Quantity	R	1-15	N/U			
HI09-7	Version Identifier	AN	1-30	N/U			
HI09-8	Industry code	AN	1-30	N/U			
HI09-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI10	HEALTH CARE CODE INFORMATION			N/U			
HI10-1	Code List Qualifier	ID	1-3	N/U			
HI10-2	Anesthesia Related Surgical Procedure	AN	1-30	N/U			
HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI10-4	Date Time Period	AN	1-35	N/U			
HI10-5	Monetary Amount	R	1-18	N/U			
HI10-6	Quantity	R	1-15	N/U			
HI10-7	Version Identifier	AN	1-30	N/U			
HI10-8	Industry code	AN	1-30	N/U			
HI10-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI11	HEALTH CARE CODE INFORMATION			N/U			
HI11-1	Code List Qualifier	ID	1-3	N/U			
HI11-2	Anesthesia Related Surgical Procedure	AN	1-30	N/U			

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI11-4	Date Time Period	AN	1-35	N/U			
HI11-5	Monetary Amount	R	1-18	N/U			
HI11-6	Quantity	R	1-15	N/U			
HI11-7	Version Identifier	AN	1-30	N/U			
HI11-8	Industry code	AN	1-30	N/U			
HI11-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI12	HEALTH CARE CODE INFORMATION			N/U			
HI12-1	Code List Qualifier	ID	1-3	N/U			
HI12-2	Anesthesia Related Surgical Procedure	AN	1-30	N/U			
HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI12-4	Date Time Period	AN	1-35	N/U			
HI12-5	Monetary Amount	R	1-18	N/U			
HI12-6	Quantity	R	1-15	N/U			
HI12-7	Version Identifier	AN	1-30	N/U			
HI12-8	Industry code	AN	1-30	N/U			
HI12-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI	CONDITION INFORMATION		2	S	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Code List Qualifier	ID	1-3	R			BG
HI01-2	Condition Code	AN	1-30	R			
HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI01-4	Date Time Period	AN	1-35	N/U			
HI01-5	Monetary Amount	R	1-18	N/U			
HI01-6	Quantity	R	1-15	N/U			
HI01-7	Version Identifier	AN	1-30	N/U			
HI01-8	Industry code	AN	1-30	N/U			
HI01-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI02	HEALTH CARE CODE INFORMATION			S			
HI02-1	Code List Qualifier	ID	1-3	R			BG
HI02-2	Condition Code	AN	1-30	R			
HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI02-4	Date Time Period	AN	1-35	N/U			
HI02-5	Monetary Amount	R	1-18	N/U			
HI02-6	Quantity	R	1-15	N/U			
HI02-7	Version Identifier	AN	1-30	N/U			
HI02-8	Industry code	AN	1-30	N/U			

New Segment

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
HI02-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI03	HEALTH CARE CODE INFORMATION			S			
HI03-1	Code List Qualifier	ID	1-3	R			BG
HI03-2	Condition Code	AN	1-30	R			
HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI03-4	Date Time Period	AN	1-35	N/U			
HI03-5	Monetary Amount	R	1-18	N/U			
HI03-6	Quantity	R	1-15	N/U			
HI03-7	Version Identifier	AN	1-30	N/U			
HI03-8	Industry code	AN	1-30	N/U			
HI03-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI04	HEALTH CARE CODE INFORMATION			S			
HI04-1	Code List Qualifier	ID	1-3	R			BG
HI04-2	Condition Code	AN	1-30	R			
HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI04-4	Date Time Period	AN	1-35	N/U			
HI04-5	Monetary Amount	R	1-18	N/U			
HI04-6	Quantity	R	1-15	N/U			
HI04-7	Version Identifier	AN	1-30	N/U			
HI04-8	Industry code	AN	1-30	N/U			
HI04-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI05	HEALTH CARE CODE INFORMATION			S			
HI05-1	Code List Qualifier	ID	1-3	R			BG
HI05-2	Condition Code	AN	1-30	R			
HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI05-4	Date Time Period	AN	1-35	N/U			
HI05-5	Monetary Amount	R	1-18	N/U			
HI05-6	Quantity	R	1-15	N/U			
HI05-7	Version Identifier	AN	1-30	N/U			
HI05-8	Industry code	AN	1-30	N/U			
HI05-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI06	HEALTH CARE CODE INFORMATION			S			
HI06-1	Code List Qualifier	ID	1-3	R			BG
HI06-2	Condition Code	AN	1-30	R			
HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI06-4	Date Time Period	AN	1-35	N/U			
HI06-5	Monetary Amount	R	1-18	N/U			
HI06-6	Quantity	R	1-15	N/U			

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
HI06-7	Version Identifier	AN	1-30	N/U			
HI06-8	Industry code	AN	1-30	N/U			
HI06-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI07	HEALTH CARE CODE INFORMATION			S			
HI07-1	Code List Qualifier	ID	1-3	R			BG
HI07-2	Condition Code	AN	1-30	R			
HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI07-4	Date Time Period	AN	1-35	N/U			
HI07-5	Monetary Amount	R	1-18	N/U			
HI07-6	Quantity	R	1-15	N/U			
HI07-7	Version Identifier	AN	1-30	N/U			
HI07-8	Industry code	AN	1-30	N/U			
HI07-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI08	HEALTH CARE CODE INFORMATION			S			
HI08-1	Code List Qualifier	ID	1-3	R			BG
HI08-2	Condition Code	AN	1-30	R			
HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI08-4	Date Time Period	AN	1-35	N/U			
HI08-5	Monetary Amount	R	1-18	N/U			
HI08-6	Quantity	R	1-15	N/U			
HI08-7	Version Identifier	AN	1-30	N/U			
HI08-8	Industry code	AN	1-30	N/U			
HI08-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI09	HEALTH CARE CODE INFORMATION			S			
HI09-1	Code List Qualifier	ID	1-3	R			BG
HI09-2	Condition Code	AN	1-30	R			
HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI09-4	Date Time Period	AN	1-35	N/U			
HI09-5	Monetary Amount	R	1-18	N/U			
HI09-6	Quantity	R	1-15	N/U			
HI09-7	Version Identifier	AN	1-30	N/U			
HI09-8	Industry code	AN	1-30	N/U			
HI09-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI10	HEALTH CARE CODE INFORMATION			S			
HI10-1	Code List Qualifier	ID	1-3	R			BG
HI10-2	Condition Code	AN	1-30	R			
HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI10-4	Date Time Period	AN	1-35	N/U			

PROFESSIONAL CLAIM

4010A1																																																							
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837-P 4010A1																																																							
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HCP	CLAIM PRICING/REPRICING INFORMATION	ID	1	S	2300																																																		
HCP01	Pricing Methodology	ID	2-2	R			00, 01, 02, 03, 04, 05, 07, 08, 09, 10, 11, 12, 13, 14																																																
HCP02	Repriced Allowed Amount S9(7)V99	R	1-18	R																																																			
HCP03	Repriced Saving Amount S9(7)V99	R	1-18	S																																																			
HCP04	Repricing Organization Identifier	AN	1-30	S																																																			
HCP05	Repricing Per Diem or Flat Rate Amount S9(5)V99	R	1-9	S																																																			

5010																																																							
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837-P 5010																																																							
HI10-5	Monetary Amount	R	1-18	N/U																																																			
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HI11-8	Industry code	AN	1-30	N/U																																																			
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HI12	HEALTH CARE CODE INFORMATION			S																																																			
HI12-1	Code List Qualifier	ID	1-3	R			BG																																																
HI12-2	Condition Code	AN	1-30	R																																																			
HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U																																																			
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HI12-7	Version Identifier	AN	1-30	N/U																																																			
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HI12-9	Yes/No Condition or response Code	ID	1-1	N/U																																																			
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HCP	CLAIM PRICING/REPRICING INFORMATION	ID	1	S	2300																																																		
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HCP03	Repriced Saving Amount S9(7)V99	R	1-18	S																																																			
HCP04	Repricing Organization Identifier	AN	1-50	S																																																			
HCP05	Repricing Per Diem or Flat Rate Amount S9(5)V99	R	1-9	S																																																			

Increase from 30 - 50

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-30	S			
HCP07	Repriced Approved Ambulatory Patient Group Amount S9(7)V99	R	1-18	S			
HCP08	Product/Service ID	AN	1-48	N/U			
HCP09	Product/Service ID Qualifier	ID	2-2	N/U			
HCP10	Product/Service ID	AN	1-48	N/U			
HCP11	Unit or Basis for Measurement Code	ID	2-2	N/U			
HCP12	Quantity 9(3)V9	R	1-15	N/U			
HCP13	Reject Reason Code	ID	2-2	S			T1, T2, T3, T4, T5, T6
HCP14	Policy Compliance Code	ID	1-2	S			1, 2, 3, 4, 5
HCP15	Exception Code	ID	1-2	S			1, 2, 3, 4, 5, 6
CR7	HOME HEALTH CARE PLAN INFORMATION		1	S	2305	6	
CR701	Discipline Type Code	ID	2-2	R			AI, MS, OT, PT, SN, ST
CR702	Total Visits Rendered Count	NO	1-9	R			
CR703	Certification Period Projected Visit Count	NO	1-9	R			
HSD	HEALTH CARE SERVICES DELIVERY		3	S	2305		
HSD01	Visits	ID	2-2	S			VS
HSD02	Number of Visits 9(3)	R	1-15	S			
HSD03	Frequency Period	ID	2-2	S			DA, MO, Q1, WK
HSD04	Frequency Count 9(2)V9	R	1-6	S			
HSD05	Duration of Visits Units	ID	1-2	S			7, 35
HSD06	Duration of Visits, Number of Units	NO	1-3	S			
HSD07	Ship, Delivery or Calendar Pattern Code	ID	1-2	S			1-7, A-H, J-L, N, O, S, SA, SB, SC, SD, SG, SL, SP, SX, SY, SZ, W
HSD08	Delivery Pattern Time Code	ID	1-1	S			D, E, F
NM1	REFERRING PROVIDER NAME		1	S	2310A	2	
NM101	Entity Identifier Code	ID	2-3	R			DN, P3
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Referring Provider Last Name	AN	1-35	R			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-50	S			
HCP07	Repriced Approved Ambulatory Patient Group Amount S9(7)V99	R	1-18	S			
HCP08	Product/Service ID	AN	1-48	N/U			
HCP09	Product/Service ID Qualifier	ID	2-2	N/U			
HCP10	Product/Service ID	AN	1-48	N/U			
HCP11	Unit or Basis for Measurement Code	ID	2-2	N/U			
HCP12	Quantity 9(3)V9	R	1-15	N/U			
HCP13	Reject Reason Code	ID	2-2	S			T1, T2, T3, T4, T5, T6
HCP14	Policy Compliance Code	ID	1-2	S			1, 2, 3, 4, 5
HCP15	Exception Code	ID	1-2	S			1, 2, 3, 4, 5, 6
Segment Deleted							
Segment Deleted							
NM1	REFERRING PROVIDER NAME		1	S	2310A	2	
NM101	Entity Identifier Code	ID	2-3	R			DN, P3
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Referring Provider Last Name	AN	1-60	R			

Increase from 30 - 50

Segment Deleted

Segment Deleted

Code Deleted

Increase from 35 - 60

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
NM104	Referring Provider First Name	AN	1-25	S			
NM105	Referring Provider Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Referring Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX
NM109	Referring Provider Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
PRV	REFERRING PROVIDER SPECIALTY INFORMATION		1	S		2310A	
PRV01	Provider Code	ID	1-3	R			RF
PRV02	Reference Identification Qualifier	ID	2-3	R			ZZ
PRV03	Provider Taxonomy Code	AN	1-30	R			
PRV04	State or Province Code	ID	2-2	N/U			
PRV05	PROVIDER SPECIALTY INFORMATION			N/U			
PRV06	Provider Organization Code	ID	3-3	N/U			
REF	REFERRING PROVIDER SECONDARY IDENTIFICATION		5	S		2310A	
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
REF02	Referring Provider Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
NM104	Referring Provider First Name	AN	1-35	S			
NM105	Referring Provider Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Referring Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			XX
NM109	Referring Provider Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
REF	REFERRING PROVIDER SECONDARY IDENTIFICATION		3	S		2310A	
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1G, G2
REF02	Referring Provider Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			

Increase from 25 - 35

Code Deleted

New Element

Segment Deleted

Code Deleted

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
NM1	RENDERING PROVIDER NAME		1	S	2310B	1	
NM101	Entity Identifier Code	ID	2-3	R			82
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Rendering Provider Last or Organization Name	AN	1-35	R			
NM104	Rendering Provider First Name	AN	1-25	S			
NM105	Rendering Provider Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Rendering Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	R			24, 34, XX
NM109	Rendering Provider Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
PRV	RENDERING PROVIDER SPECIALTY INFORMATION		1	S	2310B		
PRV01	Provider Code	ID	1-3	R			PE
PRV02	Reference Identification Qualifier	ID	2-3	R			ZZ
PRV03	Provider Taxonomy Code	AN	1-30	R			
PRV04	State or Province Code	ID	2-2	N/U			
PRV05	PROVIDER SPECIALTY INFORMATION			N/U			
PRV06	Provider Organization Code	ID	3-3	N/U			
REF	RENDERING PROVIDER SECONDARY IDENTIFICATION		5	S	2310B		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
REF02	Rendering Provider Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
NM1	RENDERING PROVIDER NAME		1	S	2310B	1	
NM101	Entity Identifier Code	ID	2-3	R			82
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Rendering Provider Last or Organization Name	AN	1-60	R			
NM104	Rendering Provider First Name	AN	1-35	S			
NM105	Rendering Provider Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Rendering Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			XX
NM109	Rendering Provider Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
PRV	RENDERING PROVIDER SPECIALTY INFORMATION		1	S	2310B		
PRV01	Provider Code	ID	1-3	R			PE
PRV02	Reference Identification Qualifier	ID	2-3	R			PXC
PRV03	Provider Taxonomy Code	AN	1-50	R			
PRV04	State or Province Code	ID	2-2	N/U			
PRV05	PROVIDER SPECIALTY INFORMATION			N/U			
PRV06	Provider Organization Code	ID	3-3	N/U			
REF	RENDERING PROVIDER SECONDARY IDENTIFICATION		4	S	2310B		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1G, G2, LU
REF02	Rendering Provider Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			

