REPORT - HIPAA 837I to MHD Auth. mapped fields only

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Health Care Claim: Institutional						Community Hospital Authorization record handled as a claim	Processing Logic
	ST	**Transaction Set Header**		**R**				Are the RSNs passing thru provider's 837I, or creating RSN's own? This will determines who is submitter, billing provider. -> BOTH	System Questions
	ST 01	Transaction Set Identifier Code	ID3	R				"837"-Health Care Claim	Translation
	ST 02	Transaction Set Control Number	AN9	R				"1"-first transaction in batch	Translation
	BHT	**Beginning of Hierarchical Transaction**		**R**					
	BHT01	Hierarchical Structure Code	ID4	R				"0019"-Info Source, Subscr., Dependent	Translation
	BHT02	Transaction Set Purpose Code	ID2	R				"00"-original, "18"-resubmit	Processing Logic
	BHT03	Originator Application Transaction Identifier	AN30	R				unique ID for all 837s from original system	HIPAA Required
	BHT04	Transaction Set Creation Date	DT8	R				Claim date or transaction creation date	Translation
	BHT05	Transaction Set Creation Time	TM8	R				HHMMSSDD: default to "23595999"-midnight	Translation
	BHT06	Claim or Encounter Identifier	ID2	R				"RP"-encounter	Translation
	REF	**Transmission Type Identification**		**R**					
	REF01	Reference Identification Qualifier	ID3	R				"87"-Functional Category	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
	REF02	Transmission Type Code	AN30	R				"004010X096A1" = prod.; "004010X098DA1" = test	Processing Logic
1000A	***NM1***	***Submitter Name***		***R***					
1000A	**NM1**	**Submitter Name**		**R**					
1000A	NM101	Entity Identifier Code	ID3	R				"41"-Submitter	Translation
1000A	NM102	Entity Type Qualifier	ID1	R				"1"-Person, "2"-Non-Person	Translation
1000A	NM103	Submitter Last or Organization Name	AN35	R				RSN name	HIPAA Required
1000A	NM108	Identification Code Qualifier	ID2	R				"46"-ETIN (local code)	Translation
1000A	NM109	Submitter Identifier	AN80	R	RSN_CH_IP_Auth	CONID	int	Verify valid submitter, e.g, local ID for RSN.	Translation
1000A	**PER**	**Submitter EDI Contact Information**		**R**					
1000B	***NM1***	***Receiver Name***		***R***					
1000B	**NM1**	**Receiver Name**		**R**					
1000B	NM101	Entity Identifier Code	ID3	R				"40"-Receiver	Translation
1000B	NM102	Entity Type Qualifier	ID1	R				"2"-Non-Person	Translation
1000B	NM103	Receiver Name	AN35	R				"WA DSHS MHD"	Translation
1000B	NM108	Information Receiver Identification Number	ID2	R				"46"-ETIN (local ID)	Translation
1000B	NM109	Receiver Primary Identifier	AN80	R				Need a local ID for payer	HIPAA Required
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				"1"-this is first HL	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000A	HL 03	Hierarchical Level Code	ID2	R				"20"-Information Source	Translation
2000A	HL 04	Hierarchical Child Code	ID1	R				"1"-child HL follows	Translation
2000A	**PRV**	**Billing/Pay-To Provider Specialty Information**		**S**					
2000A	PRV01	Provider Code	ID3	R				"BI"-billing	Translation
2000A	PRV02	Reference Identification Qualifier	ID3	R				"ZZ"-prov taxonomy code	Translation
2000A	PRV03	Provider Taxonomy Code	AN30	R				Required if this is rendering prov and data impacts adjudication. For valid values see www.wpc-edi.com; may maintain a provider look up table.	HIPAA Required
2000A	**CUR**	**Foreign Currency Information**		**S**					
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				"85"-Billing Provider	Translation
