REPORT - HIPAA 837I to SCC mapped fields only

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Health Care Claim: Institutional							
	ST	**Transaction Set Header**		**R**					
	ST 01	Transaction Set Identifier Code	ID3	R				"837"-Health Care Claim	Translation
	ST 02	Transaction Set Control Number	AN9	R				submitter seq # from 1 by 1 for each tx	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, If "18"-reissue, handle as reversal & correction	Processing Logic
	BHT04	Transaction Set Creation Date	DT8	R	HCFA1450	86-PROVIDER SIGNATURE DATE	AN		
	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
	REF02	Transmission Type Code	AN30	R				"004010X096A1" = prod.; "004010X098DA1" = test	Translation
1000A	***NM1***	***Submitter Name***		***R***					
1000A	**NM1**	**Submitter Name**		**R**					
1000A	NM101	Entity Identifier Code	ID3	R				"41"-Submitter	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
1000A	NM102	Entity Type Qualifier	ID1	R				"1"-Person, "2"-Non-Person	Translation
1000A	NM103	Submitter Last or Organization Name	AN35	R	HCFA1450	1-Provider Name	AN		
1000A	NM108	Identification Code Qualifier	ID2	R				"46"-ETIN (local code)	Translation
1000A	NM109	Submitter Identifier	AN80	R	HCFA1450	51A-PAYER 1 PROVIDER NO	AN		
1000A	**PER**	**Submitter EDI Contact Information**		**R**					
1000A	PER01	Contact Function Code	ID2	R				"IC"-information contact	Translation
1000A	PER03	Communication Number Qualifier	ID2	R				"TE"-telephone	Translation
1000A	PER04	Communication Number	AN80	R	HCFA1450	1-Provider Telephone	AN		
1000A	PER05	Communication Number Qualifier	ID2	S				"FX"-Fax	Translation
1000A	PER06	Communication Number	AN80	S	HCFA1450	1-Provider Fax	AN		
1000A	PER07	Communication Number Qualifier	ID2	S				"TE"-telephone	Translation
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	HCFA1450	50A-PAYER 1	AN		
1000B	NM108	Information Receiver Identification Number	ID2	R				"46"-EIN	Translation
1000B	NM109	Receiver Primary Identifier	AN80	R				create a local ID for DSHS SCC	HIPAA Required
2000A	***HL***	***Billing/Pay-To Provider Hierarchical Level***		***R***					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000A	**HL**	**Billing/Pay-To Provider Hierarchical Level**		**R**					
2000A	HL 01	Hierarchical ID Number	AN12	R				"1"-this is first HL	Translation
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 provider	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. May maintain a provider look up table.	HIPAA Required
2000A	**CUR**	**Foreign Currency Information**		**S**					
2010AA	***NM1***	***Billing Provider Name***		***R***					
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	HCFA1450	1-Provider Name	AN		
2010AA	NM108	Identification Code Qualifier	ID2	R				"24"-Empl ID	Translation
2010AA	NM109	Billing Provider Identifier	AN80	R	HCFA1450	5-FEDERAL TAX NO	AN		
2010AA	**N 3**	**Billing Provider Address**		**R**					
2010AA	N 301	Billing Provider Address Line	AN55	R	HCFA1450	1-Provider Address	AN		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010AA	**N 4**	**Billing Provider City/State/ZIP Code**		**R**					
2010AA	N 401	Billing Provider City Name	AN30	R	HCFA1450	1-Provider City	AN		
2010AA	N 402	Billing Provider State or Province Code	ID2	R	HCFA1450	1-Provider State	AN		
2010AA	N 403	Billing Provider Postal Zone or ZIP Code	ID15	R	HCFA1450	1-Provider Zip	AN		
2010AA	N 404	Country Code	ID3	S	HCFA1450	1-Provider Country Code	AN		