Increase from 35 - 60
 Increase from 25 - 35
 Code Deleted
 Usage Changed to Situational
 Usage Canged to Situational
 New Element
 Code Change
 Increase from 30 - 50
 Increase from 30 - 50
 New Element
 New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
PURCHASED SERVICE PROVIDER NAME							
NM1			1	S	2310C	1	
NM101	Entity Identifier Code	ID	2-3	R			QB
NM102	Entity Type Qualifier	ID	1-1	R			1 , 2
NM103	Name Last or Organization Name	AN	1-35	R			
NM104	Name First	AN	1-25	S			
NM105	Name Middle	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX
NM109	Purchased Service Provider Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION							
REF			5	S	2310C		
REF01	Reference Identification Qualifier	ID	2-3	R			0B,1A,1B,1C,1D,1G,1H,E1,G2,LU,N5,SY,U3,X5
REF02	Purchased Service Provider Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
SERVICE FACILITY LOCATION							
NM1			1	S	2310D	1	
NM101	Entity Identifier Code	ID	2-3	R			77, FA, LI, TL
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Laboratory or Facility Name	AN	1-35	S			
NM104	Name First	AN	1-25	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification Qualifier	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification Qualifier	AN	1-50	N/U			
SERVICE FACILITY LOCATION							
NM1			1	S	2310C	1	
NM101	Entity Identifier Code	ID	2-3	R			77
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Laboratory or Facility Name	AN	1-60	R			
NM104	Name First	AN	1-35	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	S			XX

New Element
New Element
New Element
New Element

Segment Deleted

Segment Deleted

Loop Change

Code Deleted

Increase from 35 - 60
Usage changed to required

Increase from 25 - 35

Code Deleted

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
NM109	Laboratory or Facility Primary Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
N3	SERVICE FACILITY LOCATION ADDRESS		1	R	2310D		
N301	Laboratory or Facility Address Line	AN	1-55	R			
N302	Laboratory or Facility Address Line	AN	1-55	S			
N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP		1	R	2310D		
N401	Laboratory or Facility City Name	AN	2-30	R			
N402	Laboratory or Facility State or Province Code	ID	2-2	R			
N403	Laboratory or Facility Postal Zone ZIP Code	ID	3-15	R			
N404	Laboratory/Facility Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION		5	S	2310D		
REF01	Reference Identification Qualifier	ID	2-3	R			0B,1A,1B,1C,1D,1G,1H,G2,LU,N5,TJ,X4,X5
REF02	Laboratory or Facility Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
NM109	Laboratory or Facility Primary Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
N3	SERVICE FACILITY LOCATION ADDRESS		1	R	2310C		
N301	Laboratory or Facility Address Line	AN	1-55	R			
N302	Laboratory or Facility Address Line	AN	1-55	S			
N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP		1	R	2310C		
N401	Laboratory or Facility City Name	AN	2-30	R			
N402	Laboratory or Facility State or Province Code	ID	2-2	S			
N403	Laboratory or Facility Postal Zone ZIP Code	ID	3-15	S			
N404	Laboratory/Facility Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
N407	Country Subdivision Code	ID	1-3	S			
REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION		3	S	2310C		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, G2, LU
REF02	Laboratory or Facility Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			

New Element

Loop Change

Loop Change

Usage changed to Situational

Usage changed to Situational

New Element

Loop Change

Code Deleted

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
NM1	SUPERVISING PROVIDER NAME		1	S	2310E	1	
NM101	Entity Identifier Code	ID	2-3	R			DQ
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Supervising Provider Last Name	AN	1-35	R			
NM104	Supervising Provider First Name	AN	1-25	R			
NM105	Supervising Provider Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Supervising Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX
NM109	Supervising Provider Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
REF	SUPERVISING PROVIDER SECONDARY IDENTIFIER		5	S	2310E		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
REF02	Supervising Provider Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
PER	SERVICE FACILITY CONTACT INFORMATION		1	R	2310C		
PER01	Contact Function Code	ID	2-2	R			IC
PER02	Submitter Contact Name	AN	1-60	S			
PER03	Communication Number Qualifier	ID	2-2	R			TE
PER04	Communication Number	AN	1-256	R			
PER05	Communication Number Qualifier	ID	2-2	S			EX
PER06	Communication Number	AN	1-256	S			
PER07	Communication Number Qualifier	ID	2-2	N/U			
PER08	Communication Number	AN	1-256	N/U			
PER09	Contact Inquiry Reference	AN	1-20	N/U			
NM1	SUPERVISING PROVIDER NAME		1	S	2310D	1	
NM101	Entity Identifier Code	ID	2-3	R			DQ
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Supervising Provider Last Name	AN	1-60	R			
NM104	Supervising Provider First Name	AN	1-35	S			
NM105	Supervising Provider Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Supervising Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			XX
NM109	Supervising Provider Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
REF	SUPERVISING PROVIDER SECONDARY IDENTIFIER		4	S	2310D		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1G, G2, LU
REF02	Supervising Provider Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			

New Segment

Loop Change

Increase from 35 - 60

Increase from 25 - 35
Usage changed to Situational

Code Deleted

New Element

Loop Change

Code Deleted

Increase from 30 - 50

New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
NM1 AMBULANCE PICK UP LOCATION							
NM101	Entity Identifier Code	ID	2-3	R			PW
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Name Last or Organization Name	AN	1-60	N/U			
NM104	Name First	AN	1-35	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	N/U			
NM109	Identification Code	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
N3 AMBULANCE PICK UP LOCATION ADDRESS							
N301	Ambulance Pick Up Address Line	AN	1-55	R			
N302	Ambulance Pick Up Address Line	AN	1-55	S			
N4 AMBULANCE PICK UP LOCATION CITY/STATE/ZIP							
N401	Ambulance Pick Up City Name	AN	2-30	R			
N402	Ambulance Pick Up State or Province Code	ID	2-2	S			
N403	Ambulance Pick Up Postal Zone ZIP Code	ID	3-15	S			
N404	Ambulance Pick Up Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
N407	Country Subdivision Code	ID	1-3	S			

New Element

New Element

New Element

New Element

New Element

New Segment

New Segment

New Segment

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
SBR	OTHER SUBSCRIBER INFORMATION		1	S	2320	10	
SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R			P, S, T
SBR02	Individual Relationship Code	ID	2-2	R			01, 04, 05, 07, 10, 15, 17, 18, 19, 20, 21, 22, 23, 24, 29, 32, 33, 36, 39, 40, 41, 43, 53, G8

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
NM1	AMBULANCE DROP OFF LOCATION		1	S	2310F	1	
NM101	Entity Identifier Code	ID	2-3	R			45
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Ambulance Drop Off Location	AN	1-60	S			
NM104	Name First	AN	1-35	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	N/U			
NM109	Identification Code	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
N3	AMBULANCE DROP OFF LOCATION ADDRESS		1	R	2310F		
N301	Ambulance Drop Off Address Line	AN	1-55	R			
N302	Ambulance Drop Off Address Line	AN	1-55	S			
N4	AMBULANCE DROP OFF LOCATION CITY/STATE/ZIP		1	R	2310F		
N401	Ambulance Drop Off City Name	AN	2-30	R			
N402	Ambulance Drop Off State or Province Code	ID	2-2	S			
N403	Ambulance Drop Off Postal Zone ZIP Code	ID	3-15	S			
N404	Ambulance Drop Off Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
N407	Country Subdivision Code	ID	1-3	S			
SBR	OTHER SUBSCRIBER INFORMATION		1	S	2320	10	
SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R			A, B, C, D, E, F, G, H, P, S, T, U
SBR02	Individual Relationship Code	ID	2-2	R			01, 18, 19, 20, 21, 39, 40, 53, G8

New Segment

New Segment

New Segment

Code Added

Code Deleted

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
SBR03	Insured Group or Policy Number	AN	1-30	S			
SBR04	Other Insured Group Name	AN	1-60	S			
SBR05	Insurance Type Code	ID	1-3	R			AP, C1, CP, GP, HM, IP, LD, LT, MB, MC, MI, MP, OT, PP, SP
SBR06	Coordination of Benefits Code	ID	1-1	N/U			
SBR07	Yes/No Condition or Response Code	ID	1-1	N/U			
SBR08	Employment Status Code	ID	2-2	N/U			
SBR09	Claim Filing Indicator Code	ID	1-2	S			09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MB, MC, OF, TV, VA, WC, ZZ
CAS	CLAIM LEVEL ADJUSTMENTS		5	S	2320		
CAS01	Claim Adjustment Group Code	ID	1-2	R			CO, CR, OA, PI, PR
CAS02	Adjustment Reason Code	ID	1-5	R			
CAS03	Adjustment Amount S9(7)V99	R	1-18	R			
CAS04	Adjustment Quantity 9(7)	R	1-15	S			
CAS05	Adjustment Reason Code	ID	1-5	S			
CAS06	Adjustment Amount S9(7)V99	R	1-18	S			
CAS07	Adjustment Quantity 9(7)	R	1-15	S			
CAS08	Adjustment Reason Code	ID	1-5	S			
CAS09	Adjustment Amount S9(7)V99	R	1-18	S			
CAS10	Adjustment Quantity 9(7)	R	1-15	S			
CAS11	Adjustment Reason Code	ID	1-5	S			
CAS12	Adjustment Amount S9(7)V99	R	1-18	S			
CAS13	Adjustment Quantity 9(7)	R	1-15	S			
CAS14	Adjustment Reason Code	ID	1-5	S			
CAS15	Adjustment Amount S9(7)V99	R	1-18	S			
CAS16	Adjustment Quantity 9(7)	R	1-15	S			
CAS17	Adjustment Reason Code	ID	1-5	S			
CAS18	Adjustment Amount S9(7)V99	R	1-18	S			
CAS19	Adjustment Quantity 9(7)	R	1-15	S			
AMT	COB PAYER PAID AMOUNT		1	S	2320		

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
SBR03	Insured Group or Policy Number	AN	1-50	S			
SBR04	Other Insured Group Name	AN	1-60	S			
SBR05	Insurance Type Code	ID	1-3	S			12, 13, 14, 15, 16, 41, 42, 43, 47
SBR06	Coordination of Benefits Code	ID	1-1	N/U			
SBR07	Yes/No Condition or Response Code	ID	1-1	N/U			
SBR08	Employment Status Code	ID	2-2	N/U			
SBR09	Claim Filing Indicator Code	ID	1-2	S			11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ
CAS	CLAIM LEVEL ADJUSTMENTS		5	S	2320		
CAS01	Claim Adjustment Group Code	ID	1-2	R			CO, CR, OA, PI, PR
CAS02	Adjustment Reason Code	ID	1-5	R			
CAS03	Adjustment Amount S9(7)V99	R	1-18	R			
CAS04	Adjustment Quantity 9(7)	R	1-15	S			
CAS05	Adjustment Reason Code	ID	1-5	S			
CAS06	Adjustment Amount S9(7)V99	R	1-18	S			
CAS07	Adjustment Quantity 9(7)	R	1-15	S			
CAS08	Adjustment Reason Code	ID	1-5	S			
CAS09	Adjustment Amount S9(7)V99	R	1-18	S			
CAS10	Adjustment Quantity 9(7)	R	1-15	S			
CAS11	Adjustment Reason Code	ID	1-5	S			
CAS12	Adjustment Amount S9(7)V99	R	1-18	S			
CAS13	Adjustment Quantity 9(7)	R	1-15	S			
CAS14	Adjustment Reason Code	ID	1-5	S			
CAS15	Adjustment Amount S9(7)V99	R	1-18	S			
CAS16	Adjustment Quantity 9(7)	R	1-15	S			
CAS17	Adjustment Reason Code	ID	1-5	S			
CAS18	Adjustment Amount S9(7)V99	R	1-18	S			
CAS19	Adjustment Quantity 9(7)	R	1-15	S			
AMT	COB PAYER PAID AMOUNT		1	S	2320		

Increase from 30 - 50

Code Change
Usage changed to
Situational

Code Change

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
AMT01	Amount Qualifier Code	ID	1-3	R			D
AMT02	Payer Paid Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COB APPROVED AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			AAE
AMT02	Approved Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COB ALLOWED AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			B6
AMT02	Allowed Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COB PATIENT RESPONSIBILITY AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			F2
AMT02	Other Payer Patient Responsibility Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COB COVERED AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			AU
AMT02	Other Payer Covered Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COB DISCOUNT AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			D8

