

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 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		1-1	R			
ISA12	Interchange Control Version Number	ID	5-5	R			
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, HHMMSS, HHMMSSD, 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			004010X096A1

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 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, HHMMSS, HHMMSSD, 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			005010X223

Code Change

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 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			
BHT	BEGINNING OF HIERARCHICAL TRANSACTION		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
REF	TRANSMISSION TYPE IDENTIFICATION		1	S			
REF01	Reference Identification Qualifier	ID	2-3	R			87
REF02	Reference Identification	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	Reference Identifier			N/U			
NM1	SUBMITTER NAME		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-I 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			
BHT	BEGINNING OF HIERARCHICAL TRANSACTION		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
NM1	SUBMITTER NAME		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			
NM112	Name Last or Organization Name	AN	1-60	N/U			

New Element

Increase from 30 - 50

Code Added

Segment Deleted

Increase from 35 - 60

Increase from 25 - 35

New Element

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 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
PRV03	Provider Taxonomy Code	AN	1-30	R			
PRV04	State or Province Code	ID	2-2	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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			
NM112	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
PRV03	Provider Taxonomy Code	AN	1-50	R			
PRV04	State or Province Code	ID	2-2	N/U			

Usage change to Situational
Code deleted

Increase from 80 - 256
Code deleted

Increase from 80 - 256
Code deleted

Increase from 80 - 256
Code deleted

Increase from 35 - 60
Increase from 25 - 35

New Element

Name Change

Name Change

Code Deleted
Code Change

Increase from 30 - 50

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
PRV05	PROVIDER SPECIALTY INFORMATION			N/U			
PRV06	Provider Organization Code	ID	3-3	N/U			
CUR	FOREIGN CURRENCY INFORMATION		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			
NM1	Billing Provider Name		1	R	2010AA	1	
NM101	Entity Identifier Code	ID	2-3	R			85
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Billing Provider Last or Organizational 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			24, 34, XX
NM109	Billing 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-I 5010							
PRV05	PROVIDER SPECIALTY INFORMATION			N/U			
PRV06	Provider Organization Code	ID	3-3	N/U			
CUR	FOREIGN CURRENCY INFORMATION		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			
NM1	Billing Provider Name		1	R	2010AA	1	
NM101	Entity Identifier Code	ID	2-3	R			85
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Billing Provider Last or Organizational Name	AN	1-60	R			
NM104	Billing Provider First Name	AN	1-35	N/U			
NM105	Billing Provider Middle Name	AN	1-25	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Billing Provider Name Suffix	AN	1-10	N/U			
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			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			

Increase from 35 - 60

Increase from 25 - 35

Code Deleted
Usage change to
Situational

New Element

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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 TAX IDENTIFICATION		8	R	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, 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		
REF01	Reference Identification Qualifier	ID	2-3	R			06, 8U, EM, IJ, LU, RB, ST, TT
REF02	Billing Provider Additional Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
PER	BILLING PROVIDER CONTACT INFORMATION		2	S	2010AA		
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

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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
REF02	Billing Provider Additional Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
PER	BILLING PROVIDER CONTACT INFORMATION		2	S	2010AA		
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

Usage change to Situational
 Usage change to Situational
 New Element
 # Repeats change to 1
 Code Deleted
 Increase from 30 - 50
 Segment Deleted
 Usage change to Situational
 Increase from 80 - 256

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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	PAY-TO PROVIDER NAME		1	S	2010AB	1	
NM101	Entity Identifier Code	ID	2-3	R			87
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Pay-to 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			24, 34, XX
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			
N3	PAY-TO PROVIDER ADDRESS		1	R	2010AB		
N301	Pay-to Provider Address Line	AN	1-55	R			
N302	Pay-to Provider Address Line	AN	1-55	S			
N4	PAY-TO PROVIDER CITY/STATE/ZIP CODE		1	R	2010AB		
N401	Pay-to Provider City Name	AN	2-30	R			
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		5	S	2010AB		0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J, B3, BQ, EI, FH, G2, G5, LU, SY, X5

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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	PAY-TO ADDRESS NAME		1	S	2010AB	1	
NM101	Entity Identifier Code	ID	2-3	R			87
NM102	Entity Type Qualifier	ID	1-1	R			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			
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		1	R	2010AB		
N301	Pay-to Provider Address Line	AN	1-55	R			
N302	Pay-to Provider Address Line	AN	1-55	S			
N4	PAY-TO PROVIDER CITY/STATE/ZIP CODE		1	R	2010AB		
N401	Pay-to Provider City Name	AN	2-30	R			
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			

Increase from 80 - 256
 Increase from 80 - 256
 Name Change
 Increase from 35 - 60
 Increase from 25 - 35
 Name Change
 Name Change
 Name Change
 Code Deleted
 New Element
 Usage change to Situational
 Usage change to Situational
 New Element
 Segment Deleted

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
REF01	Reference Identification Qualifier	ID	2-3	R			
REF02	Billing Provider Additional 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-I 5010							
NM1	PAY TO PLAN NAME		1	S	2010AC	1	
NM101	Entity Identifier Code	ID	2-3	R			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			
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	SECONDARY IDENTIFICATION		1	S	2010AC		
REF01	Reference Identification Qualifier	ID	2-3	R			2U, FY, NF
REF02	Reference Identification	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	PAY-TO PLAN TAX IDENTIFICATION		1	R	2010AC		

New Segment

New Segment

New Segment

New Segment

New Segment

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 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	N/U			
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, MA, MB, MC, OF, TV, VA, WC, ZZ
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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
REF01	Reference Identification Qualifier	ID	2-3	R			EI
REF02	Reference Identification Description	AN	1-50	R			
REF03	Reference Identification Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			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	N/U			
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
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			

Code Added

Increase from 30 - 50

Code Change

Increase from 35 - 60

Increase from 25 - 35

Code Change
Usage change to Required

Usage change to Required

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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
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	CASUALTY CLAIM NUMBER		1	S	2010BA		
REF01	Reference Identification Qualifier	ID	2-3	R			Y4

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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
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			
REF	CASUALTY CLAIM NUMBER		1	S	2010BA		
REF01	Reference Identification Qualifier	ID	2-3	R			Y4

New Element

Usage change to Situational
Usage change to Situational

New Element

New Element
New Element

Code Deleted

Increase rom 30 - 50

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
REF02	Property Casualty Claim Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
CREDIT/DEBIT CARD ACCOUNT HOLDER NAME							
NM1			1	S	2010BB	1	
NM101	Entity Identifier Code	ID	2-3	R			AO
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Credit or Debt Card Holder Last or Organization Name	AN	1-35	R			
NM104	Credit or Debt Card Holder First Name	AN	1-25	S			
NM105	Credit or Debt Card Holder Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Credit or Debt Card Holder Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	R			MI
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			
CREDIT/DEBT CARD INFORMATION							
REF			2	S	2010BB		
REF01	Reference Identification Qualifier	ID	2-3	R			AB, BB
REF02	Credit or Debt Card Authorization Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
PAYER NAME							
NM1			1	R	2010BC	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			
PAYER ADDRESS							
N3			1	S	2010BC		

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
REF02	Property Casualty Claim Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
PAYER NAME							
NM1			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			
PAYER ADDRESS							
N3			1	S	2010BB		

Increase from 30 - 50

Segment Deleted

Segment Deleted

Loop Change

Increase from 35 - 60

Increase from 25 - 35

New Element

Loop Change

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
N301	Payer Address Line	AN	1-55	R			
N302	Payer Address Line	AN	1-55	S			
N4	PAYER CITY/STATE/ZIP CODE		1	R	2010BC		
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			
REF	PAYER SECONDARY IDENTIFICATION		3	S	2010BC		
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			
RESPONSIBLE PARTY NAME							
NM1	RESPONSIBLE PARTY NAME		1	S	2010BD	1	
NM101	Entity Identifier Code	ID	2-3	R			QD
NM102	Entity Type Qualifier	ID	1-1	R			
NM103	Payer 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	S			
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	S	2010BC		

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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			
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			
REF	BILLING PROVIDER SECONDARY IDENTIFICATION		1	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			

Loop Change

Usage change to Situational
Usage change to Situational

New Element

Loop Change

Code Change

Increase from 30 - 50

Segment Added

Segment Deleted

Segment Deleted

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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 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			
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, 10, 15, 17, 19, 20, 21, 22, 23, 24, 29, 32, 33, 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	N/U			
PAT06	Patient Death Date	AN	1-35	N/U			
PAT07	Measurement Code	ID	2-2	N/U			
PAT08	Patient Weight	R	1-10	N/U			
PAT09	Pregnancy Indicator	ID	1-1	N/U			
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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 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	N/U			
PAT06	Patient Death Date	AN	1-35	N/U			
PAT07	Measurement Code	ID	2-2	N/U			
PAT08	Patient Weight	R	1-10	N/U			
PAT09	Pregnancy Indicator	ID	1-1	N/U			
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			

Segment Deleted

Code Deleted

Increase from 35 - 60

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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			
NM111	Entity Identifier Code	ID	2-3	N/U			
N3 PATIENT ADDRESS							
N301	Patient Address Line	AN	1-55	R			2010CA
N302	Patient Address Line	AN	1-55	S			
N4 PATIENT CITY/STATE/ZIP CODE							
N401	Patient City Name	AN	2-30	R			2010CA
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							
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 NUMBER							
REF			5	S			2010CA

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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			
NM111	Entity Identifier Code	ID	2-3	N/U			
NM112	Name Last or Organization Name	AN	1-60	N/U			
N3 PATIENT ADDRESS							
N301	Patient Address Line	AN	1-55	R			2010CA
N302	Patient Address Line	AN	1-55	S			
N4 PATIENT CITY/STATE/ZIP CODE							
N401	Patient City Name	AN	2-30	R			2010CA
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							
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			

Increase from 25 - 35
Usage change to Situational

Code Deleted
Usage change to Not Used
Usage change to Not Used

New Element

Usage change to Situational
Usage change to Situational

New Element

New Element
New Element

Segment Deleted

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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
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	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			
CLM05-2	Facility Code Qualifier	ID	1-2	R			A
CLM05-3	Claim Frequency Code	ID	1-1	R			
CLM06	Provider or Supplier Signature Indicator	ID	1-1	N/U			N, Y
CLM07	Medicare Assignment Code	ID	1-1	R			A, C
CLM08	Benefits Assignment Certification Indicator	ID	1-1	R			N
CLM09	Release of Information Code	ID	1-1	R			A, I, M, N, O, Y
CLM10	Patient Signature Source Code	ID	1-1	N/U			
CLM11	RELATED CAUSES INFORMATION			N/U			
CLM12	Special Program Indicator	ID	2-3	N/U			
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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
REF	PROPERTY AND CASUALTY CLAIM NUMBER		1	S	2010CA		
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			
CLM	CLAIM INFORMATION		1	R	2300	100	
CLM01	Patient Account Number	AN	1-38	R			
CLM02	Total Claim Charge Amount	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			
CLM05-2	Facility Code Qualifier	ID	1-2	R			A
CLM05-3	Claim Frequency Code	ID	1-1	R			
CLM06	Provider or Supplier Signature Indicator	ID	1-1	N/U			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			N/U			
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			

Increase from 30 - 50

Code Added

Code Added

Code Deleted

Usage change to Situational Code Added

Usage change to Situational Code Added

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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	R			N, Y
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
DTP	DATE - DISCHARGE HOUR		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			96
DTP02	Date Time Period Format Qualifier	ID	2-3	R			TM
DTP03	Discharge Hour	AN	1-35	R			HHMM
DTP	DATE - STATEMENT DATES		1	R	2300		
DTP01	Date Time Qualifier	ID	3-3	R			434
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8
DTP03	Statement From or To Date	AN	1-35	R			CCYYMMDDCCY YMMDD
DTP	DATE - ADMISSION DATE/HOUR		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			435
DTP02	Date Time Period Format Qualifier	ID	2-3	R			DT
DTP03	Admission Date and Hour	AN	1-35	R			CCYYMMDDHHM M
CL1	INSTITUTIONAL CLAIM CODE		1	S	2300		
CL101	Admission Type Code	ID	1-1	S			
CL102	Admission Source Code	ID	1-1	S			
CL103	Patient Status Code	ID	1-2	S			
CL104	Nursing Home Code	ID	1-1	NU			
PWK	CLAIM SUPPLEMENTAL INFORMATION		10	S	2300		

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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
DTP	DATE - DISCHARGE HOUR		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			96
DTP02	Date Time Period Format Qualifier	ID	2-3	R			TM
DTP03	Discharge Time	AN	1-35	R			HHMM
DTP	DATE - STATEMENT DATES		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			434
DTP02	Date Time Period Format Qualifier	ID	2-3	R			RD8
DTP03	Statement From and To Date	AN	1-35	R			CCYYMMDDCCY YMMDD
DTP	DATE - ADMISSION DATE/HOUR		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			435
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, DT
DTP03	Admission Date and Hour	AN	1-35	R			CCYYMMDD, CCYYMMDDHHM M
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
CL1	INSTITUTIONAL CLAIM CODE		1	S	2300		
CL101	Admission Type Code	ID	1-1	S			
CL102	Admission Source Code	ID	1-1	S			
CL103	Patient Status Code	ID	1-2	R			
CL104	Nursing Home Code	ID	1-1	NU			
PWK	CLAIM SUPPLEMENTAL INFORMATION		10	S	2300		

Usage change to Not Used

Code Added

Name Change

Usage change to Situational

Code Deleted

Name Change

Code Added

Code Added

New Segment

Usage change to Required

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
PWK01	Attachment Report Type Code	ID	2-2	R			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	S			
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	R	1-18	S			
CN103	Contract Percentage	R	1-6	S			
CN104	Contract Code	AN	1-30	S			
CN105	Terms Discount Percent	R	1-6	S			
CN106	Contract Version Identifier	AN	1-30	S			
AMT	PAYER ESTIMATED AMOUNT DUE		1	S	2300		
AMT01	Amount Qualifier Code	ID	1-3	R			C5
AMT02	Patient Responsibility Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	PATIENT ESTIMATED AMOUNT DUE		1	S	2300		
AMT01	Amount Qualifier Code	ID	1-3	R			F3

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 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	R	1-18	S			
CN103	Contract Percentage	R	1-6	S			
CN104	Contract Code	AN	1-50	S			
CN105	Terms Discount Percent	R	1-6	S			
CN106	Contract Version Identifier	AN	1-30	S			
AMT	PATIENT ESTIMATED AMOUNT DUE		1	S	2300		
AMT01	Amount Qualifier Code	ID	1-3	R			F3

Code Added

Code Added

Usage change to Not Used

Increase from 30 - 50

Segment Deleted

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
AMT02	Patient Responsibility Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	PATIENT PAID AMOUNT		1	S	2300		
AMT01	Amount Qualifier Code	ID	1-3	R			F5
AMT02	Patient Paid Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	CREDIT/DEBIT CARD MAXIMUM AMOUNT		1	S	2300		
AMT01	Amount Qualifier Code	ID	1-3	R			MA
AMT02	Credit or Debit Card Maximum Amount	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	PRIOR AUTHORIZATION		2	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			9F, G1
REF02	Prior Authorization Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	ORIGINAL REFERENCE NUMBER (ICN/DCN)		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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
AMT02	Patient Responsibility Amount	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			
REF	REFERRAL NUMBER		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			
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			
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			

Segment Deleted

Segment Deleted

Increase from 30 - 50

New Segment

Repeats change to 1
Code Deleted

Increase from 30 - 50
Name Change

Name Change

Increase from 30 - 50

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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			
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 IDENTIFIER FOR TRANSMISSION INTERMEDIARIES		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			D9
REF02	Value Added Network Trace Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	DOCUMENT IDENTIFICATION CODE		2	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			DD
REF02	Document ControllIdentifier	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-I 5010							
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	1-50	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	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	INVESTIGATIONAL DEVICE EXEMPTION NUMBER		5	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			
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			
REF	AUTO ACCIDENT STATE		1	S	2300		