2010AA	NM102	Entity Type Qualifier	ID1	R				"2"-Non-Person	Translation
2010AA	NM103	Billing Provider Last or Organizational Name	AN35	R				Need name of Community Hospital/RUID	HIPAA Required
2010AA	NM108	Identification Code Qualifier	ID2	R				"24"-Empl ID, "34"-SSN, or "XX"-NPI	Translation
2010AA	NM109	Billing Provider Identifier	AN80	R	RSN_CH_IP_Auth	CONID	int	Need a std ID for billing provider	HIPAA Required
2010AA	**N 3**	**Billing Provider Address**		**R**					
2010AA	N 301	Billing Provider Address Line	AN55	R				required	HIPAA Required
2010AA	**N 4**	**Billing Provider City/State/ZIP Code**		**R**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010AA	N 401	Billing Provider City Name	AN30	R				required	HIPAA Required
2010AA	N 402	Billing Provider State or Province Code	ID2	R				required	HIPAA Required
2010AA	N 403	Billing Provider Postal Zone or ZIP Code	ID15	R				required	HIPAA Required
2010AA	**REF**	**Billing Provider Secondary Identification**		**S**					
2010AA	REF01	Reference Identification Qualifier	ID3	R				"BQ"-HMO number	Translation
2010AA	REF02	Billing Provider Additional Identifier	AN30	R	RSN_CH_IP_Auth	RUID	int	RSN authorizing stay	Translation
2010AA	**REF**	**Credit/Debit Card Billing Information**		**S**					
2010AA	**PER**	**Billing Provider Contact Information**		**S**					
2010AB	***NM1***	***Pay-To Provider Name***		***S***					
2010AB	**NM1**	**Pay-To Provider Name**		**S**					
2010AB	**N 3**	**Pay-To Provider Address**		**R**					
2010AB	**N 4**	**Pay-To Provider City/State/ZIP Code**		**R**					
2010AB	**REF**	**Pay-To Provider Secondary Identification**		**S**					
2000B	***HL***	***Subscriber Hierarchical Level***		***R***					
2000B	**HL**	**Subscriber Hierarchical Level**		**R**					
2000B	HL 01	Hierarchical ID Number	AN12	R				"2"-this is 2nd HL	Translation
2000B	HL 02	Hierarchical Parent ID Number	AN12	S				"1"-parent is 1st HL	Translation
2000B	HL 03	Hierarchical Level Code	ID2	R				"22"-Subscriber	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000B	HL 04	Hierarchical Child Code	ID1	R				"0"-no child HL follows	Translation
2000B	**SBR**	**Subscriber Information**		**R**					
2000B	SBR01	Payer Responsibility Sequence Number Code	ID1	R				"P"-Primary, "S"-Secondary, "T"-Tertiary	System Questions
2000B	SBR02	Individual Relationship Code	ID2	S				"18"-Self	Translation
2000B	SBR09	Claim Filing Indicator Code	ID2	S				"HM"-HMO	Translation
2000B	**PAT**	**Patient Information**		**S**					
2010BA	***NM1***	***Subscriber Name***		***R***					
2010BA	**NM1**	**Subscriber Name**		**R**					
2010BA	NM101	Entity Identifier Code	ID3	R				"IL"-Insured	Translation
2010BA	NM102	Entity Type Qualifier	ID1	R				"1"-Person	Translation
2010BA	NM103	Subscriber Last Name	AN35	R	Cons_demog	Surname	char		
2010BA	NM104	Subscriber First Name	AN25	S	Cons_demog	GivenName	varchar		
2010BA	NM108	Identification Code Qualifier	ID2	S				"MI"-member ID: payer's ID for subscriber	Translation
2010BA	NM109	Subscriber Primary Identifier	AN80	S	RSN_CH_IP_Auth	CID	varchar	Unique ID is combination of RSN # (CONID or RUID?) and consumer # at that RSN (CID).	System Questions
2010BA	NM109	Subscriber Primary Identifier	AN80	S	RSN_CH_IP_Auth	RUID	int	Unique ID is combination of RSN # (CONID or RUID?) and consumer # at that RSN (CID).	System Questions
2010BA	**N 3**	**Subscriber Address**		**S**					
2010BA	N 301	Subscriber Address Line	AN55	R				Required	HIPAA Required
2010BA	**N 4**	**Subscriber City/State/ZIP Code**		**S**					
