REPORT - HIPAA 837D to MMIS mapped fields only

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Health Care Claim: Dental							
	ST	**Transaction Set Header**		**R**					
	ST 01	Transaction Set Identifier Code	ID3	R				Verify "837"	Translation
	BHT	**Beginning of Hierarchical Transaction**		**R**					
	BHT01	Hierarchical Structure Code	ID4	R				Verify "0019"	Translation
	BHT02	Transaction Set Purpose Code	ID2	R				If "18"-reissue, handle as reversal & correction	Processing Logic
	BHT06	Claim or Encounter Identifier	ID2	R				Store in MMIS to flag whether FFS or encounter; if both, must detect which	Map Codes
	REF	**Transmission Type Identification**		**R**					
	REF01	Reference Identification Qualifier	ID3	R				Verify "87"	Translation
	REF02	Transmission Type Code	AN30	R				Use to access correct version of translation	Translation
1000A	***NM1***	***Submitter Name***		***R***					
1000A	**NM1**	**Submitter Name**		**R**					
1000A	NM101	Entity Identifier Code	ID3	R				Verify "41"	Translation
1000A	NM108	Identification Code Qualifier	ID2	R				Verify "46"	Translation
1000A	NM109	Submitter Identifier	AN80	R				Store in MMIS to verify that submitter is approved for provider	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
1000A	**N 2**	**Additional Submitter Name Information**		**S**					
1000A	**PER**	**Submitter Contact Information**		**R**					
1000B	***NM1***	***Receiver Name***		***R***					
1000B	**NM1**	**Receiver Name**		**R**					
1000B	NM108	Identification Code Qualifier	ID2	R				verify "46"	Translation
1000B	NM109	Receiver Primary Identifier	AN80	R				Validate against MAA's ETIN number	Translation
1000B	**N 2**	**Receiver Additional Name Information**		**S**					
2000A	***HL***	***Billing/Pay-to Provider Hierarchical Level***		***R***					
2000A	**HL**	**Billing/Pay-to Provider Hierarchical Level**		**R**					
2000A	HL 01	Hierarchical ID Number	AN12	R				Verify "1"	Translation
2000A	HL 03	Hierarchical Level Code	ID2	R				Verify "20"	Translation
2000A	HL 04	Hierarchical Child Code	ID1	R				Verify "1"	Translation
2000A	**PRV**	**Billing/Pay-to Provider Specialty Information**		**S**					
2000A	PRV02	Reference Identification Qualifier	ID3	R				Verify "ZZ"	Translation
2000A	PRV03	Provider Taxonomy Code	AN30	R				Add taxonomy code to claim; saved as variable to populate subsequest claims	HIPAA Required
2000A	**CUR**	**Foreign Currency Information**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010AA	*NM1*	*Billing Provider Name*		*R*				Use 2010AB-Pay-to-Prov, unless only 2010AA-Billing-Prov is sent	Translation
2010AA	**NM1**	**Billing Provider Name**		**R**					
2010AA	NM101	Entity Identifier Code	ID3	R				Verify "85"	Translation
2010AA	NM103	Billing Provider Last or Organizational Name	AN35	R	Prov-File	PROV-NAME	X(31)	Must have 35 bytes for last name, 25 for first, etc.	HIPAA Required
2010AA	NM104	Billing Provider First Name	AN25	S	Prov-File	PROV-NAME	X(31)		
2010AA	NM105	Billing Provider Middle Name	AN25	S	Prov-File	PROV-NAME	X(31)		
2010AA	NM107	Billing Provider Name Suffix	AN10	S	Prov-File	PROV-NAME	X(31)		
2010AA	NM108	Identification Code Qualifier	ID2	R				Use if NM108="XX"-NPI; send NPI to MMIS new field	Translation
2010AA	NM109	Billing Provider Identifier	AN80	R	Medical-Claim	PROV-NUMBER	9(10)	expand field to fit NPI or new field?	HIPAA Required
2010AA	**N 2**	**Additional Billing Provider Name Information**		**S**					