Increase from 30 - 50

Increase from 30 - 50

Increase from 30 - 50

Increase from 30 - 50
Name Change

Segment Deleted

New Segment

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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			
REF	PEER REVIEW ORGANIZATION (PRO) APPROVAL NUMBER		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			G4
REF02	PRO Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			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		10	S	2300		
NTE01	Note Reference Code	ID	3-3	R			ALG, DCP, DGN, DME, MED, NTR, ODT, RHB, RLH, RNH, SET, SFM, SPT, UPI
NTE02	Claim Note Text	AN	1-80	R			
NTE	BILLING NOTE		1	S	2300		
NTE01	Note Reference Code	ID	3-3	R			ADD

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
REF01	Reference Identification Qualifier	ID	2-3	R			LU
REF02	Auto Accident State or Province	AN	1-50	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	1-50	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	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
REF	PEER REVIEW ORGANIZATION (PRO) APPROVAL NUMBER		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			G4
REF02	PRO Number	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			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		10	S	2300		
NTE01	Note Reference Code	ID	3-3	R			ALG, DCP, DGN, DME, MED, NTR, ODT, RHB, RLH, RNH, SET, SFM, SPT, UPI
NTE02	Claim Note Text	AN	1-80	R			
NTE	BILLING NOTE		1	S	2300		
NTE01	Note Reference Code	ID	3-3	R			ADD

Increase from 30 - 50

Increase from 30 - 50

Increase from 30 - 50

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
NTE02	Billing Note Text	AN	1-80	R			
CR6	HOME HEALTH CARE INFORMATION		1	S	2300		
CR601	Prognosis Indicator	ID	1-1	R			1, 2, 3, 4, 5, 6, 7, 8
CR602	Service From Date	DT	8-8	R			CCYYMMDD
CR603	Date Time Period Format Qualifier	ID	2-3	S			RD8
CR604	Home Health Certification Period	AN	1-35	S			
CR605	Diagnosis Date	DT	8-8	R			CCYYMMDD
CR606	Skilled Nursing Facility Indicator	ID	1-1	R			N, U, Y
CR607	Medicare Coverage Indicator	ID	1-1	R			N, Y
CR608	Certification Type Indicator	ID	1-1	R			I, R, S
CR609	Surgery Date	DT	8-8				CCYYMMDD
CR610	Product or Service ID Qualifier	ID	2-2	S			HC, ID
CR611	Surgical Procedure Code	AN	1-15	S			
CR612	Physician Order Date	DT	8-8	S			CCYYMMDD
CR613	Last Visit Date	DT	8-8	S			CCYYMMDD
CR614	Physician Contact Date	DT	8-8	S			CCYYMMDD
CR615	Date Time Period Format Qualifier	ID	2-3	S			RD8
CR616	Last Admission Period	AN	1-35	S			
CR617	Patient Discharge Facility Type Code	ID	1-1	R			A, B, C, D, E, F, G, H, L, M, O, R, S, T
CR618	Diagnosis Date	DT	8-8	S			CCYYMMDD
CR619	Diagnosis Date	DT	8-8	S			CCYYMMDD
CR620	Diagnosis Date	DT	8-8	S			CCYYMMDD
CR621	Diagnosis Date	DT	8-8	S			CCYYMMDD
CRC	HOME HEALTH FUNCTIONAL LIMITATIONS		3	S	2300		
CRC01	Code Category	ID	2-2	R			75
CRC02	Certification Condition Indicator	ID	1-1	R			N, Y
CRC03	Functional Limitations Code	ID	2-2	R			AA, AL, BL, CO, DY, EL, HL, LB, OL, PA, SL
CRC04	Functional Limitations Code	ID	2-2	S			
CRC05	Functional Limitations Code	ID	2-2	S			
CRC06	Functional Limitations Code	ID	2-2	S			
CRC07	Functional Limitations Code	ID	2-2	S			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
NTE02	Billing Note Text	AN	1-80	R			
Segment Deleted							
Segment Deleted							

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
CRC	HOME HEALTH FUNCTIONAL LIMITATIONS		3	S	2300		
CRC01	Code Category	ID	2-2	R			76
CRC02	Functional Limitations Code	ID	1-1	R			N, Y
CRC03	Activities Permitted Code	ID	2-2	R			BR, CA, CB, CR, EP, IH, NR, PW, TR, UT, WA, WR
CRC04	Activities Permitted Code	ID	2-2	S			
CRC05	Activities Permitted Code	ID	2-2	S			
CRC06	Activities Permitted Code	ID	2-2	S			
CRC07	Activities Permitted Code	ID	2-2	S			
CRC	HOME HEALTH MENTAL STATUS		2	S	2300		
CRC01	Certification Condition Indicator	ID	2-2	R			77
CRC02	Functional Limitations Code	ID	1-1	R			N, Y
CRC03	Mental Status Code	ID	2-2	R			AG, CM, DI, DP, FO, LE, MC, OT
CRC04	Mental Status Code	ID	2-2	S			
CRC05	Mental Status Code	ID	2-2	S			
CRC06	Mental Status Code	ID	2-2	S			
CRC07	Mental Status Code	ID	2-2	S			
HI							
HI	PRINCIPAL DIAGNOSIS		1	S	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Code List Qualifier Code	ID	1-3	R			BK
HI01-2	Industry 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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
CRC							
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							
HI	PRINCIPAL DIAGNOSIS		1	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Diagnosis Type Code	ID	1-3	R			ABK, BK
HI01-2	Principal 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			
HI01-6	Quantity	R	1-15	N/U			
HI01-7	Version Identifier	AN	1-30	N/U			

Segment Deleted

Segment Deleted

New Segment

Usage change to Required

Name Change

Name Change

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI02	HEALTH CARE CODE INFORMATION			S			
HI02-1	Code List Qualifier Code	ID	1-3	R			BJ, ZZ
HI02-2	Industry 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			
HI03	HEALTH CARE CODE INFORMATION			S			
HI03-1	Code List Qualifier Code	ID	1-3	R			BN
HI03-2	Industry 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			
HI04	HEALTH CARE CODE INFORMATION			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI01-8	Industry code	AN	1-30	N/U			
HI01-9	Present on Admission indicator	ID	1-1	S			N, U, W, Y
HI02	HEALTH CARE CODE INFORMATION			N/U			
HI02-1	Diagnosis Type Code	ID	1-3	N/U			
HI02-2	Principal Diagnosis Code	AN	1-30	N/U			
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	Present on Admission indicator	ID	1-1	N/U			
HI03	HEALTH CARE CODE INFORMATION			N/U			
HI03-1	Diagnosis Type Code	ID	1-3	N/U			
HI03-2	Principal Diagnosis Code	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	Present on Admission indicator	ID	1-1	N/U			
HI04	HEALTH CARE CODE INFORMATION			N/U			
HI04-1	Diagnosis Type Code	ID	1-3	N/U			
HI04-2	Principal Diagnosis Code	AN	1-30	N/U			
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	Present on Admission indicator	ID	1-1	N/U			

New Element
 New Element
 Usage change to Not Used
 Usage change to Not Used Name Change
 Usage change to Not Used Name Change
 New Element
 New Element
 Usage change to Not Used
 Usage change to Not Used Name Change
 Usage change to Not Used Name Change
 New Element
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 New Element
 New Element

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI05	HEALTH CARE CODE INFORMATION			N/U			
HI06	HEALTH CARE CODE INFORMATION			N/U			
HI07	HEALTH CARE CODE INFORMATION			N/U			
HI08	HEALTH CARE CODE INFORMATION			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI05	HEALTH CARE CODE INFORMATION			N/U			
HI05-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI05-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI05-3	Date Time Period	AN	1-35	N/U			New Element
HI05-4	Monetary Amount	R	1-18	N/U			New Element
HI05-5	Quantity	R	1-15	N/U			New Element
HI05-6	Version Identifier	AN	1-30	N/U			New Element
HI05-7	Industry code	AN	1-30	N/U			New Element
HI05-8	Present on Admission indicator	ID	1-1	N/U			New Element
HI05-9	HEALTH CARE CODE INFORMATION			N/U			
HI06	HEALTH CARE CODE INFORMATION			N/U			
HI06-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI06-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI06-3	Date Time Period	AN	1-35	N/U			New Element
HI06-4	Monetary Amount	R	1-18	N/U			New Element
HI06-5	Quantity	R	1-15	N/U			New Element
HI06-6	Version Identifier	AN	1-30	N/U			New Element
HI06-7	Industry code	AN	1-30	N/U			New Element
HI06-8	Present on Admission indicator	ID	1-1	N/U			New Element
HI06-9	HEALTH CARE CODE INFORMATION			N/U			
HI07	HEALTH CARE CODE INFORMATION			N/U			
HI07-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI07-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI07-3	Date Time Period	AN	1-35	N/U			New Element
HI07-4	Monetary Amount	R	1-18	N/U			New Element
HI07-5	Quantity	R	1-15	N/U			New Element
HI07-6	Version Identifier	AN	1-30	N/U			New Element
HI07-7	Industry code	AN	1-30	N/U			New Element
HI07-8	Present on Admission indicator	ID	1-1	N/U			New Element
HI07-9	HEALTH CARE CODE INFORMATION			N/U			
HI08	HEALTH CARE CODE INFORMATION			N/U			
HI08-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI08-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI08-3	Date Time Period	AN	1-35	N/U			New Element
HI08-4	Monetary Amount	R	1-18	N/U			New Element
HI08-5	Quantity	R	1-15	N/U			New Element
HI08-6	Version Identifier	AN	1-30	N/U			New Element
HI08-7	Industry code	AN	1-30	N/U			New Element

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI09	HEALTH CARE CODE INFORMATION			N/U			
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-I 5010							
HI08-8	Industry code	AN	1-30	N/U			New Element
HI08-9	Present on Admission indicator	ID	1-1	N/U			New Element
HI09	HEALTH CARE CODE INFORMATION			N/U			
HI09-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI09-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI09-4	Date Time Period	AN	1-35	N/U			New Element
HI09-5	Monetary Amount	R	1-18	N/U			New Element
HI09-6	Quantity	R	1-15	N/U			New Element
HI09-7	Version Identifier	AN	1-30	N/U			New Element
HI09-8	Industry code	AN	1-30	N/U			New Element
HI09-9	Present on Admission indicator	ID	1-1	N/U			New Element
HI10	HEALTH CARE CODE INFORMATION			N/U			
HI10-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI10-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI10-4	Date Time Period	AN	1-35	N/U			New Element
HI10-5	Monetary Amount	R	1-18	N/U			New Element
HI10-6	Quantity	R	1-15	N/U			New Element
HI10-7	Version Identifier	AN	1-30	N/U			New Element
HI10-8	Industry code	AN	1-30	N/U			New Element
HI10-9	Present on Admission indicator	ID	1-1	N/U			New Element
HI11	HEALTH CARE CODE INFORMATION			N/U			
HI11-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI11-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI11-4	Date Time Period	AN	1-35	N/U			New Element
HI11-5	Monetary Amount	R	1-18	N/U			New Element
HI11-6	Quantity	R	1-15	N/U			New Element
HI11-7	Version Identifier	AN	1-30	N/U			New Element
HI11-8	Industry code	AN	1-30	N/U			New Element
HI11-9	Present on Admission indicator	ID	1-1	N/U			New Element
HI12	HEALTH CARE CODE INFORMATION			N/U			
HI12-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI12-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI12-4	Date Time Period	AN	1-35	N/U			New Element
HI12-5	Monetary Amount	R	1-18	N/U			New Element

INSTITUTIONAL CLAIM

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

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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	Present on Admission indicator	ID	1-1	N/U			
HI	ADMITTING DISGNOSIS		1	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Diagnosis Type Code	ID	1-3	R			ABJ, BJ
HI01-2	Admitting 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			
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			N/U			
HI02-1	Diagnosis Type Code	ID	1-3	N/U			
HI02-2	Principal Diagnosis Code	AN	1-30	N/U			
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	Present on Admission indicator	ID	1-1	N/U			
HI03	HEALTH CARE CODE INFORMATION			N/U			
HI03-1	Diagnosis Type Code	ID	1-3	N/U			
HI03-2	Principal Diagnosis Code	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	Present on Admission indicator	ID	1-1	N/U			
HI04	HEALTH CARE CODE INFORMATION			N/U			
HI04-1	Diagnosis Type Code	ID	1-3	N/U			
HI04-2	Principal Diagnosis Code	AN	1-30	N/U			

New Element
 New Element
 New Element
 New Element
 New Segment

INSTITUTIONAL CLAIM

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

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 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	Present on Admission indicator	ID	1-1	N/U			
HI05	HEALTH CARE CODE INFORMATION			N/U			
HI05-1	Diagnosis Type Code	ID	1-3	N/U			
HI05-2	Principal Diagnosis Code	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	Present on Admission indicator	ID	1-1	N/U			
HI06	HEALTH CARE CODE INFORMATION			N/U			
HI06-1	Diagnosis Type Code	ID	1-3	N/U			
HI06-2	Principal Diagnosis Code	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	Present on Admission indicator	ID	1-1	N/U			
HI07	HEALTH CARE CODE INFORMATION			N/U			
HI07-1	Diagnosis Type Code	ID	1-3	N/U			
HI07-2	Principal Diagnosis Code	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			
HI07-9	Present on Admission indicator	ID	1-1	N/U			
HI08	HEALTH CARE CODE INFORMATION			N/U			

INSTITUTIONAL CLAIM

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

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI08-1	Diagnosis Type Code	ID	1-3	N/U			
HI08-2	Principal Diagnosis Code	AN	1-30	N/U			
	Date Time Period Format Qualifier	ID	2-3	N/U			
HI08-3		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			
	Present on Admission indicator	ID	1-1	N/U			
HI08-9		ID	1-1	N/U			
	HEALTH CARE CODE INFORMATION			N/U			
HI09				N/U			
HI09-1	Diagnosis Type Code	ID	1-3	N/U			
HI09-2	Principal Diagnosis Code	AN	1-30	N/U			
	Date Time Period Format Qualifier	ID	2-3	N/U			
HI09-3		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			
	Present on Admission indicator	ID	1-1	N/U			
HI09-9		ID	1-1	N/U			
	HEALTH CARE CODE INFORMATION			N/U			
HI10				N/U			
HI10-1	Diagnosis Type Code	ID	1-3	N/U			
HI10-2	Principal Diagnosis Code	AN	1-30	N/U			
	Date Time Period Format Qualifier	ID	2-3	N/U			
HI10-3		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			
	Present on Admission indicator	ID	1-1	N/U			
HI10-9		ID	1-1	N/U			
	HEALTH CARE CODE INFORMATION			N/U			
HI11				N/U			
HI11-1	Diagnosis Type Code	ID	1-3	N/U			
HI11-2	Principal Diagnosis Code	AN	1-30	N/U			
	Date Time Period Format Qualifier	ID	2-3	N/U			
HI11-3		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			
	Present on Admission indicator	ID	1-1	N/U			
HI11-9		ID	1-1	N/U			

INSTITUTIONAL CLAIM

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

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI12	HEALTH CARE CODE INFORMATION			N/U			
HI12-1	Diagnosis Type Code	ID	1-3	N/U			
HI12-2	Principal Diagnosis Code	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	Present on Admission indicator	ID	1-1	N/U			
HI	PATIENT REASON FOR VISIT		1	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Diagnosis Type Code	ID	1-3	R			APR, PR
HI01-2	Patient Reason For Visit	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	Diagnosis Type Code	ID	1-3	R			APR, PR
HI02-2	Patient Reason For Visit	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			S			
HI03-1	Diagnosis Type Code	ID	1-3	R			APR, PR
HI03-2	Patient Reason For Visit	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			