2010AA	**REF**	**Billing Provider Secondary Identification**		**S**					
2010AA	REF01	Reference Identification Qualifier	ID3	R				What type of ID is this?	System Questions
2010AA	REF02	Billing Provider Additional Identifier	AN30	R	HCFA1450	51A-PAYER 1 PROVIDER NO	AN		
2010AA	**REF**	**Credit/Debit Card Billing Information**		**S**					
2010AA	**PER**	**Billing Provider Contact Information**		**S**					
2010AA	PER01	Contact Function Code	ID2	R				"IC"-Information Contact	Translation
2010AA	PER02	Billing Provider Contact Name	AN60	R				"TE"-Telephone	Translation
2010AA	PER03	Communication Number Qualifier	ID2	R	HCFA1450	1-Provider Telephone	AN		
2010AA	PER04	Communication Number	AN80	R				"FX"-Fax	Translation
2010AA	PER05	Communication Number Qualifier	ID2	S	HCFA1450	1-Provider Fax	AN		
2010AB	***NM1***	***Pay-To Provider Name***		***S***					
2010AB	**NM1**	**Pay-To Provider Name**		**S**					
2010AB	**N 3**	**Pay-To Provider Address**		**R**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
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
2000B	HL 04	Hierarchical Child Code	ID1	R				"0"-if patient is subscriber, else "1"	Translation
2000B	**SBR**	**Subscriber Information**		**R**					
2000B	SBR01	Payer Responsibility Sequence Number Code	ID1	R				"P" if payer is on line A of box 50, "S" if on line B, "T" if on line C.	Translation
2000B	SBR02	Individual Relationship Code	ID2	S	HCFA1450	59A-PAYER 1 PATIENT RELATIONSHIP	AN	"18"-Self, or nothing	Translation
2000B	SBR03	Insured Group or Policy Number	AN30	S	HCFA1450	62A-PAYER 1 INSURANCE GROUP NO	AN		
2000B	SBR04	Insured Group Name	AN60	S	HCFA1450	61A-PAYER 1 GROUP NAME	AN		
2000B	SBR09	Claim Filing Indicator Code	ID2	S				required if no PlanID yet	HIPAA Required
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

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BA	NM102	Entity Type Qualifier	ID1	R				"1"-Person, "2"-Non-Person	Translation
2010BA	NM103	Subscriber Last Name	AN35	R	HCFA1450	12-PATIENT NAME	AN	If subscr=patient, use patient name, else use insured name.	Translation
2010BA	NM103	Subscriber Last Name	AN35	R	HCFA1450	58A-PAYER 1 INSURED NAME	AN	If subscr=patient, use patient name, else use insured name.	Translation
2010BA	NM104	Subscriber First Name	AN25	S	HCFA1450	12-PATIENT NAME	AN	If subscr=patient, use patient name, else use insured name.	Translation
2010BA	NM104	Subscriber First Name	AN25	S	HCFA1450	58A-PAYER 1 INSURED NAME	AN	If subscr=patient, use patient name, else use insured name.	Translation
2010BA	NM105	Subscriber Middle Name	AN25	S	HCFA1450	12-PATIENT NAME	AN	If subscr=patient, use patient name, else use insured name.	Translation
2010BA	NM105	Subscriber Middle Name	AN25	S	HCFA1450	58A-PAYER 1 INSURED NAME	AN	If subscr=patient, use patient name, else use insured name.	Translation
2010BA	NM108	Identification Code Qualifier	ID2	S				"MI"-payer's ID for subscriber	Translation
2010BA	NM109	Subscriber Primary Identifier	AN80	S	HCFA1450	60A-PAYER 1 INSURED ID NO	AN		
2010BA	**N 3**	**Subscriber Address**		**S**					
2010BA	N 301	Subscriber Address Line	AN55	R	HCFA1450	13-PATIENT ADDRESS	AN	Use only if subscriber = patient	Translation
2010BA	**N 4**	**Subscriber City/State/ZIP Code**		**S**					
2010BA	N 401	Subscriber City Name	AN30	R	HCFA1450	13-PATIENT ADDRESS	AN	Use only if subscriber = patient	Translation
