WA State DSHS MAA
HIPAA Project
Mapping -- HIPAA 276 to MMISupdate.xls-HIPAA 276 to MMIS

as of 7/9/2002

Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decisions
1		**ST**	**Transaction Set Header**								
2		ST 01	Transaction Set Identifier Code	ID3			Verify "276"	Translation	hard code: req'd	276	
3		ST 02	Transaction Set Control Number	AN9			sequence # start 1 by 1 for each ST-SE	Translation	assign: req'd	1	
4		**BHT**	**Beginning of Hierarchical Transaction**								
5		BHT01	Hierarchical Structure Code	ID4			Verify "0010"	Translation	hard code: req'd	0010	
6		BHT02	Transaction Set Purpose Code	ID2			Verify "13"	Translation	hard code: req'd	13	
7		BHT04	Transaction Set Creation Date	DT8					assign: req'd	current date	
8	**2000A**	**HL**	**Information Source Level**								
9	2000A	HL 01	Hierarchical ID Number	AN12			Verify that it's a sequence number start 1 by 1 for each HL segment in ST-SE	Translation	assign: req'd	increment from 1 by 1 for each HL segment	
10	2000A	HL 03	Hierarchical Level Code	ID2			Verify "20"	Translation	hard code: req'd	20	
11	2000A	HL 04	Hierarchical Child Code	ID1			Verify "1"	Translation	hard code: req'd	1	
12	**2100A**	**NM1**	**Payer Name**								
13	2100A	NM101	Entity Identifier Code	ID3			Verify "PR"	Translation	hard code: req'd	PR	
14	2100A	NM102	Entity Type Qualifier	ID1					hard code: req'd	2	
15	2100A	NM103	Payer Name	AN35					required by HIPAA		
16	2100A	NM108	Identification Code Qualifier	ID2			Verify "XV"-National PlanID or "PI"-Payer ID	Translation	required by HIPAA	pull-down list of valid values: see I.G.	
17	2100A	NM109	Payer Identifier	AN80			Verify that this is either MAA's PlanID or Medicaid ID	Translation	required by HIPAA		
18	**2100A**	**PER**	**Payer Contact Information**								
19	2100A	PER01	Contact Function Code	ID2					optional (not used)	IC	
20	2100A	PER02	Payer Contact Name	AN60					optional (not used)		
21	2100A	PER03	Communication Number Qualifier	ID2					optional (not used)	TE	
22	2100A	PER04	Communication Number	AN80					optional (not used)	telephone	

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23	2100A	PER05	Communication Number Qualifier	ID2					optional (not used)	EM	
24	2100A	PER06	Communication Number	AN80					optional (not used)	email	
25	2100A	PER07	Communication Number Qualifier	ID2					optional (not used)		
26	2100A	PER08	Communication Number	AN80					optional (not used)		
27	**2000B**	**HL**	**Information Receiver Level**								
28	2000B	HL 01	Hierarchical ID Number	AN12					assign: req'd	increment by 1 for each HL	
29	2000B	HL 02	Hierarchical Parent ID Number	AN12					assign: req'd	HL01 of parent HL loop	
30	2000B	HL 03	Hierarchical Level Code	ID2			Verify "21"	Translation	hard code: req'd	21	
31	2000B	HL 04	Hierarchical Child Code	ID1			Verify "1"	Translation	hard code: req'd	1	
32	**2100B**	**NM1**	**Information Receiver Name**								
33	2100B	NM101	Entity Identifier Code	ID3			Verify "41"	Translation	hard code: req'd	41	
34	2100B	NM102	Entity Type Qualifier	ID1					hard code: req'd	pull-down	
35	2100B	NM103	Information Receiver Last or Organization Name	AN35			store & send back in 277 NM103	Match Back	required by HIPAA		
36	2100B	NM104	Information Receiver First Name	AN25					req'd if a person		
37	2100B	NM105	Information Receiver Middle Name	AN25					optional (not used)		
38	2100B	NM107	Information Receiver Name Suffix	AN10					optional (not used)		
39	2100B	NM108	Identification Code Qualifier	ID2			Verify "XX"-NPI	Translation	required by HIPAA	pull-down	
40	2100B	NM109	Information Receiver Identification Number	AN80			NPI: send to MMIS as requestor's ID	Match Back	required by HIPAA		
41	**2000C**	**HL**	**Service Provider Level**								
42	2000C	HL 01	Hierarchical ID Number	AN12					assign: req'd	increment by 1 for each HL	
43	2000C	HL 02	Hierarchical Parent ID Number	AN12					assign: req'd	HL01 of parent HL loop	
44	2000C	HL 03	Hierarchical Level Code	ID2			Verify "19"	Translation	hard code: req'd	19	
45	2000C	HL 04	Hierarchical Child Code	ID1			Verify "1"	Translation	hard code: req'd	1	