2010AA	**N 3**	**Billing Provider Address**		**R**					
2010AA	**N 4**	**Billing Provider City/State/ZIP Code**		**R**					
2010AA	**REF**	**Billing Provider Secondary Identification Number**		**S**					
2010AA	REF01	Reference Identification Qualifier	ID3	R				Verify "1D" Medicaid Provider Num	Translation
2010AA	REF02	Billing Provider Additional Identifier	AN30	R	Medical-Claim	PROV-NUMBER	9(10)		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010AA	**REF**	**Claim Submitter Credit/Debit Card Information**		**S**					
2010AB	***NM1***	***Pay-to Provider's Name***		***S***					
2010AB	**NM1**	**Pay-to Provider's Name**		**S**					
2010AB	NM101	Entity Identifier Code	ID3	R				Verify "87"	Translation
2010AB	NM103	Pay-to Provider Last or Organizational Name	AN35	R	Prov-File	PROV-NAME	X(31)		
2010AB	NM104	Pay-to Provider First Name	AN25	S	Prov-File	PROV-NAME	X(31)		
2010AB	NM105	Pay-to Provider Middle Name	AN25	S	Prov-File	PROV-NAME	X(31)		
2010AB	NM107	Pay-to Provider Name Suffix	AN10	S	Prov-File	PROV-NAME	X(31)		
2010AB	NM108	Identification Code Qualifier	ID2	R				Verify "XX"-NPI	Translation
2010AB	NM109	Pay-to Provider Identifier	AN80	R	Medical-Claim	PROV-NUMBER	9(10)		
2010AB	**N 2**	**Additional Pay-to Provider Name Information**		**S**					
2010AB	**N 3**	**Pay-to Provider's Address**		**R**					
2010AB	**N 4**	**Pay-to Provider City/State/Zip**		**R**					
2010AB	**REF**	**Pay-to Provider Secondary Identification Number**		**S**					
2010AB	REF01	Reference Identification Qualifier	ID3	R				Verify "1D" = Medicaid number or "1G"=UPIN	Translation
2010AB	REF02	Pay-to Provider Identifier	AN30	R	Medical-Claim	PROV-NUMBER	9(10)		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000B	***HL***	***Subscriber Hierarchical Level***		***R***				If SBR02="18" use subscriber loop 2000B, skip patient loop, & go to loop 2300, else store loop 2000B for COB & use patient loop 2000C	Electronic COB
2000B	**HL**	**Subscriber Hierarchical Level**		**R**					
2000B	HL 01	Hierarchical ID Number	AN12	R				Verify "2"	Translation
2000B	HL 02	Hierarchical Parent ID Number	AN12	S				Verify "1"	Translation
2000B	HL 03	Hierarchical Level Code	ID2	R				Verify "22"	Translation
2000B	**SBR**	**Subscriber Information**		**R**					
2000B	SBR09	Claim Filing Indicator Code	ID2	S				Store for use in 835-CLP06	Match Back
2010BA	***NM1***	***Subscriber Name***		***R***					
2010BA	**NM1**	**Subscriber Name**		**R**					
2010BA	NM101	Entity Identifier Code	ID3	R				Verify "IL"	Translation
2010BA	NM103	Subscriber Last Name	AN35	R				if subscr <> pat, store name & ID#s for COB	Electronic COB
2010BA	NM108	Identification Code Qualifier	ID2	S				Verify "MI"-Payor's member ID	Translation
2010BA	NM109	Subscriber Primary Identifier	AN80	S	Medical-Claim	RECIP-IDENT-NUMBER	X(14)	If NM108=MI, this is DSHS PIC.	Match Back
2010BA	**N 2**	**Additional Subscriber Name Information**		**S**					
2010BA	**N 3**	**Subscriber Address**		**S**					
2010BA	**N 4**	**Subscriber City/State/ZIP Code**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BA	**DMG**	**Subscriber Demographic Information**		**S**					
2010BA	DMG02	Subscriber Birth Date	AN35	R	Medical-Claim	RECIP-DATE-OF-BIRTH	9(7)	convert CCYYMMDD to YYMMDD	Translation
2010BA	DMG03	Subscriber Gender Code	ID1	R	Medical-Claim	RECIP-SEX-CODE	X(1)	0=unknown; 1=male; 2=female	Translation