2010BA	N 402	Subscriber State Code	ID2	R	HCFA1450	13-PATIENT ADDRESS	AN	Use only if subscriber = patient	Translation
2010BA	N 403	Subscriber Postal Zone or ZIP Code	ID15	R	HCFA1450	13-PATIENT ADDRESS	AN	Use only if subscriber = patient	Translation
2010BA	**DMG**	**Subscriber Demographic Information**		**S**					
2010BA	DMG02	Subscriber Birth Date	AN35	R	HCFA1450	14-BIRTHDATE	AN		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BA	DMG03	Subscriber Gender Code	ID1	R	HCFA1450	15-SEX	AN		
2010BA	**REF**	**Subscriber Secondary Identification**		**S**					
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
2010BC	NM102	Entity Type Qualifier	ID1	R				"2"-organization	Translation
2010BC	NM103	Payer Name	AN35	R	HCFA1450	50A-PAYER 1	AN		
2010BC	NM108	Identification Code Qualifier	ID2	R				"PI"-payor ID	Translation
2010BC	NM109	Payer Identifier	AN80	R				create a local ID for DSHS SCC	HIPAA Required
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**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
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**					
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	HCFA1450	3-PATIENT CONTROL NO	AN		
2300	CLM02	Total Claim Charge Amount	R18	R				sum of line item charge amounts, SV102	Translation
2300	CLM05	Facility Type Code	AN2	R	HCFA1450	4-TYPE OF BILL	AN	position 1-2	Translation
2300	CLM05	Facility Code Qualifier	ID2	R				"A"-UB Bill Type	Translation
2300	CLM05	Claim Frequency Code	ID1	R	HCFA1450	4-TYPE OF BILL	AN	position 3	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	CLM06	Provider or Supplier Signature Indicator	ID1	R	HCFA1450	85-PROVIDER SIGNATURE	AN	"Y"-yes if signed, "N"-no if not signed	Translation
2300	CLM07	Medicare Assignment Code	ID1	S	HCFA1450	53A-PAYER 1 ASSIGNEMENT OF BENEFITS	AN	If line A, B, or C payer is Medicare, then #53 maps here.	Translation
2300	CLM08	Benefits Assignment Certification Indicator	ID1	R	HCFA1450	53A-PAYER 1 ASSIGNEMENT OF BENEFITS	AN	Y-yes	Translation
2300	CLM09	Release of Information Code	ID1	R	HCFA1450	52A-PAYER 1 RELEASE OF INFORMATION	AN	I-informed consent regulated by feds	Translation
2300	CLM11	Related Causes Code	ID3	R	HCFA1450	24-CONDITION CODES	AN	Map # 24 - 30 (condition codes) to whether accident or work related.	Map Codes
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	HCFA1450	21-DISCHARGE HOUR	AN		
2300	**DTP**	**Statement Dates**		**R**					
2300	DTP03	Statement From or To Date	AN35	R	HCFA1450	6-STATEMENT COVERS PERIOD FROM DATE	AN		
2300	DTP03	Statement From or To Date	AN35	R	HCFA1450	6-STATEMENT COVERS PERIOD TO DATE	AN		
2300	**DTP**	**Admission Date/Hour**		**S**					
2300	DTP03	Admission Date and Hour	AN35	R	HCFA1450	17-ADMIT DATE	AN		
2300	DTP03	Admission Date and Hour	AN35	R	HCFA1450	18-ADMIT HOUR	AN		
2300	**CL1**	**Institutional Claim Code**		**S**					
2300	CL101	Admission Type Code	ID1	S	HCFA1450	19-ADMIT TYPE	AN		
2300	CL102	Admission Source Code	ID1	S	HCFA1450	20-ADMIT SOURCE	AN		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	CL103	Patient Status Code	ID2	S	HCFA1450	22-PATIENT STATUS	AN		
2300	**PWK**	**Claim Supplemental Information**		**S**					
2300	**CN1**	**Contract Information**		**S**					
2300	**AMT**	**Payer Estimated Amount Due**		**S**					
2300	AMT02	Estimated Claim Due Amount	R18	R	HCFA1450	55A-PAYER 1 EST AMOUNT DUE	AN		
2300	**AMT**	**Patient Estimated Amount Due**		**S**					
2300	AMT01	Amount Qualifier Code	ID3	R				"F3"-Patient Responsibility - Estimated	Translation
