Must be used in conjunction with the 837(I) Implementation Guide (IG)

Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
Header	**ISA**	**Interchange Control Header**					**ISA must have fixed length data**
Header	ISA01	Authorization Information Qualifier	ID2	"00"-No Authorization Information Present	Literal	Required	
Header	ISA02	Authorization Data Identification	AN10	[ten spaces]-No Meaningful Information	Literal	Required	
Header	ISA03	Security Information Qualifier	AN10	"00"-No Security Information Present	Literal	Required	
Header	ISA04	Security Information	AN10	[ten spaces]-No Meaningful Information	Literal	Required	
Header	ISA05	Interchange ID Qualifier	ID2	<Configured Sender's ID type> USE "ZZ"	Configure	Required	See 837I - IG for valid values
Header	ISA06	Interchange Sender ID	AN15	<Configured Sender's ID> Use your 7-digit Trading Partner ID 80XXXXX	Configure	Required	
Header	ISA07	Interchange ID Qualifier	ID2	<Configured Receiver's ID type> Use "ZZ"	Configure	Required	See 837I - IG for valid values
Header	ISA08	Interchange Receiver ID	AN15	"100000" followed by "spaces"	Literal	Required	
Header	ISA09	Interchange Date	DT6	<Derive current date>	Derive	Required	YYMMDD
Header	ISA10	Interchange Time	TM4	<Derive current time>	Derive	Required	HHMM
Header	ISA11	Interchange Control Standards Identifier	ID1	"U"-U.S. EDI	Literal	Required	
Header	ISA12	Interchange Control Version Number	ID5	"00401"	Literal	Required	
Header	ISA13	Interchange Control Number	N9	<Derive unique ID for all ISAs from this sender: timestamp precise to hundredths of a second>	Derive	Required	

Must be used in conjunction with the 837(I) Implementation Guide (IG)

Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
Header	ISA14	Acknowledgment Requested	ID1	<Default to "0"=No Ack Requested> "1"= Interchange Ack Requested	Use Default	Required	
Header	ISA15	Usage Indicator	ID1	<Configured usage> P=Production T=Test Data	Configure	Required	
Header	ISA16	Component Element Separator	ID1	":"=Component Delimiter	Literal	Required	
Header	**GS**	**Functional Group Header**					**One functional group for each set of same transactions**
Header	GS01	Functional Identifier Code	ID2	"HC"-Health Care Claim (837)	Literal	Required	Depends on transaction
Header	GS02	Application Sender's Code	AN15	<Configure Sender's sub-division> Use your 7-digit Trading Partner ID number	Configure	Required	<ID for sub-div of ISA06>
Header	GS03	Application Receiver's Code	AN15	"77045"	Literal	Required	<ID for sub-div of ISA08>
Header	GS04	Date	DT8	<Derive current date>	Derive	Required	CCYYMMDD
Header	GS05	Time	TM8	<Derive current time>	Derive	Required	HHMM(SSDD)
Header	GS06	Group Control Number	N9	<Default to unique ID for each GS from this sender: timestamp precise to hundredths of a second>	Default	Required	Batch Number
Header	GS07	Responsible Agency Code	ID2	"X"-ASC X12	Literal	Required	
Header	GS08	Version/Release/Industry Identifier Code	AN12	"004010X096" or "004010X096A1"	Literal	Required	Use Addenda version "004010X096A1"
Header	**ST**	**Transaction Set Header**					
Header	ST 01	Transaction Set Identifier Code	ID3	"837"-Health Care Claim	Literal	Required	
Header	ST 02	Transaction Set Control Number	AN9	<Derive submitter seq # from 1 by 1 for each tx>	Derive	Required	

Must be used in conjunction with the 837(I) Implementation Guide (IG)

Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
Header	**BHT**	**Beginning of Hierarchical Transaction**					
Header	BHT01	Hierarchical Structure Code	ID4	"0019"-Info Source, Subscr., Dependent	Literal	Required	
Header	BHT02	Transaction Set Purpose Code	ID2	"00" or "18"	Derive	Required	"00"-original, "18"-resubmit
Header	BHT03	Originator Application Transaction Identifier	AN30	<Derive unique ID for each 837 from originating system: timestamp precise to hundredths of a second>	Unique ID for all 837s from original system-This is the Claim # assigned by the MCO's system	Required	Unique ID for all 837s from original system-This is the Claim # assigned by the MCO's's system
Header	BHT04	Transaction Set Creation Date	DT8	<Default to current date if no claim submitted date>	Default	Required	Claim date
Header	BHT05	Transaction Set Creation Time	TM8	<Default to "23595999"-midnight>	Default	Required	HHMMSSDD
Header	BHT06	Claim or Encounter Identifier	ID2	"RP"-encounter	Literal	Required	Always USE "RP"
Header	**REF**	**Transmission Type Identification**					
Header	REF01	Reference Identification Qualifier	ID3	"87"-Functional Category	Literal	Required	
Header	REF02	Transmission Type Code	AN30	"004010X098A1" = production; "004010X098DA1" = test	Derive	Required	
1000A	**NM1**	**Submitter Name**					**Submitter Loop is information about the health MCO**
1000A	NM101	Entity Identifier Code	ID3	"41"-Submitter	Required	Required	
1000A	NM102	Entity Type Qualifier	ID1	<Configure MCO data> "2" = Non-Person	Required	Required	

Must be used in conjunction with the 837(I) Implementation Guide (IG)

Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
1000A	NM103	Submitter Last or Organization Name	AN35	<Configure MCO data>	Required	Required	Use MCO's Abbreviated Name (GHC, MHC. CHPW, RBSP, CUPP etc.)
1000A	NM104	Submitter First Name	AN25	<Configure MCO data>	Not Required	Not required	
1000A	NM105	Submitter Middle Name	AN25	<Configure MCO data>	Not Required	Not required	
1000A	NM108	Identification Code Qualifier	ID2	"46"-ETIN (local code)	Literal	Required	
1000A	NM109	Submitter Identifier	AN80	MCO Submitter ID # (800XXXX)	Required	Required	Same as the EDI Trading Partner Agreement
1000A	**PER01**	**Information contact**	**ID2**	**"IC"**	**Literal**	**Required**	**MCO Contact information**
1000A	PER02	Submitter Contact name	AN60	Name of Person to contact at the MCO regarding information in this submission	Required	Required	MCO Contact information
1000A	PER03	Communication Number Qualifier	ID2	EM=Email Address or TE=Telephone Number	Required	Required	MCO Contact information
1000A	PER04	Communication Number	AN80		Required	Required	
1000B	**NM1**	**Receiver Name**					**The Receiver Loop identifies DSHS/MAA**
1000B	NM101	Entity Identifier Code	ID3	"40"-Receiver	Literal	Required	
1000B	NM102	Entity Type Qualifier	ID1	"2"-Non-Person	Literal	Required	
1000B	NM103	Receiver Name	AN35	"WA DSHS MAA"	Literal	Required	
1000B	NM108	Information Receiver Identification Number	ID2	"46"-ETIN (local ID)	Literal	Required	
1000B	NM109	Receiver Primary Identifier	AN80	"77045"	Literal	Required	
2000A	**HL**	**Billing/Pay-To Provider Hierarchical Level**					
2000A	HL01	Hierarchical ID Number	AN12	<increment from 1 by 1 for each HL segment in tx>	Derive	Required	increment from 1 by 1 for each HL segment in tx
2000A	HL03	Hierarchical Level Code	ID2	"20"-Information Source	Literal	Required	

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Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
2000A	HL04	Hierarchical Child Code	ID1	"1"-child HL follows	Literal	Required	
2010AA	**NM1**	**Billing Provider Name**					For Encounter Data Reporting the Billing Provider Loop will be used to identify the MCO and the Line of Business (HO, BH+)
2010AA	NM101	Entity Identifier Code	ID3	"85"-Billing Provider	Literal	Required	For Encounter Data Reporting the Billing Provider always = MCO
2010AA	NM102	Entity Type Qualifier	ID1	"1" = Person, "2"= Non-Person	Required	Required	Always 2=Non-Person
2010AA	NM103	Billing Provider Last or Organizational Name	AN35	>Organization Name <Configure MCO data	Required	Required	For Encounter Data reporting use MCO's Abbreviated Name (GHC; MHC; CHPW; RBS; ANH; CUPP; KHPP etc)
2010AA	NM108	Identification Code Qualifier	ID2	"24"= Employer ID or "34"=SSN or "XX" = NPI (future)	Required	Required	Always "24"
2010AA	NM109	Billing Provider Identifier	AN80	Standard Tax-ID for billing provider	Required	Required	This is always the Tax ID of the MCO.
2010AA	**N3**	**Billing Provider Address**					
2010AA	N301	Billing Provider Address Line	AN55		Required	Required	**Always the Address of the MCO reporting the data.**
2010AA	N302	Billing Provider Address Line	AN55		Not required	Not required	
2010AA	**N4**	**Billing Provider City/State/ZIP Code**					
2010AA	N401	Billing Provider City Name	AN30		Required	Required	**Always the City of the MCO reporting the data.**