2010BA	**REF**	**Subscriber Secondary Identification**		**S**					
2010BA	REF01	Reference Identification Qualifier	ID3	R				Verify "1W"-Member ID	Translation
2010BA	REF02	Subscriber Supplemental Identifier	AN30	R	Medical-Claim	RECIP-CLIENT-ID	X(09)		
2010BA	**REF**	**Property and Casualty Claim Number**		**S**					
2010BB	***NM1***	***Payer Name***		***R***					
2010BB	**NM1**	**Payer Name**		**R**					
2010BB	NM101	Entity Identifier Code	ID3	R				Verify "PR"	Translation
2010BB	NM108	Identification Code Qualifier	ID2	R				"PI"=Payor Identification or "XV"=National PlanID (when avail.)	Translation
2010BB	NM109	Payer Identifier	AN80	R				Verify MAA ID num	Translation
2010BB	**N 2**	**Additional Payer Name Information**		**S**					
2010BB	**N 3**	**Payer Address**		**S**					
2010BB	**N 4**	**Payer City/State/ZIP Code**		**S**					
2010BB	**REF**	**Payer Secondary Identification Number**		**S**					
2010BC	***NM1***	***Credit/Debit Card Holder Name***		***S***					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BC	**NM1**	**Credit/Debit Card Holder Name**		**S**					
2010BC	**N 2**	**Additional Credit/Debit Card Holder Name Information**		**S**					
2010BC	**REF**	**Credit/Debit Card Information**		**S**					
2000C	***HL***	***Patient Hierarchical Level***		***S***					
2000C	**HL**	**Patient Hierarchical Level**		**S**					
2000C	HL 01	Hierarchical ID Number	AN12	R				Verify "3"	Translation
2000C	HL 02	Hierarchical Parent ID Number	AN12	S				Verify "2"	Translation
2000C	HL 03	Hierarchical Level Code	ID2	R				Verify "23"	Translation
2000C	**PAT**	**Patient Information**		**R**					
2010CA	***NM1***	***Patient Name***		***R***					
2010CA	**NM1**	**Patient Name**		**R**					
2010CA	NM101	Entity Identifier Code	ID3	R				Verify "QC"	Translation
2010CA	NM102	Entity Type Qualifier	ID1	R				Verify "1"	Translation
2010CA	**N 2**	**Additional Name Information**		**S**					
2010CA	**N 3**	**Patient Address**		**R**					
2010CA	**N 4**	**Patient City/State/ZIP Code**		**R**					
2010CA	**DMG**	**Patient Demographic Information**		**R**					
2010CA	**REF**	**Patient Secondary Identification**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010CA	**REF**	**Property and Casualty Claim Number**		**S**					
2300	***CLM***	***Claim Information***		***R***					
2300	**CLM**	**Claim Information**		**R**					
2300	CLM01	Patient Account Number	AN38	R	Medical-Claim	PATIENT-ACCT-NUMBER	X(20)	Match back required; support up to 38 bytes	HIPAA Required
2300	CLM02	Total Claim Charge Amount	R18	R	Medical-Claim	TOTAL-CLAIM-CHARGE	S9(7)V99		
2300	CLM05	Facility Type Code	AN2	R	Medical-Claim	PLACE-OF-SERVICE	X(1)	expand to 2 digit and convert to appropriate values	Match Back
2300	CLM05	Claim Submission Reason Code	ID1	R				New field: original, corrected, replacement, void	HIPAA Required
2300	CLM07	Medicare Assignment Code	ID1	S				"A" = yes; "C" = no; If "C" and it's a Medicare x-over, then deny claim	Map Codes
2300	CLM11	Related Causes Information		S				Req'd if accident or emplmt related	HIPAA Required
2300	CLM11	Related Causes Code	ID3	R				Add new field to claim: occurs 3	HIPAA Required
2300	CLM11	Auto Accident State or Province Code	ID2	S				Add new field to claim using state postal codes	HIPAA Required
2300	CLM11	Country Code	ID3	S				Add new field to claim using latest ISO 3166 codes	HIPAA Required