2300	AMT02	Patient Responsibility Amount	R18	R	HCFA1450	57-PATIENT AMOUNT DUE	AN		
2300	**AMT**	**Patient Paid Amount**		**S**					
2300	AMT01	Amount Qualifier Code	ID3	R				"F5"-Patient Amount Paid	Translation
2300	AMT02	Patient Amount Paid	R18	R	HCFA1450	54A-PAYER 1 PRIOR PAYMENTS	AN	How to distinguish between patient paid amount and payer paid amount?	System Questions
2300	**AMT**	**Credit/Debit Card Maximum Amount**		**S**					
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**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
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				How to tell whether it's "G1"-Prior Auth. or "9F"-Referral Number?	System Questions
2300	REF02	Prior Authorization Number	AN30	R	HCFA1450	63A-PAYER 1 TREATMENT AUTHORIZATION CODES	AN		
2300	**REF**	**Medical Record Number**		**S**					
2300	REF02	Medical Record Number	AN30	R	HCFA1450	23-MEDICAL RECORD NO	AN		
2300	**REF**	**Demonstration Project Identifier**		**S**					
2300	**K 3**	**File Information**		**S**					
2300	K 301	Fixed Format Information	AN80	R	HCFA1450	11-not assigned	AN		
2300	K 301	Fixed Format Information	AN80	R	HCFA1450	2-not assigned	AN		
2300	K 301	Fixed Format Information	AN80	R	HCFA1450	31-not assigned	AN		
2300	**NTE**	**Claim Note**		**S**					
2300	NTE02	Claim Note Text	AN80	R	HCFA1450	84-REMARKS	AN		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	**NTE**	**Billing Note**		**S**					
2300	NTE02	Billing Note Text	AN80	R	HCFA1450	84-REMARKS	AN		
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	HCFA1450	67-PRINCIPAL DIAGNOSIS	AN		
2300	HI 02	Code List Qualifier Code	ID3	R				"BJ"-admit diagnosis	Translation
2300	HI 02	Industry Code	AN30	R	HCFA1450	76-ADMIT DIAGNOSIS CODE	AN		
2300	HI 03	Code List Qualifier Code	ID3	R				"BN"-US DHHS E-Code	Translation
2300	HI 03	Industry Code	AN30	R	HCFA1450	77-E-CODE	AN		
2300	**HI**	**Diagnosis Related Group (DRG) Information**		**S**					
2300	**HI**	**Other Diagnosis Information**		**S**					
2300	HI 01	Code List Qualifier Code	ID3	R				"BF"-diagnosis	Translation
2300	HI 01	Other Diagnosis	AN30	R	HCFA1450	68-OTHER DIAGNOSIS CODE	AN		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 02	Code List Qualifier Code	ID3	R				"BF"-diagnosis	Translation
2300	HI 02	Other Diagnosis	AN30	R	HCFA1450	69-OTHER DIAGNOSIS CODE	AN		
2300	HI 03	Other Diagnosis	AN30	R	HCFA1450	70-OTHER DIAGNOSIS CODE	AN		
2300	HI 04	Other Diagnosis	AN30	R	HCFA1450	71-OTHER DIAGNOSIS CODE	AN		
2300	HI 05	Other Diagnosis	AN30	R	HCFA1450	72-OTHER DIAGNOSIS CODE	AN		
2300	HI 06	Other Diagnosis	AN30	R	HCFA1450	73-OTHER DIAGNOSIS CODE	AN		
2300	HI 07	Other Diagnosis	AN30	R	HCFA1450	74-OTHER DIAGNOSIS CODE	AN		
2300	HI 08	Other Diagnosis	AN30	R	HCFA1450	75-OTHER DIAGNOSIS CODE	AN		
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	HCFA1450	80-PRINCIPAL PROCEDURE CODE	AN		
2300	HI 01	Date Time Period	AN35	S	HCFA1450	80-PRINCIPAL PROCEDURE DATE	AN		
2300	**HI**	**Other Procedure Information**		**S**					
2300	HI 01	Code List Qualifier Code	ID3	R	HCFA1450	81-OTHER PROCEDURE CODE A	AN		
2300	HI 01	Procedure Code	AN30	R	HCFA1450	81-OTHER PROCEDURE CODE A	AN		
2300	HI 01	Procedure Date	AN35	S	HCFA1450	81-OTHER PROCEDURE DATE A	AN		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 02	Procedure Code	AN30	R	HCFA1450	81-OTHER PROCEDURE CODE B	AN		
2300	HI 02	Procedure Date	AN35	S	HCFA1450	81-OTHER PROCEDURE DATE B	AN		