Must be used in conjunction with the 837(I) Implementation Guide (IG)

Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
2010AA	N402	Billing Provider State or Province Code	ID2		Required	Required	
2010AA	N403	Billing Provider Postal Zone or ZIP Code	ID15		Required	Required	
2010AA	**REF**	**Billing Provider Secondary Identification**					
2010AA	REF01	Reference Identification Qualifier	ID3	"1D"-Medicaid Prov No.	Required	Required	
2010AA	REF02	Billing Provider Additional Identifier	AN30	Billing/MCO Provider Medicaid Number - for MAA, the Medicaid ID number for the specific Line-of-Business.	Required	Required	**This must be the MCO's active 7-digit Medicaid Provider ID number (75XXXXX) for each line of business (HO or BH+)**
2010AB	**NM1**	**Pay-To-Provider Name**					**For Encounter Data Reporting, the "Pay-to-Provider is the entity who received the payment (Hospital, Home Health Care, SNF etc.)**
2010AB	NM101	Entity Identifier Code	ID3	"87" - Pay-To-Provider	Literal	Required	Always "87"
2010AB	NM102	Entity Type Qualifier	ID1	"1" = Person, "2" = Non-Person	Required	Required	
2010AB	NM103	Pay-To-Provider Last or Organizational Name	AN35	>Organization Name <Configure MCO data	Required	Required	
2010AB	NM104	Pay-To-Provider First Name	AN25	Individual's First Name	Required if a person		
2010AB	NM105	Pay-To-Provider Middle Name	AN25		Optional	Optional	
2010AB	NM107	Pay-To-Provider Name Suffix	AN10		Optional	Optional	
2010AB	NM108	Identification Code Qualifier	ID2	"24" = Employer ID or "34" = SSN or "XX" = NPI (future)	Required	Required	

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Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
2010AB	NM109	Pay-To-Provider Identifier	AN80	Standard Tax-ID for Pay-To-Provider	Required	Required	
2010AB	**N3**	**Pay-To-Provider Address**					
2010AB	N301	Pay-To-Provider Address Line	AN55		Required	Required	
2010AB	N302	Pay-To-Provider Address Line	AN55		Not Required	Not Required	
2010AB	**N4**	**Pay-To-Provider City/State/ZIP Code**					
2010AB	N401	Pay-To-Provider City Name	AN30		Required	Required	
2010AB	N402	Pay-To-Provider State or Province Code	ID2		Required	Required	
2010AB	N403	Pay-To-Provider Postal Zone or ZIP Code	ID15		Required	Required	
2010AB	**REF**	**Pay-To-Provider Secondary Identification**					
2010AB	REF01	Reference Identification Qualifier	ID3	"1D" - Medicaid Provider Number	Required	Not Required	
2010AB	REF02	Pay-To-Provider Additional Identifier	AN30	The 7-digit MAA Assigned Medicaid ID number for the provider who received payment from the MCO.	Required	Not Required	**This must be a valid and active Medicaid Provider ID number for the date(s) of service.**
2000B	**HL**	**Subscriber Hierarchical Level**					**Validate sequence numbers to insure correct structure**
2000B	HL01	Hierarchical ID Number	AN12	<increment from 1 by 1 for each HL segment in tx>	Derive	Required	increment by 1 for each HL segment in tx
2000B	HL02	Hierarchical Parent ID Number	AN12	<HL01 value of parent HL segment>	Derive	Required	parent HL01 value
2000B	HL03	Hierarchical Level Code	ID2	"22"-Subscriber	Literal	Required	
2000B	HL04	Hierarchical Child Code	ID1	"0" = no subordinate HL segments	Literal	Required	Patient is Always the Subscriber

Must be used in conjunction with the 837(I) Implementation Guide (IG)

Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
2000B	**SBR**	**Subscriber Information**					**The Subscriber is the MCO Member receiving the service**
2000B	SBR01	Payer Responsibility Sequence Number code	ID1	**"P" = Primary**	Literal	Required	**For Encounter Data reporting always use "P"**
2000B	SBR02	Individual Relationship Code	ID2	"18" = Self	Required	Required	
2000B	SBR09	Claim Filing Indicator Code	ID2	"MC"-Medicaid	Literal	Required	
2010BA	**NM1**	**Subscriber Name**					
2010BA	NM101	Entity Identifier Code	ID3	"IL"-Insured	Literal	Required	
2010BA	NM102	Entity Type Qualifier	ID1	"1"-Person	Literal	Required	
2010BA	NM103	Subscriber Last Name	AN35	Subscriber Last Name	Required	Required	
2010BA	NM104	Subscriber First Name	AN25	Subscriber First Name	Required	Required	
2010BA	NM105	Subscriber Middle Name	AN25	Subscriber Middle Name/Initial	Required if known	Required if known	
2010BA	NM108	Identification Code Qualifier	ID2	"MI"-member ID	Literal	Required	
2010BA	NM109	Subscriber Primary Identifier	AN80	**PIC (For MAA - The PIC is always the primary identifier of the subscriber).**	Required	Required	**Enter the Medicaid assigned Patient Identification Code (PIC)**
2010BA	**N3**	**Subscriber Address Information**					
	N301	Subscriber Address Line	AN55	Subscriber Address Line	Required	Required	
	N302	Second line Subscriber Address	AN55	Second line Subscriber Address	Required	Required	
	N401	Subscriber City Name	AN30	Subscriber City Name	Required	Required	
	N402	Subscriber State Code	ID2	Subscriber State Code	Required	Required	
	N403	Subscriber Zip Code	ID15	Subscriber Zip Code	Required	Required	
2010BA	**DMG**	**Subscriber Demographic Information**					
2010BA	DMG01	Date Time Period Format Qualifier	ID3	"D8"-CCYYMMDD	Literal	Required	

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Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
2010BA	DMG02	Subscriber Birth Date	AN35	Subscriber's Birthdate	Required	Required	
2010BA	DMG03	Subscriber Gender Code	ID1	"M" = Male "F" = Female "U" = Unknown	Required	Required	M, F, U
2010BA	**REF**	**Subscriber Secondary Identification**					
2010BA	REF01	Reference Identification Qualifier	ID3	"SY"-SSN	Literal	Not required	
2010BA	REF02	Subscriber Supplemental Identifier	AN30	Subscriber's SSN	Required	Not required	**For Encounter Data reporting the Subscriber's SSN is required to help identify the client. "Zero fill" if not available**
2010BC	**NM1**	**Payer Name**					**For Encounter Data Claims, MAA will always be the "Payer"**
2010BC	NM101	Entity Identifier Code	ID3	"PR"-payer	Literal	Required	
2010BC	NM102	Entity Type Qualifier	ID1	"2"-Non-Person	Literal	Required	
2010BC	NM108	Identification Code Qualifier	ID2	"PI"-Payer's ID	Literal	Required	
2010BC	NM109	Payer Identifier	AN80	"77045"	Required	Required	Enter MAA's Payer Identifier for EDI.
2300	**CLM**	**Claim information**					**This segment applies to the entire claim/encounter - Recommended Max is 5000**
2300	CLM01	Claim Submitter's Identifier (also known as the Patient Account Number/Patient Control Number)	AN38	**Claim Number from the MCO's Claim Payment System**	Required	Required	**This number will be returned to the MCO on the Encounter Results Transaction (ERT) after MAA's Encounter Data validation processing.**

Must be used in conjunction with the 837(I) Implementation Guide (IG)

Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
2300	CLM02	Total Claim Charge Amount	R18	Total Claim Charge Amount	Required	Required	
2300	CLM05	Health Care Service Location Information					
2300	CLM05-1	Facility Code Value	AN2	Facility Type Code	Required	Required	See tab CLM05-1 for Acceptable values - These codes are from the NUBC code source
2300	CLM05-2	Facility Code Qualifier	ID2	"A"- UB Bill Type	Literal	Required	
2300	CLM05-3	Claim Frequency Code	ID1	"1"= original encounter record (ER), "7" = replace previously accepted ER,	Required	Required	Use "7" when submitting corrections and replacing previously accepted Encounter Records.
2300	CLM06	Provider/Supplier Signature Indicator	ID1	"N" (Default)	Literal	Required	Always use "N" for encounter data reporting
2300	CLM07	Provider Accept Assignment Code	ID1	"C" (Default)	Literal	Required	Always use "C" for encounter data reporting
2300	CLM08	Benefits Assignment Cert Indicator	ID1	"Y" (Default)	Literal	Required	Always use "Y" for encounter data reporting
2300	CLM09	Release of Information Code	ID1	"Y" (Default)	Literal	Required	Always use "Y" for encounter data reporting
2300	**DTP**	**Discharge Hour**					
2300	DTP01	Date Time Qualifier	ID3	"096"-Discharge	Literal	Required if final claim	
2300	DTP02	Date Time Period Format Qualifier	ID3	"TM"-HHMM	Literal	Required if final claim	
2300	DTP03	Discharge Hour	AN35	HHMM		Required if inpatient final claim	
2300	**DTP**	**Statement Dates**					
2300	DTP01	Date Time Qualifier	ID3	"434"- Statement	Literal	Required	

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Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
2300	DTP02	Date Time Period Format Qualifier	ID3	"D8"=Single Date, "RD8"=From & To Dates	Use "RD8"	Required	"D8"-CCYYMMDD, "RD8"-CCYYMMDD-CCYYMMDD
2300	DTP03	Statement From & To Dates	AN35	CCYYMMDD-CCYYMMDD	Required: statement from/to may differ from admit/discharge date	Required	for inpatients this is admit to discharge unless CL103=9 or 30-39 (not discharged)
2300	**DTP**	**Admission Date/Hour**					
2300	DTP01	Date Time Qualifier	ID3	"435"-Admission	Literal	Required for inpatient services	
2300	DTP02	Date Time Period Format Qualifier	ID3	"DT"	Literal	Required for inpatient services	
2300	DTP03	Admission Date and Hour	AN35	Hospital Admission Date and Hour - CCYYMMDDHHMM	Required for inpatient services	Required for inpatient services	Default hour information only to "0000" zero-fill if unknown
2300	**CL1**	**Institutional Claim Code**					
2300	CL101	Admission Type Code	ID1	"1" = ER, "2"=urgent, "3"=elective/by appt, "4"=newborn	Required for inpatient services	Required for inpatient services	
2300	CL102	Admission Source Code	ID1	See Tab CL102-admit source for valid values	Required for inpatient services	Required for inpatient services	
2300	CL103	Patient Status Code	ID2	Patient Destination on Discharge See Tab CL103-Patient Status	Required if inpatient	Required if inpatient	See Tab CL103-Patient Status for valid codes
2300	**REF**	**Original Reference Number (ICN/DCN)**		**This is the Original ICN number assigned by MAA to the originally submitted encounter record**	**Use ONLY when the Claim Frequency Code in CLM05-3 equals 7**	**Required ONLY when resubmitting a corrected encounter record to replace a previously submitted encounter.**	**Use ONLY when the Claim Frequency Code in CLM05-3 equals 7**

Must be used in conjunction with the 837(I) Implementation Guide (IG)

Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
2300	REF01	Reference Identification Qualifier	ID3	"F8"-Original Reference Number	Literal	Required if resubmitting a previously accepted Encounter Record	Use ONLY when the Claim Frequency Code in CLM05-3 equals 7
2300	REF02	Claim Original Reference Number	AN30	Original ICN assigned by MAA to the Encounter Record	Use ONLY when the Claim Frequency Code in CLM05-3 equals 7	Required if resubmitting a previously accepted Encounter Record	Use ONLY when the Claim Frequency Code in CLM05-3 equals 7
2300	**CR6**	**Home Health Care Information**		**Follow IG instructions for Home Health Service encounter records**	**This segment required ONLY IF claim is for Home**	**Follow IG instructions**	
2300	**CRC**	**Home Health Functional Limitations**		**Follow IG instructions for Home Health Service encounter records**	**This segment required ONLY IF claim is for Home**	**Follow IG instructions**	
2300	**CRC**	**Home Health Activities Permitted**		**Follow IG instructions for Home Health Service encounter records**	**This segment required ONLY IF claim is for Home Health Services**	**Follow IG instructions**	
2300	**CRC**	**Home Health Mental Status**		**Follow IG instructions for Home Health Service encounter records**	**This segment required ONLY IF claim is for Home Health Services**	**Follow IG instructions**	
2300	**HI**	**Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information**					
2300	**HI01**	**Health Care Code Information**					
2300	HI01-1	Code List Qualifier Code	ID3	"BK"- principal ICD9 diagnosis	Required on all Inpatient **AND** Outpatient claims/encounter records	Required on all Inpatient **AND** Outpatient claims/encounter records	

