

Direction: Inbound

This workbook contains the specifications of edits that Medicare Fiscal Intermediaries are to perform on an inbound HIPAA compliant 837 claim transaction. This page of the workbook will provide an overview of the columns/fields on the next page and how to utilize this workbook with the separate flat file layout document.

If a row / data element is grey in color, then the element is not used.

The columns are as follows:

Element Identifier - This is the ANSI X12 Element Reference Designator (also known as the Abbreviated Element Name) from the HIPAA Implementation Guide.

Description - This is the ANSI X12 Element Name from the HIPAA Implementation Guide.

ID - This is the ANSI X12 Data Type from the HIPAA Implementation Guide.

Min. / Max. - This is the element's minimum and maximum size in bytes from the HIPAA Implementation Guide.

Usage Req. - This indicates the INDUSTRY usage of the segment or data element from the HIPAA Implementation Guide.

Loop - If the segment is part of a loop of repeating segments, the ID of the loop will appear here. If the segment is not part of a loop, then this field is blank.

Loop Repeat - If the segment is part of a loop of repeating segments, the INDUSTRY Loop Repeat value will appear here.

Valid Values / Valid Format - This field specifies the valid values/format for this data element or if it is a date or time, it specifies the format of the date or time. The values listed here are all the valid values or formats that are defined in the Implementation Guide.

Medicare Values - This field may specify a subset of values or formats from the "Values" field that are applicable to Medicare.

X12 Page No. - The page of the HIPAA Implementation Guide that this segment begins.

Imp Guide Edit - This field is a Yes/No indicator to indicate if this field will be edited before passing the field to the standard Medicare claims processing system.

Edit Logic - If the "Imp Guide Edit" field is Y, then this field will describe the type of editing to be performed on the data element. If the "Imp Guide Edit" field is N, this then field will be blank.

Suggested Reject Level - If there is edit logic to be performed for this data element, this field indicates that should the edit logic fail, this type of reject will occur. Values that appear here are:

ISA - IEA This indicates the entire ANSI X12 transmission is to be rejected.

PHL This indicates that all claims for the current provider heirarchal level is to be rejected.

Claim This indicates that the current claim being processed is to be rejected.

NOTE: All Fiscal Intermediaries will perform the edits that are identified to be at the ISA-IEA level. These edits are deemed necessary to properly receive an inbound file. Editing at the provider or claim level is to be implemented by the Fiscal Intermediary that is receiving the inbound file. Rejecting claims at the transmission, provider, or claim level is at the discretion of the Fiscal Intermediary.

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
ISA	Interchange Control Header		1	R	___	1			B.3				
ISA01	Authorization Information Qualifier	ID	2-2	R			00, 03			N	ISA01 must be a value listed in Valid Values column	ISA-IEA	Y
ISA02	Authorization Information	AN	10-10	R						N	If ISA01 = 03, then ISA02 must be > spaces	ISA-IEA	Y
ISA03	Security Information Qualifier	ID	2-2	R			00, 01			N	ISA03 must be a value listed in Valid Values column	ISA-IEA	Y
ISA04	Security Information	AN	10-10	R						N	If ISA03 = 01, then ISA04 must be > spaces	ISA-IEA	Y
ISA05	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ			N	ISA05 must be a value listed in Valid Values column	ISA-IEA	Y
ISA06	Interchange Sender ID	AN	15-15	R						N	TRADING PARTNER AGREEMENT	ISA-IEA	Y
ISA07	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ			N	ISA07 must be a value listed in Valid Values column	ISA-IEA	Y
ISA08	Interchange Receiver ID	AN	15-15	R						N	TRADING PARTNER AGREEMENT	ISA-IEA	Y
ISA09	Interchange Date	DT	6-6	R			YYMMDD			N	ISA09 must be a valid date and cannot be a future date in the format listed in Valid Values column	ISA-IEA	Y
ISA10	Interchange Time	TM	4-4	R			HHMM			N	ISA10 must be a valid 24 hour clock based time in the format listed in Valid Values column	ISA-IEA	Y
ISA11	Interchange Control Standards ID	ID	1-1	R			U			N	ISA11 must be a value listed in Valid Values column	ISA-IEA	Y
ISA12	Interchange Control Version Number	ID	5-5	R			00401			N	ISA12 must be a value listed in Valid Values column	ISA-IEA	Y
ISA13	Interchange Control Number	N0	9-9	R						N	MUST BE THE SAME AS DATA IN IEA02	ISA-IEA	Y
ISA14	Acknowledgement Requested	ID	1-1	R			0, 1			N	ISA14 must be a value listed in Valid Values column	ISA-IEA	Y
ISA15	Usage Indicator	ID	1-1	R			P, T			N	ISA15 must be a value listed in Valid Values column	ISA-IEA	Y
ISA16	Component Element Separator	AN	1-1	R						N	MUST BE A VALUE OTHER THAN VALUE CHOSEN FOR THE DATA ELEMENT SEPERATOR AND SEGMENT TERMINATOR.	ISA-IEA	Y
GS	Functional Group Header		1	R	___	1			B.8				
GS01	Functional Identifier Code	ID	2-2	R			HC	HC		N	GS01 must be a value listed in Valid Values column	ISA-IEA	Y
GS02	Application Sender Code	AN	2-15	R						N	TRADING PARTNER AGREEMENT	ISA-IEA	Y
GS03	Application Receiver Code	AN	2-15	R						N	TRADING PARTNER AGREEMENT	ISA-IEA	Y
GS04	Date	DT	8-8	R			CCYYMMDD			N	GS04 must be a valid date and cannot be a future date in the format listed in Valid Values column	ISA-IEA	Y
GS05	Time	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD			N	GS05 must be a valid 24 hour clock based time in one of the formats listed in Valid Values column	ISA-IEA	Y
GS06	Group Control Number	N0	1-9	R						N	MUST BE THE SAME AS DATA IN GE02	ISA-IEA	Y
GS07	Responsible Agency Code	ID	1-2	R			X			N	GS07 must be a value listed in Valid Values column	ISA-IEA	Y
GS08	Version Identifier Code	AN	1-12	R			004010X096A1			N	GS08 must be a value listed in Valid Values column	ISA-IEA	Y
ST	Transaction Set Header		1	R	___				56				
ST01	Transaction Set Identifier Code	ID	3-3	R			837	837		Y	ST01 must be a value listed in Valid Values column	ISA-IEA	Y
ST02	Transaction Set Control Number	AN	4-9	R						Y	ST02 must be > spaces, must be a unique number within a specific GS-GE and ISA-IEA and must be the same number supplied in SE02	ISA-IEA	Y

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
BHT	Beginning of Hierarchical Transaction		1	R					57	Y	Max use 1		
BHT01	Hierarchical Structure Code	ID	4-4	R			0019	0019		Y	BHT01 must be a value listed in Valid Values column	ISA-IEA	Y
BHT02	Transaction Set Purpose Code	ID	2-2	R			00, 18			Y	BHT02 must be a value listed in Valid Values column	ISA-IEA	Y
BHT03	Originator Application Transaction ID	AN	1-30	R						Y	BHT03 must be > spaces	ISA-IEA	Y
BHT04	Transaction Set Creation Date	DT	8-8	R			CCYYMMDD			Y	BHT04 must be a valid date and cannot be a future date in the format listed in Valid Values column	ISA-IEA	Y
BHT05	Transaction Set Creation Time	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD			Y	BHT05 must be a valid 24 hour clock based time in one of the formats listed in Valid Values column	ISA-IEA	Y
BHT06	Claim or Encounter ID	ID	2-2	R			CH, RP			Y	BHT06 must be a value listed in Valid Values column	ISA-IEA	Y
REF	Transmission Type Identification		1	R					60	Y	Max use 1		
REF01	Reference Identification Qualifier	ID	2-3	R			87	87		Y	REF01 must be a value listed in Valid Values column	ISA-IEA	Y
REF02	Transmission Type Code	AN	1-30	R			004010X096A1 or 004010X096DA1			Y	REF02 must be a value listed in Valid Values column	ISA-IEA	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification Qualifier			N/U						N			
NM1	Submitter Name		1	R	1000A	1			61	Y	Max use 1		
NM101	Entity Identifier Code	ID	2-3	R			41	41		Y	NM101 must be a value listed in Valid Values column	ISA-IEA	Y
NM102	Entity Type Qualifier	ID	1-1	R			1, 2			Y	NM102 must be a value listed in Valid Values column	ISA-IEA	Y
NM103	Submitter Last or Organization Name	AN	1-35	R						Y	NM103 must be > spaces	ISA-IEA	Y
NM104	Submitter First Name	AN	1-25	S						Y	If NM102 = 1 then NM104 must be > spaces	ISA-IEA	Y
NM105	Submitter Middle Name	AN	1-25	S						N		ISA-IEA	Y
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Name Suffix	AN	1-10	N/U						N			
NM108	Identification Code Qualifier	ID	1-2	R			46	46		Y	NM108 must be a value listed in Valid Values column	ISA-IEA	Y
NM109	Submitter Identifier	AN	2-80	R						N		ISA-IEA	Y
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
PER	Submitter EDI Contact Information		2	R	1000A				64	Y	Max use 2		
PER01	Contact Function Code	ID	2-2	R			IC	IC		Y	PER01 must be a value listed in Valid Values column	ISA-IEA	Y
PER02	Submitter Contact Name	AN	1-60	R						Y	PER02 must be > spaces	ISA-IEA	Y
PER03	Communication Number Qualifier	ID	2-2	R			ED, EM, FX, TE			Y	PER03 must be a value listed in Valid Values column	ISA-IEA	Y
PER04	Communication Number	AN	1-80	R						N		ISA-IEA	Y
PER05	Communication Number Qualifier	ID	2-2	S			ED, EM, EX, FX, TE			Y	PER05 must be a value listed in Valid Values column if supplied	ISA-IEA	Y
PER06	Communication Number	AN	1-80	S						N		ISA-IEA	Y
PER07	Communication Number Qualifier	ID	2-2	S			ED, EM, EX, FX, TE			Y	PER07 must be a value listed in Valid Values column if supplied	ISA-IEA	Y

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PER08	Communication Number	AN	1-80	S						N		ISA-IEA	Y
PER09	Contact Inquiry Reference	AN	1-20	N/U						N			
NM1	Receiver Name		1	R	1000B	1			67	Y	Max use 1		
NM101	Entity Identifier Code	ID	2-3	R			40	40		Y	NM101 must be a value listed in Valid Values column	ISA-IEA	Y
NM102	Entity Type Qualifier	ID	1-1	R			2	2		Y	NM102 must be a value listed in Valid Values column	ISA-IEA	Y
NM103	Receiver Name	AN	1-35	R						Y	NM103 must be > spaces	ISA-IEA	Y
NM104	Name First	AN	1-25	N/U						N			
NM105	Name Middle	AN	1-25	N/U						N			
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Name Suffix	AN	1-10	N/U						N			
NM108	Identification Code Qualifier	ID	1-2	R			46	46		Y	NM108 must be a value listed in Valid Values column	ISA-IEA	Y
NM109	Receiver Primary Identifier	AN	2-80	R						N		ISA-IEA	Y
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
HL	Billing Provider Hierarchical Level		1	R	2000A	>1			69	Y	Min use 1, no upper limit		
HL01	Hierarchical ID Number	AN	1-12	R						Y	HL01 must be numeric, begin with 1 and be incremented by one each time an HL is used in the transaction set	PHL	Y
HL02	Hierarchical Parent ID Number	AN	1-12	N/U						N			
HL03	Hierarchical Level Code	ID	1-2	R			20	20		Y	HL03 must be a value listed in Valid Values column	PHL	Y
HL04	Hierarchical Child Code	ID	1-1	R			1	1		Y	Must be a value in Medicare-Values	PHL	Y
PRV	Billing Provider Specialty Information		1	S	2000A				71	Y	Max use 1		
PRV01	Provider Code	ID	1-3	R			BI,PT			Y	PRV01 must be a value listed in Valid Values column	PHL	Y
PRV02	Reference Identification Qualifier	ID	2-3	R			ZZ			Y	PRV02 must be a value listed in Valid Values column	PHL	Y
PRV03	Provider Taxonomy Code	AN	1-30	R						N		PHL	Y
PRV04	State or Province Code	ID	2-2	N/U						N			
PRV05	PROVIDER SPECIALTY INFORMATION			N/U						N			
PRV06	Provider Organization Code	ID	3-3	N/U						N			
CUR	Foreign Currency Information		1	S	2000A				73	Y	Max use 1		
CUR01	Entity Identifier Code	ID	2-3	R			85			Y	CUR01 must be a value listed in Valid Values column	PHL	Y
CUR02	Currency Code	ID	3-3	R						N		PHL	Y
CUR03	Exchange Rate	R	4-10	N/U						N			
CUR04	Entity Identifier Code	ID	2-3	N/U						N			
CUR05	Currency Code	ID	3-3	N/U						N			
CUR06	Currency Market/Exchange Code	ID	3-3	N/U						N			
CUR07	Date/Time Qualifier	ID	3-3	N/U						N			
CUR08	Date	DT	8-8	N/U						N			
CUR09	Time	TM	4-8	N/U						N			
CUR10	Date/Time Qualifier	ID	3-3	N/U						N			
CUR11	Date	DT	8-8	N/U						N			
CUR12	Time	TM	4-8	N/U						N			
CUR13	Date/Time Qualifier	ID	3-3	N/U						N			

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CUR14	Date	DT	8-8	N/U						N			
CUR15	Time	TM	4-8	N/U						N			
CUR16	Date/Time Qualifier	ID	3-3	N/U						N			
CUR17	Date	DT	8-8	N/U						N			
CUR18	Time	TM	4-8	N/U						N			
CUR19	Date/Time Qualifier	ID	3-3	N/U						N			
CUR20	Date	DT	8-8	N/U						N			
CUR21	Time	TM	4-8	N/U						N			
NM1	Billing Provider Name		1	R	2010AA	1			76	Y	Max use 1		
NM101	Entity Identifier Code	ID	2-3	R			85	85		Y	NM101 must be a value listed in Valid Values column	PHL	Y
NM102	Entity Type Qualifier	ID	1-1	R			2	2		Y	NM102 must be a value listed in Valid Values column	PHL	Y
NM103	Billing Provider Last or Organizational Name	AN	1-35	R						Y	NM103 must be > spaces	PHL	Y
NM104	Billing Provider First Name	AN	1-25	N/U						N			
NM105	Billing Provider Middle Name	AN	1-25	N/U						N			
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Name Suffix	AN	1-10	N/U						N			
NM108	Identification Code Qualifier	ID	1-2	R			24, 34, XX			Y	NM108 must be a value listed in Valid Values column	PHL	Y
NM109	Billing Provider Identifier	AN	2-80	R						N		PHL	Y
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
N3	Billing Provider Address		1	R	2010AA				79	Y	Max use 1		
N301	Billing Provider Address Line	AN	1-55	R						Y	N301 must be > spaces	PHL	Y
N302	Billing Provider Address Line	AN	1-55	S						N		PHL	Y
N4	Billing Provider City/State/Zip		1	R	2010AA				80	Y	Max use 1		
N401	Billing Provider City Name	AN	2-30	R						Y	N401 must be > spaces	PHL	Y
N402	Billing Provider State	ID	2-2	R						Y	N402 must be > spaces. Source Code 22: States and Outlying Areas of the U.S.	PHL	Y
N403	Billing Provider Zip Code	ID	3-15	R						Y	If state code is not on list, N404 is required.	PHL	Y
N404	Billing Provider Country Code	ID	2-3	S						Y	Required if address is outside the U.S.	PHL	Y
N405	Location Qualifier	ID	1-2	N/U						N			
N406	Location Identifier	AN	1-30	N/U						N			
REF	Billing Provider Secondary Identification		8	S	2010AA				82	Y	MAX USE 8		
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	1C for Medicare Provider Number		Y	One of the 8 possible occurrences of this REF Segment must contain the value of '1C'. SY can not be used for Medicare.	PHL	Y
REF02	Billing Provider Additional Identifier	AN	1-30	R						Y	REF02 must be > spaces	PHL	Y
REF03	Description	AN	1-80	N/U						N			
REF04	REFERENCE IDENTIFIER			N/U						N			Y

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Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
REF	Credit/Debit Card Billing Information		8	S	2010AA				85		This information is only for use between a provider and a service organization offering patient collection services. This information should never be sent to the payer.		
REF01	Reference Identification Qualifier	ID	2-3	R			06, 08, 8U, EM, IJ, LU, RB, ST, TT	Credit Card information is not allowed by Medicare		N			
REF02	Billing Provider Credit Card Identifier	AN	1-30	R				Credit Card information is not allowed by Medicare		N			
REF03	Description	AN	1-80	N/U						N			
REF04	REFERENCE IDENTIFIER			N/U						N			
PER	Billing Provider Contact Information		2	S	2010AA				87	Y	MAX USE 2		
PER01	Contact Function Code	ID	2-2	R			IC	IC		Y	PER01 must be a value listed in Valid Values column	PHL	Y
PER02	Billing Provider Contact Name	AN	1-60	R						Y	PER02 must be > spaces	PHL	Y
PER03	Communication Number Qualifier	ID	2-2	R			EM, FX, TE			Y	PER03 must be a value listed in Valid Values column	PHL	Y
PER04	Communication Number	AN	1-80	R						N		PHL	Y
PER05	Communication Number Qualifier	ID	2-2	S			EM, EX, FX, TE			Y	PER05 must be a value listed in Valid Values column if supplied	PHL	Y
PER06	Communication Number	AN	1-80	S						N		PHL	Y
PER07	Communication Number Qualifier	ID	2-2	S			EM, EX, FX, TE			Y	PER07 must be a value listed in Valid Values column if supplied	PHL	Y
PER08	Communication Number	AN	1-80	S						N		PHL	Y
PER09	Contact Inquiry Reference	AN	1-20	N/U						N			
NM1	Pay-to-Provider		1	S	2010AB	1			91	Y	MAX USE 1		
NM101	Entity Identifier Code	ID	2-3	R			87	87		Y	NM101 must be a value listed in Valid Values column	PHL	Y
NM102	Entity Type Qualifier	ID	1-1	R			2	2		Y	NM102 must be a value listed in Valid Values column	PHL	Y
NM103	Pay-to Provider Last or Organization Name	AN	1-35	R						Y	NM103 must be > spaces	PHL	Y
NM104	Pay-to Provider First Name	AN	1-25	N/U						N			
NM105	Pay-to Provider Middle Name	AN	1-25	N/U						N			
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Name Suffix	AN	1-10	N/U						N			
NM108	Identification Code Qualifier	ID	1-2	R			24, 34, XX			Y	NM108 must be a value listed in Valid Values column	PHL	Y
NM109	Pay-to Provider Identifier	AN	2-80	R						N		PHL	Y
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
N3	Pay-To Provider Address		1	R	2010AB				94	Y	Required if the 2010AB - Pay-To-Provider NM1 is present		
N301	Pay-to Provider Address I	AN	1-55	R						Y	N301 must be > spaces	PHL	Y
N302	Pay-to Provider Address II	AN	1-55	S						Y	N302 must be > spaces if a second address line is supplied	PHL	Y

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N4	Pay-To Provider City/State/Zip		1	R	2010AB				95	Y	Required if the 2010AB - Pay-To-Provider NM1 is present		
N401	Pay-to Provider City Name	AN	2-30	R						Y	N401 must be > spaces	PHL	Y
N402	Pay-to Provider State Code	ID	2-2	R						Y	N402 must be > spaces. Source Code 22: States and Outlying Areas of the U.S. If state code is not on list, N404 is required.	PHL	Y
N403	Pay-to Provider Zip Code	ID	3-15	R						Y		PHL	Y
N404	Pay-to Provider Country Code	ID	2-3	S						Y	Required if address is outside the U.S.	PHL	Y
N405	Location Qualifier	ID	1-2	N/U						N			
N406	Location Identifier	AN	1-30	N/U						N			
REF	Pay-To Provider Secondary Identification		5	S	2010AB				97	Y	MAX USE 5		
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	1C for Medicare Provider Number		Y	One of the 5 occurrences of this REF Segment must contain the value of '1C'. SY can not be used for Medicare.	PHL	Y
REF02	Pay-to Provider Additional Identifier	AN	1-30	R						Y	REF02 must be > spaces	PHL	Y
REF03	Description	AN	1-30	N/U						N			
REF04	REFERENCE IDENTIFIER			N/U						N			
HL	Subscriber Hierarchical Level		1	R	2000B	>1			99	Y	Min use 1		
HL01	Hierarchical ID Number	AN	1-12	R						N		Claim	Y
HL02	Hierarchical Parent ID Number	AN	1-12	R						Y	HL02 must be > spaces	Claim	Y
HL03	Hierarchical Level Code	ID	1-2	R				22		Y	must be a value listed in Valid Values column	Claim	Y
HL04	Hierarchical Child Code	ID	1-1	R				0, 1		Y	Must be a value listed in Valid Values column	Claim	Y
SBR	Subscriber Information		1	R	2000B				101	Y	Max use 1		
SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R				P, S, T		Y	SBR01 must be value listed in Valid Values column	Claim	Y
SBR02	Relationship Code	ID	2-2	S				18		Y	SBR02 must be a value listed in Valid Values column	Claim	Y
SBR03	Insured Group or Policy Number	AN	1-30	S				spaces		Y		Claim	Y
SBR04	Insured Group Name	AN	1-60	S				"MEDICARE"		Y	Used only when no data is reported in SBR03	Claim	Y
SBR05	Insurance Type Code	ID	1-3	N/U						N			
SBR06	Coordination of Benefits Code	ID	1-1	N/U						N			
SBR07	Yes/No Condition or Response Code	ID	1-1	N/U						N			
SBR08	Employment Status Code	ID	2-2	N/U						N			
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	MA	Y	SBR09 must contain the value of MA	Claim	Y
NM1	Subscriber Name		1	R	2010BA	1			108	Y	Max use 1		
NM101	Entity Identifier Code	ID	2-3	R				IL	IL	Y	NM101 must be a value listed in Valid Values column	Claim	Y

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Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
NM102	Entity Type Qualifier	ID	1-1	R			1, 2	1		Y	NM102 must be a value listed in Valid Values column	Claim	Y
NM103	Subscriber Last Name	AN	1-35	R						Y	Must be > spaces. If SBR02 = 18 and NM102 = 1, then the 1st position of the field must be alphabetic and not spaces	Claim	Y
NM104	Subscriber First Name	AN	1-25	S						Y	If NM102 = 1 and SBR02 = 18 then NM104 must be > spaces	Claim	Y
NM105	Subscriber Middle Name	AN	1-25	S						N		Claim	Y
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Subscriber Suffix Name	AN	1-10	S						N		Claim	Y
NM108	Identification Code Qualifier	ID	1-2	S			MI, ZZ	MI		Y	NM108 must contain MI	Claim	Y
NM109	Subscriber Primary Identifier	AN	2-80	S						Y	If NM102 = 1 this field must be > spaces	Claim	Y
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
N3	Subscriber Address		1	S	2010BA				112	Y	MAX USE 1. Required if 2000B-SBR02=18		
N301	Subscriber Address Line	AN	1-55	R						N		Claim	Y
N302	Subscriber Address Line	AN	1-55	S						N		Claim	Y
N4	Subscriber City, State, Zip		1	S	2010BA				113	Y	MAX USE 1. Required if 2000B-SBR02=18		
N401	Subscriber City Name	AN	2-30	R						Y	N401 must be > spaces	Claim	Y
N402	Subscriber State Code	ID	2-2	R						Y	N402 must be > spaces. Source Code 22: States and Outlying Areas of the U.S.	Claim	Y
N403	Subscriber Postal Zip Code	ID	3-15	R						Y	If state code is not on list, N404 is required.		Y
N404	Subscriber Country Code	ID	2-3	S						Y	Required if address is outside the U.S.		Y
N405	Location Qualifier	ID	1-2	N/U						N			
N406	Location Identifier	AN	1-30	N/U						N			
DMG	Subscriber Demographic Information		1	S	2010BA				115	Y	MAX USE 1. Required if 2000B-SBR02=18		
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8			Y	DMG01 must contain the value listed in Valid Values column	Claim	Y
DMG02	Subscriber Birth Date	AN	1-35	R			CCYYMMDD			N		Claim	Y
DMG03	Subscriber Gender Code	ID	1-1	R			F, M, U			Y	DMG03 must be a value listed in Valid Values column	Claim	Y
DMG04	Marital Status Code	ID	1-1	N/U						N			
DMG05	Race or Ethnicity Code	ID	1-1	N/U						N			
DMG06	Citizenship Status Code	ID	1-2	N/U						N			
DMG07	Country Code	ID	2-3	N/U						N			
DMG08	Basis of Verification Code	ID	1-2	N/U						N			
DMG09	Quantity	R	1-15	N/U						N			
REF	Subscriber Secondary Identification		4	S	2010BA				117	Y	MAX USE 4		
REF01	Reference Identification Qualifier	ID	2-3	R			1W, 23, IG, SY	23 or 1G. SY may not be used for Medicare		Y	If 2010BA.NM108=MI, then REF01 cannot equal 1W. SY can not be used for Medicare.	Claim	Y