2300	CLM12	Special Program Indicator	ID3	S	Medical-Claim	EPSDT-IND	X(1)	If "01", map to EPSDT; use other codes?	Map Codes
2300	CLM12	Special Program Indicator	ID3	S	Medical-Claim	ITA-BLIND-IND	X(1)	If "01", map to EPSDT; use other codes?	Map Codes
2300	CLM20	Delay Reason Code	ID2	S				Maybe add to claim (timely site variable)	Nice to Have
2300	**DTP**	**Date - Admission**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R				Verify "435"	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	DTP03	Related Hospitalization Admission Date	AN35	R				Add to claim	Case Management
2300	**DTP**	**Date - Discharge**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R				Verify "096"	Translation
2300	DTP03	Discharge or End Of Care Date	AN35	R				Add to claim	Case Management
2300	**DTP**	**Date - Referral**		**S**					
2300	**DTP**	**Date - Accident**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R				Verify "439"	Translation
2300	DTP03	Accident Date	AN35	R	Medical-Claim	DATE-OF-ACCIDENT	9(5)	Used?	System Questions
2300	**DTP**	**Date - Appliance Placement**		**S**					
2300	**DTP**	**Date - Service**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R				Verify "472"	Translation
2300	DTP03	Service Date	AN35	R	Medical-Claim	FIRST-DATE-OF-SVC_claim_level	9(5)	Match back required	Match Back
2300	**DN1**	**Orthodontic Total Months of Treatment**		**S**				Ask Julie Heath (Dental) if used	System Questions
2300	**DN2**	**Tooth Status**		**S**				Ask Julie Heath (Dental) if used	System Questions
2300	**PWK**	**Claim Supplemental Information**		**S**					
2300	PWK01	Attachment Report Type Code	ID2	R				Add to claim	Case Management
2300	PWK02	Attachment Transmission Code	ID2	R				Add to claim	Case Management
2300	PWK06	Attachment Control Number	AN80	S				Add to claim	Case Management
2300	**AMT**	**Patient Amount Paid**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	AMT01	Amount Qualifier Code	ID3	R				Verify "F5"	Translation
2300	AMT02	Patient Amount Paid	R18	R	Medical-Claim	CLM-RECIP-PMT-AMT	S9(7)V99		
2300	**AMT**	**Credit/Debit Card - Maximum Amount**		**S**					
2300	**REF**	**Predetermination Identification**		**S**					
2300	**REF**	**Service Authorization Exception Code**		**S**					
2300	**REF**	**Original Reference Number (ICN/DCN)**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R				Verify "F8"	Translation
2300	REF02	Claim Original Reference Number	AN30	R	Medical-Claim	TCN-TO-CREDIT	9(17)	Store and return in 835	Match Back
2300	**REF**	**Referral Identification**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R				Verify "9F"	Translation
2300	REF02	Referral Number	AN30	R	Medical-Claim	PRIOR-AUTH-NUM	9(9)	May need > 1 per claim	Nice to Have
2300	**REF**	**Claim Identification Number for Clearinghouses and Other Transmission ? Intermediaries**		**S**					
2300	**NTE**	**Claim Note**		**S**					
2300	NTE01	Note Reference Code	ID3	R				send these two claim note fields to MMIS	Nice to Have
2300	NTE02	Claim Note Text	AN80	R	Medical-Claim	DIAG-CODE-ICD-9	X(7)	Future version may have HI segment about here, for diagnosis ICD9 codes.	HIPAA Questions

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310A	***NM1***	***Referring Provider Name***		***S***					
2310A	**NM1**	**Referring Provider Name**		**S**				Only prov num, not name, accepted	Policy Issues
2310A	NM101	Entity Identifier Code	ID3	R				Verify "DN"	Translation