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46	**2100C**	**NM1**	**Provider Name**								
47	2100C	NM101	Entity Identifier Code	ID3			Verify "1P"	Translation	hard code: req'd	1P	
48	2100C	NM102	Entity Type Qualifier	ID1					required by HIPAA	pull-down	
49	2100C	NM103	Provider Last or Organization Name	AN35					required by HIPAA		
50	2100C	NM104	Provider First Name	AN25					req'd if a person		
51	2100C	NM105	Provider Middle Name	AN25					req'd if the person has a middle name or init.		
52	2100C	NM106	Provider Name Prefix	AN10					optional (not used)		
53	2100C	NM107	Provider Name Suffix	AN10					optional (not used)		
54	2100C	NM108	Identification Code Qualifier	ID2			Verify "XX"-NPI	Translation	required by HIPAA	pull-down	
55	2100C	NM109	Provider Identifier	AN80	Institutional-Claim	ATTENDING-PHYSICIAN	Medical-Claim	PERFORMING-PROV-NUM	required by HIPAA		
56	**2000D**	**HL**	**Subscriber Level**								
57	2000D	HL 01	Hierarchical ID Number	AN12					assign: req'd	increment by 1 for each HL	
58	2000D	HL 02	Hierarchical Parent ID Number	AN12					assign: req'd	HL01 of parent HL loop	
59	2000D	HL 03	Hierarchical Level Code	ID2			Verify "22"	Translation	hard code: req'd	22	
60	2000D	HL 04	Hierarchical Child Code	ID1					hard code: req'd	0-if subscr=patient, else 1	
61	**2000D**	**DMG**	**Subscriber Demographic Information**								
62	2000D	DMG01	Date Time Period Format Qualifier	ID3					hard code if subscr=pat	D8	
63	2000D	DMG02	Subscriber Birth Date	AN35	Claim	RECIP-DATE-OF-BIRTH			req'd if subscr=pat		
64	2000D	DMG03	Subscriber Gender Code	ID1	Claim	RECIP-SEX-CODE	Need to map to MMIS codes	Map Codes	req'd if subscr=pat	pull-down	
65	**2100D**	**NM1**	**Subscriber Name**								
66	2100D	NM101	Entity Identifier Code	ID3			Verify "IL"-Subscriber or "QC"-Patient	Translation	required by HIPAA	pull-down	
67	2100D	NM102	Entity Type Qualifier	ID1					required by HIPAA	pull-down	
68	2100D	NM103	Subscriber Last Name	AN35	Claim	RECIP-NAME			required by HIPAA		
69	2100D	NM104	Subscriber First Name	AN25	Claim	RECIP-NAME			req'd if a person	MMIS uses only PIC to ID	

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70	2100D	NM105	Subscriber Middle Name	AN25	Claim	RECIP-MIDDLE-INIT			req'd if the person has a middle name or init.		
71	2100D	NM106	Subscriber Name Prefix	AN10					optional (not used)		
72	2100D	NM107	Subscriber Name Suffix	AN10					optional (not used)		
73	2100D	NM108	Identification Code Qualifier	ID2			Verify "MI"-Client PIC	Translation	required by HIPAA	pull-down	
74	2100D	NM109	Subscriber Identifier	AN80	Claim	RECIP-IDENT-NUMBER	If NM108=MI, this is DSHS PIC	Translation	required by HIPAA		
75	**2200D**	**TRN**	**Claim Submitter Trace Number**								
76	2200D	TRN01	Trace Type Code	ID2			Verify "1"	Translation	hard code if subscr=pat	1	
77	2200D	TRN02	Trace Number	AN30			send this trace # (or the one in loop 2200E) to MMIS to trace this request. If present, it must be returned in the 277	Match Back	req'd if subscr=pat		
78	**2200D**	**REF**	**Payer Claim Identification Number**								
79	2200D	REF01	Reference Identification Qualifier	ID3			Verify "1K"	Translation	hard code: used	1K	
80	2200D	REF02	Payer Claim Control Number	AN30	Claim	TRANS-CONTROL-NUM			used by MMIS		
81	**2200D**	**REF**	**Institutional Bill Type Identification**								
82	2200D	REF01	Reference Identification Qualifier	ID3			Verify "BLT"	Translation	hard code if instit.	BLT	
83	2200D	REF02	Bill Type Identifier	AN30			new field: facility/bill type code	HIPAA Required	req'd if inst. Claim		yes, add to claim
84	**2200D**	**REF**	**Medical Record Identification**								
85	2200D	REF01	Reference Identification Qualifier	ID3			Verify "EA"	Translation	hard code: used	EA	
86	2200D	REF02	Medical Record Number	AN30	Claim	PATIENT-ACCT-NUMBER			used by MMIS		
87	**2200D**	**AMT**	**Claim Submitted Charges**								