New Segment

INSTITUTIONAL CLAIM

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

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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	Diagnosis Type Code	ID	1-3	N/U			
HI04-2	Principal Diagnosis Code	AN	1-30	N/U			
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	Present on Admission indicator	ID	1-1	N/U			
HI05	HEALTH CARE CODE INFORMATION			N/U			
HI05-1	Diagnosis Type Code	ID	1-3	N/U			
HI05-2	Principal Diagnosis Code	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	Present on Admission indicator	ID	1-1	N/U			
HI06	HEALTH CARE CODE INFORMATION			N/U			
HI06-1	Diagnosis Type Code	ID	1-3	N/U			
HI06-2	Principal Diagnosis Code	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	Present on Admission indicator	ID	1-1	N/U			
HI07	HEALTH CARE CODE INFORMATION			N/U			
HI07-1	Diagnosis Type Code	ID	1-3	N/U			
HI07-2	Principal Diagnosis Code	AN	1-30	N/U			
HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U			

INSTITUTIONAL CLAIM

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

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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	Present on Admission indicator	ID	1-1	N/U			
HI08	HEALTH CARE CODE INFORMATION			N/U			
HI08-1	Diagnosis Type Code	ID	1-3	N/U			
HI08-2	Principal Diagnosis Code	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	Present on Admission indicator	ID	1-1	N/U			
HI09	HEALTH CARE CODE INFORMATION			N/U			
HI09-1	Diagnosis Type Code	ID	1-3	N/U			
HI09-2	Principal Diagnosis Code	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	Present on Admission indicator	ID	1-1	N/U			
HI10	HEALTH CARE CODE INFORMATION			N/U			
HI10-1	Diagnosis Type Code	ID	1-3	N/U			
HI10-2	Principal Diagnosis Code	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	Present on Admission indicator	ID	1-1	N/U			
HI11	HEALTH CARE CODE INFORMATION			N/U			
HI11-1	Diagnosis Type Code	ID	1-3	N/U			
HI11-2	Principal Diagnosis Code	AN	1-30	N/U			

INSTITUTIONAL CLAIM

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

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 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	Present on Admission indicator	ID	1-1	N/U			
HI12	HEALTH CARE CODE INFORMATION			N/U			
HI12-1	Diagnosis Type Code	ID	1-3	N/U			
HI12-2	Principal Diagnosis Code	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	Present on Admission indicator	ID	1-1	N/U			
HI	EXTERNAL CAUSE OF INJURY		1	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Diagnosis Type Code	ID	1-3	R			ABN, BN
HI01-2	External Cause of Injury 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	Present on Admission indicator	ID	1-1	S			N, U, W, Y
HI02	HEALTH CARE CODE INFORMATION			S			
HI02-1	Diagnosis Type Code	ID	1-3	R			ABN, BN
HI02-2	External Cause of Injury 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			

New Segment

INSTITUTIONAL CLAIM

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

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI02-8	Industry code	AN	1-30	N/U			
HI02-9	Present on Admission indicator	ID	1-1	S			N, U, W, Y
HI03	HEALTH CARE CODE INFORMATION			S			
HI03-1	Diagnosis Type Code	ID	1-3	R			ABN, BN
HI03-2	External Cause of Injury 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	Present on Admission indicator	ID	1-1	S			N, U, W, Y
HI04	HEALTH CARE CODE INFORMATION			S			
HI04-1	Diagnosis Type Code	ID	1-3	R			ABN, BN
HI04-2	External Cause of Injury 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	Present on Admission indicator	ID	1-1	N/U			N, U, W, Y
HI05	HEALTH CARE CODE INFORMATION			S			
HI05-1	Diagnosis Type Code	ID	1-3	R			ABN, BN
HI05-2	Diagnosis 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	Present on Admission indicator	ID	1-1	S			N, U, W, Y
HI06	HEALTH CARE CODE INFORMATION			S			
HI06-1	Diagnosis Type Code	ID	1-3	R			ABN, BN
HI06-2	External Cause of Injury Code	AN	1-30	R			

INSTITUTIONAL CLAIM

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

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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	Present on Admission indicator	ID	1-1	S			N, U, W, Y
HI07	HEALTH CARE CODE INFORMATION			S			
HI07-1	Diagnosis Type Code	ID	1-3	R			ABN, BN
HI07-2	External Cause of Injury 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	Present on Admission indicator	ID	1-1	S			N, U, W, Y
HI08	HEALTH CARE CODE INFORMATION			S			
HI08-1	Diagnosis Type Code	ID	1-3	R			ABN, BN
HI08-2	External Cause of Injury 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	Present on Admission indicator	ID	1-1	S			N, U, W, Y
HI09	HEALTH CARE CODE INFORMATION			S			
HI09-1	Diagnosis Type Code	ID	1-3	R			ABN, BN
HI09-2	External Cause of Injury 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			

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI	DIAGNOSIS RELATED GROUP (DRG) INFORMATION		1	R	2300		

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI09-9	Present on Admission indicator	ID	1-1	S			N, U, W, Y
HI10	HEALTH CARE CODE INFORMATION			S			
HI10-1	Diagnosis Type Code	ID	1-3	R			ABN, BN
HI10-2	External Cause of Injury 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	Present on Admission indicator	ID	1-1	S			N, U, W, Y
HI11	HEALTH CARE CODE INFORMATION			S			
HI11-1	Diagnosis Type Code	ID	1-3	R			ABN, BN
HI11-2	External Cause of Injury 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	Present on Admission indicator	ID	1-1	S			N, U, W, Y
HI12	HEALTH CARE CODE INFORMATION			S			
HI12-1	Diagnosis Type Code	ID	1-3	R			ABN, BN
HI12-2	External Cause of Injury 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	Present on Admission indicator	ID	1-1	S			N, U, W, Y
HI	DIAGNOSIS RELATED GROUP (DRG) INFORMATION		1	R	2300		

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Code List Qualifier Code	ID	1-3	R			DR
HI01-2	DRG 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			
HI02	HEALTH CARE CODE INFORMATION			S			
HI03	HEALTH CARE CODE INFORMATION			N/U			
HI04	HEALTH CARE CODE INFORMATION			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Qualifier	ID	1-3	R			DR
HI01-2	DRG 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	Diagnosis Type Code	ID	1-3	N/U			
HI02-2	Principal Diagnosis Code	AN	1-30	N/U			
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	Present on Admission indicator	ID	1-1	N/U			
HI03	HEALTH CARE CODE INFORMATION			N/U			
HI03-1	Diagnosis Type Code	ID	1-3	N/U			
HI03-2	Principal Diagnosis Code	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	Present on Admission indicator	ID	1-1	N/U			
HI04	HEALTH CARE CODE INFORMATION			N/U			
HI04-1	Diagnosis Type Code	ID	1-3	N/U			
HI04-2	Principal Diagnosis Code	AN	1-30	N/U			
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			

Name Change

New Element
New Element

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INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI05	HEALTH CARE CODE INFORMATION			N/U			
HI06	HEALTH CARE CODE INFORMATION			N/U			
HI07	HEALTH CARE CODE INFORMATION			N/U			
HI08	HEALTH CARE CODE INFORMATION			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI04-9	Present on Admission indicator	ID	1-1	N/U			New Element
HI05	HEALTH CARE CODE INFORMATION			N/U			
HI05-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI05-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI05-4	Date Time Period	AN	1-35	N/U			New Element
HI05-5	Monetary Amount	R	1-18	N/U			New Element
HI05-6	Quantity	R	1-15	N/U			New Element
HI05-7	Version Identifier	AN	1-30	N/U			New Element
HI05-8	Industry code	AN	1-30	N/U			New Element
HI05-9	Present on Admission indicator	ID	1-1	N/U			New Element
HI06	HEALTH CARE CODE INFORMATION			N/U			
HI06-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI06-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI06-4	Date Time Period	AN	1-35	N/U			New Element
HI06-5	Monetary Amount	R	1-18	N/U			New Element
HI06-6	Quantity	R	1-15	N/U			New Element
HI06-7	Version Identifier	AN	1-30	N/U			New Element
HI06-8	Industry code	AN	1-30	N/U			New Element
HI06-9	Present on Admission indicator	ID	1-1	N/U			New Element
HI07	HEALTH CARE CODE INFORMATION			N/U			
HI07-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI07-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI07-4	Date Time Period	AN	1-35	N/U			New Element
HI07-5	Monetary Amount	R	1-18	N/U			New Element
HI07-6	Quantity	R	1-15	N/U			New Element
HI07-7	Version Identifier	AN	1-30	N/U			New Element
HI07-8	Industry code	AN	1-30	N/U			New Element
HI07-9	Present on Admission indicator	ID	1-1	N/U			New Element
HI08	HEALTH CARE CODE INFORMATION			N/U			
HI08-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI08-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI08-4	Date Time Period	AN	1-35	N/U			New Element
HI08-5	Monetary Amount	R	1-18	N/U			New Element
HI08-6	Quantity	R	1-15	N/U			New Element

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI09	HEALTH CARE CODE INFORMATION			N/U			
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-I 5010							
HI08-7	Version Identifier	AN	1-30	N/U			New Element
HI08-8	Industry code	AN	1-30	N/U			New Element
HI08-9	Present on Admission indicator	ID	1-1	N/U			New Element
HI09	HEALTH CARE CODE INFORMATION			N/U			
HI09-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI09-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI09-4	Date Time Period	AN	1-35	N/U			New Element
HI09-5	Monetary Amount	R	1-18	N/U			New Element
HI09-6	Quantity	R	1-15	N/U			New Element
HI09-7	Version Identifier	AN	1-30	N/U			New Element
HI09-8	Industry code	AN	1-30	N/U			New Element
HI09-9	Present on Admission indicator	ID	1-1	N/U			New Element
HI10	HEALTH CARE CODE INFORMATION			N/U			
HI10-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI10-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI10-4	Date Time Period	AN	1-35	N/U			New Element
HI10-5	Monetary Amount	R	1-18	N/U			New Element
HI10-6	Quantity	R	1-15	N/U			New Element
HI10-7	Version Identifier	AN	1-30	N/U			New Element
HI10-8	Industry code	AN	1-30	N/U			New Element
HI10-9	Present on Admission indicator	ID	1-1	N/U			New Element
HI11	HEALTH CARE CODE INFORMATION			N/U			
HI11-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI11-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI11-4	Date Time Period	AN	1-35	N/U			New Element
HI11-5	Monetary Amount	R	1-18	N/U			New Element
HI11-6	Quantity	R	1-15	N/U			New Element
HI11-7	Version Identifier	AN	1-30	N/U			New Element
HI11-8	Industry code	AN	1-30	N/U			New Element
HI11-9	Present on Admission indicator	ID	1-1	N/U			New Element
HI12	HEALTH CARE CODE INFORMATION			N/U			
HI12-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI12-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI12-4	Date Time Period	AN	1-35	N/U			New Element

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI	OTHER DIAGNOSIS INFORMATION		2	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Code List Qualifier Code	ID	1-3	R			BF
HI01-2	Other Diagnosis	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			
HI02	HEALTH CARE CODE INFORMATION			S			
HI02-1	Code List Qualifier Code	ID	1-3	R			BF
HI02-2	Other Diagnosis	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			
HI03	HEALTH CARE CODE INFORMATION			S			
HI03-1	Code List Qualifier Code	ID	1-3	R			BF
HI03-2	Other Diagnosis	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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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	Present on Admission indicator	ID	1-1	N/U			
HI	OTHER DIAGNOSIS INFORMATION		2	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI01-2	Other Diagnosis	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	Present on Admission indicator	ID	1-1	S			N, U, W, Y
HI02	HEALTH CARE CODE INFORMATION			S			
HI02-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI02-2	Other Diagnosis	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	Present on Admission indicator	ID	1-1	N/U			N, U, W, Y
HI03	HEALTH CARE CODE INFORMATION			S			
HI03-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI03-2	Other Diagnosis	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			

New Element
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Name Change
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INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI04	HEALTH CARE CODE INFORMATION			S			
HI04-1	Code List Qualifier Code	ID	1-3	R			BF
HI04-2	Other Diagnosis	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			
HI05	HEALTH CARE CODE INFORMATION			S			
HI05-1	Code List Qualifier Code	ID	1-3	R			BF
HI05-2	Other Diagnosis	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			
HI06	HEALTH CARE CODE INFORMATION			S			
HI06-1	Code List Qualifier Code	ID	1-3	R			BF
HI06-2	Other Diagnosis	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	Code List Qualifier Code	ID	1-3	R			BF
HI07-2	Other Diagnosis	AN	1-30	R			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI03-9	Present on Admission indicator	ID	1-1	N/U			N, U, W, Y
HI04	HEALTH CARE CODE INFORMATION			S			
HI04-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI04-2	Other Diagnosis	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	Present on Admission indicator	ID	1-1	N/U			N, U, W, Y
HI05	HEALTH CARE CODE INFORMATION			S			
HI05-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI05-2	Other Diagnosis	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	Present on Admission indicator	ID	1-1	N/U			N, U, W, Y
HI06	HEALTH CARE CODE INFORMATION			S			
HI06-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI06-2	Other Diagnosis	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	Present on Admission indicator	ID	1-1	N/U			N, U, W, Y
HI07	HEALTH CARE CODE INFORMATION			S			
HI07-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI07-2	Other Diagnosis	AN	1-30	R			

New Element

Name Change Code Added

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INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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	Code List Qualifier Code	ID	1-3	R			BF
HI08-2	Other Diagnosis	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			S			
HI09-1	Code List Qualifier Code	ID	1-3	R			BF
HI09-2	Other Diagnosis	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			
HI10	HEALTH CARE CODE INFORMATION			S			
HI10-1	Code List Qualifier Code	ID	1-3	R			BF
HI10-2	Other Diagnosis	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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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	Present on Admission indicator	ID	1-1	N/U			N, U, W, Y
HI08	HEALTH CARE CODE INFORMATION			S			
HI08-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI08-2	Other Diagnosis	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	Present on Admission indicator	ID	1-1	N/U			N, U, W, Y
HI09	HEALTH CARE CODE INFORMATION			S			
HI09-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI09-2	Other Diagnosis	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	Present on Admission indicator	ID	1-1	N/U			N, U, W, Y
HI10	HEALTH CARE CODE INFORMATION			S			
HI10-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI10-2	Other Diagnosis	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			

New Element
New Element

Name Change
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INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI11	HEALTH CARE CODE INFORMATION			S			
HI11-1	Code List Qualifier Code	ID	1-3	R			BF
HI11-2	Other Diagnosis	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			
HI12	HEALTH CARE CODE INFORMATION			S			
HI12-1	Code List Qualifier Code	ID	1-3	R			BF
HI12-2	Other Diagnosis	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			
HI	PRINCIPAL PROCEDURE INFORMATION		1	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Code List Qualifier Code	ID	1-3	R			BP
HI01-2	Principal Procedure Code	AN	1-30	R			
HI01-3	Date Time Period Format Qualifier	ID	2-3	S			D8
HI01-4	Date Time Period	AN	1-35	S			
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			
HI02	HEALTH CARE CODE INFORMATION			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI10-9	Present on Admission indicator	ID	1-1	N/U			N, U, W, Y
HI11	HEALTH CARE CODE INFORMATION			S			
HI11-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI11-2	Other Diagnosis	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	Present on Admission indicator	ID	1-1	N/U			N, U, W, Y
HI12	HEALTH CARE CODE INFORMATION			S			
HI12-1	Diagnosis Type Code	ID	1-3	R			ABF, BF
HI12-2	Other Diagnosis	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	Present on Admission indicator	ID	1-1	N/U			N, U, W, Y
HI	PRINCIPAL PROCEDURE INFORMATION		1	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Qualifier	ID	1-3	R			BBR, BR
HI01-2	Principal Procedure 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	Present on Admission indicator	ID	1-1	N/U			
HI02	HEALTH CARE CODE INFORMATION			N/U			