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
REF02	Subscriber Supplemental Identifier	AN	1-30	R						Y	REF02 must be > spaces if REF01 contains a value other than 1W	Claim	Y
REF03	Description	AN	1-30	N/U						N			
REF04	Reference Identification			N/U						N			
REF	Property and Casualty Claim Number		1	S	2010BA				119	N			
REF01	Reference Identification Qualifier	ID	2-3	R			Y4			N			N
REF02	Property and Casualty Claim Number	AN	1-30	R						N			N
REF03	Description	AN	1-30	N/U						N			
REF04	Reference Identification			N/U						N			
NM1	Credit/Debit Card Account Holder Name		1	S	2010BB	1		Credit Card Information not allowed by Medicare	121		This information is only for use between a provider and a service organization offering patient collection services. This information should never be sent to the payer.		
NM101	Entity Identifier Code	ID	2-3	R			AO			N			
NM102	Entity Type Qualifier	ID	1-1	R			1,2			N			
NM103	Credit or Debit Card Holder Last or Organizational Name	AN	1-35	R						N			
NM104	Credit or Debit Card Holder First Name	AN	1-25	S						N			
NM105	Credit or Debit Card Holder Middle Name	AN	1-25	S						N			
NM106	Credit or Debit Card Holder Name Prefix	AN	1-10	N/U						N			
NM107	Credit or Debit Card Holder Name Suffix	AN	1-10	S						N			
NM108	Identification Code Qualifier	ID	1-2	R			MI			N			
NM109	Credit or Debit Card Number	AN	2-80	R						N			
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
REF	Credit/Debit Card Information		2	S	2010BB			Credit Card Information not allowed by Medicare	124		This information is only for use between a provider and a service organization offering patient collection services. This information should never be sent to the payer.		
REF01	Reference Identification Qualifier	ID	2-3	R			AB, BB			N			
REF02	Billing Provider Credit Card Identifier	AN	1-30	R						N			
REF03	Description	AN	1-80	N/U						N			
REF04	REFERENCE IDENTIFIER			N/U						N			
NM1	Payer Name		1	R	2010BC	1			126	Y	Max use 1		

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
NM101	Entity Identifier Code	ID	2-3	R			PR	PR		Y	NM101 must be a value listed in Valid Values column	Claim	Y
NM102	Entity Type Qualifier	ID	1-1	R			2	2		Y	NM102 must be a value listed in Valid Values column	Claim	Y
NM103	Payer Name	AN	1-35	R						Y	NM103 must be > spaces	Claim	Y
NM104	Name First	AN	1-25	N/U						N			
NM105	Name Middle	AN	1-25	N/U						N			
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Name Suffix	AN	1-10	N/U						N			
NM108	Identification Code Qualifier	ID	1-2	R			PI, XV			Y	NM108 must be a value listed in Valid Values column	Claim	Y
NM109	Payer Identifier	AN	2-80	R						N		Claim	Y
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
N3	Payer Address		1	S	2010BC				129	Y	MAX USE 1		
N301	Payer Address Line	AN	1-55	R						N- changed from 'Y' 5/30/01	N301 must be > spaces	Claim	Y
N302	Payer Address Line	AN	1-55	S						N		Claim	Y
N4	Payer City/State/Zip		1	S	2010BC				130	Y	MAX USE 1		
N401	Payer City Name	AN	2-30	R						Y	N401 must be > spaces if this segment is supplied	Claim	Y
N402	Payer State Code	ID	2-2	R						Y	N402 must be > spaces. Source Code 22: States and Outlying Areas of the U.S.	Claim	Y
N403	Payer Zip Code	ID	3-15	R						Y	If state code is not on list, N404 is required.	Claim	Y
N404	Payer Country Code	ID	2-3	S						Y	Required if address is outside the U.S.	Claim	Y
N405	Location Qualifier	ID	1-2	N/U						N			
N406	Location Identifier	AN	1-30	N/U						N			
REF	Payer Secondary Identification		3	S	2010BC				132	Y	MAX USE 3		
REF01	Reference Identification Qualifier	ID	2-3	R			2U, FY, NF, TJ			Y	REF01 must be a value listed in Valid Values column	Claim	Y
REF02	Payer Additional Identifier	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			
NM1	Responsible Party Name		1	S	2010BD	1			134	Y	MAX USE 1		
NM101	Entity Identifier Code	ID	2-3	R			QD			Y	NM101 must be a value listed in Valid Values column	Claim	Y
NM102	Entity Type Qualifier	ID	1-1	R			1, 2			Y	NM102 must be a value listed in Valid Values column	Claim	Y
NM103	Responsible Party Last or Organization Name	AN	1-35	R						Y	NM103 must be > spaces	Claim	Y
NM104	Responsible Party First Name	AN	1-25	S						Y	If NM102 = 1, then NM104 must be > spaces	Claim	Y
NM105	Responsible Party Middle Name	AN	1-25	S						N		Claim	Y
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Responsible Party Suffix Name	AN	1-10	S						N		Claim	Y
NM108	Identification Code Qualifier	ID	1-2	N/U						N			

Element Id	Description	X12 Element Attributes							X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values					
NM109	Identification Code	AN	2-80	N/U					N				
NM110	Entity Relationship Code	ID	2-2	N/U					N				
NM111	Entity Identifier Code	ID	2-3	N/U					N				
N3	Responsible Party Address		1	R	2010BD				136	Y	Required if the 2010BD - Responsible Party Name NM1 is present		
N301	Responsible Party Address Line	AN	1-55	R					N		Claim	Y	
N302	Responsible Party Address Line	AN	1-55	S					N		Claim	Y	
N4	Responsible Party City/State/Zip		1	R	2010BD				137	Y	Required if the 2010BD - Responsible Party Name NM1 is present		
N401	Responsible Party City Name	AN	2-30	R					Y		N401 must be > spaces	Claim	Y
N402	Responsible Party State Code	ID	2-2	R					Y		N402 must be > spaces. Source Code 22: States and Outlying Areas of the U.S.	Claim	Y
N403	Responsible Party Zip Code	ID	3-15	R					Y		If state code is not on list, N404 is required.	Claim	Y
N404	Responsible Party Country Code	ID	2-3	S					Y		Required if address is outside the U.S.	Claim	Y
N405	Location Qualifier	ID	1-2	N/U					N				
N406	Location Identifier	AN	1-30	N/U					N				
HL	Patient Hierarchical Level		1	S	2000C	>1			139	Y	MAX USE 1. REQUIRED IF 2000B-SBR02 NOT = 18, I.E. BLANK		
HL01	Hierarchical ID Number	AN	1-12	R					N			Claim	Y
HL02	Hierarchical Parent ID Number	AN	1-12	R					Y		HL02 must be > spaces	Claim	Y
HL03	Hierarchical Level Code	ID	1-2	R			23		Y		HL03 must be a value listed in Valid Values column	Claim	Y
HL04	Hierarchical Child Code	ID	1-1	R			0		Y		HL04 must be a value listed in Valid Values column	Claim	Y
PAT	Patient Information		1	R	2000C				141	Y	MAX USE 1. REQUIRED IF 2000B-SBR02 NOT = 18, I.E. BLANK		
PAT01	Patients Relationship to Insured	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		Y		PAT01 must be a value listed in Valid Values column	Claim	Y
PAT02	Patient Location Code	ID	1-1	N/U					N				
PAT03	Employment Status Code	ID	1-1	N/U					N				
PAT04	Student Status Code	ID	1-1	N/U					N				
PAT05	Date Time Period Format Qualifier	ID	2-3	N/U					N				
PAT06	Insured Individual Death Date	AN	1-35	N/U					N				
PAT07	Unit or Basis for Measurement Code	ID	2-2	N/U					N			Claim	Y
PAT08	Patient Weight	R	1-10	N/U					N			Claim	Y
PAT09	Pregnancy Indicator	AN	1-1	N/U					N			Claim	Y
NM1	Patient Name		1	R	2010CA	1			145	Y	MAX USE 1. REQUIRED IF 2000B-SBR02 NOT = 18, I.E. BLANK		
NM101	Entity Identifier Code	ID	2-3	R			QC		Y		NM101 must be a value listed in Valid Values column	Claim	Y

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
NM102	Entity Type Qualifier	ID	1-1	R			1			Y	NM102 must be a value listed in Valid Values column	Claim	Y
NM103	Patient Last Name	AN	1-35	R						Y	NM103 must be > spaces	Claim	Y
NM104	Patient First Name	AN	1-25	R						Y	NM104 must be > spaces	Claim	Y
NM105	Patient Middle Name	AN	1-25	S						N		Claim	Y
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Patient Generation	AN	1-10	S						N		Claim	Y
NM108	Identification Code Qualifier	ID	1-2	S			MI, ZZ			Y	NM108 must be a value listed in Valid Values column	Claim	Y
NM109	Patient Primary Identifier	AN	2-80	S						N		Claim	Y
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
N3	Patient Address		1	R	2010CA				148	Y	MAX USE 1. REQUIRED IF 2000B-SBR02 NOT = 18, I.E. BLANK		
N301	Patient Address Line	AN	1-55	R						N		Claim	Y
N302	Patient Address Line	AN	1-55	S						N		Claim	Y
N4	Patient City/State/Zip		1	R	2010CA				149	Y	MAX USE 1. REQUIRED IF 2000B-SBR02 NOT = 18, I.E. BLANK		
N401	Patient City Name	AN	2-30	R						Y	N401 must be > spaces	Claim	Y
N402	Patient State Code	ID	2-2	R						Y	N402 must be > spaces. Source Code 22: States and Outlying Areas of the U.S. If state code is not on list, N404 is required.	Claim	Y
N403	Patient Postal Zip Code	ID	3-15	R						Y		Claim	Y
N404	Patient Country Code	ID	2-3	S						Y	Required if address is outside the U.S.	Claim	Y
N405	Location Qualifier	ID	1-2	N/U						N			
N406	Location Identifier	AN	1-30	N/U						N			
DMG	Patient Demographic Information		1	R	2010CA				151	Y	MAX USE 1. REQUIRED IF 2000B-SBR02 NOT = 18, I.E. BLANK		
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8			Y	DMG01 must be a value listed in Valid Values column	Claim	Y
DMG02	Patient Birth Date	AN	1-35	R			CCYYMMDD			Y	DMG02 must be a valid date and cannot be future dated	Claim	Y
DMG03	Patient Gender Code	ID	1-1	R			F, M, U			Y	DMG03 must be a value listed in Valid Values column	Claim	Y
DMG04	Marital Status Code	ID	1-1	N/U						N			
DMG05	Race or Ethnicity Code	ID	1-1	N/U						N			
DMG06	Citizenship Status Code	ID	1-2	N/U						N			
DMG07	Country Code	ID	2-3	N/U						N			
DMG08	Basis of Verification Code	ID	1-2	N/U						N			
DMG09	Quantity	R	1-15	N/U						N			
REF	Patient Secondary Identification		5	S	2010CA				153	Y	MAX USE 5. APPLICABLE ONLY IF 2000B-SBR02 NOT = 18, I.E. BLANK		
REF01	Reference Identification Qualifier	ID	2-3	R			1W, 23, IG, SY	SY may not be used for Medicare		Y	REF01 must be a value listed in Valid Values column. SY can not be used for Medicare.	Claim	Y
REF02	Patient Secondary Identifier	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-30	N/U						N			
REF04	Reference Identification			N/U						N			

Element Id	Description	X12 Element Attributes							X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values					
REF	Property and Casualty Claim Number		1	S	2010CA				155	Y	MAX USE 1		
REF01	Reference Identification Qualifier	ID	2-3	R			Y4			N			
REF02	Property Casualty Claim Number	AN	1-30	R						N			
REF03	Description	AN	1-30	N/U						N			
REF04	Reference Identification			N/U						N			
CLM	Claim Information		1	R	2300	100			157	Y	At least 1 occurrence of the 2300. CLM loop must be present		
CLM01	Patient Account Number	AN	1-38	R						N			Y
CLM02	Total Claim Charge Amount	R	1-18	R			This field cannot be a negative value.			Y	CLM02 must be numeric	Claim	Y
CLM03	Claim Filing Indicator	ID	1-2	N/U						N			
CLM04	Non-Institutional Claim Type Code	ID	1-2	N/U						N			
CLM05	HEALTH CARE SERVICE LOCATION INFORMATION			R									
CLM05-1	Facility Type Value	AN	1-2	R						Y	CLM05-1 must be > spaces	Claim	Y
CLM05-2	Facility Code Qualifier	ID	1-2	R			A	A		Y	CLM05-2 must be a value listed in Valid Values column	Claim	Y
CLM05-3	Claim Frequency Code	ID	1-1	R						Y	CLM05-3 must be > spaces	Claim	Y
CLM06	Provider Signature Indicator	ID	1-1	R			N, Y			Y	CLM06 must be a value listed in Valid Values column	Claim	Y
CLM07	Medicare Assignment Code	ID	1-1	S			A, C			Y	CLM07 must be a value listed in Valid Values column	Claim	Y
CLM08	Benefits Assignment Certification Indicator	ID	1-1	R			N, Y			Y	CLM08 must be a value listed in Valid Values column	Claim	Y
CLM09	Release of Information Code	ID	1-1	R			A, I, M, N, O, Y			Y	CLM09 must be a value listed in Valid Values column	Claim	Y
CLM10	Patient Signature Source Code	ID	1-1	N/U						N			
CLM11	RELATED CAUSES INFORMATION			N/U						N			
CLM12	Special Program Code	ID	2-3	N/U						N		Claim	Y
CLM13	Yes/No Condition Code	ID	1-1	N/U						N			
CLM14	Level of Service Code	ID	1-3	N/U						N			
CLM15	Yes/No Condition Code	ID	1-1	N/U						N			
CLM16	Participation Agreement	ID	1-1	N/U						N			
CLM17	Claim Status Code	ID	1-2	N/U						N			
CLM18	Yes/No Condition Code	ID	1-1	R			N, Y			Y	CLM18 must be a value listed in Valid Values column	Claim	Y
CLM19	Claim Submission Reason Code	ID	2-2	N/U						N			
CLM20	Delay Reason Code	ID	1-2	S			1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11			Y	CLM20 must be a value listed in Valid Values column if supplied	Claim	Y
DTP	Date - Discharge Hour		1	S	2300				165	Y	MAX USE 1		
DTP01	Date/Time Qualifier	ID	3-3	R			096			Y	DTP01 must be a value listed in Valid Values column	Claim	Y
DT002	Date Time Period Format Qualifier	ID	2-3	R			TM			Y	DT002 must be a value listed in Valid Values column	Claim	Y
DTP03	Discharge Hour	AN	1-35	R			HHMM			Y	DTP03 must be a valid 24 clock based time in the format listed in Valid Values column	Claim	Y

Element Id	Description	X12 Element Attributes						Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format						
DTP	Date - Statement Dates		1	R	2300			167	Y	MAX USE 1			
DTP01	Date/Time Qualifier	ID	3-3	R			434		Y	DTP01 must be a value listed in Valid Values column	Claim	Y	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8		Y	DTP02 must be a value listed in Valid Values column	Claim	Y	
DTP03	Statement From and Through Date	AN	1-35	R			CCYYMMDD (D8) or CCYYMMDD- CCYYMMDD (RD8)		Y	DTP03 must be a valid date and not a future date.	Claim	Y	
DTP	Date - Admission Date/Hour		1	S	2300			169	Y	MAX USE 1			
DTP01	Date/Time Qualifier	ID	3-3	R			435		Y	DTP01 must be a value listed in Valid Values column	Claim	Y	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			DT		Y	DTP02 must be a value listed in Valid Values column	Claim	Y	
DTP03	Admission Date and Hour	AN	1-35	R			CCYYMMDDHHMM		Y	DTP03 must be a valid date and time in the format listed in Valid Values column	Claim	Y	
CL1	Institutional Claim Codes		1	S	2300			171	Y	MAX USE 1			
CL101	Admission Type Code	ID	1-1	S					Y	CL101 must be > spaces	Claim	Y	
CL102	Admission Source Code	ID	1-1	S					Y	CL102 must be > spaces	Claim	Y	
CL103	Patient Status Code	ID	1-2	S					Y	CL103 must be > spaces	Claim	Y	
CL104	Nursing Home Residential Status Code	ID	1-1	N/U					N				
PWK	Claim Supplemental Information		10	S	2300			173	Y	MAX USE 10			
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		Y	PWK01 must be a value listed in Valid Values column	Claim	Y	
PWK02	Attachment Transmission Code	ID	1-2	R			AA, BM, EL, EM, FX		Y	See the Implementation Guide for logic	Claim	Y	
PWK03	Report Copies Needed	N0	1-2	N/U					N				
PWK04	Entity Identifier Code	ID	2-3	N/U					N				
PWK05	Identification Code Qualifier	ID	1-2	S			AC		Y	PWK05 must be a value listed in Valid Values column	Claim	Y	
PWK06	Attachment Control Number	AN	2-80	S					Y	PWK06 must be > spaces	Claim	Y	
PWK07	Description	AN	1-80	S					N		Claim	Y	
PWK08	Actions Indicated			N/U					N				
PWK09	Request Category Code	ID	1-2	N/U					N				
CN1	Contract Information		1	S	2300			176	Y	MAX USE 1			
CN101	Contract Type Code	ID	2-2	R			01, 02, 03, 04, 05, 06, 09		Y	CN101 must be a value listed in Valid Values column	Claim	Y	
CN102	Contract Amount	R	1-18	S					N		Claim	Y	
CN103	Contract Percent	R	1-6	S					N		Claim	Y	
CN104	Contract Code	AN	1-30	S					N		Claim	Y	
CN105	Terms Discount Percent	R	1-6	S					N		Claim	Y	

Element Id	Description	X12 Element Attributes							X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values					
CN106	Contract Version Identifier	AN	1-30	S					N		Claim	Y	
AMT	Payer Estimated Amount Due		1	S	2300				Y	MAX USE 1			
AMT01	Amount Qualifier Code	ID	1-3	R		C5			Y	AMT01 must be a value listed in Valid Values column	Claim	Y	
AMT02	Estimated Claim Due Amount	R	1-18	R					Y		Claim	Y	
AMT03	Credit/Debit Flag Code	ID	1-1	N/U					N				
AMT	Patient Estimated Amount Due		1	S	2300				Y	MAX USE 1			
AMT01	Amount Qualifier Code	ID	1-3	R		F3			Y	AMT01 must be a value listed in Valid Values column	Claim	Y	
AMT02	Patient Responsibility Amount	R	1-18	R					Y		Claim	Y	
AMT03	Credit/Debit Flag Code	ID	1-1	N/U					N				
AMT	Patient Amount Paid		1	S	2300				Y	MAX USE 1			
AMT01	Amount Qualifier Code	ID	1-3	R		F5			Y	AMT01 must be a value listed in Valid Values column	Claim	Y	
AMT02	Patient Amount Paid	R	1-18	R			Cannot be a negative value		Y		Claim	Y	
AMT03	Credit/Debit Flag Code	ID	1-1	N/U					N				
AMT	Credit/Debit Card Maximum Amount		1	S	2300				Y	This information is only for use between a provider and a service organization offering patient collection services. This information should never be sent to the payer.			
AMT01	Amount Qualifier Code	ID	1-3	R		MA				AMT01 must be a value listed in Valid Values column			
AMT02	Credit/Debit Card Maximum Amount	R	1-18	R					N				
AMT03	Credit/Debit Flag Code	ID	1-1	N/U					N				
REF	Adjusted Repriced Claim Number		1	S	2300				Y	MAX USE 1			
REF01	Reference Identification Qualifier	ID	2-3	R		9C			Y	REF01 must be a value listed in Valid Values column	Claim	Y	
REF02	Adjusted Repriced Claim Reference Number	AN	1-30	R					Y	REF02 must be > spaces	Claim	Y	
REF03	Description	AN	1-80	N/U					N				
REF04	Reference Identification			N/U					N				
REF	Repriced Claim Number		1	S	2300				Y	MAX USE 1			
REF01	Reference Identification Qualifier	ID	2-3	R		9A			Y	REF01 must be a value listed in Valid Values column	Claim	Y	
REF02	Repriced Claim Reference Number	AN	1-30	R					Y	REF02 must be > spaces	Claim	Y	
REF03	Description	AN	1-80	N/U					N				
REF04	Reference Identification			N/U					N				

Element Id	Description	X12 Element Attributes							X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values					
REF	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries		1	S	2300				187	Y	MAX USE 1		
REF01	Reference Identification Qualifier	ID	2-3	R			D9			Y	REF01 must be a value listed in Valid Values column	Claim	Y
REF02	Value Added Network Trace Number	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			
REF	Document Identification Code		2	S	2300				189	Y	MAX USE 2		
REF01	Reference Identification Qualifier	ID	2-3	R			DD			Y	REF01 must be a value listed in Valid Values column	Claim	Y
REF02	Document Control Identifier	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			
REF	Original Reference Number		1	S	2300				191	Y	MAX USE 1		
REF01	Reference Identification Qualifier	ID	2-3	R			F8			Y	REF01 must be a value listed in Valid Values column	Claim	Y
REF02	Claim Original Reference Number	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			
REF	Investigational Device Exemption Number		1	S	2300				193	Y	MAX USE 1		
REF01	Reference Identification Qualifier	ID	2-3	R			LX			Y	REF01 must be a value listed in Valid Values column	Claim	Y
REF02	Investigational Device Exemption Identifier	AN	1-30	R						Y	REF02 must be > spaces.	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			
REF	Service Authorization Exception Code		1	S	2300				195	Y	MAX USE 1		
REF01	Reference Identification Qualifier	ID	2-3	R			4N			Y	REF01 must be a value listed in Valid Values column	Claim	Y
REF02	Service Authorization Exception Code	AN	1-30	R			1, 2, 3, 4, 5, 6, 7			Y	REF02 must be a value listed in Valid Values column	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
REF	Peer Review Organization (PRO) Approval Number		1	S	2300				197	Y	MAX USE 1		
REF01	Reference Identification Qualifier	ID	2-3	R			G4			Y	REF01 must be a value listed in Valid Values column	Claim	Y
REF02	Peer Review Authorization Number	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			
REF	Prior Authorization or Referral Number		2	S	2300				198	Y	MAX USE 2		
REF01	Reference Number Qualifier	ID	2-3	R			9F, G1			Y	REF01 must be a value listed in Valid Values column	Claim	Y
REF02	Prior Authorization or Referral Number	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			
REF	Medical Record Number		1	S	2300				200	Y	MAX USE 1		
REF01	Reference Number Qualifier	ID	2-3	R			EA			Y	REF01 must be a value listed in Valid Values column	Claim	Y
REF02	Medical Record Number	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			
REF	Demonstration Project Identifier		1	S	2300				202	Y	MAX USE 1		
REF01	Reference Identification Qualifier	ID	2-3	R			P4			Y	REF01 must contain the value listed in Valid Values column	Claim	Y
REF02	Demonstration Project Identifier	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			
K3	File Information		10	S	2300				204	Y	MAX USE 10		
K301	Fixed Format Information	AN	1-80	R						N		Claim	Y
K302	Record Format Code	ID	1-2	N/U						N			
K303	Composite Unit of Measure			N/U						N			
NTE	Claim Note		10	S	2300				205	Y	MAX USE 10		
NTE01	Note Reference Code	ID	3-3	R			ALG, DCP, DGN, DME, MED, NTR, ODT, RHB, RLH, RNH, SET, SFM, SPT, UPI			Y	NTE01 must be a value listed in Valid Values column	Claim	Y
NTE02	Claim Note Text	AN	1-80	R						N		Claim	Y
NTE	Billing Note		1	S	2300				208	Y	MAX USE 1		
NTE01	Note Reference Code	ID	3-3	R			ADD			Y	NTE01 must be a value listed in Valid Values column if NTE02 is > spaces	Claim	Y
NTE02	Billing Note Text	AN	1-80	R						N		Claim	Y