2010BA	N 401	Subscriber City Name	AN30	R				Required	HIPAA Required

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BA	N 402	Subscriber State Code	ID2	R				Required	HIPAA Required
2010BA	N 403	Subscriber Postal Zone or ZIP Code	ID15	R				Required	HIPAA Required
2010BA	**DMG**	**Subscriber Demographic Information**		**S**					
2010BA	DMG01	Date Time Period Format Qualifier	ID3	R				"D8"-CCYYMMDD	Translation
2010BA	DMG02	Subscriber Birth Date	AN35	R	Cons_demog	DateBirth	char		
2010BA	DMG03	Subscriber Gender Code	ID1	R	Cons_demog	Gender	char		
2010BA	**REF**	**Subscriber Secondary Identification**		**S**					
2010BA	REF01	Reference Identification Qualifier	ID3	R				Use "SY" with SSN, and "IG" with PIC	Translation
2010BA	REF02	Subscriber Supplemental Identifier	AN30	R	Cons_demog	SSN	char		
2010BA	REF02	Subscriber Supplemental Identifier	AN30	R	RSN_CH_IP_Auth	PIC	char		
2010BA	**REF**	**Property and Casualty Claim Number**		**S**					
2010BB	***NM1***	***Credit/Debit Card Account Holder Name***		***S***					
2010BB	**NM1**	**Credit/Debit Card Account Holder Name**		**S**					
2010BB	**REF**	**Credit/Debit Card Information**		**S**					
2010BC	***NM1***	***Payer Name***		***R***					
2010BC	**NM1**	**Payer Name**		**R**					
2010BC	NM101	Entity Identifier Code	ID3	R				"PR"-payer	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BC	NM102	Entity Type Qualifier	ID1	R				"2"-organization	Translation
2010BC	NM103	Payer Name	AN35	R				name of RSN	HIPAA Required
2010BC	NM108	Identification Code Qualifier	ID2	R				"PI"-payer's ID	Translation
2010BC	NM109	Payer Identifier	AN80	R	RSN_CH_IP_Auth	RUID	int	Local ID for RSN	Translation
2010BC	**N 3**	**Payer Address**		**S**					
2010BC	**N 4**	**Payer City/State/ZIP Code**		**S**					
2010BC	**REF**	**Payer Secondary Identification**		**S**					
2010BD	***NM1***	***Responsible Party Name***		***S***					
2010BD	**NM1**	**Responsible Party Name**		**S**					
2010BD	**N 3**	**Responsible Party Address**		**R**					
2010BD	**N 4**	**Responsible Party City/State/ZIP Code**		**R**					
2000C	***HL***	***Patient Hierarchical Level***		***S***					
2000C	**HL**	**Patient Hierarchical Level**		**S**					
2000C	**PAT**	**Patient Information**		**R**					
2010CA	***NM1***	***Patient Name***		***R***					
2010CA	**NM1**	**Patient Name**		**R**					
2010CA	**N 3**	**Patient Address**		**R**					
2010CA	**N 4**	**Patient City/State/ZIP Code**		**R**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010CA	**DMG**	**Patient Demographic Information**		**R**					
2010CA	**REF**	**Patient Secondary Identification Number**		**S**					
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	RSN_CH_IP_Auth	Auth_No	char		
2300	CLM02	Total Claim Charge Amount	R18	R				sum of line item charge amounts, SV102	HIPAA Required
2300	CLM05	Facility Type Code	AN2	R				See UB92 for valid values	HIPAA Required
2300	CLM05	Facility Code Qualifier	ID2	R				"A"-UB Bill Type	HIPAA Required
2300	CLM05	Claim Frequency Code	ID1	R				"1"-orig, "6"-corrected, "7"-replace, "8"-void	HIPAA Required
2300	CLM06	Provider or Supplier Signature Indicator	ID1	R				Y/N whether provider certifies claim	HIPAA Required
2300	CLM08	Benefits Assignment Certification Indicator	ID1	R				Y/N, whether insured authorizes benefits be paid to provider	HIPAA Required
2300	CLM09	Release of Information Code	ID1	R				See Guide for codes indicating whether patient releases medical data to other orgs	HIPAA Required