New Element

Name Change Code Added

New Element

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Name Change Code Added

New Element

New Element

Name Change Code Change

Usage change to Not Used

Usage change to Not Used

New Element

New Element

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI03	HEALTH CARE CODE INFORMATION			N/U			
HI04	HEALTH CARE CODE INFORMATION			N/U			
HI05	HEALTH CARE CODE INFORMATION			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI02-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI02-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI02-3	Date Time Period	AN	1-35	N/U			New Element
HI02-4	Monetary Amount	R	1-18	N/U			New Element
HI02-5	Quantity	R	1-15	N/U			New Element
HI02-6	Version Identifier	AN	1-30	N/U			New Element
HI02-7	Industry code	AN	1-30	N/U			New Element
HI02-8	Present on Admission indicator	ID	1-1	N/U			New Element
HI03	HEALTH CARE CODE INFORMATION			N/U			
HI03-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI03-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI03-3	Date Time Period	AN	1-35	N/U			New Element
HI03-4	Monetary Amount	R	1-18	N/U			New Element
HI03-5	Quantity	R	1-15	N/U			New Element
HI03-6	Version Identifier	AN	1-30	N/U			New Element
HI03-7	Industry code	AN	1-30	N/U			New Element
HI03-8	Present on Admission indicator	ID	1-1	N/U			New Element
HI04	HEALTH CARE CODE INFORMATION			N/U			
HI04-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI04-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI04-3	Date Time Period	AN	1-35	N/U			New Element
HI04-4	Monetary Amount	R	1-18	N/U			New Element
HI04-5	Quantity	R	1-15	N/U			New Element
HI04-6	Version Identifier	AN	1-30	N/U			New Element
HI04-7	Industry code	AN	1-30	N/U			New Element
HI04-8	Present on Admission indicator	ID	1-1	N/U			New Element
HI05	HEALTH CARE CODE INFORMATION			N/U			
HI05-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI05-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI05-3	Date Time Period	AN	1-35	N/U			New Element
HI05-4	Monetary Amount	R	1-18	N/U			New Element
HI05-5	Quantity	R	1-15	N/U			New Element
HI05-6	Version Identifier	AN	1-30	N/U			New Element
HI05-7	Industry code	AN	1-30	N/U			New Element
HI05-8	Present on Admission indicator	ID	1-1	N/U			New Element
HI05-9	Present on Admission indicator	ID	1-1	N/U			New Element

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI06	HEALTH CARE CODE INFORMATION			N/U			
HI07	HEALTH CARE CODE INFORMATION			N/U			
HI08	HEALTH CARE CODE INFORMATION			N/U			
HI09	HEALTH CARE CODE INFORMATION			N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI06	HEALTH CARE CODE INFORMATION			N/U			
HI06-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI06-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI06-3	Date Time Period	AN	1-35	N/U			New Element
HI06-4	Monetary Amount	R	1-18	N/U			New Element
HI06-5	Quantity	R	1-15	N/U			New Element
HI06-6	Version Identifier	AN	1-30	N/U			New Element
HI06-7	Industry code	AN	1-30	N/U			New Element
HI06-8	Present on Admission indicator	ID	1-1	N/U			New Element
HI06-9	HEALTH CARE CODE INFORMATION			N/U			
HI07	HEALTH CARE CODE INFORMATION			N/U			
HI07-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI07-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI07-3	Date Time Period	AN	1-35	N/U			New Element
HI07-4	Monetary Amount	R	1-18	N/U			New Element
HI07-5	Quantity	R	1-15	N/U			New Element
HI07-6	Version Identifier	AN	1-30	N/U			New Element
HI07-7	Industry code	AN	1-30	N/U			New Element
HI07-8	Present on Admission indicator	ID	1-1	N/U			New Element
HI07-9	HEALTH CARE CODE INFORMATION			N/U			
HI08	HEALTH CARE CODE INFORMATION			N/U			
HI08-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI08-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI08-3	Date Time Period	AN	1-35	N/U			New Element
HI08-4	Monetary Amount	R	1-18	N/U			New Element
HI08-5	Quantity	R	1-15	N/U			New Element
HI08-6	Version Identifier	AN	1-30	N/U			New Element
HI08-7	Industry code	AN	1-30	N/U			New Element
HI08-8	Present on Admission indicator	ID	1-1	N/U			New Element
HI08-9	HEALTH CARE CODE INFORMATION			N/U			
HI09	HEALTH CARE CODE INFORMATION			N/U			
HI09-1	Diagnosis Type Code	ID	1-3	N/U			New Element
HI09-2	Principal Diagnosis Code	AN	1-30	N/U			New Element
	Date Time Period Format Qualifier	ID	2-3	N/U			New Element
HI09-3	Date Time Period	AN	1-35	N/U			New Element
HI09-4	Monetary Amount	R	1-18	N/U			New Element
HI09-5	Quantity	R	1-15	N/U			New Element
HI09-6	Version Identifier	AN	1-30	N/U			New Element
HI09-7	Industry code	AN	1-30	N/U			New Element
HI09-8	Industry code	AN	1-30	N/U			New Element

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI10	HEALTH CARE CODE INFORMATION			N/U			
HI11	HEALTH CARE CODE INFORMATION			N/U			
HI12	HEALTH CARE CODE INFORMATION			N/U			
HI	OTHER PROCEDURE INFORMATION		2	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Code List Qualifier Code	ID	1-3	R			BO, BQ
HI01-2	Procedure Code	AN	1-30	R			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI09-9	Present on Admission indicator	ID	1-1	N/U			
HI10	HEALTH CARE CODE INFORMATION			N/U			
HI10-1	Diagnosis Type Code	ID	1-3	N/U			
HI10-2	Principal Diagnosis Code	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	Present on Admission indicator	ID	1-1	N/U			
HI11	HEALTH CARE CODE INFORMATION			N/U			
HI11-1	Diagnosis Type Code	ID	1-3	N/U			
HI11-2	Principal Diagnosis Code	AN	1-30	N/U			
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	Present on Admission indicator	ID	1-1	N/U			
HI12	HEALTH CARE CODE INFORMATION			N/U			
HI12-1	Diagnosis Type Code	ID	1-3	N/U			
HI12-2	Principal Diagnosis Code	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	Present on Admission indicator	ID	1-1	N/U			
HI	OTHER PROCEDURE INFORMATION		2	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Qualifier Code	ID	1-3	R			BBQ, BQ
HI01-2	Procedure Code	AN	1-30	R			

New Element
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INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI01-3	Date Time Period Format Qualifier	ID	2-3	S			D8
HI01-4	Date Time Period	AN	1-35	S			CCYYMMDD
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			
HI02	HEALTH CARE CODE INFORMATION			S			
HI02-1	Code List Qualifier Code	ID	1-3	R			BO, BQ
HI02-2	Procedure Code	AN	1-30	R			
HI02-3	Date Time Period Format Qualifier	ID	2-3	S			D8
HI02-4	Date Time Period	AN	1-35	S			CCYYMMDD
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			
HI03	HEALTH CARE CODE INFORMATION			S			
HI03-1	Code List Qualifier Code	ID	1-3	R			BO, BQ
HI03-2	Procedure Code	AN	1-30	R			
HI03-3	Date Time Period Format Qualifier	ID	2-3	S			D8
HI03-4	Date Time Period	AN	1-35	S			CCYYMMDD
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			
HI04	HEALTH CARE CODE INFORMATION			S			
HI04-1	Code List Qualifier Code	ID	1-3	R			BO, BQ
HI04-2	Procedure Code	AN	1-30	R			
HI04-3	Date Time Period Format Qualifier	ID	2-3	S			D8
HI04-4	Date Time Period	AN	1-35	S			CCYYMMDD
HI04-5	Monetary Amount	R	1-18	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI01-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI01-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Qualifier Code	ID	1-3	R			BBQ, BQ
HI02-2	Procedure Code	AN	1-30	R			
HI02-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI02-4	Date Time Period	AN	1-35	R			CCYYMMDD
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			S			
HI03-1	Qualifier Code	ID	1-3	R			BBQ, BQ
HI03-2	Procedure Code	AN	1-30	R			
HI03-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI03-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Qualifier Code	ID	1-3	R			BBQ, BQ
HI04-2	Procedure Code	AN	1-30	R			
HI04-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI04-4	Date Time Period	AN	1-35	R			CCYYMMDD
HI04-5	Monetary Amount	R	1-18	N/U			

Usage change to Required
Usage change to Required
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INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI04-6	Quantity	R	1-15	N/U			
HI04-7	Version Identifier	AN	1-30	N/U			
HI05	HEALTH CARE CODE INFORMATION			S			
HI05-1	Code List Qualifier Code	ID	1-3	R			BO, BQ
HI05-2	Procedure Code	AN	1-30	R			
HI05-3	Date Time Period Format Qualifier	ID	2-3	S			D8
HI05-4	Date Time Period	AN	1-35	S			CCYYMMDD
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	Code List Qualifier Code	ID	1-3	R			BO, BQ
HI06-2	Procedure Code	AN	1-30	R			
HI06-3	Date Time Period Format Qualifier	ID	2-3	S			D8
HI06-4	Date Time Period	AN	1-35	S			CCYYMMDD
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	Code List Qualifier Code	ID	1-3	R			BO, BQ
HI07-2	Procedure Code	AN	1-30	R			
HI07-3	Date Time Period Format Qualifier	ID	2-3	S			D8
HI07-4	Date Time Period	AN	1-35	S			CCYYMMDD
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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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	Qualifier Code	ID	1-3	R			BBQ, BQ
HI05-2	Procedure Code	AN	1-30	R			
HI05-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI05-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Qualifier Code	ID	1-3	R			BBQ, BQ
HI06-2	Procedure Code	AN	1-30	R			
HI06-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI06-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Qualifier Code	ID	1-3	R			BBQ, BQ
HI07-2	Procedure Code	AN	1-30	R			
HI07-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI07-4	Date Time Period	AN	1-35	R			CCYYMMDD
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			

New Element
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Usage change to Required
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Code Change
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Name Change
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INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI08	HEALTH CARE CODE INFORMATION			S			
HI08-1	Code List Qualifier Code	ID	1-3	R			BO, BQ
HI08-2	Procedure Code	AN	1-30	R			
HI08-3	Date Time Period Format Qualifier	ID	2-3	S			D8
HI08-4	Date Time Period	AN	1-35	S			CCYYMMDD
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			S			
HI09-1	Code List Qualifier Code	ID	1-3	R			BO, BQ
HI09-2	Procedure Code	AN	1-30	R			
HI09-3	Date Time Period Format Qualifier	ID	2-3	S			D8
HI09-4	Date Time Period	AN	1-35	S			CCYYMMDD
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			
HI10	HEALTH CARE CODE INFORMATION			S			
HI10-1	Code List Qualifier Code	ID	1-3	R			BO, BQ
HI10-2	Procedure Code	AN	1-30	R			
HI10-3	Date Time Period Format Qualifier	ID	2-3	S			D8
HI10-4	Date Time Period	AN	1-35	S			CCYYMMDD
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			
HI11	HEALTH CARE CODE INFORMATION			S			
HI11-1	Code List Qualifier Code	ID	1-3	R			BO, BQ
HI11-2	Procedure Code	AN	1-30	R			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI08	HEALTH CARE CODE INFORMATION			S			
HI08-1	Qualifier Code	ID	1-3	R			BBQ, BQ
HI08-2	Procedure Code	AN	1-30	R			
HI08-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI08-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Qualifier Code	ID	1-3	R			BBQ, BQ
HI09-2	Procedure Code	AN	1-30	R			
HI09-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI09-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Qualifier Code	ID	1-3	R			BBQ, BQ
HI10-2	Procedure Code	AN	1-30	R			
HI10-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI10-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Qualifier Code	ID	1-3	R			BBQ, BQ
HI11-2	Procedure Code	AN	1-30	R			

Name Change
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Usage change to Required

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New Element
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Name Change
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INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI11-3	Date Time Period Format Qualifier	ID	2-3	S			D8
HI11-4	Date Time Period	AN	1-35	S			CCYYMMDD
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			
HI12	HEALTH CARE CODE INFORMATION			S			
HI12-1	Code List Qualifier Code	ID	1-3	R			BO, BQ
HI12-2	Procedure Code	AN	1-30	R			
HI12-3	Date Time Period Format Qualifier	ID	2-3	S			D8
HI12-4	Date Time Period	AN	1-35	S			CCYYMMDD
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			
HI	OCCURRENCE SPAN INFORMATION		2	S	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Code List Qualifier Code	ID	1-3	R			BI
HI01-2	Occurrence Span Code	AN	1-30	R			
HI01-3	Date Time Period Format Qualifier	ID	2-3	R			RD8
HI01-4	Date Time Period	AN	1-35	R			CCYYMMDD-CCYYMMDD
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			
HI02	HEALTH CARE CODE INFORMATION			S			
HI02-1	Code List Qualifier Code	ID	1-3	R			BI
HI02-2	Occurrence Span Code	AN	1-30	R			
HI02-3	Date Time Period Format Qualifier	ID	2-3	R			RD8
HI02-4	Date Time Period	AN	1-35	R			CCYYMMDD-CCYYMMDD

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI11-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI11-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Qualifier Code	ID	1-3	R			BBQ, BQ
HI12-2	Procedure Code	AN	1-30	R			
HI12-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI12-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	OCCURRENCE SPAN INFORMATION		2	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Qualifier	ID	1-3	R			BI
HI01-2	Occurrence Span Code	AN	1-30	R			
HI01-3	Date Time Period Format Qualifier	ID	2-3	R			RD8
HI01-4	Date Time Period	AN	1-35	R			CCYYMMDD-CCYYMMDD
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	Qualifier	ID	1-3	R			BI
HI02-2	Occurrence Span Code	AN	1-30	R			
HI02-3	Date Time Period Format Qualifier	ID	2-3	R			RD8
HI02-4	Date Time Period	AN	1-35	R			CCYYMMDD-CCYYMMDD

Usage change to Required
 Usage change to Required
 New Element
 New Element
 Name Change
 Code Change
 Usage change to Required
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 Name Change

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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			
HI03	HEALTH CARE CODE INFORMATION			S			
HI03-1	Code List Qualifier Code	ID	1-3	R			BI
HI03-2	Occurrence Span Code	AN	1-30	R			
HI03-3	Date Time Period Format Qualifier	ID	2-3	R			RD8
HI03-4	Date Time Period	AN	1-35	R			CCYYMMDD-CCYYMMDD
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 Code	ID	1-3	R			BI
HI04-2	Occurrence Span Code	AN	1-30	R			
HI04-3	Date Time Period Format Qualifier	ID	2-3	R			RD8
HI04-4	Date Time Period	AN	1-35	R			CCYYMMDD-CCYYMMDD
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			
HI05	HEALTH CARE CODE INFORMATION			S			
HI05-1	Code List Qualifier Code	ID	1-3	R			BI
HI05-2	Occurrence Span Code	AN	1-30	R			
HI05-3	Date Time Period Format Qualifier	ID	2-3	R			RD8
HI05-4	Date Time Period	AN	1-35	R			CCYYMMDD-CCYYMMDD
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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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			S			
HI03-1	Qualifier	ID	1-3	R			BI
HI03-2	Occurrence Span Code	AN	1-30	R			
HI03-3	Date Time Period Format Qualifier	ID	2-3	R			RD8
HI03-4	Date Time Period	AN	1-35	R			CCYYMMDD-CCYYMMDD
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	Qualifier	ID	1-3	R			BI
HI04-2	Occurrence Span Code	AN	1-30	R			
HI04-3	Date Time Period Format Qualifier	ID	2-3	R			RD8
HI04-4	Date Time Period	AN	1-35	R			CCYYMMDDCCYYMMDD
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	Qualifier	ID	1-3	R			BI
HI05-2	Occurrence Span Code	AN	1-30	R			
HI05-3	Date Time Period Format Qualifier	ID	2-3	R			RD8
HI05-4	Date Time Period	AN	1-35	R			CCYYMMDD-CCYYMMDD
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			