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
CR6	Home Health Care Information		1	S	2300				210	Y	Max use 1. Required for Home Health Claims (CLM05-1 = 32, 33, or 34) when applicable.		
CR601	Prognosis Code	ID	1-1	R			1, 2, 3, 4, 5, 6, 7, 8			Y	CR601 must be a value listed in Valid Values column	Claim	Y
CR602	Service From Date	DT	8-8	R			CCYYMMDD			N		Claim	Y
CR603	Date Time Period Format Qualifier	ID	2-3	S			RD8			Y	CR603 must be a value listed in Valid Values column if CR604 is present	Claim	Y
CR604	Home Health Certification Period	AN	1-35	S			CCYYMMDD- CCYYMMDD			Y	CR604 must be a valid range of dates and must be in the format listed in Valid Values column	Claim	Y
CR605	Diagnosis Date	DT	8-8	R			CCYYMMDD			Y	CR605 must be a valid date and cannot be a future date	Claim	Y
CR606	Skilled Nursing Facility Indicator	ID	1-1	R			N, U, Y			Y	CR606 must be a value listed in Valid Values column	Claim	Y
CR607	Medicare Coverage Indicator	ID	1-1	R			N, Y			Y	CR607 must be a value listed in Valid Values column	Claim	Y
CR608	Certification Type Code	ID	1-1	R			I, R, S			Y	CR608 must be a value listed in Valid Values column	Claim	Y
	Date Surgical Procedure Performed	DT	8-8	S			CCYYMMDD			Y	CR609 must be a valid date and cannot be a future date	Claim	Y
CR610	Product or Service ID Qualifier	ID	2-2	S			HC, ID			Y	CR610 must be a value listed in Valid Values column	Claim	Y
CR611	Surgical Procedure Code	AN	1-15	S						N		Claim	Y
CR612	Physician Order Date	DT	8-8	S			CCYYMMDD			Y	CR612 must be a valid date and cannot be a future date	Claim	Y
CR613	Last Visit Date	DT	8-8	S			CCYYMMDD			Y	CR613 must be a valid date and cannot be a future date	Claim	Y
CR614	Physician Contact Date	DT	8-8	S			CCYYMMDD			Y	CR614 must be a valid date and cannot be a future date	Claim	Y
CR615	Date Time Period Format Qualifier	ID	2-3	S			RD8			Y	CR615 must be a value listed in Valid Values column if CR616 is present	Claim	Y
CR616	Admission Date and Discharge Date	AN	1-35	S			CCYYMMDD- CCYYMMDD			Y	CR616 must be a valid range of dates and must be in the format listed in Valid Values column	Claim	Y
CR617	Patient Discharge Facility Type Code	ID	1-1	R			A, B, C, D, E, F, G, H, L, M, O, R, S, T			Y	CR617 must be a value listed in Valid Values column	Claim	Y
CR618	Diagnosis Date - 1	DT	8-8	S			CCYYMMDD			Y	CR618 must be a valid date and cannot be a future date	Claim	Y
CR619	Diagnosis Date - 2	DT	8-8	S			CCYYMMDD			Y	CR619 must be a valid date and cannot be a future date	Claim	Y
CR620	Diagnosis Date - 3	DT	8-8	S			CCYYMMDD			Y	CR620 must be a valid date and cannot be a future date	Claim	Y
CR621	Diagnosis Date - 4	DT	8-8	S			CCYYMMDD			Y	CR621 must be a valid date and cannot be a future date	Claim	Y
CRC	Home Health Functional Limitations		3	S	2300				218	Y	MAX USE 3		
CRC01	Code Category	ID	2-2	R			75			Y	CRC01 must be a value listed in Valid Values column	Claim	Y
CRC02	Certification Condition Indicator	ID	1-1	R			N, Y			Y	CRC02 must be a value listed in Valid Values column	Claim	Y
CRC03	Functional Limitation Code	ID	2-2	R			AA, AL, BL, CO, DY, EL, HL, LB, OL, PA, SL			Y	CRC03 must be a value listed in Valid Values column	Claim	Y
CRC04	Functional Limitation Code	ID	2-2	S			AA, AL, BL, CO, DY, EL, HL, LB, OL, PA, SL			Y	CRC04 must be a value listed in Valid Values column	Claim	Y

Element Id	Description	X12 Element Attributes						Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format						
CRC05	Functional Limitation Code	ID	2-2	S			AA, AL, BL, CO, DY, EL, HL, LB, OL, PA, SL			Y	CRC05 must be a value listed in Valid Values column	Claim	Y
CRC06	Functional Limitation Code	ID	2-2	S			AA, AL, BL, CO, DY, EL, HL, LB, OL, PA, SL			Y	CRC06 must be a value listed in Valid Values column	Claim	Y
CRC07	Functional Limitation Code	ID	2-2	S			AA, AL, BL, CO, DY, EL, HL, LB, OL, PA, SL			Y	CRC07 must be a value listed in Valid Values column	Claim	Y
CRC	Home Health Activities Permitted		3	S	2300				221	Y	MAX USE 3		
CRC01	Code Category	ID	2-2	R			76			Y	CRC01 must be a value listed in Valid Values column	Claim	Y
CRC02	Certification Condition Code Applies Indicator	ID	1-1	R			N,Y			Y	CRC02 must be a value listed in Valid Values column	Claim	Y
CRC03	Activities Permitted Code	ID	2-2	R			BR, CA, CB, CR, EP, IH, NR, PW, TR, UT, WA, WR			Y	CRC03 must be a value listed in Valid Values column	Claim	Y
CRC04	Activities Permitted Code	ID	2-2	S			BR, CA, CB, CR, EP, IH, NR, PW, TR, UT, WA, WR			Y	CRC04 must be a value listed in Valid Values column	Claim	Y
CRC05	Activities Permitted Code	ID	2-2	S			BR, CA, CB, CR, EP, IH, NR, PW, TR, UT, WA, WR			Y	CRC05 must be a value listed in Valid Values column	Claim	Y
CRC06	Activities Permitted Code	ID	2-2	S			BR, CA, CB, CR, EP, IH, NR, PW, TR, UT, WA, WR			Y	CRC06 must be a value listed in Valid Values column	Claim	Y
CRC07	Activities Permitted Code	ID	2-2	S			BR, CA, CB, CR, EP, IH, NR, PW, TR, UT, WA, WR			Y	CRC07 must be a value listed in Valid Values column	Claim	Y
CRC	Home Health Mental Status		2	S	2300				224	Y	MAX USE 2		
CRC01	Code Category	ID	2-2	R			77			Y	CRC01 must be a value listed in Valid Values column	Claim	Y
CRC02	Certification Condition Indicator	ID	1-1	R			N,Y			Y	CRC02 must be a value listed in Valid Values column	Claim	Y
CRC03	Mental Status Code	ID	2-2	R			AG, CM, DI, DP, FO, LE, MC, OT			Y	CRC03 must be a value listed in Valid Values column	Claim	Y
CRC04	Mental Status Code	ID	2-2	S			AG, CM, DI, DP, FO, LE, MC, OT			N		Claim	Y
CRC05	Mental Status Code	ID	2-2	S			AG, CM, DI, DP, FO, LE, MC, OT			N		Claim	Y
CRC06	Mental Status Code	ID	2-2	S			AG, CM, DI, DP, FO, LE, MC, OT			N		Claim	Y
CRC07	Mental Status Code	ID	2-2	S			AG, CM, DI, DP, FO, LE, MC, OT			N		Claim	Y
HI	Health Care Information Code		1	S	2300				227	Y	MAX USE 1. (Addenda changed from Required to Situational and added note) Required on all claims and encounters except claims for Religious Non-medical claims (Bill types 4XX and 5XX) and hospital other (Bill type 14X).		

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
	HEALTH CARE CODE INFORMATION			R									
HI01-1	Diagnosis Type Code	ID	1-3	R			BK			Y	HI01-1 must be a value listed in Valid Values column	Claim	Y
HI01-2	Diagnosis Code	AN	1-30	R				Max size is 5, no decimals, AN with spaces		N		Claim	Y
HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI01-4	Date Time Period	AN	1-35	N/U						N			
HI01-5	Monetary Amount	R	1-18	N/U						N			
HI01-6	Quantity	R	1-15	N/U						N			
HI01-7	Version Identifier	AN	1-30	N/U						N			
	HEALTH CARE CODE INFORMATION			S									
HI02-1	Diagnosis Type Code	ID	1-3	R			BJ, ZZ			Y	HI02-1 must be a value listed in Valid Values column - changed from BF to BJ and ZZ 5/30/01	Claim	Y
HI02-2	Diagnosis Code	AN	1-30	R				Max size is 5, no decimals, AN with spaces		N		Claim	Y
HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI02-4	Date Time Period	AN	1-35	N/U						N			
HI02-5	Monetary Amount	R	1-18	N/U						N			
HI02-6	Quantity	R	1-15	N/U						N			
HI02-7	Version Identifier	AN	1-30	N/U						N			
	HEALTH CARE CODE INFORMATION			S									
HI03-1	Diagnosis Type Code	ID	1-3	R			BN			Y	HI03-1 must be a value listed in Valid Values column - changed from BF to BN 5/30/01	Claim	Y
HI03-2	Diagnosis Code	AN	1-30	R				Max size is 5, no decimals, AN with spaces		N		Claim	Y
HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI03-4	Date Time Period	AN	1-35	N/U						N			
HI03-5	Monetary Amount	R	1-18	N/U						N			
HI03-6	Quantity	R	1-15	N/U						N			
HI03-7	Version Identifier	AN	1-30	N/U						N			
	HEALTH CARE CODE INFORMATION			N/U									
HI04-1	Diagnosis Type Code	ID	1-3	N/U			BF			N			
HI04-2	Diagnosis Code	AN	1-30	N/U						N			
HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI04-4	Date Time Period	AN	1-35	N/U						N			
HI04-5	Monetary Amount	R	1-18	N/U						N			
HI04-6	Quantity	R	1-15	N/U						N			
HI04-7	Version Identifier	AN	1-30	N/U						N			
	HEALTH CARE CODE INFORMATION			N/U									
HI05-1	Diagnosis Type Code	ID	1-3	N/U			BF			N			
HI05-2	Diagnosis Code	AN	1-30	N/U						N			
HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI05-4	Date Time Period	AN	1-35	N/U						N			
HI05-5	Monetary Amount	R	1-18	N/U						N			

Element Id	Description	X12 Element Attributes							X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values					
HI05-6	Quantity	R	1-15	N/U					N				
HI05-7	Version Identifier	AN	1-30	N/U					N				
HI06	HEALTH CARE CODE INFORMATION			N/U									
HI06-1	Diagnosis Type Code	ID	1-3	N/U		BF			N				
HI06-2	Diagnosis Code	AN	1-30	N/U					N				
HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI06-4	Date Time Period	AN	1-35	N/U					N				
HI06-5	Monetary Amount	R	1-18	N/U					N				
HI06-6	Quantity	R	1-15	N/U					N				
HI06-7	Version Identifier	AN	1-30	N/U					N				
HI07	HEALTH CARE CODE INFORMATION			N/U									
HI07-1	Diagnosis Type Code	ID	1-3	N/U		BF			N				
HI07-2	Diagnosis Code	AN	1-30	N/U					N				
HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI07-4	Date Time Period	AN	1-35	N/U					N				
HI07-5	Monetary Amount	R	1-18	N/U					N				
HI07-6	Quantity	R	1-15	N/U					N				
HI07-7	Version Identifier	AN	1-30	N/U					N				
HI08	HEALTH CARE CODE INFORMATION			N/U									
HI08-1	Diagnosis Type Code	ID	1-3	N/U		BF			N				
HI08-2	Diagnosis Code	AN	1-30	N/U					N				
HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI08-4	Date Time Period	AN	1-35	N/U					N				
HI08-5	Monetary Amount	R	1-18	N/U					N				
HI08-6	Quantity	R	1-15	N/U					N				
HI08-7	Version Identifier	AN	1-30	N/U					N				
HI09	HEALTH CARE CODE INFORMATION			N/U									
HI09-1	Diagnosis Type Code	ID	1-3	N/U		BF			N				
HI09-2	Diagnosis Code	AN	1-30	N/U					N				
HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI09-4	Date Time Period	AN	1-35	N/U					N				
HI09-5	Monetary Amount	R	1-18	N/U					N				
HI09-6	Quantity	R	1-15	N/U					N				
HI09-7	Version Identifier	AN	1-30	N/U					N				
HI10	HEALTH CARE CODE INFORMATION			N/U									
HI10-1	Diagnosis Type Code	ID	1-3	N/U		BF			N				
HI10-2	Diagnosis Code	AN	1-30	N/U					N				
HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI10-4	Date Time Period	AN	1-35	N/U					N				
HI10-5	Monetary Amount	R	1-18	N/U					N				
HI10-6	Quantity	R	1-15	N/U					N				
HI10-7	Version Identifier	AN	1-30	N/U					N				
HI11	HEALTH CARE CODE INFORMATION			N/U									
HI11-1	Diagnosis Type Code	ID	1-3	N/U		BF			N				
HI11-2	Diagnosis Code	AN	1-30	N/U					N				
HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				

Element Id	Description	X12 Element Attributes							X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values					
HI11-4	Date Time Period	AN	1-35	N/U					N				
HI11-5	Monetary Amount	R	1-18	N/U					N				
HI11-6	Quantity	R	1-15	N/U					N				
HI11-7	Version Identifier	AN	1-30	N/U					N				
HI12	HEALTH CARE CODE INFORMATION			N/U									
HI12-1	Diagnosis Type Code	ID	1-3	N/U			BF		N				
HI12-2	Diagnosis Code	AN	1-30	N/U					N				
HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI12-4	Date Time Period	AN	1-35	N/U					N				
HI12-5	Monetary Amount	R	1-18	N/U					N				
HI12-6	Quantity	R	1-15	N/U					N				
HI12-7	Version Identifier	AN	1-30	N/U					N				
HI	Diagnosis Related Group (DRG) Information		1	S	2300			230	N	COB ONLY - DO NOT EDIT			
HI01	HEALTH CARE CODE INFORMATION			R									
HI01-1	Code List Qualifier Code	ID	1-3	R			DR		N				
HI01-2	Diagnosis Related Group (DRG) Code	AN	1-30	R					N				
HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI01-4	Date Time Period	AN	1-35	N/U					N				
HI01-5	Monetary Amount	R	1-18	N/U					N				
HI01-6	Quantity	R	1-15	N/U					N				
HI01-7	Version Identifier	AN	1-30	N/U					N				
HI02	HEALTH CARE CODE INFORMATION			N/U									
HI02-1	Code List Qualifier Code	ID	1-3	N/U			DR		N				
HI02-2	Diagnosis Related Group (DRG) Code	AN	1-30	N/U					N				
HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI02-4	Date Time Period	AN	1-35	N/U					N				
HI02-5	Monetary Amount	R	1-18	N/U					N				
HI02-6	Quantity	R	1-15	N/U					N				
HI02-7	Version Identifier	AN	1-30	N/U					N				
HI03	HEALTH CARE CODE INFORMATION			N/U									
HI03-1	Code List Qualifier Code	ID	1-3	N/U			DR		N				
HI03-2	Diagnosis Related Group (DRG) Code	AN	1-30	N/U					N				
HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI03-4	Date Time Period	AN	1-35	N/U					N				
HI03-5	Monetary Amount	R	1-18	N/U					N				
HI03-6	Quantity	R	1-15	N/U					N				
HI03-7	Version Identifier	AN	1-30	N/U					N				
HI04	HEALTH CARE CODE INFORMATION			N/U									
HI04-1	Code List Qualifier Code	ID	1-3	N/U			DR		N				
HI04-2	Diagnosis Related Group (DRG) Code	AN	1-30	N/U					N				

Element Id	Description	X12 Element Attributes							X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values					
HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI04-4	Date Time Period	AN	1-35	N/U					N				
HI04-5	Monetary Amount	R	1-18	N/U					N				
HI04-6	Quantity	R	1-15	N/U					N				
HI04-7	Version Identifier	AN	1-30	N/U					N				
HI05	HEALTH CARE CODE INFORMATION			N/U									
HI05-1	Code List Qualifier Code	ID	1-3	N/U			DR		N				
HI05-2	Diagnosis Related Group (DRG) Code	AN	1-30	N/U					N				
HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI05-4	Date Time Period	AN	1-35	N/U					N				
HI05-5	Monetary Amount	R	1-18	N/U					N				
HI05-6	Quantity	R	1-15	N/U					N				
HI05-7	Version Identifier	AN	1-30	N/U					N				
HI06	HEALTH CARE CODE INFORMATION			N/U									
HI06-1	Code List Qualifier Code	ID	1-3	N/U			DR		N				
HI06-2	Diagnosis Related Group (DRG) Code	AN	1-30	N/U					N				
HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI06-4	Date Time Period	AN	1-35	N/U					N				
HI06-5	Monetary Amount	R	1-18	N/U					N				
HI06-6	Quantity	R	1-15	N/U					N				
HI06-7	Version Identifier	AN	1-30	N/U					N				
HI07	HEALTH CARE CODE INFORMATION			N/U									
HI07-1	Code List Qualifier Code	ID	1-3	N/U			DR		N				
HI07-2	Diagnosis Related Group (DRG) Code	AN	1-30	N/U					N				
HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI07-4	Date Time Period	AN	1-35	N/U					N				
HI07-5	Monetary Amount	R	1-18	N/U					N				
HI07-6	Quantity	R	1-15	N/U					N				
HI07-7	Version Identifier	AN	1-30	N/U					N				
HI08	HEALTH CARE CODE INFORMATION			N/U									
HI08-1	Code List Qualifier Code	ID	1-3	N/U			DR		N				
HI08-2	Diagnosis Related Group (DRG) Code	AN	1-30	N/U					N				
HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI08-4	Date Time Period	AN	1-35	N/U					N				
HI08-5	Monetary Amount	R	1-18	N/U					N				
HI08-6	Quantity	R	1-15	N/U					N				
HI08-7	Version Identifier	AN	1-30	N/U					N				
HI09	HEALTH CARE CODE INFORMATION			N/U									
HI09-1	Code List Qualifier Code	ID	1-3	N/U			DR		N				
HI09-2	Diagnosis Related Group (DRG) Code	AN	1-30	N/U					N				
HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI09-4	Date Time Period	AN	1-35	N/U					N				

Element Id	Description	X12 Element Attributes							X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values					
HI09-5	Monetary Amount	R	1-18	N/U					N				
HI09-6	Quantity	R	1-15	N/U					N				
HI09-7	Version Identifier	AN	1-30	N/U					N				
HI10	HEALTH CARE CODE INFORMATION			N/U									
HI10-1	Code List Qualifier Code	ID	1-3	N/U			DR		N				
HI10-2	Diagnosis Related Group (DRG) Code	AN	1-30	N/U					N				
HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI10-4	Date Time Period	AN	1-35	N/U					N				
HI10-5	Monetary Amount	R	1-18	N/U					N				
HI10-6	Quantity	R	1-15	N/U					N				
HI10-7	Version Identifier	AN	1-30	N/U					N				
HI11	HEALTH CARE CODE INFORMATION			N/U									
HI11-1	Code List Qualifier Code	ID	1-3	N/U			DR		N				
HI11-2	Diagnosis Related Group (DRG) Code	AN	1-30	N/U					N				
HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI11-4	Date Time Period	AN	1-35	N/U					N				
HI11-5	Monetary Amount	R	1-18	N/U					N				
HI11-6	Quantity	R	1-15	N/U					N				
HI11-7	Version Identifier	AN	1-30	N/U					N				
HI12	HEALTH CARE CODE INFORMATION			N/U									
HI12-1	Code List Qualifier Code	ID	1-3	N/U			DR		N				
HI12-2	Diagnosis Related Group (DRG) Code	AN	1-30	N/U					N				
HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI12-4	Date Time Period	AN	1-35	N/U					N				
HI12-5	Monetary Amount	R	1-18	N/U					N				
HI12-6	Quantity	R	1-15	N/U					N				
HI12-7	Version Identifier	AN	1-30	N/U					N				
HI	Other Diagnosis Information		2	S	2300				232	Y	MAX USE 2		
HI01	HEALTH CARE CODE INFORMATION			R									
HI01-1	Diagnosis Type Code	ID	1-3	R			BF		Y	HI01-1 must be a value listed in Valid Values column	Claim	Y	
HI01-2	Diagnosis Code	AN	1-30	R				Max size is 5, no decimals, AN with spaces	N		Claim	Y	
HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI01-4	Date Time Period	AN	1-35	N/U					N				
HI01-5	Monetary Amount	R	1-18	N/U					N				
HI01-6	Quantity	R	1-15	N/U					N				
HI01-7	Version Identifier	AN	1-30	N/U					N				
HI02	HEALTH CARE CODE INFORMATION			S									
HI02-1	Diagnosis Type Code	ID	1-3	R			BF		Y	HI02-1 must be a value listed in Valid Values column	Claim	Y	
HI02-2	Diagnosis Code	AN	1-30	R				Max size is 5, no decimals, AN with spaces	N		Claim	Y	