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
AMT01	Amount Qualifier Code	ID	1-3	R			D
AMT02	Payer Paid Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COB TOTAL NON-COVERED AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			A8
AMT02	Non-Covered Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	REMAINING PATIENT LIABILITY		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			EAF
AMT02	Remaining Patient Liability Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			

Segment Deleted

New Segment

Segment Deleted

New Segment

Segment Deleted

Segment Deleted

Segment Deleted

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
AMT02	Other Payer Discount Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COB PER DAY LIMIT AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			DY
AMT02	Other Payer Per Day Limit Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COB PATIENT PAID AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			F5
AMT02	Other Payer Patient Paid Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COB TAX AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			T
AMT02	Other Payer Tax Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COB TOTAL CLAIM BEFORE TAXES AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			T2
AMT02	Other Payer Pre-Tax Claim Total Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION		1	S	2320		
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8
DMG02	Other Insured Birth Date	AN	1-35	R			CCYYMMDD
DMG03	Other Insured Gender Code	ID	1-1	R			F, M, U
DMG04	Marital Status Code	ID	1-1	N/U			
DMG05	Race or Ethnicity Code	ID	1-1	N/U			
DMG06	Citizenship Status Code	ID	1-2	N/U			
DMG07	Country Code	ID	2-3	N/U			
DMG08	Basis of Verification Code	ID	1-2	N/U			
DMG09	Quantity	R	1-15	N/U			
OI	OTHER INSURANCE COVERAGE INFORMATION		1	R	2320		
OI01	Claim Filing Indicator Code	ID	1-2	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
Segment Deleted							
Segment Deleted							
Segment Deleted							
Segment Deleted							
Segment Deleted							
Segment Deleted							
OI	OTHER INSURANCE COVERAGE INFORMATION		1	R	2320		
OI01	Claim Filing Indicator Code	ID	1-2	N/U			

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
OI02	Claim Submission Reason Code	ID	2-2	N/U			
OI03	Benefits Assignment Certification Indicator	ID	1-1	R			N, Y
OI04	Patient Signature Source Code	ID	1-1	S			B, C, M, P, S
OI05	Provider Agreement Code	ID	1-1	N/U			
OI06	Release of Information Code	ID	1-1	R			A, I, M, N, O, Y
MEDICARE OUTPATIENT ADJUDICATION INFORMATION							
MOA			1	S	2320		
MOA01	Reimbursement Rate 9(3)V99	R	1-10	S			
MOA02	HCPCS Payable Amount S9(7)V99	R	1-18	S			
MOA03	Remark Code	AN	1-30	S			
MOA04	Remark Code	AN	1-30	S			
MOA05	Remark Code	AN	1-30	S			
MOA06	Remark Code	AN	1-30	S			
MOA07	Remark Code	AN	1-30	S			
MOA08	End Stage Renal Disease Payment Amount S9(7)V99	R	1-18	S			
MOA09	Non-Payable Professional Component Billed Amount S9(7)V99	R	1-18	S			
OTHER SUBSCRIBER NAME							
NM1			1	R	2330A	1	
NM101	Entity Identifier Code	ID	2-3	R			IL
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Other Insured Last Name	AN	1-35	R			
NM104	Other Insured First Name	AN	1-25	S			
NM105	Other Insured Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Other Insured Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	R			MI, ZZ
NM109	Other Insured Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
OTHER SUBSCRIBER ADDRESS							
N3			1	S	2330A		
N301	Other Insured Address Line	AN	1-55	R			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
OI02	Claim Submission Reason Code	ID	2-2	N/U			
OI03	Benefits Assignment Certification Indicator	ID	1-1	R			N, W, Y
OI04	Patient Signature Source Code	ID	1-1	S			P
OI05	Provider Agreement Code	ID	1-1	N/U			
OI06	Release of Information Code	ID	1-1	R			I, Y
MEDICARE OUTPATIENT ADJUDICATION INFORMATION							
MOA			1	S	2320		
MOA01	Reimbursement Rate 9(3)V99	R	1-10	S			
MOA02	HCPCS Payable Amount S9(7)V99	R	1-18	S			
MOA03	Remark Code	AN	1-50	S			
MOA04	Remark Code	AN	1-50	S			
MOA05	Remark Code	AN	1-50	S			
MOA06	Remark Code	AN	1-50	S			
MOA07	Remark Code	AN	1-50	S			
MOA08	End Stage Renal Disease Payment Amount S9(7)V99	R	1-18	S			
MOA09	Non-Payable Professional Component Billed Amount S9(7)V99	R	1-18	S			
OTHER SUBSCRIBER NAME							
NM1			1	R	2330A	1	
NM101	Entity Identifier Code	ID	2-3	R			IL
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Other Insured Last Name	AN	1-60	R			
NM104	Other Insured First Name	AN	1-35	S			
NM105	Other Insured Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Other Insured Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	R			II, MI
NM109	Other Insured Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
OTHER SUBSCRIBER ADDRESS							
N3			1	S	2330A		
N301	Other Insured Address Line	AN	1-55	R			

Code Added

Code Deleted

Code Deleted

Increase from 30 - 50

Increase from 30 - 50

Increase from 30 - 50

Increase from 30 - 50

Increase from 30 - 50

Increase from 35 - 60

Increase from 25 - 35

Code Change

New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
N302	Other Insured Address Line	AN	1-55	S			
N4	OTHER SUBSCRIBER CITY/STATE/ZIP CODE		1	S	2330A		
N401	Other Insured City Name	AN	2-30	S			
N402	Other Insured State Code	ID	2-2	S			
N403	Other Insured Postal Zone or ZIP Code	ID	3-15	S			
N404	Subscriber Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
REF	OTHER SUBSCRIBER SECONDARY IDENTIFICATION		3	S	2330A		
REF01	Reference Identification Qualifier	ID	2-3	R			1W, 23, IG, SY
REF02	Other Insured Additional Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	OTHER PAYER NAME		1	R	2330B	1	
NM101	Entity Identifier Code	ID	2-3	R			PR
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Other Payer Last or Organization Name	AN	1-35	R			
NM104	Name First	AN	1-25	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	R			PI, XV
NM109	Other Payer Primary Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
N302	Other Insured Address Line	AN	1-55	S			
N4	OTHER SUBSCRIBER CITY/STATE/ZIP CODE		1	R	2330A		
N401	Other Insured City Name	AN	2-30	R			
N402	Other Insured State Code	ID	2-2	S			
N403	Other Insured Postal Zone or ZIP Code	ID	3-15	S			
N404	Subscriber Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
N407	Country Subdivision Code	ID	1-3	S			
REF	OTHER SUBSCRIBER SECONDARY IDENTIFICATION		1	S	2330A		
REF01	Reference Identification Qualifier	ID	2-3	R			SY
REF02	Other Insured Additional Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
NM1	OTHER PAYER NAME		1	R	2330B	1	
NM101	Entity Identifier Code	ID	2-3	R			PR
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Other Payer Last or Organization Name	AN	1-60	R			
NM104	Name First	AN	1-35	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	R			PI, XV
NM109	Other Payer Primary Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			

Usage changed to Required
 Usage changed to Required
 New Element
 Code Deleted
 Increase from 30 - 50
 New Element
 New Element
 New Element
 New Element
 New Element
 Increase from 35 - 60
 Increase from 25 - 35

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
REF	OTHER PAYER SECONDARY IDENTIFIER		2	S	2330B		
REF01	Reference Identification Qualifier	ID	2-3	R			2U, F8, FY, NF, TJ
REF02	Other Payer Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER		2	S	2330B		
REF01	Reference Identification Qualifier	ID	2-3	R			9F, G1
REF02	Other Payer Prior Authorization or Referral Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF	OTHER PAYER SECONDARY IDENTIFICATION		2	S	2330B		
REF01	Reference Identification Qualifier	ID	2-3	R			2U, EI, FY, NF
REF02	Other Payer Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	OTHER PAYER PRIOR AUTHORIZATION NUMBER		1	S	2330B		
REF01	Reference Identification Qualifier	ID	2-3	R			G1
REF02	Other Payer Prior Authorization Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	OTHER PAYER REFERRAL NUMBER		1	S	2330B		
REF01	Reference Identification Qualifier	ID	2-3	R			9F
REF02	Other Payer Referral Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

Name Change
Code Deleted
Increase from 30 - 50
New Element
New Element
New Element
New Element
New Element
Name Change
Code Deleted
Increase from 30 - 50
New Element
New Element
New Element
New Element
New Element
New Segment

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
REF	OTHER PAYER CLAIM ADJUSTMENT INDICATOR		2	S	2330B		
REF01	Reference Identification Qualifier	ID	2-3	R			T4
REF02	Other Payer Claim Adjustment Indicator	AN	1-30	R			Y
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	OTHER PAYER PATIENT INFORMATION		1	S	2330C	1	
NM101	Entity Identifier Code	ID	2-3	R			QC
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Patient Last Name	AN	1-35	N/U			
NM104	Name First	AN	1-25	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	R			MI
NM109	Other Payer Patient Primary Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	OTHER PAYER CLAIM ADJUSTMENT INDICATOR		1	S	2330B		
REF01	Reference Identification Qualifier	ID	2-3	R			T4
REF02	Other Payer Claim Adjustment Indicator	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	OTHER PAYER CLAIM CONTROL NUMBER		1	S	2330B		

Code Deleted
 Increase from 30 - 50
 New Element
 New Element
 New Element
 New Element
 New Element
 New Element
 Segment Deleted
 New Segment

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
REF	OTHER PAYER PATIENT IDENTIFICATION		3	S	2330C		
REF01	Reference Identification Qualifier	ID	2-3	R			1W, 23, IG, SY
REF02	Other Payer Patient Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	OTHER PAYER REFERRING PROVIDER		1	S	2330D	2	
NM101	Entity Identifier Code	ID	2-3	R			DN, P3
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Referring Provider Last Name	AN	1-35	N/U			
NM104	Name First	AN	1-25	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	N/U			
NM109	Identification Code	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
REF	OTHER PAYER REFERRING PROVIDER IDENTIFICATION		3	R	2330D		
REF01	Reference Identification Qualifier	ID	2-3	R			1B, 1C, 1D, EI, G2, LU, N5

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF01	Reference Identification Qualifier	ID	2-3	R			F8
REF02	Other Payer Claim Control Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
NM1	OTHER PAYER REFERRING PROVIDER		1	S	2330C	2	
NM101	Entity Identifier Code	ID	2-3	R			DN, P3
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Name Last or Organization Name	AN	1-60	N/U			
NM104	Name First	AN	1-35	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	N/U			
NM109	Other Payer Primary Identifier	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
REF	OTHER PAYER REFERRING PROVIDER SECONDARY IDENTIFIER		3	R	2330C		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1G, G2

Segment Deleted

Loop Change

Code Deleted

Increase from 35 - 60

Increase from 25 - 35

New Element

Loop Change

Code Change

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
REF02	Other Payer Referring Provider Identification	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
OTHER PAYER RENDERING PROVIDER							
NM1			1	S	2330E	1	
NM101	Entity Identifier Code	ID	2-3	R			82
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Rendering Provider Last or Organization Name	AN	1-35	N/U			
NM104	Name First	AN	1-25	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	N/U			
NM109	Identification Code	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFICATION							
REF			3	R	2330E		
REF01	Reference Identification Qualifier	ID	2-3	R			1B, 1C, 1D, EI, G2, LU, N5
REF02	Other Payer Rendering Provider Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF02	Other Payer Referring Provider Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification Qualifier	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification Qualifier	AN	1-50	N/U			
OTHER PAYER RENDERING PROVIDER							
NM1			1	S	2330D	1	
NM101	Entity Identifier Code	ID	2-3	R			82
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Name Last or Organization Name	AN	1-60	N/U			
NM104	Name First	AN	1-35	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	N/U			
NM109	Other Payer Primary Identifier	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFIER							
REF			3	R	2330D		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1G, G2, LU
REF02	Other Payer Rendering Provider Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

New Element

Loop Change

Increase from 35 - 60

Increase from 25 - 35

New Element

Loop Change

Name Change

Code Change

Increase from 30 - 50

New Element

New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
NM101	Entity Identifier Code	ID	2-3	R			QB
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Purchased Service Provider Name	AN	1-35	N/U			
NM104	Name First	AN	1-25	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	N/U			
NM109	Identification Code	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
OTHER PAYER PURCHASED SERVICE PROVIDER IDENTIFICATION							
REF			3	R	2330F		
REF01	Reference Identification Qualifier	ID	2-3	R			1A, 1B, 1C, 1D, EI, G2, LU, N5
REF02	Other Payer Purchased Service Provider Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
OTHER PAYER SUPERVISING PROVIDER							
NM1			1	S	2330F	1	
NM101	Entity Identifier Code	ID	2-3	R			DQ
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Name Last or Organization Name	AN	1-60	N/U			
NM104	Name First	AN	1-35	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	N/U			
NM109	Other Payer Primary Identifier	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
OTHER PAYER SUPERVISING PROVIDER SECONDARY IDENTIFICATION							
REF			3	R	2330F		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1G, G2, LU