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Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
2300	HI01-2	Industry Code	AN30	ICD9 - Principal Diagnosis Code	Required	Required	
2300	**HI02**	**Health Care Code Information**					
2300	HI02-1	Code List Qualifier Code	ID3	"BJ"-Admitting Diagnosis, "ZZ"-Reason for Visit	Required:		
2300	HI02-2	Industry Code	AN30	ICD9 - Admitting Diagnosis Code/Patient Reason For Visit	Required:	Admit ICD9 code Required on all Inpatient admission claims/encounter records or Reason Code Required on all unscheduled outpatient visits	ICD9 code
2300	**HI03**	**Health Care Code Information**					
2300	HI03-1	Code List Qualifier Code	ID3	"BN"-US DHHS E-Code	Required if injury, poison or adverse effect	Required if injury, poison or adverse effect	
2300	HI03-2	Industry Code	AN30	ICD9 E-Code			
2300	**HI**	**Diagnosis Related Group (DRG) Information**				**Required when inpatient hospital is under a DRG contract with the biller/MCO.**	
2300	**HI01**	**Health Care Code Information**					
2300	HI01-1	Code List Qualifier Code	ID3	"DR"-DRG	Literal	Required	
2300	HI01-2	Diagnosis Related Group (DRG) Code	AN30	DRG	Required if inpatient claim was paid using a DRG	Required	

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Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
2300	**HI**	**Other Diagnosis Information**					**Repeat segment up to 8 times as needed**
2300	**HI01**	**Health Care Code Information**					
2300	HI01-1	Code List Qualifier Code	ID3	"BF"-diagnosis	Literal	Required if other conditions exist	
2300	HI01-2	Other Diagnosis	AN30	Other Diagnosis Codes - ICD9 code	Required if other conditions exist	Required if other conditions exist	
2300	**HI**	**Principal Procedure Information**					**Required on all inpatient claims when a procedure was performed and on Home IV therapy claims when surgery was performed during the inpatient which resulted in initiating the course of therapy**
2300	**HI01**	**Health Care Code Information**					
2300	HI01-1	Code List Qualifier Code	ID3	"BP"= HCPCS/CPT code "BR" = ICD9-CM Principal Procedure Code	Required	Required	
2300	HI01-2	Industry Code	AN30	Principal Procedure Code	Required	Required	ICD-9-CM, HCPCS, or CPT Procedure Code
2300	HI01-3	Date Time Period Format Qualifier	ID3	"D8"	Required when HI01-1 = "BR"	Required when HI01-1 = "BR"	
2300	HI01-4	Date	AN35	Format Date = CCYYMMDD			

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Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
2300	**HI**	**Other Procedure Information**					**Required on all inpatient claims when a procedure was performed and on Home IV therapy claims when surgery was performed during the inpatient which resulted in initiating the course of therapy**
2300	**HI01**	**Health Care Code Information**					
2300	HI01-1	Code List Qualifier Code	ID3	"BO"= HCPCS/CPT code "BQ" = ICD9-CM Procedure Code	Required	Required	
2300	HI01-2	Industry Code	AN30	Other Procedure Codes	Required	Required	ICD-9-CM, HCPCS, or CPT Procedure Code
2300	HI01-3	Date Time Period Format Qualifier	ID3	"D8"	Required when HI01-1 = "BQ"	Required when HI01-1 = "BQ"	
2300	HI01-4	Date	AN35	Format Date = CCYYMMDD			
2300	**HI**	**Other Procedure Information**					**Repeat this HI segment up to 12 times to report other procedure codes with the same required information listed in the above HI segment**
2300	**HI**	**Value Information**		**Required when value information applies to the claim/encounter**			**Use this segment to report Newborn Birth Weight found using the UB-92 code set**
2300	**HI01**	**Health Care Code Information**					

Must be used in conjunction with the 837(I) Implementation Guide (IG)

Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
2300	HI01-1	Code List Qualifier Code	ID3	"BE"	Literal	Required when Admission Type Code in CL101 = "4" Newborn	
2300	HI01 - 2	Value Code	AN30	"54" + Newborn Birth weight in Grams	Required	Required when Admission Type Code in CL101 = "4" Newborn	
2310A	**NM1**	**Attending Physician Name**					
2310A	NM101	Entity Identifier Code	ID3	"71"-Attending Physician	Literal	Required if inpatient or HH prime phys	
2310A	NM102	Entity Type Qualifier	ID1	"1" = Person, "2" = Non-Person	Literal	Required if inpatient or HH prime phys	
2310A	NM103	Attending Physician Last Name	AN35		Required if a person	Required if a person	
2310A	NM104	Attending Physician First Name	AN25		Required if a person	Required if a person	
2310A	NM105	Attending Physician Middle Name	AN25		optional	Not required	
2310A	NM107	Attending Physician Name Suffix	AN10		optional	Not required	
2310A	NM108	Identification Code Qualifier	ID2	"24"-EIN (Fed Tax ID), "34"-SSN, "XX"-NPI (future)	Required if inpatient or HH prime phys	Required if inpatient or HH prime phys	
2310A	NM109	Attending Physician Primary Identifier	AN80	EIN; SSN; or NPI	Required if inpatient or HH prime phys	Required if inpatient or HH prime phys	Zero fill if unknown
2310A	**REF**	**Attending Physician Secondary Identification**					
2310A	REF01	Reference Identification Qualifier	ID3	"1D" = Medicaid ID	Required	Required	

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Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
2310A	REF02	Attending Physician Secondary Identifier	AN30	**The 7-digit MAA Assigned Medicaid ID number for the individual provider who is the Attending Physician**	Required	Required	**Use the Attending Provider's 7-digit Medicaid ID number**
2400	**LX**	**Service Line Number**					
2400	LX 01	Assign Number	N06	Line Item Number	Required	Required	<Must derive sequential # from 1 by 1 for each service line>
2400	**SV2**	**Institutional Service Line**					
2400	SV201	Service Line Revenue Code	AN48	Revenue Code	Required	Required for Inpatients	See Guide for valid values
2400	SV202	Composite Medical Procedure Identifier				Required for Outpatient claims	
2400	SV202-1	Product or Service ID Qualifier	ID2	HCPCS/CPT/NDC Qualifier codes (See IG for valid values)		Required if outpat & HCPCS/CPT exists	
2400	SV202-2	Procedure Code	AN48	Primary Procedure/NDC number	Must be HCPCS/CPT procedure code, not ICD9 procedure code	Required if outpatient	
2400	SV202-3	Procedure Modifier	AN2	Procedure Code Modifier	Required if outpatient and clarifies the procedure	Required if outpatient and clarifies the procedure	Repeat up to 4 times to report all Modifiers
2400	SV203	Line Item Charge Amount	R18	Line Billed Charges	Required	Required	Zero amount is acceptable value/ Total charges by Rev code
2400	SV204	Unit or Basis for Measurement Code	ID2	"DA"-days, "F2"-IU, "UN"-units (default)	Required	Required	See IG for valid values
2400	SV205	Service Unit Count	R15	Units of Service	Required	Required	
2400	**DTP**	**Service Line Date**					

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Loop	Segment	ASC X12N Name	Data Type and Length	ASC X12N 837 I Data Content	MAA Requirement	837 I Implementation Guide (IG) Requirements	Comments
2400	DTP01	Date Time Qualifier	ID3	"472"-Date of Service	Literal	Required if outpatient	
2400	DTP02	Date Time Period Format Qualifier	ID3	"D8" or "RD8"		Required if outpatient	
2400	DTP03	Service Date	AN35	Date of Service = CCYYMMDD		Required if outpatient	
Trailer	**SE**	**Transaction Set Trailer**					
Trailer	SE 01	Transaction Segment Count	N010		Derive	Required	number of segments in trans
Trailer	SE 02	Transaction Set Control Number	AN9		Derive	Required	same as ST02
Trailer	**GE**	**Functional Group Trailer**					
Trailer	GE01	Number of Transaction Sets Included	N6		Derive	Required	Count number of transactions in group
Trailer	GE02	Group Control Number	N9		Derive	Required	Unique ID for each GS/GE from this sender
Trailer	**IEA**	**Interchange Control Trailer**					
Trailer	IEA01	Number of Included Functional Groups	N5	"1"-one func group in interchange	Derive	Required	
Trailer	IEA02	Interchange Control Number	N9	<Derive: same as ISA13>	Derive	Required	Unique ID for each ISA/IEA from this sender