2300	CLM18	Explanation of Benefits Indicator	ID1	R				Y/N whether paper EOB is requested: default to "N"?	HIPAA Required
2300	**DTP**	**Discharge Hour**		**S**					
2300	DTP03	Discharge Hour	AN35	R				required if inpat was discharged	HIPAA Required
2300	**DTP**	**Statement Dates**		**R**					
2300	DTP01	Date Time Qualifier	ID3	R				"434"- Statement	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	DTP02	Date Time Period Format Qualifier	ID3	R				"RD8"-CCYYMMDD-CCYYMMDD	Translation
2300	DTP03	Statement From or To Date	AN35	R	RSN_CH_IP_Auth	Adm_Date	char	If this is a date range, end date is discharge date.	Translation
2300	DTP03	Statement From or To Date	AN35	R	RSN_CH_IP_Auth	Disch_Date	char	If this is a date range, end date is discharge date.	Translation
2300	**DTP**	**Admission Date/Hour**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R				"435"-Admission	Translation
2300	DTP02	Date Time Period Format Qualifier	ID3	R				"DT"-CCYYMMDDHHMM	Translation
2300	DTP03	Admission Date and Hour	AN35	R	RSN_CH_IP_Auth	Adm_Date	char	Date and HOUR required if inpatient	HIPAA Required
2300	**CL1**	**Institutional Claim Code**		**S**					
2300	CL101	Admission Type Code	ID1	S				required if inpat: "1"-ER, "2"-urgent, "3"-elective/by appt, "4"-newborn	HIPAA Required
2300	CL102	Admission Source Code	ID1	S				"8" = court or law enforcement admit	Translation
2300	CL103	Patient Status Code	ID2	S	RSN_CH_IP_Auth	DischDisposition	char		
2300	**PWK**	**Claim Supplemental Information**		**S**					
2300	**CN1**	**Contract Information**		**S**					
2300	**AMT**	**Payer Estimated Amount Due**		**S**					
2300	**AMT**	**Patient Estimated Amount Due**		**S**					
2300	**AMT**	**Patient Paid Amount**		**S**					
2300	AMT02	Patient Amount Paid	R18	R				required if pat has paid part	HIPAA Required
2300	**AMT**	**Credit/Debit Card Maximum Amount**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	**REF**	**Adjusted Repriced Claim Number**		**S**					
2300	**REF**	**Repriced Claim Number**		**S**					
2300	**REF**	**Claim Identification Number For Clearinghouses and Other Transmission Intermediaries**		**S**					
2300	**REF**	**Document Identification Code**		**S**					
2300	**REF**	**Original Reference Number (ICN/DCN)**		**S**					
2300	REF02	Claim Original Reference Number	AN30	R				Required if claim is a resubmit	HIPAA Required
2300	**REF**	**Investigational Device Exemption Number**		**S**					
2300	**REF**	**Service Authorization Exception Code**		**S**					
2300	**REF**	**Peer Review Organization (PRO) Approval Number**		**S**					
2300	**REF**	**Prior Authorization or Referral Number**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R				"G1"-Prior Auth	Translation
2300	REF02	Prior Authorization Number	AN30	R	RSN_CH_IP_Auth	Auth_No	char		
2300	**REF**	**Medical Record Number**		**S**					
2300	**REF**	**Demonstration Project Identifier**		**S**					
2300	**K 3**	**File Information**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	**NTE**	**Claim Note**		**S**					
2300	**NTE**	**Billing Note**		**S**					
2300	**CR6**	**Home Health Care Information**		**S**					
2300	**CRC**	**Home Health Functional Limitations**		**S**					
2300	**CRC**	**Home Health Activities Permitted**		**S**					
2300	**CRC**	**Home Health Mental Status**		**S**					
2300	**HI**	**Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information**		**R**					
2300	HI 01	Code List Qualifier Code	ID3	R				"BK"-principal ICD9 diag code	Translation