Segment Deleted

New Segment

New Segment

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
NM1	OTHER PAYER SERVICE FACILITY LOCATION		1	S	2330G	1	
NM101	Entity Identifier Code	ID	2-3	R			77, FA, LI, TL
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Service Facility Name	AN	1-35	N/U			
NM104	Name First	AN	1-25	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	N/U			
NM109	Identification Code	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
REF	OTHER PAYER SERVICE FACILITY LOCATION IDENTIFICATION		3	R	2330G		
REF01	Reference Identification Qualifier	ID	2-3	R			1A, 1B, 1C, 1D, G2, LU, N5
REF02	Other Payer Service Facility Location Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF02	Other Payer Supervising Provider Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
NM1	OTHER PAYER BILLING PROVIDER		1	S	2330G	1	
NM101	Entity Identifier Code	ID	2-3	R			85
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Name Last or Organization Name	AN	1-60	N/U			
NM104	Name First	AN	1-35	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			

Segment Deleted

Segment Deleted

New Segment

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
NM1	OTHER PAYER SUPERVISING PROVIDER		1	S	2330H	1	
NM101	Entity Identifier Code	ID	2-3	R			DQ
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Supervising Provider Last Name	AN	1-35	N/U			
NM104	Name First	AN	1-25	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	N/U			
NM109	Identification Code	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
REF	OTHER PAYER SUPERVISING PROVIDER IDENTIFICATION		3	R	2330H		

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	N/U			
NM109	Other Payer Primary Identifier	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
REF	OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION		2	R	2330G		
REF01	Reference Identification Qualifier	ID	2-3	R			G2, LU
REF02	Other Payer Billing Provider Secondary Identification	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			

New Segment

Segment Deleted

Segment Deleted

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
REF01	Reference Identification Qualifier	ID	2-3	R			1B, 1C, 1D,EI, G2, N5
REF02	Other Payer Supervising Provider Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
LX	SERVICE LINE		1	R	2400	50	
LX01	Assigned Number	NO	1-6	R			
SV1	PROFESSIONAL SERVICE		1	R	2400		
SV101	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R			
SV101-1	Product or Service ID Qualifier	ID	2-2	R			HC, IV, ZZ
SV101-2	Procedure Code	AN	1-48	R			
SV101-3	Procedure Modifier	AN	2-2	S			
SV101-4	Procedure Modifier	AN	2-2	S			
SV101-5	Procedure Modifier	AN	2-2	S			
SV101-6	Procedure Modifier	AN	2-2	S			
SV101-7	Description	AN	1-80	N/U			
SV102	Line Item Charge Amount S9(7)V99	R	1-18	R			
SV103	Unit or Basis for Measurement Code	ID	2-2	R			F2,MJ,UN
SV104	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" = 9(3)V9	R	1-15	R			
SV105	Place of Service Code	AN	1-2	S			11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 60, 61, 62, 65, 71, 72, 81, 99
SV106	Service Type Code	ID	1-2	N/U			
SV107	COMPOSITE DIAGNOSIS CODE POINTER			S			
SV107-1	Diagnosis Code Pointer	NO	1-2	R			
SV107-2	Diagnosis Code Pointer	NO	1-2	S			
SV107-3	Diagnosis Code Pointer	NO	1-2	S			
SV107-4	Diagnosis Code Pointer	NO	1-2	S			
SV108	Monetary Amount	R	1-18	N/U			
SV109	Emergency Indicator	ID	1-1	S			Y
SV110	Multiple Procedure Code	ID	1-2	N/U			
SV111	EPSDT Indicator	ID	1-1	S			Y
SV112	Family Planning Indicator	ID	1-1	S			Y
SV113	Review Code	ID	1-2	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
LX	SERVICE LINE		1	R	2400	50	
LX01	Assigned Number	NO	1-6	R			
SV1	PROFESSIONAL SERVICE		1	R	2400		
SV101	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R			
SV101-1	Product or Service ID Qualifier	ID	2-2	R			ER, HC, IV, WK
SV101-2	Procedure Code	AN	1-48	R			
SV101-3	Procedure Modifier	AN	2-2	S			
SV101-4	Procedure Modifier	AN	2-2	S			
SV101-5	Procedure Modifier	AN	2-2	S			
SV101-6	Procedure Modifier	AN	2-2	S			
SV101-7	Description	AN	1-80	S			
SV101-8	Product/Service ID	AN	1-48	N/U			
SV102	Line Item Charge Amount S9(7)V99	R	1-18	R			
SV103	Unit or Basis for Measurement Code	ID	2-2	R			MJ, UN
SV104	Service Unit Count "MJ" = 9(4) "UN" = 9(3)V9	R	1-15	R			
SV105	Place of Service Code	AN	1-2	S			
SV106	Service Type Code	ID	1-2	N/U			
SV107	COMPOSITE DIAGNOSIS CODE POINTER			R			
SV107-1	Diagnosis Code Pointer	NO	1-2	R			
SV107-2	Diagnosis Code Pointer	NO	1-2	S			
SV107-3	Diagnosis Code Pointer	NO	1-2	S			
SV107-4	Diagnosis Code Pointer	NO	1-2	S			
SV108	Monetary Amount	R	1-18	N/U			
SV109	Emergency Indicator	ID	1-1	S			Y
SV110	Multiple Procedure Code	ID	1-2	N/U			
SV111	EPSDT Indicator	ID	1-1	S			Y
SV112	Family Planning Indicator	ID	1-1	S			Y
SV113	Review Code	ID	1-2	N/U			

Coe Change

New Element

Usage changed to Required

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
SV114	National or Local Assigned Review Value	AN	1-2	N/U			
SV115	Co-Pay Status Code	ID	1-1	S			0
SV116	Health Care Professional Shortage Area Code	ID	1-1	N/U			
SV117	Reference Identification	AN	1-30	N/U			
SV118	Postal Code	ID	3-15	N/U			
SV119	Monetary Amount	R	1-18	N/U			
SV120	Level of Care Code	ID	1-1	N/U			
SV121	Provider Agreement Code	ID	1-1	N/U			
SV5	DURABLE MEDICAL EQUIPMENT SERVICE		1	S	2400		
SV501	COMPOSITE MEDICAL PROCEDURE			R			
SV501-1	Procedure Identifier	ID	2-2	R			HC
SV501-2	Procedure Code	AN	1-48	R			
SV501-3	Procedure Modifier	AN	2-2	N/U			
SV501-4	Procedure Modifier	AN	2-2	N/U			
SV501-5	Procedure Modifier	AN	2-2	N/U			
SV501-6	Procedure Modifier	AN	2-2	N/U			
SV501-7	Description	AN	1-80	N/U			
SV502	Unit or Basis for Measurement Code	ID	2-2	R			DA
SV503	Length of Medical Necessity 9(3)	R	1-15	R			
SV504	DME Rental Price S9(7)V99	R	1-18	S			
SV505	DME Purchase Price S9(7)V99	R	1-18	S			
SV506	Rental Unit Price Indicator	ID	1-1	S			1, 4, 6
SV507	Prognosis Code	ID	1-1	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
SV114	National or Local Assigned Review Value	AN	1-2	N/U			
SV115	Co-Pay Status Code	ID	1-1	S			0
SV116	Health Care Professional Shortage Area Code	ID	1-1	N/U			
SV117	Reference Identification	AN	1-30	N/U			
SV118	Postal Code	ID	3-15	N/U			
SV119	Monetary Amount	R	1-18	N/U			
SV120	Level of Care Code	ID	1-1	N/U			
SV121	Provider Agreement Code	ID	1-1	N/U			
SV5	DURABLE MEDICAL EQUIPMENT SERVICE		1	S	2400		
SV501	COMPOSITE MEDICAL PROCEDURE			R			
SV501-1	Procedure Identifier	ID	2-2	R			HC
SV501-2	Procedure Code	AN	1-48	R			
SV501-3	Procedure Modifier	AN	2-2	N/U			
SV501-4	Procedure Modifier	AN	2-2	N/U			
SV501-5	Procedure Modifier	AN	2-2	N/U			
SV501-6	Procedure Modifier	AN	2-2	N/U			
SV501-7	Description	AN	1-80	N/U			
SV501-8	Product/Service ID	AN	1-48	N/U			
SV502	Unit or Basis for Measurement Code	ID	2-2	R			DA
SV503	Length of Medical Necessity 9(3)	R	1-15	R			
SV504	DME Rental Price S9(7)V99	R	1-18	R			
SV505	DME Purchase Price S9(7)V99	R	1-18	R			
SV506	Rental Unit Price Indicator	ID	1-1	R			1, 4, 6
SV507	Prognosis Code	ID	1-1	N/U			
PWK	LINE SUPPLEMENTAL INFORMATION		10	S	2400		

New Element

Usage changed to Required

Usage changed to Required

Usage changed to Required

New Segment

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
PWK	DMERC CMN INDICATOR		1	S	2400		
PWK01	Attachment Report Type Code	ID	2-2	R			CT
PWK02	Attachment Transmission Code	ID	1-2	R			AB, AD, AF, AG, NS
PWK03	Report Copies Needed	N0	1-2	N/U			
PWK04	Entity Identifier Code	ID	2-3	N/U			
PWK05	Identification Code Qualifier	ID	1-2	N/U			
PWK06	Identification Code	AN	2-80	N/U			
PWK07	Description	AN	1-80	N/U			
PWK08	ACTIONS INDICATED			N/U			
PWK09	Request Category Code	ID	1-2	N/U			
CR1	AMBULANCE TRANSPORT INFORMATION		1	S	2400		
CR101	Unit or Basis for Measurement Code	ID	2-2	S			LB

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
PWK01	Attachment Report Type Code	ID	2-2	R			03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21, A3, A4, AM, AS, B2, B3, B4, BR, BS, BT, CB, CK, CT, D2, DA, DB, DG, DJ, DS, EB, HC, HR, I5, IR, LA, M1, MT, NN, OB, OC, OD, OE, OX, OZ, P4, P5, PE, PN, PO, PQ, PY, PZ, RB, RR, RT, RX, SG, V5, XP
PWK02	Attachment Transmission Code	ID	1-2	R			AA, BM, EL, EM, FT, FX
PWK03	Report Copies Needed	N0	1-2	N/U			
PWK04	Entity Identifier Code	ID	2-3	N/U			
PWK05	Identification Code Qualifier	ID	1-2	S			AC
PWK06	Identification Code	AN	2-80	S			
PWK07	Description	AN	1-80	N/U			
PWK08	ACTIONS INDICATED			N/U			
PWK09	Request Category Code	ID	1-2	N/U			
PWK	DURABLE MEDICAL EQUIPMENT CERTIFICATE OF MEDICAL NECESSITY INDICATOR		1	S	2400		
PWK01	Attachment Report Type Code	ID	2-2	R			CT
PWK02	Attachment Transmission Code	ID	1-2	R			AB, AD, AF, AG, NS
PWK03	Report Copies Needed	N0	1-2	N/U			
PWK04	Entity Identifier Code	ID	2-3	N/U			
PWK05	Identification Code Qualifier	ID	1-2	N/U			
PWK06	Identification Code	AN	2-80	N/U			
PWK07	Description	AN	1-80	N/U			
PWK08	ACTIONS INDICATED			N/U			
PWK09	Request Category Code	ID	1-2	N/U			
CR1	AMBULANCE TRANSPORT INFORMATION		1	S	2400		
CR101	Unit or Basis for Measurement Code	ID	2-2	S			LB

Name Change

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
CR102	Patient Weight 9(3)	R	1-10	S			
CR103	Ambulance Transport Code	ID	1-1	R			I, R, T, X
CR104	Ambulance Transport Reason Code	ID	1-1	R			A, B, C, D, E
CR105	Unit or Basis for Measurement Code	ID	2-2	R			DH
CR106	Transport Distance 9(4)	R	1-15	R			
CR107	Address Information	AN	1-55	N/U			
CR108	Address Information	AN	1-55	N/U			
CR109	Round Trip Purpose Description	AN	1-80	S			
CR110	Stretcher Purpose Description	AN	1-80	S			
CR2	SPINAL MANIPULATION SERVICE INFORMATION		5	S	2400		
CR201	Treatment Series Number 9(3)	NO	1-9	N/U			
CR202	Treatment Count 9(3)	R	1-15	N/U			
CR203	Subluxation Level Code	ID	2-3	N/U			C1, C2, C3, C4, C5, C6, C7, CO, IL, L1, L2, L3, L4, L5, OC, SA, T1, T10, T11, T12, T2, T3, T4, T5, T6, T7, T8, T9
CR204	Subluxation Level Code	ID	2-3	N/U			C1, C2, C3, C4, C5, C6, C7, CO, IL, L1, L2, L3, L4, L5, OC, SA, T1, T10, T11, T12, T2, T3, T4, T5, T6, T7, T8, T9
CR205	Unit or Basis for Measurement Code	ID	2-2	N/U			DA, MO, WK, YR
CR206	Treatment Period Count 9(3)	R	1-15	N/U			
CR207	Monthly Treatment Count 9(2)	R	1-15	N/U			
CR208	Patient Condition Code	ID	1-1	R			A, C, D, E, F, G, M
CR209	Complication Indicator	ID	1-1	N/U			N, Y
CR210	Patient Condition Description	AN	1-80	S			
CR211	Patient Condition Description	AN	1-80	S			
CR212	X-ray Availability Indicator	ID	1-1	S			N, Y

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
CR102	Patient Weight 9(3)	R	1-10	S			
CR103	Ambulance Transport Code	ID	1-1	N/U			
CR104	Ambulance Transport Reason Code	ID	1-1	R			A, B, C, D, E
CR105	Unit or Basis for Measurement Code	ID	2-2	R			DH
CR106	Transport Distance 9(4)	R	1-15	R			
CR107	Address Information	AN	1-55	N/U			
CR108	Address Information	AN	1-55	N/U			
CR109	Round Trip Purpose Description	AN	1-80	S			
CR110	Stretcher Purpose Description	AN	1-80	S			
Segment Deleted							