2310A	NM108	Identification Code Qualifier	ID2	S				verify "XX"-NPI	Translation
2310A	NM109	Referring Provider Identifier	AN80	S	Medical-Claim	REFERRING-PROV-NUM	9(10)	May need > 1 per claim	Nice to Have
2310A	**PRV**	**Referring Provider Specialty Information**		**S**					
2310A	PRV01	Provider Code	ID3	R				Verify "RF"	Translation
2310A	PRV02	Reference Identification Qualifier	ID3	R				Verify "ZZ"-provider taxonomy	Translation
2310A	PRV03	Provider Taxonomy Code	AN30	R				New prov taxonomy field	HIPAA Required
2310A	**N 2**	**Additional Referring Provider Name Information**		**S**					
2310A	**REF**	**Referring Provider Secondary Identification**		**S**					
2310A	REF01	Reference Identification Qualifier	ID3	R				Verify "1D" = Medicaid number or "1G"=UPIN	Translation
2310A	REF02	Referring Provider Secondary Identifier	AN30	R	Medical-Claim	REFERRING-PROV-NUM	9(10)	Use Medicaid number, if no NPI	HIPAA Required
2310B	***NM1***	***Rendering Provider Name***		***S***					
2310B	**NM1**	**Rendering Provider Name**		**S**					
2310B	NM101	Entity Identifier Code	ID3	R				Verify "82"	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310B	NM108	Identification Code Qualifier	ID2	R				verify "XX"	Translation
2310B	NM109	Rendering Provider Identifier	AN80	R	Medical-Claim	PERFORMING-PROV-NUM	9(10)	if there is no explicit "Rendering Provider" here, use the "Billing Prov" in loop 2020AA NM1.	Translation
2310B	**PRV**	**Rendering Provider Specialty Information**		**R**					
2310B	PRV03	Provider Taxonomy Code	AN30	R				new prov field	HIPAA Required
2310B	**N 2**	**Additional Rendering Provider Name Information**		**S**					
2310B	**REF**	**Rendering Provider Secondary Identification**		**S**					
2310B	REF01	Reference Identification Qualifier	ID3	R				Verify "1D" = Medicaid number or "1G"=UPIN	Translation
2310B	REF02	Rendering Provider Secondary Identifier	AN30	R	Medical-Claim	PERFORMING-PROV-NUM	9(10)	Match back required	Match Back
2310C	***NM1***	***Service Facility Location***		***S***					
2310C	**NM1**	**Service Facility Location**		**S**					
2310C	**N 2**	**Additional Service Facility Location Name Information**		**S**					
2310C	**REF**	**Service Facility Location Secondary Identification**		**S**					
2320	***SBR***	***Other Subscriber Information***		***S***				Not more than 2 other payers	Electronic COB
2320	**SBR**	**Other Subscriber Information**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	SBR01	Payer Responsibility Sequence Number Code	ID1	R				Add to MMIS	Electronic COB
2320	SBR02	Individual Relationship Code	ID2	R				Add to MMIS	Electronic COB
2320	SBR03	Insured Group or Policy Number	AN30	S				Add to MMIS	Electronic COB
2320	SBR04	Policy Name	AN60	S				Add to MMIS	Electronic COB
2320	SBR09	Claim Filing Indicator Code	ID2	S				Add to MMIS	Electronic COB
2320	**CAS**	**Claim Adjustment**		**S**					
2320	CAS01	Claim Adjustment Group Code	ID2	R				Add to MMIS	Electronic COB
2320	CAS02	Adjustment Reason Code	ID5	R				Add to MMIS	Electronic COB
2320	CAS03	Adjustment Amount	R18	R				Add to MMIS	Electronic COB
2320	CAS04	Adjustment Quantity	R15	S				Add to MMIS	Electronic COB
2320	**AMT**	**Coordination of Benefits (COB) Payer Paid Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				Verify "C4"	Translation
2320	AMT02	Payer Paid Amount	R18	R	Medical-Claim	AMT-PAID-BY-MCARE	S9(7)V99	If we do electronic COB for other than Medicare, need to store for other payers.	Policy Issues