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI02-4	Date Time Period	AN	1-35	N/U						N			
HI02-5	Monetary Amount	R	1-18	N/U						N			
HI02-6	Quantity	R	1-15	N/U						N			
HI02-7	Version Identifier	AN	1-30	N/U						N			
HI03	HEALTH CARE CODE INFORMATION			S									
HI03-1	Diagnosis Type Code	ID	1-3	R			BF			Y	HI03-1 must be a value listed in Valid Values column	Claim	Y
HI03-2	Diagnosis Code	AN	1-30	R				Max size is 5, no decimals, AN with spaces		N		Claim	Y
HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI03-4	Date Time Period	AN	1-35	N/U						N			
HI03-5	Monetary Amount	R	1-18	N/U						N			
HI03-6	Quantity	R	1-15	N/U						N			
HI03-7	Version Identifier	AN	1-30	N/U						N			
HI04	HEALTH CARE CODE INFORMATION			S									
HI04-1	Diagnosis Type Code	ID	1-3	R			BF			Y	HI04-1 must be a value listed in Valid Values column	Claim	Y
HI04-2	Diagnosis Code	AN	1-30	R				Max size is 5, no decimals, AN with spaces		N		Claim	Y
HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI04-4	Date Time Period	AN	1-35	N/U						N			
HI04-5	Monetary Amount	R	1-18	N/U						N			
HI04-6	Quantity	R	1-15	N/U						N			
HI04-7	Version Identifier	AN	1-30	N/U						N			
HI05	HEALTH CARE CODE INFORMATION			S									
HI05-1	Diagnosis Type Code	ID	1-3	R			BF			Y	HI05-1 must be a value listed in Valid Values column	Claim	Y
HI05-2	Diagnosis Code	AN	1-30	R				Max size is 5, no decimals, AN with spaces		N		Claim	Y
HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI05-4	Date Time Period	AN	1-35	N/U						N			
HI05-5	Monetary Amount	R	1-18	N/U						N			
HI05-6	Quantity	R	1-15	N/U						N			
HI05-7	Version Identifier	AN	1-30	N/U						N			
HI06	HEALTH CARE CODE INFORMATION			S									
HI06-1	Diagnosis Type Code	ID	1-3	R			BF			Y	HI06-1 must be a value listed in Valid Values column	Claim	Y
HI06-2	Diagnosis Code	AN	1-30	R				Max size is 5, no decimals, AN with spaces		N		Claim	Y
HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI06-4	Date Time Period	AN	1-35	N/U						N			
HI06-5	Monetary Amount	R	1-18	N/U						N			
HI06-6	Quantity	R	1-15	N/U						N			
HI06-7	Version Identifier	AN	1-30	N/U						N			
HI07	HEALTH CARE CODE INFORMATION			S									
HI07-1	Diagnosis Type Code	ID	1-3	R			BF			Y	HI07-1 must be a value listed in Valid Values column	Claim	Y

Element Id	Description	X12 Element Attributes							X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values					
HI07-2	Diagnosis Code	AN	1-30	R				Max size is 5, no decimals, AN with spaces	N		Claim	Y	
HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI07-4	Date Time Period	AN	1-35	N/U					N				
HI07-5	Monetary Amount	R	1-18	N/U					N				
HI07-6	Quantity	R	1-15	N/U					N				
HI07-7	Version Identifier	AN	1-30	N/U					N				
HI08	HEALTH CARE CODE INFORMATION			S									
HI08-1	Diagnosis Type Code	ID	1-3	R			BF		Y	HI08-1 must be a value listed in Valid Values column	Claim	Y	
HI08-2	Diagnosis Code	AN	1-30	R				Max size is 5, no decimals, AN with spaces	N		Claim	Y	
HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI08-4	Date Time Period	AN	1-35	N/U					N				
HI08-5	Monetary Amount	R	1-18	N/U					N				
HI08-6	Quantity	R	1-15	N/U					N				
HI08-7	Version Identifier	AN	1-30	N/U					N				
HI09	HEALTH CARE CODE INFORMATION			S									
HI09-1	Diagnosis Type Code	ID	1-3	R			BF		Y	HI09-1 must be a value listed in Valid Values column	Claim	Y	
HI09-2	Diagnosis Code	AN	1-30	R				Max size is 5, no decimals, AN with spaces	N		Claim	Y	
HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI09-4	Date Time Period	AN	1-35	N/U					N				
HI09-5	Monetary Amount	R	1-18	N/U					N				
HI09-6	Quantity	R	1-15	N/U					N				
HI09-7	Version Identifier	AN	1-30	N/U					N				
HI10	HEALTH CARE CODE INFORMATION			S									
HI10-1	Diagnosis Type Code	ID	1-3	R			BF		Y	HI10-1 must be a value listed in Valid Values column	Claim	Y	
HI10-2	Diagnosis Code	AN	1-30	R				Max size is 5, no decimals, AN with spaces	N		Claim	Y	
HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI10-4	Date Time Period	AN	1-35	N/U					N				
HI10-5	Monetary Amount	R	1-18	N/U					N				
HI10-6	Quantity	R	1-15	N/U					N				
HI10-7	Version Identifier	AN	1-30	N/U					N				
HI11	HEALTH CARE CODE INFORMATION			S									
HI11-1	Diagnosis Type Code	ID	1-3	R			BF		Y	HI11-1 must be a value listed in Valid Values column	Claim	Y	
HI11-2	Diagnosis Code	AN	1-30	R				Max size is 5, no decimals, AN with spaces	N		Claim	Y	
HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI11-4	Date Time Period	AN	1-35	N/U					N				
HI11-5	Monetary Amount	R	1-18	N/U					N				
HI11-6	Quantity	R	1-15	N/U					N				
HI11-7	Version Identifier	AN	1-30	N/U					N				

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
HI12	HEALTH CARE CODE INFORMATION			S									
HI12-1	Diagnosis Type Code	ID	1-3	R			BF			Y	HI12-1 must be a value listed in Valid Values column	Claim	Y
HI12-2	Diagnosis Code	AN	1-30	R				Max size is 5, no decimals, AN with spaces		N		Claim	Y
HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI12-4	Date Time Period	AN	1-35	N/U						N			
HI12-5	Monetary Amount	R	1-18	N/U						N			
HI12-6	Quantity	R	1-15	N/U						N			
HI12-7	Version Identifier	AN	1-30	N/U						N			
HI	Principal Procedure Information		1	S	2300				242	Y	MAX USE 1		
HI01	HEALTH CARE CODE INFORMATION			R									
HI01-1	Code List Qualifier Code	ID	1-3	R			BP, BR			Y	HI01-1 must be a value listed in Valid Values column	Claim	Y
HI01-2	Principal Procedure Code	AN	1-30	R						N		Claim	Y
HI01-3	Date Time Period Format Qualifier	ID	2-3	S			D8			Y	REQ IF HI01-1 = BR	Claim	Y
HI01-4	Date Time Period	AN	1-35	S			CCYYMMDD			Y	REQ IF HI01-1 = BR	Claim	Y
HI01-5	Monetary Amount	R	1-18	N/U						N			
HI01-6	Quantity	R	1-15	N/U						N			
HI01-7	Version Identifier	AN	1-30	N/U						N			
HI02	HEALTH CARE CODE INFORMATION			N/U									
HI02-1	Code List Qualifier Code	ID	1-3	N/U			BP			N			
HI02-2	Principal Procedure Code	AN	1-30	N/U						N			
HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI02-4	Date Time Period	AN	1-35	N/U						N			
HI02-5	Monetary Amount	R	1-18	N/U						N			
HI02-6	Quantity	R	1-15	N/U						N			
HI02-7	Version Identifier	AN	1-30	N/U						N			
HI03	HEALTH CARE CODE INFORMATION			N/U									
HI03-1	Code List Qualifier Code	ID	1-3	N/U			BP			N			
HI03-2	Principal Procedure Code	AN	1-30	N/U						N			
HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI03-4	Date Time Period	AN	1-35	N/U						N			
HI03-5	Monetary Amount	R	1-18	N/U						N			
HI03-6	Quantity	R	1-15	N/U						N			
HI03-7	Version Identifier	AN	1-30	N/U						N			
HI04	HEALTH CARE CODE INFORMATION			N/U									
HI04-1	Code List Qualifier Code	ID	1-3	N/U			BP			N			
HI04-2	Principal Procedure Code	AN	1-30	N/U						N			
HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI04-4	Date Time Period	AN	1-35	N/U						N			
HI04-5	Monetary Amount	R	1-18	N/U						N			
HI04-6	Quantity	R	1-15	N/U						N			
HI04-7	Version Identifier	AN	1-30	N/U						N			
HI05	HEALTH CARE CODE INFORMATION			N/U									

Element Id	Description	X12 Element Attributes							X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values					
HI05-1	Code List Qualifier Code	ID	1-3	N/U				BP		N			
HI05-2	Principal Procedure Code	AN	1-30	N/U						N			
HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI05-4	Date Time Period	AN	1-35	N/U						N			
HI05-5	Monetary Amount	R	1-18	N/U						N			
HI05-6	Quantity	R	1-15	N/U						N			
HI05-7	Version Identifier	AN	1-30	N/U						N			
HI06	HEALTH CARE CODE INFORMATION			N/U									
HI06-1	Code List Qualifier Code	ID	1-3	N/U				BP		N			
HI06-2	Principal Procedure Code	AN	1-30	N/U						N			
HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI06-4	Date Time Period	AN	1-35	N/U						N			
HI06-5	Monetary Amount	R	1-18	N/U						N			
HI06-6	Quantity	R	1-15	N/U						N			
HI06-7	Version Identifier	AN	1-30	N/U						N			
HI07	HEALTH CARE CODE INFORMATION			N/U									
HI07-1	Code List Qualifier Code	ID	1-3	N/U				BP		N			
HI07-2	Principal Procedure Code	AN	1-30	N/U						N			
HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI07-4	Date Time Period	AN	1-35	N/U						N			
HI07-5	Monetary Amount	R	1-18	N/U						N			
HI07-6	Quantity	R	1-15	N/U						N			
HI07-7	Version Identifier	AN	1-30	N/U						N			
HI08	HEALTH CARE CODE INFORMATION			N/U									
HI08-1	Code List Qualifier Code	ID	1-3	N/U				BP		N			
HI08-2	Principal Procedure Code	AN	1-30	N/U						N			
HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI08-4	Date Time Period	AN	1-35	N/U						N			
HI08-5	Monetary Amount	R	1-18	N/U						N			
HI08-6	Quantity	R	1-15	N/U						N			
HI08-7	Version Identifier	AN	1-30	N/U						N			
HI09	HEALTH CARE CODE INFORMATION			N/U									
HI09-1	Code List Qualifier Code	ID	1-3	N/U				BP		N			
HI09-2	Principal Procedure Code	AN	1-30	N/U						N			
HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI09-4	Date Time Period	AN	1-35	N/U						N			
HI09-5	Monetary Amount	R	1-18	N/U						N			
HI09-6	Quantity	R	1-15	N/U						N			
HI09-7	Version Identifier	AN	1-30	N/U						N			
HI10	HEALTH CARE CODE INFORMATION			N/U									
HI10-1	Code List Qualifier Code	ID	1-3	N/U				BP		N			
HI10-2	Principal Procedure Code	AN	1-30	N/U						N			
HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI10-4	Date Time Period	AN	1-35	N/U						N			
HI10-5	Monetary Amount	R	1-18	N/U						N			
HI10-6	Quantity	R	1-15	N/U						N			
HI10-7	Version Identifier	AN	1-30	N/U						N			

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
	HEALTH CARE CODE INFORMATION			N/U									
HI11-1	Code List Qualifier Code	ID	1-3	N/U			BP			N			
HI11-2	Principal Procedure Code	AN	1-30	N/U						N			
HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI11-4	Date Time Period	AN	1-35	N/U						N			
HI11-5	Monetary Amount	R	1-18	N/U						N			
HI11-6	Quantity	R	1-15	N/U						N			
HI11-7	Version Identifier	AN	1-30	N/U						N			
	HEALTH CARE CODE INFORMATION			N/U									
HI12-1	Code List Qualifier Code	ID	1-3	N/U			BP			N			
HI12-2	Principal Procedure Code	AN	1-30	N/U						N			
HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI12-4	Date Time Period	AN	1-35	N/U						N			
HI12-5	Monetary Amount	R	1-18	N/U						N			
HI12-6	Quantity	R	1-15	N/U						N			
HI12-7	Version Identifier	AN	1-30	N/U						N			
HI	Other Procedure Information		2	S	2300				244	Y	MAX USE 2		
	HEALTH CARE CODE INFORMATION			R									
HI01-1	Code List Qualifier Code	ID	1-3	R			BO, BQ			Y	HI01-1 must be a value listed in Valid Values column	Claim	Y
HI01-2	Procedure Code	AN	1-30	R						N		Claim	Y
HI01-3	Date Time Period Format Qualifier	ID	2-3	S			D8			Y	REQUIRED IF BQ USED	Claim	Y
HI01-4	Date Time Period	AN	1-35	S			CCYYMMDD			Y	REQUIRED IF BQ USED	Claim	Y
HI01-5	Monetary Amount	R	1-18	N/U						N			
HI01-6	Quantity	R	1-15	N/U						N			
HI01-7	Version Identifier	AN	1-30	N/U						N			
	HEALTH CARE CODE INFORMATION			S									
HI02-1	Code List Qualifier Code	ID	1-3	R			BO, BQ			Y	HI02-1 must be a value listed in Valid Values column	Claim	Y
HI02-2	Procedure Code	AN	1-30	R						N		Claim	Y
HI02-3	Date Time Period Format Qualifier	ID	2-3	S			D8			Y	REQUIRED IF BQ USED	Claim	Y
HI02-4	Date Time Period	AN	1-35	S			CCYYMMDD			Y	REQUIRED IF BQ USED	Claim	Y
HI02-5	Monetary Amount	R	1-18	N/U						N			
HI02-6	Quantity	R	1-15	N/U						N			
HI02-7	Version Identifier	AN	1-30	N/U						N			
	HEALTH CARE CODE INFORMATION			S									
HI03-1	Code List Qualifier Code	ID	1-3	R			BO, BQ			Y	HI03-1 must be a value listed in Valid Values column	Claim	Y
HI03-2	Procedure Code	AN	1-30	R						N		Claim	Y
HI03-3	Date Time Period Format Qualifier	ID	2-3	S			D8			Y	REQUIRED IF BQ USED	Claim	Y
HI03-4	Date Time Period	AN	1-35	S			CCYYMMDD			Y	REQUIRED IF BQ USED	Claim	Y
HI03-5	Monetary Amount	R	1-18	N/U						N			
HI03-6	Quantity	R	1-15	N/U						N			
HI03-7	Version Identifier	AN	1-30	N/U						N			
	HEALTH CARE CODE INFORMATION			S									
HI04-1	Code List Qualifier Code	ID	1-3	R			BO, BQ			Y	HI04-1 must be a value listed in Valid Values column	Claim	Y
HI04-2	Procedure Code	AN	1-30	R						N		Claim	Y

Element Id	Description	X12 Element Attributes							Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format							
HI04-3	Date Time Period Format Qualifier	ID	2-3	S			D8			Y	REQUIRED IF BQ USED	Claim	Y	
HI04-4	Date Time Period	AN	1-35	S			CCYYMMDD			Y	REQUIRED IF BQ USED	Claim	Y	
HI04-5	Monetary Amount	R	1-18	N/U						N				
HI04-6	Quantity	R	1-15	N/U						N				
HI04-7	Version Identifier	AN	1-30	N/U						N				
HI05	HEALTH CARE CODE INFORMATION			S										
HI05-1	Code List Qualifier Code	ID	1-3	R			BO, BQ			Y	HI05-1 must be a value listed in Valid Values column	Claim	Y	
HI05-2	Procedure Code	AN	1-30	R						N		Claim	Y	
HI05-3	Date Time Period Format Qualifier	ID	2-3	S			D8			Y	REQUIRED IF BQ USED	Claim	Y	
HI05-4	Date Time Period	AN	1-35	S			CCYYMMDD			Y	REQUIRED IF BQ USED	Claim	Y	
HI05-5	Monetary Amount	R	1-18	N/U						N				
HI05-6	Quantity	R	1-15	N/U						N				
HI05-7	Version Identifier	AN	1-30	N/U						N				
HI06	HEALTH CARE CODE INFORMATION			S										
HI06-1	Code List Qualifier Code	ID	1-3	R			BO, BQ			Y	HI06-1 must be a value listed in Valid Values column	Claim	Y	
HI06-2	Procedure Code	AN	1-30	R						N		Claim	Y	
HI06-3	Date Time Period Format Qualifier	ID	2-3	S			D8			Y	REQUIRED IF BQ USED	Claim	Y	
HI06-4	Date Time Period	AN	1-35	S			CCYYMMDD			Y	REQUIRED IF BQ USED	Claim	Y	
HI06-5	Monetary Amount	R	1-18	N/U						N				
HI06-6	Quantity	R	1-15	N/U						N				
HI06-7	Version Identifier	AN	1-30	N/U						N				
HI07	HEALTH CARE CODE INFORMATION			S										
HI07-1	Code List Qualifier Code	ID	1-3	R			BO, BQ			Y	HI07-1 must be a value listed in Valid Values column	Claim	Y	
HI07-2	Procedure Code	AN	1-30	R						N		Claim	Y	
HI07-3	Date Time Period Format Qualifier	ID	2-3	S			D8			Y	REQUIRED IF BQ USED	Claim	Y	
HI07-4	Date Time Period	AN	1-35	S			CCYYMMDD			Y	REQUIRED IF BQ USED	Claim	Y	
HI07-5	Monetary Amount	R	1-18	N/U						N				
HI07-6	Quantity	R	1-15	N/U						N				
HI07-7	Version Identifier	AN	1-30	N/U						N				
HI08	HEALTH CARE CODE INFORMATION			S										
HI08-1	Code List Qualifier Code	ID	1-3	R			BO, BQ			Y	HI08-1 must be a value listed in Valid Values column	Claim	Y	
HI08-2	Procedure Code	AN	1-30	R						N		Claim	Y	
HI08-3	Date Time Period Format Qualifier	ID	2-3	S			D8			Y	REQUIRED IF BQ USED	Claim	Y	
HI08-4	Date Time Period	AN	1-35	S			CCYYMMDD			Y	REQUIRED IF BQ USED	Claim	Y	
HI08-5	Monetary Amount	R	1-18	N/U						N				
HI08-6	Quantity	R	1-15	N/U						N				
HI08-7	Version Identifier	AN	1-30	N/U						N				
HI09	HEALTH CARE CODE INFORMATION			S										
HI09-1	Code List Qualifier Code	ID	1-3	R			BO, BQ			Y	HI09-1 must be a value listed in Valid Values column	Claim	Y	
HI09-2	Procedure Code	AN	1-30	R						N		Claim	Y	
HI09-3	Date Time Period Format Qualifier	ID	2-3	S			D8			Y	REQUIRED IF BQ USED	Claim	Y	
HI09-4	Date Time Period	AN	1-35	S			CCYYMMDD			Y	REQUIRED IF BQ USED	Claim	Y	
HI09-5	Monetary Amount	R	1-18	N/U						N				
HI09-6	Quantity	R	1-15	N/U						N				
HI09-7	Version Identifier	AN	1-30	N/U						N				
HI10	HEALTH CARE CODE INFORMATION			S										

Element Id	Description	X12 Element Attributes							Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format							
HI10-1	Code List Qualifier Code	ID	1-3	R				BO, BQ		Y	HI10-1 must be a value listed in Valid Values column	Claim	Y	
HI10-2	Procedure Code	AN	1-30	R						N		Claim	Y	
HI10-3	Date Time Period Format Qualifier	ID	2-3	S			D8			Y	REQUIRED IF BQ USED	Claim	Y	
HI10-4	Date Time Period	AN	1-35	S			CCYYMMDD			Y	REQUIRED IF BQ USED	Claim	Y	
HI10-5	Monetary Amount	R	1-18	N/U						N				
HI10-6	Quantity	R	1-15	N/U						N				
HI10-7	Version Identifier	AN	1-30	N/U						N				
HI11	HEALTH CARE CODE INFORMATION			S										
HI11-1	Code List Qualifier Code	ID	1-3	R			BO, BQ			Y	HI11-1 must be a value listed in Valid Values column	Claim	Y	
HI11-2	Procedure Code	AN	1-30	R						N		Claim	Y	
HI11-3	Date Time Period Format Qualifier	ID	2-3	S			D8			Y	REQUIRED IF BQ USED	Claim	Y	
HI11-4	Date Time Period	AN	1-35	S			CCYYMMDD			Y	REQUIRED IF BQ USED	Claim	Y	
HI11-5	Monetary Amount	R	1-18	N/U						N				
HI11-6	Quantity	R	1-15	N/U						N				
HI11-7	Version Identifier	AN	1-30	N/U						N				
HI12	HEALTH CARE CODE INFORMATION			S										
HI12-1	Code List Qualifier Code	ID	1-3	R			BO, BQ			Y	HI12-1 must be a value listed in Valid Values column	Claim	Y	
HI12-2	Procedure Code	AN	1-30	R						N		Claim	Y	
HI12-3	Date Time Period Format Qualifier	ID	2-3	S			D8			Y	REQUIRED IF BQ USED	Claim	Y	
HI12-4	Date Time Period	AN	1-35	S			CCYYMMDD			Y	REQUIRED IF BQ USED	Claim	Y	
HI12-5	Monetary Amount	R	1-18	N/U						N				
HI12-6	Quantity	R	1-15	N/U						N				
HI12-7	Version Identifier	AN	1-30	N/U						N				
HI	Occurrence Span Information		2	S	2300				256	Y	MAX USE 2			
HI01	HEALTH CARE CODE INFORMATION			S										
HI01-1	Code List Qualifier Code	ID	1-3	R			BI			Y	HI01-1 must be a value listed in Valid Values column	Claim	Y	
HI01-2	Occurrence Span Code	AN	1-30	R						N		Claim	Y	
HI01-3	Date Time Period Format Qualifier	ID	2-3	R			RD8			N		Claim	Y	
HI01-4	Date Time Period	AN	1-35	R			CCYYMMDD- CCYYMMDD			N		Claim	Y	
HI01-5	Monetary Amount	R	1-18	N/U						N				
HI01-6	Quantity	R	1-15	N/U						N				
HI01-7	Version Identifier	AN	1-30	N/U						N				
HI02	HEALTH CARE CODE INFORMATION			S										
HI02-1	Code List Qualifier Code	ID	1-3	R			BI			Y	HI02-1 must be a value listed in Valid Values column	Claim	Y	
HI02-2	Occurrence Span Code	AN	1-30	R						N		Claim	Y	
HI02-3	Date Time Period Format Qualifier	ID	2-3	R			RD8			N		Claim	Y	
HI02-4	Date Time Period	AN	1-35	R			CCYYMMDD- CCYYMMDD			N		Claim	Y	
HI02-5	Monetary Amount	R	1-18	N/U						N				
HI02-6	Quantity	R	1-15	N/U						N				
HI02-7	Version Identifier	AN	1-30	N/U						N				
HI03	HEALTH CARE CODE INFORMATION			S										
HI03-1	Code List Qualifier Code	ID	1-3	R			BI			Y	HI03-1 must be a value listed in Valid Values column	Claim	Y	
HI03-2	Occurrence Span Code	AN	1-30	R						N		Claim	Y	