Code Deleted
Usage changed to Not Used

Segment Deleted

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
CR3	DURABLE MEDICAL EQUIPMENT CERTIFICATION		1	S	2400		
CR301	Certification Type Code	ID	1-1	R			I,R,S
CR302	Unit or Basis for Measurement Code	ID	2-2	R			MO
CR303	Durable Medical Equipment Duration 9(2)	R	1-15	R			
CR304	Insulin Dependent Code	ID	1-1	N/U			
CR305	Description	AN	1-80	N/U			
CR5	HOME OXYGEN THERAPY INFORMATION		1	S	2400		
CR501	Certification Type Code	ID	1-1	R			I,R,S
CR502	Treatment Period Count 9(2)	R	1-15	R			
CR503	Oxygen Equipment Type Code	ID	1-1	N/U			
CR504	Oxygen Equipment Type Code	ID	1-1	N/U			
CR505	Description	AN	1-80	N/U			
CR506	Quantity	R	1-15	N/U			
CR507	Quantity	R	1-15	N/U			
CR508	Quantity	R	1-15	N/U			
CR509	Description	AN	1-80	N/U			
CR510	Arterial Blood Gas Quantity 9(2)V9	R	1-15	S			
CR511	Oxygen Saturation Quantity 9(2)V9	R	1-15	S			
CR512	Oxygen Test Condition Code	ID	1-1	R			E,R,S
CR513	Oxygen Test Findings Code	ID	1-1	S			1
CR514	Oxygen Test Findings Code	ID	1-1	S			2
CR515	Oxygen Test Findings Code	ID	1-1	S			3
CR516	Quantity	R	1-15	N/U			
CR517	Oxygen Delivery System code	ID	1-1	N/U			
CR518	Oxygen Equipment Type Code	ID	1-1	N/U			
CRC	AMBULANCE CERTIFICATION		3	S	2400		
CRC01	Code Category	ID	2-2	R			07
CRC02	Certification Condition Indicator	ID	1-1	R			N, Y

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
CR3	DURABLE MEDICAL EQUIPMENT CERTIFICATION		1	S	2400		
CR301	Certification Type Code	ID	1-1	R			I,R,S
CR302	Unit or Basis for Measurement Code	ID	2-2	R			MO
CR303	Durable Medical Equipment Duration 9(2)	R	1-15	R			
CR304	Insulin Dependent Code	ID	1-1	N/U			
CR305	Description	AN	1-80	N/U			
Segment Deleted							
CRC	AMBULANCE CERTIFICATION		3	S	2400		
CRC01	Code Category	ID	2-2	R			07
CRC02	Certification Condition Indicator	ID	1-1	R			N, Y

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
CRC03	Condition Code	ID	2-2	R			01, 02, 03, 04, 05, 06, 07, 08, 09, 60
CRC04	Condition Code	ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60
CRC05	Condition Code	ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60
CRC06	Condition Code	ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60
CRC07	Condition Code	ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60
CRC	HOSPICE EMPLOYEE INDICATOR		1	S	2400		
CRC01	Code Category	ID	2-2	R			70
CRC02	Hospice Employed Provider Indicator	ID	1-1	R			N, Y
CRC03	Condition Indicator	ID	2-2	R			65
CRC04	Condition Indicator	ID	2-2	N/U			
CRC05	Condition Indicator	ID	2-2	N/U			
CRC06	Condition Indicator	ID	2-2	N/U			
CRC07	Condition Indicator	ID	2-2	N/U			
CRC	DMERC CONDITION INDICATOR		2	S	2400		
CRC01	Code Category	ID	2-2	R			09,11
CRC02	Certification Condition Indicator	ID	1-1	R			N, Y
CRC03	Condition Indicator	ID	2-2	R			37,38,AL,P1, ZV
CRC04	Condition Indicator	ID	2-2	S			37,38,AL,P1, ZV
CRC05	Condition Indicator	ID	2-2	S			37,38,AL,P1, ZV
CRC06	Condition Indicator	ID	2-2	S			37,38,AL,P1, ZV
CRC07	Condition Indicator	ID	2-2	S			37,38,AL,P1, ZV
DTP	DATE - SERVICE DATE		1	R	2400		
DTP01	Date Time Qualifier	ID	3-3	R			472
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
CRC03	Condition Code	ID	2-3	R			01, 04, 05, 06, 07, 08, 09, 12
CRC04	Condition Code	ID	2-3	S			01, 04, 05, 06, 07, 08, 09, 12
CRC05	Condition Code	ID	2-3	S			01, 04, 05, 06, 07, 08, 09, 12
CRC06	Condition Code	ID	2-3	S			01, 04, 05, 06, 07, 08, 09, 12
CRC07	Condition Code	ID	2-3	S			01, 04, 05, 06, 07, 08, 09, 12
CRC	HOSPICE EMPLOYEE INDICATOR		1	S	2400		
CRC01	Code Category	ID	2-2	R			70
CRC02	Hospice Employed Provider Indicator	ID	1-1	R			N, Y
CRC03	Condition Indicator	ID	2-3	R			65
CRC04	Condition Indicator	ID	2-3	N/U			
CRC05	Condition Indicator	ID	2-3	N/U			
CRC06	Condition Indicator	ID	2-3	N/U			
CRC07	Condition Indicator	ID	2-3	N/U			
CRC	CONDITION INDICATOR DURABLE MEDICAL EQUIPMENT		1	S	2400		
CRC01	Code Category	ID	2-2	R			09
CRC02	Certification Condition Indicator	ID	1-1	R			N, Y
CRC03	Condition Indicator	ID	2-3	R			38, ZV
CRC04	Condition Indicator	ID	2-3	S			38, ZV
CRC05	Condition Indicator	ID	2-3	N/U			
CRC06	Condition Indicator	ID	2-3	N/U			
CRC07	Condition Indicator	ID	2-3	N/U			
DTP	DATE - SERVICE DATE		1	R	2400		
DTP01	Date Time Qualifier	ID	3-3	R			472
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8

Code Deleted

Code Deleted

Code Deleted

Code Deleted

Code Deleted

Increase from 2 - 3

Increase from 2 - 3

Increase from 2 - 3

Increase from 2 - 3

Increase from 2 - 3

Code Deleted

Code Deleted

Increase from 2 - 3

Code Deleted

Increase from 2 - 3

Usage changed to Not Used

Usage changed to Not Used

Usage changed to Not Used

Used

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
DTP03	Service Date	AN	1-35	R			CYYMMDD, CCYYMMDDCCY YMMDD
DATE - CERTIFICATION REVISION DATE							
DTP			1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			607
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Certification Revision Date	AN	1-35	R			CCYYMMDD
DATE - BEGIN THERAPY DATE							
DTP			1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			463
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Begin Therapy Date	AN	1-35	R			CCYYMMDD
DATE - LAST CERTIFICATION DATE							
DTP			1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			461
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Last Certification Date	AN	1-35	R			CCYYMMDD
DATE - DATE LAST SEEN							
DTP			1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			304
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Last Seen Date	AN	1-35	R			CCYYMMDD
DATE - TEST							
DTP			2	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			738, 739
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Test Performed Date	AN	1-35	R			CCYYMMDD

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
DTP03	Service Date	AN	1-35	R			CYYMMDD, CCYYMMDDCCY YMMDD
DATE - PRESCRIPTION DATE							
DTP			1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			471
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Prescription Date	AN	1-35	R			CCYYMMDD
DATE - CERTIFICATION REVISION/RE-CERTIFICATION DATE							
DTP			1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			607
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Certification Revision Recertification Date	AN	1-35	R			CCYYMMDD
DATE - BEGIN THERAPY DATE							
DTP			1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			463
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Begin Therapy Date	AN	1-35	R			CCYYMMDD
DATE - LAST CERTIFICATION DATE							
DTP			1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			461
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Last Certification Date	AN	1-35	R			CCYYMMDD
DATE - DATE LAST SEEN							
DTP			1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			304
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Last Seen Date	AN	1-35	R			CCYYMMDD
DATE - TEST							
DTP			2	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			738, 739
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Test Performed Date	AN	1-35	R			CCYYMMDD

New Segment

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
DTP	DATE - OXYGEN SATURATION/ARTERIAL BLOOD GAS TEST		3	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			119, 480, 481
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Oxygen Saturation Test Date	AN	1-35	R			CCYYMMDD
DTP	DATE - SHIPPED		1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			011
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Shipped Date	AN	1-35	R			CCYYMMDD
DTP	DATE - ONSET OF CURRENT SYMPTOM/ILLNESS		1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			431
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Onset Date	AN	1-35	R			CCYYMMDD
DTP	DATE - LAST X-RAY		1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			455
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Last X-Ray Date	AN	1-35	R			CCYYMMDD
DTP	DATE - ACUTE MANIFESTATION		1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			453
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Acute Manifestation Date	AN	1-35	R			CCYYMMDD
DTP	DATE - INITIAL TREATMENT		1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			454
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Initial Treatment Date	AN	1-35	R			CCYYMMDD
DTP	DATE - SIMILAR ILLNESS/SYMPTOM ONSET		1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			438

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
Segment Deleted							
DTP	DATE - SHIPPED		1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			011
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Shipped Date	AN	1-35	R			CCYYMMDD
Segment Deleted							
DTP	DATE - LAST X-RAY		1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			455
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Last X-Ray Date	AN	1-35	R			CCYYMMDD
Segment Deleted							
DTP	DATE - INITIAL TREATMENT		1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			454
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Initial Treatment Date	AN	1-35	R			CCYYMMDD
Segment Deleted							

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Similar Illness or Symptom Date	AN	1-35	R			CCYYMMDD
MEA	TEST RESULTS		20	S	2400		
MEA01	Measurement Reference Identification Code	ID	2-2	R			OG, TR
MEA02	Measurement Qualifier	ID	1-3	R			GRA, HT, R1, R2, R3, R4, ZO
MEA03	Test Result 9(3) "GRA", "R1", "R2", "R4", & "ZO" = 9(2)V9	R	1-20	R			
MEA04	COMPOSITE UNIT OF MEASURE			N/U			
MEA05	Range Minimum	R	1-20	N/U			
MEA06	Range Maximum	R	1-20	N/U			
MEA07	Measurement Significance Code	ID	2-2	N/U			
MEA08	Measurement Attribute Code	ID	2-2	N/U			
MEA09	Surface/Layer/Position Code	ID	2-2	N/U			
MEA10	Measurement Method or Device	ID	2-4	N/U			
MEA11	Code List Qualifier Code	ID	1-3	N/U			
MEA12	Industry Code	AN	1-30	N/U			
MEAS	CONTRACT INFORMATION		1	S	2400		

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
QTY	AMBULANCE PATIENT COUNT		1	S	2400		
QTY01	Quantity Qualifier	ID	2-2	R			PT
QTY02	Ambulance Patient Count 9(2)	R	1-15	R			
QTY03	COMPOSITE UNIT OF MEASURE			N/U			
QTY04	Fee-Form Message	AN	1-30	N/U			
QTY	OBSTETRIC ANESTHESIA ADDITIONAL UNITS		1	S	2400		
QTY01	Quantity Qualifier	ID	2-2	R			FL
QTY02	Obstetric Additional Units 9(2)	R	1-15	R			
QTY03	COMPOSITE UNIT OF MEASURE			N/U			
QTY04	Fee-Form Message	AN	1-30	N/U			
MEA	TEST RESULTS		5	S	2400		
MEA01	Measurement Reference Identification Code	ID	2-2	R			OG, TR
MEA02	Measurement Qualifier	ID	1-3	R			HT, R1, R2, R3, R4
MEA03	Test Result "HT" 9(2), "R1", "R2", "R3", "R4" = 9(2)V9	R	1-20	R			
MEA04	COMPOSITE UNIT OF MEASURE			N/U			
MEA05	Range Minimum	R	1-20	N/U			
MEA06	Range Maximum	R	1-20	N/U			
MEA07	Measurement Significance Code	ID	2-2	N/U			
MEA08	Measurement Attribute Code	ID	2-2	N/U			
MEA09	Surface/Layer/Position Code	ID	2-2	N/U			
MEA10	Measurement Method or Device	ID	2-4	N/U			
MEA11	Code List Qualifier Code	ID	1-3	N/U			
MEA12	Industry Code	AN	1-30	N/U			
MEAS	CONTRACT INFORMATION		1	S	2400		

Segment Added

Segment Added

Code Deleted

New Element
New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
CN101	Contract Type Code	ID	2-2	R			01, 02, 03, 04, 05, 06, 09
CN102	Contract Amount S9(7)V99	R	1-18	S			
CN103	Contract Percentage 9(2)V99	R	1-6	S			
CN104	Contract Code	AN	1-30	S			
CN105	Terms Discount Percent 9(2)V99	R	1-6	S			
CN106	Contract Version Identifier	AN	1-30	S			
REF	REPRICED LINE ITEM REFERENCE NUMBER		1	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			9B
REF02	Repriced Line Item Reference Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER		1	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			9D
REF02	Adjusted Repriced Line Item Reference Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
CN101	Contract Type Code	ID	2-2	R			01, 02, 03, 04, 05, 06, 09
CN102	Contract Amount S9(7)V99	R	1-18	S			
CN103	Contract Percentage 9(2)V99	R	1-6	S			
CN104	Contract Code	AN	1-50	S			
CN105	Terms Discount Percent 9(2)V99	R	1-6	S			
CN106	Contract Version Identifier	AN	1-30	S			
REF	REPRICED LINE ITEM REFERENCE NUMBER		1	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			9B
REF02	Repriced Line Item Reference Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER		1	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			9D
REF02	Adjusted Repriced Line Item Reference Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			