2300	HI 03	Procedure Code	AN30	R	HCFA1450	81-OTHER PROCEDURE CODE C	AN		
2300	HI 03	Procedure Date	AN35	S	HCFA1450	81-OTHER PROCEDURE DATE C	AN		
2300	HI 04	Procedure Code	AN30	R	HCFA1450	81-OTHER PROCEDURE CODE D	AN		
2300	HI 04	Procedure Date	AN35	S	HCFA1450	81-OTHER PROCEDURE DATE D	AN		
2300	HI 05	Procedure Code	AN30	R	HCFA1450	81-OTHER PROCEDURE CODE E	AN		
2300	HI 05	Procedure Date	AN35	S	HCFA1450	81-OTHER PROCEDURE DATE E	AN		
2300	**HI**	**Occurrence Span Information**		**S**					
2300	HI 01	Code List Qualifier Code	ID3	R				"BI"-Occurrence Span	Translation
2300	HI 01	Occurrence Span Code	AN30	R	HCFA1450	36A-OCCURRENCE SPAN CODE	AN		
2300	HI 01	Date Time Period Format Qualifier	ID3	R				"RD8"-CCYYMMDD-CCYYMMDD	Translation
2300	HI 01	Occurrence or Occurrence Span Code Associated Date	AN35	R	HCFA1450	36A-OCCURRENCE SPAN FROM DATE	AN		
2300	HI 01	Occurrence or Occurrence Span Code Associated Date	AN35	R	HCFA1450	36A-OCCURRENCE SPAN TO DATE	AN		
2300	HI 02	Occurrence Span Code	AN30	R	HCFA1450	36B-OCCURRENCE SPAN CODE	AN		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 02	Occurrence or Occurrence Span Code Associated Date	AN35	R	HCFA1450	36B-OCCURRENCE SPAN FROM DATE	AN		
2300	HI 02	Occurrence or Occurrence Span Code Associated Date	AN35	R	HCFA1450	36B-OCCURRENCE SPAN TO DATE	AN		
2300	**HI**	**Occurrence Information**		**S**					
2300	HI 01	Code List Qualifier Code	ID3	R				"BH"-Occurrence	Translation
2300	HI 01	Occurrence Code	AN30	R	HCFA1450	32A-OCCURRENCE CODE	AN		
2300	HI 01	Date Time Period Format Qualifier	ID3	R				"D8"-CCYYMMDD	Translation
2300	HI 01	Occurrence or Occurrence Span Code Associated Date	AN35	R	HCFA1450	32A-OCCURRENCE DATE	AN		
2300	HI 02	Occurrence Code	AN30	R	HCFA1450	32B-OCCURRENCE CODE	AN		
2300	HI 02	Occurrence or Occurrence Span Code Associated Date	AN35	R	HCFA1450	32B-OCCURRENCE DATE	AN		
2300	HI 03	Occurrence Code	AN30	R	HCFA1450	33A-OCCURRENCE CODE	AN		
2300	HI 03	Occurrence or Occurrence Span Code Associated Date	AN35	R	HCFA1450	33A-OCCURRENCE DATE	AN		
2300	HI 04	Occurrence Code	AN30	R	HCFA1450	33B-OCCURRENCE CODE	AN		
2300	HI 04	Occurrence or Occurrence Span Code Associated Date	AN35	R	HCFA1450	33B-OCCURRENCE DATE	AN		
2300	HI 05	Occurrence Code	AN30	R	HCFA1450	34A-OCCURRENCE CODE	AN		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 05	Occurrence or Occurrence Span Code Associated Date	AN35	R	HCFA1450	34A-OCCURRENCE DATE	AN		
2300	HI 06	Occurrence Code	AN30	R	HCFA1450	34B-OCCURRENCE CODE	AN		
2300	HI 06	Occurrence or Occurrence Span Code Associated Date	AN35	R	HCFA1450	34B-OCCURRENCE DATE	AN		
2300	HI 07	Occurrence Code	AN30	R	HCFA1450	35A-OCCURRENCE CODE	AN		
2300	HI 07	Occurrence or Occurrence Span Code Associated Date	AN35	R	HCFA1450	35A-OCCURRENCE DATE	AN		
2300	HI 08	Occurrence Code	AN30	R	HCFA1450	35B-OCCURRENCE CODE	AN		
2300	HI 08	Occurrence or Occurrence Span Code Associated Date	AN35	R	HCFA1450	35B-OCCURRENCE DATE	AN		
2300	**HI**	**Value Information**		**S**					
2300	HI 01	Code List Qualifier Code	ID3	R				"BE"-Value	Translation
2300	HI 01	Value Code	AN30	R	HCFA1450	39A-VALUE CODES CODE	AN		
2300	HI 01	Value Code Associated Amount	R18	R	HCFA1450	39A-VALUE CODES AMOUNT	AN		
2300	HI 02	Value Code	AN30	R	HCFA1450	39B-VALUE CODES CODE	AN		
2300	HI 02	Value Code Associated Amount	R18	R	HCFA1450	39B-VALUE CODES AMOUNT	AN		
2300	HI 03	Value Code	AN30	R	HCFA1450	39C-VALUE CODES CODE	AN		