Element Id	Description	X12 Element Attributes							Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format							
HI03-3	Date Time Period Format Qualifier	ID	2-3	R				RD8		N		Claim	Y	
HI03-4	Date Time Period	AN	1-35	R				CCYYMMDD- CCYYMMDD		N		Claim	Y	
HI03-5	Monetary Amount	R	1-18	N/U						N				
HI03-6	Quantity	R	1-15	N/U						N				
HI03-7	Version Identifier	AN	1-30	N/U						N				
HI04	HEALTH CARE CODE INFORMATION			S										
HI04-1	Code List Qualifier Code	ID	1-3	R				BI		Y	HI04-1 must be a value listed in Valid Values column	Claim	Y	
HI04-2	Occurrence Span Code	AN	1-30	R						N		Claim	Y	
HI04-3	Date Time Period Format Qualifier	ID	2-3	R				RD8		N		Claim	Y	
HI04-4	Date Time Period	AN	1-35	R				CCYYMMDD- CCYYMMDD		N		Claim	Y	
HI04-5	Monetary Amount	R	1-18	N/U						N				
HI04-6	Quantity	R	1-15	N/U						N				
HI04-7	Version Identifier	AN	1-30	N/U						N				
HI05	HEALTH CARE CODE INFORMATION			S										
HI05-1	Code List Qualifier Code	ID	1-3	R				BI		Y	HI05-1 must be a value listed in Valid Values column	Claim	Y	
HI05-2	Occurrence Span Code	AN	1-30	R						N		Claim	Y	
HI05-3	Date Time Period Format Qualifier	ID	2-3	R				RD8		N		Claim	Y	
HI05-4	Date Time Period	AN	1-35	R				CCYYMMDD- CCYYMMDD		N		Claim	Y	
HI05-5	Monetary Amount	R	1-18	N/U						N				
HI05-6	Quantity	R	1-15	N/U						N				
HI05-7	Version Identifier	AN	1-30	N/U						N				
HI06	HEALTH CARE CODE INFORMATION			S										
HI06-1	Code List Qualifier Code	ID	1-3	R				BI		Y	HI06-1 must be a value listed in Valid Values column	Claim	Y	
HI06-2	Occurrence Span Code	AN	1-30	R						N		Claim	Y	
HI06-3	Date Time Period Format Qualifier	ID	2-3	R				RD8		N		Claim	Y	
HI06-4	Date Time Period	AN	1-35	R				CCYYMMDD- CCYYMMDD		N		Claim	Y	
HI06-5	Monetary Amount	R	1-18	N/U						N				
HI06-6	Quantity	R	1-15	N/U						N				
HI06-7	Version Identifier	AN	1-30	N/U						N				
HI07	HEALTH CARE CODE INFORMATION			S										
HI07-1	Code List Qualifier Code	ID	1-3	R				BI		Y	HI07-1 must be a value listed in Valid Values column	Claim	Y	
HI07-2	Occurrence Span Code	AN	1-30	R						N		Claim	Y	
HI07-3	Date Time Period Format Qualifier	ID	2-3	R				RD8		N		Claim	Y	
HI07-4	Date Time Period	AN	1-35	R				CCYYMMDD- CCYYMMDD		N		Claim	Y	
HI07-5	Monetary Amount	R	1-18	N/U						N				
HI07-6	Quantity	R	1-15	N/U						N				
HI07-7	Version Identifier	AN	1-30	N/U						N				
HI08	HEALTH CARE CODE INFORMATION			S										
HI08-1	Code List Qualifier Code	ID	1-3	R				BI		Y	HI08-1 must be a value listed in Valid Values column	Claim	Y	
HI08-2	Occurrence Span Code	AN	1-30	R						N		Claim	Y	
HI08-3	Date Time Period Format Qualifier	ID	2-3	R				RD8		N		Claim	Y	

Element Id	Description	X12 Element Attributes							Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format							
HI08-4	Date Time Period	AN	1-35	R						N			Claim	Y
HI08-5	Monetary Amount	R	1-18	N/U						N				
HI08-6	Quantity	R	1-15	N/U						N				
HI08-7	Version Identifier	AN	1-30	N/U						N				
HI09	HEALTH CARE CODE INFORMATION			S										
HI09-1	Code List Qualifier Code	ID	1-3	R			BI			Y	HI09-1 must be a value listed in Valid Values column	Claim	Y	
HI09-2	Occurrence Span Code	AN	1-30	R						N		Claim	Y	
HI09-3	Date Time Period Format Qualifier	ID	2-3	R			RD8			N		Claim	Y	
HI09-4	Date Time Period	AN	1-35	R			CCYYMMDD- CCYYMMDD			N		Claim	Y	
HI09-5	Monetary Amount	R	1-18	N/U						N				
HI09-6	Quantity	R	1-15	N/U						N				
HI09-7	Version Identifier	AN	1-30	N/U						N				
HI10	HEALTH CARE CODE INFORMATION			S										
HI10-1	Code List Qualifier Code	ID	1-3	R			BI			Y	HI10-1 must be a value listed in Valid Values column	Claim	Y	
HI10-2	Occurrence Span Code	AN	1-30	R						N		Claim	Y	
HI10-3	Date Time Period Format Qualifier	ID	2-3	R			RD8			N		Claim	Y	
HI10-4	Date Time Period	AN	1-35	R			CCYYMMDD- CCYYMMDD			N		Claim	Y	
HI10-5	Monetary Amount	R	1-18	N/U						N				
HI10-6	Quantity	R	1-15	N/U						N				
HI10-7	Version Identifier	AN	1-30	N/U						N				
HI11	HEALTH CARE CODE INFORMATION			S										
HI11-1	Code List Qualifier Code	ID	1-3	R			BI			Y	HI11-1 must be a value listed in Valid Values column	Claim	Y	
HI11-2	Occurrence Span Code	AN	1-30	R						N		Claim	Y	
HI11-3	Date Time Period Format Qualifier	ID	2-3	R			RD8			N		Claim	Y	
HI11-4	Date Time Period	AN	1-35	R			CCYYMMDD- CCYYMMDD			N		Claim	Y	
HI11-5	Monetary Amount	R	1-18	N/U						N				
HI11-6	Quantity	R	1-15	N/U						N				
HI11-7	Version Identifier	AN	1-30	N/U						N				
HI12	HEALTH CARE CODE INFORMATION			S										
HI12-1	Code List Qualifier Code	ID	1-3	R			BI			Y	HI12-1 must be a value listed in Valid Values column	Claim	Y	
HI12-2	Occurrence Span Code	AN	1-30	R						N		Claim	Y	
HI12-3	Date Time Period Format Qualifier	ID	2-3	R			RD8			N		Claim	Y	
HI12-4	Date Time Period	AN	1-35	R			CCYYMMDD- CCYYMMDD			N		Claim	Y	
HI12-5	Monetary Amount	R	1-18	N/U						N				
HI12-6	Quantity	R	1-15	N/U						N				
HI12-7	Version Identifier	AN	1-30	N/U						N				
HI	Occurrence Information		2	S	2300				267	Y	MAX USE 2			
HI01	HEALTH CARE CODE INFORMATION			R										
HI01-1	Code List Qualifier Code	ID	1-3	R			BH			Y	HI01-1 must be a value listed in Valid Values column	Claim	Y	
HI01-2	Occurrence Code	AN	1-30	R						N		Claim	Y	

Element Id	Description	X12 Element Attributes							Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format							
HI01-3	Date Time Period Format Qualifier	ID	2-3	R				D8		N		Claim	Y	
HI01-4	Date Time Period	AN	1-35	R				CCYYMMDD		N		Claim	Y	
HI01-5	Monetary Amount	R	1-18	N/U						N				
HI01-6	Quantity	R	1-15	N/U						N				
HI01-7	Version Identifier	AN	1-30	N/U						N				
HI02	HEALTH CARE CODE INFORMATION			S										
HI02-1	Code List Qualifier Code	ID	1-3	R				BH		Y	HI02-1 must be a value listed in Valid Values column	Claim	Y	
HI02-2	Occurrence Code	AN	1-30	R						N		Claim	Y	
HI02-3	Date Time Period Format Qualifier	ID	2-3	R				D8		N		Claim	Y	
HI02-4	Date Time Period	AN	1-35	R				CCYYMMDD		N		Claim	Y	
HI02-5	Monetary Amount	R	1-18	N/U						N				
HI02-6	Quantity	R	1-15	N/U						N				
HI02-7	Version Identifier	AN	1-30	N/U						N				
HI03	HEALTH CARE CODE INFORMATION			S										
HI03-1	Code List Qualifier Code	ID	1-3	R				BH		Y	HI03-1 must be a value listed in Valid Values column	Claim	Y	
HI03-2	Occurrence Code	AN	1-30	R						N		Claim	Y	
HI03-3	Date Time Period Format Qualifier	ID	2-3	R				D8		N		Claim	Y	
HI03-4	Date Time Period	AN	1-35	R				CCYYMMDD		N		Claim	Y	
HI03-5	Monetary Amount	R	1-18	N/U						N				
HI03-6	Quantity	R	1-15	N/U						N				
HI03-7	Version Identifier	AN	1-30	N/U						N				
HI04	HEALTH CARE CODE INFORMATION			S										
HI04-1	Code List Qualifier Code	ID	1-3	R				BH		Y	HI04-1 must be a value listed in Valid Values column	Claim	Y	
HI04-2	Occurrence Code	AN	1-30	R						N		Claim	Y	
HI04-3	Date Time Period Format Qualifier	ID	2-3	R				D8		N		Claim	Y	
HI04-4	Date Time Period	AN	1-35	R				CCYYMMDD		N		Claim	Y	
HI04-5	Monetary Amount	R	1-18	N/U						N				
HI04-6	Quantity	R	1-15	N/U						N				
HI04-7	Version Identifier	AN	1-30	N/U						N				
HI05	HEALTH CARE CODE INFORMATION			S										
HI05-1	Code List Qualifier Code	ID	1-3	R				BH		Y	HI05-1 must be a value listed in Valid Values column	Claim	Y	
HI05-2	Occurrence Code	AN	1-30	R						N		Claim	Y	
HI05-3	Date Time Period Format Qualifier	ID	2-3	R				D8		N		Claim	Y	
HI05-4	Date Time Period	AN	1-35	R				CCYYMMDD		N		Claim	Y	
HI05-5	Monetary Amount	R	1-18	N/U						N				
HI05-6	Quantity	R	1-15	N/U						N				
HI05-7	Version Identifier	AN	1-30	N/U						N				
HI06	HEALTH CARE CODE INFORMATION			S										
HI06-1	Code List Qualifier Code	ID	1-3	R				BH		Y	HI06-1 must be a value listed in Valid Values column	Claim	Y	
HI06-2	Occurrence Code	AN	1-30	R						N		Claim	Y	
HI06-3	Date Time Period Format Qualifier	ID	2-3	R				D8		N		Claim	Y	
HI06-4	Date Time Period	AN	1-35	R				CCYYMMDD		N		Claim	Y	
HI06-5	Monetary Amount	R	1-18	N/U						N				
HI06-6	Quantity	R	1-15	N/U						N				
HI06-7	Version Identifier	AN	1-30	N/U						N				
HI07	HEALTH CARE CODE INFORMATION			S										

X12 Element Attributes													
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
HI07-1	Code List Qualifier Code	ID	1-3	R			BH			Y	HI07-1 must be a value listed in Valid Values column	Claim	Y
HI07-2	Occurrence Code	AN	1-30	R						N		Claim	Y
HI07-3	Date Time Period Format Qualifier	ID	2-3	R			D8			N		Claim	Y
HI07-4	Date Time Period	AN	1-35	R			CCYYMMDD			N		Claim	Y
HI07-5	Monetary Amount	R	1-18	N/U						N			
HI07-6	Quantity	R	1-15	N/U						N			
HI07-7	Version Identifier	AN	1-30	N/U						N			
HI08	HEALTH CARE CODE INFORMATION			S									
HI08-1	Code List Qualifier Code	ID	1-3	R			BH			Y	HI08-1 must be a value listed in Valid Values column	Claim	Y
HI08-2	Occurrence Code	AN	1-30	R						N		Claim	Y
HI08-3	Date Time Period Format Qualifier	ID	2-3	R			D8			N		Claim	Y
HI08-4	Date Time Period	AN	1-35	R			CCYYMMDD			N		Claim	Y
HI08-5	Monetary Amount	R	1-18	N/U						N			
HI08-6	Quantity	R	1-15	N/U						N			
HI08-7	Version Identifier	AN	1-30	N/U						N			
HI09	HEALTH CARE CODE INFORMATION			S									
HI09-1	Code List Qualifier Code	ID	1-3	R			BH			Y	HI09-1 must be a value listed in Valid Values column	Claim	Y
HI09-2	Occurrence Code	AN	1-30	R						N		Claim	Y
HI09-3	Date Time Period Format Qualifier	ID	2-3	R			D8			N		Claim	Y
HI09-4	Date Time Period	AN	1-35	R			CCYYMMDD			N		Claim	Y
HI09-5	Monetary Amount	R	1-18	N/U						N			
HI09-6	Quantity	R	1-15	N/U						N			
HI09-7	Version Identifier	AN	1-30	N/U						N			
HI10	HEALTH CARE CODE INFORMATION			S									
HI10-1	Code List Qualifier Code	ID	1-3	R			BH			Y	HI10-1 must be a value listed in Valid Values column	Claim	Y
HI10-2	Occurrence Code	AN	1-30	R						N		Claim	Y
HI10-3	Date Time Period Format Qualifier	ID	2-3	R			D8			N		Claim	Y
HI10-4	Date Time Period	AN	1-35	R			CCYYMMDD			N		Claim	Y
HI10-5	Monetary Amount	R	1-18	N/U						N			
HI10-6	Quantity	R	1-15	N/U						N			
HI10-7	Version Identifier	AN	1-30	N/U						N			
HI11	HEALTH CARE CODE INFORMATION			S									
HI11-1	Code List Qualifier Code	ID	1-3	R			BH			Y	HI11-1 must be a value listed in Valid Values column	Claim	Y
HI11-2	Occurrence Code	AN	1-30	R						N		Claim	Y
HI11-3	Date Time Period Format Qualifier	ID	2-3	R			D8			N		Claim	Y
HI11-4	Date Time Period	AN	1-35	R			CCYYMMDD			N		Claim	Y
HI11-5	Monetary Amount	R	1-18	N/U						N			
HI11-6	Quantity	R	1-15	N/U						N			
HI11-7	Version Identifier	AN	1-30	N/U						N			
HI12	HEALTH CARE CODE INFORMATION			S									
HI12-1	Code List Qualifier Code	ID	1-3	R			BH			Y	HI12-1 must be a value listed in Valid Values column	Claim	Y
HI12-2	Occurrence Code	AN	1-30	R						N		Claim	Y
HI12-3	Date Time Period Format Qualifier	ID	2-3	R			D8			N		Claim	Y
HI12-4	Date Time Period	AN	1-35	R			CCYYMMDD			N		Claim	Y
HI12-5	Monetary Amount	R	1-18	N/U						N			
HI12-6	Quantity	R	1-15	N/U						N			
HI12-7	Version Identifier	AN	1-30	N/U						N			

Element Id	Description	X12 Element Attributes							X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values					
HI	Value Information		2	S	2300				280	Y	MAX USE 2		
	HEALTH CARE CODE INFORMATION			R									
HI01-1	Code List Qualifier Code	ID	1-3	R		BE			Y	HI01-1 must be a value listed in Valid Values column	Claim	Y	
HI01-2	Value Code	AN	1-30	R					N		Claim	Y	
HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI01-4	Date Time Period	AN	1-35	N/U					N				
HI01-5	Monetary Amount	R	1-18	R					N				
HI01-6	Quantity	R	1-15	N/U					N				
HI01-7	Version Identifier	AN	1-30	N/U					N				
	HEALTH CARE CODE INFORMATION			S									
HI02-1	Code List Qualifier Code	ID	1-3	R		BE			Y	HI02-1 must be a value listed in Valid Values column	Claim	Y	
HI02-2	Value Code	AN	1-30	R					N		Claim	Y	
HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI02-4	Date Time Period	AN	1-35	N/U					N				
HI02-5	Monetary Amount	R	1-18	R					N				
HI02-6	Quantity	R	1-15	N/U					N				
HI02-7	Version Identifier	AN	1-30	N/U					N				
	HEALTH CARE CODE INFORMATION			S									
HI03-1	Code List Qualifier Code	ID	1-3	R		BE			Y	HI03-1 must be a value listed in Valid Values column	Claim	Y	
HI03-2	Value Code	AN	1-30	R					N		Claim	Y	
HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI03-4	Date Time Period	AN	1-35	N/U					N				
HI03-5	Monetary Amount	R	1-18	R					N				
HI03-6	Quantity	R	1-15	N/U					N				
HI03-7	Version Identifier	AN	1-30	N/U					N				
	HEALTH CARE CODE INFORMATION			S									
HI04-1	Code List Qualifier Code	ID	1-3	R		BE			Y	HI04-1 must be a value listed in Valid Values column	Claim	Y	
HI04-2	Value Code	AN	1-30	R					N		Claim	Y	
HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI04-4	Date Time Period	AN	1-35	N/U					N				
HI04-5	Monetary Amount	R	1-18	R					N				
HI04-6	Quantity	R	1-15	N/U					N				
HI04-7	Version Identifier	AN	1-30	N/U					N				
	HEALTH CARE CODE INFORMATION			S									
HI05-1	Code List Qualifier Code	ID	1-3	R		BE			Y	HI05-1 must be a value listed in Valid Values column	Claim	Y	
HI05-2	Value Code	AN	1-30	R					N		Claim	Y	
HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI05-4	Date Time Period	AN	1-35	N/U					N				
HI05-5	Monetary Amount	R	1-18	R					N				
HI05-6	Quantity	R	1-15	N/U					N				
HI05-7	Version Identifier	AN	1-30	N/U					N				
	HEALTH CARE CODE INFORMATION			S									
HI06-1	Code List Qualifier Code	ID	1-3	R		BE			Y	HI06-1 must be a value listed in Valid Values column	Claim	Y	
HI06-2	Value Code	AN	1-30	R					N		Claim	Y	
HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				

X12 Element Attributes													
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
HI06-4	Date Time Period	AN	1-35	N/U						N			
HI06-5	Monetary Amount	R	1-18	R						N			
HI06-6	Quantity	R	1-15	N/U						N			
HI06-7	Version Identifier	AN	1-30	N/U						N			
HI07	HEALTH CARE CODE INFORMATION			S									
HI07-1	Code List Qualifier Code	ID	1-3	R			BE			Y	HI07-1 must be a value listed in Valid Values column	Claim	Y
HI07-2	Value Code	AN	1-30	R						N		Claim	Y
HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI07-4	Date Time Period	AN	1-35	N/U						N			
HI07-5	Monetary Amount	R	1-18	R						N			
HI07-6	Quantity	R	1-15	N/U						N			
HI07-7	Version Identifier	AN	1-30	N/U						N			
HI08	HEALTH CARE CODE INFORMATION			S									
HI08-1	Code List Qualifier Code	ID	1-3	R			BE			Y	HI08-1 must be a value listed in Valid Values column	Claim	Y
HI08-2	Value Code	AN	1-30	R						N		Claim	Y
HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI08-4	Date Time Period	AN	1-35	N/U						N			
HI08-5	Monetary Amount	R	1-18	R						N			
HI08-6	Quantity	R	1-15	N/U						N			
HI08-7	Version Identifier	AN	1-30	N/U						N			
HI09	HEALTH CARE CODE INFORMATION			S									
HI09-1	Code List Qualifier Code	ID	1-3	R			BE			Y	HI09-1 must be a value listed in Valid Values column	Claim	Y
HI09-2	Value Code	AN	1-30	R						N		Claim	Y
HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI09-4	Date Time Period	AN	1-35	N/U						N			
HI09-5	Monetary Amount	R	1-18	R						N			
HI09-6	Quantity	R	1-15	N/U						N			
HI09-7	Version Identifier	AN	1-30	N/U						N			
HI10	HEALTH CARE CODE INFORMATION			S									
HI10-1	Code List Qualifier Code	ID	1-3	R			BE			Y	HI10-1 must be a value listed in Valid Values column	Claim	Y
HI10-2	Value Code	AN	1-30	R						N		Claim	Y
HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI10-4	Date Time Period	AN	1-35	N/U						N			
HI10-5	Monetary Amount	R	1-18	R						N			
HI10-6	Quantity	R	1-15	N/U						N			
HI10-7	Version Identifier	AN	1-30	N/U						N			
HI11	HEALTH CARE CODE INFORMATION			S									
HI11-1	Code List Qualifier Code	ID	1-3	R			BE			Y	HI11-1 must be a value listed in Valid Values column	Claim	Y
HI11-2	Value Code	AN	1-30	R						N		Claim	Y
HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI11-4	Date Time Period	AN	1-35	N/U						N			
HI11-5	Monetary Amount	R	1-18	R						N			
HI11-6	Quantity	R	1-15	N/U						N			
HI11-7	Version Identifier	AN	1-30	N/U						N			
HI12	HEALTH CARE CODE INFORMATION			S									
HI12-1	Code List Qualifier Code	ID	1-3	R			BE			Y	HI12-1 must be a value listed in Valid Values column	Claim	Y
HI12-2	Value Code	AN	1-30	R						N		Claim	Y

Element Id	Description	X12 Element Attributes							X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values					
HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI12-4	Date Time Period	AN	1-35	N/U					N				
HI12-5	Monetary Amount	R	1-18	R					N				
HI12-6	Quantity	R	1-15	N/U					N				
HI12-7	Version Identifier	AN	1-30	N/U					N				
HI	Condition Information		2	S	2300			290	Y	MAX USE 2			
	HEALTH CARE CODE INFORMATION			R									
HI01-1	Code List Qualifier Code	ID	1-3	R			BG		Y	HI01-1 must be a value listed in Valid Values column	Claim	Y	
HI01-2	Condition Code	AN	1-30	R					N		Claim	Y	
HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI01-4	Date Time Period	AN	1-35	N/U					N				
HI01-5	Monetary Amount	R	1-18	N/U					N				
HI01-6	Quantity	R	1-15	N/U					N				
HI01-7	Version Identifier	AN	1-30	N/U					N				
	HEALTH CARE CODE INFORMATION			S									
HI02-1	Code List Qualifier Code	ID	1-3	R			BG		Y	HI02-1 must be a value listed in Valid Values column	Claim	Y	
HI02-2	Condition Code	AN	1-30	R					N		Claim	Y	
HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI02-4	Date Time Period	AN	1-35	N/U					N				
HI02-5	Monetary Amount	R	1-18	N/U					N				
HI02-6	Quantity	R	1-15	N/U					N				
HI02-7	Version Identifier	AN	1-30	N/U					N				
	HEALTH CARE CODE INFORMATION			S									
HI03-1	Code List Qualifier Code	ID	1-3	R			BG		Y	HI03-1 must be a value listed in Valid Values column	Claim	Y	
HI03-2	Condition Code	AN	1-30	R					N		Claim	Y	
HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI03-4	Date Time Period	AN	1-35	N/U					N				
HI03-5	Monetary Amount	R	1-18	N/U					N				
HI03-6	Quantity	R	1-15	N/U					N				
HI03-7	Version Identifier	AN	1-30	N/U					N				
	HEALTH CARE CODE INFORMATION			S									
HI04-1	Code List Qualifier Code	ID	1-3	R			BG		Y	HI04-1 must be a value listed in Valid Values column	Claim	Y	
HI04-2	Condition Code	AN	1-30	R					N		Claim	Y	
HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI04-4	Date Time Period	AN	1-35	N/U					N				
HI04-5	Monetary Amount	R	1-18	N/U					N				
HI04-6	Quantity	R	1-15	N/U					N				
HI04-7	Version Identifier	AN	1-30	N/U					N				
	HEALTH CARE CODE INFORMATION			S									
HI05-1	Code List Qualifier Code	ID	1-3	R			BG		Y	HI05-1 must be a value listed in Valid Values column	Claim	Y	
HI05-2	Condition Code	AN	1-30	R					N		Claim	Y	
HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI05-4	Date Time Period	AN	1-35	N/U					N				
HI05-5	Monetary Amount	R	1-18	N/U					N				