2300	HI 01	Industry Code	AN30	R				required	HIPAA Required
2300	**HI**	**Diagnosis Related Group (DRG) Information**		**S**					
2300	**HI**	**Other Diagnosis Information**		**S**					
2300	**HI**	**Principal Procedure Information**		**S**					
2300	HI 01	Code List Qualifier Code	ID3	R				"BP"-HCPCS	Translation
2300	HI 01	Principal Procedure Code	AN30	R				Required if inpat procedure(s) or home IV or visit after inpatient surgery	HIPAA Required
2300	**HI**	**Other Procedure Information**		**S**					
2300	**HI**	**Occurrence Span Information**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	**HI**	**Occurrence Information**		**S**					
2300	**HI**	**Value Information**		**S**					
2300	**HI**	**Condition Information**		**S**					
2300	**HI**	**Treatment Code Information**		**S**					
2300	**QTY**	**Claim Quantity**		**S**					
2300	**HCP**	**Claim Pricing/Repricing Information**		**S**					
2305	***CR7***	***Home Health Care Plan Information***		***S***					
2305	**CR7**	**Home Health Care Plan Information**		**S**					
2305	**HSD**	**Health Care Services Delivery**		**S**					
2310A	***NM1***	***Attending Physician Name***		***S***					
2310A	**NM1**	**Attending Physician Name**		**S**					
2310A	NM103	Attending Physician Last Name	AN35	R				Required for inpatients & home health	HIPAA Required
2310A	NM109	Attending Physician Primary Identifier	AN80	R				Required for inpatients & home health	HIPAA Required
2310A	**PRV**	**Attending Physician Specialty Information**		**R**					
2310A	**REF**	**Attending Physician Secondary Identification**		**S**					
2310B	***NM1***	***Operating Physician Name***		***S***					
2310B	**NM1**	**Operating Physician Name**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310B	PRV	Operating Physician Specialty Information		S					
2310B	REF	Operating Physician Secondary Identification		S					
2310C	*NM1*	*Other Provider Name*		*S*					
2310C	NM1	Other Provider Name		S					
2310C	PRV	Other Provider Specialty Information		R					
2310C	REF	Other Provider Secondary Identification		S					
2310D	*NM1*	*Referring Provider Name*		*S*					
2310D	NM1	Referring Provider Name		S					
2310D	PRV	Referring Provider Specialty Information		S					
2310D	REF	Referring Provider Secondary Identification		S					
2310E	*NM1*	*Service Facility Name*		*S*					
2310E	NM1	Service Facility Name		S					
2310E	PRV	Service Facility Specialty Information		S					
2310E	N 3	Service Facility Address		R					
2310E	N 4	Service Facility City/State/Zip Code		R					
2310E	REF	Service Facility Secondary Identification		S					
2320	*SBR*	*Other Subscriber Information*		*S*					
2320	SBR	Other Subscriber Information		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	CAS	Claim Level Adjustment		S					
2320	AMT	Payer Prior Payment		S					
2320	AMT	Coordination of Benefits (COB) Total Allowed Amount		S					
2320	AMT	Coordination of Benefits (COB) Total Submitted Charges		S					
2320	AMT	Diagnostic Related Group (DRG) Outlier Amount		S					
2320	AMT	Coordination of Benefits (COB) Total Medicare Paid Amount		S					
2320	AMT	Medicare Paid Amount - 100%		S					
2320	AMT	Medicare Paid Amount - 80%		S					
2320	AMT	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount		S					
2320	AMT	Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount		S					
2320	AMT	Coordination of Benefits (COB) Total Non-covered Amount		S					
2320	AMT	Coordination of Benefits (COB) Total Denied Amount		S					