Increase from 30 - 50

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

New Element

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
REF	PRIOR AUTHORIZATION OR REFERRAL NUMBER		2	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			9F, G1
REF02	Prior Authorization or Referral Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	LINE ITEM CONTROL NUMBER		1	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			6R
REF02	Line Item Control Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	MAMMOGRAPHY CERTIFICATION NUMBER		1	S	2400		
REF01	Reference identification Qualifier	ID	2-3	R			EW
REF02	Mammography Certification Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF	PRIOR AUTHORIZATION		5	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			G1
REF02	Prior Authorization or Referral Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER						
REF04-1	Reference Identifier Qualifier	ID	2-3	R			2U
REF04-2	Other Payer Primary Identifier	AN	1-50	R			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	LINE ITEM CONTROL NUMBER		1	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			6R
REF02	Line Item Control Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	MAMMOGRAPHY CERTIFICATION NUMBER		1	S	2400		
REF01	Reference identification Qualifier	ID	2-3	R			EW
REF02	Mammography Certification Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			

Code Deleted
 Increase from 30 - 50
 New Element
 New Element
 New Element
 New Element
 New Element
 Increase from 30 - 50
 New Element
 New Element
 New Element
 New Element
 New Element
 Increase from 30 - 50
 New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
REF	CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) IDENTIFICATION		1	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			X4
REF02	Clinical Laboratory Improvement Amendment Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) FACILITY IDENTIFICATION		1	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			F4
REF02	Referring CLIA Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) IDENTIFICATION		1	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			X4
REF02	Clinical Laboratory Improvement Amendment Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) FACILITY IDENTIFICATION		1	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			F4
REF02	Referring CLIA Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			

New Element

New Element

New Element

New Element

New Element

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

New Element

Increase from 30 - 50

New Element

New Element

New Element

New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
REF	IMMUNIZATION BATCH NUMBER		1	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			BT
REF02	Immunization Batch Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	AMBULATORY PATIENT GROUP (APG)		4	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			1S
REF02	Ambulatory Patient Group Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	OXYGEN FLOW RATE		1	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			TP
REF02	Oxygen Flow Rate	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	UNIVERSAL PRODUCT NUMBER (UPN)		1	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			OZ, VP
REF02	Universal Product Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	IMMUNIZATION BATCH NUMBER		1	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			BT
REF02	Immunization Batch Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
REF	REFERRAL NUMBER		5	S	2400		

New Element

New Element

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

New Element

Segment Deleted

Segment Deleted

Segment Deleted

New Segment

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
PS1	PURCHASED SERVICE INFORMATION		1	S	2400		
PS101	Purchased Service Provider Identifier	AN	1-30	R			
PS102	Purchased Service Charge Amount S9(7)V99	R	1-18	R			
PS103	State or Province Code	ID	2-2	N/U			
HSD	HEALTH CARE SERVICES DELIVERY		1	S	2400		
HSD01	Visits	ID	2-2	S			VS
HSD02	Number of Visits 9(3)	R	1-15	S			
HSD03	Frequency Period	ID	2-2	S			DA, MO, Q1, WK
HSD04	Frequency Count 9(2)V9	R	1-6	S			
HSD05	Duration of Visits Units	ID	1-2	S			7, 34, 35
HSD06	Duration of Visits, Number of Units	NO	1-3	S			
HSD07	Ship, Delivery or Calendar Pattern Code	ID	1-2	S			1, 2, 3, 4, 5, 6, 7, A, B, C, D, E, F, G, H, J, K, L, N, O, SA, SB, SC, SD, SG, SL, SP, SX, SY, SZ, W
HSD08	Delivery Pattern Time Code	ID	1-1	S			D, E, F
HCP	LINE PRICING/REPRICING INFORMATION		1	S	2400		
HCP01	Pricing Methodology	ID	2-2	R			00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14
HCP02	Repriced Allowed Amount S9(7)V99	R	1-18	R			
HCP03	Repriced Saving Amount S9(7)V99	R	1-18	S			
HCP04	Repricing Organization Identifier	AN	1-30	S			
HCP05	Repricing Per Diem or Flat Rate Amount S9(5)V99	R	1-9	S			
HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-30	S			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
NTE	THIRD PARTY ORGANIZATION NOTE		1	S	2400		
NTE01	Third Party Organization Notes	ID	3-3	R			TPO
NTE02	Line Note Text	AN	1-80	R			
PS1	PURCHASED SERVICE INFORMATION		1	S	2400		
PS101	Purchased Service Provider Identifier	AN	1-50	R			
PS102	Purchased Service Charge Amount S9(7)V99	R	1-18	R			
PS103	State or Province Code	ID	2-2	N/U			
HCP	LINE PRICING/REPRICING INFORMATION		1	S	2400		
HCP01	Pricing Methodology	ID	2-2	R			00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14
HCP02	Repriced Allowed Amount S9(7)V99	R	1-18	R			
HCP03	Repriced Saving Amount S9(7)V99	R	1-18	S			
HCP04	Repricing Organization Identifier	AN	1-50	S			
HCP05	Repricing Per Diem or Flat Rate Amount S9(5)V99	R	1-9	S			
HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-50	S			

New Segment

Increase from 30 - 50

Segment Deleted

Increase from 30 - 50

Increase from 30 - 50

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
HCP07	Repriced Approved Ambulatory Patient Group Amount S9(7)V99	R	1-18	S			
HCP08	Product/Service ID	AN	1-48	N/U			
HCP09	Product or Service ID Qualifier	ID	2-2	S			HC, IV, ZZ
HCP10	Procedure Code	AN	1-48	S			
HCP11	Unit or Basis for Measurement Code	ID	2-2	S			DA, UN
HCP12	Repriced Approved Service Unit Count "DA" = 9(3) "UN" = 9(3)V9	R	1-15	S			
HCP13	Reject Reason Code	ID	2-2	S			T1, T2, T3, T4, T5, T6
HCP14	Policy Compliance Code	ID	1-2	S			1, 2, 3, 4, 5
HCP15	Exception Code	ID	1-2	S			1, 2, 3, 4, 5, 6
LIN	DRUG IDENTIFICATION		1	S	2410	25	
LIN01	Assigned Identification	AN	1-20	N/U			
LIN02	Product or Service ID Qualifier	ID	2-2	R			N4
LIN03	National Drug Code	AN	1-48	R			
LIN04	Product/Service ID Qualifier	ID	2-2	N/U			
LIN05	Product/Service ID	AN	1-48	N/U			
LIN06	Product/Service ID Qualifier	ID	2-2	N/U			
LIN07	Product/Service ID	AN	1-48	N/U			
LIN08	Product/Service ID Qualifier	ID	2-2	N/U			
LIN09	Product/Service ID	AN	1-48	N/U			
LIN10	Product/Service ID Qualifier	ID	2-2	N/U			
LIN11	Product/Service ID	AN	1-48	N/U			
LIN12	Product/Service ID Qualifier	ID	2-2	N/U			
LIN13	Product/Service ID	AN	1-48	N/U			
LIN14	Product/Service ID Qualifier	ID	2-2	N/U			
LIN15	Product/Service ID	AN	1-48	N/U			
LIN16	Product/Service ID Qualifier	ID	2-2	N/U			
LIN17	Product/Service ID	AN	1-48	N/U			
LIN18	Product/Service ID Qualifier	ID	2-2	N/U			
LIN19	Product/Service ID	AN	1-48	N/U			
LIN20	Product/Service ID Qualifier	ID	2-2	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
HCP07	Repriced Approved Ambulatory Patient Group Amount S9(7)V99	R	1-18	S			
HCP08	Product/Service ID	AN	1-48	N/U			
HCP09	Product or Service ID Qualifier	ID	2-2	S			ER, HC, IV, WK
HCP10	Procedure Code	AN	1-48	S			
HCP11	Unit or Basis for Measurement Code	ID	2-2	S			MJ, UN
HCP12	Repriced Approved Service Unit Count "MJ" = 9(4) "UN" = 9(3)V9	R	1-15	S			
HCP13	Reject Reason Code	ID	2-2	S			T1, T2, T3, T4, T5, T6
HCP14	Policy Compliance Code	ID	1-2	S			1, 2, 3, 4, 5
HCP15	Exception Code	ID	1-2	S			1, 2, 3, 4, 5, 6
LIN	DRUG IDENTIFICATION		1	S	2410	1	
LIN01	Assigned Identification	AN	1-20	N/U			
LIN02	Product or Service ID Qualifier	ID	2-2	R			N4
LIN03	National Drug Code	AN	1-48	R			
LIN04	Product/Service ID Qualifier	ID	2-2	N/U			
LIN05	Product/Service ID	AN	1-48	N/U			
LIN06	Product/Service ID Qualifier	ID	2-2	N/U			
LIN07	Product/Service ID	AN	1-48	N/U			
LIN08	Product/Service ID Qualifier	ID	2-2	N/U			
LIN09	Product/Service ID	AN	1-48	N/U			
LIN10	Product/Service ID Qualifier	ID	2-2	N/U			
LIN11	Product/Service ID	AN	1-48	N/U			
LIN12	Product/Service ID Qualifier	ID	2-2	N/U			
LIN13	Product/Service ID	AN	1-48	N/U			
LIN14	Product/Service ID Qualifier	ID	2-2	N/U			
LIN15	Product/Service ID	AN	1-48	N/U			
LIN16	Product/Service ID Qualifier	ID	2-2	N/U			
LIN17	Product/Service ID	AN	1-48	N/U			
LIN18	Product/Service ID Qualifier	ID	2-2	N/U			
LIN19	Product/Service ID	AN	1-48	N/U			
LIN20	Product/Service ID Qualifier	ID	2-2	N/U			

Code Deleted

Code Change

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
LIN21	Product/Service ID	AN	1-48	N/U			
LIN22	Product/Service ID Qualifier	ID	2-2	N/U			
LIN23	Product/Service ID	AN	1-48	N/U			
LIN24	Product/Service ID Qualifier	ID	2-2	N/U			
LIN25	Product/Service ID	AN	1-48	N/U			
LIN26	Product/Service ID Qualifier	ID	2-2	N/U			
LIN27	Product/Service ID	AN	1-48	N/U			
LIN28	Product/Service ID Qualifier	ID	2-2	N/U			
LIN29	Product/Service ID	AN	1-48	N/U			
LIN30	Product/Service ID Qualifier	ID	2-2	N/U			
LIN31	Product/Service ID	AN	1-48	N/U			
CTP	DRUG PRICING		1	S	2410		
CTP01	Class of Trade Code	ID	2-2	N/U			
CTP02	Price Identifier Code	ID	3-3	N/U			
CTP03	Drug Unit Price S9(7)V99	R	1-17	R			
CTP04	National Drug Unit Count - when CTP05 = "UN" 9(3)V9, CTP05 = "F2" 9(7)V999, CTP05 = "ML" or "GR" 9(2)V99	R	1-15	R			
CTP05	COMPOSITE UNIT OF MEASURE						
CTP05-1	Unit or Basis For Measurement Code	ID	2-2	R			F2, GR, ML, UN
CTP05-2	Exponent	R	1-15	N/U			
CTP05-3	Multiplier	R	1-10	N/U			
CTP05-4	Unit or Basis For Measurement Code	ID	2-2	N/U			
CTP05-5	Exponent	R	1-15	N/U			
CTP05-6	Multiplier	R	1-10	N/U			
CTP05-7	Unit or Basis For Measurement Code	ID	2-2	N/U			
CTP05-8	Exponent	R	1-15	N/U			
CTP05-9	Multiplier	R	1-10	N/U			
CTP05-10	Unit or Basis For Measurement Code	ID	2-2	N/U			
CTP05-11	Exponent	R	1-15	N/U			
CTP05-12	Multiplier	R	1-10	N/U			
CTP05-13	Unit or Basis For Measurement Code	ID	2-2	N/U			
CTP05-14	Exponent	R	1-15	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
LIN21	Product/Service ID	AN	1-48	N/U			
LIN22	Product/Service ID Qualifier	ID	2-2	N/U			
LIN23	Product/Service ID	AN	1-48	N/U			
LIN24	Product/Service ID Qualifier	ID	2-2	N/U			
LIN25	Product/Service ID	AN	1-48	N/U			
LIN26	Product/Service ID Qualifier	ID	2-2	N/U			
LIN27	Product/Service ID	AN	1-48	N/U			
LIN28	Product/Service ID Qualifier	ID	2-2	N/U			
LIN29	Product/Service ID	AN	1-48	N/U			
LIN30	Product/Service ID Qualifier	ID	2-2	N/U			
LIN31	Product/Service ID	AN	1-48	N/U			
CTP	DRUG PRICING		1	R	2410		
CTP01	Class of Trade Code	ID	2-2	N/U			
CTP02	Price Identifier Code	ID	3-3	N/U			
CTP03	Unit Price	R	1-17	N/U			
CTP04	National Drug Unit Count - when CTP05-1 = "UN" 9(3)V9, "F2" 9(7)V999, "ML" or "GR" 9(2)V99, ME 9(5)V999	R	1-15	R			
CTP05	COMPOSITE UNIT OF MEASURE			R			
CTP05-1	Unit or Basis For Measurement Code	ID	2-2	R			F2, GR, ME, ML, UN
CTP05-2	Exponent	R	1-15	N/U			
CTP05-3	Multiplier	R	1-10	N/U			
CTP05-4	Unit or Basis For Measurement Code	ID	2-2	N/U			
CTP05-5	Exponent	R	1-15	N/U			
CTP05-6	Multiplier	R	1-10	N/U			
CTP05-7	Unit or Basis For Measurement Code	ID	2-2	N/U			
CTP05-8	Exponent	R	1-15	N/U			
CTP05-9	Multiplier	R	1-10	N/U			
CTP05-10	Unit or Basis For Measurement Code	ID	2-2	N/U			
CTP05-11	Exponent	R	1-15	N/U			
CTP05-12	Multiplier	R	1-10	N/U			
CTP05-13	Unit or Basis For Measurement Code	ID	2-2	N/U			
CTP05-14	Exponent	R	1-15	N/U			