Element Id	Description	X12 Element Attributes							X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values					
HI05-6	Quantity	R	1-15	N/U					N				
HI05-7	Version Identifier	AN	1-30	N/U					N				
HI06	HEALTH CARE CODE INFORMATION			S									
HI06-1	Code List Qualifier Code	ID	1-3	R		BG			Y	HI06-1 must be a value listed in Valid Values column	Claim	Y	
HI06-2	Condition Code	AN	1-30	R					N		Claim	Y	
HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI06-4	Date Time Period	AN	1-35	N/U					N				
HI06-5	Monetary Amount	R	1-18	N/U					N				
HI06-6	Quantity	R	1-15	N/U					N				
HI06-7	Version Identifier	AN	1-30	N/U					N				
HI07	HEALTH CARE CODE INFORMATION			S									
HI07-1	Code List Qualifier Code	ID	1-3	R		BG			Y	HI07-1 must be a value listed in Valid Values column	Claim	Y	
HI07-2	Condition Code	AN	1-30	R					N		Claim	Y	
HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI07-4	Date Time Period	AN	1-35	N/U					N				
HI07-5	Monetary Amount	R	1-18	N/U					N				
HI07-6	Quantity	R	1-15	N/U					N				
HI07-7	Version Identifier	AN	1-30	N/U					N				
HI08	HEALTH CARE CODE INFORMATION			S									
HI08-1	Code List Qualifier Code	ID	1-3	R		BG			Y	HI08-1 must be a value listed in Valid Values column	Claim	Y	
HI08-2	Condition Code	AN	1-30	R					N		Claim	Y	
HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI08-4	Date Time Period	AN	1-35	N/U					N				
HI08-5	Monetary Amount	R	1-18	N/U					N				
HI08-6	Quantity	R	1-15	N/U					N				
HI08-7	Version Identifier	AN	1-30	N/U					N				
HI09	HEALTH CARE CODE INFORMATION			S									
HI09-1	Code List Qualifier Code	ID	1-3	R		BG			Y	HI09-1 must be a value listed in Valid Values column	Claim	Y	
HI09-2	Condition Code	AN	1-30	R					N		Claim	Y	
HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI09-4	Date Time Period	AN	1-35	N/U					N				
HI09-5	Monetary Amount	R	1-18	N/U					N				
HI09-6	Quantity	R	1-15	N/U					N				
HI09-7	Version Identifier	AN	1-30	N/U					N				
HI10	HEALTH CARE CODE INFORMATION			S									
HI10-1	Code List Qualifier Code	ID	1-3	R		BG			Y	HI10-1 must be a value listed in Valid Values column	Claim	Y	
HI10-2	Condition Code	AN	1-30	R					N		Claim	Y	
HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI10-4	Date Time Period	AN	1-35	N/U					N				
HI10-5	Monetary Amount	R	1-18	N/U					N				
HI10-6	Quantity	R	1-15	N/U					N				
HI10-7	Version Identifier	AN	1-30	N/U					N				
HI11	HEALTH CARE CODE INFORMATION			S									
HI11-1	Code List Qualifier Code	ID	1-3	R		BG			Y	HI11-1 must be a value listed in Valid Values column	Claim	Y	
HI11-2	Condition Code	AN	1-30	R					N		Claim	Y	
HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				

X12 Element Attributes													
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
HI11-4	Date Time Period	AN	1-35	N/U						N			
HI11-5	Monetary Amount	R	1-18	N/U						N			
HI11-6	Quantity	R	1-15	N/U						N			
HI11-7	Version Identifier	AN	1-30	N/U						N			
HI12	HEALTH CARE CODE INFORMATION			S									
HI12-1	Code List Qualifier Code	ID	1-3	R			BG			Y	HI12-1 must be a value listed in Valid Values column	Claim	Y
HI12-2	Condition Code	AN	1-30	R						N		Claim	Y
HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI12-4	Date Time Period	AN	1-35	N/U						N			
HI12-5	Monetary Amount	R	1-18	N/U						N			
HI12-6	Quantity	R	1-15	N/U						N			
HI12-7	Version Identifier	AN	1-30	N/U						N			
HI	Treatment Code Information		2	S	2300				299	Y	MAX USE 2		
HI01	HEALTH CARE CODE INFORMATION			R									
HI01-1	Code List Qualifier Code	ID	1-3	R			TC			Y	HI01-1 must be a value listed in Valid Values column	Claim	Y
HI01-2	Treatment Code	AN	1-30	R						N		Claim	Y
HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI01-4	Date Time Period	AN	1-35	N/U						N			
HI01-5	Monetary Amount	R	1-18	N/U						N			
HI01-6	Quantity	R	1-15	N/U						N			
HI01-7	Version Identifier	AN	1-30	N/U						N			
HI02	HEALTH CARE CODE INFORMATION			S									
HI02-1	Code List Qualifier Code	ID	1-3	R			TC			Y	HI02-1 must be a value listed in Valid Values column	Claim	Y
HI02-2	Treatment Code	AN	1-30	R						N		Claim	Y
HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI02-4	Date Time Period	AN	1-35	N/U						N			
HI02-5	Monetary Amount	R	1-18	N/U						N			
HI02-6	Quantity	R	1-15	N/U						N			
HI02-7	Version Identifier	AN	1-30	N/U						N			
HI03	HEALTH CARE CODE INFORMATION			S									
HI03-1	Code List Qualifier Code	ID	1-3	R			TC			Y	HI03-1 must be a value listed in Valid Values column	Claim	Y
HI03-2	Treatment Code	AN	1-30	R						N		Claim	Y
HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI03-4	Date Time Period	AN	1-35	N/U						N			
HI03-5	Monetary Amount	R	1-18	N/U						N			
HI03-6	Quantity	R	1-15	N/U						N			
HI03-7	Version Identifier	AN	1-30	N/U						N			
HI04	HEALTH CARE CODE INFORMATION			S									
HI04-1	Code List Qualifier Code	ID	1-3	R			TC			Y	HI04-1 must be a value listed in Valid Values column	Claim	Y
HI04-2	Treatment Code	AN	1-30	R						N		Claim	Y
HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U						N			
HI04-4	Date Time Period	AN	1-35	N/U						N			
HI04-5	Monetary Amount	R	1-18	N/U						N			
HI04-6	Quantity	R	1-15	N/U						N			
HI04-7	Version Identifier	AN	1-30	N/U						N			

Element Id	Description	X12 Element Attributes							Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format							
	HEALTH CARE CODE INFORMATION			S										
HI05-1	Code List Qualifier Code	ID	1-3	R			TC			Y	HI05-1 must be a value listed in Valid Values column	Claim	Y	
HI05-2	Treatment Code	AN	1-30	R						N		Claim	Y	
HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U						N				
HI05-4	Date Time Period	AN	1-35	N/U						N				
HI05-5	Monetary Amount	R	1-18	N/U						N				
HI05-6	Quantity	R	1-15	N/U						N				
HI05-7	Version Identifier	AN	1-30	N/U						N				
	HEALTH CARE CODE INFORMATION			S										
HI06-1	Code List Qualifier Code	ID	1-3	R			TC			Y	HI06-1 must be a value listed in Valid Values column	Claim	Y	
HI06-2	Treatment Code	AN	1-30	R						N		Claim	Y	
HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U						N				
HI06-4	Date Time Period	AN	1-35	N/U						N				
HI06-5	Monetary Amount	R	1-18	N/U						N				
HI06-6	Quantity	R	1-15	N/U						N				
HI06-7	Version Identifier	AN	1-30	N/U						N				
	HEALTH CARE CODE INFORMATION			S										
HI07-1	Code List Qualifier Code	ID	1-3	R			TC			Y	HI07-1 must be a value listed in Valid Values column	Claim	Y	
HI07-2	Treatment Code	AN	1-30	R						N		Claim	Y	
HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U						N				
HI07-4	Date Time Period	AN	1-35	N/U						N				
HI07-5	Monetary Amount	R	1-18	N/U						N				
HI07-6	Quantity	R	1-15	N/U						N				
HI07-7	Version Identifier	AN	1-30	N/U						N				
	HEALTH CARE CODE INFORMATION			S										
HI08-1	Code List Qualifier Code	ID	1-3	R			TC			Y	HI08-1 must be a value listed in Valid Values column	Claim	Y	
HI08-2	Treatment Code	AN	1-30	R						N		Claim	Y	
HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U						N				
HI08-4	Date Time Period	AN	1-35	N/U						N				
HI08-5	Monetary Amount	R	1-18	N/U						N				
HI08-6	Quantity	R	1-15	N/U						N				
HI08-7	Version Identifier	AN	1-30	N/U						N				
	HEALTH CARE CODE INFORMATION			S										
HI09-1	Code List Qualifier Code	ID	1-3	R			TC			Y	HI09-1 must be a value listed in Valid Values column	Claim	Y	
HI09-2	Treatment Code	AN	1-30	R						N		Claim	Y	
HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U						N				
HI09-4	Date Time Period	AN	1-35	N/U						N				
HI09-5	Monetary Amount	R	1-18	N/U						N				
HI09-6	Quantity	R	1-15	N/U						N				
HI09-7	Version Identifier	AN	1-30	N/U						N				
	HEALTH CARE CODE INFORMATION			S										
HI10-1	Code List Qualifier Code	ID	1-3	R			TC			Y	HI10-1 must be a value listed in Valid Values column	Claim	Y	
HI10-2	Treatment Code	AN	1-30	R						N		Claim	Y	
HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U						N				
HI10-4	Date Time Period	AN	1-35	N/U						N				
HI10-5	Monetary Amount	R	1-18	N/U						N				

Element Id	Description	X12 Element Attributes							X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values					
HI10-6	Quantity	R	1-15	N/U					N				
HI10-7	Version Identifier	AN	1-30	N/U					N				
HI11	HEALTH CARE CODE INFORMATION			S									
HI11-1	Code List Qualifier Code	ID	1-3	R		TC			Y	HI11-1 must be a value listed in Valid Values column	Claim	Y	
HI11-2	Treatment Code	AN	1-30	R					N		Claim	Y	
HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI11-4	Date Time Period	AN	1-35	N/U					N				
HI11-5	Monetary Amount	R	1-18	N/U					N				
HI11-6	Quantity	R	1-15	N/U					N				
HI11-7	Version Identifier	AN	1-30	N/U					N				
HI12	HEALTH CARE CODE INFORMATION			S									
HI12-1	Code List Qualifier Code	ID	1-3	R		TC			Y	HI12-1 must be a value listed in Valid Values column	Claim	Y	
HI12-2	Treatment Code	AN	1-30	R					N		Claim	Y	
HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U					N				
HI12-4	Date Time Period	AN	1-35	N/U					N				
HI12-5	Monetary Amount	R	1-18	N/U					N				
HI12-6	Quantity	R	1-15	N/U					N				
HI12-7	Version Identifier	AN	1-30	N/U					N				
QTY	Claim Quantity		4	S	2300				306	Y	MAX USE 4		
QTY01	Quantity Qualifier	ID	2-2	R		CA, CD, LA, NA			Y	QTY01 must be a value listed in Valid Values column	Claim	Y	
QTY02	Claim Days Count	R	1-15	R					Y	QTY02 must be > zeros	Claim	Y	
QTY03	UNIT OF MEASURE			R									
QTY03-1	Unit of Measurement Code	ID	2-2	R		DA			Y	QTY03-1 must be a value listed in Valid Values column	Claim	Y	
QTY03-2	Exponent	R	1-15	N/U					N				
QTY03-3	Multiplier	R	1-10	N/U					N				
QTY03-4	Unit of Measurement Code	ID	2-2	R					N				
QTY03-5	Exponent	R	1-15	N/U					N				
QTY03-6	Multiplier	R	1-10	N/U					N				
QTY03-7	Unit of Measurement Code	ID	2-2	R					N				
QTY03-8	Exponent	R	1-15	N/U					N				
QTY03-9	Multiplier	R	1-10	N/U					N				
QTY03-10	Unit of Measurement Code	ID	2-2	R					N				
QTY03-11	Exponent	R	1-15	N/U					N				
QTY03-12	Multiplier	R	1-10	N/U					N				
QTY03-13	Unit of Measurement Code	ID	2-2	R					N				
QTY03-14	Exponent	R	1-15	N/U					N				
QTY03-15	Multiplier	R	1-10	N/U					N				
QTY04	Free-Form Message	AN	1-30	N/U					N				
HCP	Claim Pricing/Repricing Information		1	S	2300				308	N	COB ONLY - DO NOT EDIT		
HCP01	Pricing/Repricing Methodology	ID	2-2	R		00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14			N			Y	
HCP02	Allowed Amount, Pricing	R	1-18	R					N			Y	
HCP03	Savings Amount, Pricing	R	1-18	S					N			Y	
HCP04	Repricing Organization Identifier	AN	1-30	S					N			Y	
HCP05	Pricing Rate	R	1-9	S					N			Y	

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		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format						
HCP06	Approved APG Code, Pricing	AN	1-30	S					N			Y	
HCP07	Approved APG Amount, Pricing	R	1-18	S					N			Y	
HCP08	Approved Revenue Code	AN	1-48	S					N			Y	
HCP09	Product or Service ID Qualifier	ID	2-2	S		HC			N			Y	
HCP10	Repriced Approved HCPCS Code	AN	1-48	S					N			Y	
HCP11	Unit or Basis for Measurement Code	ID	2-2	S		DA, UN			N			Y	
HCP12	Approved Service Units	R	1-15	S					N			Y	
HCP13	Reject Reason Code	ID	2-2	S		T1, T2, T3, T4, T5, T6			N			Y	
HCP14	Policy Compliance Code	ID	1-2	S		1, 2, 3, 4, 5			N			Y	
HCP15	Exception Code	ID	1-2	S		1, 2, 3, 4, 5, 6			N			Y	
CR7	Home Health Care Plan Information		1	S	2305	6		314	Y	MAX USE 1			
CR701	Discipline Type Code	ID	2-2	R			AI, MS, OT, PT, SN, ST		Y	CR701 must be a value listed in Valid Values column	Claim	Y	
CR702	Total Visits Rendered, home health	N0	1-9	R					N		Claim	Y	
CR703	Total Visits Projected, home health	N0	1-9	R					N		Claim	Y	
HSD	Health Care Services Delivery		12	S	2305	12		316	Y	MAX USE 12			
HSD01	Quantity Qualifier	ID	2-2	S			VS		Y	HSD01 must be a value listed in Valid Values column	Claim	Y	
HSD02	Number of Visits	R	1-15	S					N		Claim	Y	
HSD03	Frequency Period	ID	2-2	S			DA, MO, Q1, WK		Y	HSD03 must be a value listed in Valid Values column	Claim	Y	
HSD04	Modulus, Amount	R	1-6	S					N		Claim	Y	
HSD05	Duration of Visits Units	ID	1-2	S			7, 35		Y	HSD05 must be a value listed in Valid Values column	Claim	Y	
HSD06	Duration of Visits Number of Units	N0	1-3	S					N		Claim	Y	
HSD07	Pattern Code	ID	1-2	S			1-9, A-H, J-L, N-O, S, SA, SB, SC, SD, SG, SL, SP, SX, SY, SZ, W		Y	HSD07 must be a value listed in Valid Values column. SY can not be used for Medicare.	Claim	Y	
HSD08	Time Code	ID	1-1	S			D, E, F		Y	HSD08 must be a value listed in Valid Values column	Claim	Y	
NM1	Attending Physician Name		1	S	2310A			321	Y	Max use 1			
NM101	Entity Identifier Code	ID	2-3	R			71		Y	NM101 must be a value listed in Valid Values column	Claim	Y	
NM102	Entity Type Qualifier	ID	1-1	R			1, 2		Y	NM102 must be a value listed in Valid Values column	Claim	Y	
NM103	Referring Provider Last Name	AN	1-35	R					Y	NM103 must be > spaces	Claim	Y	
NM104	Referring Provider First Name	AN	1-25	S					Y	If NM102=1, NM104 must be > spaces	Claim	Y	
NM105	Referring Provider Middle Name	AN	1-25	S					N		Claim	Y	
NM106	Name Prefix	AN	1-10	N/U					N				
NM107	Referring Provider Name Suffix	AN	1-10	S					N		Claim	Y	
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX		Y	NM108 must be a value listed in Valid Values column	Claim	Y	
NM109	Referring Provider Identifier	AN	2-80	S					N		Claim	Y	
NM110	Entity Relationship Code	ID	2-2	N/U					N				
NM111	Entity Identifier Code	ID	2-3	N/U					N				

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		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format						
PRV	Attending Physician Specialty Information		1	S	2310A	1		324	Y	MAX USE 1.			
PRV01	Provider Code	ID	1-3	R			AT, SU		Y	PRV01 must be a value listed in Valid Values column	Claim	Y	
PRV02	Reference Identification Qualifier	ID	2-3	R			ZZ		Y	PRV02 must be a value listed in Valid Values column	Claim	Y	
PRV03	Provider Taxonomy Code	AN	1-30	R					N		Claim	Y	
PRV04	State or Province Code	ID	2-2	N/U					N				
PRV05	PROVIDER SPECIALTY INFORMATION			N/U					N				
PRV06	Provider Organization Code	ID	3-3	N/U					N				
REF	Attending Physician Secondary Identification		5	S	2310A	5		326	Y	MAX USE 5			
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5		Y	One of the 5 occurrences of this REF Segment must contain the value of '1G'. SY can not be used for Medicare.	Claim	Y	
REF02	Attending Physician Secondary Identifier	AN	1-30	R					Y	REF02 must be > spaces	Claim	Y	
REF03	Description	AN	1-30	N/U					N				
REF04	Reference Identification			N/U					N				
NM1	Operating Physician Name		1	S	2310B	1		328	Y	Max use 1			
NM101	Entity Identifier Code	ID	2-3	R			72		Y	NM101 must be a value listed in Valid Values column	Claim	Y	
NM102	Entity Type Qualifier	ID	1-1	R			1		Y	NM102 must be a value listed in Valid Values column	Claim	Y	
NM103	Operating Physician Last Name	AN	1-35	R					Y	NM103 must be > spaces	Claim	Y	
NM104	Operating Physician First Name	AN	1-25	R					Y	NM104 must be > spaces	Claim	Y	
NM105	Operating Physician Middle Name	AN	1-25	S					N		Claim	Y	
NM106	Name Prefix	AN	1-10	N/U					N				
NM107	Operating Physician Name Suffix	AN	1-10	S					N		Claim	Y	
NM108	Identification Code Qualifier	ID	1-2	R			24, 34, XX		Y	NM108 must be a value listed in Valid Values column	Claim	Y	
NM109	Operating Physician Primary Identifier	AN	2-80	R					N		Claim	Y	
NM110	Entity Relationship Code	ID	2-2	N/U					N				
NM111	Entity Identifier Code	ID	2-3	N/U					N				
REF	Operating Physician Secondary Identification		5	S	2310B	5		333	Y	MAX USE 5			
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5		Y	One of the 5 occurrences of this REF Segment must contain the value of '1G'. SY can not be used for Medicare.	Claim	Y	
REF02	Operating Physician Secondary Identifier	AN	1-30	R					Y	REF02 must be > spaces	Claim	Y	
REF03	Description	AN	1-30	N/U					N				
REF04	Reference Identification			N/U					N				

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
NM1	Other Provider Name		1	S	2310C	1			335	Y	Max use 1		
NM101	Entity Identifier Code	ID	2-3	R			73			Y	NM101 must be a value listed in Valid Values column	Claim	Y
NM102	Entity Type Qualifier	ID	1-1	R			1,2			Y	NM102 must be a value listed in Valid Values column	Claim	Y
NM103	Other Physician Last or Organization Name	AN	1-35	R						N		Claim	Y
NM104	Other Physician First Name	AN	1-25	S						N		Claim	Y
NM105	Other Physician Middle Name	AN	1-25	S						N		Claim	Y
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Name Suffix	AN	1-10	S						N		Claim	Y
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX			Y	NM108 must be a value listed in Valid Values column	Claim	Y
NM109	Other Physician Primary Identifier	AN	2-80	S						N		Claim	Y
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
REF	Other Provider Secondary Identification		5	S	2310C	5			340	Y	MAX USE 5		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5			Y	One of the 5 occurrences of this REF Segment must contain the value of '1G'. SY can not be used for Medicare.	Claim	Y
REF02	Other Provider Secondary Identifier	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			
PRV05	Provider Specialty Information			N/U						N			
PRV06	Provider Organization Code	ID	2-3	N/U						N			
NM1	Service Facility Location		1	S	2310E	1			349	Y	Max use 1		
NM101	Entity Identifier Code	ID	2-3	R			FA			Y	NM101 must be a value listed in Valid Values column	Claim	Y
NM102	Entity Type Qualifier	ID	1-1	R			2			Y	NM102 must be a value listed in Valid Values column	Claim	Y
NM103	Laboratory or Facility Name	AN	1-35	R						N		Claim	Y
NM104	Name First	AN	1-25	N/U						N			
NM105	Name Middle	AN	1-25	N/U						N			
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Name Suffix	AN	1-10	N/U						N			
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX			Y	NM108 must be a value listed in Valid Values column	Claim	Y
NM109	Laboratory or Facility Primary Identifier	AN	2-80	S						N		Claim	Y
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
N3	Service Facility Address		1	R	2310E				354	Y	Required if the 2310E - Service Facility Name NM1 is supplied		
N301	Laboratory or Facility Address Line	AN	1-55	R						N		Claim	Y

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		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format						
N302	Laboratory or Facility Address Line	AN	1-55	S					N		Claim	Y	
N4	Service Facility City/State/Zip		1	R	2310E				355	Y	Required if the 2310E - Service Facility Name NM1 is supplied		
N401	Laboratory or Facility City Name	AN	2-30	R					Y	N401 must be > spaces	Claim	Y	
N402	Laboratory or Facility State	ID	2-2	R					Y	N402 must be > spaces. Source Code 22: States and Outlying Areas of the U.S. If state code is not on list, N404 is required.	Claim	Y	
N403	Laboratory or Facility Zip Code	ID	3-15	R					Y		Claim	Y	
N404	Laboratory or Facility Country Code	ID	2-3	S					Y	Required if address is outside the U.S.	Claim	Y	
N405	Location Qualifier	ID	1-2	N/U					N				
N406	Location Identifier	AN	1-30	N/U					N				
REF	Service Facility Location Secondary Identification		5	S	2310E				357	Y	MAX USE 5		
REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J, EI, FH, G2, G5, LU, N5, X5			Y	One of the 5 occurrences of this REF Segment must contain the value of '1G'	Claim	Y	
REF02	Laboratory or Facility Secondary Identifier	AN	1-30	R					N		Claim	Y	
REF03	Description	AN	1-80	N/U					N				
REF04	Reference Identification			N/U					N				
SBR	Other Subscriber Information		1	S	2320	10			359	Y	MAX USE 1 PER LOOP REPEAT. MAX LOOP REPEAT 10.		
SBR01	Payor Responsibility Sequence Code	ID	1-1	R			P, S, T		Y	SBR01 must be a value listed in Valid Values column	Claim	Y	
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		Y	SBR02 must be a value listed in Valid Values column	Claim	Y	
SBR03	Insured Group or Policy Number	AN	1-30	S					N		Claim	Y	
SBR04	Other Insured Group Name	AN	1-60	S					N		Claim	Y	
SBR05	Insurance Type Code	ID	1-3	N/U					N				
SBR06	Condition of Benefits Code	ID	1-1	N/U					N				
SBR07	Yes/No Condition or Response Code	ID	1-1	N/U					N				
SBR08	Employment Status Code	ID	2-2	N/U					N				
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		Y	SBR09 must be a value listed in Valid Values column	Claim	Y	