2300	HI 03	Value Code Associated Amount	R18	R	HCFA1450	39C-VALUE CODES AMOUNT	AN		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 04	Value Code	AN30	R	HCFA1450	39D-VALUE CODES CODE	AN		
2300	HI 04	Value Code Associated Amount	R18	R	HCFA1450	39D-VALUE CODES AMOUNT	AN		
2300	HI 05	Value Code	AN30	R	HCFA1450	40A-VALUE CODES CODE	AN		
2300	HI 05	Value Code Associated Amount	R18	R	HCFA1450	40A-VALUE CODES AMOUNT	AN		
2300	HI 06	Value Code	AN30	R	HCFA1450	40B-VALUE CODES CODE	AN		
2300	HI 06	Value Code Associated Amount	R18	R	HCFA1450	40B-VALUE CODES AMOUNT	AN		
2300	HI 07	Value Code	AN30	R	HCFA1450	40C-VALUE CODES CODE	AN		
2300	HI 07	Value Code Associated Amount	R18	R	HCFA1450	40C-VALUE CODES AMOUNT	AN		
2300	HI 08	Value Code	AN30	R	HCFA1450	40D-VALUE CODES CODE	AN		
2300	HI 08	Value Code Associated Amount	R18	R	HCFA1450	40D-VALUE CODES AMOUNT	AN		
2300	HI 09	Value Code	AN30	R	HCFA1450	41A-VALUE CODES CODE	AN		
2300	HI 09	Value Code Associated Amount	R18	R	HCFA1450	41A-VALUE CODES AMOUNT	AN		
2300	HI 10	Value Code	AN30	R	HCFA1450	41B-VALUE CODES CODE	AN		
2300	HI 10	Value Code Associated Amount	R18	R	HCFA1450	41B-VALUE CODES AMOUNT	AN		
2300	HI 11	Value Code	AN30	R	HCFA1450	41C-VALUE CODES CODE	AN		
2300	HI 11	Value Code Associated Amount	R18	R	HCFA1450	41C-VALUE CODES AMOUNT	AN		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 12	Value Code	AN30	R	HCFA1450	41D-VALUE CODES CODE	AN		
2300	HI 12	Value Code Associated Amount	R18	R	HCFA1450	41D-VALUE CODES AMOUNT	AN		
2300	**HI**	**Condition Information**		**S**					
2300	HI 01	Code List Qualifier Code	ID3	R				"BG"-Condition	Translation
2300	HI 01	Condition Code	AN30	R	HCFA1450	24-CONDITION CODES	AN		
2300	HI 02	Condition Code	AN30	R	HCFA1450	25-CONDITION CODES	AN		
2300	HI 03	Condition Code	AN30	R	HCFA1450	26-CONDITION CODES	AN		
2300	HI 04	Condition Code	AN30	R	HCFA1450	27-CONDITION CODES	AN		
2300	HI 05	Condition Code	AN30	R	HCFA1450	28-CONDITION CODES	AN		
2300	HI 06	Condition Code	AN30	R	HCFA1450	29-CONDITION CODES	AN		
2300	HI 07	Condition Code	AN30	R	HCFA1450	30-CONDITION CODES	AN		
2300	**HI**	**Treatment Code Information**		**S**					
2300	**QTY**	**Claim Quantity**		**S**					
2300	QTY01	Quantity Qualifier	ID2	R				Use "CA" for Covered Days, Use "CD" for Coinsurance Days, Use "LA" for Lifetime Reserve Days, Use "NA" for Non-covered Days	Translation
2300	QTY02	Claim Days Count	R15	R	HCFA1450	10-LIFETIME RESERVE DAYS	AN		
2300	QTY02	Claim Days Count	R15	R	HCFA1450	7-COVERED DAYS	AN		
2300	QTY02	Claim Days Count	R15	R	HCFA1450	8-NON-COVERED DAYS	AN		
2300	QTY02	Claim Days Count	R15	R	HCFA1450	9-CO-INSURANCE DAYS	AN		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	QTY03	Unit or Basis for Measurement Code	ID2	R				"DA"-Days	Translation
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	NM101	Entity Identifier Code	ID3	R				"71"-Attending Physician	Translation
2310A	NM103	Attending Physician Last Name	AN35	R	HCFA1450	82-ATTENDING PHYS NAME	AN		
2310A	NM104	Attending Physician First Name	AN25	S	HCFA1450	82-ATTENDING PHYS NAME	AN		
2310A	NM105	Attending Physician Middle Name	AN25	S	HCFA1450	82-ATTENDING PHYS NAME	AN		
2310A	NM108	Identification Code Qualifier	ID2	R				"24"-EIN, "34"-SSN, "XX"-NPI	Translation
2310A	NM109	Attending Physician Primary Identifier	AN80	R	HCFA1450	82-ATTENDING PHYS ID	AN	Is this a standard ID?	System Questions