New Element
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Name Change

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INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI06-1	Code List Qualifier Code	ID	1-3	R			BI
HI06-2	Occurrence Span Code	AN	1-30	R			
HI06-3	Date Time Period Format Qualifier	ID	2-3	R			RD8 CCYYMMDD- CCYYMMDD
HI06-4	Date Time Period	AN	1-35	R			
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			
HEALTH CARE CODE INFORMATION							
HI07	Code List Qualifier Code	ID	1-3	R			BI
HI07-2	Occurrence Span Code	AN	1-30	R			
HI07-3	Date Time Period Format Qualifier	ID	2-3	R			RD8 CCYYMMDD- CCYYMMDD
HI07-4	Date Time Period	AN	1-35	R			
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			
HEALTH CARE CODE INFORMATION							
HI08	Code List Qualifier Code	ID	1-3	R			BI
HI08-2	Occurrence Span Code	AN	1-30	R			
HI08-3	Date Time Period Format Qualifier	ID	2-3	R			RD8 CCYYMMDD- CCYYMMDD
HI08-4	Date Time Period	AN	1-35	R			
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			
HEALTH CARE CODE INFORMATION							
HI09	Code List Qualifier Code	ID	1-3	R			BI
HI09-2	Occurrence Span Code	AN	1-30	R			
HI09-3	Date Time Period Format Qualifier	ID	2-3	R			RD8 CCYYMMDD- CCYYMMDD
HI09-4	Date Time Period	AN	1-35	R			
HI09-5	Monetary Amount	R	1-18	N/U			
HI09-6	Quantity	R	1-15	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI06-1	Qualifier	ID	1-3	R			BI
HI06-2	Occurrence Span Code	AN	1-30	R			
HI06-3	Date Time Period Format Qualifier	ID	2-3	R			RD8 CCYYMMDD- CCYYMMDD
HI06-4	Date Time Period	AN	1-35	R			
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			
HEALTH CARE CODE INFORMATION							
HI07	Qualifier	ID	1-3	R			BI
HI07-2	Occurrence Span Code	AN	1-30	R			
HI07-3	Date Time Period Format Qualifier	ID	2-3	R			RD8 CCYYMMDD- CCYYMMDD
HI07-4	Date Time Period	AN	1-35	R			
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			
HEALTH CARE CODE INFORMATION							
HI08	Qualifier	ID	1-3	R			BI
HI08-2	Occurrence Span Code	AN	1-30	R			
HI08-3	Date Time Period Format Qualifier	ID	2-3	R			RD8 CCYYMMDD- CCYYMMDD
HI08-4	Date Time Period	AN	1-35	R			
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			
HEALTH CARE CODE INFORMATION							
HI09	Qualifier	ID	1-3	R			BI
HI09-2	Occurrence Span Code	AN	1-30	R			
HI09-3	Date Time Period Format Qualifier	ID	2-3	R			RD8 CCYYMMDD- CCYYMMDD
HI09-4	Date Time Period	AN	1-35	R			
HI09-5	Monetary Amount	R	1-18	N/U			
HI09-6	Quantity	R	1-15	N/U			

Name Change

New Element
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INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI09-7	Version Identifier	AN	1-30	N/U			
HI10	HEALTH CARE CODE INFORMATION			S			
HI10-1	Code List Qualifier Code	ID	1-3	R			BI
HI10-2	Occurrence Span Code	AN	1-30	R			
HI10-3	Date Time Period Format Qualifier	ID	2-3	R			RD8 CCYYMMDD- CCYYMMDD
HI10-4	Date Time Period	AN	1-35	R			
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			
HI11	HEALTH CARE CODE INFORMATION			S			
HI11-1	Code List Qualifier Code	ID	1-3	R			BI
HI11-2	Occurrence Span Code	AN	1-30	R			
HI11-3	Date Time Period Format Qualifier	ID	2-3	R			RD8 CCYYMMDD- CCYYMMDD
HI11-4	Date Time Period	AN	1-35	R			
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			
HI12	HEALTH CARE CODE INFORMATION			S			
HI12-1	Code List Qualifier Code	ID	1-3	R			BI
HI12-2	Occurrence Span Code	AN	1-30	R			
HI12-3	Date Time Period Format Qualifier	ID	2-3	R			RD8 CCYYMMDD- CCYYMMDD
HI12-4	Date Time Period	AN	1-35	R			
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			
HI	OCCURRENCE INFORMATION		2	R	2300		

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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	Qualifier	ID	1-3	R			BI
HI10-2	Occurrence Span Code	AN	1-30	R			
HI10-3	Date Time Period Format Qualifier	ID	2-3	R			RD8 CCYYMMDD- CCYYMMDD
HI10-4	Date Time Period	AN	1-35	R			
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	Qualifier	ID	1-3	R			BI
HI11-2	Occurrence Span Code	AN	1-30	R			
HI11-3	Date Time Period Format Qualifier	ID	2-3	R			RD8 CCYYMMDD- CCYYMMDD
HI11-4	Date Time Period	AN	1-35	R			
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	Qualifier	ID	1-3	R			BI
HI12-2	Occurrence Span Code	AN	1-30	R			
HI12-3	Date Time Period Format Qualifier	ID	2-3	R			RD8 CCYYMMDD- CCYYMMDD
HI12-4	Date Time Period	AN	1-35	R			
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	OCCURRENCE INFORMATION		2	R	2300		

New Element
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Name Change

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INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Code List Qualifier Code	ID	1-3	R			BH
HI01-2	Occurrence Code	AN	1-30	R			
HI01-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI01-4	Date Time Period	AN	1-35	R			CCYYMMDD
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			
HI02	HEALTH CARE CODE INFORMATION			S			
HI02-1	Code List Qualifier Code	ID	1-3	R			BH
HI02-2	Occurrence Code	AN	1-30	R			
HI02-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI02-4	Date Time Period	AN	1-35	R			CCYYMMDD
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			
HI03	HEALTH CARE CODE INFORMATION			S			
HI03-1	Code List Qualifier Code	ID	1-3	R			BH
HI03-2	Occurrence Code	AN	1-30	R			
HI03-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI03-4	Date Time Period	AN	1-35	R			CCYYMMDD
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			
HI04	HEALTH CARE CODE INFORMATION			S			
HI04-1	Code List Qualifier Code	ID	1-3	R			BH
HI04-2	Occurrence Code	AN	1-30	R			
HI04-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI04-4	Date Time Period	AN	1-35	R			CCYYMMDD
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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Qualifier	ID	1-3	R			BH
HI01-2	Occurrence Code	AN	1-30	R			
HI01-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI01-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Qualifier	ID	1-3	R			BH
HI02-2	Occurrence Code	AN	1-30	R			
HI02-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI02-4	Date Time Period	AN	1-35	R			CCYYMMDD
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			S			
HI03-1	Qualifier	ID	1-3	R			BH
HI03-2	Occurrence Code	AN	1-30	R			
HI03-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI03-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Qualifier	ID	1-3	R			BH
HI04-2	Occurrence Code	AN	1-30	R			
HI04-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI04-4	Date Time Period	AN	1-35	R			CCYYMMDD
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			

Name Change

New Element
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INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI05	HEALTH CARE CODE INFORMATION			S			
HI05-1	Code List Qualifier Code	ID	1-3	R			BH
HI05-2	Occurrence Code	AN	1-30	R			
HI05-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI05-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Code List Qualifier Code	ID	1-3	R			BH
HI06-2	Occurrence Code	AN	1-30	R			
HI06-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI06-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Code List Qualifier Code	ID	1-3	R			BH
HI07-2	Occurrence Code	AN	1-30	R			
HI07-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI07-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Code List Qualifier Code	ID	1-3	R			BH
HI08-2	Occurrence Code	AN	1-30	R			
HI08-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI08-4	Date Time Period	AN	1-35	R			CCYYMMDD
HI08-5	Monetary Amount	R	1-18	N/U			
HI08-6	Quantity	R	1-15	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI04-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI05	HEALTH CARE CODE INFORMATION			S			
HI05-1	Qualifier	ID	1-3	R			BH
HI05-2	Occurrence Code	AN	1-30	R			
HI05-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI05-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Qualifier	ID	1-3	R			BH
HI06-2	Occurrence Code	AN	1-30	R			
HI06-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI06-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Qualifier	ID	1-3	R			BH
HI07-2	Occurrence Code	AN	1-30	R			
HI07-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI07-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Qualifier	ID	1-3	R			BH
HI08-2	Occurrence Code	AN	1-30	R			
HI08-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI08-4	Date Time Period	AN	1-35	R			CCYYMMDD
HI08-5	Monetary Amount	R	1-18	N/U			
HI08-6	Quantity	R	1-15	N/U			

New Element

Name Change

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INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI08-7	Version Identifier	AN	1-30	N/U			
HI09	HEALTH CARE CODE INFORMATION			S			
HI09-1	Code List Qualifier Code	ID	1-3	R			BH
HI09-2	Occurrence Code	AN	1-30	R			
HI09-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI09-4	Date Time Period	AN	1-35	R			CCYYMMDD
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			
HI10	HEALTH CARE CODE INFORMATION			S			
HI10-1	Code List Qualifier Code	ID	1-3	R			BH
HI10-2	Occurrence Code	AN	1-30	R			
HI10-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI10-4	Date Time Period	AN	1-35	R			CCYYMMDD
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			
HI11	HEALTH CARE CODE INFORMATION			S			
HI11-1	Code List Qualifier Code	ID	1-3	R			BH
HI11-2	Occurrence Code	AN	1-30	R			
HI11-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI11-4	Date Time Period	AN	1-35	R			CCYYMMDD
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			
HI12	HEALTH CARE CODE INFORMATION			S			
HI12-1	Code List Qualifier Code	ID	1-3	R			BH
HI12-2	Occurrence Code	AN	1-30	R			
HI12-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI12-4	Date Time Period	AN	1-35	R			CCYYMMDD

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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	Qualifier	ID	1-3	R			BH
HI09-2	Occurrence Code	AN	1-30	R			
HI09-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI09-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Qualifier	ID	1-3	R			BH
HI10-2	Occurrence Code	AN	1-30	R			
HI10-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI10-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Qualifier	ID	1-3	R			BH
HI11-2	Occurrence Code	AN	1-30	R			
HI11-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI11-4	Date Time Period	AN	1-35	R			CCYYMMDD
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	Qualifier	ID	1-3	R			BH
HI12-2	Occurrence Code	AN	1-30	R			
HI12-3	Date Time Period Format Qualifier	ID	2-3	R			D8
HI12-4	Date Time Period	AN	1-35	R			CCYYMMDD

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4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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			
HI	VALUE INFORMATION		2	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Code List Qualifier Code	ID	1-3	R			BE
HI01-2	Value 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	Value Code Associated Amount	R	1-18	R			
HI01-6	Quantity	R	1-15	N/U			
HI01-7	Version Identifier	AN	1-30	N/U			
HI02	HEALTH CARE CODE INFORMATION			S			
HI02-1	Code List Qualifier Code	ID	1-3	R			BE
HI02-2	Value 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	Value Code Associated Amount	R	1-18	R			
HI02-6	Quantity	R	1-15	N/U			
HI02-7	Version Identifier	AN	1-30	N/U			
HI03	HEALTH CARE CODE INFORMATION			S			
HI03-1	Code List Qualifier Code	ID	1-3	R			BE
HI03-2	Value 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	Value Code Associated Amount	R	1-18	R			
HI03-6	Quantity	R	1-15	N/U			
HI03-7	Version Identifier	AN	1-30	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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	VALUE INFORMATION		2	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Qualifier	ID	1-3	R			BE
HI01-2	Value 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	Value Code Amount	R	1-18	R			
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	Qualifier	ID	1-3	R			BE
HI02-2	Value 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	Value Code Amount	R	1-18	R			
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			S			
HI03-1	Qualifier	ID	1-3	R			BE
HI03-2	Value 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	Value Code Amount	R	1-18	R			
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			

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4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI04	HEALTH CARE CODE INFORMATION			S			
HI04-1	Code List Qualifier Code	ID	1-3	R			BE
HI04-2	Value 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	Value Code Associated Amount	R	1-18	R			
HI04-6	Quantity	R	1-15	N/U			
HI04-7	Version Identifier	AN	1-30	N/U			
HI05	HEALTH CARE CODE INFORMATION			S			
HI05-1	Code List Qualifier Code	ID	1-3	R			BE
HI05-2	Value 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	Value Code Associated Amount	R	1-18	R			
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	Code List Qualifier Code	ID	1-3	R			BE
HI06-2	Value 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	Value Code Associated Amount	R	1-18	R			
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	Code List Qualifier Code	ID	1-3	R			BE
HI07-2	Value 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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI04	HEALTH CARE CODE INFORMATION			S			
HI04-1	Qualifier	ID	1-3	R			BE
HI04-2	Value 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	Value Code Amount	R	1-18	R			
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	Qualifier	ID	1-3	R			BE
HI05-2	Value 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	Value Code Amount	R	1-18	R			
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	Qualifier	ID	1-3	R			BE
HI06-2	Value 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	Value Code Amount	R	1-18	R			
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	Qualifier	ID	1-3	R			BE
HI07-2	Value 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			

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4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI07-5	Value Code Associated Amount	R	1-18	R			
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	Code List Qualifier Code	ID	1-3	R			BE
HI08-2	Value 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	Value Code Associated Amount	R	1-18	R			
HI08-6	Quantity	R	1-15	N/U			
HI08-7	Version Identifier	AN	1-30	N/U			
HI09	HEALTH CARE CODE INFORMATION			S			
HI09-1	Code List Qualifier Code	ID	1-3	R			BE
HI09-2	Value 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	Value Code Associated Amount	R	1-18	R			
HI09-6	Quantity	R	1-15	N/U			
HI09-7	Version Identifier	AN	1-30	N/U			
HI10	HEALTH CARE CODE INFORMATION			S			
HI10-1	Code List Qualifier Code	ID	1-3	R			BE
HI10-2	Value 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	Value Code Associated Amount	R	1-18	R			
HI10-6	Quantity	R	1-15	N/U			
HI10-7	Version Identifier	AN	1-30	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI07-5	Value Code Amount	R	1-18	R			
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	Qualifier	ID	1-3	R			BE
HI08-2	Value 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	Value Code Amount	R	1-18	R			
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	Qualifier	ID	1-3	R			BE
HI09-2	Value 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	Value Code Amount	R	1-18	R			
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	Qualifier	ID	1-3	R			BE
HI10-2	Value 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	Value Code Amount	R	1-18	R			
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			

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4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI11	HEALTH CARE CODE INFORMATION			S			
HI11-1	Code List Qualifier Code	ID	1-3	R			BE
HI11-2	Value 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	Value Code Associated Amount	R	1-18	R			
HI11-6	Quantity	R	1-15	N/U			
HI11-7	Version Identifier	AN	1-30	N/U			
HI12	HEALTH CARE CODE INFORMATION			S			
HI12-1	Code List Qualifier Code	ID	1-3	R			BE
HI12-2	Value 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	Value Code Associated Amount	R	1-18	R			
HI12-6	Quantity	R	1-15	N/U			
HI12-7	Version Identifier	AN	1-30	N/U			
HI	CONDITION INFORMATION		2	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Code List Qualifier Code	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			
HI02	HEALTH CARE CODE INFORMATION			S			
HI02-1	Code List Qualifier Code	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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI11	HEALTH CARE CODE INFORMATION			S			
HI11-1	Qualifier	ID	1-3	R			BE
HI11-2	Value 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	Value Code Amount	R	1-18	R			
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	Qualifier	ID	1-3	R			BE
HI12-2	Value 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	Value Code Amount	R	1-18	R			
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	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	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	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			