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CAS	Claim Level Adjustments		5	S	2320				365	Y	Max use is 5		
CAS01	Claim Adjustment Group Code	ID	1-2	R			CO, CR, OA, PI, PR			Y	CAS01 must be a value listed in Valid Values column	Claim	Y
CAS02	Adjustment Reason Code	ID	1-5	R						Y	MUST BE VALID EXTERNAL CODE SET VALUE	Claim	Y
CAS03	Adjustment Amount	R	1-18	R						Y	zero is a valid amount.	Claim	Y
CAS04	Adjusted Units Claim Level	R	1-15	S						Y		Claim	Y
CAS05	Adjustment Reason Code	ID	1-5	S						Y	IF USED MUST BE VALID EXTERNAL CODE SET VALUE	Claim	Y
CAS06	Adjustment Amount	R	1-18	S						N		Claim	Y
CAS07	Adjusted Units Claim Level	R	1-15	S						N		Claim	Y
CAS08	Adjustment Reason Code	ID	1-5	S						Y	IF USED MUST BE VALID EXTERNAL CODE SET VALUE	Claim	Y
CAS09	Adjustment Amount	R	1-18	S						N		Claim	Y
CAS10	Adjusted Units Claim Level	R	1-15	S						N		Claim	Y
CAS11	Adjustment Reason Code	ID	1-5	S						Y	IF USED MUST BE VALID EXTERNAL CODE SET VALUE	Claim	Y
CAS12	Adjustment Amount	R	1-18	S						N		Claim	Y
CAS13	Adjusted Units Claim Level	R	1-15	S						N		Claim	Y
CAS14	Adjustment Reason Code	ID	1-5	S						Y	IF USED MUST BE VALID EXTERNAL CODE SET VALUE	Claim	Y
CAS15	Adjustment Amount	R	1-18	S						N		Claim	Y
CAS16	Adjusted Units Claim Level	R	1-15	S						N		Claim	Y
CAS17	Adjustment Reason Code	ID	1-5	S						Y	IF USED MUST BE VALID EXTERNAL CODE SET VALUE	Claim	Y
CAS18	Adjustment Amount	R	1-18	S						N		Claim	Y
CAS19	Adjusted Units Claim Level	R	1-15	S						N		Claim	Y
AMT	Payer Prior Payment		1	S	2320				371	Y	Max use 1		
AMT01	Amount Qualifier Code	ID	1-3	R			C4			Y	AMT01 must be a value listed in Valid Values column	Claim	Y
AMT02	Other Payer Patient Paid Amount	R	1-18	R						N		Claim	Y
AMT03	Credit/Debit Flag Code	ID	1-1	N/U						N			
AMT	Coordination of Benefits (COB) Total Allowed Amount		1	S	2320				372	Y	Max use 1		
AMT01	Amount Qualifier Code	ID	1-3	R			B6			Y	AMT01 must be a value listed in Valid Values column	Claim	Y
AMT02	Approved Amount	R	1-18	R						N		Claim	Y
AMT03	Credit/Debit Flag Code	ID	1-1	N/U						N			
AMT	Coordination of Benefits (COB) Total Submitted Charges		1	S	2320				373	Y	Max use 1		
AMT01	Amount Qualifier Code	ID	1-3	R			T3			Y	AMT01 must be a value listed in Valid Values column	Claim	Y
AMT02	Coordination of Benefits (COB) Total Submitted Charges	R	1-18	R						N		Claim	Y
AMT03	Credit/Debit Flag Code	ID	1-1	N/U						N			

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		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format						
AMT	Diagnostic Related Group (DRG) Outlier Amount		1	S	2320			374	Y	Max use 1			
AMT01	Amount Qualifier Code	ID	1-3	R		ZZ			Y	AMT01 must be a value listed in Valid Values column	Claim	Y	
AMT02	Claim DRG Outlier Amount	R	1-18	R					N		Claim	Y	
AMT03	Credit/Debit Flag Code	ID	1-1	N/U					N				
AMT	Coordination of Benefits (COB) Total Medicare Paid Amount		1	S	2320			376	Y	Max use 1			
AMT01	Amount Qualifier Code	ID	1-3	R		N1			Y	AMT01 must be a value listed in Valid Values column	Claim	Y	
AMT02	Total Medicare Paid Amount	R	1-18	R					N		Claim	Y	
AMT03	Credit/Debit Flag Code	ID	1-1	N/U					N				
AMT	Medicare Paid Amount - 100%		1	S	2320			378	Y	Max use 1			
AMT01	Amount Qualifier Code	ID	1-3	R		KF			Y	AMT01 must be a value listed in Valid Values column	Claim	Y	
AMT02	Medicare Paid at 100% Amount	R	1-18	R					N		Claim	Y	
AMT03	Credit/Debit Flag Code	ID	1-1	N/U					N				
AMT	Medicare Paid Amount - 80%		1	S	2320			380	Y	Max use 1			
AMT01	Amount Qualifier Code	ID	1-3	R		PG			Y	AMT01 must be a value listed in Valid Values column	Claim	Y	
AMT02	Medicare Paid at 80% Amount	R	1-18	R					N		Claim	Y	
AMT03	Credit/Debit Flag Code	ID	1-1	N/U					N				
AMT	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount		1	S	2320			382	Y	Max use 1			
AMT01	Amount Qualifier Code	ID	1-3	R		AA			Y	AMT01 must be a value listed in Valid Values column	Claim	Y	
AMT02	Paid From Part A Medicare Trust Fund Amount	R	1-18	R					N		Claim	Y	
AMT03	Credit/Debit Flag Code	ID	1-1	N/U					N				
AMT	Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount		1	S	2320			384	Y	Max use 1			
AMT01	Amount Qualifier Code	ID	1-3	R		B1			Y	AMT01 must be a value listed in Valid Values column	Claim	Y	
AMT02	Paid From Part B Medicare Trust Fund Amount	R	1-18	R					N		Claim	Y	
AMT03	Credit/Debit Flag Code	ID	1-1	N/U					N				

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AMT	Coordination of Benefits (COB) Total Non-Covered Amount		1	S	2320				386	Y	Max use 1		
AMT01	Amount Qualifier Code	ID	1-3	R			A8			Y	AMT01 must be a value listed in Valid Values column	Claim	Y
AMT02	Non-Covered Charge Amount	R	1-18	R						N		Claim	Y
AMT03	Credit/Debit Flag Code	ID	1-1	N/U						N			
AMT	Coordination of Benefits (COB) Total Denied Amount		1	S	2320				387	Y	Max use 1		
AMT01	Amount Qualifier Code	ID	1-3	R			YT			Y	AMT01 must be a value listed in Valid Values column	Claim	Y
AMT02	Claim Total Denied Charge Amount	R	1-18	R						N		Claim	Y
AMT03	Credit/Debit Flag Code	ID	1-1	N/U						N			
DMG	Subscriber Demographic Information		1	S	2320				388	Y	Required when the 2330A - Other Subscriber Name NM102 = 1		
DMG01	Date Time Period Format Qualifier	ID	2-3	R			D8			Y	DMG01 must be a value listed in Valid Values column	Claim	Y
DMG02	Other Insured Birth Date	AN	1-35	R			CCYYMMDD			Y	DMG02 must be a valid date and cannot be a future date in the format listed in Valid Values column	Claim	Y
DMG03	Other Insured Gender Code	ID	1-1	R			F, M, U			Y	DMG03 must be value listed in Valid Values column	Claim	Y
DMG04	Marital Status Code	ID	1-1	N/U						N			
DMG05	Race or Ethnicity Code	ID	1-1	N/U						N			
DMG06	Citizenship Status Code	ID	1-2	N/U						N			
DMG07	Country Code	ID	2-3	N/U						N			
DMG08	Basis of Verification Code	ID	1-2	N/U						N			
DMG09	Quantity	R	1-15	N/U						N			
OI	Other Insurance Coverage Information		1	R	2320				390	Y	Required if the 2320 loop is sent.		
OI01	Claim Filing Indicator Code	ID	1-2	N/U						N			
OI02	Claim Submission Reason Code	ID	2-2	N/U						N			
OI03	Benefits Assignment Certification Indicator	ID	1-1	R			N, Y			Y	OI03 must be a value listed in Valid Values column	Claim	Y
OI04	Patient Signature Source Code	ID	1-1	N/U			B, C, M, P, S			N			
OI05	Provider Agreement Code	ID	1-1	N/U						N			
OI06	Release of Information Code	ID	1-1	R			A, I, M, N, O, Y			Y	OI06 must be a value listed in Valid Values column	Claim	Y
MIA	Medicare Inpatient Adjudication Information		1	S	2320				392		This segment is used to convey the Medicare Inpatient Adjudication Information as received in the 835		
MIA01	Covered Days or Visits	R	1-15	R						N		Claim	
MIA02	Lifetime Reserve Days	R	1-15	S						N		Claim	

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		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Loop						
MIA03	Lifetime Psychiatric Days Count	R	1-15	S						N		Claim		
MIA04	Claim DRG Amount	R	1-18	S						N		Claim		
MIA05	Remark Code	AN	1-30	S						N		Claim		
MIA06	Claim Disproportionate Share Amount	R	1-18	S						N		Claim		
MIA07	Claim MSP Pass-through Amount	R	1-18	S						N		Claim		
MIA08	Claim PPS Capital Amount	R	1-18	S						N		Claim		
MIA09	PPS-Capital FSP DRG Amount	R	1-18	S						N		Claim		
MIA10	PPS-Capital HSP DRG Amount	R	1-18	S						N		Claim		
MIA11	PPS-Capital DSH DRG Amount	R	1-18	S						N		Claim		
MIA12	Old Capital Amount	R	1-18	S						N		Claim		
MIA13	PPS-Capital IME Amount	R	1-18	S						N		Claim		
MIA14	PPS-Operating Hospital Specific DRG Amount	R	1-18	S						N		Claim		
MIA15	Cost Report Day Count	R	1-15	S						N		Claim		
MIA16	PPS-Operating Federal Specific DRG Amount	R	1-18	S						N		Claim		
MIA17	Claim PPS Capital Outlier Amount	R	1-18	S						N		Claim		
MIA18	Claim Indirect Teaching Amount	R	1-18	S						N		Claim		
MIA19	Nonpayable Professional Component Amount	R	1-18	S						N		Claim		
MIA20	Remark Code	AN	1-30	S						N		Claim		
MIA21	Remark Code	AN	1-30	S						N		Claim		
MIA22	Remark Code	AN	1-30	S						N		Claim		
MIA23	Remark Code	AN	1-30	S						N		Claim		
MIA24	PPS-Capital Exception Amount	R	1-18	S						N		Claim		
MOA	Medicare Outpatient Adjudication Information		1	S	2320				397		Required to convey the Medicare Outpatient Adjudication Information as received in the 835			
MOA01	Outpatient Reimbursement Rate	R	1-10	S						N		Claim		
MOA02	Claim HCPCS Payable Amount	R	1-18	S						N		Claim		
MOA03	Claim Payment Remark Code	AN	1-30	S						N		Claim		
MOA04	Claim Payment Remark Code	AN	1-30	S						N		Claim		
MOA05	Claim Payment Remark Code	AN	1-30	S						N		Claim		
MOA06	Claim Payment Remark Code	AN	1-30	S						N		Claim		
MOA07	Claim Payment Remark Code	AN	1-30	S						N		Claim		
MOA08	Claim ESRD Paid Amount	R	1-18	S						N		Claim		
MOA09	Nonpayable Professional Component Amount	R	1-18	S						N		Claim		
NM1	Other Subscriber Name		1	R	2330A	1			400	Y	Max use 1. Loop 2330A is required when 2320 is present.			
NM101	Entity Identifier Code	ID	2-3	R			IL			Y	NM101 must be a value listed in Valid Values column	Claim	Y	
NM102	Entity Type Qualifier	ID	1-1	R			1, 2			Y	NM102 must be a value listed in Valid Values column	Claim	Y	
NM103	Other Insured Last Name	AN	1-35	R						Y	NM103 must be > spaces	Claim	Y	
NM104	Other Insured First Name	AN	1-25	S						Y	If NM102=1, NM104 must be > spaces	Claim	Y	
NM105	Other Insured Middle Name	AN	1-25	S						N		Claim	Y	

X12 Element Attributes													
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Other Insured Name Suffix	AN	1-10	S						N		Claim	Y
NM108	Identification Code Qualifier	ID	1-2	R			MI, ZZ			Y	NM108 must be a value listed in Valid Values column	Claim	Y
NM109	Other Insured Identifier	AN	2-80	R						N		Claim	Y
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
N3	Other Subscriber Address		1	S	2330A				404	Y	Max use 1		
N301	Other Insured Address Line	AN	1-55	R						N		Claim	Y
N302	Other Insured Address Line	AN	1-55	S						N		Claim	Y
N4	Other Subscriber City/State/Zip		1	S	2330A				406	Y	Required when associated N3 is present.		
N401	Other Insured City Name	AN	2-30	R						Y	N401 must be > spaces	Claim	Y
N402	Other Insured State Code	ID	2-2	R						Y	N402 must be > spaces. Source Code 22: States and Outlying Areas of the U.S.	Claim	Y
N403	Other Insured Postal Zip Code	ID	3-15	R						Y	If state code is not on list, N404 is required.	Claim	Y
N404	Laboratory/Facility Country Code	ID	2-3	S						Y	Required if address is outside the U.S.	Claim	Y
N405	Location Qualifier	ID	1-2	N/U						N			
N406	Location Identifier	AN	1-30	N/U						N			
REF	Other Subscriber Secondary Identification		3	S	2330A				408	Y	MAX USE 3		
REF01	Reference Identification Qualifier	ID	2-3	R			1W, 23,IG,SY			Y	REF01 must be a value listed in Valid Values column. Qualifier 1W may not be used if NM108 = MI. SY can not be used for Medicare.	Claim	Y
REF02	Other Subscriber Secondary Identifier	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identifier			N/U						N			
NM1	Other Payer Name		1	R	2330B	1			410	Y	Max use 1. 2330B subloop is required under 2320 loop		
NM101	Entity Identifier Code	ID	2-3	R			PR			Y	NM101 must be a value listed in Valid Values column	Claim	Y
NM102	Entity Type Qualifier	ID	1-1	R			2			Y	NM102 must be a value listed in Valid Values column	Claim	Y
NM103	Other Payer Last or Organization Name	AN	1-35	R						Y	NM103 must be > spaces	Claim	Y
NM104	Name First	AN	1-25	N/U						N			
NM105	Name Middle	AN	1-25	N/U						N			
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Name Suffix	AN	1-10	N/U						N			
NM108	Identification Code Qualifier	ID	1-2	R			PI, XV			Y	NM108 must be a value listed in Valid Values column	Claim	Y
NM109	Other Payer Primary Identifier	AN	2-80	R						N		Claim	Y
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
N3	Other Payer Address		1	S	2330B				412	Y	Max use 1		
N301	Other Payer Address Line	AN	1-55	R						N		Claim	Y
N302	Other Payer Address Line	AN	1-55	S						N		Claim	Y
N4	Other Payer City/State/Zip		1	S	2330B				413	Y	N4 is required when associated N3 is present		
N401	Other Payer City Name	AN	2-30	R						Y	N401 must be > spaces	Claim	Y
N402	Other Payer State Code	ID	2-2	R						Y	N402 must be > spaces. Source Code 22: States and Outlying Areas of the U.S.	Claim	Y
N403	Other Payer Postal Zip Code	ID	3-15	R						Y	If state code is not on list, N404 is required.	Claim	Y
N404	Other Payer Country Code	ID	2-3	S						Y	Required if address is outside the U.S.	Claim	Y
N405	Location Qualifier	ID	1-2	N/U						N			
N406	Location Identifier	AN	1-30	N/U						N			
DTP	Claim Adjudication Date		1	S	2330B				415	Y	Max use 1		
DTP01	Date Time Qualifier	ID	3-3	R			573			Y	DTP01 must be a value listed in Valid Values column	Claim	Y
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8			Y	DTP02 must be a value listed in Valid Values column	Claim	Y
DTP03	Adjudication or Payment Date	AN	1-35	R			CCYYMMDD			Y	DTP03 must be a valid date and cannot be a future date	Claim	Y
REF	Other Payer Secondary Identification and Reference Number		2	S	2330B				416	Y	Max use 2		
REF01	Reference Identification Qualifier	ID	2-3	R			2U, F8, FY, NF, TJ			Y	REF01 must be a value listed in Valid Values column	Claim	Y
REF02	Other Payer Secondary Identifier	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			
REF	Other Payer Prior Authorization or Referral Number		1	S	2330B				418	Y	Max use 1		
REF01	Reference Identification Qualifier	ID	2-3	R			9F, G1			Y	REF01 must be a value listed in Valid Values column	Claim	Y
REF02	Other Payer Prior Authorization or Referral Number	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			
NM1	Other Payer Patient Information		1	S	2330C	1			420	Y	Max use 1. Required when 2330C is used		
NM101	Entity Identifier Code	ID	2-3	R			QC			Y	NM101 must be a value listed in Valid Values column	Claim	Y
NM102	Entity Type Qualifier	ID	1-1	R			1			Y	NM102 must be a value listed in Valid Values column	Claim	Y

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
NM103	Patient Last or Organization Name	AN	1-35	N/U						N			
NM104	Name First	AN	1-25	N/U						N			
NM105	Name Middle	AN	1-25	N/U						N			
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Name Suffix	AN	1-10	N/U						N			
NM108	Identification Code Qualifier	ID	1-2	R			EI, MI			Y	NM108 must be a value listed in Valid Values column	Claim	Y
NM109	Patient's Other Payer Primary Identification Number	AN	2-80	R						N		Claim	Y
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
REF	Other Payer Patient Identification		3	S	2330C				422	Y	MAX USE 3		
REF01	Reference Identification Qualifier	ID	2-3	R			1W, 23, IG, SY			Y	REF01 must be a value listed in Valid Values column. Qualifier 1W may not be used if NM108 = MI. SY can not be used for Medicare.	Claim	Y
REF02	Other Payer Patient Secondary Identification	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			
NM1	Other Payer Attending Provider		1	S	2330D	1			424	Y	Max use 1		
NM101	Entity Identifier Code	ID	2-3	R			71			Y	NM101 must be a value listed in Valid Values column	Claim	Y
NM102	Entity Type Qualifier	ID	1-1	R			1, 2			Y	NM102 must be a value listed in Valid Values column	Claim	Y
NM103	Name Last or Organization Name	AN	1-35	N/U						N			
NM104	Name First	AN	1-25	N/U						N			
NM105	Name Middle	AN	1-25	N/U						N			
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Name Suffix	AN	1-10	N/U						N			
NM108	Identification Code Qualifier	ID	1-2	N/U						N			
NM109	Other Payer Primary Identifier	AN	2-80	N/U						N			
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
REF	Other Payer Attending Provider Identification		3	R	2330D				426	Y	MAX USE 3. MINIMUM OF 1 OCCURRENCE REQUIRED IF THE 2330D NM1 SEGMENT IS PRESENT.		
REF01	Reference Identification Qualifier	ID	2-3	R			1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5			Y	REF01 must contain valid qualifier value	Claim	Y
REF02	Other Payer Attending Provider Identification	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			
NM1	Other Payer Operating Provider		1	S	2330E	1			428	Y	MAX USE 1		
NM101	Entity Identifier Code	ID	2-3	R			72			Y	NM101 must be a value listed in Valid Values column	Claim	Y
NM102	Entity Type Qualifier	ID	1-1	R			1			Y	NM102 must be a value listed in Valid Values column	Claim	Y

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
NM103	Name Last or Organization Name	AN	1-35	N/U						N			
NM104	Name First	AN	1-25	N/U						N			
NM105	Name Middle	AN	1-25	N/U						N			
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Name Suffix	AN	1-10	N/U						N			
NM108	Identification Code Qualifier	ID	1-2	N/U						N			
NM109	Other Payer Primary Identifier	AN	2-80	N/U						N			
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
REF	Other Payer Operating Provider Identification		3	R	2330E				430	Y	MAX USE 3. MINIMUM OF 1 OCCURRENCE REQUIRED IF THE 2330E-NM1 SEGMENT IS PRESENT.		
REF01	Reference Identification Qualifier	ID	2-3	R			1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5			Y	REF01 must contain a value listed in Valid Values column	Claim	Y
REF02	Other Payer Operating Provider Identifier	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			
NM1	Other Payer Other Provider		1	S	2330F	1			432	Y	Max use 1.		
NM101	Entity Identifier Code	ID	2-3	R			73			Y	NM101 must be a value listed in Valid Values column	Claim	Y
NM102	Entity Type Qualifier	ID	1-1	R			1, 2			Y	NM102 must be a value listed in Valid Values column	Claim	Y
NM103	Name Last or Organization Name	AN	1-35	N/U						N			
NM104	Name First	AN	1-25	N/U						N			
NM105	Name Middle	AN	1-25	N/U						N			
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Name Suffix	AN	1-10	N/U						N			
NM108	Identification Code Qualifier	ID	1-2	N/U						N			
NM109	Other Payer Primary Identifier	AN	2-80	N/U						N			
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
REF	Other Payer Other Provider Identification		3	R	2330F				434	Y	MAX USE 3. MINIMUM OF 1 OCCURRENCE REQUIRED IF THE 2330F-NM1 SEGMENT IS PRESENT.		
REF01	Reference Identification Qualifier	ID	2-3	R			1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY			Y	REF01 must contain a value listed in Valid Values column. SY can not be used for Medicare.	Claim	Y
REF02	Other Payer Purchased Service Provider Identification	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
NM1	Other Payer Service Facility Provider		1	S	2330H	1			440	Y	Max use 1		
NM101	Entity Identifier Code	ID	2-3	R			FA			Y	NM101 must be a value listed in Valid Values column	Claim	Y

X12 Element Attributes													
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
NM102	Entity Type Qualifier	ID	1-1	R			2			Y	NM102 must be a value listed in Valid Values column	Claim	Y
NM103	Name Last or Organization Name	AN	1-35	N/U						N			
NM104	Name First	AN	1-25	N/U						N			
NM105	Name Middle	AN	1-25	N/U						N			
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Name Suffix	AN	1-10	N/U						N			
NM108	Identification Code Qualifier	ID	1-2	N/U						N			
NM109	Identification Code	AN	2-80	N/U						N			
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
REF	Other Payer Service Facility Provider Identification		3	R	2330H				442	Y	MAX USE 3. MINIMUM OF 1 OCCURRENCE REQUIRED IF THE 2330H NM1 SEGMENT IS PRESENT.		
REF01	Reference Identification Qualifier	ID	2-3	R			1B, 1C, 1D, EI, G2, LU, N5			Y	REF01 must be a value listed in Valid Values column	Claim	Y
REF02	Other Payer Supervising Provider Identification	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identification			N/U						N			
LX	Service Line Number		1	R	2400	999			444	Y			
LX01	Line Counter	N0	1-6	R						Y	LX01 must begin with 1, increment by 1 for each new LX segment within a claim.	Claim	Y
SV2	Institutional Service		1	R	2400				445	Y	MAX USE 1		
SV201	Service Line Revenue Code	AN	1-48	R						Y	SV201 must be > spaces	Claim	Y
SV202	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			S									
SV202-1	Product or Service ID Qualifier	ID	2-2	R			HC, IV, ZZ	HC, ZZ		Y		Claim	Y
SV202-2	Procedure Code	AN	1-48	R						N		Claim	Y
SV202-3	Procedure Modifier 1	AN	2-2	S						N		Claim	Y
SV202-4	Procedure Modifier 2	AN	2-2	S						N		Claim	Y
SV202-5	Procedure Modifier 3	AN	2-2	S						N		Claim	Y
SV202-6	Procedure Modifier 4	AN	2-2	S						N		Claim	Y
SV202-7	Description	AN	1-80	N/U						N			
SV203	Line Item Charge Amount	R	1-18	R						Y	SV203 must be NUMERIC	Claim	Y
SV204	Unit or Basis for Measurement Code	ID	2-2	R			DA, F2, UN			Y	SV204 must be a value listed in Valid Values column	Claim	Y
SV205	Service Line Units	R	1-15	R						Y	MUST BE NUMERIC	Claim	Y
SV206	Service Line Rate Amount	R	1-10	S						Y	MUST BE NUMERIC IF PROVIDED	Claim	Y
SV207	Service Line Non-Covered Charge Amount	R	1-18	S						Y	MUST BE NUMERIC IF PROVIDED	Claim	Y
SV208	Yes/No Condition or Response Code	ID	1-1	N/U						N			
SV209	Nursing Home Residential Status Code	ID	1-1	N/U						N			
SV210	Level of Care Code	ID	1-1	N/U						N			
PWK	Line Supplemental Information		5	S	2400				452	Y	MAX USE 5.		