2310A	**PRV**	**Attending Physician Specialty Information**		**R**					
2310A	**REF**	**Attending Physician Secondary Identification**		**S**					
2310B	***NM1***	***Operating Physician Name***		***S***					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310B	**NM1**	**Operating Physician Name**		**S**					
2310B	NM101	Entity Identifier Code	ID3	R				"72"-Operating Physician	Translation
2310B	NM103	Operating Physician Last Name	AN35	R	HCFA1450	83A-OTHER PHYS NAME	AN		
2310B	NM104	Operating Physician First Name	AN25	R	HCFA1450	83A-OTHER PHYS NAME	AN		
2310B	NM105	Operating Physican Middle Name	AN25	S	HCFA1450	83A-OTHER PHYS NAME	AN		
2310B	NM108	Identification Code Qualifier	ID2	R				"24"-EIN (Fed Tax ID), "34"-SSN, "XX"-NPI	Translation
2310B	NM109	Operating Physician Primary Identifier	AN80	R	HCFA1450	83A-OTHER PHYS ID	AN	Is this a standard ID?	HIPAA Required
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	NM103	Other Physician Last Name	AN35	R	HCFA1450	83B-OTHER PHYS NAME	AN		
2310C	NM104	Other Physician First Name	AN25	S	HCFA1450	83B-OTHER PHYS NAME	AN		
2310C	NM105	Other Provider Middle Name	AN25	S	HCFA1450	83B-OTHER PHYS NAME	AN		
2310C	NM109	Other Physician Identifier	AN80	R	HCFA1450	83B-OTHER PHYS ID	AN	Is this a standard ID?	HIPAA Required
2310C	**PRV**	**Other Provider Specialty Information**		**R**					
2310C	**REF**	**Other Provider Secondary Identification**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
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	NM103	Laboratory or Facility Name	AN35	R				Required if service facility location is different than that of billing provider	HIPAA Required
2310E	**PRV**	**Service Facility Specialty Information**		**S**					
2310E	**N 3**	**Service Facility Address**		**R**					
2310E	N 301	Laboratory or Facility Address Line	AN55	R				Required if service facility location is different than that of billing provider	HIPAA Required
2310E	**N 4**	**Service Facility City/State/Zip Code**		**R**					
2310E	N 401	Laboratory or Facility City Name	AN30	R				Required if service facility location is different than that of billing provider	HIPAA Required
2310E	N 402	Laboratory or Facility State or Province Code	ID2	R				Required if service facility location is different than that of billing provider	HIPAA Required
2310E	N 403	Laboratory or Facility Postal Zone or ZIP Code	ID15	R				Required if service facility location is different than that of billing provider	HIPAA Required
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	SBR01	Payer Responsibility Sequence Number Code	ID1	R				"P" if other payer is on line A of box 50, "S" if on line B, "T" if on line C.	Translation
2320	SBR02	Individual Relationship Code	ID2	R	HCFA1450	59B-PAYER 2 PATIENT RELATIONSHIP	AN		
2320	SBR03	Insured Group or Policy Number	AN30	S	HCFA1450	62B-PAYER 2 INSURANCE GROUP NO	AN		
2320	SBR04	Other Insured Group Name	AN60	S	HCFA1450	61B-PAYER 2 GROUP NAME	AN		
2320	SBR09	Claim Filing Indicator Code	ID2	S				See Guide for valid values	HIPAA Required
2320	**CAS**	**Claim Level Adjustment**		**S**					
2320	**AMT**	**Payer Prior Payment**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				"C4"-Prior Payment - Actual	Translation
2320	AMT02	Other Payer Patient Paid Amount	R18	R	HCFA1450	54B-PAYER 2 PRIOR PAYMENTS	AN		
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**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