2320	AMT02	Payer Paid Amount	R18	R	Medical-Claim	THIRD-PARTY-PMT-AMT	S9(7)V99	If we do electronic COB for other than Medicare, need to store for other payers.	Policy Issues
2320	**AMT**	**Coordination of Benefits (COB) Approved Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				Verify "AAE"	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	AMT02	Approved Amount	R18	R				Add to MMIS	Electronic COB
2320	**AMT**	**Coordination of Benefits (COB) Allowed Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				Verify "B6"	Translation
2320	AMT02	Allowed Amount	R18	R	Medical-Claim	MCARE-ALLOWED-AMT	S9(7)V99	If we do electronic COB for other than Medicare, need to store for other payers.	Policy Issues
2320	**AMT**	**Coordination of Benefits (COB) Patient Responsibility Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				Verify "F2"	Translation
2320	AMT02	Patient Responsibility Amount	R18	R				Add to MMIS	Electronic COB
2320	**AMT**	**Coordination of Benefits (COB) Covered Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				Verify "AU"	Translation
2320	AMT02	Covered Amount	R18	R				Add to MMIS	Electronic COB
2320	**AMT**	**Coordination of Benefits (COB) Discount Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				Verify "D8"	Translation
2320	AMT02	Other Payer Discount Amount	R18	R				Add to MMIS	Electronic COB
2320	**AMT**	**Coordination of Benefits (COB) Patient Paid Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				Verify "F5"	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	AMT02	Other Payer Patient Paid Amount	R18	R				Add to MMIS	Electronic COB
2320	**DMG**	**Other Insured Demographic Information**		**S**					
2320	DMG02	Other Insured Birth Date	AN35	R				Add to MMIS	Electronic COB
2320	DMG03	Other Insured Gender Code	ID1	R				Add to MMIS	Electronic COB
2320	**OI**	**Other Insurance Coverage Information**		**R**					
2330A	***NM1***	***Other Subscriber Name***		***R***					
2330A	**NM1**	**Other Subscriber Name**		**R**					
2330A	NM103	Other Insured Last Name	AN35	R				Add to MMIS	Electronic COB
2330A	NM104	Other Insured First Name	AN25	R				Add to MMIS	Electronic COB
2330A	NM105	Other Insured Middle Name	AN25	S				Add to MMIS	Electronic COB
2330A	NM107	Other Insured Name Suffix	AN10	S				Add to MMIS	Electronic COB
2330A	NM109	Other Insured Identifier	AN80	R				Get Member ID, policy #, SSN	Electronic COB
2330A	**N 2**	**Additional Other Subscriber Name Information**		**S**					
2330A	N 201	Other Insured Additional Name	AN60	R				Add to MMIS	Electronic COB
2330A	**N 3**	**Other Subscriber Address**		**S**					
2330A	**N 4**	**Other Subscriber City/State/Zip Code**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330A	**REF**	**Other Subscriber Secondary Identification**		**S**					
2330A	REF01	Reference Identification Qualifier	ID3	R				Add to MMIS	Electronic COB
2330A	REF02	Other Insured Additional Identifier	AN30	R				Get Member ID, policy #, SSN	Electronic COB
2330B	***NM1***	***Other Payer Name***		***R***					
2330B	**NM1**	**Other Payer Name**		**R**					
2330B	NM101	Entity Identifier Code	ID3	R				Verify "PR"	Translation
2330B	NM103	Other Payer Last or Organization Name	AN35	R				Add to MMIS	Electronic COB
2330B	NM108	Identification Code Qualifier	ID2	R				verify "XV"-National Plan ID	Translation
2330B	NM109	Other Payer Primary Identifier	AN80	R				Add to MMIS	Electronic COB