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
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			Y	PWK01 must be a value listed in Valid Values column	Claim	Y
PWK02	Attachment Transmission Code	ID	1-2	R			AA, AB, AD, AF, AG, BM, EL, EM, FX			Y	PWK02 must be a value listed in Valid Values column	Claim	Y
PWK03	Report Copies Needed	N0	1-2	N/U						N			
PWK04	Entity Identifier Code	ID	2-3	N/U						N			
PWK05	Identification Code Qualifier	ID	1-2	S			AC			N		Claim	Y
PWK06	Attachment Control Number	AN	2-80	S						N		Claim	Y
PWK07	Description	AN	1-80	N/U						N			
PWK08	Actions Indicated			N/U						N			
PWK09	Request Category Code	ID	1-2	N/U						N			
DTP	Service Line Date		1	S	2400				456	Y	MAX USE 1. Not used if assessment date is present.		
DTP01	Date Time Qualifier	ID	3-3	R			472			Y	DTP01 must be a value listed in Valid Values column	Claim	Y
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8			Y	DTP02 must be a value listed in Valid Values column	Claim	Y
DTP03	Service Date	AN	1-35	R			CCYYMMDD (D8) or CCYYMMDD- CCYYMMDD (RD8)			Y	DTP03 must be a valid date and cannot be a future date in a format listed in Valid Values column	Claim	Y
DTP	Assessment Date		1	S	2400				458	Y	MAX USE 1. Not used if service line date is present.		
DTP01	Date Time Qualifier	ID	3-3	R			866			Y	DTP01 must be a value listed in Valid Values column	Claim	Y
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8			Y	DTP02 must be a value listed in Valid Values column	Claim	Y
DTP03	Revision Date	AN	1-35	R			CCYYMMDD			Y	DTP03 must be a valid date and cannot be a future date in the format listed in Valid Values column	Claim	Y
AMT	Service Tax Amount		1	S	2400				460	Y	MAX USE 1		
AMT01	Amount Qualifier Code	ID	1-3	R			GT				AMT01 must be a value listed in Valid Values column	Claim	Y
AMT02	Service Tax Amount	R	1-18	R							AMT02 must be > zeros	Claim	Y
AMT03	Credit/Debit Flag Code	ID	1-1	N/U						N			
AMT	Facility Tax Amount		1	S	2400				461	Y	MAX USE 1		
AMT01	Amount Qualifier Code	ID	1-3	R			N8				AMT01 must be a value listed in Valid Values column	Claim	Y
AMT02	Facility Tax Amount	R	1-18	R							AMT02 must be > zeros	Claim	Y
AMT03	Credit/Debit Flag Code	ID	1-1	N/U						N			
HCP	Line Pricing/Repricing Information		1	S	2400				new	Y	MAX USE 1		
HCP01	P/R Methodology	ID	2-2	R			00 through 14			Y	HCP01 must be a value listed in Valid Values column	Claim	Y
HCP02	P/R Allowed Amount	R	1-18	R						N		Claim	Y
HCP03	P/R Saving Amount	R	1-18	S						N		Claim	Y
HCP04	P/R Organizational ID	AN	1-30	S						N		Claim	Y
HCP05	P/R Rate	R	1-9	S						N	MUST BE NUMERIC IF PROVIDED	Claim	Y

X12 Element Attributes													
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
HCP06	Approved APG Code, Pricing	AN	1-30	S						N		Claim	Y
HCP07	Approved APG Amt, Pricing	R	1-18	S						N	HCP07 must numeric and be > zeros if provided.	Claim	Y
HCP08	Approved Revenue Code	AN	1-48	S						N	HCP08 cannot exceed 4 characters	Claim	Y
HCP09	Qualifier	ID	2-2	S			HC			Y	HCP09 must be a value listed in Valid Values column	Claim	Y
HCP10	P/R Approved HCPCS	AN	1-48	S						N	HCP10 cannot exceed 5 characters	Claim	Y
HCP11	Measurement Code	ID	2-2	S			DA, UN			Y	HCP11 must be a value listed in Valid Values column	Claim	Y
HCP12	P/R day or unit quantity	R	1-15	S						N		Claim	Y
HCP13	Reject Reason Code	ID	2-2	S			T1 through T6			Y	HCP13 must be a value listed in Valid Values column	Claim	Y
HCP14	Policy Compliance Code	ID	1-2	S			1, 2, 3, 4, 5			Y	HCP14 must be a value listed in Valid Values column	Claim	Y
HCP15	Exception Code	ID	1-2	S			1, 2, 3, 4, 5, 6			Y	HCP15 must be a value listed in Valid Values column	Claim	Y
LIN	Drug Identification		25	S	2410				new	Y	MAX USE 25		
LIN01	Assigned Identification	AN	1-20	N/U						N			
LIN02	Qualifier	ID	2-2	R			N4			Y	LIN02 must be a value listed in Valid Values column	Claim	Y
LIN03	National Drug Code	AN	1-48	R						Y	LIN03 must be a valid NDC	Claim	Y
LIN04	Qualifier	ID	2-2	N/U						N			
LIN05	Product/Service ID	AN	1-48	N/U						N			
LIN06	Qualifier	ID	2-2	N/U						N			
LIN07	Product/Service ID	AN	1-48	N/U						N			
LIN08	Qualifier	ID	2-2	N/U						N			
LIN09	Product/Service ID	AN	1-48	N/U						N			
LIN10	Qualifier	ID	2-2	N/U						N			
LIN11	Product/Service ID	AN	1-48	N/U						N			
LIN12	Qualifier	ID	2-2	N/U						N			
LIN13	Product/Service ID	AN	1-48	N/U						N			
LIN14	Qualifier	ID	2-2	N/U						N			
LIN15	Product/Service ID	AN	1-48	N/U						N			
LIN16	Qualifier	ID	2-2	N/U						N			
LIN17	Product/Service ID	AN	1-48	N/U						N			
LIN18	Qualifier	ID	2-2	N/U						N			
LIN19	Product/Service ID	AN	1-48	N/U						N			
LIN20	Qualifier	ID	2-2	N/U						N			
LIN21	Product/Service ID	AN	1-48	N/U						N			
LIN22	Qualifier	ID	2-2	N/U						N			
LIN23	Product/Service ID	AN	1-48	N/U						N			
LIN24	Qualifier	ID	2-2	N/U						N			
LIN25	Product/Service ID	AN	1-48	N/U						N			
LIN26	Qualifier	ID	2-2	N/U						N			
LIN27	Product/Service ID	AN	1-48	N/U						N			
LIN28	Qualifier	ID	2-2	N/U						N			
LIN29	Product/Service ID	AN	1-48	N/U						N			
LIN30	Qualifier	ID	2-2	N/U						N			
LIN31	Product/Service ID	AN	1-48	N/U						N			
CTP	Drug Pricing		1	S	2410				new	Y	MAX USE 1		
CTP01	Class of Trade Code	ID	2-2	N/U						N			
CTP02	Price Identifier Code	ID	3-3	N/U						N			
CTP03	Drug Unit Price	R	1-17	R						Y	Must be Numeric	Claim	Y
CTP04	National Drug Unit Count	R	1-15	R						Y	Must be Numeric	Claim	Y
CTP05	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R									
CTP05-1	Code Qualifier	ID	2-2	R			F2, GR, ML, UN			Y	CTP05-1 must be a value listed in Valid Values column	Claim	Y
CTP05-2	Exponent	R	1-15	N/U									
CTP05-3	Multiplier	R	1-10	N/U									

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
CTP05-4	Unit or Basis for Measurement	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	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	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	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	1			new	Y	Max use 1		
REF01	Code Qualifier	ID	2-3	R			XZ			Y	REF01 must be a value listed in Valid Values column	Claim	Y
REF02	Prescription Number	AN	1-30	R						N		Claim	Y
REF03	Description	AN	1-80	N/U									
REF04	Reference Identifier	O		N/U									
NM1	Attending Physician Name		1	S	2420A	1			462	Y	Max use 1		
NM101	Entity Identifier Code	ID	2-3	R			71			Y	NM101 must be a value listed in Valid Values column	Claim	Y
NM102	Entity Type Qualifier	ID	1-1	R			1,2			Y	NM102 must be a value listed in Valid Values column	Claim	Y
NM103	Attending Provider Last or Organization Name	AN	1-35	R						Y	NM103 must be > spaces	Claim	Y
NM104	Attending Provider First Name	AN	1-25	S						Y	If NM102=1, then NM104 must be > spaces	Claim	Y
NM105	Attending Provider Middle Name	AN	1-25	S						N		Claim	Y
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Attending Provider Suffix	AN	1-10	S						N		Claim	Y
NM108	Identification Code Qualifier	ID	1-2	R			24, 34, XX			Y	NM108 must be a value listed in Valid Values column	Claim	Y
NM109	Attending Provider Identifier	AN	2-80	R						N		Claim	Y
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
REF	Attending Physician Secondary Identification		5	S	2420A				467	Y	Max use 1		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	1G. SY may not be used for Medicare.		Y	REF01 must contain the Provider UPIN Number code 1G. SY can not be used for Medicare.	Claim	Y
REF02	Rendering Provider Secondary Identifier	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identifier			N/U						N			

Element Id	Description	X12 Element Attributes							X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
		ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values					
NM1	Operating Physician Name		1	S	2420B	1			469	Y	Max use 1		
NM101	Entity Identifier Code	ID	2-3	R			72			Y	NM101 must be a value listed in Valid Values column	Claim	Y
NM102	Entity Type Qualifier	ID	1-1	R			1			Y	NM102 must be a value listed in Valid Values column	Claim	Y
NM103	Operating Physician Last Name	AN	1-35	R						N		Claim	Y
NM104	Operating Physician First Name	AN	1-25	R						N		Claim	Y
NM105	Operating Physician Middle Name	AN	1-25	S						N		Claim	Y
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Operating Physician Name Suffix	AN	1-10	S						N		Claim	Y
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX			Y	NM108 must be a value listed in Valid Values column	Claim	Y
NM109	Operating Physician Primary Identifier	AN	2-80	S						N		Claim	Y
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
REF	Operating Physician Secondary Identification		1	S	2420B				474	Y	Max use 1		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	1G, SY may not be used for Medicare.		Y	REF01 must contain the Provider UPIN Number code 1G. SY can not be used for Medicare.	Claim	Y
REF02	Operating Physician Secondary Identifier	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identifier			N/U						N			
NM1	Other Provider Name		1	S	2420C	1			476	Y	Max use 1		
NM101	Entity Identifier Code	ID	2-3	R			73			Y	NM101 must be a value listed in Valid Values column	Claim	Y
NM102	Entity Type Qualifier	ID	1-1	R			1, 2			Y	NM102 must be a value listed in Valid Values column	Claim	Y
NM103	Other Provider Last or Organization Name	AN	1-35	R						Y	NM103 must be > spaces	Claim	Y
NM104	Other Provider First Name	AN	1-25	S						N		Claim	Y
NM105	Other Provider Middle Name	AN	1-25	S						N		Claim	Y
NM106	Name Prefix	AN	1-10	N/U						N			
NM107	Other Provider Suffix	AN	1-10	S						N		Claim	Y
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX			Y	NM108 must be a value listed in Valid Values column	Claim	Y
NM109	Other Provider Primary Identifier	AN	2-80	S						N		Claim	Y
NM110	Entity Relationship Code	ID	2-2	N/U						N			
NM111	Entity Identifier Code	ID	2-3	N/U						N			
REF	Other Provider Secondary Identification		5	S	2420C				481	Y	Max use 1		

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	1G. SY may not be used for Medicare.		Y	REF01 must contain the Provider UPIN Number code 1G. SY can not be used for Medicare.	Claim	Y
REF02	Other Provider Secondary Identification	AN	1-30	R						Y	REF02 must be > spaces	Claim	Y
REF03	Description	AN	1-80	N/U						N			
REF04	Reference Identifier			N/U						N			
SVD	Service Line Adjudication Information		1	S	2430	25			490	Y	Max use 25		
SVD01	Other Payer Primary Identifier	AN	2-80	R						Y	SVD01 must be > spaces	Claim	Y
SVD02	Service Line Paid Amount	R	1-18	R						N		Claim	Y
SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			S									
SVD03-1	Product or Service ID Qualifier	ID	2-2	R			HC, IV, ZZ, N4			Y	SVD03-1 must be > spaces. Valid values are HC, ZZ, N4, and IV	Claim	Y
SVD03-2	Procedure Code	AN	1-48	R						N		Claim	Y
SVD03-3	Procedure Modifier 1	AN	2-2	S						N		Claim	Y
SVD03-4	Procedure Modifier 2	AN	2-2	S						N		Claim	Y
SVD03-5	Procedure Modifier 3	AN	2-2	S						N		Claim	Y
SVD03-6	Procedure Modifier 4	AN	2-2	S						N		Claim	Y
SVD03-7	Procedure Code Description	AN	1-80	S						N		Claim	Y
SVD04	Service Line Revenue Code	AN	1-48	R						N		Claim	Y
SVD05	Paid Service Unit Count	R	1-15	R						Y	SVD05 must be > zeros	Claim	Y
SVD06	Bundled or Unbundled Line Number	N0	1-6	S						N		Claim	Y
CAS	Service Line Adjustment		99	S	2430				494	Y	MAX USE 99		
CAS01	Adjustment Group Code	ID	1-2	R			CO, CR, OA, PI, PR			Y	CAS01 must be a value listed in Valid Values column	Claim	Y
CAS02	Adjustment Reason Code	ID	1-5	R						Y	IF USED MUST BE VALID EXTERNAL CODE SET VALUE	Claim	Y
CAS03	Adjustment Amount	R	1-18	R						Y	CAS03 must be > zeros	Claim	Y
CAS04	Adjusted Units Claim Level	R	1-15	S						Y	CAS04 must be > zeros	Claim	Y
CAS05	Adjustment Reason Code	ID	1-5	S						Y	IF USED MUST BE VALID EXTERNAL CODE SET VALUE	Claim	Y
CAS06	Adjustment Amount	R	1-18	S						Y	CAS06 must be > zeros	Claim	Y
CAS07	Adjusted Units Claim Level	R	1-15	S						Y	CAS07 must be > zeros	Claim	Y
CAS08	Adjustment Reason Code	ID	1-5	S						Y	IF USED MUST BE VALID EXTERNAL CODE SET VALUE	Claim	Y
CAS09	Adjustment Amount	R	1-18	S						Y	CAS09 must be > zeros	Claim	Y
CAS10	Adjusted Units Claim Level	R	1-15	S						Y	CAS10 must be > zeros	Claim	Y
CAS11	Adjustment Reason Code	ID	1-5	S						Y	IF USED MUST BE VALID EXTERNAL CODE SET VALUE	Claim	Y
CAS12	Adjustment Amount	R	1-18	S						Y	CAS12 must be > zeros	Claim	Y
CAS13	Adjusted Units Claim Level	R	1-15	S						Y	CAS13 must be > zeros	Claim	Y
CAS14	Adjustment Reason Code	ID	1-5	S						Y	IF USED MUST BE VALID EXTERNAL CODE SET VALUE	Claim	Y
CAS15	Adjustment Amount	R	1-18	S						Y	CAS15 must be > zeros	Claim	Y
CAS16	Adjusted Units Claim Level	R	1-15	S						Y	CAS16 must be > zeros	Claim	Y
CAS17	Adjustment Reason Code	ID	1-5	S						Y	IF USED MUST BE VALID EXTERNAL CODE SET VALUE	Claim	Y
CAS18	Adjustment Amount	R	1-18	S						Y	CAS18 must be > zeros	Claim	Y
CAS19	Adjusted Units Claim Level	R	1-15	S						Y	CAS19 must be > zeros	Claim	Y

		X12 Element Attributes											
Element Id	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values/ Valid Format	Medicare Values	X12 Page No.	Imp Guide Edit	Edit Logic	Suggested Reject Level	Map Y/N?
DTP	Service Line Adjudication Date		1	S	2430				502	Y	MAX USE 1		
DTP01	Date/Time Qualifier	ID	3-3	R			573			Y	DTP01 must be a value listed in Valid Values column	Claim	Y
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8			Y	DTP02 must be a value listed in Valid Values column	Claim	Y
DTP03	Adjudication or Payment Date	AN	1-35	R			CCYYMMDD			Y	DTP03 must be a valid date and cannot be a future date in the format listed in Valid Values column	Claim	Y
SE	Transaction Set Trailer		1	R	---				503				
SE01	Transaction Segment Count	N0	1-10	R						N		ISA-IEA	Y
SE02	Transaction Set Control Number	AN	4-9	R						Y	SE02 must = ST02	ISA-IEA	Y
GE	Function Group Trailer			R	---				B.10				
GE01	Number of Included Transaction Sets	N0	1-6	R						N		ISA-IEA	Y
GE02	Group Control Number	N0	1-9	R						Y	GE02 must = GS06 else reject the ISA-IEA envelope corrected 7/16/01	ISA-IEA	Y
IEA	Interchange Control Trailer			R	---				B.7				
IEA01	Number of Included Functional Groups	N0	1-5	R						N		ISA-IEA	Y
IEA02	Interchange Control Number	N0	9-9	R						Y	IEA02 must = ISA13 else reject the ISA-IEA envelope	ISA-IEA	Y

2010BC	N301	Payer Address Line	AN	1-55	R	N- changed from 'Y' 5/30/01	N301 must be > spaces	Claim	Y	sent to HCFA 5/30
2300	REF	Repriced Claim Number					REF01 and REF02 - updated edit logic			
2300	HI02-1	Diagnosis Type Code	ID	1-3	R	Y	HI02-1 must be a value listed in Valid Values column - changed from BF to BJ and ZZ 5/30/01	Claim	Y	sent to HCFA 5/30
2300	HI03-1	Diagnosis Type Code	ID	1-3	R	Y	HI02-1 must be a value listed in Valid Values column- changed from BF to BN 5/30/01	Claim	Y	sent to HCFA 5/30
2310D	NM101	Entity Identifier Code	ID	2-3	R	Y	NM101 must be a value listed in Valid Values column - Must submit a 'DN' before you send a 'P3', and you can not submit 2 'DN's- changed 8/13/01	Claim	Y	
2420A	REF	Attending Physician Secondary Identification		5	S	Y	Max use 1 - corrected			
2420C	REF	Other Provider Secondary Identification		5	s	Y	Max use 1 - corrected			
2420D	REF	Referring Provider Secondary Identification		5	S	Y	Max use 1 - corrected			
	GE02	Group Control Number	NO	1-9	R	Y	GE02 must = GS06 else reject the ISA-IEA envelope corrected 7/16/01	ISA-IEA	Y	

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REF02	Transmission Type Code	AN	1-30	R
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CHANGES

REF02 must be a value listed in Valid Values column

HL04	Hierarchical Child Code	ID	1-1	R	
CLM02	Total Claim Charge Amount	R	1-18	R	
HSD03	Frequency Period	ID	2-2	S	
2310A REF01	Reference Identification Qualifier	ID	2-3	R	
2310A REF01	Reference Identification Qualifier	ID	2-3	R	
2310C REF01	Reference Identification Qualifier	ID	2-3	R	
MIA09	PPS-Capital FSP DRG Amount	R	1-18	S	
2420C REF01	Identification Qualifier	ID	2-3	R	
2420D REF01	Identification Qualifier	ID	2-3	R	
PWK02	Attachment Transmission Code	ID	1-2	R	
CUR01	Entity Identifier Code	ID	2-3	R	Y

4/22/2002

1
CLM02 must be numeric
DA, MO, Q1, WK
1G for UPIN
REF01 must contain 1G (UPIN)
1C or 1G
MIA09
REF01 must be a value listed in Valid Values column
REF01 must be a value listed in Valid Values column
See the Implementation Guide for logic
CUR01 must be a value listed in Valid Values column

CHANGES

SV202-1	Product or Service ID Qualifier	ID	2-2	R		HC, IV, N1, N2, N3, N4, ZZ	valid values are HC, N4, ZZ
SVD03-1	Product or Service ID Qualifier	ID	2-2	R		HC, IV, N1, N2, N3, N4, ZZ	SVD03-1 must be > spaces. FISS valid values are HC, ZZ, and N4

CR2134 8/2/2002

REF01 (2310A Loop) Medicare Values is changed to '1C or 1G'.

REF01 (2310A Loop) Edit Logic is changed to 'REF01 must contain the Medicare Provider Number code 1C or the Provider UPIN number code 1G'.

REF01 (2310B Loop) Medicare Values is changed to '1C or 1G'.

REF01 (2310B Loop) Edit Logic is changed to 'REF01 must contain the Medicare Provider Number code 1C or the Provider UPIN number code 1G'.

REF01 (2310D Loop) Medicare Values is changed to '1C or 1G'.

REF01 (2310D Loop) Edit Logic is changed to 'REF01 must contain the Medicare Provider Number code 1C or the Provider UPIN number code 1G'.

REF01 (2420A Loop) Medicare Values is changed from '1C' to '1G'.

REF01 (2420A Loop) Edit Logic is changed to 'REF01 must contain the Provider UPIN number code 1G'.

REF01 (2420B Loop) Medicare Values is changed from '1C' to '1G'.

REF01 (2420B Loop) Edit Logic is changed to 'REF01 must contain the Provider UPIN number code 1G'.

REF01 (2420C Loop) Medicare Values is changed from '1C' to '1G'.

REF01 (2420C Loop) Edit Logic is changed to 'REF01 must contain the Provider UPIN number code 1G'.

REF01 (2420D Loop) Medicare Values is changed from '1C' to '1G'.

REF01 (2420D Loop) Edit Logic is changed to 'REF01 must contain the Provider UPIN number code 1G'.

ADDENDA CHANGES MAY 2003

Instruction note changed to: NOTE: All Fiscal Intermediaries will perform the edits that are identified to be at the ISA-IEA level. These edits are deemed necessary to properly receive an inbound file. Editing at the provider or claim level is to be implemented by the Fiscal Intermediary that is receiving the inbound file. Rejecting claims at the transmission, provider, or claim level is at the discretion of the Fiscal Intermediary.

Added '06' for HCP01

2310D, 2330G, 2420D, SV4, 2420A PRV, 2420B PRV, and 2420C PRV deleted.

2310B PRV, 2310C PRV, and 2310E PRV deleted.

SV202-1 N1, N2, N3, and N4 values deleted.

Added 2400 HCP, 2410 LIN, 2410 CTP, and 2410 REF.

2010CA PAT07, PAT08, and PAT09 changed to NOT USED.

CLM11 and CLM12 changed to NOT USED.

GS08 value changed to 004010X096A1

Header REF01 updated.

2300 Payer Estimated Amount Due AMT02 edit logic added.

2300 Patient Estimated Amount Due AMT02 edit logic added.

2300 Patient Amount Paid AMT02 edit logic added.

2310A REF01 edit logic changed.

2310B REF01 edit logic changed.

2310C REF01 edit logic changed.

2310D REF01 edit logic changed.

2310E REF01 edit logic changed.

Added missing 'tick' mark to edit logic for 2010AB REF01.

Deleted 2000B PAT.

Changed Document Identification Code REF loop repeat from 1 to 2.

Changed 2310A PRV from Required to Situational.

Changed all occurrences of N403 postal code to ID from AN and removed edit logic.

Changed all occurrences of N402 edit logic to: N402 must be > spaces. Source Code 22: States and Outlying Areas of the U.S. If state code is not on list, N404 is required.

Changed edit logic for all occurrences of REF01 that allowed for an SY value - SY cannot be used for Medicare.

Added 'when applicable' to CR6 edit logic.

Changed edit logic for HI BK to: Max use 1. (Addenda changed from Required to Situational and added note) Required on all claims and encounters except claims for Religious Non-medical claims (Bill types 4XX and 5XX) and hospital other (Bill type 14X).

Changed all occurrences of N404 edit logic to: Required if the address is outside the U.S.

Changed CR7 repeat to 6.

Changed LX01 edit logic to: LX01 must begin with 1, increment by 1 for each new LX segment within a claim.

Changed 2400 PWK repeat to 5.

Note: The cross-reference IG pages have not been updated.