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88	2200D	AMT01	Amount Qualifier Code	ID3			Verify "T3"	Translation	hard code if subscr=pat	T3	
89	2200D	AMT02	Total Claim Charge Amount	R18	Claim	TOTAL-CLAIM-CHARGE			req'd if subscr=pat		
90	**2200D**	**DTP**	**Claim Service Date**								
91	2200D	DTP01	Date Time Qualifier	ID3			Verify "232"	Translation	hard code if instit.	232	
92	2200D	DTP02	Date Time Period Format Qualifier	ID3					hard code if instit.	RD8	
93	2200D	DTP03	Claim Service Period	AN35	Claim	FIRST-DATE-OF-SVC_claim_level			req'd for inst claims		
94	**2210D**	**SVC**	**Service Line Information**				**DO NOT SUPPORT SERVICE LINE REQ**				**Not supporting service line requests….only support claim level inquiry**
95	2210D	SVC01	Composite Medical Procedure Identifier								
96	2210D	SVC01-1	Product or Service ID Qualifier	ID2			store & send back in 277 SVC01-1	Match Back	optional (not used)	pull-down	
97	2210D	SVC01-2	Service Identification Code	AN48	Claim	PROC-CODE_service_level			optional (not used)		
98	2210D	SVC01-3	Procedure Modifier	AN2	Medical-Claim	PROC-CODE-MODIFIER	Add procedure modifier to institutional claim?	Policy Issues	optional (not used)		Institutional claim will carry 2 modifiers
99	2210D	SVC01-4	Procedure Modifier	AN2					optional (not used)		
100	2210D	SVC01-5	Procedure Modifier	AN2					optional (not used)		
101	2210D	SVC01-6	Procedure Modifier	AN2					optional (not used)		
102	2210D	SVC02	Line Item Charge Amount	R18	Institutional-Claim	LI-SUBMITTED-CHARGE	Medical-Claim	PROCEDURE-CHARGE	optional (not used)		
103	2210D	SVC04	Revenue Code	AN48	Institutional-Claim	REVENUE-CODE	Institutional claim only	Translation	optional (not used)		
104	2210D	SVC07	Original Units of Service Count	R15			need to store original units of service	Match Back	optional (not used)		
105	**2210D**	**REF**	**Service Line Item Identification**								
106	2210D	REF01	Reference Identification Qualifier	ID3			Verify "FJ"	Translation	hard code: opt	FJ	
107	2210D	REF02	Line Item Control Number	AN30			store and send back in 277	Match Back	optional (not used)		
108	**2210D**	**DTP**	**Service Line Date**								
109	2210D	DTP01	Date Time Qualifier	ID3			Verify "472"	Translation	hard code: opt	472	
110	2210D	DTP02	Date Time Period Format Qualifier	ID3					hard code: opt	RD8	