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4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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			
HI03	HEALTH CARE CODE INFORMATION			S			
HI03-1	Code List Qualifier Code	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			
HI04	HEALTH CARE CODE INFORMATION			S			
HI04-1	Code List Qualifier Code	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			
HI05	HEALTH CARE CODE INFORMATION			S			
HI05-1	Code List Qualifier Code	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			
HI06	HEALTH CARE CODE INFORMATION			S			
HI06-1	Code List Qualifier Code	ID	1-3	R			BG
HI06-2	Condition Code	AN	1-30	R			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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			S			
HI03-1	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	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	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	Qualifier	ID	1-3	R			BG
HI06-2	Condition Code	AN	1-30	R			

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4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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	Code List Qualifier Code	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			
HI08	HEALTH CARE CODE INFORMATION			S			
HI08-1	Code List Qualifier Code	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			
HI09	HEALTH CARE CODE INFORMATION			S			
HI09-1	Code List Qualifier Code	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			
HI10	HEALTH CARE CODE INFORMATION			S			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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	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	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	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			

New Element
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Name Change

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INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI10-1	Code List Qualifier Code	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			
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			
HI11	HEALTH CARE CODE INFORMATION			S			
HI11-1	Code List Qualifier Code	ID	1-3	R			BG
HI11-2	Condition 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			
HI12	HEALTH CARE CODE INFORMATION			S			
HI12-1	Code List Qualifier Code	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			
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			
HI	TREATMENT CODE INFORMATION		2	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Code List Qualifier Code	ID	1-3	R			TC
HI01-2	Treatment 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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HI10-1	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			
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	Qualifier	ID	1-3	R			BG
HI11-2	Condition 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	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			
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	TREATMENT CODE INFORMATION		2	R	2300		
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Qualifier	ID	1-3	R			TC
HI01-2	Treatment 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			

Name Change

New Element
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INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HI02	HEALTH CARE CODE INFORMATION			S			
HI02-1	Code List Qualifier Code	ID	1-3	R			TC
HI02-2	Treatment 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			
HI03	HEALTH CARE CODE INFORMATION			S			
HI03-1	Code List Qualifier Code	ID	1-3	R			TC
HI03-2	Treatment 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			
HI04	HEALTH CARE CODE INFORMATION			S			
HI04-1	Code List Qualifier Code	ID	1-3	R			TC
HI04-2	Treatment 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			
HI05	HEALTH CARE CODE INFORMATION			S			
HI05-1	Code List Qualifier Code	ID	1-3	R			TC
HI05-2	Treatment 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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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	Qualifier	ID	1-3	R			TC
HI02-2	Treatment 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			
HI03	HEALTH CARE CODE INFORMATION			S			
HI03-1	Qualifier	ID	1-3	R			TC
HI03-2	Treatment 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	Qualifier	ID	1-3	R			TC
HI04-2	Treatment 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	Qualifier	ID	1-3	R			TC
HI05-2	Treatment 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			

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INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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	Code List Qualifier Code	ID	1-3	R			TC
HI06-2	Treatment Code	AN	1-30	R			
	Date Time Period Format Qualifier	ID	2-3	N/U			
HI06-3	Quantity	R	1-15	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	Code List Qualifier Code	ID	1-3	R			TC
HI07-2	Treatment Code	AN	1-30	R			
	Date Time Period Format Qualifier	ID	2-3	N/U			
HI07-3	Quantity	R	1-15	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	Code List Qualifier Code	ID	1-3	R			TC
HI08-2	Treatment Code	AN	1-30	R			
	Date Time Period Format Qualifier	ID	2-3	N/U			
HI08-3	Quantity	R	1-15	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			S			
HI09-1	Code List Qualifier Code	ID	1-3	R			TC
HI09-2	Treatment Code	AN	1-30	R			
	Date Time Period Format Qualifier	ID	2-3	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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			
	Yes/No Condition or response Code	ID	1-1	N/U			
HI05-9	HEALTH CARE CODE INFORMATION			S			
HI06	HEALTH CARE CODE INFORMATION			S			
HI06-1	Qualifier	ID	1-3	R			TC
HI06-2	Treatment Code	AN	1-30	R			
	Date Time Period Format Qualifier	ID	2-3	N/U			
HI06-3	Quantity	R	1-15	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			
	Yes/No Condition or response Code	ID	1-1	N/U			
HI06-9	HEALTH CARE CODE INFORMATION			S			
HI07	HEALTH CARE CODE INFORMATION			S			
HI07-1	Qualifier	ID	1-3	R			TC
HI07-2	Treatment Code	AN	1-30	R			
	Date Time Period Format Qualifier	ID	2-3	N/U			
HI07-3	Quantity	R	1-15	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			
	Yes/No Condition or response Code	ID	1-1	N/U			
HI07-9	HEALTH CARE CODE INFORMATION			S			
HI08	HEALTH CARE CODE INFORMATION			S			
HI08-1	Qualifier	ID	1-3	R			TC
HI08-2	Treatment Code	AN	1-30	R			
	Date Time Period Format Qualifier	ID	2-3	N/U			
HI08-3	Quantity	R	1-15	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			
	Yes/No Condition or response Code	ID	1-1	N/U			
HI08-9	HEALTH CARE CODE INFORMATION			S			
HI09	HEALTH CARE CODE INFORMATION			S			
HI09-1	Qualifier	ID	1-3	R			TC
HI09-2	Treatment Code	AN	1-30	R			
	Date Time Period Format Qualifier	ID	2-3	N/U			

New Element
New Element

Name Change

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INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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			
HI10	HEALTH CARE CODE INFORMATION			S			
HI10-1	Code List Qualifier Code	ID	1-3	R			TC
HI10-2	Treatment 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			
HI11	HEALTH CARE CODE INFORMATION			S			
HI11-1	Code List Qualifier Code	ID	1-3	R			TC
HI11-2	Treatment 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			
HI12	HEALTH CARE CODE INFORMATION			S			
HI12-1	Code List Qualifier Code	ID	1-3	R			TC
HI12-2	Treatment 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			
QTY	CLAIM QUANTITY		4	S	2300		
QTY01	Quantity Qualifier	ID	2-2	R			CA, CD, LA, NA
QTY02	Claim Days Count	R	1-15	R			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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	Qualifier	ID	1-3	R			TC
HI10-2	Treatment 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	Qualifier	ID	1-3	R			TC
HI11-2	Treatment 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	Qualifier	ID	1-3	R			TC
HI12-2	Treatment 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
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Segment Deleted

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
QTY03	COMPOSITE UNIT OF MEASURE			R			
QTY03-1	Unit or Basis for Measurement Code	ID	2-2	R			DA
QTY03-2	Exponent	R	1-15	N/U			
QTY03-3	Multiplier	R	1-10	N/U			
QTY03-4	Unit or Basis for Measurement Code	ID	2-2	N/U			
QTY03-5	Exponent	R	1-15	N/U			
QTY03-6	Multiplier	R	1-10	N/U			
QTY03-7	Unit or Basis for Measurement Code	ID	2-2	N/U			
QTY03-8	Exponent	R	1-15	N/U			
QTY03-9	Multiplier	R	1-10	N/U			
QTY03-10	Unit or Basis for Measurement Code	ID	2-2	N/U			
QTY03-11	Exponent	R	1-15	N/U			
QTY03-12	Multiplier	R	1-10	N/U			
QTY03-13	Unit or Basis for Measurement Code	ID	2-2	N/U			
QTY03-14	Exponent	R	1-15	N/U			
QTY03-15	Multiplier	R	1-10	N/U			
QTY04	Free-Form Message	AN	1-30	N/U			
HCP	CLAIM PRICING/REPRICING INFORMATION		1	S	2300		
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	R	1-18	R			
HCP03	Repriced Saving Amount	R	1-18	S			
HCP04	Repricing Organization Identifier	AN	1-30	S			
HCP05	Repricing Per Diem or Flat Rate Amount	R	1-9	S			
HCP06	Repriced Approved DRG Code	AN	1-30	S			
HCP07	Repriced Approved Amount	R	1-18	S			
HCP08	Product/Service ID	AN	1-48	S			
HCP09	Product/Service ID Qualifier	ID	2-2	S			HC
HCP10	Product/Service ID	AN	1-48	S			
HCP11	Unit or Basis for Measurement Code	ID	2-2	S			DA, UN
HCP12	Quantity	R	1-15	S			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HCP	CLAIM PRICING/REPRICING INFORMATION		1	S	2300		
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	R	1-18	R			
HCP03	Repriced Saving Amount	R	1-18	S			
HCP04	Repricing Organization Identifier	AN	1-50	S			
HCP05	Repricing Per Diem or Flat Rate Amount	R	1-9	S			
HCP06	Ambulatory Patient Group Code	AN	1-50	S			
HCP07	Ambulatory Patient Group Amount	R	1-18	S			
HCP08	Product/Service ID	AN	1-48	S			
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	S			DA, UN
HCP12	Quantity	R	1-15	S			

Increase from 30 - 50

Increase from 30 - 50
Name Change
Name Change

Usage change to Not Used

Usage change to Not Used

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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	Disipline Type Code	ID	2-2	R			AI, MS, OT, PT, SN, ST
CR702	Visits Prior to Recertification Date Count	NO	1-9	R			
CR703	Total Visits Projected This Certification Count	NO	1-9	R			
HSD	HOME CARE SERVICES DELIVERY		12	S	2305		
HSD01	Visits	ID	2-2	S			
HSD02	Number of Visits	R	1-15	S			
HSD03	Frequency Period	ID	2-2	S			DA, MO, Q1, WK
HSD04	Frequency Count	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 Caledar Pattern Code	ID	1-2	S			1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G, J, K, 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	ATTENDING PHYSICIAN NAME		1	S	2310A	1	
NM101	Entity Identifier Code	ID	2-3	R			71
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Name Last	AN	1-35	R			
NM104	NameFirst	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	S			
NM108	Identification Code Qualifier	ID	1-2	R			24, 34, XX
NM109	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-I 5010							
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	ATTENDING PROVIDER NAME		1	S	2310A	1	
NM101	Entity Identifier Code	ID	2-3	R			71
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Last Name	AN	1-60	R			
NM104	First Name	AN	1-35	S			
NM105	Middle Name	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	Provider Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			

Segment Deleted

Segment Deleted

Name Change

Code Deleted

Name Change

Increase from 35 - 60

Name Change

Increase 25 - 35

Name Change

Code Deleted

Usage change to

Situational

Usage change to

Situational

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
PRV	ATTENDING PHYSICIAN SPECIALTY INFORMATION		1	S	2310A		
PRV01	Provider Code	ID	1-3	R			AT, SU
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	ATTENDING PHYSICIAN SECONDARY IDENTIFICATION		5	S	2310A		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
REF02	Attending Physician Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	OPERATING PHYSICIAN NAME		1	S	2310B	1	
NM101	Entity Identifier Code	ID	2-3	R			72
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Last or Organization Name	AN	1-35	R			
NM104	Name First	AN	1-25	R			
NM105	Middle Name	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	R			24, 34, XX
NM109	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-I 5010							
NM112	Name Last or Organization Name	AN	1-60	N/U			
PRV	ATTENDING PROVIDER SPECIALTY INFORMATION		1	S	2310A		
PRV01	Provider Code	ID	1-3	R			AT
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	ATTENDING PROVIDER SECONDARY IDENTIFICATION		4	S	2310A		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1G, G2, LU
REF02	Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	OPERATING PHYSICIAN NAME		1	S	2310B	1	
NM101	Entity Identifier Code	ID	2-3	R			72
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Last or Organization Name	AN	1-60	R			
NM104	First Name	AN	1-35	S			
NM105	Middle Name	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	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
 Name Change
 Code Deleted
 Code Change
 Increase from 30 - 50
 Name Change
 # Repeats change to 4
 Code Deleted
 Increase from 30 - 50
 Name Change
 Increase from 35 - 60
 Increase from 25 - 35
 Usage change to Situational
 Code Deleted
 Usage change to Situational
 Usage change to Situational
 New Element

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
REF	OPERATING PHYSICIAN SECONDARY IDENTIFICATION		5	S	2310B		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
REF02	Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	OTHER PROVIDER NAME		1	S	2310C	1	
NM101	Entity Identifier Code	ID	2-3	R			73
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Last or Organization Name	AN	1-35	R			
NM104	First Name	AN	1-25	R			
NM105	Middle Name	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	R			24, 34, XX
NM109	Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
REF	OTHER PROVIDER SECONDARY IDENTIFICATION		5	S	2310C		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1A, 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	RENDERING PHYSICIAN NAME		1	S	2310D	1	
NM101	Entity Identifier Code	ID	2-3	R			82
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Rendering Provider Last or Organization Name	AN	1-60	R			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
REF	OPERATING PHYSICIAN SECONDARY IDENTIFICATION		4	S	2310B		
REF01	Qualifier	ID	2-3	R			0B, 1G, G2, LU
REF02	Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	OTHER OPERATING PHYSICIAN NAME		1	S	2310C	1	
NM101	Entity Identifier Code	ID	2-3	R			ZZ
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Last or Organization Name	AN	1-60	R			
NM104	First Name	AN	1-35	S			
NM105	Middle Name	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	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	OPERATING PHYSICIAN SECONDARY IDENTIFICATION		4	S	2310C		
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			
NM1	RENDERING PHYSICIAN NAME		1	S	2310D	1	
NM101	Entity Identifier Code	ID	2-3	R			82
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Rendering Provider Last or Organization Name	AN	1-60	R			

Repeats change to 4
Code Deleted
Increase from 30 - 50
Name Change
Code Change
Code Deleted
Increase from 35 - 60
Increase from 25 - 35
Usage change to Situational
Code Deleted
Usage change to Situational
New Element
Name Chnge
of Repeats change to 4
Code Deleted
Increase from 30 - 50
New Segment

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
NM1	SERVICE FACILITY NAME		1	S	2310E	1	
NM101	Entity Identifier Code	ID	2-3	R			FA
NM102	Entity Type Qualifier	ID	1-1	R			2
NM103	Laboratory or Facility 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	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			
N3	SERVICE FACILITY ADDRESS		1	R	2310E		
N301	Laboratory or Facility Address Line	AN	1-55	R			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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			
REF	RENDERING PHYSICIAN SECONDARY IDENTIFICATION		4	S	2310D		
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			
NM1	SERVICE FACILITY LOCATION		1	S	2310E	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
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	2310E		
N301	Laboratory or Facility Address Line	AN	1-55	R			

New Segment

Name Change

Code Change

Increase from 35 - 60

Increase from 25 - 35

Code Deleted

New Element

Name Change

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
N302	Laboratory or Facility Address Line	AN	1-55	S			
N4	SERVICE FACILITY CITY/STATE/ZIP CODE		1	R	2310E		
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	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 SECONDARY IDENTIFICATION		5	S	2310E		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, 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-I 5010							
N302	Laboratory or Facility Address Line		1-55	S			
N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP		1	R	2310E		
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	2310E		
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			
NM1	REFERRING PROVIDER NAME		1	S	2310F	1	
NM101	Entity Identifier Code	ID	2-3	R			DN
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	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			