Usage changed to Not Used

Usage changed to Required

Code Added

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
CTP05-15	Multiplier	R	1-10	N/U			
CTP06	Price Multiplier Qualifier	ID	3-3	N/U			
CTP07	Multiplier	R	1-10	N/U			
CTP08	Monetary Amount	R	1-18	N/U			
CTP09	Basis of Unit Price Code	ID	2-2	N/U			
CTP10	Condition Value	AN	1-10	N/U			
CTP11	Multiple Price Quantity	N0	1-2	N/U			
REF	PRESCRIPTION NUBER		1	S	2410		
REF01	Reference Identification Qualifier	ID	2-3	R			XZ
REF02	Prescription Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	RENDERING PROVIDER NAME		1	S	2420A	1	
NM101	Entity Identifier Code	ID	2-3	R			82
NM102	Entity Type Qualifier	ID	1-1	R			1,2
NM103	Rendering Provider Last or Organization Name	AN	1-35	R			
NM104	Rendering Provider First Name	AN	1-25	S			
NM105	Rendering Provider Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Rendering Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	R			24, 34, XX
NM109	Rendering Provider Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
CTP05-15	Multiplier	R	1-10	N/U			
CTP06	Price Multiplier Qualifier	ID	3-3	N/U			
CTP07	Multiplier	R	1-10	N/U			
CTP08	Monetary Amount	R	1-18	N/U			
CTP09	Basis of Unit Price Code	ID	2-2	N/U			
CTP10	Condition Value	AN	1-10	N/U			
CTP11	Multiple Price Quantity	N0	1-2	N/U			
REF	PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER		1	S	2410		
REF01	Reference Identification Qualifier	ID	2-3	R			VY, XZ
REF02	Prescription Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			
REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification Qualifier	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification Qualifier	AN	1-50	N/U			
NM1	RENDERING PROVIDER NAME		1	S	2420A	1	
NM101	Entity Identifier Code	ID	2-3	R			82
NM102	Entity Type Qualifier	ID	1-1	R			1,2
NM103	Rendering Provider Last or Organization Name	AN	1-60	R			
NM104	Rendering Provider First Name	AN	1-35	S			
NM105	Rendering Provider Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Rendering Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			XX
NM109	Rendering Provider Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			

Name change
Code Added
Increase from 30 - 50
New Element
New Element
New Element
New Element
New Element
Code Deleted
New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
PRV	RENDERING PROVIDER SPECIALTY INFORMATION		1	S	2420A		
PRV01	Provider Code	ID	1-3	R			PE
PRV02	Reference Identification Qualifier	ID	2-3	R			ZZ
PRV03	Provider Taxonomy Code	AN	1-30	R			
PRV04	State or Province Code	ID	2-2	N/U			
PRV05	PROVIDER SPECIALTY INFORMATION			N/U			
PRV06	Provider Organization Code	ID	3-3	N/U			
REF	RENDERING PROVIDER SECONDARY IDENTIFICATION		5	S	2420A		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
REF02	Rendering Provider Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	PURCHASED SERVICE PROVIDER NAME		1	S	2420B	1	
NM101	Entity Identifier Code	ID	2-3	R			QB
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Name Last or Organization Name	AN	1-35	N/U			
NM104	Name First	AN	1-25	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
PRV	RENDERING PROVIDER SPECIALTY INFORMATION		1	S	2420A		
PRV01	Provider Code	ID	1-3	R			PE
PRV02	Reference Identification Qualifier	ID	2-3	R			PXC
PRV03	Provider Taxonomy Code	AN	1-50	R			
PRV04	State or Province Code	ID	2-2	N/U			
PRV05	PROVIDER SPECIALTY INFORMATION			N/U			
PRV06	Provider Organization Code	ID	3-3	N/U			
REF	RENDERING PROVIDER SECONDARY IDENTIFICATION		20	S	2420A		
REF01	Reference Identification Qualifier	ID	2-3	R			OB, 1G, G2, LU
REF02	Rendering Provider Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			S			
REF04-1	Reference Identifier Qualifier	ID	2-3	R			2U
REF04-2	Other Payer Primary Identifier	AN	1-50	R			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification Qualifier	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
NM1	PURCHASED SERVICE PROVIDER NAME		1	S	2420B	1	
NM101	Entity Identifier Code	ID	2-3	R			QB
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Name Last or Organization Name	AN	1-60	N/U			
NM104	Name First	AN	1-35	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	S			XX

Code change
 Increase from 30 - 50
 Code Deleted
 Increase from 30 - 50
 New Element
 New Element
 New Element
 New Element
 New Element
 Increase from 35 - 60
 Increase from 25 - 35
 Code Deleted

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
NM109	Purchased Service Provider Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
REF	PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION		5	S	2420B		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, U3, X5
REF02	Purchased Service Provider Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	SERVICE FACILITY LOCATION		1	S	2420C	1	
NM101	Entity Identifier Code	ID	2-3	R			77, FA, LI, TL
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Laboratory or Facility Name	AN	1-35	S			
NM104	Name First	AN	1-25	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX
NM109	Laboratory or Facility Primary Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
NM109	Other Payer Primary Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
REF	PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION		20	S	2420B		
REF01	Reference Identification Qualifier	ID	2-3	R			OB, 1G, G2
REF02	Purchased Service Provider Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			S			
REF04-1	Reference Identifier Qualifier	ID	2-3	R			2U
REF04-2	Other Payer Primary Identifier	AN	1-50	R			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
NM1	SERVICE FACILITY LOCATION NAME		1	S	2420C	1	
NM101	Entity Identifier Code	ID	2-3	R			77
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Name Last or Organization Name	AN	1-60	R			
NM104	Name First	AN	1-35	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	S			XX
NM109	Other Payer Primary Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			

New Element

Code Deleted

Increase from 30 - 50

New Element

New Element

New Element

New Element

New Element

New Element

Increase from 35 - 60

Increase from 25 - 35

Code Deleted

New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
N3	SERVICE FACILITY LOCATION ADDRESS		1	R	2420C		
N301	Laboratory or Facility Address Line	AN	1-55	R			
N302	Laboratory or Facility Address Line	AN	1-55	S			
N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP		1	R	2420C		
N401	Laboratory or Facility City Name	AN	2-30	R			
N402	Laboratory or Facility State or Province Code	ID	2-2	R			
N403	Laboratory or Facility Postal Zone or ZIP Code	ID	3-15	R			
N404	Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	ID	1-30	N/U			
REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION		5	S	2420C		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G,1H, G2, LU, N5, T,J, X4, X5
REF02	Service Facility Location Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	SUPERVISING PROVIDER NAME		1	S	2420D	1	
NM101	Entity Identifier Code	ID	2-3	R			DQ

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
N3	SERVICE FACILITY LOCATION ADDRESS		1	R	2420C		
N301	Laboratory or Facility Address Line	AN	1-55	R			
N302	Laboratory or Facility Address Line	AN	1-55	S			
N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP		1	R	2420C		
N401	Laboratory or Facility City Name	AN	2-30	R			
N402	Laboratory or Facility State or Province Code	ID	2-2	S			
N403	Laboratory or Facility Postal Zone ZIP Code	ID	3-15	S			
N404	Laboratory or Facility Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
N407	Country Subdivision Code	ID	1-3	S			
REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION		3	S	2420C		
REF01	Reference Identification Qualifier	ID	2-3	R			G2, LU
REF02	Service Facility Location Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			S			
REF04-1	Reference Identifier Qualifier	ID	2-3	R			2U
REF04-2	Other Payer Primary Identifier	AN	1-50	R			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
NM1	SUPERVISING PROVIDER NAME		1	S	2420D	1	
NM101	Entity Identifier Code	ID	2-3	R			DQ

Usage changed to Situational
 Usage changed to Situational
 New Element
 Code Deleted
 Increase from 30 - 50
 Usage changed to Situational
 New Element
 New Element
 New Element
 New Element
 New Element

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Supervising Provider Last Name	AN	1-35	R			
NM104	Supervising Provider First Name	AN	1-25	R			
NM105	Supervising Provider Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Supervising Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX
NM109	Supervising Provider Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
REF	SUPERVISING PROVIDER SECONDARY IDENTIFICATION		5	S	2420D		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
REF02	Supervising Provider Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	ORDERING PROVIDER NAME		1	S	2420E	1	
NM101	Entity Identifier Code	ID	2-3	R			DK
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Ordering Provider Last Name	AN	1-35	R			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Supervising Provider Last Name	AN	1-60	R			
NM104	Name First	AN	1-35	S			
NM105	Name Middle	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			XX
NM109	Other Payer Primary Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
REF	SUPERVISING PROVIDER SECONDARY IDENTIFICATION		20	S	2420D		
REF01	Reference Identification Qualifier	ID	2-3	R			OB, 1G, G2, LU
REF02	Supervising Provider Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			S			
REF04-1	Reference Identifier Qualifier	ID	2-3	R			2U
REF04-2	Other Payer Primary Identifier Reference Identification Qualifier	AN	1-50	R			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification Qualifier	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification Qualifier	AN	1-50	N/U			
NM1	ORDERING PROVIDER NAME		1	S	2420E	1	
NM101	Entity Identifier Code	ID	2-3	R			DK
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Ordering Provider Last Name	AN	1-60	R			

Increase from 35 - 60
 Increase from 25 - 35
 Usage changed to Situational
 Code Deleted
 Code Deleted
 Increase from 30 - 50
 Usage changed to Situational
 New Element
 New Element
 New Element
 New Element
 New Element
 New Element
 Increase from 35 - 60

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
NM104	Ordering Provider First Name	AN	1-25	R			
NM105	Ordering Provider Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Ordering Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX
NM109	Ordering Provider Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
N3	ORDERING PROVIDER ADDRESS		1	S		2420E	
N301	Ordering Provider Address Line	AN	1-55	R			
N302	Ordering Provider Address Line	AN	1-55	S			
N4	ORDERING PROVIDER CITY/STATE/ZIP CODE		1	S		2420E	
N401	Ordering Provider City Name	AN	2-30	R			
N402	Ordering Provider State Code	ID	2-2	R			
N403	Ordering Provider Postal Zone or ZIP Code	ID	3-15	R			
N404	Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
REF	ORDERING PROVIDER SECONDARY IDENTIFICATION		5	S		2420E	
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
REF02	Ordering Provider Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
NM104	Ordering Provider First Name	AN	1-35	S			
NM105	Ordering Provider Middle Name or Initial	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Ordering Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			XX
NM109	Other Payer Primary Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
N3	ORDERING PROVIDER ADDRESS		1	S		2420E	
N301	Ordering Provider Address Line	AN	1-55	R			
N302	Ordering Provider Address Line	AN	1-55	S			
N4	ORDERING PROVIDER CITY/STATE/ZIP CODE		1	R		2420E	
N401	Ordering Provider City Name	AN	2-30	R			
N402	Ordering Provider State or Province Code	ID	2-2	S			
N403	Ordering Provider Postal Zone ZIP Code	ID	3-15	S			
N404	Ordering Provider Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
N407	Country Subdivision Code	ID	1-3	S			
REF	ORDERING PROVIDER SECONDARY IDENTIFICATION		20	S		2420E	
REF01	Reference Identification Qualifier	ID	2-3	R			OB, 1G, G2
REF02	Ordering Provider Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			S			