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111	2210D	DTP03	Service Line Date	AN35	Claim	FIRST/LAST-DATE-OF-SVC_service_level	Add service dates at service line level for outpatient in institutional claim	HIPAA Required	optional (not used)		
112	**2000E**	**HL**	**Dependent Level**								
113	2000E	HL 01	Hierarchical ID Number	AN12					assign: opt	increment by 1 for each HL	
114	2000E	HL 02	Hierarchical Parent ID Number	AN12					assign: opt	HL01 of parent HL loop	
115	2000E	HL 03	Hierarchical Level Code	ID2			Verify "23"	Translation	hard code: opt	23	
116	**2000E**	**DMG**	**Dependent Demographic Information**								
117	2000E	DMG01	Date Time Period Format Qualifier	ID3					hard code: opt	D8	
118	2000E	DMG02	Patient Birth Date	AN35					optional (not used)		
119	2000E	DMG03	Patient Gender Code	ID1					optional (not used)	pull-down	
120	**2100E**	**NM1**	**Dependent Name**								
121	2100E	NM101	Entity Identifier Code	ID3					hard code: opt	QC	
122	2100E	NM102	Entity Type Qualifier	ID1					hard code: opt	1	
123	2100E	NM103	Patient Last Name	AN35					optional (not used)		
124	2100E	NM104	Patient First Name	AN25					optional (not used)		
125	2100E	NM105	Patient Middle Name	AN25					optional (not used)		
126	2100E	NM106	Patient Name Prefix	AN10					optional (not used)		
127	2100E	NM107	Patient Name Suffix	AN10					optional (not used)		
128	2100E	NM108	Identification Code Qualifier	ID2					optional (not used)	pull-down	
129	2100E	NM109	Patient Primary Identifier	AN80					optional (not used)		
130	**2200E**	**TRN**	**Claim Submitter Trace Number**								
131	2200E	TRN01	Trace Type Code	ID2					hard code: opt	1	
132	2200E	TRN02	Trace Number	AN30					optional (not used)		
133	**2200E**	**REF**	**Payer Claim Identification Number**								
134	2200E	REF01	Reference Identification Qualifier	ID3					hard code: opt	1K	
135	2200E	REF02	Payer Claim Control Number	AN30					optional (not used)		
136	**2200E**	**REF**	**Institutional Bill Type Identification**								

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137	2200E	REF01	Reference Identification Qualifier	ID3					hard code: opt	BLT	
138	2200E	REF02	Bill Type Identifier	AN30					optional (not used)		
139	**2200E**	**REF**	**Medical Record Identification**								
140	2200E	REF01	Reference Identification Qualifier	ID3					hard code: opt	EA	
141	2200E	REF02	Medical Record Number	AN30					optional (not used)		
142	**2200E**	**AMT**	**Claim Submitted Charges**								
143	2200E	AMT01	Amount Qualifier Code	ID3					hard code: opt	T3	
144	2200E	AMT02	Total Claim Charge Amount	R18					optional (not used)		
145	**2200E**	**DTP**	**Claim Service Date**								
146	2200E	DTP01	Date Time Qualifier	ID3					hard code: opt	232	
147	2200E	DTP02	Date Time Period Format Qualifier	ID3					hard code: opt	RD8	
148	2200E	DTP03	Claim Service Period	AN35					optional (not used)		
149	**2210E**	**SVC**	**Service Line Information**								
150	2210E	SVC01	Composite Medical Procedure Identifier								
151	2210E	SVC01-1	Product or Service ID Qualifier	ID2					optional (not used)	pull-down	
152	2210E	SVC01-2	Service Identification Code	AN48					optional (not used)	pull-down	
153	2210E	SVC01-3	Procedure Modifier	AN2					optional (not used)		
154	2210E	SVC01-4	Procedure Modifier	AN2					optional (not used)		
155	2210E	SVC01-5	Procedure Modifier	AN2					optional (not used)		
156	2210E	SVC01-6	Procedure Modifier	AN2					optional (not used)		
157	2210E	SVC02	Line Item Charge Amount	R18					optional (not used)		
158	2210E	SVC04	Revenue Code	AN48					optional (not used)		
159	2210E	SVC07	Original Units of Service Count	R15					optional (not used)		
160	**2210E**	**REF**	**Service Line Item Identification**								
161	2210E	REF01	Reference Identification Qualifier	ID3					hard code: opt	FJ	

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162	2210E	REF02	Line Item Control Number	AN30					optional (not used)		
163	**2210E**	**DTP**	**Service Line Date**								
164	2210E	DTP01	Date Time Qualifier	ID3					hard code: opt	472	
165	2210E	DTP02	Date Time Period Format Qualifier	ID3					hard code: opt	RD8	
166	2210E	DTP03	Service Date	AN35					optional (not used)		
167	**2210E**	**SE**	**Transaction Set Trailer**								
168	2210E	SE 01	Transaction Segment Count	N010					assign: req'd	number of segments in trans	
169	2210E	SE 02	Transaction Set Control Number	AN9					assign: req'd	same as ST02	