Name Change

Usage change to Situational

Usage change to Situational

New Element

Name Change
of Repeats change to 3

Code Deleted

Increase from 30 - 50

New Segment

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 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
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	N/U			
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, 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	R	1-18	R			
CAS04	Adjustment Quantity	R	1-15	S			
CAS05	Adjustment Reason Code	ID	1-5	S			
CAS06	Adjustment Amount	R	1-18	S			
CAS07	Adjustment Quantity	R	1-15	S			
CAS08	Adjustment Reason Code	ID	1-5	S			
CAS09	Adjustment Amount	R	1-18	S			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
REF	REFERRING PROVIDER SECONDARY IDENTIFICATION		3	S	2310F		
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			
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
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	N/U			
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	R	1-18	R			
CAS04	Adjustment Quantity	R	1-15	S			
CAS05	Adjustment Reason Code	ID	1-5	S			
CAS06	Adjustment Amount	R	1-18	S			
CAS07	Adjustment Quantity	R	1-15	S			
CAS08	Adjustment Reason Code	ID	1-5	S			
CAS09	Adjustment Amount	R	1-18	S			

New Segment

Code Added

Code Deleted

Increase from 30 - 50

Code Change

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
CAS10	Adjustment Quantity	R	1-15	S			
CAS11	Adjustment Reason Code	ID	1-5	S			
CAS12	Adjustment Amount	R	1-18	S			
CAS13	Adjustment Quantity	R	1-15	S			
CAS14	Adjustment Reason Code	ID	1-5	S			
CAS15	Adjustment Amount	R	1-18	S			
CAS16	Adjustment Quantity	R	1-15	S			
CAS17	Adjustment Reason Code	ID	1-5	S			
CAS18	Adjustment Amount	R	1-18	S			
CAS19	Adjustment Quantity	R	1-15	S			
AMT	PAYER PRIOR PAYMENT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			C4
AMT02	Other Payer Patient Paid Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COORDINATION OF BENEFITS (COB) TOTAL ALLOWED AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			B6
AMT02	Allowed Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COORDINATION OF BENEFITS (COB) TOTAL SUBMITTED CHARGES		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			T3
AMT02	Coordination of Benefits Total Submitted Charge Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	DIAGNOSTIC RELATED GROUP (DRG) OUTLIER AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			ZZ
AMT02	Claim DRG Outlier Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COORDINATION OF BENEFITS (COB) TOTAL MEDICARE PAID AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			N1
AMT02	Total Medicare Paid Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	MEDICARE PAID AMOUNT - 100%		1	S	2320		

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
CAS10	Adjustment Quantity	R	1-15	S			
CAS11	Adjustment Reason Code	ID	1-5	S			
CAS12	Adjustment Amount	R	1-18	S			
CAS13	Adjustment Quantity	R	1-15	S			
CAS14	Adjustment Reason Code	ID	1-5	S			
CAS15	Adjustment Amount	R	1-18	S			
CAS16	Adjustment Quantity	R	1-15	S			
CAS17	Adjustment Reason Code	ID	1-5	S			
CAS18	Adjustment Amount	R	1-18	S			
CAS19	Adjustment Quantity	R	1-15	S			
AMT	COB PAYER PAID AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			D
AMT02	Payer Paid Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
Segment Deleted							
Segment Deleted							
Segment Deleted							
Segment Deleted							

Name Change
 Code Change
 Name Change
 Segment Deleted
 Segment Deleted
 Segment Deleted
 Segment Deleted

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
AMT01	Amount Qualifier Code	ID	1-3	R			KF
AMT02	Medicare Paid at 100% Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	MEDICARE PAID AMOUNT - 80%		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			PG
AMT02	Medicare Paid at 80% Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COORDINATION OF BENEFITS (COB) MEDICARE A TRUST FUND PAID AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			AA
AMT02	Paid From Part A Medicare Trust Fund Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COORDINATION OF BENEFITS (COB) MEDICARE B TRUST FUND PAID AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			B1
AMT02	Paid From Part B Medicare Trust Fund Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COORDINATION OF BENEFITS (COB) TOTAL NON-COVERED AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			A8
AMT02	Non-Covered Charge Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COORDINATION OF BENEFITS (COB) TOTAL DENIED AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			YT
AMT02	Claim Total Denied Charge Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
AMT	REMAINING PATIENT LIABILITY		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			EAF

Segment Deleted

Segment Deleted

Segment Deleted

Segment Deleted

Segment Deleted

New Segment

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
DMG	OTHER 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			
DMG03	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 Veification 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			
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	N/U			
OI05	Provider Agreement Code	ID	1-1	N/U			
OI06	Release of Information Code	ID	1-1	R			A, I, M, N, O, Y
MIA	MEDICARE INPATIENT ADJUDICATION INFORMATION		1	S	2320		
MIA01	Covered Days or Visits Count	R	1-15	R			
MIA02	Lifetime Reserve Days Count	R	1-15	S			
MIA03	Lifetime Psychiatric Days	R	1-15	S			
MIA04	Claim DRG Amount	R	1-18	S			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
AMT02	Remaining Patient Liability Amount	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	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
OI	OTHER INSURANCE COVERAGE INFORMATION		1	R	2320		
OI01	Claim Filing Indicator Code	ID	1-2	N/U			
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	N/U			
OI05	Provider Agreement Code	ID	1-1	N/U			
OI06	Release of Information Code	ID	1-1	R			I, Y
MIA	INPATIENT ADJUDICATION INFORMATION		1	S	2320		
MIA01	Covered Days or Visits Count	R	1-15	S			
MIA02	Amount	R	1-18	N/U			
MIA03	Lifetime Psychiatric Days	R	1-15	S			
MIA04	Remaining Patient Liability Amount	R	1-18	S			

New Segment

Segment Deleted

Code Added

Code Deleted

Usage change to Situational

Usage change to Not Used
Increase from 15 - 18
Name Change

Name Change

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
MIA05	Remark Code	AN	1-30	S			
MIA06	Claim Disproportionate Share Amount	R	1-18	S			
MIA07	Claim MSP Pass-through Amount	R	1-18	S			
MIA08	Claim PPS Capital Amount	R	1-18	S			
MIA09	PPS-Capital FSP DRG Amount	R	1-18	S			
MIA10	PPS-Capital HSP DRG Amount	R	1-18	S			
MIA11	PPS-Capital DSH DRG Amount	R	1-18	S			
MIA12	Old Capital Amount	R	1-18	S			
MIA13	PPS-Capital IME Amount	R	1-18	S			
MIA14	PPS-Operating Hospital Specific DRG Amount	R	1-18	S			
MIA15	Cost Report Day Count	R	1-15	S			
MIA16	PPS-Operating Federal Specific DRG Amount	R	1-18	S			
MIA17	Claim PPS Capital Outlier Amount	R	1-18	S			
MIA18	Claim Indirect Teaching Amount	R	1-18	S			
MIA19	Non-Payable Professional Component Amount	R	1-18	S			
MIA20	Remark Code	AN	1-30	S			
MIA21	Remark Code	AN	1-30	S			
MIA22	Remark Code	AN	1-30	S			
MIA23	Remark Code	AN	1-30	S			
MIA24	PPS-Capital Exception Amount	R	1-18	S			
MOA	MEDICARE OUTPATIENT ADJUDICATION INFORMATION		1	S	2320		
MOA01	Reimbursement Rate	R	1-10	S			
MOA02	Claim HCPCS Payable Amount	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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
MIA05	Claim Payment Remark Code	AN	1-50	S			
MIA06	Claim Disproportionate Share Amount	R	1-18	S			
MIA07	Claim MSP Pass-through Amount	R	1-18	S			
MIA08	Claim PPS Capital Amount	R	1-18	S			
MIA09	PPS-Capital FSP DRG Amount	R	1-18	S			
MIA10	PPS-Capital HSP DRG Amount	R	1-18	S			
MIA11	PPS-Capital DSH DRG Amount	R	1-18	S			
MIA12	Old Capital Amount	R	1-18	S			
MIA13	PPS-Capital IME Amount	R	1-18	S			
MIA14	PPS-Operating Hospital Specific DRG Amount	R	1-18	S			
MIA15	Cost Report Day Count	R	1-15	S			
MIA16	PPS-Operating Federal Specific DRG Amount	R	1-18	S			
MIA17	Claim PPS Capital Outlier Amount	R	1-18	S			
MIA18	Claim Indirect Teaching Amount	R	1-18	S			
MIA19	Non-Payable Professional Component Billed Amount	R	1-18	S			
MIA20	Claim Payment Remark Code	AN	1-50	S			
MIA21	Claim Payment Remark Code	AN	1-50	S			
MIA22	Claim Payment Remark Code	AN	1-50	S			
MIA23	Claim Payment Remark Code	AN	1-50	S			
MIA24	PPS-Capital Exception Amount	R	1-18	S			
MOA	MEDICARE OUTPATIENT ADJUDICATION INFORMATION		1	S	2320		
MOA01	Reimbursement Rate	R	1-10	S			
MOA02	HCPCS Payable Amount	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			

Increase from 30 - 50
Name Change

Name Change

Increase from 30 - 50
Name Change

Increase from 30 - 50
Name Change

Increase from 30 - 50
Name Change

Increase from 30 - 50
Name Change

Name Change

Increase from 30 - 50

Increase from 30 - 50

Increase from 30 - 50

Increase from 30 - 50

Increase from 30 - 50

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
MOA08	Claim ESRD Payment Amount	R	1-18	S			
MOA09	Non-Payable Professional Component Amount	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			
N302	Other Insured Address Line	AN	1-55	S			
OTHER SUBSCRIBER CITY/STATE/ZIP CODE							
N4			1	S	2330A		
N401	Other Insured City Name	AN	2-30	R			
N402	Other Insured State Code	ID	2-2	R			
N403	Other Insured 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			
OTHER SUBSCRIBER SECONDARY IDENTIFICATION							
REF			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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
MOA08	End Stage Renal Disease Payment Amount	R	1-18	S			
MOA09	Non-Payable Professional Component Billed Amount	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			
N302	Other Insured Address Line	AN	1-55	S			
OTHER SUBSCRIBER CITY/STATE/ZIP CODE							
N4			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			
OTHER SUBSCRIBER SECONDARY IDENTIFICATION							
REF			2	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			

Name Change

Name Change

Increase from 35 - 60

Increase from 25 - 35

Code Change

New Element

Usage change to Situational

Usage change to Situational

Usage change to Situational

New Element

of Repeat change to 2

Code Deleted

Increase from 30 - 50

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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			
N3	OTHER PAYER ADDRESS		1	S	2330B		
N301	Other Payer Address Line	AN	1-55	R			
N302	Other Payer Address Line	AN	1-55	S			
N4	OTHER PAYER CITY/STATE/ZIP CODE		1	S	2330B		
N401	Other Payer City Name	AN	2-30	R			
N402	Other Payer State Code	ID	2-2	R			
N403	Other 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			
DTP	CLAIM ADJUDICATION DATE		1	S	2330B		
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
REF	OTHER PAYER SECONDARY IDENTIFICATION AND REFERENCE NUMBER		2	S	2330B		
REF01	Reference Identifier 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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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			
NM112	Name Last or Organization Name	AN	1-60	N/U			
N3	OTHER PAYER ADDRESS		1	S	2330B		
N301	Other Payer Address Line	AN	1-55	R			
N302	Other Payer Address Line	AN	1-55	S			
N4	OTHER PAYER CITY/STATE/ZIP CODE		1	R	2330B		
N401	Other Payer City Name	AN	2-30	R			
N402	Other Payer State Code	ID	2-2	S			
N403	Other Payer Postal Zone or ZIP Code	ID	3-15	S			
N404	Other 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			
DTP	DATE - CLAIM CHECK OR REMITTANCE DATE		1	S	2330B		
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
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			

Increase from 35 - 60

Increase from 25 - 35

New Element

Usage change to Required

Usage change to Situational

Usage change to Situational

Name Change

New Element

Name Change

Name Change

Code Change

Increase from 30 - 50

INSTITUTIONAL CLAIM

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

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
REF04	REFERENCE IDENTIFIER			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			
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			
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			
REF	OTHER PAYER CLAIM CONTROL NUMBER		1	S	2330B		
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			

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

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
NM108	Identification Code Qualifier	ID	1-2	R			EI, 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			
REF	OTHER PAYER PATIENT IDENTIFICATION NUMBER		3	S	2330C		
REF01	Reference Identification Qualifier	ID	2-3	R			1W, 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 ATTENDING PROVIDER		1	S	2330D	1	
NM101	Entity Identifier Code	ID	2-3	R			71
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	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 ATTENDING PROVIDER SECONDARY IDENTIFICATION		3	R	2330D		
REF01	Reference Identification Qualifier	ID	2-3	R			1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5
REF02	Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	OTHER PAYER OPERATING PROVIDER		1	S	2330E	1	
NM101	Entity Identifier Code	ID	2-3	R			72
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Name Last or Organization Name	AN	1-35	N/U			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
NM1	OTHER PAYER ATTENDING PROVIDER		1	S	2330C	1	
NM101	Entity Identifier Code	ID	2-3	R			71
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 ATTENDING PROVIDER SECONDARY IDENTIFICATION		4	R	2330C		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1G, G2, LU
REF02	Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	OTHER PAYER OPERATING PROVIDER		1	S	2330D	1	
NM101	Entity Identifier Code	ID	2-3	R			72
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Name Last or Organization Name	AN	1-60	N/U			

Segment Deleted

Loop Change

Code Deleted

Increase from 35 - 60

Increase from 25 - 35

Name Change

New Element

Loop Change
Repeats change to 4

Code Change

Increase from 30 - 50

Loop Change

Increase from 35 - 60

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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	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			
REF	OTHER PAYER OPERATING PROVIDER IDENTIFICATION		3	R	2330E		
REF01	Reference Identification Qualifier	ID	2-3	R			1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5
REF02	Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	OTHER PAYER OTHER PROVIDER		1	S	2330F	1	
NM101	Entity Identifier Code	ID	2-3	R			73
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	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			
REF	OTHER PAYER OTHER PROVIDER IDENTIFICATION		3	R	2330F		
REF01	Reference Identification Qualifier	ID	2-3	R			1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY
REF02	Secondary Identifier	AN	1-30	R			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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 OPERATING PROVIDER SECONDARY IDENTIFICATION		4	R	2330D		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1G, G2, LU
REF02	Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	OTHER PAYER OTHER OPERATING PROVIDER		1	S	2330E	1	
NM101	Entity Identifier Code	ID	2-3	R			ZZ
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 OTHER OPERATING PROVIDER SECONDARY IDENTIFICATION		4	R	2330E		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1G, G2, LU
REF02	Secondary Identifier	AN	1-50	R			

Increase from 25 - 35

Loop Change
Name Change
Repeats change to 4

Code Change

Increase from 30 - 50

Loop Change
Name Change
Code Change
Code Deleted
Increase from 35 - 60

Increase from 25 - 35

New Element

Loop Change
Name Change
Repeats change to 4

Code Change

Increase from 30 - 50

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	OTHER PAYER SERVICE FACILITY PROVIDER		1	S	2330H	1	
NM101	Entity Identifier Code	ID	2-3	R			FA
NM102	Entity Type Qualifier	ID	1-1	R			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	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 SERVICE FACILITY PROVIDER IDENTIFICATION		3	R	2330H		
REF01	Reference Identification Qualifier	ID	2-3	R			1B, 1C, 1D, E1, G2, LU, N5
REF02	Other Payer Service Facility Location 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-I 5010							
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	OTHER PAYER SERVICE FACILITY LOCATION		1	S	2330F	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	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 SERVICE FACILITY LOCATION SECONDARY IDENTIFIER		3	R	2330F		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, G2, LU
REF02	Other Payer Service Facility Location Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	OTHER PAYER RENDERING PROVIDER		1	S	2330G	1	
NM101	Entity Identifier Code	ID	2-3	R			82
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			