Increase from 25 - 35
Usage changed to Situational

Code Deleted

New Element

Usage changed to Required

Usage changed to Situational

Usage changed to Situational

New Element

Code Deleted

Increase from 30 - 50

Usage changed to Situational

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
PER	ORDERING PROVIDER CONTACT INFORMATION		1	S	2420E		
PER01	Contact Function Code	ID	2-2	R			1C
PER02	Ordering Provider Contact Name	AN	1-60	R			
PER03	Communication Number Qualifier	ID	2-2	R			EM, FX, TE
PER04	Communication Number	AN	1-80	R			
PER05	Communication Number Qualifier	ID	2-2	S			EM, EX, FX, TE
PER06	Communication Number	AN	1-80	S			
PER07	Communication Number Qualifier	ID	2-2	S			EM, EX, FX, TE
PER08	Communication Number	AN	1-80	S			
PER09	Contact Inquiry Reference	AN	1-20	N/U			
NM1	REFERRING PROVIDER NAME		1	S	2420F	2	
NM101	Entity Identifier Code	ID	2-3	R			DN, P3
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Referring Provider Last Name	AN	1-35	R			
NM104	Referring Provider First Name	AN	1-25	R			
NM105	Referring Provider Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Referring Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX
NM109	Referring Provider Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
REF04-1	Reference Identifier Qualifier	ID	2-3	R			2U
REF04-2	Other Payer Primary Identifier	AN	1-50	R			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification	AN	1-50	N/U			
PER	ORDERING PROVIDER CONTACT INFORMATION		1	S	2420E		
PER01	Contact Function Code	ID	2-2	R			1C
PER02	Ordering Provider Contact Name	AN	1-60	S			
PER03	Communication Number Qualifier	ID	2-2	R			EM, FX, TE
PER04	Communication Number	AN	1-256	R			
PER05	Communication Number Qualifier	ID	2-2	S			EM, EX, FX, TE
PER06	Communication Number	AN	1-256	S			
PER07	Communication Number Qualifier	ID	2-2	S			EM, EX, FX, TE
PER08	Communication Number	AN	1-256	S			
PER09	Contact Inquiry Reference	AN	1-20	N/U			
NM1	REFERRING PROVIDER NAME		1	S	2420F	2	
NM101	Entity Identifier Code	ID	2-3	R			DN, P3
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Referring Provider Last Name	AN	1-60	R			
NM104	Referring Provider First Name	AN	1-35	S			
NM105	Referring Provider Middle Name or Initial	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Referring Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			XX
NM109	Other Payer Primary Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			

New Element

New Element

New Element

New Element

New Element

New Element

Usage changed to Situational

Increase from 35 - 60

Increase from 25 - 35

Code Deleted

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
PRV	REFERRING PROVIDER SPECIALTY INFORMATION		1	S	2420F		
PRV01	Provider Code	ID	1-3	R			RF
PRV02	Reference Identification Code	ID	2-3	R			ZZ
PRV03	Provider Taxonomy Code	AN	1-30	R			
PRV04	State or Province Code	ID	2-2	N/U			
PRV05	PROVIDER SPECIALTY INFORMATION			N/U			
PRV06	Provider Organization Code	ID	3-3	N/U			
REF	REFERRING PROVIDER SECONDARY IDENTIFICATION		5	S	2420F		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
REF02	Referring Provider Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER		1	S	2420G	4	
NM101	Entity Identifier Code	ID	2-3	R			PR
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Payer Name	AN	1-35	R			
NM104	Name First	AN	1-25	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
NM112	Name Last or Organization Name	AN	1-60	N/U			
REF	REFERRING PROVIDER SECONDARY IDENTIFICATION		20	S	2420F		
REF01	Reference Identification Qualifier	ID	2-3	R			OB, 1G, G2
REF02	Referring Provider Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			S			
REF04-1	Reference Identifier Qualifier	ID	2-3	R			2U
REF04-2	Other Payer Primary Identifier	AN	1-50	R			
REF04-3	Reference Identification Qualifier	ID	2-3	N/U			
REF04-4	Reference Identification Qualifier	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			
REF04-6	Reference Identification Qualifier	AN	1-50	N/U			

New Element

Segment Deleted

Code Deleted

Increase from 30 - 50

Usage changed to Situational

New Element

New Element

New Element

New Element

New Element

New Element

Segment Deleted

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
NM108	Identification Code Qualifier	ID	1-2	R			PI, XV
NM109	Other Payer Identification Number	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
REF	OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER		2	R	2420G		
REF01	Reference Identification Qualifier	ID	2-3	R			9F, G1
REF02	Other Payer Prior Authorization or Referral Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
Segment Deleted							
New Segment							
NM1	AMBULANCE PICK UP LOCATION		1	S	2420G	1	
NM101	Entity Identifier Code	ID	2-3	R			PW
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Name Last or Organization Name	AN	1-60	N/U			
NM104	Name First	AN	1-35	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	N/U			
NM109	Identification Code	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
New Segment							
N3	AMBULANCE PICK UP LOCATION ADDRESS		1	R	2420G		
N301	Ambulance Pick Up Address Line	AN	1-55	R			
N302	Ambulance Pick Up Address Line	AN	1-55	S			
New Segment							
N4	AMBULANCE PICK UP LOCATION CITY/STATE/ZIP		1	R	2420G		
N401	Ambulance Pick Up City Name	AN	2-30	R			

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
N402	Ambulance Pick Up State or Province Code	ID	2-2	S			
N403	Ambulance Pick Up Postal Zone ZIP Code	ID	3-15	S			
N404	Ambulance Pick Up Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
N407	Country Subdivision Code	ID	1-3	S			
NM1 AMBULANCE DROP OFF LOCATION							
NM101	Entity Identifier Code	ID	2-3	R			45
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Ambulance Drop Off Location	AN	1-60	S			
NM104	Name First	AN	1-35	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	N/U			
NM109	Identification Code	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
N3 AMBULANCE DROP OFF LOCATION ADDRESS							
N301	Ambulance Drop Off Address Line	AN	1-55	R			
N302	Ambulance Drop Off Address Line	AN	1-55	S			
N4 AMBULANCE DROP OFF LOCATION CITY/STATE/ZIP							
N401	Ambulance Drop Off City Name	AN	2-30	R			
N402	Ambulance Drop Off State or Province Code	ID	2-2	S			
N403	Ambulance Drop Off Postal Zone ZIP Code	ID	3-15	S			
N404	Ambulance Drop Off Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			

New Segment

New Segment

New Segment

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
SVD	LINE ADJUDICATION INFORMATION		1	S	2430	25	
SVD01	Other Payer Primary Identifier	AN	2-80	R			
SVD02	Service Line Paid Amount S9(7)V99	R	1-18	R			
SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R			
SVD03-1	Product or Service ID Qualifier	ID	2-2	R			HC, IV, ZZ
SVD03-2	Procedure Code	AN	1-48	R			
SVD03-3	Procedure Modifier	AN	2-2	S			
SVD03-4	Procedure Modifier	AN	2-2	S			
SVD03-5	Procedure Modifier	AN	2-2	S			
SVD03-6	Procedure Modifier	AN	2-2	S			
SVD03-7	Procedure Code Description	AN	1-80	S			
SVD04	Product or Service ID	AN	1-48	N/U			
SVD05	Paid Service Unit Count 9(7)V999	R	1-15	R			
SVD06	Bundled Line Number	N0	1-6	S			
CAS	LINE ADJUSTMENT		99	S	2430		
CAS01	Claim Adjustment Group Code	ID	1-2	R			CO, CR, OA, PI, PR
CAS02	Adjustment Reason Code	ID	1-5	R			
CAS03	Adjustment Amount S9(7)V99	R	1-18	R			
CAS04	Adjustment Quantity 9(7)	R	1-15	S			
CAS05	Adjustment Reason Code	ID	1-5	S			
CAS06	Adjustment Amount S9(7)V99	R	1-18	S			
CAS07	Adjustment Quantity 9(7)	R	1-15	S			
CAS08	Adjustment Reason Code	ID	1-5	S			
CAS09	Adjustment Amount S9(7)V99	R	1-18	S			
CAS10	Adjustment Quantity 9(7)	R	1-15	S			
CAS11	Adjustment Reason Code	ID	1-5	S			
CAS12	Adjustment Amount S9(7)V99	R	1-18	S			
CAS13	Adjustment Quantity 9(7)	R	1-15	S			
CAS14	Adjustment Reason Code	ID	1-5	S			
CAS15	Adjustment Amount S9(7)V99	R	1-18	S			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
N407	Country Subdivision Code	ID	1-3	S			
SVD	LINE ADJUDICATION INFORMATION		1	S	2430	15	
SVD01	Other Payer Primary Identifier	AN	2-80	R			
SVD02	Service Line Paid Amount S9(7)V99	R	1-18	R			
SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R			
SVD03-1	Product or Service ID Qualifier	ID	2-2	R			ER, HC, IV, WK
SVD03-2	Procedure Code	AN	1-48	R			
SVD03-3	Procedure Modifier	AN	2-2	S			
SVD03-4	Procedure Modifier	AN	2-2	S			
SVD03-5	Procedure Modifier	AN	2-2	S			
SVD03-6	Procedure Modifier	AN	2-2	S			
SVD03-7	Procedure Code Description	AN	1-80	S			
SVD03-8	Product/Service ID	AN	1-48	N/U			
SVD04	Product or Service ID	AN	1-48	N/U			
SVD05	Paid Service Unit Count 9(7)V999	R	1-15	R			
SVD06	Bundled or Unbundled Line Number	N0	1-6	S			
CAS	LINE ADJUSTMENT		5	S	2430		
CAS01	Claim Adjustment Group Code	ID	1-2	R			CO, CR, OA, PI, PR
CAS02	Adjustment Reason Code	ID	1-5	R			
CAS03	Adjustment Amount S9(7)V99	R	1-18	R			
CAS04	Adjustment Quantity 9(7)	R	1-15	S			
CAS05	Adjustment Reason Code	ID	1-5	S			
CAS06	Adjustment Amount S9(7)V99	R	1-18	S			
CAS07	Adjustment Quantity 9(7)	R	1-15	S			
CAS08	Adjustment Reason Code	ID	1-5	S			
CAS09	Adjustment Amount S9(7)V99	R	1-18	S			
CAS10	Adjustment Quantity 9(7)	R	1-15	S			
CAS11	Adjustment Reason Code	ID	1-5	S			
CAS12	Adjustment Amount S9(7)V99	R	1-18	S			
CAS13	Adjustment Quantity 9(7)	R	1-15	S			
CAS14	Adjustment Reason Code	ID	1-5	S			
CAS15	Adjustment Amount S9(7)V99	R	1-18	S			

Code Change

New Element

Name Change

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
CAS16	Adjustment Quantity 9(7)	R	1-15	S			
CAS17	Adjustment Reason Code	ID	1-5	S			
CAS18	Adjustment Amount S9(7)V99	R	1-18	S			
CAS19	Adjustment Quantity 9(7)	R	1-15	S			
DTP	LINE ADJUDICATION DATE		1	R	2430		
DTP01	Date Time Qualifier	ID	3-3	R			573
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Adjudication or Payment Date	AN	1-35	R			CCYYMMDD
LQ	FORM IDENTIFICATION CODE		1	S	2440	5	
LQ01	Code List Qualifier Code	ID	1-3	R			AS, UT
LQ02	Form Identifier	AN	1-30	R			
FRM	SUPPORTING DOCUMENTATION		99	S	2440		
FRM01	Question Number/Letter	AN	1-20	R			
FRM02	Question Response	ID	1-1	S			N, W, Y
FRM03	Question Response	AN	1-30	S			
FRM04	Question Response	DT	8-8	S			CCYYMMDD
FRM05	Question Response 9(3)V9	R	1-6	S			
SE	TRANSACTION SET TRAILER		1	R	___	>1	
SE01	Transaction Segment Count	NO	1-10	R			
SE02	Transaction Set Control Number	AN	4-9	R			
GE	FUNCTION GROUP TRAILER		1	R	___	>1	
GE01	Number of Transaction Sets Included	NO	1-6	R			
GE02	Group Control Number	NO	1-9	R			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
CAS16	Adjustment Quantity 9(7)	R	1-15	S			
CAS17	Adjustment Reason Code	ID	1-5	S			
CAS18	Adjustment Amount S9(7)V99	R	1-18	S			
CAS19	Adjustment Quantity 9(7)	R	1-15	S			
DTP	LINE CHECK OR REMITTANCE DATE		1	R	2430		
DTP01	Date Time Qualifier	ID	3-3	R			573
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Adjudication or Payment Date	AN	1-35	R			CCYYMMDD
AMT	REMAINING PATIENT LIABILITY		1	S	2430		
AMT01	Amount Qualifier Code	ID	1-3	R			EMF
AMT02	Remaining Patient Liability Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
LQ	FORM IDENTIFICATION CODE		1	S	2440	>1	
LQ01	Code List Qualifier Code	ID	1-3	R			AS, UT
LQ02	Form Identifier	AN	1-30	R			
FRM	SUPPORTING DOCUMENTATION		99	S	2440		
FRM01	Question Number/Letter	AN	1-20	R			
FRM02	Question Response	ID	1-1	S			N, W, Y
FRM03	Question Response	AN	1-50	S			
FRM04	Question Response	DT	8-8	S			CCYYMMDD
FRM05	Question Response 9(3)V9	R	1-6	S			
SE	TRANSACTION SET TRAILER		1	R	___	>1	
SE01	Transaction Segment Count	NO	1-10	R			
SE02	Transaction Set Control Number	AN	4-9	R			
GE	FUNCTION GROUP TRAILER		1	R	___	1	
GE01	Number of Transaction Sets Included	NO	1-6	R			
GE02	Group Control Number	NO	1-9	R			

New Segment

Increase from 30 - 50

PROFESSIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 4010A1							
IEA	INTERCHANGE CONTROL TRAILER		1	R	---	1	
IEA01	Number of Included Functional Groups	N0	1-5	R			
IEA02	Interchange Control Number	N0	9-9	R			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-P 5010							
IEA	INTERCHANGE CONTROL TRAILER		1	R	---	1	
IEA01	Number of Included Functional Groups	N0	1-5	R			
IEA02	Interchange Control Number	N0	9-9	R			