2320	DMG	Other Subscriber Demographic Information		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	OI	Other Insurance Coverage Information		R					
2320	MIA	Medicare Inpatient Adjudication Information		S					
2320	MOA	Medicare Outpatient Adjudication Information		S					
2330A	*NM1*	*Other Subscriber Name*		*R*					
2330A	NM1	Other Subscriber Name		R					
2330A	N 3	Other Subscriber Address		S					
2330A	N 4	Other Subscriber City/State/ZIP Code		S					
2330A	REF	Other Subscriber Secondary Information		S					
2330B	*NM1*	*Other Payer Name*		*R*					
2330B	NM1	Other Payer Name		R					
2330B	N 3	Other Payer Address		S					
2330B	N 4	Other Payer City/State/ZIP Code		S					
2330B	DTP	Claim Adjudication Date		S					
2330B	REF	Other Payer Secondary Identification and Reference Number		S					
2330B	REF	Other Payer Prior Authorization or Referral Number		S					
2330C	*NM1*	*Other Payer Patient Information*		*S*					
2330C	NM1	Other Payer Patient Information		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330C	REF	Other Payer Patient Identification Number		S					
2330D	*NM1*	*Other Payer Attending Provider*		*S*					
2330D	NM1	Other Payer Attending Provider		S					
2330D	REF	Other Payer Attending Provider Identification		R					
2330E	*NM1*	*Other Payer Operating Provider*		*S*					
2330E	NM1	Other Payer Operating Provider		S					
2330E	REF	Other Payer Operating Provider Identification		R					
2330F	*NM1*	*Other Payer Other Provider*		*S*					
2330F	NM1	Other Payer Other Provider		S					
2330F	REF	Other Payer Other Provider Identification		R					
2330G	*NM1*	*Other Payer Referring Provider*		*S*					
2330G	NM1	Other Payer Referring Provider		S					
2330G	REF	Other Payer Referring Provider Identification		R					
2330H	*NM1*	*Other Payer Service Facility Provider*		*S*					
2330H	NM1	Other Payer Service Facility Provider		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330H	REF	Other Payer Service Facility Provider Identification		R					
2400	*LX*	*Service Line Number*		*R*				MHD will ignore any service line data on the incoming claim	HIPAA Required
2400	LX	Service Line Number		R					
2400	SV2	Institutional Service Line		R					
2400	SV4	Prescription Number		S					
2400	PWK	Line Supplemental Information		S					
2400	DTP	Service Line Date		S					
2400	DTP	Assessment Date		S					
2400	AMT	Service Tax Amount		S					
2400	AMT	Facility Tax Amount		S					
2420A	*NM1*	*Attending Physician Name*		*S*					
2420A	NM1	Attending Physician Name		S					
2420A	PRV	Attending Physician Specialty Information		R					
2420A	REF	Attending Physician Secondary Identification		S					
2420B	*NM1*	*Operating Physician Name*		*S*					
2420B	NM1	Operating Physician Name		S					
2420B	PRV	Operating Physician Specialty Information		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2420B	REF	Operating Physician Secondary Identification		S					
2420C	*NM1*	*Other Provider Name*		*S*					
2420C	NM1	Other Provider Name		S					
2420C	PRV	Other Provider Specialty Information		S					
2420C	REF	Other Provider Secondary Identification		S					
2420D	*NM1*	*Referring Provider Name*		*S*					
2420D	NM1	Referring Provider Name		S					
2420D	PRV	Referring Provider Specialty Information		S					
2420D	REF	Referring Provider Secondary Identification		S					
2430	*SVD*	*Service Line Adjudication Information*		*S*					
2430	SVD	Service Line Adjudication Information		S					
2430	CAS	Service Line Adjustment		S					
2430	DTP	Service Adjudication Date		S					
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)