2330B	**N 2**	**Additional Other Payer Name Information**		**S**					
2330B	N 201	Other Payer Additional Name Text	AN60	R				Add to MMIS	Electronic COB
2330B	**PER**	**Other Payer Contact Information**		**S**					
2330B	PER01	Contact Function Code	ID2	R				Add to MMIS	Electronic COB
2330B	PER02	Other Payer Contact Name	AN60	R				Add to MMIS	Electronic COB
2330B	**DTP**	**Claim Paid Date**		**S**					
2330B	DTP01	Date Time Qualifier	ID3	R				Verify "573"	Translation
2330B	DTP03	Date Claim Paid	AN35	R				Add to MMIS	Electronic COB
2330B	**REF**	**Other Payer Secondary Identifier**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330B	REF02	Other Payer Secondary Identifier	AN30	R				Add to MMIS	Electronic COB
2330B	**REF**	**Other Payer Referral Number**		**S**					
2330B	REF02	Other Payer Prior Authorization or Referral Number	AN30	R				Add to MMIS	Electronic COB
2330B	**REF**	**Other Payer Claim Adjustment Indicator**		**S**					
2330B	REF01	Reference Identification Qualifier	ID3	R				Verify "T4"	Translation
2330B	REF02	Other Payer Claim Adjustment Indicator	AN30	R				Add to MMIS	Electronic COB
2330C	***NM1***	***Other Payer Patient Information***		***S***					
2330C	**NM1**	**Other Payer Patient Information**		**S**					
2330C	**REF**	**Other Payer Patient Identification**		**S**					
2330D	***NM1***	***Other Payer Referring Provider***		***S***					
2330D	**NM1**	**Other Payer Referring Provider**		**S**					
2330D	**REF**	**Other Payer Referring Provider Identification**		**S**					
2330E	***NM1***	***Other Payer Rendering Provider***		***S***					
2330E	**NM1**	**Other Payer Rendering Provider**		**S**					
2330E	**REF**	**Other Payer Rendering Provider Identification**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	*LX*	*Line Counter*		*R*					
2400	**LX**	**Line Counter**		**R**					
2400	LX 01	Assigned Number	N06	R				Store in MMIS; may be different than MMIS line-item-code	Translation
2400	**SV3**	**Dental Service**		**R**					
2400	SV301	Product or Service ID Qualifier	ID2	R				Store & send back in 835 SVC01-1	Match Back
2400	SV301	Procedure Code	AN48	R	Medical-Claim	PROC-CODE	X(5)	Need Service level PROC-CODE (CPT4); map local codes to HCPCS; support NDC	HIPAA Required
2400	SV301	Procedure Modifier	AN2	S				Do we want to move allowed modifiers to procedure record?	System Questions
2400	SV301	Procedure Modifier	AN2	S				store all 4 modifiers	Case Management
2400	SV302	Line Item Charge Amount	R18	R	Medical-Claim	PROCEDURE-CHARGE	S9(7)V 99		
2400	SV303	Facility Type Code	AN2	S	Medical-Claim	PLACE-OF-SERVICE	X(1)	expand to 2 digit and convert to appropriate values	Match Back
2400	SV304	Oral Cavity Designation		S				This is quadrant - Need to store	Case Management
2400	SV304	Oral Cavity Designation Code	ID3	R				Store 5 in MMIS	Case Management
2400	SV305	Prosthesis, Crown, or Inlay Code	ID1	S				Store in MMIS	Case Management
2400	SV306	Procedure Count	R15	R	Medical-Claim	UNITS-OF-SERVICE	S9(7)	need to store orig units from 837 SV104; add use of decimal units	HIPAA Required
2400	**TOO**	**Tooth Information**		**S**					
2400	TOO02	Tooth Code	AN30	S	Medical-Claim	TOOTH-NUMBER	X(2)		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	TOO03	Tooth Surface		S				HIPAA allows a dentist to submit one service line item with up to 5 quadrants and up to 32 x 5 tooth surfaces. The current MMIHIPAA allows a dentist to submit one service line item with up to 5 quadrants and up to 32 x 5 tooth surfaces. The current MMIS record has only 4 tooth surfaces per procedure.	HIPAA Required