Loop Change
Name Change
Code Change

Increase from 35 - 60
Increase from 25 - 35

Loop Change
Name Change
Code Change
Increase from 30 - 50

New Segment

INSTITUTIONAL CLAIM

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

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFIER							
REF			4	R	2330G		
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			
OTHER PAYER REFERRING PROVIDER							
NM1			1	S	2330H	1	
NM101	Entity Identifier Code	ID	2-3	R			DN
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 REFERRING PROVIDER SECONDARY IDENTIFIER							
REF			3	R	2330H		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1G, G2
REF02	Other Payer Referring Provider Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
OTHER PAYER BILLING PROVIDER							
NM1			1	S	2330I	1	
NM101	Entity Identifier Code	ID	2-3	R			85
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			

New Segment

New Segment

New Segment

New Segment

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
LX	SERVICE LINE NUMBER		1	R	2400	999	
LX01	Assigned Number	NO	1-6	R			
SV2	INSTITUTIONAL SERVICE LINE		1	R	2400		
SV201	Revenue Code	AN	1-48	R			
SV202	COMPOSITE			S			
SV202-1	Product or Service ID Qualifier	ID	2-2	R			HC, IV, ZZ
SV202-2	Procedure Code	AN	1-48	R			
SV202-3	Procedure Modifier	AN	2-2	S			
SV202-4	Procedure Modifier	AN	2-2	S			
SV202-5	Procedure Modifier	AN	2-2	S			
SV202-6	Procedure Modifier	AN	2-2	S			
SV202-7	Description	AN	1-80	N/U			
SV203	Line Item Charge Amount	R	1-18	R			
SV204	Unit or Basis for Measurement Code	ID	2-2	R			DA, F2, UN
SV205	Service Unit Count	R	1-15	R			
SV206	Unit Rate	ID	1-10	S			
SV207	Monetary Amount	R	1-18	S			
SV208	Y/N	ID	1-1	N/U			
SV209	NHRSC	ID	1-1	N/U			
SV210	Level of Care Code	ID	1-1	N/U			
PWK	LINE SUPPLEMENTAL INFORMATION		5	S	2400		

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
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	2330I		
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			
LX	SERVICE LINE		1	R	2400	999	
LX01	Assigned Number	NO	1-6	R			
SV2	INSTITUTIONAL SERVICE LINE		1	R	2400		
SV201	Revenue Code	AN	1-48	R			
SV202	COMPOSITE			R			
SV202-1	Product or Service ID Qualifier	ID	2-2	R			ER, HC, HP, IV, WK
SV202-2	Procedure Code	AN	1-48	R			
SV202-3	Procedure Modifier	AN	2-2	S			
SV202-4	Procedure Modifier	AN	2-2	S			
SV202-5	Procedure Modifier	AN	2-2	S			
SV202-6	Procedure Modifier	AN	2-2	S			
SV202-7	Description	AN	1-80	S			
SV202-8	Product/Service ID	AN	1-48	N/U			
SV203	Line Item Charge Amount	R	1-18	R			
SV204	Unit or Basis for Measurement Code	ID	2-2	R			DA, UN
SV205	Service Units/Days	R	1-15	R			
SV206	Unit Rate	ID	1-10	N/U			
SV207	Monetary Amount	R	1-18	S			
SV208	Y/N	ID	1-1	N/U			
SV209	NHRSC	ID	1-1	N/U			
SV210	Level of Care Code	ID	1-1	N/U			
PWK	LINE SUPPLEMENTAL INFORMATION		10	S	2400		

New Segment

Name Change

Usage change to Required

Code Change

Usage change to Situational

New Element

Code Deleted

Name Change

Usage change to Not Used

Repeats change to 10

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
PWK01	Attachment Report Type Code	ID	2-2	R			AS, B2, B3, B4, CT, D2, DA, DG, DS, EB, MT, NN, OB, OZ, PN, PO, PZ, RB, RR, RT
PWK02	Attachment Transmission Code	ID	1-2	R			AA, AB, AD, AF, AG, BM, EL, EM, FX
PWK03	Report Copies Needed	NO	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			
DTP SERVICE LINE DATE							
DTP01	Date Time Qualifier	ID	3-3	R		2400	472
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8
DTP03	Service Date	AN	1-35	R			CYYMMDD, CCYYMMDD, CCYYMMDD
DTP ASSESSMENT DATE							
DTP01	Date Time Qualifier	ID	3-3	R		2400	866
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Assessment Date	AN	1-35	R			CCYYMMDD

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 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	NO	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			
DTP DATE - SERVICE DATE							
DTP01	Date Time Qualifier	ID	3-3	R		2400	472
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8
DTP03	Service Date	AN	1-35	R			CYYMMDD, CCYYMMDD, CCYYMMDD
REF LINE ITEM CONTROL NUMBER							
REF	Reference Identification Qualifier	ID	1	S		2400	
REF01	Reference Identification Qualifier	ID	2-3	R			6R
REF02	Line Item Control Number	AN	1-50	R			

Code Added

Code Change

Name Change
Usage change to Required

Segment Deleted

New Segment

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
AMT	SERVICE TAX AMOUNT		1	S	2400		
AMT01	Amount Qualifier Code	ID	1-3	R			GT
AMT02	Service Tax Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	FACILITY TAX AMOUNT		1	S	2400		
AMT01	Amount Qualifier Code	ID	1-3	R			N8
AMT02	Facility Tax Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	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	R	1-18	R			
HCP03	Repriced Saving Amount	R	1-18	S			
HCP04	Repricing Organization Identifier	AN	1-30	S			
HCP05	Repricing Per Diem or Flat Rate Amount	R	1-9	S			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
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			
REF	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			
AMT	SERVICE TAX AMOUNT		1	S	2400		
AMT01	Amount Qualifier Code	ID	1-3	R			GT
AMT02	Tax Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	FACILITY TAX AMOUNT		1	S	2400		
AMT01	Amount Qualifier Code	ID	1-3	R			N8
AMT02	Facility Tax Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
NTE	THIRD PARTY ORGANIZATION NOTES		1	S	2400		
NTE01	Note Reference Code	ID	3-3	R			TPO
NTE02	Claim Note Text	AN	1-80	R			
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	R	1-18	R			
HCP03	Repriced Saving Amount	R	1-18	S			
HCP04	Repricing Organization Identifier	AN	1-50	S			
HCP05	Repricing Per Diem or Flat Rate Amount	R	1-9	S			

New Segment

New Segment

Name Change

Segment Added

Increase from 30 - 50

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
HCP06	Ambulatory Patient Group Code	AN	1-30	S			
HCP07	Ambulatory Patient Group Amount	R	1-18	S			
HCP08	Product/Service ID	AN	1-48	S			
HCP09	Product or Service ID Qualifier	ID	2-2	S			HC
HCP10	Procedure Code	AN	1-48	S			
HCP11	Measurement Code	ID	2-2	S			DA, UN
HCP12	Repriced Approved Service Unit Count "DA" "UN"	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			
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			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
HCP06	Ambulatory Patient Group Code	AN	1-50	S			
HCP07	Ambulatory Patient Group Amount	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, HP, IV, WK
HCP10	Procedure Code	AN	1-48	S			
HCP11	Measurement Code	ID	2-2	S			DA, UN
HCP12	Repriced Approved Service Unit Count "DA" "UN"	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			
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			

Increase from 30 - 50

Usage change to Not Used

Code Added

Loop Repeats change to 1

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
LIN31	Product/Service ID	AN	1-48	N/U			
CTP	DRUG QUANTITY		1	S	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	R			
CTP04	National Drug Unit Count	R	1-15	R			
CTP05	COMPOSITE UNIT OF MEASURE			R			
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			
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	NO	1-2	N/U			
REF	PRESCRIPTION NUMBER		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	ATTENDING PHYSICIAN NAME		1	S	2420A	1	

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
LIN31	Product/Service ID	AN	1-48	N/U			
CTP	DRUG QUANTITY		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	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			
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	NO	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			

Usage Change to Required

Usage change to Not Used

Code Added

Name Change

Code Added

Increase from 30 - 50

Segment Deleted

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
NM101	Entity Identifier Code	ID	2-3	R			71
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Last Name	AN	1-35	R			
NM104	First Name	AN	1-25	S			
NM105	Middle Name	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			24, 34, XX
NM109	Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
REF	ATTENDING PHYSICIAN SECONDARY IDENTIFICATION		1	S	2420A		
REF01	Reference Identification Qualifier	ID	2-3	R			OB, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
REF02	Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			S			
NM1	OPERATING PHYSICIAN NAME		1	S	2420B	1	
NM101	Entity Identifier Code	ID	2-3	R			72
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Last Name	AN	1-35	R			
NM104	First Name	AN	1-25	S			
NM105	Middle Name	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			24, 34, XX
NM109	Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
REF	OPERATING PHYSICIAN SECONDARY IDENTIFICATION		1	S	2420B		
REF01	Reference Identification Qualifier	ID	2-3	R			OB, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
REF02	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-I 5010							
NM1	OPERATING PHYSICIAN NAME		1	S	2420A	1	
NM101	Entity Identifier Code	ID	2-3	R			72
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Last Name	AN	1-60	R			
NM104	First Name	AN	1-35	S			
NM105	Middle Name	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	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	OPERATING PHYSICIAN SECONDARY IDENTIFICATION		20	S	2420A		
REF01	Reference Identification Qualifier	ID	2-3	R			OB, 1G, G2, LU
REF02	Secondary Identifier	AN	1-50	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			S			

Segment Deleted

Increase from 35 - 60

Increase from 25 - 35

Code Deleted

New Element

Repeats change to 20

Code Change

Increase from 30 - 50

Usage change to Situational

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
NM1	OTHER PROVIDER NAME		1	S	2420C	1	
NM101	Entity Identifier Code	ID	2-3	R			73
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Other Physician Last Name	AN	1-35	R			
NM104	Other Physician First Name	AN	1-25	S			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
REF04-1	Reference Identifier Qualifier	ID	2-3	R			2U
REF04-2	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	OTHER OPERATING PHYSICIAN NAME		1	S	2420B	1	
NM101	Entity Identifier Code	ID	2-3	R			ZZ
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Last Name	AN	1-60	R			
NM104	First Name	AN	1-35	S			
NM105	Middle Name	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	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	OTHER OPERATING PHYSICIAN SECONDARY IDENTIFICATION		20	S	2420B		
REF01	Reference Identification Qualifier	ID	2-3	R			OB, 1G, G2, LU
REF02	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	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			

New Element

New Element

New Element

New Element

New Element

New Element

New Segment

New Segment

Segment Deleted

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
NM105	Middle Name	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	R			24, 34, XX
NM109	Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
OTHER PROVIDER SECONDARY IDENTIFICATION							
REF			1	S	2420B		
REF01	Reference Identification Qualifier	ID	2-3	R			OB, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
REF02	Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			S			

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
Segment Deleted							
New Segment							
NM1	RENDERING PROVIDER NAME		1	S	2420C	1	
NM101	Entity Identifier Code	ID	2-3	R			82
NM102	Entity Type Qualifier	ID	1-1	R			1
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			
New Segment							
REF	RENDERING PROVIDER SECONDARY IDENTIFICATION		20	S	2420C		
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			

INSTITUTIONAL CLAIM

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

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 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			
REFERRING PROVIDER NAME							
NM1	Entity Identifier Code		1	S	2420D	1	
NM101	Entity Identifier Code	ID	2-3	R			DN
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			
NM112	Name Last or Organization Name	AN	1-60	N/U			
REFERRING PROVIDER SECONDARY IDENTIFICATION							
REF	Reference Identification Qualifier		20	S	2420D		
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	AN	1-50	N/U			
REF04-5	Reference Identification Qualifier	ID	2-3	N/U			

New Segment

New Segment

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
SVD	LINE ADJUDICATION INFORMATION		1	S	2430	25	
SVD01	Payer Identifier	AN	2-80	R			
SVD02	Service Line Paid Amount	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	R			
SVD05	Paid Service Unit Count	R	1-15	R			
SVD06	Bundled or Unbundled 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	R	1-18	R			
CAS04	Adjustment Quantity	R	1-15	S			
CAS05	Adjustment Reason Code	ID	1-5	S			
CAS06	Adjustment Amount	R	1-18	S			
CAS07	Adjustment Quantity	R	1-15	S			
CAS08	Adjustment Reason Code	ID	1-5	S			
CAS09	Adjustment Amount	R	1-18	S			
CAS10	Adjustment Quantity	R	1-15	S			
CAS11	Adjustment Reason Code	ID	1-5	S			
CAS12	Adjustment Amount	R	1-18	S			
CAS13	Adjustment Quantity	R	1-15	S			
CAS14	Adjustment Reason Code	ID	1-5	S			
CAS15	Adjustment Amount	R	1-18	S			
CAS16	Adjustment Quantity	R	1-15	S			
CAS17	Adjustment Reason Code	ID	1-5	S			
CAS18	Adjustment Amount	R	1-18	S			
CAS19	Adjustment Quantity	R	1-15	S			
DTP	SERVICE ADJUDICATION DATE		1	S	2430		

5010							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 5010							
REF04-6	Reference Identification	AN	1-50	N/U			
SVD	LINE ADJUDICATION INFORMATION		1	S	2430	15	
SVD01	Other Payer Primary Identifier	AN	2-80	R			
SVD02	Service Line Paid Amount	R	1-18	R			
SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R			
SVD03-1	Product or Service ID Qualifier	ID	2-2	R			ER, HC, HP, 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	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	R	1-18	R			
CAS04	Adjustment Quantity	R	1-15	S			
CAS05	Adjustment Reason Code	ID	1-5	S			
CAS06	Adjustment Amount	R	1-18	S			
CAS07	Adjustment Quantity	R	1-15	S			
CAS08	Adjustment Reason Code	ID	1-5	S			
CAS09	Adjustment Amount	R	1-18	S			
CAS10	Adjustment Quantity	R	1-15	S			
CAS11	Adjustment Reason Code	ID	1-5	S			
CAS12	Adjustment Amount	R	1-18	S			
CAS13	Adjustment Quantity	R	1-15	S			
CAS14	Adjustment Reason Code	ID	1-5	S			
CAS15	Adjustment Amount	R	1-18	S			
CAS16	Adjustment Quantity	R	1-15	S			
CAS17	Adjustment Reason Code	ID	1-5	S			
CAS18	Adjustment Amount	R	1-18	S			
CAS19	Adjustment Quantity	R	1-15	S			
DTP	LINE CHECK OR REMITTANCE DATE		1	R	2430		

Name Change

Code Change

New Element
Usage change to Not Used

Name Change
Usage change to Required

INSTITUTIONAL CLAIM

4010A1							
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
837-I 4010A1							
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
TRANSACTION SET TRAILER							
SE			1	R		>1	
SE01	Transaction Segment Count	N0	1-10	R			
SE02	Transaction Set Control Number	AN	4-9	R			
FUNCTION GROUP TRAILER							
GE			1	R		1	
GE01	Number of Transaction Sets Included	N0	1-6	R			
GE02	Group Control Number	N0	1-9	R			
INTERCHANGE CONTROL TRAILER							
IEA			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-I 5010							
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
REMAINING PATIENT LIABILITY							
AMT			1	S	2430		
AMT01	Amount Qualifier Code	ID	1-3	R			EAF
AMT02	Remaining Patient Liability Amount	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
TRANSACTION SET TRAILER							
SE			1	R		>1	
SE01	Transaction Segment Count	N0	1-10	R			
SE02	Transaction Set Control Number	AN	4-9	R			
FUNCTION GROUP TRAILER							
GE			1	R		1	
GE01	Number of Transaction Sets Included	N0	1-6	R			
GE02	Group Control Number	N0	1-9	R			
INTERCHANGE CONTROL TRAILER							
IEA			1	R		1	
IEA01	Number of Included Functional Groups	N0	1-5	R			
IEA02	Interchange Control Number	N0	9-9	R			

New Segment