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**					
2320	DMG02	Other Insured Birth Date	AN35	R				required if other subscr is a person	HIPAA Required
2320	DMG03	Other Insured Gender Code	ID1	R				required if other subscr is a person	HIPAA Required
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	NM101	Entity Identifier Code	ID3	R				"IL"-Insured or Subscriber	Translation
2330A	NM103	Other Insured Last Name	AN35	R	HCFA1450	58B-PAYER 2 INSURED NAME	AN		
2330A	NM105	Other Insured Middle Name	AN25	S	HCFA1450	58B-PAYER 2 INSURED NAME	AN		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330A	NM107	Other Insured Name Suffix	AN10	S	HCFA1450	58B-PAYER 2 INSURED NAME	AN		
2330A	NM108	Identification Code Qualifier	ID2	R				"MI"=Member ID	Translation
2330A	NM109	Other Insured Identifier	AN80	R	HCFA1450	60B-PAYER 2 INSURED ID NO	AN		
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	NM101	Entity Identifier Code	ID3	R				"PR"-payer	Translation
2330B	NM103	Other Payer Last or Organization Name	AN35	R	HCFA1450	50B-PAYER 2	AN	Is this an ID or name?	System Questions
2330B	NM108	Identification Code Qualifier	ID2	R				"PI"-Payer ID, "XV"-Nat'l Plan ID	Translation
2330B	NM109	Other Payer Primary Identifier	AN80	R	HCFA1450	50B-PAYER 2	AN	Is this an ID or name?	System Questions
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**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330B	REF	Other Payer Prior Authorization or Referral Number		S					
2330C	*NM1*	*Other Payer Patient Information*		*S*					
2330C	NM1	Other Payer Patient Information		S					
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					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330G	**REF**	**Other Payer Referring Provider Identification**		**R**					
2330H	***NM1***	***Other Payer Service Facility Provider***		***S***					
2330H	**NM1**	**Other Payer Service Facility Provider**		**S**					
2330H	**REF**	**Other Payer Service Facility Provider Identification**		**R**					
2400	***LX***	***Service Line Number***		***R***				One loop 2400 for each of the 23 service line items	Translation
2400	**LX**	**Service Line Number**		**R**					
2400	**SV2**	**Institutional Service Line**		**R**					
2400	SV201	Service Line Revenue Code	AN48	R	HCFA1450	42-REVENUE CODE	AN		
2400	SV202	Product or Service ID Qualifier	ID2	R				"HC"-HCPCS	Translation
2400	SV202	Procedure Code	AN48	R	HCFA1450	44-HCPCS/RATES	AN		
2400	SV202	Procedure Modifier	AN2	S	HCFA1450	44-HCPCS/RATES	AN		
2400	SV203	Line Item Charge Amount	R18	R	HCFA1450	47-SERVICE TOTAL CHARGES	AN		
2400	SV204	Unit or Basis for Measurement Code	ID2	R				"UN"-Units	Translation
2400	SV205	Service Unit Count	R15	R	HCFA1450	46-SERVICE UNITS	AN		
2400	SV206	Service Line Rate	R10	S	HCFA1450	44-HCPCS/RATES	AN		
2400	SV207	Line Item Denied Charge or Non-Covered Charge Amount	R18	S	HCFA1450	48-SERVICE NON-COVERED CHARGES	AN		
2400	**SV4**	**Prescription Number**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	**PWK**	**Line Supplemental Information**		**S**					
2400	**DTP**	**Service Line Date**		**S**					
2400	DTP01	Date Time Qualifier	ID3	R				"472"-Service	Translation
2400	DTP03	Service Date	AN35	R	HCFA1450	45-SERVICE DATE	AN		
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**					
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**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
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)