2400	TOO03	Tooth Surface Code	ID2	R	Medical-Claim	TOOTH-SURFACE	X(1)		
2400	**DTP**	**Date - Service**		**S**					
2400	DTP03	Service Date	AN35	R	Medical-Claim	FIRST-DATE-OF-SVC_service_level	9(5)		
2400	**DTP**	**Date - Prior Placement**		**S**				Ask Julie if we need to store this.	System Questions
2400	**DTP**	**Date - Appliance Placement**		**S**				Ask Julie if we need to store this.	System Questions
2400	**DTP**	**Date - Replacement**		**S**				Ask Julie if we need to store this.	Translation
2400	**QTY**	**Anesthesia Quantity**		**S**				Katie: Would this be useful for local codes?	System Questions
2400	**REF**	**Service Predetermination Identification**		**S**					
2400	**REF**	**Referral Number**		**S**				MMIS has one per claim; X12 has one per service line; Add.	Nice to Have
2400	REF02	Referral Number	AN30	R				Need PA# at service line level.	Processing Logic
2400	**REF**	**Line Item Control Number**		**S**					
2400	REF01	Reference Identification Qualifier	ID3	R				Verify "6R"	Translation
2400	REF02	Line Item Control Number	AN30	R				Store and send back in 835 2110 REF "6R"-provider control number	Match Back

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	**AMT**	**Approved Amount**		**S**					
2400	AMT02	Approved Amount	R18	R				Store in MMIS	Case Management
2400	**NTE**	**Line Note**		**S**					
2400	NTE02	Claim Note Text	AN80	R				store in MMIS	Case Management
2420A	***NM1***	***Rendering Provider Name***		***S***				Store rendering physician at service line level also.	HIPAA Required
2420A	**NM1**	**Rendering Provider Name**		**S**				Need to add Rendering Prov at line level	Policy Issues
2420A	NM101	Entity Identifier Code	ID3	R				Verify "82"	Translation
2420A	NM108	Identification Code Qualifier	ID2	R				Verify "XX"	Translation
2420A	NM109	Rendering Provider Identifier	AN80	R	Medical-Claim	PERFORMING-PROV-NUM	9(10)		
2420A	**PRV**	**Rendering Provider Specialty Information**		**R**					
2420A	PRV01	Provider Code	ID3	R				Verify "PE"-performing	Translation
2420A	PRV02	Reference Identification Qualifier	ID3	R				Verify "ZZ"-provider taxonomy	Translation
2420A	PRV03	Provider Taxonomy Code	AN30	R				new prov field	HIPAA Required
2420A	**N 2**	**Additional Rendering Provider Name Information**		**S**					
2420A	**REF**	**Rendering Provider Secondary Identification**		**S**					
2420A	REF01	Reference Identification Qualifier	ID3	R				Verify "1D" = Medicaid number	Translation
2420A	REF02	Rendering Provider Secondary Identifier	AN30	R	Medical-Claim	PERFORMING-PROV-NUM	9(10)		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2420B	*NM1*	*Other Payer Referral Number*		*S*					
2420B	**NM1**	**Other Payer Referral Number**		**S**					
2420B	**REF**	**Other Payer Referral Number**		**S**					
2430	*SVD*	*Line Adjudication Information*		*S*					
2430	**SVD**	**Line Adjudication Information**		**S**					
2430	SVD02	Service Line Paid Amount	R18	R				Must send all or none of SVC01, 2, 3, and 5. THIRD-PARTY-PMT-AMT.	Policy Issues
2430	**CAS**	**Service Adjustment**		**S**					
2430	**DTP**	**Line Adjudication Date**		**R**					
2430	**SE**	**Transaction Set Trailer**		**R**					

Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)